



# Navy and Marine Corps Medical News



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

**January 2011**

**MEDNEWS Items of Interest:**

**January marks “Navy Medicine’s Medical Home Port Initiative”** - During this month, Navy Medicine takes a look at the implementation process and the future of the Medical Homeport model at Navy Medical Treatment Facilities worldwide.

**MHS Conference** will be held Jan. 24-27 at the National Gaylord Hotel, National Harbor, Md.

**Tampa Navy Week (Jan. 22-29)** - Rear Adm. Richard Vinci, BUMED-deputy chief, logistics and installations, will speak to various media and civic organizations relaying the Navy Medicine message. For more information on Navy Weeks: [www.navyweek.org/tampa2001/index](http://www.navyweek.org/tampa2001/index).

**Naval Branch Health Clinic Bangor** Broke ground on Jan. 4 to commence a major facility upgrade and renovation of Naval Branch Health Clinic Bangor.

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***Did You Know...***

The U.S. Navy Bureau of Medicine and Surgery selected eight initial sites, including Naval Medical Centers and Family Practice Teaching Hospitals, to develop lessons learned and best practices with the goal of fully implementing Medical Home Port throughout Navy Medicine in 2012.

## ‘Medical Home’ is Transformed at Naval Hospital Pensacola

*By Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs*

WASHINGTON – Naval Hospital Pensacola is revolutionizing the Medical Home concept within Navy Medicine. From wireless technology to facility modifications to creating team-based environments, Pensacola has taken patient and family-centered care to a new level.

Implemented at several commands within Navy Medicine, the Medical “Home Port” concept emphasizes team-based, comprehensive care that is designed to fully meet the complete primary care health and wellness needs of patients. In the model, patients are assigned a team of health care professionals who support a comprehensive health care plan for the patient.

“Through Medical Home, the patient receives better care and sees better outcomes through leveraging continuity of relationships with team members,” said Capt. Maureen Padden, executive officer, Naval Hospital Pensacola. “There is also a greater satisfaction of the health care team.”

The U.S. Navy Bureau of Medicine and Surgery selected eight initial sites, including Naval Medical Centers and Family Practice Teaching Hospitals, to develop lessons learned and best practices with the goal of fully implementing Medical Home Port throughout Navy Medicine in 2012. The ultimate target is to achieve national recognition for Medical Home Port practices from the National Committee for Quality Assurance.

*See PENSACOLA, Page 3*



PACIFIC OCEAN - Lt. Cmdr. Kimberly Syres, right, a surgeon aboard the aircraft carrier USS Carl Vinson (CVN 70), performs a laparoscopic appendectomy in the operating room with assistance from Hospital Corpsman 1st Class Sajata Taylor, center, and Hospital Corpsman 2nd Class Rashan Robinson, Dec. 31, 2010. Carl Vinson and Carrier Air Wing (CVW) 17 are on a deployment to the U.S. 7th Fleet area of responsibility. (U.S. Navy photo by Mass Communication Specialist 2nd Class James R. Evans/Released)

## Navy Medicine's Medical Home Port Initiative

Navy Medicine's Medical Home Port initiative introduces a new model of patient and family-centered health care delivery for primary care. This model is team-based, comprehensive, and designed to fully implement the complete primary care health and wellness needs of our patients. We anticipate increased access to care for patients both in person and via electronic media – a true paradigm shift in how we provide care to and communicate with beneficiaries. In the coming years, full implementation of the Medical Home Port initiative will reduce overall costs in the long term and also improve population health, patient satisfaction, and readiness across the board.

This month I'd like to highlight where we are and where we're going with the ongoing phased-implementation of the Medical Homeport concept at Navy Medical Treatment Facilities worldwide.

