



# Navy and Marine Corps Medical News



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

**May 2011**

## **MEDNEWS Items of Interest:**

### **May marks "Navy Medicine Celebrates the Centennial of Aviation"**

For the past 100 years, Navy Medicine has provided expeditionary medical support wherever the Naval Aviation community has deployed to ensure a medically ready, fit, and safe aviation community.

### **Veterans Administration Veterans Crisis Line**

- There is new VCNO guidance to post the image from the VA Crisis Line (found on page 7) to the home page all Navy websites linking it to Veterans Administration's Veterans Crisis Line (<http://www.suicidepreventionlifeline.org/Veterans/Default.aspx>). This link provides our people and their families ready access to crisis response and counseling services.

### **May celebrates Asian/Pacific American Heritage Month**

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

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

The average daily student load for basic and advanced medical training is estimated to be about 9,000 Sailors, Soldiers, and Airmen, making the Medical Education and Training Campus the world's largest military medical education and training facility.

## **Naval Hospital Corps School Makes Historic Move to Ft. Sam Houston, Texas**

*By L.A. Shively, Fort Sam Houston Public Affairs*

SAN ANTONIO – Navy Medicine and the Hospital Corps marked the milestone of the relocation of the Naval Hospital Corps School from Great Lakes, Ill., to Fort Sam Houston, Texas, during a ceremony aboard Joint Base San Antonio, Fort Sam Houston, April 21.

"The Commandant's Own," the United States Marine Drum and Bugle Corps, performed as Sailors, Soldiers, and Airmen from the tri-service Medical Education and Training Campus (METC) attended the ceremony.

"METC is both a place and an idea," said Rear Adm. William R. Kiser, METC inaugural commandant. "As a place it represents new buildings and infrastructure, which is absolutely world class. As an idea, it is always good to train like we fight. It's always good to come together to get know each other and

develop trust in each other before we show up on the battlefield."

Hospital Corpsman training at Fort Sam Houston continues to include basic courses taught in Navy service-unique classes but now adds multi-service integrated classes. Navy Corpsmen began training in advanced "C School" classes at METC in May 2010. The BRAC deadline for all students to train at the METC is Sept. 14.

The average daily student load for basic and advanced medical training is estimated to be about 9,000 Sailors, Soldiers, and Airmen, making METC the world's largest military medical education and training facility.

Force Master Chief Laura Martinez, director of the Hospital Corps, was the guest speaker for the ceremony. She discussed the corpsman's training and

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SAN ANTONIO — Force Master Chief Laura Martinez, director of the Hospital Corps, unveils the new hospital corpsman training school guidon in front of the Medical Education and Training Campus inaugural Navy Hospital Corps class after the rededication ceremony at Joint Base San Antonio, relocating the Naval Hospital Corps School from Great Lakes, Ill., April 11. (U.S. Navy photo by L. A. Shively, Fort Sam Houston Public Affairs)

## Navy Medicine Celebrates the Centennial of Naval Aviation

This month we celebrate the centennial of Naval Aviation. Over 200 events are taking place around the country this year to celebrate Naval Aviation's heritage and history as well as to showcase new airframes and discuss the aviation community's evolving mission. I encourage you to attend one of these events in your community. For the past 100 years, Navy Medicine has provided expeditionary medical support wherever the Naval Aviation community has deployed to ensure a medically ready, fit, and safe aviation community.

Today, our Naval flight surgeons, Naval aerospace and operational physiologists, aerospace physiology technicians (HM 8409), search and rescue medical technicians (HM 8401), and aerospace medical technicians (HM 8406) are working side by side with aircrews around the world to ensure the medical readiness of aviators and their crews. When our Sailors and Marines are injured on the battlefield, we are now able to more rapidly evacuate them from the point of injury to a forward operating base to higher echelon levels of medical care as the injury necessitates. This has greatly increased the survival rate which now stands at about 97%.

While this is tremendous progress, we still face continuing operational and manning challenges. To meet the unique medical needs of the aviation community, especially in challenging environments like Afghanistan and the Horn of Africa, we are increasing the size of all three aerospace medicine technical ratings. One of the ways we are doing this is to convert some Hospital Corpsmen (HM) to aviation physiology technicians (APT). To decrease attrition in the SMT (8401) pipeline we implemented a physical fitness training program for all possible candidates at HM "A" school. This has shown to decrease HM injuries and acclimatize them for the rigors of Aircrew training. We are also shifting to



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

***“For the past 100 years, Navy Medicine has provided expeditionary medical support wherever the Naval Aviation community has deployed to ensure a medically ready, fit, and safe aviation community.”***

residency trained providers vice GMO CVN family medicine providers, and instituting more collaborative procedures and guidance. These changes will ensure we build and sustain a future force of aviation medicine providers.

