



NAVY AND MARINE CORPS MEDICAL NEWS

May 2013

MEDNEWS Items of Interest

In May, Navy Medicine highlights its support of standardization. During this month, Navy Medicine will focus its efforts on how it demonstrates standardization across the Navy Medicine enterprise.

May 6-12 commemorates National Nurses Week.

May celebrates the following months: Asian American and Pacific Islander Heritage Month and Mental Health Month.

May 13th marks the 105th birthday of the Navy Nurse Corps.

The humanitarian assistance mission, Pacific Partnership, will deploy May 22 to Aug. 9, anchoring offshore in Western Samoa, Tonga, Marshall Islands, Kiribati, and the Solomon Islands.

Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, follow us on Twitter @NavyMedicine, read our publications on Issuu, check out our photos on Flickr, watch our videos on YouTube and read our blog on Navy Medicine Live.

Did You Know?

The medical staff aboard the USS George Washington (CVN 73) takes care of more than 5,500 Sailors, keeping them healthy and safe in various environments, and is able to effectively respond to small or large scale medical emergencies when needed.

Navy's top doc addresses NATO Medical Conference

By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. - The Navy Surgeon General addressed medical attendees from 16 countries about the current state of Navy Medicine and global engagement during the NATO Maritime Medical Conference, April 23.

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general, and chief, U.S. Navy Bureau of Medicine and Surgery, spoke to more than 50 attendees via video teleconference capability during the conference, which was held in Newport, R.I.

"As the world is becoming more global, the exchange of ideas between

our medical professionals is crucial," said Nathan. "We must create synergy, learn together and find opportunities to build personal relationships. In doing so, we will create a safer world."

During the conference, Nathan discussed the future of military medicine and the joint nature of battlefield care.

"We are looking hard at how we will provide support to the warfighter in the future; how we can leverage technology; and how we will fight our next war," said Nathan. "Today, we have a 97 to 98 percent survivability rate on the battlefield if our combat wounded reaches a forward resuscitative surgical suite — a rate unheard of in previous wars. This high

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Photo by Mass Communication Specialist 2nd Class Matthew R. Cole

Chief Hospital Corpsman Robert Murray, assigned to guided-missile cruiser USS Hue City (CG 66), provides triage training to the medical training team during a medical training drill on the fan tail. Hue City is deployed to the U.S. 5th Fleet area of responsibility promoting maritime security operations, theater security cooperation efforts and support missions as part of Operation Enduring Freedom.

Standardization across the Navy Medicine enterprise

The need for standardization across Navy Medicine is vital to our strength and efficiency as we meet our mission, become more joint with our sister services, and continue to provide world-class health care to our service members and all beneficiaries.

After more than a decade of war, we have seen the demand signal increase for standardized processes and technology across the Navy Medicine enterprise, in our military treatment facilities and operational platforms worldwide. We have seen firsthand, the example of the effectiveness when we operate as an integrated system with standardized care with our sister services in combat medicine and in our garrison-based care back home.

During this month, I would like to highlight the importance of standardization across Navy Medicine. I have heard your concerns and have seen ways we can improve and increase our efficiencies in the way we provide health care and conduct operations in such areas as information management/information technology; the electronic health record; financial and resource management; logistics; and clinical processes.

The implementation of the electronic health record across the services is a crucial facet of standardization and patient-centered care. To meet this need, Navy Medicine personnel are working together with systems analysts across the services

on the Virtual Lifetime Electronic Record DoD Non Active Duty Family Member Health Data Sharing Working Group which aims to develop a standard DoD Policy for sharing family member health data in VLER Health. VLER Health is a multi-faceted business and technology initiative that includes a portfolio of health, benefits, personnel, and administrative information sharing capabilities.

Another way Navy Medicine is improving standardization across the enterprise is through Information Management/Information Technology. In order to keep up with technology, M6 and Navy Medicine Information Systems Support Activity are helping Navy Medicine to launch cloud computing and 150 virtualized desktops at various locations throughout the Navy Medicine enterprise. Virtualized desktops will allow for maintenance efficiencies and cost savings versus the "thick-client" server/hardware that now reside under your desk.

We are working in an environment of budget constraints. In order to provide standardization in finance and logistics across Navy Medicine, we are using standard operating procedures to become ready for financial audits by 2014. The SOPs standardize all finance and logistics procedures which use resources and ensure that we are documenting transactions and using appropriate internal controls. This ensures Navy Medicine is on track to meet readiness gates established by the DoD. The SOPs are role-based and user friendly, so anyone, regardless of position, can use them effectively and meet audit requirements while staying on mission.

We are using industrial engineers to help standardize clinical processes and ensure maximum quality thru put that is patient centered. This process is similar to efforts by the most effective medical organizations in the United States, like the Mayo clinic, and helps to ensure the most effective use of resources in areas like pharmacy, orthopedics, and main operating rooms. This effort is also used in logistic support efforts to determine the most effect logistics processes to support care.

As we provide patient-centered care that is joint in nature, the standardization of occupational exams and certification



Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

examinations are critical. Occupational and Environmental Medicine at the Navy and Marine Corps Public Health Center is the DoD leader in the production of medical examination procedures for occupational medical surveillance and certification examinations that are used every day by Navy Medicine clinical providers and the other services. Standardization of occupational exam procedures is critical to maintaining compliance with Federal law and higher level directives, maintaining the integrity of occupational health programs, and reducing legal liability. Exam standardization will also help to save time, money and energy.

