



Navy and Marine Corps Medical News



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

September 2012

MEDNEWS Items of Interest

September highlights **Suicide Prevention Awareness Month**. This month, the military services and the Military Health System come together to recognize Suicide Prevention Awareness Month. The goal is to educate ourselves, shipmates, leaders, and families on the signs of suicide, where to get access to treatment and how to intervene.

USNS Mercy returned from **Pacific Partnership 2012**, Sept. 14.

September observes **Hispanic Heritage Month**.

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

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Did You Know?

USNS Mercy's team treated more than 49,000 people ashore, including dental care and services like the distribution of eyeglasses and sunglasses during Pacific Partnership 2012. The team performed more than 900 shipboard surgeries, and treated or evaluated more than 7,000 livestock and domestic animals.

NAVY SURGEON GENERAL VISITS WOUNDED MARINES, SAILORS

By L.A. Shively, Joint Base San Antonio - Fort Sam Houston

SAN ANTONIO - Focusing on their concerns, Vice Adm. Matthew L. Nathan, surgeon general of the Navy, spent Sept. 13 visiting with wounded Marines, Sailors, and the staff of Naval Health Clinic Corpus Christi Detachment at the San Antonio Military Medical Center, Joint Base San Antonio-Fort Sam Houston.

Nathan said he recognized what he coined as "nodes of excellence" – military medical centers across the country such as SAMMC – that provide critical care for those injured in combat; as well as tertiary medical facilities that treat illness, disease and non-combat injuries.

But, beyond the high standard of care they receive from these facilities, Nathan

said he wanted to ensure Marines and Sailors knew the Marine Corps and the Navy have not forgotten them in what is a traditionally an Army-Air Force environment here in San Antonio.

Nathan, also chief of the Navy's Bureau of Medicine and Surgery, reached out on a personal note as well.

"Thank you on behalf of the people I work with back in [Washington] D.C.," he said to the group of about 50 in the SAMMC auditorium.

The Admiral discussed future changes planned within the Defense Department such as downsizing and a strategic refocus toward the Pacific region, Asia, Africa and South America for the Navy. Nathan also said that coalition forces

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Photo by L.A. Shively

Vice Adm. Matthew Nathan, Navy surgeon general, visits with Andrew Knudson and presents him with a coin. Knudson was training in Navy dentistry when he became ill and plans to complete his training after he recovers. Nathan visited with wounded Marines, Sailors, and the staff of Naval Health Clinic Corpus Christi Detachment at the San Antonio Military Medical Center, Sept. 13.

Navy Medicine supports suicide prevention awareness month

Any day on which a Sailor or Marine takes their own life is tragic on so many levels. Suicide can be preventable and can be stopped if you have the right tools to do so. It is vital that we come together and stand watch for one another. This month, we work together with the other military services and the Military Health System to recognize Suicide Prevention Awareness Month. Our goal is to educate ourselves, shipmates, leaders, and families on the signs of suicide, where to get access to treatment and how to intervene.

Even one life lost to suicide is one too many. There is an immense need for all Navy Medicine commands to focus on suicide prevention. It is an all-hands effort. Health care professionals tell us the biggest reason someone takes their own life is to “stop the pain and feelings of anguish”. People feel there is no way out; but time and experience tell us that if we can hold on and get help, the feeling of desperation can pass. It is up to all of us to look for the helpless and more importantly the hopeless, and let them know

there will be help and there is hope.

You know my philosophy – “Ship, Shipmate, Self.” Think of the ship as our mission. We must perform our mission, whether it be at sea, on land or on the battlefield. We must perform our mission without fail, and we can’t perform our

mission without our people.

We must take care of our shipmates. If you see a shipmate, ask them how they are doing. They may appear fine on the surface, but many Sailors thinking about taking their

own life may be in pain and may not want to talk about their depression. They may need help, so get involved. Ask, Care, Treat (ACT) is a tool you can use to help prevent a suspected suicide. You can ask how your shipmates are feeling, let them know that you care about them and if needed, get them treatment.

Above all we have a duty to look after one another. It is our moral obligation to seek professional guidance when our loved ones, co-workers, or friends manifest warning signs such as vocalizing an intention to harm their self, exhibiting social withdrawal, or otherwise showing uncharacteristic changes in behavior.

Take care of yourself. Within our greater military medical community as well, we need to be vigilant about taking care of ourselves. Taking care of others on a daily basis can take its toll on our own mental health, so it’s important to check in with each other regularly. We can only provide quality care for others to the extent that we take good care of ourselves.

