



Navy and Marine Corps Medical News



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MEDNEWS Items of Interest

The Armed Forces Public Health Conference - will be held at the Towne & Country Resort and Conference Center, San Diego, CA, June 1-8, 2012. For more information and to register, go to: <https://usaphcapps.amedd.army.mil/AFPHC/Default.aspx>

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: New Orleans (April 16-23), Nashville (May 7-13), Baltimore (June 13-19), Boston (June 29-July 6), Chicago (Aug. 13-20) and Buffalo (Sept. 10-17)

USNS Mercy (T-AH 19) celebrated its 25 years of service as a hospital ship, Dec. 19 in San Diego. To read the entire story on Navy.mil, go to: <http://go.usa.gov/flA>.

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, watch our videos on YouTube and read our blog on Navy Live.

Did You Know?

Naval Center for Combat and Operational Stress Control, now a BUMED directorate, has been operating as a U.S. Navy Bureau of Medicine and Surgery program for more than three years working to improve the psychological health of Navy and Marine Corps forces through programs that aid research, educate service members, build resilience and promote best practices in the treatment of combat and operational stress injuries.

Navy Medicine announces the Sailor of the Year

From Navy Medicine Support Command Public Affairs

WASHINGTON - Navy Medicine Support Command announced Dec. 14 a senior instructor supervisor at the Navy Medicine Training Center at Fort Sam Houston was selected as the Bureau of Medicine and Surgery's Sailor of the Year.

Hospital Corpsman 1st Class (SW) Oswaldo Hernandez was selected from a field of other candidates from Navy Medicine's four regional commands - Navy Medicine Support Command (NMSC), Navy Medicine East, Navy Medicine West and Navy Medicine National Capitol Area - an accomplishment NMSC Command Master Chief (SW/FMF) Rusty Perry said reflects both the hard work and dedication Hernandez puts forth on a

daily basis.

"Hernandez is the epitome of what the Chiefs Mess expects from our first class petty officers in the Navy today," he said. "For him to be selected as the BUMED Sailor of the Year speaks volumes of him. This is a Sailor who believes in what the Navy is today. Like Corpsmen and Sailors serving all over the world at sea, in hospitals and clinics, and with forces engaged in contingency operations around the world, he is the future of this great Navy."

As an Echelon 3 command, NMSC maintains oversight of NMTC, an echelon-five command that functions as the Navy's service element at the tri-service Medical Education Training Campus (METC). NMTC Command Master Chief

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U.S. Navy photo by Gary Corpuz/Released

WASHINGTON - From left to right: Hospital Corpsman 1st Class Sean LaBarbera, U.S. Navy Bureau of Medicine and Surgery; Hospital Corpsman 1st Class Subrina Strauss, National Capital Area; Hospital Corpsman 1st Class Oswaldo Hernandez (Navy Medicine Sailor of the Year 2011), Navy Medicine Support Command; Hospital Corpsman 1st Class Scott Moore, Navy Medicine West; and Hospital Corpsman 1st Class Phillip Jean-Gilles, Navy Medicine East, hold the 'Care Under Fire' trophy at the Navy Medicine Sailor of the Year ceremony, BUMED, Washington DC. Dec. 9.

Happy Holidays



Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General

The holiday season is upon us and it is a time to reflect and give thanks. I'd personally like to thank each and every member of the Navy Medicine family and your loved ones for your continued service and sacrifice. It is because of you that we are able to meet our missions worldwide and continue to provide the very best in patient- and family-centered care on land, in the air, and at sea—from the deck plate to the battlefield. However during this joyous season, let us not forget our colleagues who are not present here with us today as they are currently serving in harm's way around the globe.

With several challenging and diverse operations in theater and around the world, from the Pacific to Africa to South America, we need to remember and keep

in our thoughts the many colleagues of ours who will be spending the holidays away from their families and friends. Separations at this time of year are particularly difficult, however the work they are doing, and that each of you do daily, is critical to providing conditions of stability and security in many parts of the world that previously had none.

As this is a time of hope and reflection, it is also important to remember those of our family who have made so many sacrifices in these long years of conflict. Many people don't realize the contribution and impact that our personnel make in our ongoing missions and the sacrifices of the brave men and women of Navy Medicine. More than half of Navy personnel wounded in action and nearly one-third of those killed in action during these conflicts have been Navy Medicine, whether our corpsmen with the Marines or other medical personnel. These are more than statistics. They are our comrades, our friends, and our family. They stood up when called and stepped up when needed. Please, at this holiday time, whether with family, friends, or standing the watch at home or deployed, I ask we never forget them or their families.

I want thank you for your tremendous efforts throughout this past year. Navy Medicine has accomplished much through the year and I'd like to take a moment to remember:

- We supported direct support combat operations in two ongoing operations.
- We provided world-class care to our patients and their families around the world.
- We were key players in the execution of our nation's Maritime Strategy through our key role in humanitarian assistance missions during Operation Tomodachi and other places around the world which help bolster global partnerships and overall stability.