Nowhere can we see standardization more exemplified than the battlefield. I am very impressed by the tremendous cohesion of the services and various nations by the work they do to treat our battle wounded. Navy Medicine has capitalized on the success of DoD in-theater concussion evaluation and treatment guidelines to develop the mild Traumatic Brain Injury system of care algorithms for the mTBI evaluation and treatment of TBI at our at home garrison facilities. These algorithms are intended to standardize mTBI care across the enterprise, from acute management to long-term specialized care.

As we move forward toward a Defense Health Agency, we will stand up and share services, and it will provide services back to us. This should optimize expenses, create standardization, and drive interoperability. Until then, we will continue to meet our mission and the need for standardization across the Navy Medicine enterprise.

I am so very proud of the work you do each day. Thank you for your service and as always, it is my honor and privilege to serve as your surgeon general.



**Navy and Marine Corps
Medical News**

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GW hosts senior medical leader to discuss challenges, successes at sea

By Mass Communication Specialist
3rd Class Erin Devenberg, USS
George Washington

YOKOSUKA, Japan - The U.S. Navy's forward-deployed aircraft carrier USS George Washington (CVN 73) hosted the deputy chief, Bureau of Medicine and Surgery, April 25.

Rear Adm. Michael Mittelman conducted an office call with the ship's commanding officer, met with medical leadership to discuss challenges faced at sea and toured medical spaces.

"(George Washington) has a 5,500 personnel population and we have to fill these little medical footprints that take care of them," said Mittelman. "The challenges are to keep the Sailors healthy, ensure that they maintain healthy habits, keep them safe in various industrial environments, and then be able to effectively respond to either small or large scale medical emergencies."

George Washington's senior medical, dental and industrial hygiene officers discussed with Mittelman their challenges and successes to keep in line with the U.S. Navy's mission of safety and good health for all Sailors.

"It feels great that the deputy surgeon general visited George Washington,"

said Lt.

Wayne Simonds, George Washington's medical administration officer.

"He's one of five medical service corps officers, and it's great to see our

"It doesn't matter what spaces they're working in; it's what the people bring to the game and your medical staff is top notch."

**Rear Adm. Michael Mittelman
U.S. Navy Deputy Surgeon General**

CONFERENCE

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survivability rate is due to the tremendous cohesion from the Army, Air Force and various nations."

Nathan also discussed global health engagement as a leading factor maintaining a stable global economy.

"We build our Navy for war, but operate for peace," said Nathan. "I recognize that as the world becomes more global, a Navy — any nation's Navy — becomes pivotal to continue to turn the world's economic gears."

Nathan also highlighted that humanitarian assistance/disaster response (HA/DR) missions such as Pacific Partnership, Continuing Promise and Rim of the Pacific (RIMPAC) build camaraderie and retention. He mentioned that despite constrained budgets, these types of missions are still crucial to partnership building and can have significant dividends.



Photo by Mass Communication Specialist 3rd Class Erin Devenberg

Rear Adm. Michael Mittelman, deputy surgeon general, and deputy chief, Bureau of Medicine and Surgery, right, meets with Hospital Corpsman 3rd Class Michaela Armstrong, from Napa Valley, Calif., in the ship's medical facilities aboard the U.S. Navy's forward-deployed aircraft carrier USS George Washington (CVN 73). Mittelman visited the carrier to meet with the ship's medical leadership and discuss medical facility operations.

corps coming out and talking to not only the hospitals but also to the fleet to see what issues we're having."

In addition to touring the ship's medical spaces, Mittelman met with the enlisted medical team in each space to express his gratitude for their service and hard work.

"I was most impressed with the people," said Mittelman. "You've got the most motivated medical staff that I've ever seen. It doesn't matter what spaces they're working in; it's what the people bring to the game and your medical staff here is top notch."

George Washington and its embarked air wing, Carrier Air Wing 5, provide a combat-ready force that protects the collective maritime interests of the U.S. and its partners and allies in the Indo-Asia-Pacific region.

"If you ask any Sailor who has worked with others from your nations about their experiences during our HA/DR missions, they will tell you that they are the most memorable experiences of their careers and the reason for why they wanted to join the Navy," said Nathan.

Nathan also discussed the standing up of the Defense Health Agency and the future of jointness within the military health system as a means of cost saving, the creation of standardization, and more interoperability.

"We look forward to lessons learned from your countries regarding how we can find more efficiencies," said Nathan. "As we move towards the establishment of the DHA, we will see more jointness. Jointness is coming and is here to stay and that's a good thing."

The mission of the NATO Maritime Medical Conference is to provide attendees with an update of Maritime Medical capabilities in order to share and simplify planning.

Guam corpsman awarded Silver Star



Photo by Cpl. Mark Garcia

Maj. Gen. Charles M. Gurganus, commanding general of I Marine Expeditionary Force (Forward), presents Hospital Corpsman 1st Class Benny Flores, Air Naval Gunfire Liaison Company, with the Silver Star during a ceremony at Camp Pendleton, May 3. Flores was recognized for his actions on April 28, 2012, while serving with Regional Command Southwest providing medical support on a mission to Zaranj, Nimroz province, Afghanistan.

