

**Issue 6**  
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**Items of Interest:**

**March 13 is World Kidney Day – Protect Your Kidneys.** Kidneys play an integral role in a person's well-being by keeping the right amount of water in the body and helping to filter out harmful wastes. Common causes of kidney disease are diabetes and high blood pressure. The risk for kidney disease can be reduced by preventing these conditions when possible and managing them when present. The risk for kidney disease can be reduced by preventing – when possible – diabetes and high blood pressure and managing these conditions when present. High blood pressure can damage your kidneys. High blood sugar can also cause damage to the kidneys. Helping to prevent diabetes, when possible, is another important step in preventing or minimizing the damage from kidney disease. By keeping the right amount of water in the body and helping to filter out harmful wastes will help in keeping your kidneys healthy. For more info, visit [www.cdc.gov](http://www.cdc.gov).

# Navy and Marine Corps Medical News

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## NM's Newest Command: Navy Medicine Training Center is Latest Step Toward Integrated Enlisted Medical Training

By Larry Coffey, Navy Medicine Support Command Public Affairs Office

**FT. SAM HOUSTON, Texas** – The largest consolidation of service training in DoD history moved a step closer to completion Feb. 29 with the commissioning of the Navy Medicine Training Center (NMTC) here.

NMTC will support inter-service education and training as the Navy service element command for the joint-service enlisted Medical Education Training Campus (METC), scheduled to open between 2010 and 2011.

"We are committed to one integrated inter-service education and training system that leverages the assets of all DoD health-care practitioners," said Vice Adm. Adam M. Robinson Jr., Surgeon General of the Navy and the METC commissioning ceremony guest speaker. "We must continue to build on our



**SAN ANTONIO** - Vice Adm. Adam M. Robinson Jr., Surgeon General of the Navy, speaks to audience during the Feb. 29 commissioning ceremony of the Navy Medicine Training Center (NMTC) at Ft. Sam Houston in San Antonio, Texas. *U.S. Navy photo by Olivia J. Mendoza*

previous successes. This is the right thing to do."

Capt. Greg Craigmiles, NMTC

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**SAN DIEGO** - Adm. Patrick Walsh, Vice Chief of Naval Operations, is assisted by Carol Russ, Staff Provider Virtual Reality Research Program Psychologist, during a demonstration of the Virtual Reality (VR) lab at Naval Medical Center San Diego (NMCS). Walsh *U.S. Navy photo by Mass Communication Specialist 2nd Class Greg Mitchell*

## Navy Healthcare Providers Part of Joint Team at Operation Arctic Care

By Mass Communication Specialist  
2nd Class Matt Grills, Commander,  
Navy Reserve Force Public Affairs

**KODIAK, Alaska** - Navy Reserve medical and dental personnel joined their counterparts from other U.S. military branches on March 3, for Operation Arctic Care 2008, a medical outreach mission that brings health care and veterinary and mechanical services to Alaska's most remote villages.

During this year's deployment, conducted from March 1 through 14, more than 80 members of the Navy, Marine Corps, Army, Air Force, National Guard and Reserve components will use their skills under harsh weather conditions and in difficult terrain to test their ability to deploy and operate as a joint team.

Operation Arctic Care is conducted in cooperation with and under the supervision of the Kodiak Area Native Association. Six of the island borough's communities – Karluk, Old Harbor, Ouzinkie, Port

Lions, Akhiok and Larsen Bay, will receive medical, dental, optometry and veterinary services.

"I'm very enthusiastic about getting started," said Capt. Ruth Bialek, attached to Operational Hospital Support Unit Great Lakes Detachment G.

"What makes me feel really good is that we can bring treatment to Americans who need it. There's probably other places in the country we could do this," said Bialek.

As a general dentist, Bialek expects to be busy doing restorations, fillings or even emergency treatments at Port Lions, a village with a population of 238 on the north coast of Kodiak Island. Most patients are island natives, known today as Alutiiqs.

By the military providing on-site care, the need is reduced for individuals to travel to Kodiak City or all the way to Anchorage for treatment.

Travel can be cost-prohibitive to communities that fall below the poverty level. Conversely, the mili-

tary benefits by traveling to these villages, which requires planning and execution of localized deployments by air and in some cases, by sea.

In a twist, the first and second waves of medical and dental teams traveled to their locations aboard chartered fishing boats, when poor visibility prevented the Alaska Army National Guard from sending UH-60 Blackhawk helicopters to move personnel and equipment.

For Air Force Col. Jerry Arends, officer in charge of this year's Arctic Care, flexibility and a healthy dose of humor have been key.

"Next year the Navy will lead the mission, and it will have to be by air," he said. "Then the universe will be back in balance."

