



Navy and Marine Corps Medical News



A Public Affairs Publication of the U.S. Navy Bureau of Medicine and Surgery

October 2012

MEDNEWS Items of Interest

October marks Domestic Violence Awareness Month for more information, about the services that are available at the Fleet and Family Support Center, visit www.cnmc.navy.mil/navylifema.

October marks National Breast Cancer Awareness Month for more information, go to www.nbcam.org or make an appointment with your health care professional for a screening.

Remember to vote!! For Federal Voting Assistance Program information go to: <http://www.fvap.gov>.

Navy Weeks 2012 - Navy Medicine will be participating in Houston Navy Week (Oct. 22-28).

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 Live.

Did You Know?

In fiscal year 2011 Naval Medical Center San Diego's Comprehensive Combat and Complex Casualty Care facility fitted patients with 418 devices to include feet, ankles, legs, hands and arms. In the first three quarters of 2012 C5 has fitted patients with 470 devices.

NMETC headquarters officially opens

From Navy Medicine Education and Training Command Public Affairs

FORT SAM HOUSTON, Texas - Navy Medicine Education and Training (NMETC) officially opened its new headquarters location during a ribbon-cutting ceremony at Fort Sam Houston Sept. 28.

NMETC, the Bureau of Medicine and Surgery's (BUMED) point of accountability for all Navy Medicine training, relocated to Fort Sam Houston after a July change of command ceremony at the establishment's former headquarters at Naval Air Station Jacksonville, Fla.

The ribbon cutting ceremony, which featured remarks from guest speaker Navy Deputy Surgeon General Rear Adm. Michael H. Mittelman, celebrated a milestone in Navy Medicine, something Mittelman said can only ensure the unparalleled training and education U.S. Navy medical professionals receive will continue.

"We have the best-trained hospital

corpsmen, nurses, doctors, allied health and other medical professionals in the world," he said. "This is a direct result of the very talented people who comprise Navy Medicine - those who manage and provide the training from our numerous training facilities located across the country and around the world. Locating our education and training headquarters alongside the Army and Air Force headquarters builds on their great expertise and traditions and can only serve to further our Naval and joint mission - to ensure the men and women we train continue to save lives all over the world."

NMETC, focused on the education and training mission of preparing personnel to perform in the garrison and operational environments, is headquartered at Fort Sam Houston with detachments in Jacksonville and Bethesda, Md. The relocation stems from the Navy Surgeon General's vision of streamlining Navy

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Photo by L.A. Shively

Navy Deputy Surgeon General Rear Adm. Michael H. Mittelman, center left, and Capt. Gail Hathaway, center right, commander Navy Medicine Education and Training Command, cut the ribbon during NMETC's headquarters opening and ribbon-cutting ceremony at Joint Base San Antonio-Fort Sam Houston Sept. 28.

Navy Medicine highlights its strategic priorities

This month, I would like to focus on Navy Medicine's strategic priorities and highlight the release of our strategic map and the course our Navy Medicine leaders have collectively charted for the upcoming year.

We live in dynamic times. In order to navigate the upcoming tasks and challenges ahead, we must continue to maintain the highest state of medical readiness for our naval forces, while bringing more value and jointness to our operations. So, it should not come as a surprise that we have focused our three goals around these missions.

So, let's discuss why these goals are important to us and should be important to each of you as members of the Navy Medicine team.

Navy Medicine is in the readiness business. We have to be agile, forward-leaning and ready to deploy in support of the warfighter and similarly we have to work to ensure that our warfighters are equally prepared. Each of you, in some capacity, lends yourself to the readiness mission. It's what we do and why we exist. Whether you are an independent duty corpsman serving

in a submarine, a flight surgeon serving our naval aviators, deployed medical staff or a Navy corpsman embedded with the Marines, you provide adaptable capabilities globally across the range of military operations in support of the national defense strategy.

We next aim to achieve value in everything we do. When we transition from focusing on health care and start focusing on the overall health of our patients, meaning focusing on preventive medicine treatments like tobacco cessation programs or health and nutrition vice solely treating symptoms, we not only improve their readiness and quality of life, but also get more so-called "bang for our buck" because healthier beneficiaries drive down overall costs associated with care. I am sure many of you have noticed the

"Navy Medicine is in the readiness business."

**-Vice Adm. Matthew Nathan
U.S. Navy Surgeon General**

improvements in the care you receive from your Medical Home Port team, with less wait time, more access, and greater communication with your health care providers. Over the next year, we are looking to build on these initial successes and improve the standardization of care that will improve patient experience and create a more efficient, responsive care structure.

The third goal I want to discuss with you is jointness. There are increasingly more and more opportunities to work together with our sister Services, the Veterans Administration, and academic partners. Whether we are working together in a research lab to develop a new vaccine or on a mission to MEDEVAC a patient off the battlefield, joint operations are undoubtedly a huge part of our future in the military and we all need to embrace these opportunities to learn from one another and leverage best practices from every source. We will build on each other's strengths, learn other cultures, and also preserve those qualities, traditions, and skill sets that are uniquely Navy Medicine.

The Medical Education and Training Campus (METC) in San Antonio, Texas,



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

is a prime example of the kind of joint environment where Navy Medicine's goals of readiness, value, and jointness are exemplified. In my visit to the joint medical facility, I was impressed by the great work that is done there. The program ensures through education and training that our service members are ready to deploy and accomplish the mission of Navy Medicine. The value that the training brings to the overall health of the service member and their families is unmatched. Additionally, it is through a joint curriculum at METC that we create value by reducing redundancies in training costs while still teaching our corpsmen and medics the life-saving skills in a collaborative environment that has led to a 97 percent survivability rate on the battlefield. This is truly remarkable.