First let me say that we are renewing our focus on this vital initiative not just because most of the military and civilian health care community is already well on its way towards the implementation of similar programs, but also because we will eventually be unable to meet the comprehensive health care and wellness

needs of our patients consistently and at all Navy Medicine locations if we do not. The key challenge is that the provider-centric model does not leverage the entire health care team in patient care. This decreases the ability for providers to see the right amount of patients, enhance success, and spend time doing the tasks which are appropriate for the provider's level of certification and education.

Make no mistake. The Medical Home Port model will be implemented and will require a culture of change and leadership to ensure success. This is a 'game changer' in how we have done business in the past, but I am very confident that Medical Home Port is the right thing to

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***“We ensure our Sailors, Marines, and their families get the right care, when and where they need it. Our Medical Homeport model is the perfect example of this philosophy.”***

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do, is achievable, and is fully consistent with delivering the best of patient and family-centered care. One of the key differences between civilian and military medicine historically is how we execute case management. We make sure we bring the medicine to the patient. We don't make the patient find the medicine or the doctor. We ensure our Sailors, Marines, and their families get the right care, when and where they need it. Our Medical Home Port model is the perfect example of this philosophy.

A few years ago, we selected eight initial sites (Naval Medical Centers and Family Practice Teaching Hospitals) to develop lessons learned and best practices with the goal of implementing throughout Navy Medicine in the coming years. Based on what we've accomplished thus far, we know that this model drives out variability by imple-



Vice Adm. Adam M. Robinson, Jr.,  
U.S. Navy Surgeon General

menting standards for all aspects of primary care services. It ensures that care is all-inclusive and integrated with all other care provided within our health-care system. This care delivered through Medical Home Port includes readiness, prevention, wellness, behavioral health, and disease management.

The benefits of full implementation will be profound. Each patient will be part of a team that includes a primary care provider, a nurse educator, a care coordinator, and other support staff. This model will better utilize our personnel by leveraging support staff, increase our ability to diagnose and treat patients, and keep them in our hospitals instead of the “network” of providers outside of Navy Medicine. Lastly, Medical Home Port increases access to provider and team to allow them to better manage the health of their population. By focusing on prevention, wellness, and disease management they can drive down costs over time. I encourage everyone to embrace this fundamental change in how we provide care to our beneficiaries and do everything you can to assist in its full implementation across the Navy Medicine community. As I begin my final year, it is my honor to represent you as your Surgeon General. Thank you for everything you do, but most of all thank you for your service.



**Navy and Marine Corps  
Medical News**



**Navy Bureau of Medicine and Surgery**

Vice Adm. Adam M. Robinson, Jr.  
U.S. Navy Surgeon General

Capt. Cappy Surette  
Public Affairs Officer

Shoshona Pilip-Florea  
Deputy Public Affairs Officer

Valerie A. Kremer  
MEDNEWS Managing Editor

Bureau of Medicine and Surgery  
2300 E Street NW  
Washington, DC 20372-5300

Public Affairs Office  
Phone: 202-762-3160  
Fax: 202-762-1705

## Tricare To Extend Dependent Medical Coverage to Age 26

*U.S. Department of Defense Office of the Assistant Secretary of Defense, Public Affairs*

WASHINGTON - The Department of Defense announced today its introduction of the premium-based Tricare Young Adult Program (TYAP) which extends medical coverage to eligible military family members to the age of 26. Expected to be in place later this spring, TYAP implements the National Defense Authorization Act (NDAA) of fiscal year 2011. Premium costs for TYAP are not yet finalized, but the NDAA specifies rates must cover the full cost of the program.

The Patient Protection and Affordable Care Act of 2010 required civilian health plans to offer coverage to adult children until age 26. Tricare previously

met or exceeded key tenets of national health reform, including restrictions on annual limits, lifetime maximums, "high user" cancellations, or denial of coverage for pre-existing conditions – but did not include this expanded coverage for adult children. Dependent eligibility for Tricare previously ended at age 21 or age 23 for full-time college students.

The fiscal 2011 NDAA now gives the DoD the authority to offer similar benefits to young adults under Tricare.