Despite rough weather, the teams started clinical operations on time, and everyone is eager to get to work seeing patients, Arends explained.

"People volunteered to come

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## DoN Awards Contract for Initial Phase of New Walter Reed

By Amy Rohlfs, Joint Task Force National Capital Region  
Public Affairs

**BETHESDA, Md.** - The Naval Facilities Engineering Command (NAVFAC) announced March 4 the award of a design and construction contract required to establish the new Walter Reed National Military Medical Center (WRNMMC) in Bethesda.

This contract was awarded to Clark/Balfour Beatty, Joint Venture, Bethesda in the amount of \$641.4 million. NAVFAC will oversee the planning and construction of the new Center.

"I am confident that the new Walter Reed National Military Medical Center will be the crown jewel in an already illustrious military medical system. The most important mission for us is to provide the highest levels of care, comfort and convenience to our wounded heroes so they can focus on the most important mission of all, healing," said Dr. S. Ward Casscells, III, Assistant Secretary of Defense for Health Affairs.

The establishment of the WRNMMC on the grounds of the National Naval Medical Center (NNMC) in Bethesda was mandated under the 2005 Base Realignment and Closure Act (BRAC), which recommended the realignment of Walter Reed Army Medical Center, in-

cluding the relocation of all tertiary medical services to NNMC, and the renaming of NNMC as the Walter Reed National Military Medical Center (WRNMMC). BRAC law requires all services to be relocated by Sept. 15, 2011.

For the contractor to complete construction in accordance with BRAC legislation while minimizing impacts on ongoing patient care operations at the Bethesda complex, critical activities must be completed well in advance to the start of construction.

The environmental planning process is still ongoing under the National Environmental Policy Act (NEPA) and therefore there has been no issuance of a final Record of Decision (ROD).

To ensure that this outcome of the NEPA process is not prejudiced by contract performance actions, the contract limits the contractor's performance before the ROD as follows: 1) no construction or renovation work; 2) no purchase of long lead materials; 3) design work limited to that necessary to apply for certain approvals from the National Capital Planning Commission and Maryland Historical Trust, and to apply for permits such as those related to storm water management, sediment control, safety, etc.; 4) mobilization work is limited to setting up trailers that

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## Education, Change Stressed at Autism Conference

By Lance Cpl. Shannon E. Mcmillan,  
Marine Corps Base Camp Pendleton

**MARINE CORPS BASE CAMP PENDLETON, Calif.**—The second annual Marine Corps Installation West and Naval Hospital Camp Pendleton Autism Conference was held at the South Mesa Staff Noncommissioned Officer's Club here Feb. 21.

The conference took place to see how the military and health care providers can help ease financial and administrative challenges

### NMTC continued...

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commanding officer, also addressed the need for change.

"We live in turbulent times, and never before has response to change been more important," Craigmiles said during the ceremony. "The movement and collocation of all tri-service medical training to Fort Sam Houston will be a huge undertaking during the next three years, and we will be working shoulder to shoulder with our Army and Air Force colleagues to prepare Sailors, Soldiers and Airmen to save lives and take care of people."

The majority of existing Navy enlisted medical education training programs is scheduled to move to San Antonio as part of the 2005 Base Closure and Realignment Commission (BRAC) initiative, said Cmdr. Chris Garcia from the tri-service METC Transformation and Integration Office. The BRAC requires Navy and Air Force medical enlisted training courses relocate to Ft. Sam Houston. Commands moving include the Naval School of Health Sciences (NSHS) San Diego; NSHS Portsmouth, Va.; and the Naval Hospital Corps School (NHCS) Great Lakes, Ill. Army and Air Force programs moving here include the Army's histopathology training program at the Armed Forces Institute at Walter Reed in Washington, DC; and the Air Force's 82<sup>nd</sup> Training Group at Sheppard Air Force Base in Wichita Falls, Texas.

imposed on military families who have children with autism and other disabling diseases.

"The parents are trying to change the TRICARE Echo policy," said Chris Bastian, parent education coordinator with the federally funded Specialized Training of Military Parents.

The policy puts a \$2,500 monthly cap on medical expenses paid to military families. Some military families have to pay thousands of dollars out of pocket because the amount of doctor-prescribed ther-

apy sessions is far greater than this cap.

"I've seen families put their mortgages up to pay for their child's medical treatment," said Cheryl Erickson, Exceptional Family Member Program manager with Headquarters Marine Corps. "The reimbursement should be a priority."

Erickson said the current order is 10 years old. She hopes the new order, which is still in progress, will

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The first Navy students are scheduled to begin training in the new facilities in May 2010. Garcia said the target date for all Navy students to train at Ft. Sam Houston is prior to Sept. 15, 2011, the BRAC deadline. The student load will phase in as the new facilities are completed.