As we set out on this next year, with a new charted course, we will need enablers to help keep us on our set path. We look to medical informatics, the use of telemedicine solutions, and technology; as well as standardizing clinical, non-clinical and business practices; and improving strategic communication and message alignment to accomplish these goals. I have the utmost faith that through your hard work, dedication, and collaboration, we can achieve these goals.

As always, I am honored and proud to serve as your Surgeon General.

Navy Medicine's complete mission and vision including the strategy map and accompanying documents is available online at: <http://www.med.navy.mil/Pages/MissionandVision.aspx>.



**Navy and Marine Corps
Medical News**

U.S. Navy Bureau of Medicine and Surgery

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

Capt. Dora Lockwood
Public Affairs Officer

Shoni Pilip-Florea
Deputy Public Affairs Officer

Valerie A. Kremer
MEDNEWS Managing Editor

U.S. Navy Bureau of Medicine and Surgery
7700 Arlington Blvd. Ste. 5122
Falls Church, Va. 22042-5122

Public Affairs Office
p - 703-681-9032

Navy Surgeon General highlights HA/DR capabilities at San Francisco Fleet Week

By Capt. Dora Lockwood, U.S. Navy
Bureau of Medicine and Surgery
Public Affairs

SAN FRANCISCO - The Navy's Surgeon General highlighted the critical role Navy Medicine plays in humanitarian assistance and disaster response during the San Francisco Fleet Week Senior Leaders Seminar, Oct. 4.

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery delivered keynote remarks during the SLS where he emphasized the role Navy Medicine plays in preparing for and responding to HA/DR efforts and the capabilities the naval services bring to the fight.

Nathan described his responsibility to enable the Chief of Naval Operations and the Commandant of the Marine Corps to execute their missions by maintaining the highest state of medical readiness for our naval forces.

"I am in the readiness business," said Nathan. "My job is to be ready when America calls upon our maritime forces."

Mr. Lewis Loeven, executive director of the San Francisco Fleet Week Association kicked off the seminar by welcoming the men and women of the Navy, Marine Corps, and Coast Guard to San Francisco.



Photo by Mass Communication Specialist 1st Class Andrew Wiskow

Vice Adm. Matthew Nathan, U.S. Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery, meets with medical department Sailors on the amphibious assault ship USS Makin Island (LHD 8) during San Francisco Fleet Week (SFFW). SFFW 2012 is scheduled from Oct. 3-8 and brings more than 2,500 Sailors, Marines and Coast Guardsmen from four ships to the city of San Francisco in order to highlight the personnel, technology and capabilities of the sea services.

In addition to events designed to show appreciation for our Sailors and Marines, he said Fleet Week offers an opportunity to learn about the humanitarian assis-

tance and disaster response capabilities of the naval services.

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NMETC

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Medicine into a more effective, efficient and responsive organization that improves accountability, and command and control.

The ceremony, hosted by NMETC commander, Capt. Gail L. Hathaway, also included a reception and facility tour, which followed the ribbon cutting. Hathaway said the NMETC mission remains steadfast in alignment with Navy Medicine objectives and Chief of Naval Operations directives.

"Navy Medicine exists to save lives," she said. "Our priority is to support the men and women deployed on the ground in combat and on ships, submarines and in the air. NMETC is ready to support this work by providing medical personnel education and training that supports readiness and is of value to the individual and the Navy."

Initially, 12 military and civilian personnel will be assigned to NMETC's new headquarters location with approximately 65 personnel remaining at the Jacksonville and Bethesda locations. The Navy Medicine Operational Training Center (NMOTC) in Pensacola, Fla., the Navy Medicine Professional Development Center (NMPDC) in Bethesda, Md., and the Navy Medicine Training Support Center (NMTSC) at Fort Sam Houston, Texas, are echelon four commands aligned to NMETC.

NMOTC is the premier training facility for operational medicine and aviation survival, and NMPDC provides post-graduate education programs, dental residency programs and leadership and professional development training to educate, train and support Navy Medicine personnel to optimize the health and readiness of the warfighter. NMTSC provide leadership, professional development, operational and administrative support to assigned naval personnel and functional support to the Medical Education and Training Campus and other inter-service training programs in the San Antonio, Texas area.

The official opening of NMETC at Fort Sam Houston serves as a hallmark in Navy Medicine, occurring a year after Hospital Corps School - the largest Navy 'A' School - relocated to Fort Sam Houston as part of the 2005 Base Realignment & Closure Commission order that consolidated and collocated enlisted medical education to Fort Sam Houston.

NMETC is part of the Navy Medicine team, a global health care network of Navy medical personnel around the world who provide high-quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Navy 's top doc charts strategic course for Navy Medicine

By Shoshona Pilip-Florea, U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. - The U.S. Navy's top doctor released his strategy map for the future of Navy Medicine on his headquarters' website, Oct. 1.

Readiness, value and jointness were the three clear priorities or goals laid out for Navy Medicine in the plan titled, "Navy Medicine: Charted Course."

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery, chose the date for release to coincide with the new fiscal year for the Department of Defense representing a new way of thinking and a new way of conducting business for the community he leads. Navy Medicine is the second largest community in the Navy with more than 63,000 personnel dispersed globally.

