



# The Insider

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## NSHS San Diego Ceremony Ends 80+ Years of training

By Larry Coffey

Navy Medicine Support Command  
Public Affairs

**SAN DIEGO** - The Naval School of Health Sciences, San Diego, officially marked the end of over 80 years of training during a May 25 disestablishment ceremony held at the school house on the Naval Medical Center San Diego campus.

NSHS San Diego will relocate its programs to Fort Sam Houston, Texas, and become part of the Tri-service Medical Education and Training Campus (METC) as part of the 2005 Base Realignment and Closure (BRAC) commission initiative. The consolidation of Navy, Army and Air Force medical enlisted training is the largest in Department of Defense (DoD) history, making METC the world's largest military medical education and training institution.

"Today marks the end of an era, so we pause to recognize the rich legacy of your past, reflect on your accomplishments, and highlight your future legacy at METC in Fort Sam Houston, Texas," said Rear Adm. Eleanor Valentin, commander of Navy Medicine Support Command and the ceremony keynote speaker. "Each of you will leave a legacy in the form of the Hospital Corpsmen you have trained. Your legacy is and will be training those who ensure the medical readiness of the greatest naval force in the world."

Navy enlisted medical training in San Diego began when the West Coast Hospital Corps School moved from Naval Training Station San Francisco in 1928. The San Diego school was later closed from 1932-1935 and has resided in several locations since then. Advanced classes were taught at Hospital Corps School until the school's evolved mission

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Photo by Katie Keller

**SAN ANTONIO** — Hospital Corpsman 1st Class Banny K. Lazarenchavez (left), class adviser for the Naval School of Health Sciences San Diego (NSHS SD) Phase II Surgical Technician Program, and Command Master Chief Charlotte S. Osborn, NSHS SD command master chief, roll the command guidon, officially marking the disestablishment of the school. NSHS San Diego and hospital corpsman training have been a mainstay in San Diego for more than 80 years. NSHS San Diego programs will relocate to Fort Sam Houston, Texas, and become part of the Tri-service Medical Education and Training Campus (METC).

## NMSC Logistics Chief Retires after 24 Years...



U.S. Navy Photo

**JACKSONVILLE** — Chief Logistics Specialist (SW) Sierra Elam receives the National Ensign from Chief Hospital Corpsman (FMF) Sylvester Ivey during the 'Passing of the Flag' tradition at Elam's retirement ceremony June 3 at the Naval Air Station Jacksonville All Saint's Chapel. Elam retired after 24 years of active duty.

## From the Flag: NMSC people make the difference

Hello again Navy Medicine Support Command.

As I looked through this issue of the Insider and thought about my travels in May, the one constant is the people of NMSC continue to make a difference across the Navy and Navy Medicine.

I was at the Naval Medical Center Portsmouth on May 11 as CAPT Mike Macinski relieved CAPT Bruce Cohen as the commanding officer for the Navy and Marine Corps Public Health Center (NMCPHC). I told the staff that the change of command belongs to the men and women of NMCPHC because it is they, under the leadership of CAPT Cohen and now CAPT Macinski, who accomplish the mission of Navy Medicine with “unswerving devotion to duty – and many times, with personal sacrifice, to serve a cause greater than yourself, in support of the men and women who preserve our nation's freedoms.”

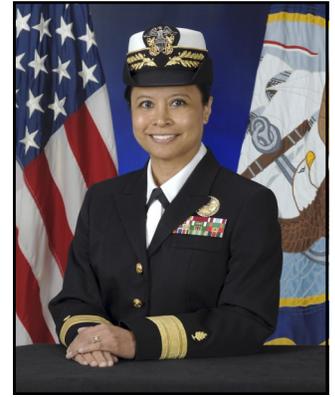
This is true across the NMSC AOR. It is reflected in the stories in this June issue of Insider, and I continue to witness it firsthand during my travels.