From 1 Marine Expeditionary Force

MARINE CORPS BASE CAMP PENDLETON, Calif. – A U.S. Navy corpsman from Talofoto, Guam, received the Silver Star during a ceremony at Camp Pendleton, May 3.

Hospital Corpsman 1st Class Benny Flores, serving with Air Naval Gunfire Liaison Company, was awarded the Silver Star for his actions on April 28, 2012, while serving with Regional Command Southwest providing medical support on a mission to Zaranj, Nimroz province, Afghanistan.

Zaranj is the capital of Nimroz and is considered to be a relatively modernized and prosperous city. It sits right beside the Iranian border and hadn't seen a major insurgent attack for four years until that point.

Zaranj is a place so progressive that the United States does not have any military bases operating in Nimroz province. Because of that there are no armored vehicles to ride around in and service members must ride in Afghan Uniform Police (AUP) pickup trucks.

It was Flores's first trip to Zaranj and nothing was out of the ordinary, it was just another mission.

While driving down the highway in a convoy, his truck was hit by a suicide

bomber sending shrapnel into the vehicle. What Flores did after the initial shock of the attack would exemplify what corpsmen represent — accepting great personal risk to keep others alive.

"I had about five to 10 seconds of blurriness because I was right next to the blast and right after that I saw my arm hit me and I knew what was going on and I went to go check on the other Marines that were wounded," Flores said.

Riding in the bed of the truck, Flores was hit with shrapnel to his arms and

neck. As he shed blood, Flores grabbed his medical bag and started to aid the wounded Marines and AUP officer that had been driving.

After the initial blast, the convoy was ambushed by enemy gunfire. Flores ran through incoming rounds as the Marines laid down covering fire. He would risk his life a total of four times to help save the Marines and AUP officer wounded by the blast.

"My first thought after the blast was to go through the basic steps to take care of

the Marines," Flores said. "Check all the massive bleeding and their airways just the basic things they teach us. My main concern was just making sure they were all okay and that nothing too crazy or too serious had happened to them."

Master Sgt. Scott E. Pruitt was riding in the passenger seat and was in critical condition after the blast. Flores did everything in his power to stabilize him but his injuries were too serious and he succumbed to them. Because Flores' selfless actions on that fateful day he was able to save the lives of multiple Marines and their Afghan partner.

"I really truly wish we all came back, unfortunately we didn't," Flores said. "We lost one guy, Master Sgt. Scott Pruitt, and to this day he's always in my thoughts and prayers. I really wish he were here, maybe not for the ceremony, but just to see his face and him being with his family, his two daughters that he left behind. Please keep him in your prayers."

During the ceremony Maj. Gen. Charles M. Gurganus, the commanding general of I Marine Expeditionary Force (Forward), congratulated Flores and expressed his pride in him.

"It's a tremendous honor and privilege for me to have had an opportunity to participate in this ceremony today to recognize the selfless act of bravery that 'Doc' Flores executed," Gurganus said. "I just couldn't be prouder of anything that I have ever witnessed or been a part of. Wounded with a concussion running four times back out into an ongoing fire-fight without any hesitation at all. I don't think Doc Flores got up that morning

"My first thought after the blast was to go through the basic steps to take care of the Marines."

**Hospital Corpsman 1st Class Benny Flores
Air Naval Gunfire Liaison Company**

and thought today's the day I'm going to be a hero. He saw what needed to be done and he acted and he acted with bravery and he acted without

regard for his own life. It's something pretty special to be able to serve with young guys who will lay down their life for one another. I couldn't be any prouder of you than I am today. Marines don't go to war without their weapons and Marines don't go to war without their docs."

Despite his heroic actions Flores is humble about receiving the award and feels he was just doing his job.

Subject matter expert exchange builds relationships

By Mass Communication Specialist
1st class Sean Allen, 4th Fleet Public
Affairs

LIMN, Costa Rica - The John Hopkins (JH) Go Team, along with Sailors from Naval Aviation Survival Skill Center Jacksonville, Fla., Navy Environment Preventive Medicine Unit Two, Norfolk, Va., with coordination from U.S. Naval Forces Southern Command, participated in a Subject Matter Expert Exchange (SMEE) with Costa Rican officials April 20-22 in Costa Rica.

The purpose of the SMEE was to bring together multiple responding agencies in the region to discuss hospital response to disasters, particularly in the setting of earthquakes.

Panels of providers from the hospital in Puntarenas were invited to describe their response to the 7.6 magnitude earthquake that struck Sept. 5, 2012, to set the scenario for discussion. Topics for the day included the Limn earthquake of 1991.

Lt. Jefferson Moody, an environmental health officer with Preventive Medicine Unit Two, took part in the SMEE, bringing his expertise in sanitation to the forum.

"As we began to discuss setting up camps and relief sites to treat victims of a natural disaster, I wanted to focus on the sanitation of these camps with our Costa Rican counterparts," said Moody. "A clean



Courtesy photo from Cmdr. David Fabrizio

Speakers from Cinchona, El Programa Institucional de Emergencias- Caja Costarricense de Seguro Social; Limón Hospital; Johns Hopkins, and U.S. Navy.

area is not only essential for the individuals being treated, but the caregivers as well, they cannot continue to do their job if they become ill."

Moody has deployed twice in support of Operation Enduring Freedom and once in support of Operation Iraqi Freedom.

