



Navy and Marine Corps Medical News



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

March 2011

MEDNEWS Items of Interest:

March marks "Navy Medicine: Achieving Success Through Total Force" This month highlights Navy Medicine's Total Force framework of Active Duty, Reserve, civilian, and contract personnel who provide the flexibility needed to meet Navy Medicine's multi-faceted mission.

2011 Armed Forces Public Health Conference - Mar. 18-25, 2011, at the Hampton Roads Convention Center, Hampton, Va. For more information and to register, visit the Armed Forces Public Health Conference website at <https://usaphcapps.amedd.army.mil/AFPHC/Default.aspx>

Women's History Month March is designated Women's History month, a worldwide celebration designed to highlight the contributions of women to events in history and contemporary society.

Sexual Assault Awareness Walk in Washington, DC, Apr. 7, 2011 from 1000-1400; point of contact local SARC or sa.walk.dc@gmail.com

Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, and follow us on Twitter @ Navy Medicine

Did You Know...

During USNS Comfort's (T-AH 20) previous Continuing Promise missions in 2007 and 2009, medical personnel aboard the ship treated nearly 200,000 people in 14 countries.

USNS Comfort Deploys in Support of New Mission: Continuing Promise 2011

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

BALTIMORE, Md. - U.S. Navy hospital ship USNS Comfort (T-AH 20) departed its homeport of Baltimore, Md., Mar. 17, in support of the humanitarian civic assistance mission Continuing Promise 2011 (CP11).

CP11 is a five-month mission to nine countries in Central and South America and the Caribbean, where the U.S. Navy and its partnering nations will work hand-in-hand with host nations and a variety of governmental and non-governmental agencies (NGOs), to train in civil-military operations.

"Humanitarian assistance is a key component in the Navy's maritime strategy," said Vice Adm. Adam M. Robinson, Jr., U.S. Navy Surgeon General. "Our humanitarian assistance missions bring to others a sense of enrichment

and hope that touches individuals, their families, their communities, their nations and in doing so, benefits the global community."

More than 480 Navy medical personnel will work side-by-side with medical professionals from the nine host nations, five partner nation militaries, and more than 30 NGOs to provide medical care to patients both ashore and aboard the Comfort.

Also deploying with Comfort are 71 civil service mariners from Military Sealift Command who operate and navigate the ship, provide electricity and fresh water to the shipboard hospital, and when necessary, transport patients between ship and shore in small boats.

"My professional Merchant Marine officers and crew are excited to be part of Continuing Promise 2011," said Capt.

See COMFORT, Page 3



BALTIMORE, Md. - U.S. Navy hospital ship USNS Comfort (T-AH 20) departed Mar. 17, in support of the humanitarian civic assistance mission Continuing Promise 2011 (CP11). CP11 is a five-month mission to nine countries in Central and South America and the Caribbean, where the U.S. Navy and its partnering nations will work hand-in-hand with host nations and a variety of governmental and non-governmental agencies (NGOs), to train in civil-military operations. (U.S. Navy photo by Shoshona Pilip-Florea, Bureau of Medicine and Surgery Public Affairs/Released)

Navy Medicine: "Achieving Success Through Total Force"

Essential to building the future force of Navy Medicine is correctly setting a total force framework. This means that we must remain flexible and agile in how we fulfill our operational requirements. We must provide consistent training for our forces throughout their careers. We must also maintain continuity of care for our beneficiaries throughout the care continuum. Crucial to our total force efforts is our ability to correctly determine the macro requirements like force size and specialty type, while assessing the unique micro requirements from the deckplates.

Our total force analysis strives to apply a better understanding of: 1) the correct mix of Active Duty, Reserve, Federal Civilians, and Contractors; 2) the placement of Active Duty billets in locations where civilian turnover is high and recruiting is low; and 3) the placement of Active Duty personnel in locations where the workload volume and type is sufficient to maintain the skills required for operational missions.