On May 25, I was in San Diego for the disestablishment ceremony for the Naval School of Health Sciences. This marked the end of an era dating back to 1928. Hundreds of instructors have demonstrated that same unswerving devotion to duty I saw at NMCPHC. NSHS instructors have left a legacy in the form of countless Hospital Corpsmen. The corpsmen trained in San Diego have en-

Rear Admiral

### Eleanor V. Valentin

Senior Health Care Executive, U.S. Navy  
Director, Medical Service Corps  
Commander, Navy Medicine Support Command  
Jacksonville, Florida



sured the medical readiness of the greatest naval force in the world. No doubt, this legacy will continue as the NSHS programs continue to relocate to Fort Sam Houston and become part of the Tri-service Medical Education and Training Campus (METC).

From San Diego, I made my first trip to the Pacific Northwest as the NMSC Commander and Director of the Medical Service Corps. I visited the Aviation Survival Training Center (ASTC) at Whidbey Island, Wash., one of eight ASTCs. All eight ASTCs report to NMSC via the Naval Survival Training Institute (NSTI) and Naval Operational Medicine Institute (NOMI) in Pensacola, Fla. The ASTC Whidbey Island OIC, LCDR Richard Folga, and members of his staff gave me a tour of the facilities including the

pool and the simulators that the staff use to provide aviation survival and safety training for fleet aviation, ground forces and joint service aircrew.

I also held an MSC Director's Call with the MSC officers at Naval Hospital Oak Harbor on Whidbey. During the Director's Call, I shared a couple of videos, discussed the status of the Medical Service Corps, covered commonly asked questions, and answered questions from the MSC officers. It is always a joy to spend time with MSC officers. I am always impressed with these professional men and women, and NH Oak Harbor was no exception.

From Whidbey Island, I crossed Puget Sound and visited Naval Hospital Bremerton. While there, I held an MSC Director's Call with the hospital

MSC officers. We talked about promotions, records, career advancement and service to the Navy, Navy Medicine and the country.

I can say from the heart that the officer, enlisted and civilian men and women serving in the Northwest continue to answer the call. They are serving with honor, courage, commitment, transparency and integrity.

Please read through this issue and check out the motivating stories about Navy Medicine's best people – NMSC. I believe you, too, will see the common theme of serving a cause greater than yourself in support of the men and women who preserve our nation's freedoms.

I am so proud of all of you, and I thank you for all you do.

#### NSHS SAN DIEGO, continued from page 1

resulted in the formal recognition of the Naval School of Health Sciences on July 1, 1974.

Still, the NSHS disestablishment does not end all enlisted medical training at the NSHS San Diego facilities. Some Surface Warfare Medical Institute (SWMI) and advanced dental technician classes will be taught in the NSHS building. The remainder of the spaces will be used by the Naval Medical Center San Diego.

Both staff and students said they will miss the history and tradition of advanced enlisted medical training in San Diego, but all agreed that the San Antonio consolidation is a good move.

“I'm excited that I'm gradu-

ating, but I'm also kind of sad,” said Hospitalman John Betts, a Slidell, La., native who will graduate in June from the final NSHS San Diego Medical Lab Technician (MLT) class. “It's been a tradition that everybody comes to San Diego at the Naval School of Health Sciences for MLT training.”

Lt. Cmdr. Ronald V. Bajet, the MLT program department head, added that the two greatest benefits of consolidation with METC are standardization and cost effectiveness.

“Having the enlisted personnel from the Army, Navy and Air Force learn their technical specialties in the same classroom standardizes training,” said Bajet, a Corpus Christi, Texas, native. “In an operational setting, there is the possibility of

laboratory technicians, radiology technicians or surgical technicians working alongside each other. By consolidating the training, this leaves no question as to what each other knows technically.”

For Capt. Debra Ryken, it's all good.

“I watched the disestablishment ceremony of our sister school, NSHS in Portsmouth, Va., in May last year,” the NSHS commanding officer said. “I heard Admiral Robinson say it's not a sad time because it's moving into the future. We set the foundation for the direction military medicine will go in the future. So, it's not sad. It's good.”