Also taking part was Hospital Corpsman 2nd Class Justin Cardente, an aero-

space physiologist technician from Naval Aviation Survival Skill Center Jacksonville, Fla.

"I was involved in the camp set ups, I was able to bring my experiences from my deployments to Iraq," said Cardente. "We were able to show the Costa Ricans how we did it, and learned how they did it."

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U.S. Marine Corps photo by Cpl. Austin Long

Medical Training

Hospital Corpsman 2nd Class Michael Marshall, 2nd Regimental Aid Station training officer from Pittsburgh, Pa., watches and gives advice to Marines while they get hands-on training with a practice dummy during the Combat Lifesaver course, April 29, during the Regimental Command Post Exercise. "The main focus of the CLS course is to teach Marines, prior to going on deployment, how to treat casualties in a tactical, combat setting. It's to teach them the basics of hemorrhage control, airway maintenance and any other injury they may see on the battlefield," said Marshall.

Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil



NMCPHC launches Psychological and Emotional Well-Being Campaign

From Navy and Marine Corps Public Health Center Public Affairs

PORTSMOUTH, Va. - The Navy and Marine Corps Public Health Center's (NMCPHC) Health Promotion and Wellness (HPW) campaign announced the launch of its Psychological and Emotional Well-Being program, May 7.

The sub-campaign is part of a fleet-wide effort to encourage Sailors, Marines, their families and health educators to access resources that help strengthen and maintain psychological resilience and readiness in order to help manage the unique stressors of military life.

The timing of the announcement is aligned with Military Health Service Mental Health Awareness Month and National Mental Health Month.

"Psychological and emotional well-being impacts all facets of one's life, from personal relationships to career to physical health," said Dr. Mark Long, NMCPHC Public Health educator. "That's why it is so important that Sailors and Marines have access to a support network and that the tools and resources needed to maintain psychological strength and resilience are readily available."

A key focus of the sub-campaign is encouraging Sailors and Marines to get enough sleep.

According to the National Heart, Lung and Blood Institute, young, healthy service members can experience a 25 percent decline in mental performance for every 24 hours they go without sleep. HPW provides a number of tips on how to incorporate rest and sleep into a hectic military lifestyle on their website, and in the article, "The beauty of sleep."

Another important aspect of the sub-campaign is suicide prevention. HPW resources teach Sailors and Marines that they are their friends and colleagues' biggest support and if they observe suicide risk factors to A.C.T. — Ask if an individual is thinking about suicide; Care about the individual — listen, support and do not judge; and Treat: take action, do not leave the individual and call for professional assistance. More information on what to do

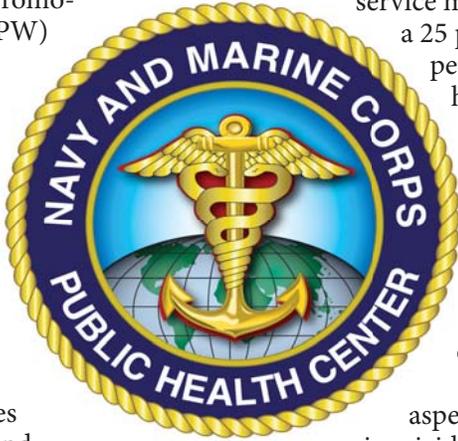
if you suspect that a loved one is coping with invisible wounds, is available in the article, "Is someone you know at risk for suicide?"

To access and download Psychological and Emotional Well-Being materials visit: <http://www.med.navy.mil/sites/nmcpHC/health-promotion/psychological-emotional-wellbeing/Pages/psychological-emotional-wellbeing.aspx>.

The Psychological and Emotional Well-Being sub-campaign is part of the NMCPHC's HPW Campaign, which provides innovative and evidence-based health promotion and wellness programs and services that facilitate readiness and resilience, prevent illness and injury, hasten recovery and promote lifelong healthy behaviors and lifestyles. HPW aligns with the 21st Century Sailor and Marine Initiative, a set of objectives and policies across a spectrum of wellness, that maxi-

mizes each Sailor's and Marine's personal readiness to hone the most effective combat force in the history of the Department of the Navy (DoN); as well as "Operation Live Well," a Defense Department campaign

targeting service members, veterans and military operational leaders encouraging them to live healthy and active lifestyles.



“Psychological and emotional well-being impacts all facets of one’s life, from personal relationships to career to physical health.”