The Active Duty component of our total force composition is the backbone of our support to operational missions. BUMED recently participated in a Medical Recruiting Stakeholders

Conference with Navy Recruiting Command (CNRC) to provide efficiencies in the recruiting process and to ensure that we keep focused on the quality of personnel that we recruit. While it is good news that retention has increased slightly over the past five years, we must continuously evaluate our training and education programs in order to hone and sustain optimal skill sets.

Most of our Reservists are prior Active Duty. For those who choose to leave Active Duty, Reserve affiliation is a rewarding option that allows members to still serve their country while maintaining current rank, and also affords them the opportunity to transfer years

"While it is good news that retention has increased slightly over the past five years, we must continuously evaluate our training and education programs in order to hone and sustain optimal skill sets."

of service towards reserve duty points and educational benefits such as the Training in Medical Subspecialties program. It is vital that operational support offices at military treatment facilities (MTFs) level engage personnel who are leaving Active Duty to work with CNRC's Career Transition Office and inform them of Reserve opportunities.

Our federal civilian personnel are unique in that they provide much needed stability in the care we provide to our uniformed members, family, and beneficiary populations. Civilians are also the link to providing continuity in our training programs for both officer and enlisted members. Their influence is felt in our Graduate Medical Education (GME) programs, especially with respect to the guidance they provide our Corpsmen rotating through various



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

departments. Retention of civilian personnel remains high. This is reflected in Department of Defense (DoD) implementation of a physician and dentist pay plan and the DoD Healthcare Occupations Sustainment Project that offer greater flexibility to adjust to local market pay.

Lastly, our contractors fulfill significant roles in local healthcare markets while providing continuity of care and support for our beneficiaries. They also prevent Navy Medicine from costly network referrals by providing care at the most economic level, our local MTFs.

Our medical support mission spans the globe. Our unique operational requirements drive our Total Force structure. As our requirements evolve, a Total Force framework of Active Duty, Reserve, civilian, and contract personnel provides the flexibility we need to meet our multi-faceted mission. We are measuring and analyzing how best to allocate our Total Force through tools like MedMACRE, the Demand Based Staffing Model, and Fit-to-Fill Assessments. These tools will facilitate the optimal mix, size and distribution of our workforce at the macro and micro levels. 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

Marine, Corpsman Awarded Silver Star for Valor in Combat

By Cpl. Paul Basciano, 1st Marine Division Public Affairs Office

MARINE CORPS BASE CAMP PENDLETON, Calif.— Friends, family and the Marines and Sailors of 3rd Battalion, 1st Marine (3/1) Regiment gathered at the Camp Horno training area of Camp Pendleton to attend the award ceremony of two of the battalion's members, Mar. 4.

Cpl. Larry D. Harris, a mortar man and Petty Officer 3rd Class Peter A. Gould, a Hospital Corpsman, both with 3/1 were awarded the Silver Star, the nation's third highest decoration that can be awarded to a member of any branch of the U.S. Armed forces for valor in combat.

Harris, a native of Thornton, Colo., was decorated the Silver Star posthumously for conspicuous gallantry while in combat with the enemy. During a patrol in the Garmsir district of Afghanistan, Harris' squad took fire from enemy forces. As his squad maneuvered to attack the insurgents, they made contact with a group of about 40 enemy fighters.

To assist his team's movement to a covered position, Harris constantly exposed himself to the insurgent's fire. When his squad's machine gunner was shot in the leg, Harris, without the thought of his own safety, dashed to the fallen Marine's position and moved him to a more secure location.

After it was determined that the wounded machine gunner needed to be evacuated, Harris unhesitatingly picked up the Marine and carried him to the evacuation site. While Harris was carrying the downed Marine he struck an improvised explosive device (IED).

Although his wounds were ultimately fatal, he saved the

life of the Marine he carried.