The average daily student load will be about 9,000 Sailors, Soldiers and Airmen in 2011 when the integration is complete, Garcia said, making METC the world's largest military medical education and training institution. Of the 9,000 enlisted students, approximately 1/3 – 2,900 – are expected to be Navy. The Army average daily student load is expected to be about 4,900, and the Air Force about 1,200.

There will be five new instructional facilities ranging in size from 50,000-245,000 square feet. The new facility housing the Hospital Corps program will be the largest. NMTC and the Air Force service element will be housed together in a new two-story building with NMTC occupying the first floor that includes a traditional Navy quarter-deck. There will be three new dormitories constructed – two for Navy students and one for Air Force – and a new dining facility is being built.

Garcia said a variety of the courses will be taught in an integrated environment, with members of all three services attending.



**SAN ANTONIO** - The Navy Medicine Training Center (NMTC) command logo is displayed just after its unveiling during the Feb. 29 commissioning ceremony of the Navy Medicine Training Center (NMTC) at Ft. Sam Houston in San Antonio, Texas. U.S. Navy photo by Olivia J. Mendoza

There will also be service-unique classes.

Craigmiles pointed out that US military personnel in Iraq and Afghanistan are experiencing the lowest battle mortality and disease non-battle injury rates in history, due in large part to exceptional military medical personnel and their training.

"The training we deliver to our Corpsmen and Medics will save lives on the battlefield," he said. "Therefore, we must continue to provide the best possible support to our Sailors, Soldiers and Airmen in all aspects of their training and development."

## Yokosuka Utilizes Pediatric Aquatic Ther-

By Mass Communication Specialist  
Seaman Kari R. Bergman, Fleet Pub-  
lic Affairs Center Det., Japan

**YOKOSUKA, Japan** - U.S. Naval Hospital (USNH) Yokosuka kicked off a pediatric aquatic therapy program Feb. 14, for the children of the Educational and Developmental Intervention Services (EDIS).

Three weeks into the weekly Thursday sessions, a handful of children were diving into the fun and reaping the benefits of aquatic therapy.

"I have been bringing my son, Matthew, every Thursday for the aquatic therapy that EDIS recommended and I know that this really benefits him for the future," said Glemor Guarin.

According to Lt. Toby Degenhardt, a physical therapist, aquatic

therapy is an alternative form of therapy that is not used to take place of regular land-based therapy.

"It's just used as an adjunct to help facilitate land-based goals to help increase and strengthen range of motion," Degenhardt said. "The buoyancy of the water helps to unload joints on a patient."

According to Degenhardt, the aquatic therapy is used as an early intervention for the children of EDIS.

"We usually use this therapy for kids that are zero to three years of age, which is early intervention, we use it with children that have cerebral palsy, some type of mental retardation, and developmental delays," said Degenhardt.

Lt. j.g. Davia Christiansen, an occupational therapist, said this type of therapy works to stimulate

a child's senses and motor skills.

"It works great with children that have autism or speech delay, because the pressure of the water gives them a sense of organization and elicits different sounds," Christiansen said. "It also promotes increased eye contact, which is important for language production, visual awareness and attention."

Since water displaces about 70 percent of a person's body weight, the pool environment helps children with cerebral palsy or Downs syndrome to focus more on their movement in a somewhat weightless environment.

Children are responding to the therapy and parents are happy with the results they've seen over the past three weeks.

## Arctic Care continued...

*(Continued from page 2)*

here, so we started out on a positive note," said Arends. "We're just getting out more piecemeal than we imagined – cargo's going out with the Kodiak Civil Air Patrol, a few people are going to go out on the local airline, more are going out on the boats."

Other key players at Arctic Care 2008 are the Coast Guard's Integrated Support Command at Kodiak, which is providing barracks, whereas Air Station Kodiak will provide helicopter support. Uniformed officers from the U.S. Public Health Service are also participating.

This year, for the first time, a group of Marines will provide classes in small engine repair and maintenance service in the villages.

"When we went on our site survey, we learned the villages really depend on their generators for power," Arends said. "They're not on a grid of any kind, so they have to be reliable. When we talked to the villages' public safety officers, that was one of the things they brought up. So the Marines are up here and they have their tools. That's a new one for Arctic Care, simply because that was a need and we had people to do it."

Alaska Army National Guard Col. Jeff Arnold of Anchorage, has participated in four Arctic Care operations. This time around, he's coordinating ground, air and sea transportation.