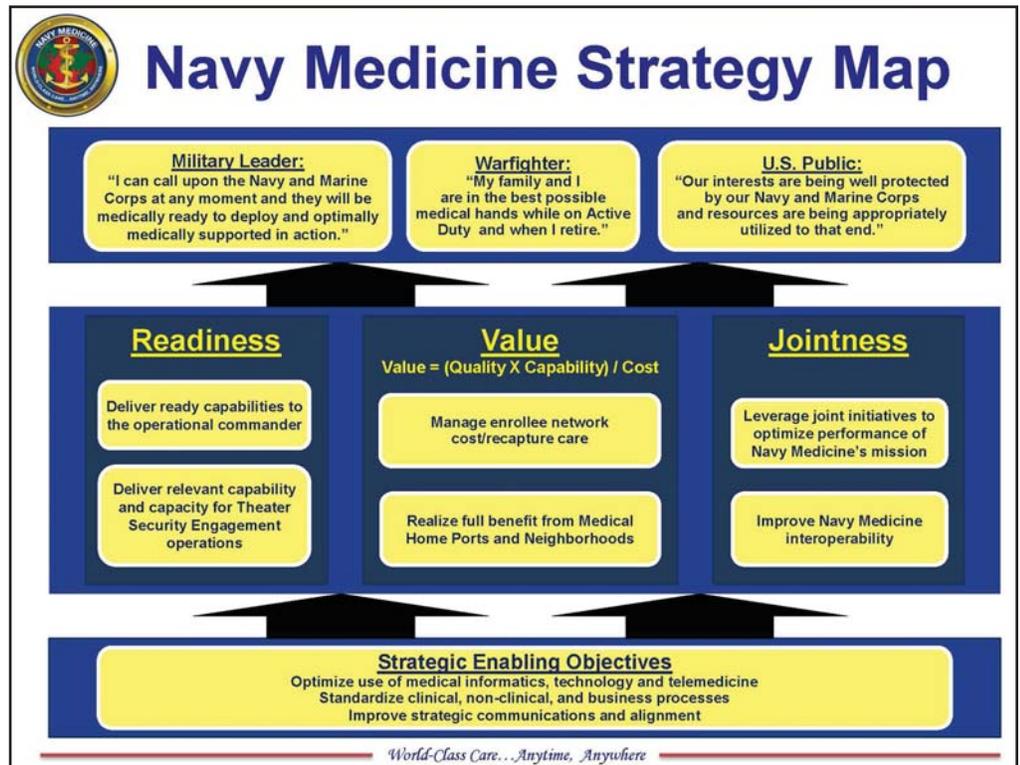
"We live in dynamic times," said Nathan to the top military and civilian health care executives in the Navy, during a workshop aimed at fine-tuning his priorities last week. "We must concentrate on bringing more value and jointness while maintaining the high state of medical readiness for our naval forces that our nation demands. When the world dials 9-1-1, it is not to make an appointment."

Each of the goals of value, readiness and jointness have measurements and metrics assigned to them to track their success which will continue to be assessed and evaluated over the next year. For example, one of the metrics that will be tracked for the value goal includes enrollee network costs and the ability of Navy medical treatment facilities to recapture out of network care.

All three goals also have strategic enabling objectives included to help accomplish them.

According to the plan, "Strategic enablers help organizations achieve the success of a goal or objective. For example, Navy Medicine is a strategic enabler for the Department of the Navy because it delivers force health protection and a ready force able to meet mission."

The plan maps out a course for achieving the value, readiness and jointness



Vice Adm. Matthew Nathan, U.S. Navy Surgeon General, released his strategy map for the future of Navy Medicine on his headquarters' website, Oct. 1.

goals through optimizing the use of medical informatics, technology and telemedicine, standardizing clinical, non-clinical and business processes, and improving strategic communication and message alignment across the enterprise.

"Medical informatics and use of telemedicine solutions will create efficiencies and improve responsiveness to the needs of [Navy Medicine's] stakeholders and customers. This in turn adds value and improves overall readiness," according to the plan.

Nathan also used the plan to reiterate his guiding principles for all Navy Medicine which he conveyed to the enterprise in a video message earlier this year.

"I want to talk about the philosophy I've had ever since I've been in command and if you've worked for me before, you've heard it," said Nathan in his video message. "It's ship, shipmate, self - take care of the ship, take care of each other, take care of yourself."

According to Nathan, the "ship" is the mission, whether it be caring for patients or creating a new vaccine or properly

training and equipping our next group of corpsmen. He said "shipmate" represents his expectation that all Navy Medicine personnel be vigilant to the needs and actions of those they serve with, always preserving the ethos and professionalism that are the pinnacle of Navy Medicine. Finally, the "self" is important because Nathan believes Navy Medicine personnel cannot care for others and meet the mission if they are not first caring for themselves.

"Asking for help is a sign of strength," according to the guiding principles laid out in the Navy Medicine plan. "You must constantly reflect on your own needs and those of your family. Speak up so we can better equip you to meet the challenges you are facing."

The plan also highlighted the importance of self-reflection and awareness as a critical part of successful leadership.

Navy Medicine's complete mission and vision including the strategy map and accompanying documents is available online at: <http://www.med.navy.mil/Pages/MissionandVision.aspx>.