"[Harris] was the greatest kind of Marine and the best guy I could know," said Sgt. Ian Gilbert, a squad leader with 3/1. "He was a very focused and caring individual."

In the same firefight where Harris showed his devotion to duty and love for his fellow Marines, a Sailor was also showing the Corpsman's dedication to saving the lives of Marines.

Gould, a native of Syracuse, Kan., was in the same firefight as Harris, also showing conspicuous gallantry in action against the enemy.

After one of Gould's squad was shot, he rushed to the wounded Marine's position, braving effective enemy fire to move him to a more secure position and render aid.

With the order to move to another location to evacuate the casualty, he assisted transporting the wounded Marine, braving more enemy fire, until they struck an IED.

Surrounded in wounded Marines and bleeding from severe wounds to his face and neck, Gould directed a Marine to stop his bleeding coming from his neck with direct pressure.

While still under fire and barely stabilized himself, he turned his attention to the downed Marines around him giving direction and applying aid where he could.

His actions and toughness under fire directly led to saving at least one Marine's life that day.

"[Gould] was always responsible and dedicated," said Joseph Gould, father of the decorated Corpsman.

Harris' wife was on hand to receive the award and spoke to the Marines and families present to thank them before they concluded the ceremony.



COMFORT

From Page 1

Randall Rockwood, USNS Comfort civilian master. "While Comfort's hospital is key to extending medical care and civil assistance to other nations, our role operating the ship is critical to getting the Navy professionals to their destinations."

During CP11, Comfort will visit selected ports in Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Nicaragua, and Peru.

CP11 will provide host nation populations with medical and dental care including surgical services, public health training, engineering support, veterinary services, as well as provide partnering nations with an opportunity to exchange knowledge and information. The exchange of information is integral to building disaster relief preparedness and supporting maritime security in the region.

"The relationships built and sustained with our multinational partners during this mission will enhance our ability to work collectively in support of humanitarian assistance and

disaster relief efforts in the future, as well as other collaborative security activities in the area," said Capt. David Weiss, USNS Comfort medical treatment facility commanding officer. "We are looking forward to fostering these relationships in the next five months."

This is the Comfort's second Continuing Promise mission and the fifth year that U.S. Southern Command (SOUTHCOM) and U.S. Naval Forces Southern Command (NAVSO) have conducted this mission.

During Comfort's previous Continuing Promise missions in 2007 and 2009, medical personnel aboard the ship treated nearly 200,000 people in 14 countries.

CP11 is a joint effort with NGOs such as Des Moines University, Johns Hopkins, Loving Hugs, Inc., Project Hope, Samaritan's Feet, World Vets, and others.

"Humanitarian assistance missions such as CP11 demonstrate the Navy's ability to truly be a global force for good while continuing to bolster our relationships with host nations and our NGO partners," said Robinson.

Navy Medical Student Sea Trials on the USS George H.W. Bush

By Mass Communication Seaman Jessica Echerrri, USS George H.W. Bush (CVN 77) Public Affairs

ATLANTIC OCEAN - USS GEORGE H.W. BUSH (CVN 77) is the first and only aircraft carrier to take part in a program at Uniformed Services University of Health Services (USUHS) that gives military medical students on-the-job training in a real-life working environment.

Capt. Lee Mandel, the ship's senior medical officer, collaborated with USUHS to make GEORGE H.W. BUSH a certified teaching affiliate. As a certified teaching affiliate, doctors in GEORGE H.W. BUSH'S medical department mentor up to two medical students at a time, helping them to experience Navy Medicine on a carrier.

This program is part of the students' fourth year of medical school, during which they participate in various training programs, called clinical elective rotations, at different military hospitals around the world.

Ensign Jason Weiner and Ensign Gabriel Valerio are the second set of students to take advantage of the ship's training. During their four-week rotation on board, they will examine patients and assist in Ship's Surgeon like any Navy doctor would be expected to do. All their work is supervised and checked by a doctor on board.