#### NMSC's

#### “The Insider”

Navy Medicine Support Command  
H2005 Knight Lane  
PO Box 140  
Jacksonville, FL 32212-0140  
Phone: (904) 542-7200 ext. 8215  
Fax: (904) 542-7205  
E-mail: pao@med.navy.mil

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## NMCPHC Participates in 23<sup>rd</sup> Annual "Clean the Bay" Event

By Hugh Cox

Navy and Marine Corps Public  
Health Center Public Affairs

**PORTSMOUTH, Va.** – Staff members from Navy and Marine Corps Public Health Center (NMCPHC) teamed up with the Naval Medical Center Portsmouth (NMCP) for the 23rd annual "Clean the Bay" event held in Portsmouth on Friday, June 3, 2011.

Armed with gloves, trash bags and sun-screen, the 11 participants from NMCPHC's Epi Data Center and the Health Analysis Department joined Master Chief Petty Officer Marina Letourneau, NMCPHC Command Master Chief, for two hours of dedicated trash collecting along the NMCP campus shoreline.

"It was great to see NMCPHC work as a team to help the environment as we are promoting prevention, education and environmental concern within our organization," said Letourneau. "So we are actually putting action into what we preach. It was also a great time to create awareness on what pollutants remain in our environment and waters."

The event is part of a larger "Clean the Bay Day" that takes place each year along various Virginia rivers and shorelines in the Chesapeake Bay Watershed.

To date, over 109,200 Clean the Bay Day volunteers have removed more than 5,322,470 pounds of litter from over 4,400 miles of shoreline in the Chesapeake Bay Watershed.



Photo by Hugh Cox, Navy and Marine Corps Public Health Center Public Affairs

*PORTSMOUTH, Va. (June 3, 2011) – Navy and Marine Corps Public Health Center (NMCPHC) Command Master Chief Marina Letourneau and Mr. Paul Meddaugh, NMCPHC Epi Data Center staff, remove trash from the Naval Medical Center Portsmouth (NMCP) shoreline as part of the 2011 Clean the Bay event June 3. Clean the Bay Day was born 22 years ago by concerned citizens in Virginia Beach, Va., and has grown into one of the largest volunteer efforts in Virginia, with localities and concerned organizations joining in from all over the Commonwealth.*

"Situated on the 11th floor of Building 3, we are grateful for our beautiful view of the river and base," said Ms. Jennifer Barber, NMCPHC health analysis technical editor. "We felt this event was a great opportunity to give back, working to maintain the cleanliness of our environment. It was great to see so many people working together to clean up the waterways."

Clean the Bay Day was born 22 years ago by concerned citizens in Virginia Beach, Va., and has grown into one of the largest volunteer efforts in Virginia, with localities and concerned organizations joining in from all over the Commonwealth.

The Navy community throughout Hampton Roads plays a major role in this effort with NMCP and tenant commands histori-

cally the largest contributors from the Portsmouth area.

"I was glad to get an opportunity to help out not only here at the hospital, but also with the entire Clean the Bay effort," said Ms. Courtney Cook, NMCPHC Epi Data Center staff. "Keeping the environment clean is also an important public health initiative."



# Hospital Corpsman 113th Birthday June 19, 2011

# NMSC Uses LSS Project To Save Money and Time

## *Process Improvement Methodology Benefits Navy Recruiting Efforts*

Naval Medicine Support Command  
public affairs

**JACKSONVILLE, Fla.** — Navy Medicine Support Command (NMSC) is using a Lean Six Sigma (LSS) project to significantly reduce the timeline required to complete a key process for bringing new medical personnel into the Navy by more than half and is saving the Navy money.

The NMSC Centralized Credentials and Privileging Directorate (CCPD) applied the Lean Six Sigma methodology to the credentialing process of new Navy accessions, said Becky Boyrie, CCPD manager, Medical Staff Services.

"The Pre-Accession Credentialing Division, which was contracted by the Navy Recruiting Command to perform pre-accession credentials review services, verifies that the credentials that allow providers to practice are 100-percent true and accurate, that the provider is a good fit for the Navy, and that the provider can be credentialed and privileged if they were to be commissioned tomorrow," Boyrie explained. "Our average time to complete one of these applications was about 64 days prior to Lean Six Sigma. We've reduced our average time to about 24 days."

The pre-accession credentials verification process for Navy Recruiting Command was initiated nearly three years ago. CCPD receives more than 300 applications annually.