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



Marines, Navy land on San Francisco's beach, showcase medical abilities

By Sgt. Michael Cifuentes, 1st Marine Division

SAN FRANCISCO — U.S. Marine and Navy forces displayed their capabilities of landing and setting up an expeditionary medical aid station in San Francisco's Ocean Beach Oct. 3.

Sailors serving with Assault Craft Unit 5, a Navy unit out of Marine Corps Base Camp Pendleton, Calif., stormed the beach on a Landing Craft Air Cushion carrying heavy logistical equipment and tactical vehicles. The LCAC departed from the USS Makin Island (LHD 8), a Wasp-class amphibious assault ship that's carrying the Marines and sailors of the 13th Marine Expeditionary Unit.

Aside from capturing the attention of the Bay Area community who came out for the demonstration, the landing showed the ship-to-shore response capabilities the 13th MEU has when the Navy and Marine Corps employs an amphibious expeditionary task force.

Petty Officer 2nd Class Pendleton Johnson, an information technician with Beach Master Unit 1, a Navy unit stationed in Naval Amphibious Base Coronado, Calif., said the landing gave the people of San Francisco the ability to see how emergency supplies can be brought in any case, such as a natural disaster.

"[The hovercrafts] can carry up to two [battle] tanks on each hover craft," said the Glendora, Calif., native. "So they can carry a great amount of supplies whether it's in a combat scenario or a civilian support scenario."

During an actual crisis response scenario, Navy medical personnel would set up a shock and trauma tent and a forward resuscitative surgical system tent on shore to collect and treat casualties within an hour of landing.

CAPABILITIES

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"We know that this area will experience a catastrophic event in the future. It's not a matter of if, it's a matter of when," said Loeven. "This seminar presents a valuable opportunity for us to build key partnerships with one another, so in the event of a disaster, we are better prepared to respond."

Nathan applauded the work being done to better understand the capabilities of one another and determine how we can best marry them up.

"There will be no greater tragedy than having capabilities that we don't bring to bear in the time of disaster because we don't know how to communicate with one another or because we don't understand one another's capabilities," said Nathan. "I thank you in advance for the work you are doing here to be better prepared when the next worst-case nightmare



By Lance Cpl. Joseph Scanlan

Sailors serving with Beach Master Unit 1 direct San Francisco's emergency responders while they board a Landing Craft Air Cushion with Assault Craft Unit 1 during a beach landing demonstration at Ocean Beach Oct. 3, 2012. Fleet Week is dedicated to showing civilians the United States military's capability of humanitarian assistance and disaster response preparedness on the home front.

Sailors working inside the expeditionary medical center said their main mission is to save lives and limbs, said Hospital Corpsman 2nd Class Anthony Chow, serving with 1st Medical Battalion at the forward resuscitative surgical system tent on the beach.

Lt. Cmdr. Brian Beale, the officer in charge of the advisory training group of 1st Medical Battalion, said the important thing to know about the expeditionary medical aid center is that when employed, they're highly mobile, rapidly deployable and can be almost anywhere in just a moment's notice.

"If something were to happen, and the Navy and Marine Corps medicine team were called upon, we want the people of

San Francisco to know what it is that we have to bring to the table to help out in the event that there's some type of require for disaster relief," said Beale, a native of Houston. "It doesn't only have to be Afghanistan where we practice this type of medicine and this type of help. We can bring it to the forefront of the shores here at home and can provide the maximal amount of assistance that this setup allows to do for the city of San Francisco."

Sgt. Ron Reynolds, San Francisco Police Department, said it's important that the Bay Area community know what the Navy and Marine team can do for a city who needs help when disaster strikes.

scenario strikes."

This year's Fleet Week also included a peer-to-peer medical exchange Oct. 3. The medical exchange brought together the San Francisco Bay area's civilian medical community with the Navy, Marine Corps, Coast Guard, California Air National Guard and California Army National Guard to simulate patient movement following a large-scale disaster.

Lann Wilder, emergency management coordinator at San Francisco General Hospital, participated in the event and described the value of the hands-on opportunity to collaborate during the disaster response medical patient movement training exercise.

"This exercise was a game-changer," said Wilder. "We learned so much about the shock trauma care capabilities of the military during this exercise."

U.S. Surgeon General helps Navy Med unveil health, wellness campaign

By Hugh Cox, Navy and Marine Corps Public Health Center Public Affairs

NORFOLK, Va. - The U.S. Navy and Marine Corps Public Health Center launched its Health Promotion and Wellness campaign in a ceremony aboard the USS Bataan (LHD-5), Oct. 2.

The campaign provides platforms to reach and educate Sailors, Marines and beneficiaries on priority health areas, as well as resources, tools, and programs to do so. These prevention strategies aim to increase the fitness and readiness of the Navy and Marine Corps forces.

U.S. Surgeon General, Vice Adm. Regina Benjamin, Deputy Assistant Secretary of Defense for Clinical and Program Policy and Chief Medical Officer of the TRICARE Management Activity, Dr. Warren Lockette, and U.S. Navy Deputy Surgeon General, Rear Adm. Michael Mittelman, all spoke at the launch in support of the campaign and its importance.

Benjamin encouraged personnel to “find their health care joy” whether running a marathon, fitting into an old pair of jeans or playing with grandchildren.

“Health does not occur in the doctor’s office,” said Benjamin. “It happens where we live and where we play.”

The campaign includes seven sub-campaigns or focus areas including healthy eating, active living, reproductive and sexual health, psychological and emotional well-being, tobacco free living, drug abuse and excessive alcohol use prevention as well as injury and violence free living.