I am fully aware that many Sailors and Marines believe there is a stigma for seeking help from depression or stress. This could not be farther from the truth. It takes a lot of courage to come forward and reach out for help and in this enlightened day and age, I sincerely believe people respect a decision to seek help. We need to come together to eliminate the stigma associated with seeking help

“We must perform our mission without fail, and we can’t perform our mission without our people.”

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



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

so that those who need the resources can receive them.

Existing resources are available to enhance local suicide prevention programs and inform service members of programs available to them. The DoD and VA have established a partnership dedicated primarily to providing education, counseling, and treatment in an all-hands effort at suicide prevention; anyone can access this resource by visiting www.suicideoutreach.org.

Additionally, organizations like Military One Source, Fleet and Family Service Centers, and your local commands offer robust resources toward identifying suicidal behaviors and offering pathways toward treatment. Additionally, the National Suicide Prevention hotline is immediately available to service members by dialing 800-273-TALK (8255) and choosing “1”.

We’re all in this together. We need to make sure we take care of those whose care we are charged with, we need to take care of each other, and we need to take care of ourselves. As always, I am honored and proud to serve as your Surgeon General.



**Navy and Marine Corps
Medical News**

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Prevent Suicide

Moulton promoted, will lead Medical Service Corps

By Joshua L. Wick, U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. - Capt. Terry J. Moulton will be promoted to the rank of Rear Admiral (lower half) by Vice Adm. Matthew L. Nathan, surgeon general of the U.S. Navy and chief, U.S. Navy Bureau of Medicine and Surgery during a ceremony Aug. 30.

Moulton will officially assume the responsibilities as the deputy chief of medical operations, U.S. Navy Bureau of Medicine and Surgery and the director of the Medical Service Corps at the Defense Health Headquarters in Falls Church, Va.

Moulton is currently serving as executive assistant to the surgeon general.

Moulton has served in various assignments throughout the world including positions in Philadelphia, Pa., Pearl Harbor, Hawaii, Cherry Point, N.C., Guantanamo Bay, Cuba, Pensacola, Fla., as well as Okinawa, Japan. He also deployed to the Persian Gulf in support of Operation Desert Storm aboard aircraft carrier USS Nimitz (CVN 68).

Prior to reporting to his current assignment in 2011, he served as the commanding officer of U.S. Naval Hospital, Okinawa, Japan, the Navy's largest overseas hospital serving the Western Pacific.

Moulton is a 1978 graduate of Greenbrier High School, Greenbrier, Tenn. He received a Bachelor of Science degree in Health Care Administration from Western Kentucky University, Bowling Green, Ky., and a Masters in Business Administration from Chaminade University in Honolulu, Hawaii. Captain Moulton is also a graduate of the Naval War College non-resident program.

SURGEON

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were 99 percent out of Iraq and, though not smoothly, relocating troops out of Afghanistan is continuing.

Nathan's visit meant a lot to Marine Lance Cpl. Jonathan Stephenson who was wounded by a roadside bomb in March while he was on convoy in Helmand province, Afghanistan.

Stephenson, the turret gunner in a truck, was thrown 60 meters from his vehicle when it was struck. He said he doesn't remember anything until he woke up at the Walter Reed National Military Medical Center in Bethesda, Md., two weeks later.

"It shows that somebody cares," said Stephenson, "and that there are people looking out for our best interests."

Questions on issues during the town hall ranged from current global affairs to local staffing.

One sailor presented a new challenge for the surgeon general to consider: how must a sailor's weight be factored into the physical readiness standards when he or she has a prosthetic?

"It's important for the sailor, in case he

or she has the option to return to active duty," explained Navy Hospital Corpsman 2nd Class Mark Foriska, a liaison with Detachment SAMMC, who posed the question. "It's also important if they continue to have treatment here at SAMMC."

Foriska said the subject came up during a class he was attending.

"Nobody had the answer, so I thought this was the perfect time to bring up the question," said Foriska.

Officials cite a 95 percent survival rate for battlefield injuries, where cutting-edge technology allows many amputees and others with severe injury to recover, return to the same type of work, and even deploy again.

"We have people wearing prosthetic devices that can now get back into the cockpit, get back into the fight or continue to serve on active duty in a variety of ways; and be required to stay fit like everybody else," said Nathan.

The Admiral's first step toward developing weight standards for service members with prosthetics will be to survey military personnel and medical facilities in order to find out what is being done currently; and then devise a formula for measurement.



Photo by Joshua L. Wick

Vice Adm. Matthew L. Nathan, surgeon general of the U.S. Navy and chief, U.S. Navy Bureau of Medicine and Surgery administers the oath of office to Rear Adm. Terry J. Moulton during his change of command and promotion ceremony Aug. 30 at the Women in Military Service for America Memorial in Arlington, Va.

Moulton received his commission as an ensign in the Medical Service Corps in 1983.