In essence we have provided "World Class Health Care...Anytime, Anywhere." We should all be proud of what we have accomplished as a team throughout 2011, but many challenges and opportunities abound. I look forward to tackling each of them with you all in the new year and beyond.

I wish you all a happy and safe holiday season and I'll see you next year!

Portsmouth garners rare accreditation

By Mass Communication Specialist 1st Class Elizabeth St. John, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. - The Naval Medical Center Portsmouth Psychology Internship Program earned the accolades of mental health professionals throughout Navy Medicine Dec. 8 after a recent announcement that the American Psychological Association had given the program a full and long-term accreditation.

The accreditation is rare in the fact that not many first-year programs gain this type of endorsement by the main body that accredits psychology training programs.

NMCP is the only Navy medical treatment facility to have an accredited internship program and post-doctoral fellowship, making it the largest training program in Navy Medicine for clinical psychologists.

"Your success in creating these programs and getting them accredited is arguably the most important accomplishment in the Navy psychology community over the past decade," said Capt. John Ralph, deputy commander for behavioral health, Walter Reed National Military Medical Center.

"A few short years ago, Portsmouth had no psychology training programs," he said. "Portsmouth is now the Navy's primary training site for psychologists. The fact that the crew there has accomplished these feats in the midst of one of the busiest times ever for military mental health is unbelievably impressive."

The NMCP Psychology Department's post-doctoral fellowship program received full accreditation from the APA last year.

"Wow. Talk about touchdowns," said Capt. David Jones, special assistant for TBI and wounded, ill and injured, Navy Medicine East. "To have the internship and post-doctoral fellowship receive full seven-year accreditations from the APA in back-to-back years is an unprecedented achievement in Navy Medicine."

NMCP's Psychology Department was created in 1990, specifically to train interns.



Navy and Marine Corps Medical News

Navy Bureau of Medicine and Surgery

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Corpsmen conduct high-stress training on USS New Orleans

**By Mass Communication Specialist
2nd Class Dominique A. Pineiro,
Amphibious Squadron 5 Public Affairs**

USS NEW ORLEANS, At sea - Hospital Corpsmen assigned to the 11th Marine Expeditionary Unit conducted combat stress training Dec. 9 while deployed aboard the amphibious transport dock ship USS New Orleans (LPD 18) as the ship conducted operations in the U.S. 7th Fleet area of responsibility.

The training required Corpsmen to perform basic medical procedures under a realistic, high-stress scenario.

Chief Hospital Corpsman Patrick Mangaran, assigned to the 11th MEU, said the training was the first of the deployment and would serve as a baseline evaluation.

“We’re putting them into an unorthodox, unconventional type of training,” said Mangaran. “We wanted to put some mental and physical stress on them, trying to see how they treat patients and

how they communicate in chaos.”

The Corpsmen had to treat multiple patients in a cramped, humid environment under the cover of darkness, while simultaneously being yelled at by their



Photo by Mass Communication Specialist 1st Class Darryl Wood/Released
PACIFIC OCEAN - USS New Orleans

instructors to simulate a real evolution.

“You’ve got to keep your cool, because the bullets aren’t going to stop flying,” said Hospital Corpsman 3rd Class Quisto Gonzalez. “When you’re in your element and no one is yelling at you, it’s easy to do

an I.V., but when someone is screaming at you and pouring water on you, that same I.V., it’s a lot harder to keep your composure.”

Some of the simulated wounds treated were amputations, massive hemorrhaging from major arteries, burns and psychological wounds.

Hospital Corpsman 1st Class Stephen Harris emphasized the importance of the training, and said it’s important for all Corpsmen to keep their basic skills sharp.

“We have very perishable skills, and if I don’t do something for awhile and try to pick it back up, it’s going to take me awhile,” said Harris. “When we train, we want to do it right, we want to make sure we can do our job effectively, it’s not practice makes perfect, it’s perfect practice makes perfect.”

New Orleans is assigned to Amphibious Squadron 5, commanded by Capt. Humberto L. Quintanilla, II, and along with embarked 11th MEU Marines, the ship is deployed as part of the Makin Island Amphibious Ready Group (ARG).

Commissioned in 2007, New Orleans is the second of the San Antonio-class transport dock ships. Its warfighting capabilities include a state-of-the-art command and control suite, substantially increased vehicle lift capacity, a large flight deck, and advanced ship survivability features that enhance its ability to operate in the littoral environment.

PHILIPPINE SEA - Hospital Corpsmen assigned to the 11th Marine Expeditionary Unit (11th MEU) transport simulated casualties in the well deck of the amphibious transport dock ship USS New Orleans (LPD 18) during combat stress training, Dec. 9. New Orleans and embarked Marines assigned to the 11th MEU are conducting operations in the U.S. 7th Fleet area of responsibility as part of the Makin Island Amphibious Ready Group commanded by Capt. Humberto L. Quintanilla II.