"We've spent almost four years studying medicine," said Valerio. "But real life is medical and operational. Here, we're



ATLANTIC OCEAN - Ensign Gabriel Valerio, a medical student from Uniformed Services University of Health Services (USUHS) examines a patient on board USS George H.W. Bush (CVN 77), Feb. 18. Valerio is participating in a program at USUHS to train in medicine on an aircraft carrier. George H.W. Bush is underway in the Atlantic Ocean conducting Joint Task Force Exercise (JTFEX). (U.S. Navy photo by Mass Communication Specialist Seaman Jessica Echerrri/Released)

learning so much more of the operational side."

Medical students receive a background in preventative medicine but get little to no exposure to the public health

See BUSH, Page 5

Medical Training Builds Capacity and Relationships in Tanzania

By Mass Communication Specialist 3rd Class William Jamieson, Cmdr., U.S. Naval Forces Europe and Cmdr., U.S. Naval Forces Africa/ Cmdr., U.S. 6th Fleet Public Affairs

DAR ES SALAAM, Tanzania - Sailors and embarked international staff deployed with Africa Partnership Station (APS) East 2011, partnered with Tanzanian civilian and military medical professionals for a training and mentorship program in Dar Es Salaam Feb. 7 through Mar. 4.

The partnership included training in tactical combat casualty treatment, biomedical repair training, midwife training, and a mentorship program to build capacity and foster relationships between U.S. and Tanzanian medical personnel.

Chief Hospital Corpsman Blake Cooper, sixth fleet medical planner, explained that the program will help provide foundation for future cooperation between U.S. and Tanzanian forces.

"Eighty percent of the patients in the military hospitals in Tanzania are civilians," said Cooper. "While this training built capacity for the military, it has also provided a benefit to the Tanzanian people. That gives us a baseline of trust to build our relationships on."

Cooper commented on how the opportunity to build relationships has been one of the biggest advantages of APS.

"This program isn't one-sided," said Cooper. "We learn from them and they learn from us; to accomplish that we have to

keep the lines of communication open. The personal relationships we make here go a long way, and the friendships that evolve carry on for years."

After the first week of training at the Tanzanian Naval Training School, the medical programs traveled to Luongo Military Hospital to work with personnel on-site with real patients and machinery.

"The Tanzanian people care about their patients as much as any doctor in the states," said Hospital Corpsman 2nd Class Mashaun Brown, ultrasound and radiographic repair instructor. "It has been great to come over and see how dedicated and resourceful the personnel are."

Tanzanian Navy Maj. MJ Mwakalikene, a dentist at Luongo Military Hospital, said the relationships between U.S. and Tanzanian personnel have been very good.

"The exchange of information between U.S. and Tanzania is vital," said Mwakalikene. "There is much we can learn from each other, but we must communicate. I hope we can build more infrastructure to allow continued growth of this program."

APS is an international security cooperation initiative, facilitated by Commander, U.S. Naval Forces Europe-Africa, aimed at strengthening global maritime partnerships through training and collaborative activities, in order to improve maritime safety and security in Africa.

USS Barry Corpsmen Aim for the Forefront of New Med Initiative

By Mass Communication Specialist 3rd Class Jonathan Sunderman, Cdr., U.S. Naval Forces Europe and Africa/U.S. 6th Fleet Public Affairs

MEDITERRANEAN SEA - The Arleigh Burke-class, guided-missile destroyer USS Barry (DDG 52) medical team provided cardiopulmonary resuscitation (CPR) training to crew members March 9.

Training included situational awareness, victim rapid evaluation, automated external defibrillator techniques, first aid and basic CPR.

The training was designed to train Sailors on what to do and how to react in a situation where someone might need immediate medical attention.