"We've been working hard to make sure we could put Tricare Young Adult on a fast track," said Tricare Deputy Director, Rear Adm. Christine Hunter. "Fortunately for our beneficiaries concerned about health care coverage for their adult children, the law signed by the President includes opportunities for military families to elect this new premium-based plan retroactive to Jan.1."

Beginning later this spring, qualified, unmarried dependents up to age 26 will be able to purchase Tricare coverage on a month-to-month basis – as long as they are not eligible for their own em-

ployer-sponsored health coverage.

"This program has the potential to extend Tricare coverage to several hundred thousand additional beneficiaries," said Hunter. "The premium allows us to provide this excellent benefit to our military families while responsibly addressing the impact of health care costs on the DoD budget."

Initially, the benefit offered will be a premium-based Tricare standard benefit. Eligible family members who receive health care between now and the date the program is fully implemented may want to purchase TYAP retroactively and should save their receipts. Premiums will have to be paid back to Jan. 1, 2011, in order to obtain reimbursement.

Adults who are no longer eligible for Tricare, but need health insurance coverage, may wish to explore the Continued Health Care Benefit Program (CHCBP). CHCBP is a premium-based program offering temporary transitional health coverage for 18-36 months. Coverage must be purchased within 60 days of loss of Tricare eligibility.



## PENSACOLA

*From Page 1*

ance (NCQA). In Nov. 2009, the first Medical Home prototype was established at Naval Hospital Pensacola, which encompassed 4,000 patients, and focused on enrollments, access to care, staffing needs, and facility modifications.

"We focused on the colocation of practice," said Padden. "We established pods, where doctors, nurses, and Corpsmen are in the same room, where there is cross talk - the integration of a team based process. We moved desks out of the way, went wireless, testing wireless computers and technology, optimizing the most out of our existing spaces."

Naval Hospital Pensacola initiated seven Medical Home teams in Nov. 2010 now serving 22,000 patients. The seven teams consist of three teams in family medicine, two in pediatrics, and two in internal medicine. Residents

are incorporated as part of their training into the Family Medicine Medical Homes.

Pensacola further expanded the Medical Home concept to 18,300 patients at its branch medical clinics Gulfport, Miss. and Millington, Tenn., along with the Naval Air Training Center (NATTC), located at the Naval Air Station Pensacola, Fla., where 8,000 Sailors receive schooling.

"We have been able to test how Medical Home is relevant in not just a teaching hospital, but also at the branch medical clinics," said Padden. "Pensacola has shown successfully that you can implement Medical Home in a graduate education environment and achieve meaningful outcomes."

Since the implementation of the Medical Home concept, Pensacola has seen process improvements in care and improvements in access to care.

"Now a patient can secure a same day appointment for acute primary care and within two to three days for non-urgent

routine care, as opposed to seven days or longer in most practices," said Padden. "We have also seen improvements in care. There was an increase in emergency room use in the past, and since Medical Home has been implemented, we have seen a leveling off of Emergency Room utilization and hope to see decreases in the very near future."

For the long term, Pensacola is looking to be in the 90th percentile in quality metrics, decrease unnecessary hospitalization, bring enrollees back into the direct care system from the network, and determine how quality can be brought to the next level, explained Padden.

"We will continue to revise the Medical Home concept, adjust it, and morph Medical Home for different populations," said Padden. "The goal is to figure out what is reasonable – how many patients a provider can provide quality care to and what staffing mix will help them to be most successful. It is a balancing act

## Navy Medicine Goes Smoke Free For the Start of the New Year

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

WASHINGTON - The Navy Bureau of Medicine and Surgery (BUMED) became a tobacco-free compound, Jan. 1, in time for the start of the new year.

The use of tobacco products, including all forms of smokeless tobacco are now strictly prohibited on the Potomac Annex property, including electronic nicotine delivery devices (e-cigarettes).