U.S. Navy photo by Mass Communication Specialist 2nd Class Dominique Pineiro/Released

SAILOR

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(FMF) Shanon Best said Hernandez’s selection is directly reflective of the work ethic, core values and initiative he employs.

“He’s a great Sailor and exemplifies excellence in all he does,” he said. “He embodies the attributes and skills that the Navy needs, and his work ethic is admirable and sets the example for others to follow. We are proud to have him as a staff instructor at Navy Medicine Training Campus.”

Hernandez, a native of Mexico, currently serves as an instructor for the NMTC Mammography Imaging Systems

Course, and also is the senior instructor supervisor for 16 other Sailors. He also mentored and counseled students during the 54-week course, directly resulting in a 100 percent passing rate.

He additionally took an active role in coordinating off-duty specialized training, serves as the NMTC assistant command fitness leader, and he is a member of the NMTC First Class Petty Officers Association, Multicultural Committee and NMTC soccer team. Off-duty volunteer work included organizing a clothing donation drive, participating in Habitat for Humanity projects and volunteering for a San Antonio-area Navy Junior Reserve Officer Training Corps program.

NAMRU-2 responds to Marshall Islands dengue outbreak

By Lt. Dustin J. Harrison, NAMRU-2 Pacific Public Affairs

PHNOM PENH, Cambodia - The U.S. Naval Medical Research Unit No. 2 Pacific sent a five-man vector control team to the island of Majuro, Republic of the Marshall Islands Nov. 4 to assist the RMI Ministry of Health, the Centers for Disease Control and Prevention, and the World Health Organization in stemming the tide of the worst dengue fever outbreak to hit the Pacific island nation in more than 15 years.

The vector control team, led by NAMRU-2 Pacific entomologist Lt. Ian Sutherland, included one preventive medicine technician from NAMRU-2 Pacific augmented by three PMTs from the Navy Environmental and Preventive Medicine Unit No. 6, Pearl Harbor, Hawaii; three personnel from the U.S. Army Public Health Command Region Pacific, Camp Zama, Japan; and six local Marshallese volunteers. The team deployed at the request of the government of the RMI in response to a massive outbreak of dengue fever that began at the end of October.

The team has been busy educating the local population, emphasizing the MoH's community cleanup campaign to reduce the sources where the mosquitoes that transmit the disease breed. The team has also been hard at work applying pesticides to control both adult and larval mosquitoes.

"We have been working with CDC, WHO, and MoH to get educational brochures out to people's houses," said Sutherland. "We've spent some time training local volunteers to identify and spray for mosquitoes, and they are doing an excellent job. They are motivated partners!" added Sutherland.

Radio New Zealand International, Wellington, New Zealand, first reported on the dengue outbreak Oct. 21 when RMI Health Secretary Justina Langdrik said three people had been diagnosed with dengue fever; all three patients were hospitalized. To date no deaths have been reported from this outbreak. Other islands (Ebeye, Utirik, and Arno) in the

RMI have also reported cases of dengue fever, but most cases have occurred on the Majuro Atoll, the country's largest population center. The CDC Dengue Branch, located in San Juan, Puerto Rico, has performed the confirmatory testing and has attributed this outbreak to infection with the dengue 4 virus.

"CDC is privileged to have the op-

portunity to work with NAMRU-2 and WHO in helping the people of the Republic of the Marshall Islands to stop this epidemic," said Cmdr. Tai-Ho Chen, U.S. Public Health Service, Quarantine Medical Officer, CDC Division of Global Migration and Quarantine, who has helped coordinate the multinational and cross-organizational disease response effort.



Courtesy photo

MAJURO, Republic of the Marshall Islands - Hospital Corpsman 1st Class Michael Williams, Navy Environmental and Preventive Medicine Unit No. 6, Pearl Harbor, Hawaii, sprays a landfill with insecticide to control the mosquitoes that transmit dengue fever. Old tires and trash that holds water make a perfect habitat for the mosquitoes to breed.



Courtesy photo

MAJURO, Republic of the Marshall Islands - Navy Medicine personnel work with local authorities to respond to the Marshall Island's first dengue fever outbreak in over 15 years.



Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160 or Valerie.Kremer@med.navy.mil

Navy Med team hosts Cambodian health care providers

From Amphibious Squadron 5 Public Affairs

USS NEW ORLEANS, At Sea - Medical personnel from Fleet Surgical Team 5 hosted 25 Royal Cambodian navy and armed forces health care providers for a medical facilities tour aboard amphibious transport dock USS New Orleans (LPD 18) Dec. 16, as part of Cambodian Marine Exercise (MAREX) 2012.

MAREX is a multi-day theater security cooperation exercise between the U.S. and Cambodian military, designed to share expertise related to humanitarian assistance and disaster relief response.

During the visit to USS New Orleans, the Cambodian guests received a detailed brief of the ship's medical facilities ranging from initial triage to recovery areas. Providing humanitarian assistance and disaster recovery is a key component of the Navy's maritime strategy, especially in the U.S. 7th Fleet area of responsibility.