His personal decorations include: Legion of Merit, Defense Meritorious Service Medal, Meritorious Service Medal (Six awards) one of which notes his actions as a first responder during the attack on the Pentagon on Sept. 11, 2001. He also holds the Navy and Marine Corps Commendation Medal (four awards), Navy and Marine Corps Achievement Medal, and various other service and units awards and Surface Warfare Medical Department Officer Qualification.

Using the ratio of height to girth might provide an initial answer, he said, adding that he needs to do additional research.

After his town hall meeting, Nathan toured the newly-completed U.S. Army Institute of Surgical Research. Adjacent to SAMMC, the facility is dedicated to advancing combat casualty care and providing state-of-the-art trauma, burn and critical care.

Nathan also attended the chief petty officer pinning ceremony at the Fort Sam Houston Theatre, Sept. 14, during his visit. The pinning ceremony is a culminating event where Sailors are awarded anchors and allowed to don the uniform of Navy chief petty officer for the first time after proving their worth during an eight-week leadership course.

Unique to the Navy, the course tests the chief selectees' fortitude under duress.

"It's a thrill to get out in the field and see our Sailors, our corpsmen, our medical personnel, our patients, talk to them, hear what is on their minds," Nathan said, "and let them show off what they do, because they do so many things so well."

Navy Medicine makes house calls during Buffalo Navy Week

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

BUFFALO, N.Y. - Navy Medicine leadership met with Buffalo's top health care leaders, students, veterans and civic organizations to discuss shared initiatives, Navy Medicine's robust capabilities and role in the maritime strategy as part of Buffalo Navy Week, Sept. 11-14.

Rear Adm. Rebecca McCormick-Boyle, chief of staff, U.S. Navy Bureau of Medicine and Surgery, was the senior medical officer representing Navy Medicine during Buffalo Navy Week.

"I am so happy to be back home in Buffalo, which has a rich heritage of supporting the military" said McCormick-Boyle. "Buffalo Navy Week and the War of 1812 commemoration show the American public how their Navy plays a crucial role in protecting the sea lanes, and also how we take care of our dedicated men and women in uniform."

Out of the nearly 330,000 active duty Sailors across the Navy, nearly 15,000 come from New York, over 2,000 reserve Sailors hail from the state and nearly 10,000 retired Navy men and women are currently living in the state of New York, McCormick-Boyle noted.

During a meeting with the Buffalo VA Medical Center, McCormick-Boyle met with leadership and staff and discussed the similarities between the Patient Aligned Care Team (PACT) and Navy Medicine's Medical Home Port model. In both models, the patient is assigned a team of health care professionals who takes care of the patient's continuum and coordination of care.

"Military medicine influences our continuum of care," said Brian Stiller, medical center director, VA Western New York Healthcare System. "When we see the services that are provided in military facilities, it greatly influences the advancement of our services. It's great to see that both Navy Medicine and the VA are using similar health care models with the Patient Aligned Care Team (PACT) and Medical Home Port models of care - two models which make a significant impact on the way we provide care to our veter-

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U.S. Navy photo by Mass Communication Specialist 1st Class Chris Laurent

Rear Adm. Rebecca McCormick-Boyle, chief of staff, U.S. Navy Bureau of Medicine and Surgery, sits beside Rear Adm. Greg Nosal, commander, Carrier Strike Group Two as they are both interviewed by Tammy Lee Demler of WNY Tonight during Buffalo Navy Week 2012. Buffalo Navy Week 2012 is one of 15 signature events planned across America in 2012 and also commemorates the War of 1812.

ans and their families."

During the week, McCormick-Boyle also met with Horizon Health Services, where the group discussed the importance of behavioral and mental health services for service members and their families.

"It's crucial that military and civilian health care leaders come together to eliminate the stigma associated with reaching out for mental health care," said McCormick-Boyle. "It takes a lot of strength to ask for help

and we need to be there when our service members and their families do reach out.

"The military is not an island," she added. "We work with community leaders such as Horizon Health Services to take care of our service members and their families."

During a meeting with leadership and staff of the Erie County Medical Center, McCormick-Boyle highlighted Navy Medicine's role in the Maritime strategy as well as capabilities in expeditionary care, research and development, humanitarian assistance/disaster response, and garrison care. ECMC is a regional center for trauma, burn, rehabilitation and

cardiac care, and is also a major teaching facility for the University at Buffalo.

"Navy Medicine plays a vital role in the execution of the maritime strategy: forward presence, deterrence, sea control, power projection, and maritime security, because no ship, submarine, aircraft or other Navy asset deploys without the support of Navy Medicine," said McCormick-Boyle. "In addition, Navy Medicine projects and executes 'soft power,' the maritime strategy's final priority, through its most visible role in humanitarian assistance/disaster relief missions."