Dr. Mark Long
NMCPHC Public Health Educator

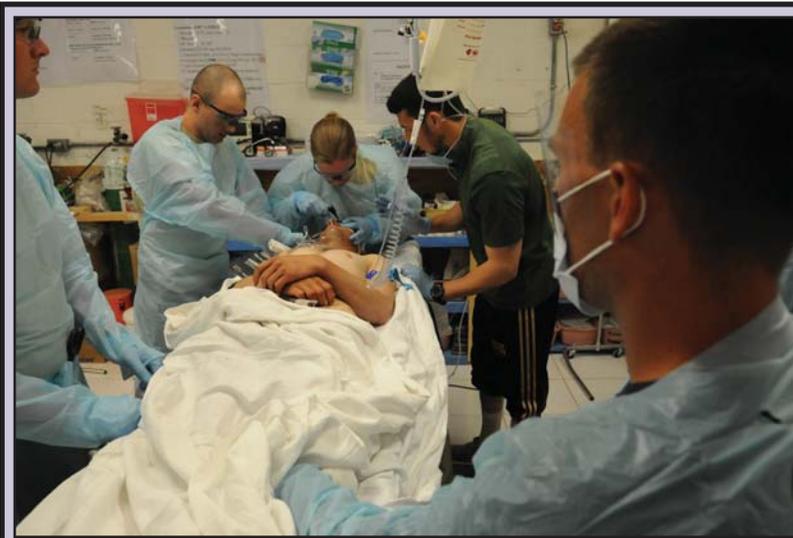


Photo by Lt. j.g. Matthew Stroup

Operational Medicine

U.S. Army Spc. Nkelo Kurtz, left, a medic assigned to Provincial Reconstruction Team (PRT) Farah, Afghanistan, assists U.S. Navy Lt. j.g. Laura Cook, center, a physician assistant with the PRT, to treat a member of the Afghan National Army who sustained combat related injuries at the Forward Operating Base Farah battle aid station, May 6. PRT Farah's mission is to train, advise, and assist Afghan government leaders at the municipal, district, and provincial levels in Farah province Afghanistan.



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



NMCP Celebrates 105 Years of the Navy Nurse Corps

By Deborah R. Kallgren, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - The 105th birthday of the Navy Nurse Corps was celebrated May 13 at Naval Medical Center Portsmouth with a cake-cutting ceremony, recognition of the history of the corps as well as the dedication of all 1,336 nurses at the facility.

In 1909, several members of the first graduating class of the "Sacred Twenty" Navy nurses reported to what was then Portsmouth Naval Hospital. Now, more than a century later, the medical center is home to 1,265 registered nurses and 71 licensed practical nurses. Of those, 424 are active duty in the Navy Nurse Corps; 16 are deployed overseas.

As the ceremony remembered the past, it also looked to the future: Five newly commissioned ensigns were excited to finally celebrate the Navy Nurse Corps birthday as Navy nurses.

Ensign Leonard Wilson has already been in the Navy for 13 years, attaining the rank of petty officer 1st class in the Hospital Corps. He'd served as a surgical technician at NMCP, and the Portsmouth facility was his first choice for his first duty station as a nurse.

"I like Portsmouth," Wilson said. "It's one of the biggest training hospitals [in the Navy]."

A native of Key West, Fla., he hopes to work in the Progressive Care Unit as well as eventually earn his master's degree.

Portsmouth was also the first-choice destination for Ensign Youela Arrington of Rocky Mount, N.C. She had been a recreational therapist for five years, working in vocational rehabilitation for adults with physical disabilities. Arrington joined the Navy through the Medical Enlisted Commissioning Program (MECP). She hopes to get her master's degree through the Duty Under Instruction (DUINS) program, going to graduate school full time while in the Navy.

Ensign Carolyn Higgins' father was in the Navy, and while born in San Diego, she grew up in Pennsylvania. "I wanted to be part of the 'Big Three' medical centers, she said.

Higgins' father died of cancer, which spurred her interest in working in oncology.

Ensign Heather Weaver visited Portsmouth while she was in school at Clemson University and liked what she saw at the medical center. A native of Gastonia, N.C., she hopes to work in Labor and Delivery and eventually become a nurse midwife.

Ensign Sarilyn Escobar was born at Naval Hospital Guam, the oldest of seven children. Her father was a Marine, and be-



Photo courtesy of BUMED archives

In October 1908, the first nurses, later called "The Sacred Twenty," reported for duty at the Naval Medical School Hospital in Washington, D.C.

fore becoming a Navy nurse, Escobar was a corpsman, a surgical technician, for five years. She advanced through MECP and hopes to work in critical care.

Earlier, NMCP's Director of Nursing, Capt. Mary K. Nunley, told the new nurses, "Do your best wherever you are." She also encouraged each to find a mentor. She talked to them about seeing the big picture of nursing roles throughout the medical center; if there are more patients in another ward, they may be called to assist.

Nunley, who has been a Navy nurse for 26 years, advised the new nurses to focus on the job and learning the Navy. She also encouraged them to enjoy this stage of their lives and careers. She said, "These are the good old days."

She added that not only will they be caring for patients, but they will be training Navy corpsmen who, more often than nurses, deploy. "Your job is to prepare corpsmen to go far forward," Nunley added.

The ceremony featured well wishes from Rear Adm. Elaine C. Wagner, NMCP commander, who also read a message from the Surgeon General of the Navy. The ceremony concluded with the most junior commissioned Nurse Corps officer, Ensign Carolyn Higgins, and the most senior commissioned Nurse Corps officer, Capt. Elizabeth Savage, cutting the festive blue, gold and white cake with a naval officer's sword.

EXCHANGE

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Cardente went on to talk about the experience of being able to work with our partner nations.

"This was a great and rewarding trip for both the Americans and Costa Ricans," said Cardente. "I personally learned a lot and I am glad I had the opportunity to go."

Johns Hopkins has had a memorandum of understanding with the Depart-

ment of the Navy since 2010 to provide medical support to the Navy's disaster relief and humanitarian mission through its deployable medical asset, the JH Go Team.

The JH Go Team is a multidisciplinary deployable disaster asset. The team partnered with the Navy in its response to the 2010 Haiti Earthquake and Continuing Promise in 2010, and 2011 and had been planning to be a part of CP13.