"They were very impressed with the level of our technology and the immense ability we have to care for patients at every stage," said Cmdr. Eric Stedje-Larsen, FST-5 office-in-charge. "They were genuinely surprised by the robust surgical platform and support systems in place aboard New Orleans."

Stedje-Larsen said the group was also able to see the inside of a CH-46 Marine helicopter and how it would be configured to support a mass casualty evacuation. The group also toured the ship's welldeck, focs'le and other common

areas before departing.

"They were very interested in the medical capabilities of the ship," said Hospital Corpsman 2nd Class Sopheap Nuon, a Cambodian-American from FST-5 who served as a translator for the tour group.

Nuon, an eight-year Navy veteran, said he enjoyed coming back to the country where he was born and helping the New Orleans' crew learn how the Royal Cambodian Navy operates.

Prior to the visit to New Orleans, the Cambodian health care providers were training with 11th Marine Expeditionary Unit learning tactics, techniques and procedures for mass casualty evacuations.

New Orleans deployed in support of the Navy's maritime strategy Nov. 14, and is currently conducting theater security cooperation missions in the U.S. 7th Fleet area of responsibility (AOR).

USS New Orleans, USS Pearl Harbor (LSD 52) and amphibious assault ship USS Makin Island (LHD 8), along with the embarked 11th Marine Expeditionary Unit, make up the Makin Island Amphibious Ready Group.

The mission of the Makin Island ARG is to help provide deterrence, promote peace and security, preserve freedom of the seas and provide humanitarian/disaster response as well as supporting the nation's Maritime Strategy when forward deployed.

Japan forces experience medical sim center

By Lance Cpl. Kris Daberkoe, Marine Corps Bases Japan

CAMP HANSEN, OKINAWA, Japan — U.S. Navy medical instructors led senior medical personnel with the Japan Ground Self-Defense Force through the III Marine Expeditionary Force Tactical Medical Simulation Center during a tour of the facility here Nov. 30.

The visit gave instructors the opportunity to share lessons learned with their JGSDF counterparts. This information is vital for establishing a training facility capable of preparing first-response personnel for the rigors of combat medicine.

"The purpose of our visit is to get the concept for how to create a training facility similar to (the TMSC) in Tokyo," said Capt. Noriyuki Fueki, chief instructor at the JGSDF Medical Corps School.

During the tour, the JGSDF medical personnel learned about the TMSC course curriculum and how the staff prepares students for a medical combat emergency.

"For every Corpsman that gets deployed into a combat environment, there needs to be at least two Marines trained as certified combat lifesavers," said Petty Officer 2nd Class Adam S. Martin, a Corpsman with the III MEF TMSC. "If a

Corpsman needs to treat multiple casualties, he has those Marines nearby to help diagnose and treat patients. We've learned the benefits of this and want the (JGSDF) to have this lesson to teach its troops."

Since 2010, the center has trained approximately 1,200 Navy doctors, Corpsmen and combat lifesavers.

"Creating something like the center requires the right people and space, and that requires the course curriculum has the right balance between classroom time, practical application and time in the simulator," said Mark T. Kane, deputy director with the TMSC.

At the end of the tour, the center's staff gave a demonstration of how the simulator works. The simulation room is equipped with smoke machines and a sound system, which is designed to create a sense of confusion by blasting noises similar to those heard in a war zone and obscuring students' vision.

"You have to think like a director," said Kane. "As the students progress through the practical application portion of the courses, they demonstrate an understanding for the techniques they need to perform. But when students go through the combat simulator, all that goes out the window and it's chaos."

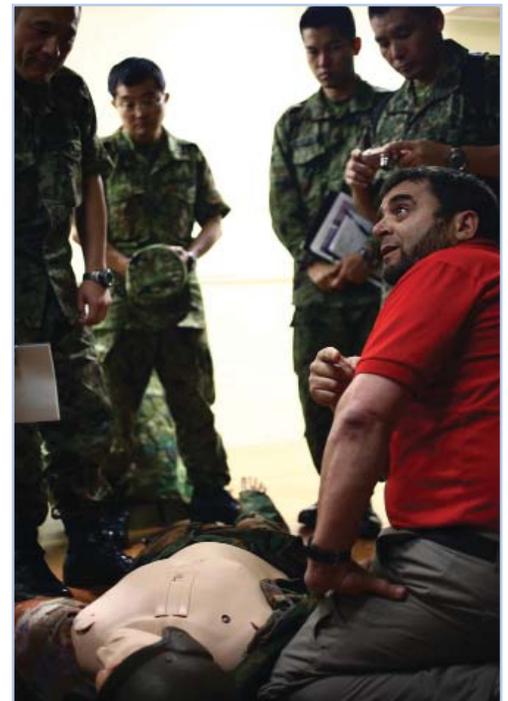


Photo by Lance Cpl. Kris Daberkoe/Released

CAMP HANSEN, OKINAWA, Japan - Mark T. Kane, deputy director, III Marine Expeditionary Force Tactical Medical Simulation Center, explains some of the curriculum at the III MEF TMSC on Camp Hansen to Japan Ground Self-Defense Force medical personnel during a tour of the facility Nov. 30.