“We want Sailors and Marines to feel empowered and informed to make healthy choices to improve the overall readiness of our force and their families,” said Mittelman.

Within the Navy, the campaign complements the 21st Century Sailor and Marine Initiative, which provides a set of



Photo by Mass Communication Specialist 2nd Class(SW) Erin Lea Boyce

Rear Adm. Michael Mittelman, Deputy Surgeon General of the Navy, is introduced at the Health Promotion and Wellness Campaign held in the hangar bay aboard the multipurpose amphibious assault ship USS Bataan (LHD 5) to support the Navy and Marine Corps Public Health Center in the unveiling of seven strategic health promotions Oct. 2.

objectives and policies across a spectrum of wellness that maximize each Sailor’s and Marine’s personal readiness in order to hone the most combat effective force in the history of the Department of the Navy.

The campaign supports the DoD-wide Total Force Fitness, a framework for understanding, assessing, and maintaining Service members’ well-being and sustaining their ability to carry out missions.

“Health prevention programs save money in the long term,” said Lockette. “If applied consistently [health promotion programs] will save money for our Sailors and Marines as well as their families.”

The campaign aligns with the National Prevention Strategy, published in June 2011, which presented a vision, goals, recommendations, and action items to reduce preventable death, disease, and disability

in the U.S.

To access and download campaign materials, visit the Healthy Living page on the Navy and Marine Corps Public Health Center website, http://www.nmcphc.med.navy.mil/Healthy_Living/.

Campaign materials include toolkits, brochures, and information for both public health professionals and beneficiaries.

NMCPHC consults, develops, and shapes public health for the Navy and Marine Corps in a variety of areas, including environmental health, population health, and preventive medicine. NMCPHC’s vision is protection through prevention, and the mission is to provide worldwide Force Health Protection services to Naval and Joint forces in support of the National Military Strategy. In support of the NMCPHC mission, the Health Promotion and Wellness department 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.

“We want Sailors and Marines to feel empowered and informed to make healthy choices...”

**-Rear Adm. Michael Mittelman
deputy surgeon general,
U.S. Navy Bureau of Medicine and Surgery**



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

SECDEF releases voting guidance to fleet

From Department of Defense Public Affairs

WASHINGTON - Secretary of Defense Leon M. Panetta released the following message Oct. 5.

"On November 6th, Americans will have the opportunity to exercise the most important responsibility we have in a democracy - the right to vote. Voters will choose from candidates at every level - from the Commander-in-Chief, to legislative representatives, to county commissioners, city council members and others.

I don't have to tell you that your vote can determine the future. It really counts. And that's why it's so important to participate in this process - no matter where you are in the world, no matter who you plan to vote for. Please exercise the very privilege that you're willing to fight and die for in order to protect.

But there isn't much time. If you're overseas or away from home, request your absentee ballot immediately, and mail it back in time so that your vote will count. And if you need help, visit your Installation Voter Assistance Office, or see your unit's voting assistance officer, or visit the website: www.fvap.gov.

Every day, your efforts make this country safer and its people more secure. You have more than earned the right to vote. So please participate in the democratic process that sustains the blessings of liberty that we work so hard to protect.

This Election Day I encourage you and your family to play



Photo by Mass Communication Specialist Seaman Declan Barnes

Sailors assigned to the Arleigh Burke-class guided-missile destroyer USS McCampbell (DDG 85) watch the first 2012 presidential debate between President Barack Obama and former Massachusetts Gov. Mitt Romney, Oct. 4.

an important part in our great democracy. Your vote will help determine the future of our nation, and the future of a government of, by, and for all people.

Thank you."

Navy Med Admiral receives second star, heads new department

By Shoshona Pilip-Florea, U.S. Navy Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Rear Adm. Bruce A. Doll was promoted to rear admiral (upper half) during a ceremony at the Jefferson Memorial in Washington, D.C., Oct. 12.

Doll's promotion comes in conjunction with his appointment as head of the new research and development code within the U.S. Navy Bureau of Medicine and Surgery earlier this month.

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, BUMED, presided over the ceremony where he lauded Doll's vast range of job experiences and the unique perspective he will bring to this position.

"Bruce is the type of leader we need more of in Navy Medicine," said Nathan. "He has served in every dynamic. He has served on ships. He has served overseas. And to each of these positions he brought his exceptional expertise in topics ranging from periodontics to regenerative medicine to molecular biology. I know what he will bring to his new role will be equally outstanding. I could not be more proud to promote him today and to have

him as part of the Navy Medicine family."

During the ceremony, Doll thanked his family for the exceptional support they have provided throughout his career and said he is looking forward to the challenge of establishing a new code within BUMED.

"It's exciting to get to steer the ship first and chart the course," said Doll. "There are many challenges though, the first being the budgetary restraints in the current environment we operate in today."

The new code was developed as part of a larger realignment designed to improve the organization's responsiveness and effectiveness in keeping with Nathan's priorities of readiness, value and jointness for the Navy Medicine enterprise.

"Navy Medicine's mission is to support the forward-deployed force and ensure personnel readiness. Navy Medicine keeps the nation's naval forces medically ready to operate around the world and a large part of that comes from our tremendous research and development efforts like creating new vaccines or new aviation survival equipment," said Nathan. "By having stronger oversight of the R&D community and flag-level advocacy, we know we can bring more value to this process and also explore ways to work

with our sister Services on joint research to reduce redundancies."