The group also discussed the advancements that have been made in trauma medicine as the country has been at war for the last decade.

"Navy Medicine first and foremost provides force health protection," said McCormick-Boyle. "We have embraced the challenge of battlefield care and acute trauma care and continue to work together to advance the care provided on the battlefield."

Other events during the week included a visit with students from the University at Buffalo School of Nursing, City Honors School, the Twentieth Century Club, Kaleida Health, Navy League and multiple media interviews, to name a few.

Buffalo Navy Week (Sept. 10-17) is one of 15 Navy weeks across the country this year.

Navy Medicine announces enterprise-wide reorganization

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. - The U.S. Navy Bureau of Medicine and Surgery (BUMED) detailed its reorganization and realignment plan for the Navy Medicine enterprise in a message to its staff Aug. 30.

The message, sent from BUMED chief of staff Rear Adm. Rebecca McCormick-Boyle, announced the implementation phase of the reorganization designed to build a more effective, efficient and responsive organization.

“Over the past several months, Navy Medicine leadership discussed and prioritized organizational opportunities and challenges to build a better and more

integrated command around Navy and Marine Corps leadership,” wrote McCormick-Boyle. “As a result, we are engaged in executing a realignment plan for the Navy Medicine enterprise that will meet these requirements.”

The realignment is also closely linked to Navy Surgeon General Vice Adm.

Matthew Nathan’s strategic vision for Navy Medicine which puts an emphasis on three core objectives—value, readiness and jointness, according to McCormick-Boyle.

“We must concentrate on bringing more value to our customers

and stakeholders across the enterprise and improve our ability to operate in a joint environment while maintaining a

high state of medical readiness for our naval forces,” McCormick-Boyle wrote. “As Vice Adm. Nathan often says, when the world dials 9-1-1, it is not to make an appointment and we are taking the steps necessary to ensure we are ready to answer without delay.”

The biggest change underway involved re-scoping the organization, responsibilities and structure of what was Navy Medicine Support Command (NMSC). In July 2012, NMSC was renamed and re-scoped from a Regional command into Navy Medicine Education and Training Command (NMETC) with a primary focus on education and training. The new command is headquartered in San Antonio, Texas and has detachments in Jacksonville, Fla., and Bethesda, Md.

NMETC will work closely with BUMED to ensure Navy medical personnel continue to be equipped with the best training military medicine can

“Our main mission is support to the warfighter and we’re in the fight to build an organization that can do just that.”

**-Rear Adm. Rebecca McCormick-Boyle
chief of staff,
U.S. Navy Bureau of Medicine and Surgery**

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Navy Surgeon General marks Dental Corps centennial

By Joshua L. Wick, U.S. Navy Bureau of Medicine and Surgery Public Affairs

FALLS CHURCH, Va. - The U.S. Navy Surgeon General sent a message to the Dental Corps commemorating its 100th birthday celebrated Aug. 22.

The Dental Corps’ origins date back to August 22, 1912, when then-President Taft signed into law the act passed by the 62nd Congress, establishing the Navy Dental Corps.

From the original cadre of 30 assistant dental surgeons, the Dental Corps has grown in both size and capability.

“Today we celebrate a centennial of service,” said Vice Adm. Matthew Nathan, Navy surgeon general and chief, Bureau of Medicine and Surgery (BUMED). “Our dentists have served in times of peace and war to ensure dental readiness and optimize dental health for those entrusted to their care.”

“Your work, in times of peace and conflict, has earned the Dental Corps a prominent place in the proud history of the United States Navy,” said Nathan.

From World War I to Afghanistan, the Dental Corps is vital in ensuring the highest operational readiness for all who deploy. Dental Corps personnel serve with Marine Expeditionary Units and aboard ships, assuming roles in triage and surgical support at Marine Battalion aid stations and battle dressing stations. Their mobile dental units are capable of providing dental care on any platform.

“The Dental Corps continue to support Navy Medicine’s efforts for the maritime strategy and in providing world-class care through its humanitarian relief and disaster response missions such Continuing Promise and Pacific Partnership,” said Nathan.

Today, more than 2,500 active duty and Reserve Dental Corps personnel serve and support both the Navy and the

Marine Corps throughout the world and care for our Sailors, Marines and their families.

“You are making lasting impressions on thousands of people in need of dental care,” he said.

The Navy Dental Corps continues to focus heavily on disease prevention, a quality that distinguishes their corps today.

“It is your honor, courage, and commitment that we commemorate today,” said Nathan. “Service men and women can always count on the Navy Dental Corps to provide quality and compassionate patient and family - centered health care, happy 100th birthday!”