Writing therapy fosters wounded warriors' recovery

By Terri Moon Cronk, American Forces Press Service

BETHESDA, Md. – At a major medical center where troops are healing from the most severe of traumatic brain injuries and psychological issues, officials are adding a key ingredient to their comprehensive care: expressive writing workshops.

Announced Dec. 13 at the National Intrepid Center of Excellence, on the campus of Walter Reed National Military Medical Center here, the center has partnered with the National Endowment for the Arts' Operation Homecoming for a yearlong pilot program that's slated to begin in January, said Navy Rear Adm. (Dr.) Alton L. Stocks, the medical center's commander.

"Through our arts program, we've been able to measure the impact the arts has had on our troops who have unique and complex health conditions," said Stocks, who also is commander of Navy Medicine National Capital Area.

The Operation Homecoming writing instructor will be Ron Capps, a 25-year veteran Army officer and founder of the Veterans Writing Project for veterans, active and reserve military members, and military family members.

At the NICoE, however, Capps' newest project will focus on service members' traumatic war experiences. He'll use "expressive writing" to help them deal with that trauma through writing stories, in journals and even poetry.

Capps' goal, based on his lengthy military career, is to get the troops to confront their fears and learn to cope with them. A central focus of his writing career includes care for returning veterans, particularly those in need of mental health care, and writing as therapy.

"Writing [allows you] to take a memory that might be stuck in the back of your mind, make it physical and shape it," he explained. "Eventually you understand it's a memory and it can't hurt you anymore."

Health conditions such as traumatic brain injuries and psychological health issues are now known as the "signature wounds" of the Iraq and Afghanistan wars, officials said. The NICoE's healing program is for active-duty service members with these signature wounds who might return to duty.

The writing workshop, as part of the overall healing protocol at NICoE, is expected to complement the center's existing arts programs, which also encourage troops to express themselves



Courtesy Intrepid Sea, Air, Space Museum/Released

BETHESDA, Md. - The National Intrepid Center of Excellence, on the campus of Walter Reed National Military Medical Center here, has partnered with the National Endowment for the Arts' Operation Homecoming for a yearlong pilot program that's slated to begin in January 2012.

by making masks and montage creations, and through music programs.

When service members leave NICoE treatment, the writing doesn't necessarily stop there. The partnership, with help from Boeing Co., will offer an optional four-week writing program for troops and their families at the medical center's Fisher House. Fisher House provides temporary homes to family members so they can stay near their injured or ill loved ones as they recover in the hospital or a rehab center.

"Art is fundamental to health and to humanity," said Rocco Landsman, NEA chairman, here yesterday.

Following the 2012 pilot phase, Operation Homecoming at NICoE will be assessed for potential replication at other rehabilitation centers around the country, Stocks said.

Reflecting on a recent healing arts summit at the medical center, Stocks recalled the response of military officials, medical and therapy professionals, and wounded warriors when asked about "the relevancy" of arts in the NICoE program.

"The bottom line is creative solutions and innovative thinking are the way forward," Stocks said of the group consensus.



Photo by Cpl. Alfred V. Lopez/Released

Expeditionary Medicine

COMBAT OUTPOST REILLY, HELMAND PROVINCE, Afghanistan - U.S. Navy Petty Officer 3rd Class Russell Pflugh, a Corpsman with Weapons Company, 1st Battalion, 9th Marine Regiment, shows a local Afghan student how to take a temperature with an electronic thermometer during Ekra Elementary School's career day here, Nov. 30. Female Engagement Team 13, currently attached to 1/9, opened the school to provide educational opportunities to children in the surrounding area. They currently hold classes at COP Reilly for 20 students every Tuesday and Thursday, while a new school is being constructed nearby.

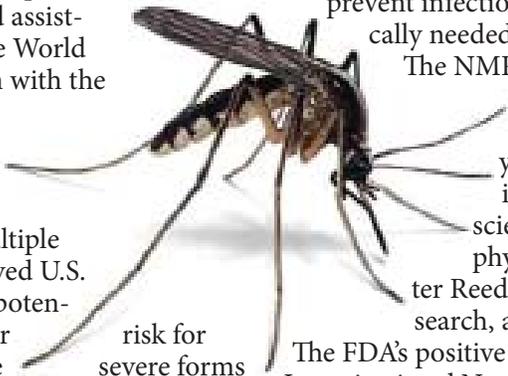
Navy Medicine researchers begin dengue vaccine trial

From Naval Medical Research Center Public Affairs

SILVER SPRING, Md. - Researchers from the Naval Medical Research Center's Infectious Diseases Directorate announced Dec. 2, they are ready to begin a Phase-1 dengue vaccine clinical trial in Silver Spring, Md. this month.