Doll echoed Nathan's statements and said that getting to work across the Services in the research and development community presents a unique challenge, but will potentially be the most rewarding opportunities he will encounter.

"We will get to leverage the expertise and skill sets of each medical community and really ensure we are investing in the right projects to meet the needs of our warfighters and beneficiaries," said Doll.

Prior to reporting to BUMED, Doll served as the Senior Health Care Executive, U.S. Navy Medical advisor, Allied Command Transformation (NATO). As a Navy Reservist, he has also held many influential and important roles in the civilian sector of medicine including as the chief operating officer, Rutgers University/Cleveland Clinic research consortium focusing on regenerative medicine for the wounded warrior.

Doll is a member of many professional societies and a diplomat of the American Board of Periodontology. He is also a grantee of the National Institutes of Health. He has received fellowships from Omicron Kappa Upsilon, the International and American College of Dentists.

NMCS D expands C5 prosthetics lab

By Mass Communication Specialist 2nd Class John Philip Wagner, Jr., Naval Medical Center San Diego Public Affairs

SAN DIEGO - Naval Medical Center San Diego's (NMCS D) Comprehensive Combat and Complex Casualty Care (C5) facility is expanding its prosthetics lab by filling the therapy pool to make room for two additional treatment rooms, a check in area, storage space and a second set of parallel bars.

"This first phase of the project took three weeks to complete, which included the filling of the existing pool with gravel, smoothing it out and capping with concrete," said Lt. Cmdr. Alberto Nieto, NMCS D Facilities Department Head.

Furniture for the two treatment rooms, a patient check-in desk, a storage area and the installation of a new set of parallel bars is currently ongoing. The second phase will renovate the existing prosthetics fabrication room, which will increase capability and capacity.

"The expansion is great because it will allow us to add new staff, and the installation of a second set of parallel bars will allow us to get two wounded warriors up on their legs at the same time, which will relieve some of the congestion in that area," said Lt. Cmdr. Wendy Stone, C5 program's deputy director.

The C5 patients have unique health care needs, she added.



Photo by Mass Communication Specialist 2nd Class Sean P. Lenahan

The new expansion of the prosthetics lab at Naval Medical Center San Diego's Comprehensive Combat and Complex Casualty Care facility.

"[They're] high-performance athletes, so they don't just require walking limbs and a backup, which are the basics that we give them; they also want a running leg, a surfing leg and

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Navy flight surgeon awarded for work in aerospace medicine

By Lt. Sarah Goodman, Navy Environmental Preventive Medicine Unit Two Public Affairs.

NORFOLK, Va. - Lt. Cmdr. Eric Deussing, Navy Environmental Preventive Medicine Unit Two (NEPMU2) Preventive Medicine Officer and Navy Flight Surgeon is the 2012 recipient of the Ashton Graybiel Award for his research in Aerospace Medicine.

The award, given annually since 1991 to recognize outstanding contributions in medical literature in honor of Captain Ashton Graybiel, Medical Corps, USN, was presented to Deussing by Capt. Wesley Farr, Navy and Marine Corps Public Health Center (NMPCHC) Executive Officer in a ceremony held Sept. 21 at NEPMU2.

"The research was part of my Master's in Public Health thesis," said Deussing. "We had some positive outcomes, and I am honored to receive this award."

Recipients of this prestigious award have conducted or have been involved in an original research project and their papers published within the past year.

"LCDR Deussing's tour as a Flight Surgeon and his research demonstrate his commitment to the safety and readiness of our Navy and Marine Corps aviators," said Farr. "He is continuing his com-



Photo by Lt. Sarah Goodman

Lt. Cmdr. Eric Deussing, Navy Environmental Preventive Medicine Unit Two, receives the 2012 Ashton Graybiel Award for his research in Aerospace Medicine from Capt. Wesley Farr, Executive Officer, Navy and Marine Corps Public Health Center, Sept. 21.

mitment to the safety and readiness of our Sailors and Marines as a Preventive Medicine Officer with NEPMU2."

Dr. Graybiel pioneered aviation medicine research and this award recognizes outstanding contributions to the medical literature by members of the Society of U.S. Naval Flight Surgeons in support of

operational issues in Aerospace Medicine that have made a significant contribution with the promise of long-term impact on the health and safety of aviation.

Deussing's article can be found on the National Center for Biotechnology Information website at <http://www.ncbi.nlm.nih.gov/pubmed/21853855>.

NMLC celebrates Navy's 237th birthday

By Julius L. Evans, Naval Medical Logistics Command Public Affairs

FORT DETRICK, Md. - Naval Medical Logistics Command's senior officer and junior Sailor ceremoniously cut the first slice of cake Oct. 12., during the 237th Navy birthday celebration at its headquarters on Fort Detrick, Md.

Commanding Officer, Capt. James B. Poindexter III, and Hospital Corpsman Apprentice Denise L. Matamoro preserved a Navy tradition meant to illustrate that despite differences in rank, all military men and women are part of the same team.

The NMLC team celebrated this rich naval history that is recognized annually at Navy commands worldwide.