Fatigue and operational stress management remain key challenges for this community. We are adopting mitigating measures, making cycle time adjustments, and applying new medicines so that our aviators and their crew can remain alert throughout long missions without any potentially dangerous side effects.

The nature of Naval aviation medicine is evolving in response to new missions, airframes, and operationally challenging environments. New missions such as combat search and rescue, and air ambulance and enroute care, as well as new airframes like the MV-22 Osprey, F/A-18G Hornet, and JSF/F-35 Joint

Strike Fighter, are changing the way we do business. These new airframes and missions require new approaches to the care we provide based on their unique medical needs. We must continue to find the right balance between providing cutting edge aviation medicine and ensuring the safety of flight. Advancements like corneal refractive surgery and more effective medications have ensured a more tailored and holistic approach to how we provide care to aviators while ensuring their safety.

The Naval Aerospace Medical Institute (NAMI), and the Naval Operational Medicine Institute (NOMI), headquartered in Pensacola, Fla., trains medical professionals and warfighters for theater specific contingencies and is the sole source for training flight surgeons and other aerospace medical personnel. Navy Medicine plays a critical support role in the Naval Aviation community's ability to carry out their mission by ensuring maximum performance, survivability, and medical operational readiness. This is a mission we have proudly executed for one hundred years and fully expect to carry out for the rest of this century.

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**

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## Denver Navy Week Injects Strong Navy Medicine in Community

By Senior Chief Mass Communication Specialist Susan Hammond, Navy Office of Community Outreach

DENVER, Colo. - Navy Medicine leadership met with local Denver health care providers, medical researchers, civic and educational groups, and the FBI to discuss Navy Medicine's role in the maritime strategy and shared medical initiatives as part of Denver Navy Week 2011, May 2-8.

Rear Adm. William M. Roberts, Fleet Surgeon, U.S. Fleet Forces Command, was the senior medical officer representing Navy Medicine during Denver Navy Week.

"We are here to thank the citizens of Denver for the great job they are doing supporting the men and women of our armed forces," said Roberts. "Our Navy is proud to serve Americans and freedom seeking people world-wide."

Of the nearly 330,000 active duty Sailors across the Navy, 4,200 come from the Denver area. An additional 1,500 Reserve Sailors also hail from the state, and more than 6,000 retired Navy veterans live in Colorado, Roberts noted.

During a meeting with leaders at the FBI Denver Division, Roberts shared Navy Medicine's critical role in the maritime strategy and its shared initiative of building inter-agency and community relationships while protecting the United States.

"We are proud to have the opportunity to advance the relationship between the FBI and Navy Medicine," said Roberts. "The relationship between the FBI and other agencies is crucial in developing partnerships to protect our citizens and their freedom."

Roberts also met with emergency medical and rescue staff at the Denver Fire Department (DFD) to discuss trauma care, lifesaving techniques, and procedures currently used by Navy medical personnel on the battlefield in Afghanistan. Roberts



AURORA, Colo. - A medical research student visits with Rear Adm. William M. Roberts, Fleet Surgeon, U.S. Fleet Forces Command, at University of Colorado Anschutz Medical Campus during a tour following Roberts' address to medical residents and staff, May 4. The event took place during Denver Navy Week, one of 21 Navy Weeks planned across America for 2011 designed to showcase the investment Americans have made in their Navy as a global force for good. (U.S. Navy photo by Senior Chief Mass Communication Specialist Susan Hammond/Released)

further acknowledged DFD's nationally recognized advances in first responder procedures, and its cutting-edge professionalism, dedication, and courage which regularly saves lives. "Navy Medicine has made great strides in providing resuscitative skills and medical/surgical interventions on the battlefield and at home, which have made a difference in saving lives of our Sailors and Marines," said Roberts. "Denver Navy Week has provided a great opportunity to share thoughts and ideas with

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## CORPS

From Page 1

mission, and she addressed the history of the Navy's largest rating and the significance of corpsman training at Great Lakes dating back to 1917.