CCPD manages the credentials and privileging process for 2,300 Navy Reserve healthcare providers and maintains Navy Medicine's archive repository for more than 18,000 credentials files for providers separated or retired from the Navy. CCPD also develops credentials and privileging policy for the Bureau of Medicine and Surgery (BUMED), and is a key contributor in developing a Unified Credentials Record to standardize credentialing and privileging



U.S. Navy Photo

**JACKSONVILLE, Fla.** — Navy Medicine Support Command's Centralized Credentials and Privileging Directorate (CCPD) Medical Services Professionals Tori Cornell (left) and Ramona Horn look over credentials June 1 for health care providers interested in joining the United States Navy. Both Cornell and Horn are part of a CCPD team that has significantly reduced the time constraints previously associated with the credentialing process.

across the Department of Defense.

Yvette Baker, CCPD Reserve Credentialing Department head, said the LSS process served to identify specific areas where existing methodology could improve.

"The Lean Six Sigma project helped CCPD identify areas in our provider credentialing application where our customer [Navy Recruiting Command] can help the applicant complete the process upon initial submission to CCPD," Baker said. "We created a win-win by which Recruiting Command, the provider applicant and the gaining Navy Military Treatment Facility all benefit."

CCPD Medical Services Professional Mary Vernere said the underlying theme of this more expedited process remains simple - ensure the right people are

joining the Navy, and continue the top-notch service Navy Medicine professionals provide.

"This saves the Navy money," she said. "We're determining before the Navy brings a provider in that they're going to be able to be privileged to see patients. It saves time and gets the doctor out there in the hospital seeing patients earlier."

CCPD Pre-Accession Credentialing Department Lead Bashan Woodard said the process also ensures the Navy's Total Force concepts are realized.

"We're getting the best doctors, nurses and staff members processed, credentialed and privileged so they can provide the best care for our men and women, and our family members," she said.

CCPD Medical Services Professional Tori Cornell said the organization's role in shaping

the future of military medicine is something she and her coworkers take seriously.

"Everybody here is invested in the military," she said. "We all have an interest in making sure the practitioners we credential are going to take care of our families because they're not only taking care of Soldiers out fighting wars, but they're taking care of our children and our spouses."



## Medical Service Corps Director Visits Naval Hospital Bremerton



Photo by Douglas H. Stutz

**BREMERTON, Wash.** — Rear Adm. Eleanor Valentin, commander, Navy Medicine Support Command, and director, Navy Medical Service Corps, talks with Hospital Corpsman 2nd Class Alana Myers of Naval Hospital Bremerton's Staff Education and Training Department during a visit to Naval Hospital Bremerton May 27. Valentin visited medical facilities in the Washington area as part of a familiarization tour, meeting with leadership, medical professionals and Hospital Corpsman during the day-long visit.

By Douglas H. Stutz  
Naval Hospital Bremerton  
Public Affairs

**BREMERTON, Wash.** — Rear Adm. Eleanor Valentin, commander, Navy Medicine Support Command and director, Navy Medical Service Corps, visited Naval Hospital Bremerton and met with command leadership and staff during a whirlwind meet-and-greet tour May 27.

"Everyone I have met is very positive. That's a direct reflection of the leadership," said Valentin, a Seattle native, who is the first female director of Navy's Medical Service Corps (MSC) and 2010 recipient of the National Women of Color Technologist of the Year Award.

"NHB is very famous to us and is often held up as a model to emulate in Navy Medicine, and if the surgeon general was here he would say the same," said Valentin, addressing the command after morning colors.

"This comes from my heart; you have all answered the call, and that call is greater than yourself. I am so proud of all of you. You serve with honor, courage, commitment, transparency and integrity. Thank you for your service."

The visit gave Rear Adm. Valentin the opportunity to hold an Admiral's Call to address NHB's approximately 50 Medical Service Corps officers. Topics touched upon included promotions, records, career advancement and service to the Navy, Navy Medicine, and the country.

"MSC officers ask what they need to do to be competitive for promotion," said Valentin. "Do I need to deploy? Do I need to be certified in my specialty field? Do I need joint military education? Those three are not requirements for promotion, but I can tell you that those who do get promoted have them. Those qualifications indicate concern and care for our profession and show competitiveness."