"The mission provides incredible services to our citizens, even our four-legged ones," said Arnold. "It's a great deployment opportunity for the services: active, Guard, Reserve, Army, Navy, Air Force, and Marines. This year's expedition is especially testing our agility. At the start of this, who would have ever considered that we'd

use Civil Air Patrol or charter boats? But we're still meeting the mission and keeping everyone safe."

Operation Arctic Care rotates to different areas of rural Alaska each year. Last year's mission was performed in Kotzebue, the site of the first Arctic Care in 1995. Over a period of 10 days, military healthcare providers treated 1,405 medical patients and 907 dental patients, made 521 pairs of glasses on site, completed 449 sports physicals and vaccinated 2,374 animals.

Lt. Cmdr. Victoria Kou serves with the 4th Marine Division, 3rd Battalion, 14th Regiment. As an emergency medicine doctor, she likes the idea of providing medical care for Americans outside the continental United States.

"If there are acute medical issues that I can easily fix, that would be great, but hopefully I can provide education for illness, nutrition and overall preventive health measures," Kou said. "We're here for only a short time, but I do believe we can make a long-term impact."

Hospital Corpsman 2nd Class Dominador Fabros will also serve at Port Lions. Attached to Camp Pendleton's Operational Hospital Support Unit Detachment H, he has participated in a number of similar missions, including Operation Cobra Gold.

"I didn't expect that within our own back yard there are people who need our help," said Fabros. "I am very grateful to this country, so it's only proper for me to volunteer in this way."

Operation Arctic Care is an annual training event sponsored by the Innovative Readiness Training program under the Office of the Assistant Secretary of Defense for Reserve Affairs.

## Autism continued...

(Continued from page 3)

help the time of enrollment, changing it from months to hours.

Erickson said that the continuity of care is very important. Military families that move have to establish new relationships with new service providers.

"It's hard enough to be a parent with a child who has autism," Bastian said. "It's even more difficult for the families to deal with the insurance companies."

To help military families with moving, the military is looking into assigning case managers to each family. "Case managers will be critical to the families," said Maj. Gen. Michael R. Lehnert, Commanding General Marine Corps Installations West. "Families don't have to hit the ground, unpack and then find medical information for their child. The case manager can help them with that."

Case managers help find information on housing, schools and special programs available to the family



"We need to inform our families better; they need to know what is available to them," Lehnert said.

He said every family has a unique situation and to help each family, the Marine Corps needs to treat the whole family and not just the special-needs child.

"Family members should never give up hope," Lehnert said. "Never give up hope because the Marine Corps cares. We are committed to finding a solution."

## Contract continued...

(Continued from page 2)

will be used to temporarily house hospital personnel who are displaced during construction.

The preliminary design work, preparatory staging, and permitting efforts under the contract will contribute to a better informed ROD and support the timely completion of the project under BRAC law. No construction or ground breaking, however, will occur until after the ROD is signed.

The ROD is expected in May 2008. The draft Environmental Impact Statement (EIS) for the project was published in December 2007, and the final EIS is scheduled for release in early April 2008. The comment period under NEPA ended Jan. 28, 2008, and the official re-

sponse to public comments will be included in the final EIS.

The Department of Defense (DoD) is aware of the increased traffic concerns of the surrounding communities, and continues to consider measures to mitigate traffic impacts that could arise during the period of construction, and work with local civilian leadership.

The WRNMMC is conceptualized to be an approximately 345-bed medical center with the full range of intensive and complex specialty, and subspecialty medical services, including specialized facilities for the most seriously war injured.

WRNMMC will become the U.S. military's premier tertiary referral center for casualty and beneficiary care, provide postgraduate level education and other training, and serve as a critical medical research center. Concurrent to this regional enhancement will be the construction of a new 120-bed military medical treatment facility at Fort Belvoir.

"This is the next step in building the world-class medical center at the hub of the nation's premier regional healthcare system," said Rear Adm. John Mateczun, commander, Joint Task Force, Capital Region Medical. "The department

intends to meet its obligation to ensure our service members and families receive the highest quality of care. There is nothing more important than taking care of our wounded warriors."

The new WRNMMC medical facility complex will include a mix of new outpatient and inpatient facilities as well as extensive renovations and upgrades to the existing hospital facilities. New circulation pathways, utility tunnels, and a parking structure are also included in the plans. Supporting facilities to be built under a separate contract include non-clinical and Warrior Transition administrative spaces, barracks, a gymnasium and additional parking.

Approximately 2,200 staff will be added to the Bethesda campus. Most of the new personnel added to the future WRNMMC facility will transfer from other DoD locations. Additionally the Fisher Foundation will be funding the construction of two new Fisher Houses and a National Intrepid Center of Excellence for Traumatic Brain Injury and Psychological Health Diagnosis, treatment, clinical training, and related services to support wounded veterans and their families.



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