Courtesy photo/ U.S. Navy Bureau of Medicine and Surgery archives

Navy dental students learn in the prosthetic laboratory at the Navy Dental School, Bethesda, Md., 1931.

IT innovations help NMCS D emergency department staff

By Barbara Ware, U.S. Navy Bureau of Medicine and Surgery

SAN DIEGO - Naval Medical Center San Diego's (NMCS D) recently completed \$10.1 million Emergency Department (ED) renovation project showcases Navy Medicine's commitment to increased use of information technology and improving the use of electronic health records (EHRs).

In 2009, the U.S. Department of Defense (DoD) selected the Essentris® EMR™ as the inpatient electronic medical record for all its acute care medical treatment facilities (MTFs) worldwide. By 2011, Essentris® had been deployed in all 59 MTFs (19 Navy) across the Military Health System.

Today, more than 850 physicians, physician assistants, nurse practitioners, nurses, coders, medical technicians, corpsmen, dietitians, pharmacists, chaplains, lab staff, administrators, physical and speech therapists and administrators participate in the Content Advisory Groups (CAGs) built around functional communities (e.g. medical/surgical, emergency care and laboratory communities). These CAGs work under the guidance of Navy Medicine's Clinical Informatics Directorate led by Capt. Lea Beilman, Navy Nurse Corps, to standardize and continuously optimize Essentris® content and clinical workflows in all MTFs.

The new ED at NMCS D builds on the Essentris® optimization effort by integrating better efficiency and improved patient care into its very foundation.

"This ED was redesigned with an eye toward integrating technology directly into the floor plan," said Navy Medicine's Chief Medical Informatics Officer Cmdr. Peter J Park. "Electronic monitors now track patients and new computer workstations allow clinicians and other authorized staff access to electronic health records at bedside. These upgrades were all integrated and optimized to allow caregivers more time with their patients."

According to Park, the improvements include the ability to offer "streamer or adaptive short triage."

Previously, patients were met by a clerk when they entered the ED at NMCS D. Now, patients are greeted by a registered nurse upon arrival. This new, abbreviated time between arrival and evaluation means patients with urgent needs—those in cardiac arrest, for example—receives potentially life-saving diagnostic tests such as electrocardiograms much faster. The newly renovated ED also allows patients to stream directly into open



Photo by Mass Communication Specialist 2nd Class John Wagner

Emergency Medicine Physician Cmdr. Garrick Stride, Medical Corps, enters data into a patient's electronic health record at Naval Medical Center San Diego, Sept. 14.

beds, reducing bottlenecks and wait times.

The facility has also added bedside consolidated charting. Staff use thin clients small, notebook-sized hardware instead of traditional bulky computers in each patient room so the entire ED staff to have swift access to patients' electronic medical records.

The NMCS D renovation included other improvements as well.

"We want our patients to have a pleasant experience here," said Cmdr. John Love, chairman, NMCS D Emergency Department. "When waiting does occur, we have the restaurant-style pager system we loan to patients so they are comfortable with leaving the waiting room. That way, we can call them back when it's their turn to be seen."

Love added that the department and command were dedicated to these new improvements, "because reducing wait times, as in getting a patient to a bed shortly after they check in, and providing the most efficient and safe care possible, are very important to us."



Photo by Mass Communication Specialist 1st Class Phillip D. James Jr.

Naval Medical Center San Diego expands health care capabilities

(From left to right) Commanding Officer Naval Facilities and Engineering Command Capt. Cliff Maurer, Deputy Commander Naval Medical Center San Diego (NMCS D) Capt. (Dr.) Mark Kobelja, NMCS D Emergency Department (ED) Chairman Cmdr. (Dr.) John Love, NMCS D ED Senior Nurse Lt. Cmdr. Accursia Baldassano and I.E. Pacific contractor Matt Lockwood cut a ribbon signifying the grand opening of the newly-renovated ED. Improvements to the ED included five triage bays, five high-acuity beds, \$650,000 of new equipment, and an increase from 26 to 41 beds. The 23,800 square foot emergency department can treat more than 70,000 patients a year.

Naval Hospital Bremerton kicks off 2012 CFC campaign

By Mass Communication Specialist 1st Class (SW) Charlemagne Obana, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton (NHB) Sailors gathered together on the quarterdeck to celebrate the 2012 Combined Federal Campaign (CFC) Kick Off, Sept 14.

"This year's campaign theme is 'Impacting Lives, 365'. This reminds us that what we give through CFC helps every day of the year," said NHB CFC Chairperson, Lt. Heather Rosati.

"I love [CFC] because it really allows me to know where my money goes and I like that," said NHB Executive Officer, Capt. Maureen Pennington, who was presented a CFC campaign coin by Rosati.