"Today we honor and celebrate that sacred trust to ensure our nation has a medically ready, fit, and fighting force and that those who've served our nation, along with their families, can always count on the Hospital Corps to help provide quality and compassionate patient and family-centered health care," Martinez said.

"It is no accident that we are experiencing the lowest battle mortality and non-battle injury rates in the history of armed conflict," said Martinez, a hospital corpsman for more

than 30 years.

"This is due in large part to our exceptional corpsmen and their training. The Hospital Corps is the largest rating in our Navy and the most decorated in the United States. Twenty naval ships alone have been named after hospital corpsmen."

Seaman Jose Espinoza, a student in the first Hospital Corps School class at Fort Sam Houston, expressed pride in his training as a hospital corpsman.

"I feel honored so say that when I put on my uniform, I not only represent the U.S. Navy. I also represent generations of Sailors who have gone before me to fight for my freedom."

Fellow Student Seaman Daniella Summers echoed Martinez' commitment to service, adding, "No matter the situation, a shipmate will never be left behind," she said.

"We have long heard the call 'Corpsman up', that we have answered in every major battle since the Corps' founding," Martinez said. "At the same time, the Hospital Corps has always provided care for family members and retirees at military treatment facilities around the globe. This dual commitment will never waver, no matter where our Sailors and Marines go or what they do."

**The average daily student load for basic and advanced medical training is estimated to be about 9,000 Sailors, Soldiers, and Airmen, making METC the world's largest military medical education and training facility.**

## Aviation Survival Training Center Helps Prepare for the Unknown

By Mass Communication Specialist 1st Class (SW) Bruce Cummins, Naval Medical Support Command Public Affairs

JACKSONVILLE, Fla. - The 21 active-duty Sailors and officers and three civilian employees assigned to the Aviation Survival Training Center (ASTC) at Naval Air Station (NAS) Jacksonville, Fla., help ensure aviators and flight crew are prepared for what could happen while in flight.

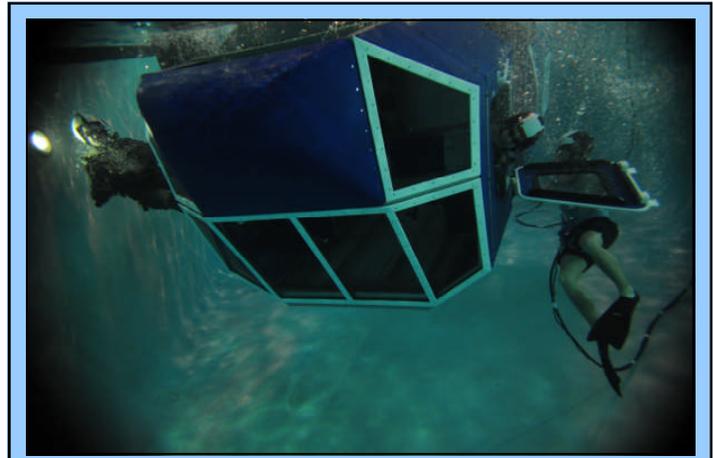
“As part of the Naval Aviation Survival Training Program (NASTP), ASTC Jacksonville is a force-enabler,” said Lt. Cmdr. Leslie Kindling, ASTC Jacksonville Director and Aerospace/Operational Physiologist. “Our mission is to assist the warfighter in winning the fight, to prevent losses due to mishaps and hostilities and to ensure survival in the event of a mishap or hostility.”

As one of eight such facilities in the U.S. operating under Navy Medicine Support Command (NMSC) in Jacksonville and the Naval Survival Training Institute (NSTI) in Pensacola, Fla., ASTC Jacksonville facilitates aviation survival training as a subject-matter expert on all military operational medicine, providing aviation survival and safety training for Navy and Marine Corps aviation personnel and supporting all DoD activities.

More than 1,200 students train annually, attending classroom lectures, using simulator devices and experience a curriculum that emphasizes hands-on exposure to survival skills. Courses offered through ASTC Jacksonville include Initial Aircrew Training (primarily provided at ASTC Pensacola), Refresher Aircrew Training, Non-Aircrew Training and non-aircraft-specific training. All are requirements for personnel whose duties involve frequent flights aboard Navy and Marine Corps aircraft.

Classroom lectures center around physiology and aeromedical issues, necessitating the presence of the three Medical Service Corps aviation physiologists and eight Hospital Corpsmen (HM) with the 8409 Navy enlisted classification code (aerospace physiology technician). Classes in altitude physiology, sensory physiology and situational awareness, acceleration physiology and other flight- and medical-related issues are generally precursors to the hands-on practicum.