The United States Navy traces its origins to the Continental Navy, which the Continental Congress established Oct. 13, 1775, by authorizing the procurement, outfitting, manning and dispatching of two armed vessels to cruise in search of munitions ships supplying the British army in America. The legislation also established a Naval Committee to supervise the work. All together, the Continental Navy numbered some 50 ships over the course of the war, with approximately 20 warships active at its maximum strength. In 1972, then-Chief of Naval Operations (CNO) Adm. Elmo R. Zumwalt authorized recognition Oct. 13 as the Navy's birthday, according to the Naval History and Heritage Command.

NMLC followed a program as outlined by NAVADMIN 299/12. Of note



Photo by Julius Evans

Navy Medicine Logistics Command, Commanding Officer, Capt. James B. Poindexter III and Hospital Corpsman Apprentice Denise L. Matamoro ceremoniously cut the first slice of cake, Oct. 12., during the 237th Navy birthday celebration at Naval Medical Logistics Command, Fort Detrick, Md. The Navy tradition illustrates that despite differences in rank, all military men and women are part of the same team.

was the span of pay grades incorporated into the ceremony. Lt. Cmdr. Gerald M. Hall, NMLC's director for Resources read the Secretary of the Navy's birthday message followed by Operations Specialist 2nd Class (SW) Jacob Halfen who read the Chief of Naval Operation's message. Cmdr. Michael J. Kemper, director for Medical Equipment and Logistics Support ceremoniously rang the ship's bell eight times signifying the 'end of the watch.'

Chief Hospital Corpsman Ezra L.

Johnson, the event's master of ceremony, explained the traditions associated with different elements throughout the ceremony.

"The single, [ceremonial ninth] bell, traditionally used to signal the start of a new watch, represents the start of a new year, our 238th," said Johnson. The ninth bell was rung by Logistics Specialist 2nd Class (SW) Michael S. Kick.

The cake-cutting ceremony culminated the day's events.

PAX River Aviation Survival Training Center installs lifesaving system

From Navy Medicine Operational Training Center Public Affairs

PATUXENT RIVER, Md. - One of the U.S. Navy's eight training centers dedicated to aircrew water survival finalized the \$1.1 million installation of equipment Oct. 12, which will serve to expand the center's life-saving training capabilities and directly support Navy aircrew readiness.

Aviation Survival Training Center (ASTC) Patuxent River, Md., completed installation of a Jib Crane, which submerges and rotates the Modular Egress Trainer Simulators (METS M40) multi-seat underwater egress trainer capsule in a swimming pool.

The METS M40 is used to train fixed- or rotary-wing pilots and crew in aircraft ditching and underwater egress training procedures. Cmdr. Mathew Hebert, Naval Aviation Survival Training Program manager, said the new equipment adds value to Navy Medicine and will have positive lifesaving and readiness benefits to joint U.S. military warfighters serving aboard aircraft

throughout the world.

"The mission of the ASTC's and their importance to the fleet are to prepare aeronautical personnel, selected passengers, project specialists and other authorized individuals who fly aboard USN or U.S. Marine Corps aircraft in the areomedical aspects of flight and survival," he said. "This crane will make the high-risk training delivered to these warfighters safer, more relevant and more cost efficient, and will help ensure their continued readiness."

All eight Navy Medicine-managed ASTCs employ the METS M40, purchased through Survival Systems Incorporated over a 10-year period. The METS M40 is designed to replicate large, wide-bodied fixed- or rotary-wing aircraft.

Hebert said the new Jib Crane is safer, easier to operate and

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Research suggests link between blast exposure, PTSD

From Naval Health Research Center Public Affairs

SILVER SPRING, Md. - Researchers from the Naval Medical Research Center (NMRC), the Mount Sinai School of Medicine, and a Veterans Affairs Medical Center published a paper in the Oct. 10, 2012, issue of the *Journal of Neurotrauma* focused on possible warfighter post-traumatic stress disorder (PTSD)-related traits induced by multiple blast exposures.

Researchers from the James J Peters Veterans Affairs Medical Center in the Bronx, N.Y., working with collaborators from NMRC in Silver Spring, Md., showed, in a laboratory model that repeated blast exposure induced a variety of PTSD-related traits many months after the blast exposure. These traits include anxiety, increased startle responses and heightened fear responses.

“The study is the first to suggest that blast exposure may change the brain’s reactions to stress in ways that increase the likelihood of developing PTSD,” said Dr. Gregory Elder, a neurologist at the VA hospital, and the lead author of the paper.

The paper points out that mild traumatic brain injury (TBI) from blast exposure has been a major cause of injury in Iraq and Afghanistan. A feature of TBI cases has been the prominent association with post-traumatic stress disorder. Because of the overlapping symptoms, distinction between the two has been difficult.

“The research results showed heightened fear reactions were associated with an increase in a specific protein, stathmin 1, known to affect fear responses in the



Courtesy photo

Members of the Kandahar Provincial Reconstruction Team treat simulated casualties during a base defense drill. The team is made up of U.S. Air Force, Army and Navy service members and civilians deployed to Kandahar province of Afghanistan to assist in the effort to rebuild and stabilize the local government and infrastructure.

amygdala, an area of the brain associated with regulating fear responses and thought to be involved in the development of PTSD,” said Dr. Stephen Ahlers, lead on the Navy collaborative team from NMRC’s Department of Neurotrauma. Ahlers presented the results of the study at the Military Health System Research Symposium in Ft. Lauderdale, Fla., August 15, 2012.

The NMRC Neurotrauma Department conducts research on a variety of topics pertinent to the protection, care and resuscitation of combat casualties,

primarily those occurring in austere circumstances with anticipated delay to definitive care. The department maintains three major programs: the Blast Injury Program, the Operational Medicine Program, and the Polytrauma Program.