CP is a five-month annual mission to Central and South America and the

Caribbean, where the Navy and its partnering nations work hand-in-hand with host nations and a variety of governmental and non-governmental agencies, to train in civil-military operations.

CP 13 was cancelled due to sequestration mandate funding cuts. However, joint ventures, like this event in Costa Rica, allow the Navy to find solutions to fill capability gaps caused by the budget cuts, while maintaining enduring partnerships with our partner nations.

Naval Medical Center San Diego opens new clinic in Eastlake

By Mass Communication Specialist
2nd Class Jessica Tounzen, Naval Medical Center San Diego Public Affairs

SAN DIEGO - Naval Medical Center San Diego (NMCS D) celebrated the grand opening of one of its newest clinics during a ribbon cutting ceremony, April 30.

Naval Branch Health Clinic (NBHC) Eastlake is poised to continue the hospital's legacy of providing top-notch care to our nation's heroes and those who stand by them.

"I am truly honored and proud to introduce our patients to Naval Medical Center San Diego's newest addition, Branch Health Clinic Eastlake," said Commander, NMCS D and Navy Medicine West, Rear Adm. C. Forrest Faison III. "We are excited to expand the quality health care our families currently receive and provide them additional convenient options for their health care needs. Patients at the new Branch Health Clinic Eastlake will continue to receive world-class, patient-centered care through our Medical Home model of primary care services, providing consolidated services within one state-of-the-art location in the community where they live by a dedicated team of professionals."

NBHC Eastlake is staffed by a patient and family-centered Medical Home Port



Photo by Mass Communication Specialist 2nd Class Jessica Tounzen

Naval Medical Center San Diego (NMCS D) Deputy Commander, Capt. Mark A. Kobelja (far right), joins staff and guests for a ceremonial ribbon-cutting commemorating the grand opening of Naval Branch Health Clinic Eastlake.

team that delivers primary care, immunizations, pharmacy, phlebotomy, case management and health and wellness services to 4,800 eligible beneficiaries. Essentially a "one stop shop" designed to cater to patients' varying medical needs, NBHC Eastlake is conveniently located to home, work and play and will assist in lightening the load on neighboring Branch Health Clinic Chula Vista, allow-

ing for more personalized patient care, according to NMCS D's Facilities Department Project Officer, Lt. Cmdr. Richard J. Taulli.

The clinic opened its doors to patients March 25; on this day, its 20 staff members treated 51 patients and dispensed 25 prescriptions, according to Clinic Head Cmdr. Faria Belmares, who said the first

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Standardizing acupuncture across Navy Medicine

From the Navy Comprehensive Pain Management Program leadership team

FALLS CHURCH, Va. - The Navy Surgeon General, Vice Adm. Matthew L. Nathan, signed the Medical, Chiropractic, and Licensed Acupuncture Instruction, the first acupuncture policy in military history, March 2013.

The acupuncture instruction, championed and submitted by the Navy Comprehensive Pain Management Program (NCPMP), December 2012, after three years of stakeholder input, provides standard guidelines for acupuncture training, privileging, and use across Navy Medicine.

"The instruction is unique in its ability to simultaneously raise the quality of care and broaden access to alternative modalities," said Cmdr. Steven Hanling, acting Navy Medicine Pain specialty leader.

Acupuncture, which is opioid free with little to no risk of negative side effects, is an ancient Chinese practice that can be dated back archeologically at least 4,000 years. The needle-based technique, introduced to the U.S. military in 1965 in Vietnam, leverages linkages between various points of the body, is practically painless, and provides immediate positive effects.

From fiscal 2010 to fiscal 2012 alone, Navy Medicine acupuncture use almost doubled from 7,419 to 13,916 encounters.

As acupuncture becomes more common, variation in training and application will increase. It is now being used across the Military Health System and Navy Medicine.

According to the National Institutes of Health and UpToDate, an online tool used by clinicians, acupuncture shows "promising results" for treating chemotherapy-induced or post-operative nausea, low back pain, knee osteoarthritis, and migraine headache.

The NCPMP, established to provide standardized, multi-modal, interdisciplinary care to Navy Medicine beneficiaries suffering from pain, is championing the standardization of medical acupuncture use for selected indications through policy, training, research, and clinical application.

The acupuncture instruction grants supplemental privileges to doctors, dentists, physical therapists, and chiropractors for medical acupuncture (including auricular and chiropractic). The policy also enables licensed acupuncturists to practice throughout Navy Medicine as privileged provider extenders and allows non-privileged providers, such as nurses and corpsmen, to use auricular (ear) acupuncture as privileged provider extenders.

The NCPMP also promotes acupuncture through its Comple-

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Physicians, corpsmen support 2013 Warrior Games

By Lt. Michael Fallon, Chief of Naval Personnel Public Affairs

WASHINGTON - Navy physicians and corpsmen are assembling in Colorado Springs, Colo. to support Team Navy's wounded warrior athletes in the 2013 Warrior Games May 11-16.

The Warrior Games, hosted by the U.S. Olympic Committee and presented by Deloitte, provide an opportunity for wounded, ill and injured Sailors and Coast Guardsmen to participate in competitive sports with service members from other military branches and the United Kingdom armed forces. Team Navy is sponsored by Navy Wounded Warrior (NWW) - Safe Harbor, the Navy's wounded warrior support program.