"I do three different areas. I always do something for the military. For a long time now, I've been doing something for animals because I'm a big animal lover, and I also do something for hospitals for children."

The goal for NHB's contribution to the annual campaign, which runs from, Sept. 15 through Nov 15, is \$67,000. There will be a display on the quarterdeck with a thermometer to represent the progress of the campaign toward reaching that goal according to Rosati.

One new feature being touted this year to give donors more options is called Universal Giving.

NHB CFC is part of the region campaign, Greater Olympic Peninsula (GOP) CFC, and according to their website, <http://gopfc.org>, the Office of Personnel Management has chosen their campaign to conduct a pilot project which will allow donors the opportunity to pledge their donation to any approved

CFC agency world-wide.

Donations to past NHB CFC campaigns could only be provided to national and international agencies and agencies local to the Greater Olympic Peninsula geographically.

"Through Universal Giving, you have more choices of who to give to," said Rosati. "You can give through any charity as long as they're in any CFC campaign throughout the country. For me, being from Massachusetts, I plan to give to a local charity that has impacted my family in Massachusetts."

"To do Universal Giving, you have to go to the website to search for whatever charity you want. An icon will pop up to indicate if that charity is Universal Giving, local, national, or an international charity."

Rosati also highlighted the many tentatively scheduled campaign fundraising events including a fall festival with a dunking booth, yard sale, and hosting the popular, annual dodgeball tournament planned for October.

CFC representatives were already hard at work earlier that morning with a donation-only bake sale headed by NHB CFC

President for the Fundraising Campaign Committee Hospital Corpsman 1st Class (IDW) Dawn Dillow, assistant division officer for OB/GYN, which resulted in over \$400. Along with an ample selection of cookies, brownies, and muffins donated by staff members, healthy options such as fresh fruit and yogurt were offered.

"Take time to pitch in and give what you want to give," said Pennington. "It doesn't have to be a lot. It's a great way to make a difference."



REORGANIZATION

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provide. They will also work closely with the leadership at the Medical Education and Training Campus (METC) in San Antonio to ensure Navy personnel are well-supported as well as maintain seamless and focused training for hospital corpsmen who keep Sailors and Marines medically fit and ready.

"Our job in Navy Medicine 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 in support of U.S. national objectives," wrote McCormick-Boyle. "Our main mission is support to the warfighter and we're in the fight to build an organization that can do just that. NMSC and its leadership did an

outstanding job throughout their existence, but as the needs of our customers change and the dynamics of the environment we operate in changes, we also have to flex and adapt to meet those shifting requirements."

The overall realignment was developed to enhance accountability, command and control, and ensure representation of Navy equities both across the enterprise and throughout the Fleet.

Many of NMSC's former responsibilities will be absorbed by the Bureau of Medicine and Surgery (BUMED) departments and many of NMSC's lower echelon commands will be functionally realigned to departments within BUMED including the Navy and Marine Corps Public Health Center which will be realigned under BUMED's health care operations department.

The realignment also established two new department codes, M2 to manage all research and development and M7 for education and training.

Rear Adm. Bruce Doll has been appointed as BUMED M2 and will report to BUMED in October 2012. Rear Adm. William Roberts, who is reporting as the commandant of METC next month, will serve as BUMED M7.

According to McCormick-Boyle, all personnel impacted by the realignment have been notified and implementation of plan is underway.

"Our people are our most valuable asset and they enable us to meet our missions. With that, we are committed to making the realignment process as transparent and seamless as possible for all of you," she said.



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

USNS MERCY RETURNS AFTER HUMANITARIAN MISSION

By Meghan Patrick, Military Sealift Command Public Affairs

SAN DIEGO - Seventy civil service mariners, and approximately 400 Navy, Army and non-governmental organization (NGO) personnel aboard Military Sealift Command hospital ship USNS Mercy (T-AH 20) returned to San Diego Sept. 14.

They steamed more than 20,000 miles - nearly the distance of circling the equator - to Indonesia, the Philippines, Vietnam and Cambodia as the lead vessel for Pacific Partnership 2012 (PP12).

PP12 is a nearly five-month humanitarian and civic assistance mission that resulted in medical treatment for nearly 50,000 people. Many of the ship's mission personnel - which total about 1,200 service members and civilians - have already returned home.

The 894-foot Mercy, one of two U.S. Navy hospital ships, is operated by the U.S. Navy's Military Sealift Command. MSC's civil service mariners were responsible for Mercy's operation and navigation. In addition, since the ship is too large for pierside visits, mariners operated small boats to transport patients and personnel between ship and shore.