Article: Blast Exposure Induces Post-Traumatic Stress Disorder-Related Traits in a Rat Model of Mild Traumatic Brain Injury, by Gregory A. Elder, Nathan P. Dorr, Rita De Gasperi, Miguel A. Gama Sosa, Michael C. Shaughness, Eric Maudlin-Jeronimo, Aaron A. Hall, Richard M. McCarron, and Stephen T. Ahlers.

PROSTHETICS

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a swimming leg,” said Stone. “[They’re very] active so we want to be able to fulfill that requirement. The expansion will allow C5 staff members to continue to give patients the best possible care.”

C5 was established in 2007. At the time, the prosthetics department was designed to support the care of 40 patients with single amputations. Currently, the facility treats approximately 100 active duty service members and 50 retirees, many with multiple amputations. In fiscal year 2011 C5 fitted patients with 418 devices to include feet, ankles, legs, hands and arms. In the first three quarters of 2012 C5 has fitted patients with 470 devices.

NMCSO works closely with the Veterans Affairs (VA) San Diego Health Care System and has VA liaison on site full time to assist wounded, ill and injured with their medical benefits,

transition to retirement, vocational rehabilitation among other such services to ensure patients transition smoothly.

“Our prosthetics staff, and local commercial contracted partners, are fully trained on all of the latest prosthetics equipment and technology and have been working with Veterans from Iraq and Afghanistan for the past seven years,” said Richard Rodriguez, Site Manager, Prosthetic and Sensory Aid Service at the Veterans Affairs (VA) San Diego Health Care System. “In addition, we work closely with Naval Medical Center San Diego to assure that we provide a smooth transition for service members transferring to VA care,” said Rodriguez.

“We continue to look for opportunities to expand our VA services to meet the needs of the returning Veterans as well as Veterans from previous eras. To meet those needs, our projected Prosthetics 2013 budget for the Southern California and Southern Nevada region is \$106,800,000,” he added.

Navy Medicine's scientific research benefits Cambodia

By Ambassador William (Bill) E. Todd,
U.S. Ambassador to the Kingdom of
Cambodia

One of the best things about being an Ambassador at an active embassy – like we have in Phnom Penh – is that we are always implementing many projects that benefit Cambodia. Fortunately, I get the opportunity to showcase some of the most exciting projects with you in my blog.

Recently, I had the opportunity to catch up with my colleagues at the U.S. Navy Medicine's Naval Medical Research Unit-2 (NAMRU-2). The NAMRU-2 staff focuses on conducting medical research that can help keep the Cambodian people safe from diseases.

Just recently they began enrolling new participants in a study that will help identify the reasons for serious respiratory and diarrheal diseases in areas surrounding cities and in rural parts of Cambodia. Once we better understand the cause of such diseases, we can develop better methods of prevention and treatment. Perhaps you know someone who suffers from one of these diseases? If so, you can appreciate what a difference it would make in their life if we could learn how to prevent or cure these diseases better.

The enrollment process for the new study involves going door-to-door in the villages in the study areas. The field volunteers explain to the residents of each house how the study will work and ask the villagers if they are interested in participating. Given that NAMRU-2 hopes to have four villages and a total of 5,000 people participating in the study, the enrollment process takes a lot of person-to-person contact, but it is important that



Photo courtesy of the Department of State

Project supervisor Malen Luy, NAMRU-2, reviewing how to take GPS coordinates with the staff.

the participants understand the study and are comfortable with taking part in it.

NAMRU-2 sent me photos of the volunteers' first day out in the field. It's great to see our Embassy team working to reduce diseases in Cambodia, while at the same time helping to strengthen Cambodia's growing public health research field.

If you'd like to learn more about NAMRU-2, check out a description of their work on the U.S. Embassy website at <http://cambodia.usembassy.gov/namru2.html>.

Editors Notes: Naval Medical Research Unit-2 (NAMRU-2) NAMRU-2's mission is to identify infectious disease threats of military and public health importance and develop and evaluate interventions

and products to mitigate those threats. NAMRU-2 supports U.S. interests in the Pacific Theater and advances diplomacy in the region by conducting infectious disease research and improving disease surveillance and outbreak response assistance for infectious diseases of critical public health importance to the United States and our regional partners. NAMRU-2 relocated from Jakarta, Indonesia in June, 2010 and officially opened as NAMRU-2 Pacific on June 17, 2010. Current operations are ongoing at the detachment laboratory located in Phnom Penh, Cambodia, and the detachment within the U.S. Embassy Singapore.

LIFESAVING

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more reliable. The new crane is capable of moving the METS along multiple axes, simulating a variety of previously unavailable emergency situations and possibilities to students.

According to Hebert, the new crane also represents an enormous stride in providing exceptional value and helping lead Navy Medicine to jointness and interoperability, something which should be echoed throughout the fleet.

“The total number of Navy and joint personnel trained by all eight ASTC across the Naval Survival Training Institute (NSTI) enterprise averages 23,000 students over the past five years,” he said. “The cost-benefit savings - and lives saved in actual fleet mishaps - associated with upgrading these cranes is phenomenal.”

Of the eight ASTCs in the continental United States, the Jib Crane install at Patuxent River, Md., marks the seventh crane to become operational. The final ASTC Jib Crane installation is scheduled at the Naval Air Station Pensacola ASTC in November.

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