Kindling said the practical application of some of the devices ASTC Jacksonville personnel use during training – including



JACKSONVILLE, Fla. - Students exit the modular egress trainer, or “dunker,” during a simulated aircraft water landing exercise at the Aviation Survival Training Center (ASTC), Naval Air Station Jacksonville, Fla. (Navy photo by MC2 (EXW) Todd Frantom/Released)

the low-pressure chamber and the reduced oxygen breathing device – can provide a realistic overview to situations naval aviators might face. The ejection seat trainer and virtual reality parachute descent trainer provide lifelike experiences. The \$1 million, two-year-old modular egress trainer, or “dunker” that simulates an aircraft involved in a water mishap from which aviators must evacuate, is also of critical import. Kindling cited the staff’s importance to the practical training evolutions and the classroom-based settings.

“Without a doubt, the credit for our success goes to the motivated, knowledgeable and professional Sailors and civilian instructors we have on staff.”

Involving Navy divers, a medical presence and various aviation ratings in the ASTC Jacksonville day-to-day operations is essential to success.

“These Sailors are tasked with one of the most difficult jobs – preparing for something we all hope never happens,” said Senior Chief Naval Air Crewman (SW/AW/NAC) Brantley Lowe, ASTC Jacksonville senior enlisted adviser. “They keep the students trained and ready, and they do their job well. Without their expertise and practical knowledge, people could get hurt or even die.”

## DENVER

From Page 3

over-the-top organizations like the Denver Fire Department.” As a global force for good, Roberts shared Navy Medicine’s critical research and development role with executives of GlobeImmune, Inc., a biopharmaceutical company developing treatments for infectious diseases and cancer.

During the visit, Roberts noted that research and development is a top priority of the Navy Surgeon General, Vice Adm. Adam M. Robinson, Jr.

Other Navy Medicine engagements during Denver Navy

Week included a visit with leaders at Denver Health; speaking with the physicians, residents and medical staff at University of Colorado Anschutz Medical Center; a presentation for the Rotary Club of Aurora, Colo.; and a discussion regarding post traumatic stress disorder and chaplaincy with professors at the Iliff School of Theology, among others.

Denver Navy Week is one of 21 Navy weeks across the country this year. Navy Weeks are designed to show Americans the investment they make in their Navy and increase awareness in cities that do not have a significant Navy presence. Denver Navy Week events continue through May 8.

## Navy Training Center Barracks Dedicated to Fallen Corpsmen

By L.A. Shively, Fort Sam Houston Public Affairs

SAN ANTONIO – Two fallen Navy Corpsmen were honored during a ceremony dedicating a new barracks to each at the Navy Medicine Training Center aboard Fort Sam Houston on April 19.

Both were killed while supporting contingency operations. Hospital Corpsman 3rd Class John Fralish was killed Feb. 6, 2006, by enemy fire during a fire fight with insurgents while on patrol in Afghanistan. Assigned to 1st Battalion, 3rd Marine Regiment, Marine Corps Base Hawaii, Fralish served as a Corpsman for the Marines supporting provincial reconstruction and stabilization efforts in that country.

Hospital Corpsman 2nd Class Jaime Jaenke was killed June 5, 2006, by a roadside bomb in Iraq. Assigned to Naval Mobile Construction Battalion (NMCB) 25, Fort McCoy, Wisc., Jaenke served as the unit Corpsman. NMCB 25 personnel were involved in building schools, housing, airstrips and water wells among other projects in an effort to assist in restoring Iraq's infrastructure. Jaenke completed 25 missions, escorting 375 personnel in convoys across the country.

Calling a Corpsman "Doc" is an honor fellow service members bestow on a Hospital Corpsman, communicating their trust that person will care for them. A service member's life is in the "Doc's" hands in combat because immediate access to a physician is not always possible, according to Hospital Corpsman 1st Class Robert Browning, who helped Seabees from San Antonio-based NMCB-22 construct the cement pad and raise the



SAN ANTONIO - FORCE Master Chief Laura Martinez, Hospital Corps director, speaks following the unveiling of a portrait of HM2 Jaime Jaenke during a barracks dedication ceremony at Fort Sam Houston, Texas, for the Jaenke barracks named for fallen Corpsman Jaenke and the Fralish barracks named for fallen Hospital Corpsman HM3 John Fralish. (U.S. Navy photo by L. A. Shively, Fort Sam Houston Public Affairs/Released)

flagpole for the Fralish and Jaenke barracks.