"Barry's medical team aims to be at the forefront of the new training initiative, which states all watch standers must be basic CPR qualified," said Chief Hospital Corpsman Michael Young. "This initiative is an attempt to foresee new requirements from Afloat Training Group for all top-side rovers and watch standers to be basic CPR qualified."

According to the American Heart Association (AHA), CPR is a combination of rescue breathing and chest compressions delivered to a victim in cardiac arrest. CPR can support a small amount of blood flow to the heart and brain to "buy time" until normal heart function is restored.

The CPR program aboard Barry is sponsored by the AHA, which provides Barry's medical team with materials they need to train and inform Sailors.

"There are new changes to the AHA curriculum that Barry has implemented into the shipwide course," said Hospital Corpsman 2nd Class Michael Brandy. "It's our job to make sure that Sailors are properly trained, informed and aware of new changes in the procedure."

Current Navy standards require only certain ratings, such as electricians and medical staff, to be CPR qualified. Electricians



MEDITERRANEAN SEA - Sailors aboard the guided-missile destroyer USS Barry (DDG 52) attach a cargo pennant to a MH-60S Sea Hawk helicopter assigned to Helicopter Sea Combat Squadron (HSC) 22, Mar. 3. Barry is on a routine deployment in the U.S. 6th Fleet area of responsibility. (U.S. Navy photo by Mass Communication Specialist 3rd Class Jonathan Sunderman/Released)

have to qualify annually, but all other ratings will remain certified for two years.

"CPR is an important skill for all of our Sailors to learn," said Ensign Luke Freeman, Barry's assistant training officer. "Not only can it be used in an emergency aboard the ship, but our Sailors can use it to help civilians ashore as well."

AHA developed the first CPR guidelines in 1966. During the past 50 years the fundamentals of early recognition and activation, early CPR, early defibrillation and early access to emergency medical care have saved hundreds of thousands of lives around the world.

Barry is on a scheduled deployment conducting maritime security operations in the U.S. 6th Fleet Area of Responsibility.

BUSH

From Page 4

aspects of the being a Navy doctor, Mandel said.

The medical department is in charge of preventative medicine programs such as galley health inspections and potable water certification. Navy doctors must supervise all public health related responsibilities.

"It's an aspect you don't have to face in a hospital," said Mandel.

Adjusting to a carrier's medical capabilities compared to those of a hospital can also be challenging at times, said Valerio. Doctors need to rely heavily on physical exam skills because diagnostic capabilities, like CT scans, are not available.

There are two sides to being a Navy doctor, said Weiner.

"You're a doctor doing your job for the patient and you're doing your job for the Navy. It can be hard to say, 'I know your leg hurts, but you can still work on it.'"

Mandel said one of his main goals for the program is to show Navy Medicine students what it is like to practice medicine in the fleet.

"They'll never forget what it's like during a medical emergency," said Mandel. "What it's like to respond to any space in the ship in less than four minutes."

Mandel said he plans to make the program, which is open to all branches of service, a permanent fixture on the ship, possibly leading to other carriers adopting similar programs.

"I really appreciate the opportunity to come out to the ship," Valerio said. "This experience has helped me to grow so I can better serve the Navy and my patients."

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.

Navy Deputy Surgeon General Visits Camp Lejeune Hospital

By Raymond Applewhite, Naval Hospital Camp Lejeune Public Affairs

CAMP LEJEUNE, N.C. - Rear Adm. Karen Flaherty made her first official visit to Naval Hospital Camp Lejeune since assuming the role as the Navy Deputy Surgeon General, Mar. 3.

Flaherty visited Lejeune to take part in the dedication of the Naval Hospital Camp Lejeune Fisher House and Wounded Warrior Battalion Bachelor Enlisted Quarters (BEQ). Flaherty joined Commandant of the Marine Corps, Gen. James F. Amos, along with Fisher House Foundation Chief Executive Officer, Kenneth Fisher, to commemorate the opening of the facilities. Several speakers attended the ceremony, all of whom drew applause from the crowd present.