The announcement comes at a critical time with recent outbreaks around the world, including in the Federated States of Micronesia and the Marshall Islands, where Navy Medicine personnel are currently on the ground assisting the CDC and the World Health Organization with the occurrence there.

"The increase in dengue endemicity worldwide raises the likelihood of multiple exposures for deployed U.S. military personnel, potentially increasing their developing the more risk for severe forms of the disease - dengue hemorrhagic fever and dengue shock syndrome," said



Lt. Cmdr. Janine R. Danko, principle investigator on the study and an Internist and Infectious Diseases Subspecialist. "The goal of our dengue vaccine program is to develop a safe and effective vaccine that protects against dengue."

Transmitted by the *Aedes aegypti* mosquito, dengue is one of the most common viral infections deployed personnel can acquire when stationed in tropical areas of the world. Dengue infection can be incapacitating and harmful to DoD missions and no treatment is available to prevent infection; a vaccine is critically needed.

The NMRC team has been preparing for this study for the past two years. The core team incorporates NMRC scientists and physicians, physicians from the Walter Reed Army Institute of Research, and industry partners.

The FDA's positive review of the NMRC's Investigational New Drug (IND) application for the vaccine permits the research team to move forward to the next stage in

the vaccine development process.

An FDA phase 1 trial is a clinical study in a small number of volunteers to evaluate the safety of a new vaccine. The FDA will provide oversight ensuring the study will produce useful information to assess the safety and efficacy of the vaccine.

"Developing a dengue vaccine is a top priority for military infectious disease research," said Capt. Kevin R. Porter, director, NMRC Infectious Diseases Directorate. "We are using a vaccine that has shown effectiveness in recent pre-clinical studies. The upcoming Phase 1 clinical trial of this vaccine approach is a critical step toward meeting the need for a tetravalent dengue vaccine to protect deployed military forces against dengue fever."

This 12-month study includes 40 volunteers who will be assigned to three dose groups and followed through several visits and laboratory assessments with the study team physicians. The research team intends to compare the immune responses between the three groups.

Tricare young adult prime option available Jan. 1

By TRICARE Management Activity

FALLS CHURCH, Va. - The TRICARE Young Adult Prime option is available for purchase on Dec. 1, 2011, with coverage beginning Jan. 1, 2012. TYA Prime will offer young adult beneficiaries TRICARE Prime coverage for monthly premiums of \$201.

To purchase TYA Prime, dependents must be under age 26, unmarried and not eligible for their own employer-sponsored health care coverage.

TYA Prime is a managed health care option with low out-of-pocket costs. Care is delivered through military clinics and hospitals and the TRICARE network of civilian providers. Uniformed services dependents may qualify to purchase TYA Prime if they live in a designated Prime Service Area and their sponsor's status makes them eligible for Prime coverage.

In addition to TYA Prime, young adult dependents may also be eligible for TYA Standard, which has been available since May 2011. With monthly premiums of \$186, Standard offers eligible dependents the flexibility to see TRICARE-authorized network and non-network providers of their choice, wherever they live or travel. The Standard monthly premium is dropping to \$176 on Jan. 1, 2012.

Complete information and application forms are available at www.tricare.mil/tya. Sponsors and their adult dependents are

encouraged to explore both commercial and military health care plan options and costs when choosing a plan that best meets their needs. Young adults considering TYA should determine if they are eligible before completing and sending in an application. Eligible dependents may drop off the application and payment of three months of premiums at a TRICARE Service Center or send them by mail or fax to their regional health care contractor.

TYA Prime enrollment will follow the TRICARE Prime "20th of the month rule." As long as the TYA enrollment application is received by the 20th of the month, coverage can begin on the first day of the next month. For example, if an applicant wants TYA Prime to start Jan 1, 2012, the application and initial three-month payment must be received by Dec. 20, 2011. If it's received after Dec. 20, TYA Prime coverage begins Feb. 1, 2012.

Dependent eligibility for TRICARE previously ended at age 21, or age 23 for full-time students. Similar to provisions in the 2010 Patient Protection and Affordable Care Act, TYA offers eligible young adults up to age 26 the option to continue TRICARE Standard or Prime coverage, as long as their sponsor is still eligible for TRICARE. Unlike employer sponsored health plans, TYA is available only to unmarried young adult dependents.



Navy Medicine names NCCOSC official directorate

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

WASHINGTON - The headquarters command for Navy and Marine Corps Medicine announced Dec. 9, the Naval Center for Combat and Operational Stress Control is now an official directorate of the Navy's Wounded, Ill and Injured (M9) program.

Based in San Diego, Calif., NCCOSC has been operating as a U.S. Navy Bureau of Medicine and Surgery program for more than three years working to improve the psychological health of Navy and Marine Corps forces through programs that aid research, educate service members, build resilience and promote best practices in the treatment of combat and operational stress injuries.

"This week I am proud to announce NCCOSC became an official directorate under Navy Medicine's Wounded, Ill and Injured program," said Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery. "This new classification demonstrates our continued commitment to the mental health and the resiliency of our Sailors and Marines and the critical work that NCCOSC is doing to ensure both."