"It doesn't happen out of school. It happens when you bond with your Seabees, Sailors and Marines. It's a wonderful feeling," Browning said, recalling the first time he was called Doc. "It gives me a sense of pride to drive by and see the flagpole." Several hundred Sailors, Airmen, Soldiers, Marines and civilians attended the event, where former Master Chief Petty Officer of

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## New Tricare Program Offers Coverage for Young Adults Under 26

By the Office of the Assistant Secretary of Defense, Public Affairs

The Department of Defense announced the Tricare Young Adult (TYA) program is now open for enrollment with coverage beginning May 1, 2011.

Military dependents under 26, unmarried, and not eligible for their own employer-sponsored health care coverage may be qualified to purchase TYA, which offers Tricare Standard coverage, for monthly premiums of \$186, as long as their sponsor is still eligible for Tricare.

Those eligible for TYA who have been saving receipts since Jan. 1, 2011, in anticipation of the new program, can also pay all premiums back to January to purchase coverage retroactively.

Beneficiaries can find out where to send their form and payment by filling out the simple profile at <http://www.tricare.mil> to get information tailored to their specific location.

Once the initial three-month fee is made, monthly premiums must be paid in advance through automated electronic payment.

When the application is processed, Tricare coverage will

begin the first day of the following month. However, since TYA was "fast-tracked" to begin enrollment as soon as systems changes, forms, premiums and other rules governing the program were approved and in place, a short term waiver will allow coverage back to May 1, 2011, as long as enrollment forms and payment are received (not post-marked) by the regional contractor prior to May 31, 2011.

After getting a welcome letter and enrollment card, dependents and their sponsor should visit uniformed services identification (ID) card issuing facility to obtain a dependent ID card. This card will identify eligibility for health care, prescriptions and access to military installations for the dependent. Nearby ID card facilities can be found through a link at: <http://www.tricare.mil/tya>.

A Prime benefit will be available later this year. To get e-alerts on TYA and other Tricare news, sign up at: <http://www.tricare.mil/subscriptions>.

A complete telephone list of regional healthcare support contractors can be found at <http://www.tricare.mil/tya>.



## Navy Surgeon General Marks Nurse Corps' 103rd Birthday

By Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The Navy Surgeon General sent a message to the Navy Nurse Corps commemorating the corps' 103rd birthday which will be celebrated May 13.

"Today, Navy nurses serve at sea, pier side, on deployments and humanitarian missions, and at clinics and inpatient facilities around the world," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general and chief, Bureau of Medicine and Surgery. "Their work in times of peace and conflict, have earned the Nurse Corps a prominent place in the proud history of the U.S. Navy."

The Nurse Corps was founded May 13, 1908. By October of that year, the first nurses, later called "The Sacred Twenty," reported for duty at the Naval Medical School Hospital, Washington, D.C., now the home of the Bureau of

Medicine and Surgery.

Today, active duty and Reserve Navy nurses representing more than 15 specialties serve with both the Navy and the Marine Corps throughout the world,



WASHINGTON, DC - The first 20 Navy Nurses, the "Sacred Twenty," stand in front of the Naval Medical School Hospital, 1908, now the home of the Navy Bureau of Medicine and Surgery. (BUMED Archives/Released)

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 Nurse Corps has fluctuated in size over the years and peaked during World War II with over 11,000 members. Two groups of Navy nurses even became prisoners of war during World War II. One group called the "Angels of Bataan" continued their work as a nursing unit while imprisoned in an internment camp for over 3 years until they were rescued by American forces.

"It is their honor, courage, and commitment we honor today," said Robinson. "We celebrate the men and women of the Nurse Corps and all they do around the world to ensure our Nation has a medically ready, fit, and fighting force. To the almost 4,000 Active Duty and Reservist Nurse Corps personnel, I thank you for your service and for the sacrifice of you and your families. Happy Birthday Nurse Corps!"

## 'NMCS Online' Secure Messaging Enrolls 10,000 Patients

By Sonja L. Hanson, Naval Medical Center San Diego Public Affairs

SAN DIEGO, Calif. - Naval Medical Center San Diego (NMCS Online) received its 10,000th enrollee in its 'NMCS Online' program, April 15.