"This is bigger and better than what I imagined," said retired Lt. Col. Tim Maxwell. "The Marines and family members now have a place they can call home."

Maxwell is credited with the original concept for the Wounded Warrior Battalions.

Marine Corps Installations East, Commanding General Maj. Gen. Carl Jensen, delivered a speech informing the crowd of the purpose behind the buildings.

"These facilities will allow for rest, rehabilitation, and recovery," said Jensen. "They are America's commitment to her service members. Our warriors will never suffer alone - not on this base, not in our community, or not in our Corps."

Fisher, whom the commandant made an Honorary Marine at a reception the night before, was the last individual to speak during the ceremony.



CAMP LEJEUNE, N.C. - Rear Adm. Karen Flaherty, Navy Deputy Surgeon General, speaks to staff at Naval Hospital Camp Lejeune during an Admiral's Call during her first official visit since assuming her role last year. Flaherty visited Lejeune to take part in the dedication of the Naval Hospital Camp Lejeune Fisher House and Wounded Warrior Battalion Bachelor Enlisted Quarters (BEQ) (Courtesy photo/Released)

"The Fisher Foundation would never leave a military family behind while their loved ones heal," said Fisher. "This is Fisher House number 49, and to date we have built 53 Fisher Houses, helped 142,000 families and helped military families save 165 million dollars."

The second building, Wounded Warrior Battalion BEQ, is a three-story building consisting of 100 rooms designed for two occupants per room. A full service kitchen is included, as well as various lounge and recreational areas. The new facility is intended for easy access by Marines with disabilities, to include slip resistant flooring, hand rails along all corridors and bathrooms that are curb-less with grab rails.

The Naval Hospital Camp Lejeune Fisher House and the Wounded Warrior Barracks are two of four facilities comprising the larger wounded warrior complex, slated for completion within the year. The remaining facilities will be a wounded warrior battalion east headquarters and a wounded warrior hope and care center.

After the ceremony, Flaherty addressed the entire hospital staff. She stated that 'the high op-tempo' requires us to deploy on more than one occasion in some cases.

"Our folks are doing an outstanding job and when they return from these deployments their lives are changed forever," said Flaherty. "I strongly encourage you to watch out for each other, look out for your wing man and pay close attention to your fellow shipmates, and keep up the good work."

"We are excited to have Rear Adm. Flaherty visit our hospital to visit with our phenomenal staff and see the great work we are doing caring for Wounded Warriors. Our relationship with the Wounded Warrior Battalion and the generosity and patriotism of Mr. Fisher and the Fisher House Foundation, bring that care to a new level of excellence," said Capt. Daniel Zinder, Naval Hospital Camp Lejeune, commanding officer.

SEXUAL ASSAULT AWARENESS

WALK IN DC.

April 07, 2011 10am-2pm

The National Capital Regional Sexual Assault Response Coordinators (SARCs) are sponsoring a Sexual Assault Awareness Walk in DC. The walk will start at Freedom Plaza and end at the Upper Senate Plaza at the Capital. This is an awareness walk for all sexual assault survivors, their personal support network, victim advocates, program managers, coordinators and others who want to support the awareness of sexual assault.

Any questions can be directed to either
your local SARC or to sa.walk.dc@gmail.com

*** Freedom Plaza can be accessed via the
Metro Center, Federal Triangle or
McPherson Metro Stops.



Visit our website
www.cnrc.navy.mil/WFRJBAB

Customer Feedback
<http://ce.disa.mil/>

Find us on Facebook!
[JBAB.MWR](#)

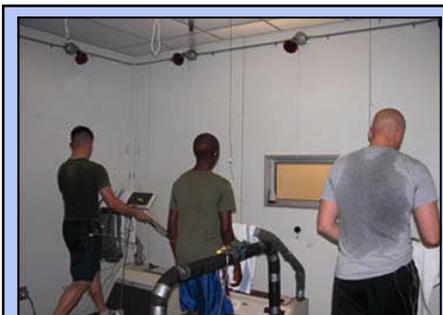
Call WFS at
202.433.6151
for more information.