See **NH BREMERTON**,  
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## Navy's Top Nurse Visits Navy Medicine Commands at NAS Jacksonville

Naval Medicine Support Command  
public affairs

**JACKSONVILLE, Fla.** — Rear Adm. Elizabeth Niemyer, the Nurse Corps director and Navy Medicine's deputy chief, Installations and Logistics, visited Navy Medicine Support Command (NMSC) May 16 to familiarize herself with the global operations of NMSC as well as its Jacksonville-area subordinate commands.

Niemyer spent the day with Rear Adm. Eleanor Valentin, NMSC commander, and director of the Medical Service Corps, and with leaders and staff from NMSC, the Navy Drug Screening Lab (NDSL), Navy Entomology Center of Excellence (NECE), and the Aviation Survival Training Center (ASTC).

"Each of these commands and activities plays a vital role in the Navy and Navy Medicine global mission," she said. "They are supporting the Navy and Marine Corps from home here in Jacksonville, by deploying on ships at sea, and by serving in combat support roles in Iraq and Afghanistan. It's these individuals who ensure the mission is met. They're doing their jobs so those deployed around the world can do theirs."

Niemyer visited NDSL Jacksonville, NECE and ASTC Jacksonville where she received briefs on each command's mission and staff, and got a first-hand look at the equipment used by the officers, Sailors, civilian employees and contract workers



U.S. Navy Photo

**JACKSONVILLE, Fla.** — U.S. Navy Nurse Corps Director and Navy Medicine Deputy Chief, Installations and Logistics, Rear Adm. Elizabeth Niemyer listens to Navy Drug Screening Laboratory Jacksonville Executive Officer Lt. Cmdr. Matthew Jamerson explain drug testing techniques during her May 16 visit.

in support of their Navy Medicine missions. The Nurse Corps director said she was impressed by the multiple, broad mission capabilities of NMSC commands and personnel.

"Navy Medicine is an enormous organization responsible for, among other things, maintaining a fit and healthy force," she said. "This mission directly impacts the fleet. What the support commands do on a daily

basis directly supports Navy Medicine's mission and has an impact on Sailors and Marines. These commands are an example of that. Drug testing is provided by the Navy Drug Screening Lab. NECE entomologists and preventive medicine technicians are deployed to support humanitarian and combat missions. The Aviation Survival Training Center spends each day ensuring aviators and crews are

trained and ready to fly."

Niemyer also spent May 17 at Naval Hospital Jacksonville, meeting with leadership and staff as well as reviewing the Hospital's strategic mission. She visited the new state-of-the-art operating room suites, and the new Physical and Occupational Therapy areas, which have resulted in expanded capabilities to care for wounded warriors and other patients.

### NH BREMERTON, continued from page 5

Valentin also pointed out that the MSC is truly a diverse corps by using an operational officer as an example. An MSC officer needs to be able to handle a number of roles if assigned to an expeditionary medical platform.

"They need to know how to set up the operational center," she said. "They need to know how to track our people, how to track our patients, how to arrange

supplies and logistics, and how to establish communications. Whether it's just-in-time training or timely instruction, our MSC officers will have the qualifications needed for the job."

The Medical Service Corps is comprised of three basic specialties covering 31 sub-specialties. The Clinical Care specialties include Audiology, Clinical Psychology, Dietetics/Food Management, Occupational

Therapy, Optometry, Pharmacy, Physical Therapy, Physician Assistant, Podiatry and Social Work. The Health Care Science specialty field encompasses Aerospace Experimental Psychology, Aerospace Physiology, Biochemistry, Entomology, Environmental Health, Industrial Hygiene, Medical Technology, Microbiology, Physiology, Radiation Health and Research Psychology. Health Care Ad-

ministration specialties consist of Education and Training Management, Financial Management, Fleet Marine Force, General Health Care Administration, Health Care Facilities Planning, Information Management, Manpower Systems Analysis, Medical Logistics Management, Operations Research, Patient Administration, and Plans, Operations and Medical Intelligence.