"E-cigarettes, which are not approved by the Federal Drug Administration (FDA), are not an acceptable substitute for tobacco cessation," said Navy Surgeon General Vice Adm. Adam M. Robinson, Jr.

Robinson outlined guidance to all Navy medical personnel regarding the safety of e-cigarettes in policy memo 6200 dated Oct. 1, 2010.

"Those wishing to quit their tobacco use and wish to use medications should use FDA-approved nicotine replacement

products such as nicotine gum, skin patches, lozenges, oral inhaled products, or nasal sprays," said Robinson. "These products are available to aid in a successful tobacco cessation program."

Leading up to the campus-wide smoking cessation, BUMED employees attended town hall meetings on the topic, which provided a variety of options and information to aid in quitting tobacco use.

During the past several months, several Navy Medicine facilities have gone smoke free, an action applauded by Robinson in alignment with establishing a fit and healthy force.

"As Navy health care providers, we can evoke positive and meaningful change through our own actions," said Robinson. "Implementation of tobacco-free environments sends a powerful and effective message encouraging our Sailors, Marines, retirees, family members, staff, and community to be healthy."

For more information on smoking

### Smoking Cessation Tools:

- Develop a strategic plan to overcome obstacles and stay on course
- TRICARE's Toll Free Smoking quit line:
  - North Region: 866-459-8766
  - South Region: 877-414-9949
  - West Region: 866-244-6870
- [www.ucanquit2.com](http://www.ucanquit2.com) has many additional tools to help smoking cessation
  - My Quit Plan
  - Medicines that Can Help You Quit
  - Savings Calculator
  - Support Locator

cessation, go to the Naval Medical Public Health Center site at <http://www.nehc.med.navy.mil> or contact a smoking cessation program available at many Navy Medicine medical treatment facilities (MTFs).

## New 24/7 Child Development Center at Portsmouth is Ready

By Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs



PORTSMOUTH, Va. - From left, Third District Congressman Robert Scott, D-Va.; Rear Adm. Matthew Nathan, commander, National Naval Medical Center and former commander, Naval Medical Center Portsmouth; Kecia Brothers, CDC and Child Youth Program; Capt. Charles Melcher, commanding officer, Naval Support Activity; and Rear Adm. Alton Stocks, commander, Naval Medical Center Portsmouth cut the ribbon of the new 24/7 Child Development Center at Naval Medical Center Portsmouth. (U.S. Navy photo by Deborah Kallgren, NMCP Public Affairs/Released)

PORTSMOUTH, Va. - Dignitaries cut a ceremonial ribbon Jan. 10 officially opening a new 'round-the-clock child care center at Naval Medical Center Portsmouth. The center begins receiving children at 7 a.m. on Jan. 11 and will never close.

Last February, ground was broken for the 24/7 Child Development Center (CDC), a \$1.5 million facility that will provide high-quality educational and recreational programs for children and youth, 24 hours, seven days a week.

The NMCP CDC was created specifically to meet the unique needs of service members and their families. The 24/7 program is available to all active duty military and Defense Department civilians (watchstanders and shift workers) who work outside customary working hours of 6 a.m. to 6 p.m. The center will particularly be of benefit to Portsmouth-area personnel who work the second and third shifts - times when child care is limited.

The 4,249-square-foot facility can accommodate up to 16 children per shift overnight and ultimately can accommodate 36 during the day, as well as drop-ins when space is available. The center décor evokes a homey feeling, and has a large kitchen and dining area, play room, living room, a baby room with up to eight cribs, and boys' and a girls' rooms for up to four children in each room. There is also an outdoor play area.

Several parents whose children will use the center attended

## Female Engagement Team Refreshes Training in Afghanistan

By Regional Command Southwest

CAMP LEATHERNECK, Afghanistan – Marines with the Regional Command Southwest Female Engagement Team conducted reset training here Jan 11-12.