The medical team assembled this year possesses a unique combination of skills and expertise. NWW Senior Medical Officer, Cmdr. David Shapiro, is coordinating the team, which includes an internal physician who specializes in wounded warrior care, a sport-medicine fellow-in-training and a physical therapist.

Cmdr. Doug Hawk, Walter Reed National Military Medical Center, Bethesda, Md., is the senior physician at the Warrior Clinic, providing medical support to wounded warriors from all military branches.

"Cmdr. Hawk has extensive experience; however, he only gets to see wounded warriors at their worst, when they are struggling," said Shapiro. "This event gives him the opportunity to care for them when they are at their best and to see the results of his efforts. It also gives the sports-medicine fellow and the physical therapist the opportunity to train athletes that they don't normally get to see."

"The medical team's ability to provide high caliber athletic training and Cmdr. Hawk's knowledge of the unique challenges inherent in caring for veterans ensure that we are providing the best care and training possible for our athletes," he added.

The athletes of the Warrior Games are also supported by three Navy hospital corpsmen, all of whom have attended previous Warrior Games.

For Hospital Corpsman 1st Class (FMF/SW/AW) Bryant K. Hare, physical therapy department, Naval Medical Center Portsmouth, this year marks his third visit to the Warrior Games. The enthu-

siasm and determination of the athletes continues to draw him back to the event year after year.

"It's the camaraderie and the motivation in them that brings out the best in me," said Hare.

NWW coordinates the non-medical

care of more than 1,000 seriously wounded, ill and injured Sailors and Coast Guardsmen and provides resources and support for their families. The program is a department of Fleet and Family Support within Commander, Navy Installations Command.



Photo by Lt. Michael Fallon

Navy Yeoman 1st Class Javier Rodriguez Santiago Guard participates in the cycling competition of the 2013 Warrior Games. The Games, hosted by the U.S. Olympic Committee's paralympics military program, provide an opportunity for wounded, ill, and injured service members to participate in competitive sports against members of other branches of service.



Photo by EJ Hersom

Marine Sgt. Evan Stratton wins the men's 100 meter (upper body amputations and limb dysfunction) race during the 2013 Warrior Games track and field competition in Colorado Springs, Colo., May 14. From May 11-16, more than 200 wounded, ill and injured service-members and veterans from the U.S. Marines, Army, Air Force and Navy, as well as a team representing U.S. Special Operations Command and an international team representing the United Kingdom, will compete for the gold in track and field, shooting, swimming, cycling, archery, wheelchair basketball and sitting volleyball at the U.S. Olympic Training Center and U.S. Air Force Academy. The military service with the most medals will win the Chairman's Cup.

Navy researchers participate in World Malaria Day

From Naval Medical Research Center
Public Affairs

SILVER SPRING, Md. - To commemorate World Malaria Day, April 25, the Senate Caucus on Malaria and Neglected Tropical Diseases hosted a luncheon and panel discussion on Capitol Hill for representatives from U.S. industry and academia, government agencies and impacted countries to highlight the importance of U.S. partnerships in the global fight against malaria.

The theme for the 2013 World Malaria Day is "Invest in the Future: Defeat Malaria." It is a day to celebrate hard earned successes and raise awareness of the investments still needed to fight this life-threatening disease that puts more than half of the world's population at risk.

"This was a great opportunity for Navy Medicine to highlight the work we are doing in advancing a malaria vaccine to protect the deployed warfighter and to also support global public health initiatives," said Dr. Kevin Porter, the director of infectious diseases research, Naval Medical Research Center. "I am grateful to Dr. Karen A. Goraleski, executive director, American Society of Tropical Medicine and Hygiene, who moderated the panel discussion for acknowledging the important role the Department of Defense (DoD) has played and continues to play in this global fight against malaria from the drugs and vaccine development perspective."

Panel member, Dr. Sarah Volkman, principle research scientist, Department of Immunology and Infectious Diseases, Harvard School of Public Health, echoed Goraleski's comments in praising DoD research, and she added, "We can now imagine a world without malaria."

The panelists discussed several exciting new research initiatives ranging from



Photo by Doris Ryan

Cmdr. David Fryauff, (left) and Cmdr. Cindy Tamminga, malaria researchers from Naval Medical Research Center speaking with an attendee during the Senate Caucus on Malaria & Neglected Tropical Diseases luncheon and panel discussion. The event was held in the Kennedy Caucus Room of the Russell Senate Office Building, April 25, recognizing World Malaria Day 2013.

innovative drug combinations to new diagnostic tools that could help clinicians detect and track drug resistance in malaria patients.

Cmdr. Cindy Tamminga and Cmdr. David Fryauff, malaria researchers from the Malaria Program at the Naval Medical Research Center, were also available during the event to provide information on Navy Medicine's research efforts and answer attendees' questions on current research efforts.

The primary objective of the Navy Malaria Program is to develop a vaccine that kills the malaria parasite during its first few days of development in the liver, before it breaks out into the blood. The program is also investigating vaccines that would target blood stage infection to

limit the severity of symptoms associated with this stage. A highly effective vaccine against this deadly parasitic infection would safeguard the warfighter, preserve mission integrity, and immensely benefit public health throughout malaria-endemic areas of the world.

Over the past 30 years, Navy Medicine researchers have worked in collaboration with national and international partners to develop a malaria vaccine and they are working jointly with the Army in the U.S. Military Malaria Vaccine Program.