Doctors and nurses from the ship's medical treatment facility worked with medical professionals from numerous governmental agencies, non-governmental organizations and the host nations to provide medical care, including immunizations, general and specialty surgeries, dental care and vision services. At the invitation of the host nations, PP12 brought the expertise of U.S. service members and personnel from 13 partner nation militaries and 28 NGOs to build and strengthen relationships and work together to learn how to better collectively respond to natural disasters and crisis.

As part of the medical outreach effort, which took place both ashore and aboard the ship, Mercy's team treated more than



Photo by Mass Communication Specialist 3rd Class Michael Feddersen

Sailors and family members walk down the pier after the Military Sealift Command hospital ship USNS Mercy (T-AH 19) after returning to homeport. Mercy left San Diego May 3 for Pacific Partnership 2012 and provided humanitarian and civic assistance to the countries of Indonesia, Philippines, Vietnam and Cambodia.

49,000 people ashore, including dental care and services like the distribution of eyeglasses and sunglasses. The team performed more than 900 shipboard surgeries, and treated or evaluated more than 7,000 livestock and domestic animals.

In addition, the Mercy team conducted more than 60,000 hours during 62 subject-matter expert exchanges in the four countries visited on topics including first aid, nursing, cardiology, orthopedics, nutrition, disaster response, water and food safety, and public health promotion.

U.S., Australian and host-nation engineers built or refurbished 13 buildings and the crew collectively participated in more than 100 community service projects to include the delivery of 244 pallets (more than 144,000 pounds) of donated supplies requested by host nations.

Pacific Partnership 2012 is a U.S.

Pacific Fleet mission led by three different element commanders: civilian Capt. Jonathan Olmsted, Mercy's civil service master; Navy Capt. James Morgan, commander for the overall Pacific Partnership mission; and Navy Capt. Timothy Hinman, commander of the medical treatment facility responsible for providing care aboard Mercy and ashore.

"My most profound memory was watching six surgeries - all of which were performed in a 30-minute timeframe while we were anchored off the Philippines," said Olmsted, who has overall responsibility for Mercy's movement and the safety of its nearly 1,000 passengers. "We saw four children and two adults receive life-changing procedures including cataract transplants, tumor removals, and other corrective surgery. That's when it really hit me why PP12 is so important."

Military Sealift Command operates approximately 110 noncombatant, civilian-crewed ships that replenish U.S. Navy ships, conduct specialized missions, strategically preposition combat cargo at sea around the world and move military equipment and supplies used by deployed U.S. forces.

Mercy's team treated more than 49,000 people ashore, including dental care and services like the distribution of eyeglasses and sunglasses.



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Navy lab promotes physical and cognitive research

From Naval Health Research Center
Public Affairs

SAN DIEGO - The Warfighter Performance Laboratory at the Naval Health Research Center (NHRC) in San Diego focuses on maximizing operational performance and enhancing warfighter resilience as well as improving assessment, diagnosis and advanced rehabilitation strategies. One of the functional research groups within the Warfighter Performance Laboratory is the Physical and Cognitive Research Environment (PhyCORE) research team.

PhyCORE research focuses on physical and cognitive performance factors of healthy and injured warfighters. The Computer Assisted Rehabilitation Environment (CAREN) is a multifunctional system, including a 6-degrees-of-freedom motion platform, 12 cameras for 3D motion capture, a dual-belt treadmill, embedded force plates, a 180-degree 10-foot-tall panoramic screen, and realistic sounds and scents.

The NHRC CAREN, one of four in the Department of Defense, allows for the assessment of kinetic and kinematic measurements in a fully immersive virtual environment. Cognitive activities with physical tasks can also be implemented.

With research focused on warfighters who have suffered traumatic brain injury and/or amputation, the PhyCORE research team strives to improve rehabilitation programs and techniques, enabling the injured warfighters to regain autonomy and independence in the community through improved rehabilitation practice and patient care.



Courtesy photo

Vestibular patient from Naval Medical Center San Diego in a rehabilitation exercise in the PhyCORE at the Warfighter Performance Laboratory at the Naval Health Research Center.

The PhyCORE research team has several active protocols in place to establish baseline standards of performance in novel immersive virtual environments using CAREN for both healthy and injured populations (e.g., Development of a Database for Able-Bodied Ambulators and Development of a Database for Lower-Limb Amputees). Measurements of gait, muscle activation, biomechanics, and body composition are collected and used for assessment.

In collaboration with the Naval Medical Center San Diego, the PhyCORE research team is studying the performance of wounded warriors with vestibular dysfunction and/or amputation through protocols such as Improved Training Method for Rapid Rehabilitation of Amputees and Balance Training in Patients with TBI.