Heat Tolerance Test Determines Return to Duty, Training Status

By Shawn Richeson, Naval Health Research Center Public Affairs

SILVER SPRING, Md. - The Naval Health Research Center (NHRC), the lead in thermal research within Navy Medicine, developed a Heat Tolerance Test (HTT) to assist Navy clinicians with a decision to return to full duty a sailor or Marine who has experienced a severe heat injury. NHRC researchers adapted the Israeli HTT to provide a more stringent physiological challenge for active-duty military personnel.

"The Heat Tolerance Test has become a highly effective evaluation tool providing Navy clinicians with objective physiological performance data. Our sailors and Marines are often at increased risk for heat injuries during sustained operations in high heat and humid environments," said Jay Heaney, environmental physiologist, NHRC Warfighter Performance Department. "The combination of up-tempo operations with the need to wear protective clothing and body armor exacerbate this risk. Once a warfighter experiences a serious heat injury, activity is typically restricted pending a medical clearance



SILVER SPRING, Md. - Participants complete the two hour heat tolerance test (HTT) treadmill walk at 104°F and 40 percent relative humidity. The HTT assists with a decision to return to full duty a sailor or Marine who has experienced a severe heat injury. (Photo courtesy of Naval Health Research Center Public Affairs/Released)

to resume normal duties or training."

The NHRC HTT protocol requires the warfighter to perform a 2-hour continuous treadmill walk in a thermal environmental chamber located at the laboratory, which is set at 104 degrees Fahrenheit and 40 percent humidity.

"This thermal environment was constructed to be a compensable environment in that if the participant has a typical thermoregulatory capacity, then that person will be able to compensate for the body heat buildup resulting from the exercise and environment by producing

and evaporating sweat referred to as evaporative cooling," said Heaney.

The NHRC Heat Tolerance Test protocol includes a treadmill workload of 3.3 mph at a grade of 4 percent.

Passing the HTT requires completing the treadmill walk without exceeding a core temperature of 38.6 degrees Celsius and without exceeding a heart rate of 160 beats per minute.

"NHRC has contributed to returning 34 warfighters to Fit for Full Duty status. For example, within the BUD/S training environment, use of the NHRC HTT results in 20 trainees being allowed to resume their training," said Heaney.

"NHRC takes great pride in contributing to the process that resulted in 10 of those trainees becoming SEALs."

NHRC, located in San Diego, Calif., works closely with operational units by conducting medical modeling and simulation analysis; monitoring the effects of combat exposure on psychological health; managing career-span deployment health and readiness programs; improving warfighter performance; and assisting in the implementation of military specific HIV prevention programs around the world.

Navy's Top Doc Commemorates Medical Corps 140th Birthday

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

WASHINGTON - The Navy Surgeon General sent a message to the Navy Medical Corps in honor of its birthday, March 3.

"Today we celebrate the 140th Birthday of our Medical Corps," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general and chief, Bureau of Medicine and Surgery. "From the countless humanitarian relief and disaster response missions, to the larger role of expeditionary care around the world, the Medical Corps is integral to Navy Medicine's ability to support our maritime strategy."

The Medical Corps was founded March 3, 1871, by the Forty-First Congress who enacted the Appropria-

tions Act which established the Medical Corps with the mission of providing medical care to U.S. Navy personnel aboard ships and shore stations.

Today, nearly 5,000 active duty and Reserve Navy doctors serve with both the Navy and the Marine Corps throughout the world, providing exemplary care to Sailors, Marines and their families, from the garrison to the deck plates and to the battlefield.