NMCS Online is a secure messaging service for beneficiaries enrolled in Medical Home Port.

The medical center implemented Medical Home Port (MHP) in 2010, which introduced a new model of patient and family-centered care for all enrolled beneficiaries. MHP is designed to meet the complete primary care health and wellness needs of NMCS Online's patients. All NMCS Online beneficiaries are assigned to a Medical Home Port team, consisting of a provider, nurses, medical support staff, medical assistants, hospital corpsmen, nurse educators, and others, fostering a team-based, comprehensive approach to healthcare.

"There are multiple benefits to the Medical Home Port model," said Cmdr.

(Dr.) Joe Aquilina, NMCS Online Medical Home Port Champion. "The collaborative healthcare team allows us to provide more integrated and personalized healthcare care to our patients. Our goal is to increase familiarity with your



provider and your entire team, and empower patients to live healthier and happier lives.

Primary care, including family physicians, internists, and most recently pediatricians, has already transitioned to the MHP model.

MHP empowers patients to take a proactive role as a member of their

health and wellness, preventive medicine, or chronic disease management team.

"I used NMCS Online and was able to communicate directly with my primary care physician regarding test results," said Kimberly Harris, NMCS Online beneficiary and command ombudsman. "It was extremely convenient. I keep a very busy schedule juggling work, school, kids, and volunteer activities. NMCS Online saved me a trip to the hospital."

Coupled with NMCS Online, NMCS Online hopes to foster healthier patients through virtual access, which allows patients and providers to quickly communicate in order to provide proactive intervention, health promotion and disease management.

More than 94,000 NMCS Online beneficiaries have already enrolled in MHP.

NMCS Online was one of eight initial sites selected to participate in the MHP pilot program. Navy Medicine's goal is to implement the MHP model throughout Navy Medicine by 2012.



**Navy's Top Nurse Visits Navy Medicine Support Command**

JACKSONVILLE, Fla. – Rear Adm. Elizabeth Niemyer, Navy Nurse Corps Director and Deputy Chief, Installations and Logistics, examines insect displays at the Navy Entomology Center of Excellence (NECE) during her visit to Navy Medicine Support Command (NMSC) May 16. Niemyer spent the day with Rear Adm. Eleanor Valentin, commander of Navy Medicine Support Command (NMSC) and director of the Navy's Medical Service Corps, to familiarize herself with the global operations of NMSC as well as its Jacksonville-area subordinate commands.

**Navy Medicine Helps Wounded Warriors REACH for Future**

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

SAN DIEGO - Navy Medicine launched its Reintegrate, Educate and Advance Combatants in Healthcare (REACH) program at the Naval Medical Center San Diego, Calif., May 12.

The program is designed to help wounded warriors develop skills and qualifications for careers in the health care field.

"The REACH program is one of the ways Navy Medicine can assist our wounded warriors and provide them more than just medical care," said Jerry LaCamera, deputy chief and director of Total Force, U.S. Navy Bureau of Medicine and Surgery (BUMED). "While our primary goal and mission is to get these brave men and women rehabilitated from their injuries, it is just as important to ensure we're providing them with career opportunities for success in the future. That is what REACH is all about."

REACH is co-sponsored by BUMED's Total Force and Wounded, Ill and Injured programs and conducted in part-

nership with its medical treatment facilities (MTFs) and the Veteran's Individual Training Assist Link (VITAL). It is a mentorship program that will provide career advice, education counseling, experience through part-time employment with on-the-job training and the potential of job placement for qualified graduates.

REACH is designed for wounded service members with a strong likelihood of a 30 percent or more disability rating based on DoD or VA standards. The program is specifically targeting wounded warriors interested in pursuing the following careers; respiratory therapist, dental assistant, medical technician, physicians assistant, nurse, medical recorder, medical coder, diagnostic radiologic technician, occupational therapist, and case manager.

REACH assigns each candidate a dedicated person who acts as a career counselor helping the service members select and achieve the necessary requirements among a variety of occupational career fields in medicine and health

care. The counselor will assist the service members to enroll in school, assign them to mentors and coaches, and provide part-time jobs and on-the-job training as needed to candidates throughout their education, and help them with job placement, after they graduate from the program.

Additionally, Navy Medicine has committed to providing job opportunities at several Navy MTFs or facilitating job placements within the Federal workforce for qualified REACH graduates.