The Marines are required to return to Camp Leatherneck every 45 days to conduct reset training to give them a break from their respective units and share lessons learned before returning to their assigned districts.

“During this reset, we wanted to focus on some of the projects they have been doing,” said Master Sgt. Cherelle L. Peters-Williams, from Ithaca, N.Y., and FET staff noncommissioned officer-in-charge.

Peters-Williams added that because the Marines are getting close to returning home, they are receiving finance and operational security classes.

Sgt. Meredith N. Burns from West Pitteston, Pa., FET squad leader, took part in what is called a “District Deep-Dive.” The forum explains in-depth information in each district the Marines represent.

“We just found out that our district used to have women’s shuras, and we had thought that we just had the first one,” said Burns. “The District Deep-Dive is very helpful because it gives us an insight to why my district is the way it is.”

Not only is the reset training good for exchanging information, it’s also a morale booster because the FET members do not get to see each other very often.

“They have the opportunity to talk about lessons learned, what they saw and what they could have done better,” said Peters-Williams. “This gives them a chance to bounce ideas off



MARJA, Afghanistan - Lance Cpl. Kathryn Mannion speaks to an Afghan woman while assigned to the Female Engagement team with Regimental Combat Team 7 in Marjah, Afghanistan, July 7, 2010. Mannion, originally a military policeman, volunteered to participate in the Marine Corps' newest program, designed to engage with Afghan women. Mannion, 24, is from Coatesville, Pa. (U.S. Marine Corps photo by Cpl. Megan Sindelar/Released)

one another.”

Peters-Williams said the FET Marines’ mission is to talk to the female population and see what their needs are. If it wasn’t for the FET, the command would not really see the whole picture. They give local women a voice and impress upon them they can be leaders in their communities.

“The FET Marines are doing a great job; we continue to be proud of everything that they are doing,” she said.

## PORTSMOUTH

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the ribbon cutting, including Hospital Corpsman Third Class Tamekia Tolar and her husband, Aircrew Survival Equipmentman Second Class Hezekiah Tolar III. Hezekiah works at Norfolk Naval Station and Tamekia works various shifts in the medical center’s pharmacy. She’s delighted their eight-month-old son, Hezekiah IV, qualifies for the 24/7 care offered at the NMCP CDC.

“I am ecstatic. This is a really good idea, and really, really needed. I work crazy hours and now we won’t have child care issues,” Tamekia Tolar said.

The baby has been receiving day care at the New Gosport CDC nearby, which is open 6 a.m. to 6 p.m., but doesn’t fit the Tolars’ work schedules.

“I’m getting ready to deploy in April, and with her constantly changing schedule, it’s hard to find day care,” Hezekiah Tolar added. “The cost is based on our income, and it’s much cheaper than outside day care.”

Stephanie White is the program supervisor at the NMCP

CDC. She has 20 years’ experience at area CDCs and NMCP’s Child Wait Center, and is ready for the new center to open. “It’s very exciting, but it’s been very tiring,” she said. Including White, the center will have eight employees to start; staff will be added as needed.

“A lot of people have been calling and asking about the new center. Once they call the Child Placement Program to enroll, it should take two weeks or less to get their child in,” White added.

The center is equipped with closed-circuit cameras to monitor every room, and is outfitted with the latest technology. It complies with design and construction requirements and energy performance standards for new federal buildings.

To enroll a child in the 24/7 Child Development Center at NMCP or receive information on available services, contact CYP Resource and Referral at (757) 444-3670. For information on the NMCP program, call (757) 953-7050.

The Navy currently operates 11 Child Development Centers in the Hampton Roads area including three other 24/7 centers. The Navy’s Child Development Centers are accredited with the National Association for the Education of Young Children (NAEYC).

# Naval Hospital Guam Breaks Ground on New Replacement

By Catherine Cruz Norton, Naval Facilities Engineering Command  
Marianas Public Affairs

AGANA HEIGHTS, Guam - Navy officials participated in a ground-breaking ceremony for the \$158 million Naval Hospital Guam replacement project Jan. 14 aboard the installation in Agana Heights, Guam.