According to Robinson, the Navy Medical Corps is broad and diverse. It is comprised of physicians who are practicing or training in dozens of medical and surgical specialties with more than 200 subspecialties. Navy doctors serve in complex and diverse positions including the White House, the Attending Physician's Office to Congress and as astro-

nauts exploring the frontiers of space.

Robinson also said the Navy Medical Corps continues to break new ground in biomedical research, medical education and training, and patient care delivery at Navy clinics, hospitals, aboard Navy afloat platforms, and in combat theaters.

"It is the honor, courage, and commitment of these personnel we honor today," said Robinson. "We celebrate their spirit of service in everything they do to ensure our nation has a medically ready, fit, and fighting force. It is our responsibility to ensure that those who've served our nation, along with their families, can always count on Navy Medicine to help provide quality and compassionate patient and family-centered health care."

San Diego Naval Hospital Recognized As a Leading Med Facility

By Mass Communication Specialist 1st Class Anastasia Puscian, Naval Medical Center San Diego Public Affairs

SAN DIEGO - The American College of Surgeons Commission on Cancer (ACS COC) announced Naval Medical Center San Diego's (NMCS D) command cancer team as a winner of the commission's 2010 Outstanding Achievement Award, Feb. 25.

The award recognizes an institution's cancer program compliance with 36 standards. NMCS D's Oncology Advisory Group (OAG) showed no deficiencies and was the only Department of Defense Military Treatment Facility to earn this award for 2010.

The command cancer team, also known as the (OAG), was awarded a three-year accreditation with commendation.

"We were the first military cancer center to be awarded accreditation. We're certainly the only center that has received two in six years and getting three is unprecedented for military medicine," said Capt. (Dr.) Preston Gable, Hematology/Oncology department head.

Every category NMCS D was assessed and graded on received a passing rating and received an outstanding rating in all standards that were eligible. This led to NMCS D earning the additional award of

outstanding achievement.

The OAG is a multidisciplinary group including physicians from general surgery, medical and radiation oncology, diagnostic radiology and pathology. Also included are nurses, chaplain, dietician, staff from the tumor registry,



quality management, social worker, and an American Cancer Society representative.

The cancer program surveys are a comprehensive evaluation of the entire scope, organization, and activity of a cancer program. The evaluation (which is voluntary) is conducted every three years on-site by experienced health care professionals who gather extensive performance information as the basis for evaluating compliance.

There are five key elements surveyors

look for during the evaluation: diagnostic, treatment, rehabilitation, support (i.e. counseling, hospice care, patient and family support) as and other clinical areas (i.e. oncology nursing, pain management and clinical research).

"We have four or five tumor boards here at the hospital, three of them meet weekly and others meet as needed or at least once a month, to talk about cancer cases," said Gable. "To meet their [ACS COC] standards, we have to present 15 percent of cancer cases at the board. At our hospital we present 95 percent of new cancer cases at tumor board conferences."

By undertaking the evaluation, NMCS D demonstrated their commitment to quality care, ongoing improvement and public accountability for medical care provided to active duty service members and beneficiaries.

"People don't frequently give the military credit for being really good and this is one more way we can put ourselves on par with other organizations across the country. Being accredited by the American College of Surgeons Commission on Cancer lets our beneficiaries know that we are on par," said Gable.

This is the third evaluation for NMCS D, previous evaluations and accreditations took place in 2004 and 2007.

Save the Date

Armed Forces Public Health Conference

MARCH 2011

Hampton Virginia
Hampton Roads Convention Center
18-25 MARCH 2011

Public Health in a Joint Environment

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

MISSION: Provide an educational conference that addresses joint and multi-national common Public Health principles, ideas, approaches, technologies, policies, guidance, methods, and procedures.

Sponsored by:



Navy and Marine Corps
Public Health Center
<http://www.nmcpbc.med.navy.mil>



U.S. Army Public
Health Command
<http://phc.amedd.army.mil>

To keep up with Navy
Medicine news and daily
updates follow us on...

facebook

You Tube



twitter