Currently, NCCOSC has numer-

ous initiatives underfoot including the development of the Psychological Health Pathways to standardize how Sailors and Marines with stress-related injuries are clinically assessed, assigned treatment and monitored for progress.

In tandem with PHP, NCCOSC is implementing a web-based registry and tracking tool designed to support the most effective case management for wounded, ill and injured service members.



NCCOSC also plays an important role in the Marine Corps' Operational Stress Control and Readiness program. OSCAR is designed to be an early detection system for stress-related issues. OSCAR providers are Navy mental health professionals who have spent a significant portion of their time embedded with their units both in garrison and in field training evolutions. With this background, the providers are more than just "medical assets." They are known to unit personnel through day-to-day contact and they have

an understanding of mission requirements throughout the deployment cycle. They have built up a level of trust.

"NCCOSC is responsible for the training program curriculum that OSCAR providers receive," said Navy Capt. Scott L. Johnston, director, NCCOSC. "It is an exciting undertaking because OSCAR is helping many Marines with stress problems before they become stress crises. The OSCAR program is another example of the storied Marine Corps tradition of taking care of its own and we are thrilled to support it."

The center's research facilitation department collaborates with Navy Line, Fleet Marine Forces, Navy Medicine clinicians and community researchers who may lack time, experience or other support in study design or data collection, management and analysis.

An important component of all outreach activities at NCCOSC is to erase any stigma associated with seeking help for psychological health issues. To this end, the center produces a quarterly newsletter and an engaging website and social media presence that emphasize the facts about post-traumatic stress disorder and other stress injuries, as well as publicizing many success stories from Sailors and Marines who have sought help.

Force impressed with medical training battalion

By Lance Cpl. Joshua Young, I Marine Expeditionary Force

CAMP PENDLETON, Calif. - Master Chief Sherman Boss, the Navy Bureau of Medicine and Surgery's force master chief, visited the Field Medical Training Battalion at Camp Pendleton, Calif., Dec. 13.

The force master chief visited the school to witness training junior corpsmen undergo including combat simulations.

"The purpose of the visit was to come here and talk to the command element, to see how we're doing in the combat service support arena, and to ensure that the Navy-Marine Corps team is strong and see if there are areas to improve on," Boss said. "We want to ensure the Marines and sailors who push into combat have every tool possible for success."

He also visited a simulation-training lab and spoke with Navy-Marine Corps instructors, student-corpsmen and the FMTB command.

"I'm absolutely impressed with everything," Boss said. "The instructors are some of the brightest the Navy and Marine Corps have."

He was also impressed with the quality of training equipment



CAMP PENDLETON, Calif. - Master Chief Sherman Boss, the Navy Bureau of Medicine and Surgery's force master chief speaks to corpsmen-students and Navy and Marine Corps instructors during a visit to the training areas aboard Camp Pendleton, Dec. 13.

the school uses to prepare corpsmen for combat situations.

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USNH OKINAWA HOSTS DISASTER RESPONSE EXERCISE

By Lance Cpl. Courtney White, U.S. Naval Hospital Okinawa Public Affairs

CAMP LESTER, Japan - U.S. Naval Hospital Okinawa hosted a disaster response exercise in conjunction with the Ryukyu Warrior 2012 exercise Dec. 8 to fulfill Navy Medicine and Joint Commission requirements to annually test the facility's disaster-response plan.

The exercise was designed to test equipment and train personnel on procedures for managing a large number of patients coming to the hospital during a major emergency. The exercise included the main hospital, branch clinics and satellite facilities.

"The purpose of this exercise is to make sure the hospital is prepared to respond in the event of a disaster," said Navy Capt. Pius A. Aiyelawo, commanding officer of USNH Okinawa. "It is imperative that we test the capabilities of our staff to ensure that patients get the best care possible."

The exercise provides health care providers the opportunity to sharpen their skills and identify deficiencies, said Aiyelawo.

"After reviewing after-action reports from previous disaster response exercises during the planning of this exercise, it was concluded that the scenarios were not always as exact and detailed as they should be," said Navy Capt. John P. Labanc, an oral surgeon with USNH Okinawa. "This year we compiled previous case files from actual patients to simulate more realistic injuries."

The hospital compiled photos, notes and clinical information, to provide health care personnel with realistic situations to test advanced trauma life support protocols.

"The contingency exercise tested the hospital as a whole," said Labanc. "The whole staff was involved, including administration, laboratory, intensive care and security."

The exercise began as simulated casualties from the concurrent Ryukyu Warrior exercise were transported to the



Photo by Brian Davis/Released

CAMP LESTER, OKINAWA Japan - Sailors from U.S. Naval Hospital Okinawa unload a simulated casualty from a CH-46 helicopter during a contingency response exercise Dec. 8. The exercise was designed to test equipment and to train personnel on procedures for managing a large number of patients coming to the hospital during a major emergency.

hospital via helicopter. The simulated disaster took place at the Marine Corps training facility on Ie Shima.