"Today, as we officially break ground on a new, state-of-the-art, world-class healthcare facility, we celebrate the vision that began more than 16 years ago when members of the Bureau of Medicine and Surgery started to talk about the possibility of a replacement facility for Naval Hospital Guam," said Capt. Kevin Haws, Naval Hospital Guam commanding officer. "Detailed discussions and planning involving thousands of man-hours and countless personnel - designers, architects, and construction firms, as well as Navy facilities and Navy Medicine staff - led us to where we are today, on the brink of opening the next chapter for Navy Medicine on the island of Guam."

Haws said the current hospital opened in 1954. Since that time, staff have delivered more than 25,000 babies, admitted and cared for more than 100,000 inpatients and have seen in excess of 1 million outpatients.

By contrast, Haws said when the new hospital is complete it will incorporate advances in healthcare delivery, improve patient life safety and increase efficiencies in hospital operations, while continuing to meet the full spectrum of patient and family centered medical and surgical care for all eligible beneficiaries throughout the lifespan.

"The completed hospital will provide 42 beds, four operating rooms, two cesarean-section rooms and improved diagnostic and ancillary capabilities to include magnetic resonance imaging and computed tomography scanning suites," said Haws.

Guest speaker at the ground-breaking ceremony was Commander, Navy Medicine West Rear Adm. C. Forrest Faison III, who said this new facility is the embodiment of that trust.

"Navy Medicine is unlike any other health care organization in the world for one simple reason," said Faison. "Everyone who needs our care; everyone who walks through our doors everyday; everyone who comes to us and needs our help is someone who has volunteered to serve our country, or is a family mem-



AGANA HEIGHTS, Guam - Military personnel and contractors participate in a groundbreaking ceremony to celebrate the start of construction for a new naval hospital at U. S. Naval Hospital Guam, Jan. 14. Naval Facilities Engineering Command (NAVFAC) Marianas, USNH Guam and Navy Medicine West (NMW) hosted the event. Leadership present included Rear Adm. Paul Bushong, commander, Joint Region Marianas; Rear Adm. Forrest Faison III, commander, NMW; and Capt. Peter Lynch, commanding officer of NAVFAC Marianas. (U.S. Navy photo by Reynaldo Rabara/Released)

ber who has sacrificed so that their loved one can serve, and because of them we are free. They are truly the heroes of our nation."

Naval Facilities Engineering Command Marianas Commanding Officer Capt. Peter Lynch said the new naval hospital will be certified by the Green Building Council as a Leadership in Energy and Environmental Design Silver.

"This demonstrates that we have the technology and know-how to create functional, attractive and comfortable buildings that conserve energy, water and land without any sacrifice to patient care and convenience," said Lynch. "This environmentally sound and sustainable structure is a significant example of our collective commitment to preserving and protecting our environment, while ensuring the highest quality care for our troops."

Contractors, Watts Webcor Obayashi A JV, will phase the work so the existing hospital remains operational during construction, and the new hospital will be operational before demolition. Construction is expected to be completed in fall 2014.

## Corpsman Study Material Available from NAVMED MPT&E

Navy Medicine Manpower, Personnel, Education & Training Command (NAVMED MPT&E) has free Hospital Corpsman advancement study material available in hard copy or online as a download. Hospital Corpsman Manual Flashcards (NMHCMF10V1), a flashcard "quizzier," are available via Navy eLearning and accessed via NKO. NAVEDTRA 14295A, the Hospital Corpsman Rate Training Manual, is available at

<https://www.sas.cnet.navy.mil/Login/SASLogin.aspx?redirecturl=https://www.courses.netc.navy.mil/>.

For more information, contact Mr. Chris Hawkins at [RTM\\_feedback@med.navy.mil](mailto:RTM_feedback@med.navy.mil).

**Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or [Valerie.Kremer@med.navy.mil](mailto:Valerie.Kremer@med.navy.mil).**

## NAMRU-3 Initiates Project to Improve HIV Health Services

By Darnell P. Gardner, Jr., Public Affairs Officer, Naval Medical Research Unit-3

CAIRO - U.S. Naval Medical Research Unit No. 3 (NAMRU-3), in collaboration with the Egyptian Ministry of Health (MOH), initiated a Ford Foundation funded project aimed at improving health services delivered to people living with HIV in Egypt.

The NAMRU-3 project team, consisting of Global Disease Detection and Response Program (GDDRP) Medical Anthropologist Anna-Leena Lohiniva and Health Promotion Specialist Dr. Manal Benkirane, first conducted a baseline survey to assess healthcare workers' knowledge, attitudes and practices related to HIV/ AIDS in Om El Masryeen Hospital, a general hospital located in Giza.

Once assessed, a training curriculum was introduced based on HIV basics, infection control and medical ethics. Emphasis was placed on the clarification of patient rights and challenging the stigma against people living with HIV.

Cmdr. Vince Barthel, Head, Virology and Zoonotic Disease Research Program, initiated the training by delivering lectures on the basics of HIV transmission to an assembly of physicians.

"It was great!" stated Barthel. "Most of them were very eager to learn about HIV and displayed caring enthusiasm for the welfare of those stricken by this

CAIRO - Dr. Manal Benkirane delivers HIV awareness training to medical personnel from the Om el Masryeen Hospital. NAMRU-3, in collaboration with the Egyptian Ministry of Health, initiated a Ford Foundation funded project aimed at improving health services delivered to people living with HIV (Photos provided by NAMRU-3 Public Affairs/Released)



unforgiving illness. We, as medical professionals, are bound by an oath to preserve life by whatever means possible."

After the opening lectures, health care professionals made up of surgeons, nurses and medical assistants were made aware of the actual modes of HIV transmission. Prevention and treatment updates were also addressed to correct misconceptions about HIV infection. At the conclusion of the lectures, attendees were introduced to a young woman who is HIV positive. She graciously agreed to share her experiences on the reality of living with HIV in Egypt.

NAMRU-3 Initiates Project to Improve HIV Health Services Benkirane explained, "It was a good opportunity to discuss misconceptions about the disease and make the health professionals aware of the impact of discriminating practices. It was really great to see doctors who initially had shown resistance to dealing with a person living with HIV

stand up to hug the HIV positive person who shared her story with them."

Currently, infection control training is underway, including modules on standard precautions such as environmental cleaning, invasive procedures and prevention of mother to child transmission.

"This training aims at providing health care professionals with the self-confidence to carry out procedures safely when dealing with HIV positive patients," said Lohiniva. "This is one of the main contributors to stigma."

A post-training survey is planned in February 2011, after modules on infection control and healthcare ethics are completed. This survey will evaluate the impact of the intervention on healthcare employees and determine their preparedness to treat people living with HIV.

The Ministry of Health wishes to make Om el Masryeen Hospital a referral site for HIV positive patients in need of surgical care.

## Charities Provide Relief to Bethesda's Wounded, Families

By Sarah Fortney, National Naval Medical Center Public Affairs

BETHESDA, Md. - The National Naval Medical Center (NNMC) treated more than 500 combat-injured service members, each accompanied by an average of three family members, in 2010.

As many of the family members leave their jobs to be with their wounded service member, NNMC staff works with several charitable groups to ensure the needs of the families, as well as the wounded, ill and injured are met.

The charitable groups provide a variety of goods and services, ranging from clothing, plane tickets, medical assistance and financial grants.



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"These families aren't prepared, and when they find out [their loved one has been injured], they drop everything immediately, some of these families are here for months, and that's just here, then they could move on to another facility and be there for months," said Dawn Van Skike, of the Semper Fi Fund. "The wounded, ill and injured are more motivated if their family members are here. Our organization helps with that."