"The San Diego launch of REACH is just a starting point," said LaCamera. "We will be expanding to our Naval Medical Centers at Bethesda and Portsmouth in the coming weeks."

REACH will launch at Naval Medical Center Portsmouth, Va., May 18, and at the National Naval Medical Center Bethesda, Md., in June 2011, with the hope of further expansion in the future.

"REACH has tremendous potential and we all look forward to seeing how far it can go," said Capt. Sara Kass, deputy chief, Wounded, Ill and Injured program, BUMED.

**Would you like to share your deployment story with MEDNEWS?**

Contact: Valerie Kremer  
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Valerie.Kremer@med.navy.mil

**"I Am a Veteran."**

Calling the confidential Veterans Crisis Line can help.

**1-800-273-TALK**

## Navy Med Research Pursues Solutions to Spatial Disorientation

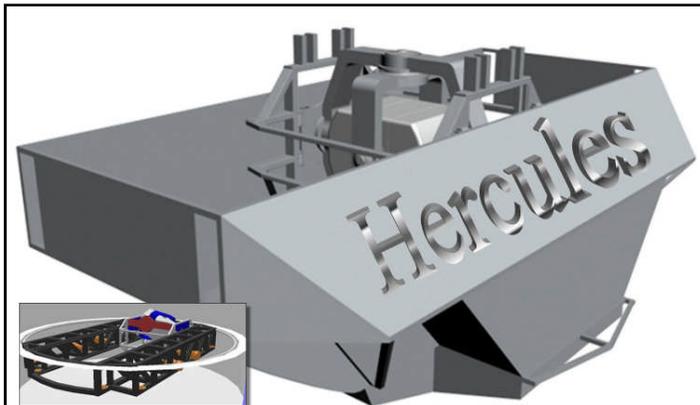
By Lt. Cmdr. Philip Fatolitis, Naval Aerospace Medical Research Lab

PENSACOLA, Fla. - As the Naval Aerospace Medical Research Laboratory (NAMRL) in Pensacola, Fla. completes the BRAC transition to the Naval Medical Research Unit-Dayton (NAMRU-Dayton) at Wright Patterson Air Force Base (WPAFB), the laboratory's spatial disorientation expertise will be applied to the "next generation" research utilizing new state-of-the-science research facilities and devices.

Future spatial disorientation research will be enhanced by the laboratory's newest acquisition, the Disorientation Research Device (DRD)-Hercules. This Navy one-of-a-kind device will become a cornerstone of research in the new Joint Center of Excellence for Aerospace Research, Training and Education at WPAFB. This device will help researchers address fleet aeromedical problems that include spatial disorientation, cockpit design, motion sickness and associated interventions, and visual and other sensory and acceleration issues.

The DRD-Hercules capabilities include the integration of a precisely controlled, dynamically changing acceleration environment providing six independent degrees of freedom with reconfigurable visual displays and data collection capabilities, including physiological monitoring and telemetry; simultaneous yaw, pitch and roll movement; sustained acceleration to 3g; and off-center rotation. The cockpit part of the DRD-Hercules has a total of 32 cubic feet of payload space to accommodate physiologic monitoring equipment to support fatigue, respiratory and cardiovascular research in unusual acceleration environments. The payload space is large enough to mount reduced oxygen breathing devices (ROBD) and air tanks in order to support hypoxia research.

The unique cockpit design allows for man-in-the-loop mode in which the research subject who pilots the device controls



PENSACOLA, Fla. - Artist's rendering of the Naval Medical Research Unit Dayton Disorientation Research Device-Hercules, internal and external. This device will help researchers address fleet aero-medical problems that include spatial disorientation, cockpit design, motion sickness and associated interventions, and visual and other sensory and acceleration issues. (Courtesy rendering/Released)

movements within the capsule. These controls can be linked with a flight simulator so the research subject feels the forces experienced in an actual flight environment. The cockpit design can accommodate a single research subject centered in the capsule or two research subjects side by side.

NAMRU-Dayton was activated Oct. 6, 2010, during a ceremony at WPAFB as part of the 2005 Base Realignment and Closure (BRAC) actions for Navy Medicine. Two laboratories combined: NAMRL, relocating from Naval Air Station Pensacola, and the Environmental Health Effects Laboratory, located at WPAFB since 1976. NAMRU-Dayton conducts research in the areas of acceleration effects, aviation medical standards and personnel selection, physiological and cognitive effects of altitude, vision research, pulmonary health effects, neurotoxicology, neurobehavior, reproductive health and systems biology.