Throughout the day, the hospital evaluated a number of processes, including patient tracking, internal communication as well as patient receiving and triage, said Aiyelawo.

The hospital also had the opportunity to train the staff in how to safely approach and board a helicopter to remove patients safely, procedures for triage and prioritization of injured personnel, and proper equipment setup and breakdown, said Labanc.

"The contingency response exercise had a total number of 28 patients which had to be prioritized within four categories," said Labanc. "The patients were minimal, delayed, immediate or expectant. The hospital staff had to determine the patient's status before determining their course of action."

You never know how someone will react to a situation, said Petty Officer 3rd Class Elizabeth Gonzalez, command master chief executive assistant.

Being able to simulate realistic situations vice talking about them built the staff's confidence in their abilities, according to Gonzalez.

"Major contingencies are not something we deal with every day," said Labanc. "We must be prepared for anything, at anytime."

Exercises like this contingency exercise help establish proper procedures and identify any needs or discrepancies throughout the hospital, said Labanc.

"At the conclusion of it all, we focus on what is important and that is that the patients come first and we are able to provide them with the best care possible," said Aiyelawo.



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A lollipop that's not candy

By Lt. Cmdr. Ian Fowler, Naval Medical Center Portsmouth

Morphine has been used to alleviate pain from war injuries for more than 100 years. It was widely used back in the Civil War, and is still used by Navy corpsmen and Army medics in war zones.

But another drug is starting to supplant morphine on the battlefield. It's the fentanyl "lollipop." Although it's called a lollipop, it is far removed from the candy every child loves.

This lollipop is basically a white lozenge on a stick. The corpsman or medic places the lozenge either under the tongue or inside the cheek and the medication is taken up through the tissue in the mouth. Unlike morphine which takes 15 to 20 minutes to relieve pain, the lollipop is effective within five minutes.

It's also much easier to administer than morphine, which must be injected into a large muscle, and if the dosage is too strong the lollipop can be rapidly removed. The effects of morphine cannot be halted.

As a pain specialist at Naval Medical Center Portsmouth, Va., I encounter patients every day who seek relief from chronic and acute pain. We have many medications and strategies for managing the devastating effects pain has on the individual. One of our tools is the fentanyl lollipop.

We've been using it in a clinical setting for years and only prescribe it for patients who suffer extreme debilitating pain. It's usually reserved for end-stage cancer patients who suffer what's called breakthrough pain. We counsel them on the effects (and side effects), how often they can use it, and other important information.

This is a C-2, or Schedule II, drug, which means it's highly regulated. It's a controlled substance with a high potential for



Courtesy graphic

The fentanyl "lollipop" is placed under the tongue or inside the cheek by a Corpsman and the medication is taken up through the tissue in the mouth.

abuse. And even though the drug doesn't look like a traditional lollipop, we warn patients to keep it away from children. We counsel patients, the pharmacists counsel patients on keeping this medication completely out of sight of children who might think or misinterpret it as candy.

The fentanyl lollipop and morphine injectors are both being used on the battlefield. I was deployed to Afghanistan last year and saw that the Army was using the lollipop. Navy corpsmen, too, are now authorized to carry it with their Marine units. All lollipops and morphine syrettes must be accounted for.

So will the fentanyl lollipop replace the traditional morphine injectors that have been carried into battle for more than 150 years? That question has not been answered, but I would expect that the pros and cons of each are being thoroughly studied.

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"I was just down in the simulation lab and saw the simulators you all practice on," Boss told the students. "It has come such a long way from when I went to school. I know you are all going to do amazing things."

During Boss' visit to the simulation lab he watched instructors put a tourniquet on a life-like training dummy. The dummy is used to give the corpsmen a more realistic type of training that helps them mentally prepare for issues they may face in combat.

"The various training simulators they have now are about as realistic as they can get," Boss said. "I think the sailors who will soon be deployed with the Marines

are better prepared because of the technology we have here, and I think many lives will be saved because of the training they get."

Boss's last assignment was as the command master chief of Bethesda, which is now the Walter Reed National Military Medical Center. He saw many wounded service members that he believes were only alive because of the training corpsmen received at FMTB.

"The wounded we are getting now, 30 years ago would not be coming to us," Boss told the instructors. "The students are prepared and trained because of what you do everyday and I can't put a price on that. This school house is invaluable."

The instructors at FMTB stood in the hallway at the schoolhouse to meet the

force master chief.

"He came to see what we do as instructors, to meet and greet and get a face to face with some of us," said Staff Sgt. Kevin A. Buegel, the company gunnery sergeant for FMTB. "It was the first time I got to meet the force master chief and I think the visit went well."

The force master chief, after giving much advice, assured the students they were getting the best training possible to support a great cause.

"You have all the answers," Boss said. "You just don't know what all the questions are. The training you'll receive will save the lives on the battlefield everyday. You are the future of Navy medicine and are making a difference in lives and families you'll never meet."

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