Preliminary results suggest that volun-

teers under some circumstances perform differently in the virtual environment compared to the traditional laboratory setting. However, training programs conducted in the virtual environment lead to improvements in physical and cognitive tasks in both healthy and injured populations.

While research findings are presented to sponsors and to the medical and scientific communities, the PhyCORE research team is also actively collaborating with the other DoD CAREN facilities to augment treatment regimens for wounded warriors. In addition, the PhyCORE research team participates in the CAREN work group, an international group of CAREN facilities sharing ideas and experiences to push the field of virtual environment therapy to new levels of success.



Photo by Mass Communication Specialist 2nd Class Aaron Chase

Mass casualty drill aboard USS Churchill

Ship's Serviceman Seaman Jamal H. Wilson, from Baltimore, portrays a mass casualty victim as the 9th Expeditionary Resuscitative Surgical System (ERSS) team performs a simulated surgery during a mass casualty drill aboard the guided-missile destroyer USS Winston S. Churchill (DDG 81), Sept. 13. Winston S. Churchill is deployed to the U.S. 5th Fleet area of responsibility conducting maritime security operations, theater security cooperation efforts and support missions as part of Operation Enduring Freedom.

Hidden in plain sight ... A perspective on suicide

By U.S. Public Health Service Cmdr. Sarah Arnold, DCoE program manager for performance enhancement

Cmdr. Sarah Arnold is a physician trained in family medicine and preventive medicine. She served in the Navy for 14 years and completed two tours in Iraq. Five years ago, she lost her friend to suicide and was compelled to write about it, in part because she was the last person to see her colleague and friend before she died and also for her own healing.

Two police officers stood at my front door. As I invited them in, they asked if I knew the whereabouts of my friend Dawn (name changed) because she was missing from the hospital. Dawn, a Navy nurse, and I, a Navy doctor, at the time, worked together. We went our separate ways, as we all do in the Navy after a tour is over. I was now in a residency program, and she was stationed at another clinic. That's why I was surprised to see her one day at the hospital where I was working.

A couple of days before the police showed up on my doorstep, I had lunch with Dawn in the food court at the hospital. That was the last time I saw her. I still had the receipt from Taco Bell — it was my treat. One of the officers said, "It looks like you may have been the last person who remembers seeing her, because shortly after, she was reported missing from the hospital. We were given your name because she has to sign in and out from the ward and tell the staff who is with her." The officers left me a business card with instructions to call if I saw or heard from her.

I tried to remember earlier conversations to figure out where she could be. Dawn wouldn't tell me why she was in the hospital, so I thought something must have happened at her clinic. All I knew about her medical history was that she had a traumatic brain injury in the past; I think from a car accident. When we were working together, she did OK. She was a hard worker and lived by herself while her husband and two children lived about an hour away. She didn't like her job, but most of us didn't like our jobs at the clinic because we were always understaffed



Photo by U.S. Navy Petty Officer 3rd Class Kevin J. Steinberg

September is Suicide Prevention Awareness Month. During the month, the services come together to highlight the resources available for suicide prevention.

because of deployments or nervous about being taken out of our clinic to deploy. There was no shore duty anymore, except for training programs like the one I was in. She always seemed lonely and kept to herself. Dawn was also very thin; I hardly saw her eat. In fact, the strange thing about having lunch with her that day was she actually ate her entire meal in front of me.

The next few days after meeting with the police officers were uneventful. I was really busy with my training program and still hadn't heard from Dawn. Then, I checked my email. My heart sank as I read an email from a mutual friend saying Dawn was found hanging from a tree in a park near the hospital. My mind immediately went back to the words from the police officer — "You may have been the last person who remembers seeing her" — words I haven't forgotten. After all, I am a primary care physician, Dawn was my friend and colleague, and I missed it — and I live with that every day.

As suicides in the military continue to gain media attention, we must remember the friends and family left behind. While suicide prevention programs are necessary and powerful tools, it's also

important to realize that sometimes the messages can be overwhelming to people who lost a friend or loved one to suicide. Messages like, "all suicides are preventable" are a strong call to action but can leave these folks feeling guilty and ashamed, which is no consolation after a tragic death.

Though it's critical to recognize the circumstances of a potential suicide, we must also be sensitive to the needs of those who lost friends and loved ones.

We can help by directing them to resources.

If you're grieving and interested in talking to someone, explore the bereavement counseling options through resources such as Vet Centers, Tragedy Assistance Program for Survivors and Give an Hour. DCoE also has a fact sheet that can help you understand some of the emotions you're experiencing.

If you're a service member in crisis, or know someone who may be showing signs and symptoms that suggest they may need help, contact Military Crisis Line at 800-273-8255 (press #1 for military) for 24/7 information and confidential crisis support.

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