The Semper Fi Fund is just one of the many organizations helping to provide relief for troops and their family members.

The Inpatient Warrior and Family Liaison Office (IWFLIO)

## Naval Health Clinic Hawaii: The Secret to our Success

By Capt. Anne Diggs, commanding officer,  
Naval Health Clinic Hawaii

Naval Health Clinic Hawaii has gone more than a year without an alcohol related incident (this is where we knock on wood) and when this is mentioned I'm asked, "What's the secret?" My answer is always the same, my Sailors!

We don't have any ground-breaking programs. The executive officer, command master chief, and I speak about responsibility to self, to each other and to the command at check-in, command indoctrination, captain's call, master chief calls, weekly, at the board of directors with the directors and senior enlisted leaders, in our holiday safety messages and the Drug and Alcohol Program Advisor provides messages in the plan of the week. Why are we so successful? I keep going back to my sailors who are taking responsibility for themselves, each other and the command seriously.

To expound, I am going to speak to an incident that occurred recently at the command. One evening I received a call from the XO explaining that one of our sailors had made a suicidal comment to his leading petty officer (LPO), who was then taken by his own request to Tripler Army Medical Center's Emergency De-

partment. The sailor was released with a follow-up in the morning. One of our sailors had volunteered to stay with him in case he needed something.

Here's the rest of the story! This Sailor was so distressed he called his LPO, who then notified the chain of command with the situation. The LPO knew where his staff member lived and knew who lived close by. The LPO was able to send a nearby shipmate to the distressed Sailor's apartment. When the sailor arrived at the apartment, there was no answer and he initiated the Emergency Medical Services. Eventually the distressed sailor answered the door, once the police declared the situation was stable, and asked his shipmate to take him to Tripler for help.

The LPO arrived at the Emergency Department, and once the Sailor was released; he took the Sailor to the barracks. The barracks chief woke up two more of my Sailors, explained the situation and they welcomed the Sailor into their room for the remainder of the night. They stayed with him until the following morning, and walked with him for his follow-up appointment. The CMDCM spoke to the Sailor after his appointment and his first comment was, "I didn't realize there were so many people that cared!" As a result this Sailor



**Capt. Anne Diggs, commanding officer, Naval Health Clinic Hawaii**

has become more engaged and active in the command.

This one story personifies my Sailors. They go above and beyond of what's required to take care of each other to be a shipmate! So the secret to our success, phenomenal sailors that not only take care of 50,000 beneficiaries within this region but take pride in taking care of themselves.

For more information and training materials on the Navy Suicide Prevention efforts, visit Navy Personnel Command, [www.bupers.navy.mil](http://www.bupers.navy.mil).

### BETHESDA

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works with a number of organizations throughout the year to ensure needs are met, said Chief Brian O'Keefe, IWFLO officer. Some of the organizations O'Keefe works with include the Aleethia Foundation, the Wounded Warrior Project, Armed Forces Foundation, Soldier's Angels, United Services Organization, the Fisher House, the Oakleaf Club of Greater Washington, D.C., and many others.

"I think we've done just about everything we could come up with, from boarding pets to helping families from losing their homes. The only problem we can't solve is the one that we don't know about," said O'Keefe.

NNMC is not alone in working with charitable organizations. Navy Safe Harbor, the Wounded Warrior Battalion East-Bethesda Detachment and several other units routinely partner with a variety of charities to ensure a full spectrum of support is provided to our wounded, ill and injured service mem-

bers and their families.

All organizations, including federally-approved and private organizations, have an opportunity to donate their goods and services to the wounded, ill and injured and their family members. We are looking forward to expanding our relationship with benevolent organizations as we merge with the Walter Reed Army Medical Center to create a world class medical treatment facility for beneficiaries and their families. For more details, contact the IWFLO at 301-319-6805.

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