Other highlights during the event included remarks by Sen. Chris Coons (D-DE), Sen John Boozman, (R-AR) and Rep. Gegory Meeks (D-NY) showing bipartisan support for global efforts to combat malaria.

ACUPUNCTURE

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mentary and Alternative Medicine (CAM) project, led by Cmdr. James Houston, Walter Reed National Military Medical Center. The CAM project also sponsors medical acupuncture training for active duty providers.

In spite of the increase in training opportunities, capturing the value of acupuncture remains a challenge. To address this, the NCPMP will conduct clinical trials and chart reviews quantifying acupuncture use and effectiveness. It will also deploy

interdisciplinary teams to select sites in fiscal 2013 and fiscal 2014 containing either a provider trained in medical acupuncture or a licensed medical acupuncturist to support primary and specialty pain care.

"As acupuncture is standardized within Navy Medicine, it creates pathways for other evidence-based CAM modalities, like therapeutic massage," said Cmdr. Houston. "In the future, when you seek pain relief, there may be several CAM options in addition to traditional solutions. Thanks to the Acupuncture Instruction, the efforts of the NCPMP, and support from leadership, needles are just the tip of the iceberg."

Achievements in Military Medicine: A Q&A with Lt. Cmdr. Mercado

Interview by Joshua Wick, U.S. Navy
Bureau of Medicine and Surgery
Public Affairs

Editor's note: Several Navy Medicine personnel, medical treatment facilities, units and programs were recognized earlier this year by the Military Health System awards program. The MHS awards aim to showcase the medical programs and service members who provide and support our medical forces. Navy Medicine took home eight awards including: the Arnold P. Gold Foundation Award for Humanism in Military Medicine; 2013 Building Stronger Female Physician Leaders in the MHS; 2012 Physician; 2012 Humanitarian Assistance; 4th AMSUS Force Health Protection; 2012 Department of Defense Patient Safety; 2012 Department of Defense (DoD) Patient Safety.

Lt. Cmdr. Michael Mercado was selected as the winner of The Arnold P. Gold Foundation Award for Humanism in Military Medicine.

Q: What motivated you to become a physician?

A: I am not sure if I can necessarily pinpoint a particular early life experience that drove me towards medicine. I worked in a pediatrics clinic in high school as a data entry clerk, which was where I first saw physicians in action and it was a joy to observe. My motivation really took off once I was actually in medical school and I started interacting closely with patients.

Q: How important is building a personal

relationship with those you care for?

A: It is extremely important. That's why I chose Family Medicine. Nothing beats being "home base" for your patients when it comes to their medical care and their coordination of care. Being a patient already places people in a vulnerable situation, and it takes a strong patient-physician relationship, forged over time, to be able to create a sense of security for patients.

Q: How do you use patient-centered medical care to provide better care for Sailors, Marines and their beneficiaries?

A: I would hope that all medical professionals provide "patient-centered" care to our beneficiaries as I would see Navy Medicine providing nothing less than that. As a physician, patient-centered care is provided each time I give a patient a legible, written plan of care, in the few minutes that I spend explaining why an antibiotic is not for a common cold, or when I provide my toddler patients with stickers.

As a leader, I practice patient-centered care in teaching my corpsmen how to go the extra mile for patients whether its escorting them to the lab or pharmacy, or reminding them to address patients by their appropriate rank. As a department head, I practice patient-centered care in my efforts to establish processes that are in line with the patient-centered Medical Home Port model. To advocate population health, prevention of chronic diseases, optimized access to medical care for our beneficiaries, and to ensure that



Photo courtesy of Lt. Cmdr. Michael Mercado

Lt. Cmdr. Michael Mercado, MC, U.S. Naval Hospital Guam, checks the vital signs of a patient at U.S. Naval Hospital Guam.

this model of practice is perceived by our patients as a secure "home" where their health is preserved.

Other personal award winners:

2013 Building Stronger Female Physician Leaders in the MHS, "Junior Navy winner": Cmdr. Nicole McIntyre

2012 Physician Award, Presented by AMSUS (The Society of Federal Health Professionals): Capt. Chad Elsner, MC

CLINIC

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day of operations went off without a hitch.

"The staff has exceeded my expectations," said Belmares. "They continue to go above and beyond to ensure quality health care is delivered and that each patient has a positive experience. The first day of care went excellently ... the patients seemed very pleased with the new clinic, and everything ran smoothly."

The clinic boasts 13 examination rooms in a 9,400-square-foot facility. Planning for the new clinic began in 2009; construction commenced in November 2012 and was completed in March 2013 with great success, according to Taulli.

"I am very pleased with the results," said Taulli. "The facility

is very attractive and raises the standard of care for our patients. The effort and support of all involved was truly above par, above and beyond in every case-sustained superior performance. I am extremely proud to have been part of this team; and grateful to be entrusted with such an important task for the hospital, its beneficiaries, and San Diego. This was by far the most rewarding project I have completed in 19 years of naval service."

NMCSO opened an additional clinic location in Rancho Bernardo Apr. 22 and is scheduled to celebrate the grand re-opening of the newly-renovated Branch Health Clinic Naval Training Center, May 31.

NBHC Eastlake is located at 2300 Boswell Rd., Ste. 190, Chula Vista, Calif., 91914.

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