## CORPSMEN

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the Navy (ret.) Joe Campa, the first Hospital Corpsman to serve as MCPON, was the guest speaker.

"All of us here know of the sacrifice these two individuals made while serving in distant lands," Campa said. "But the stories of these two Sailors go well beyond the sacrifice they made on the battlefield."

During the ceremony, larger-than-life portraits of each Corpsman were

unveiled. The Fralish and Jaenke portraits will grace the quarterdeck of each of the named barracks, and bronze plaques chronicling the circumstances under which each Corpsman lost their lives were also unveiled.

"I am deeply honored that his name is there," said John Fralish, Jr. "For years to come, that plaque will serve as a beacon for many classes of Corpsman."

Family members then released gold and navy blue balloons, officially opening both barracks.

Capt. Greg Craigmiles, NMTC com-

manding officer, addressed the significance of the Fralish and Jaenke barracks, pointing out that from this point on, every Sailor who becomes a hospital corpsman will reside in those barracks.

"Like ships they are only living things once the crew comes aboard and brings them to life," said Craigmiles, emphasizing that the buildings, like their namesakes, are of heroic proportions. "These halls are termed 'mega buildings,' each one over 330-thousand square-feet of living space with 600 rooms housing 1,200 Sailors."

**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 Reserves Answering the Call in Landstuhl

By Lt. Lawrence A. Creamer, NC/USN-RC

In early August of 2009, a group of highly skilled and dedicated Navy reservists responded to the call and mobilized to Landstuhl Regional Medical Center (LRMC), Germany as a members of Navy Expedition Medical Unit (NEMU) 10 from August 2009 to July 2010. We knew, as the nine Navy groups before us, that our patients at LRMC would be counting on us and we would not let them down.

Our patients would come to us tattered and torn with various types of injuries and illnesses. Although we were not down range and "in the mix", we did contribute by providing care to wounded warriors that came to LRMC. They were ever present in our thoughts and not once did we forget that they are the reason we do what we do.

As Navy Reservists we worked along-side of other service members from different branches of the military (Air Force and Army), as well as civilians to provide the best quality care we could give our ill and wounded. Although we came from different backgrounds and military services, they earned our respect and gratitude as we performed our duties.

Our thoughts would often drift back to our homes and families and to what they had to do while we were away. Though the task of taking care of the home front could sometimes be difficult, our families would complete this with an

**The Journal of Healthcare, Science and the Humanities (JHSH)** is a peer reviewed academic publication that highlights research (clinical, bio-medical, medical humanities, socio-behavioral, etc.) and all other health care related arts and sciences.

JHSH is published by the Navy Medicine Institute for the Medical Humanities and Research Leadership in partnership with the Smithsonian Institution Scholarly Press. If you are interested in submitting an authored work, contact:  
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LANDSTUHL, Germany - A photo of the Landstuhl Regional Medical Center (LRMC). Lt. Lawrence Creamer, NC/USN-RC served as a member of the Navy Expedition Medical Unit (NEMU). (Courtesy photo/Released)

unwavering determination and would help put our minds at ease. We cannot describe our feelings and gratitude to our spouses and families for doing what they needed to do while we performed our duty for our country.

Regardless of how daunting the task of taking care of the home and family could be, our spouses and families did us all proud. Our families, regardless of how difficult our separation was to them, would always let us know how much they loved us and how proud they were that we were taking care of those who helping to keep our country free in their time of need. We will never forget and always appreciate our families for allowing us the opportunity to serve our country in such a meaningful way.

Each of us who are mobilized has our own experiences during our time of deployment. I can only speak from my perspective, but it could be a hardship to be away from your family for any length of time. As it is with any long deployment, our emotions would sometimes get the better of us. But even then we knew that we would soon see our homes and families again.

Even upon our arrival back to the U.S., my thoughts would be of how honored I was to serve my country in the way that we did. I also appreciated those who thanked us for our service and would tell them that they, and our patients, were well worth it and that we were privileged to give care to those who gave more.

I have the deepest respect for those that have served, will serve, and continue to serve our country, especially the ones who have served in harms way. I believe that I can honestly say that our duty at LRMC was a cornerstone of our naval careers and that most of us felt as if it was a spiritual experience to provide care to our wounded warriors. I look forward to continuing to serve our country in the Navy Reserve and to serve alongside those who continue to answer the call.

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