## NEPMU Entomologist Directs Care for 11,000 Papua New Guineans

By Mass Communication Specialist 1st Class (SW/AW) R. David Valdez

Pacific Partnership 2011 Public Affairs

**LAE, Papua New Guinea** – After 13 days of working with local medical, dental and engineering professionals in Papua New Guinea, Pacific Partnership 2011 concluded its mission May 31 and got underway aboard amphibious transport dock ship USS Cleveland (LPD 7).

Cmdr. Michael Smith, Operations Department head for Navy Environmental Preventive Medicine Unit 5 (NEPMU-5) in San Diego, directed medical care for 11,000 Papua New Guineans. NEPMU-5 is a subordinate activity of the Navy and Marine Corps Public Health Center and Navy Medicine Support Command.

"The Papua New Guinea mission was designed to provide as much basic health care as possible," said Smith, who is deployed as the director of medical operations for Pacific Partnership. "We worked with the Papua New Guineans to engage in meaningful, on-the-job, subject-matter-expert exchanges (SMEEs) that are sustainable after we depart."

Medical personnel working with Pacific Partnership routinely treated over 1,000 patients a day. The team dispensed over 9,000 prescriptions and provided people with over 6,000 pairs of glasses.

"We have a very good group," Smith said. "All of the countries participating in the mission, from the U.S. and Australia to Spain and France, gelled together very well and achieved the peak of efficiency."

Smith further explained how the culture of interoperability contributed to the success of the medical mission. While the majority of the participants are military, regardless of what nation they come from, the non-governmental organizations (NGOs) working as a part of the Pacific Partnership team are just as important as their military counterparts.

"Project Hope, World Vets and the other NGOs are a great



**LAE, Papua New Guinea** — Personnel wait in Landing Craft Utility (1665) in the well deck of amphibious transport dock ship USS Cleveland (LPD 7) after returning from various medical, dental and engineering civic action projects in Lae, Papua New Guinea. Pacific Partnership is a humanitarian assistance initiative, that promotes cooperation throughout the Pacific, resulting in visits to five island nations this summer: Tonga, Vanuatu, Papua New Guinea, Timor-Leste, and the Federated States of Micronesia.

asset, and they bring something different to the table," Smith continued. "They don't accept anything as impossible."

Smith also spoke about the expertise of the Australian Defense Force, which has been a part of the Pacific Partnership 2011 mission since the planning stages of the deployment.

"The Australians know this area," he said. "They know the diseases, the people, and the cultures. They have a lot of enthusiasm for this mission. I think it's kind of like our Army counterparts here. They are a little outside of their comfort zone, but they end up thriving in an unfamiliar environment like a U.S. Navy ship."

The Pacific Partnership medical, dental and veterinary team, together with the engineering team, worked together in a variety of locations, completing three main engineering projects, treating 124 animals, delivering

45 pallets of donated goods, and finishing 10 community service projects conducted in and around Lae. The engineering team was made up of U.S. Navy Seabees and Australian Sappers, and worked with Papua New Guinean engineers.

"Our multi-national team built three classroom structures, two six-stall toilet facilities and installed roofs on two schools," said Lt. Michael Sardone, officer in charge of civil engineering for Pacific Partnership 2011. "Now the local children will have no need to miss hours of school because they have to go home to use the restroom. Now they can study without the need to feel embarrassed about going to the bathroom outside. Here, too, a small change - building a bathroom - will impact a generation of school children."

The impact of Pacific Partnership may not be a new experience for Papua New Guinea, but

there is always a warm welcome for the joint, multinational crew and their NGO partners.

"Papua New Guinea is a welcomed and regular stop for the Pacific Partnership mission," said Capt. Jesse Wilson, Partnership 2011 mission commander and commander, Destroyer Squadron 23. "We see our differences in culture and training as something to be celebrated, as anyone would appreciate the unique qualities of a friend. We are also seeing that the bond between us is growing stronger."

Since 2006, Pacific Partnership has visited 15 countries, treated more than 230,000 patients and built over 150 engineering projects in 15 countries.

The Pacific Partnership team has treated more than 21,000 patients, participated in thousands of hours of formal SMEEs, and built classrooms and water catchment systems in all three of its mission ports.