



Navy and Marine Corps Medical News



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

September 2011

MEDNEWS Items of Interest

September marks "Navy Medicine's Focus on Immunization Readiness." This month highlights immunization readiness for the individual, patients, and families. Comprehensive immunization is not only a critical part of having a fit and ready fighting force to ensure readiness and force health protection, it's also an essential element of family readiness and sound preventive health care.

Navy Weeks 2011

Navy Medicine will be participating in Navy Week San Antonio (Oct. 24-30). For more information on Navy Weeks go to www.NavyWeek.org

The deadline for the **future of Navy Medicine essay contest** has been extended to Sept. 30. Send all entries to drew.stalinsky@med.navy.mil.

Sept. 16 marks **National POW/MIA Recognition Day**.

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Did You Know?

This year's flu vaccine protects against H3N2, influenza B, and H1N1 strains. They are widely available to TRICARE beneficiaries at no cost from military treatment facilities, authorized providers, or any of the 50,000 participating network pharmacies.

COMFORT RETURNS HOME AFTER CONTINUING PROMISE 2011

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

BALTIMORE - U.S. Navy hospital ship USNS Comfort (T-AH 20) arrived home in Baltimore Sept. 8 after completing Continuing Promise 2011 (CP11), a five-month humanitarian and civic assistance mission in the southern hemisphere.

CP11 was part of an annual mission that fosters goodwill, and demonstrates U.S. commitment and support to Central America, South America and the Caribbean. CP11 offered training for U.S. military personnel and partner nation forces, while providing valuable services to communities in need."

With participants from more than 200 non-governmental organizations, and 13 different host and partner nations, we were able to conduct real-life train-

ing and exchange expertise and medical best practices," said Capt. David Weiss, commanding officer, Medical Treatment Facility, USNS Comfort (T-AH 20). "This was an example of real international partnership and cooperation."

More than 850 personnel including active duty military, reservists, non-governmental organization civilians, and host and partner nation militaries participated in Continuing Promise.

Comfort also deployed with more than 70 civilian mariners from Military Sealift Command (MSC) who operated and navigated the ship, provided electricity and fresh water to the shipboard hospital, and when necessary, transported patients between ship and shore in small boats.

"They're that important," said Capt. Randall Rockwood, Comfort's civilian

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U.S. Navy photo by Mass Communication Specialist 2nd Class Rafael Martie/Released

NORFOLK, Va. - Family and friends look on as the U.S. Navy hospital ship USNS Comfort (T-AH-20) arrives at Naval Station Norfolk, Sept 1. Comfort deployed as the primary platform for Continuing Promise 2011, a five-month humanitarian assistance mission to nine countries in Central and South America and the Caribbean.

Navy Medicine focuses on immunization readiness

As summer winds down and the back-to-school season begins, I'd like to focus this month's column on immunization readiness for you, your patients, and your families. Comprehensive immunization is not only a critical part of having a fit and ready fighting force to ensure readiness and force health protection, it's also an essential element of family readiness and sound preventive health care.

With flu cases on the rise nationally, early flu shots, now recommended by mid-October, are the key to prevention. This year's flu vaccine protects against H3N2, influenza B, and H1N1 strains.

They are widely available to TRICARE beneficiaries at no cost from military treatment facilities, authorized providers, or any of the 50,000 participating network pharmacies. Remember that your children's schools will have specific required immunizations to follow. You can view CDC's childhood immunization schedule at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>. We recommend you stay on top of all new vaccine

“Protecting yourself and your family is an essential part of ensuring medical readiness across the Navy Medicine community and across the Fleet.”

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

developments and guidelines and advise your patients and their families to keep their vaccines and immunization records current, especially for more at-risk groups like service members, new mothers, infants, children, and senior citizens.

For instance, CDC now recommends new mothers receive the Pertussis (DTaP) vaccine and that teenage girls receive the HPV vaccination. Additionally, all new

military recruits will now receive a new DoD- approved vaccine to prevent febrile respiratory illness caused by adenovirus types 4 and 7 which causes severe flu-like illness and can be transmitted easily via person-

to-person in close quarters.

Our force health protection partners in this effort are vast. TRICARE provides age-appropriate doses of vaccines as recommended by CDC to military personnel world-wide. The Military Vaccine Agency (MILVAX) coordinates military immunization programs through education and training like their University which care workers, including at all Military Treatment Facilities. Our Navy Medical Logistics Command tracks and orders flu vaccines for the entire Navy, then DoD FluSource works with the Defense Logistics Agency to ensure 'just-in-time' delivery of the flu vaccine supply chain.

Other partners include the Armed Forces Health Surveillance Center, the Military Infectious Diseases Research Program, and the Navy Marine Corps Public Health Center.

Immunization readiness at home is only half our mission. Our expeditionary preventive medicine efforts are also very important in ensuring our deployed Sailors and Marines are protected against foreign-borne viruses and other health



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

threats. We immunize based on the operational needs of those who deploy to hot spots around the world and the potential health threats in those regions.

Our research and development units around the world are instrumental in this mission through their robust vaccine research efforts to fight against diseases like malaria, yellow fever, tuberculosis, West Nile virus, Dengue fever, HIV/AIDS, H1N1 pandemic flu, and H5N1 or avian flu, to name just a few. Our researchers are on the cutting edge in multiple vaccine advancements. We work shoulder-to-shoulder with our military-medical partners, which now include Vietnam where I recently signed an historic bilateral agreement and Statement of Intent for military medical cooperation in a host of areas including vaccines.

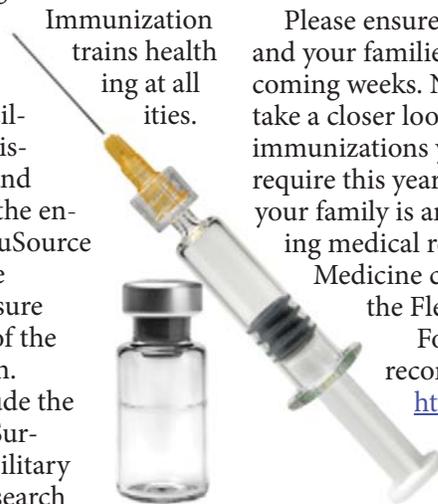
Please ensure you and your patients and your families get flu shots in the coming weeks. Now is also the time to take a closer look at other vaccines and immunizations you and your family may require this year. Protecting yourself and your family is an essential part of ensuring medical readiness across the Navy Medicine community and across the Fleet.

For a full schedule of recommended vaccines, see <http://www.health.mil/>

[Content/docs/immunization_schedule_fact-sheet_8_11_09.pdf](http://www.health.mil/Content/docs/immunization_schedule_fact-sheet_8_11_09.pdf).

Other resources include <http://www.cdc.gov>, <http://www.flu.gov>, <http://www.vaccines.mil>, and <http://mhs.osd.mil/Themes/Immunization.aspx>.

It is my honor to represent you as your Surgeon General. Thank you for everything you do, but most of all, thank you for your service.



 **Navy and Marine Corps
Medical News** 

Navy Bureau of Medicine and Surgery

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Patient move from Walter Reed marks historic day

By Sarah Fortney, National Naval Medical Center Public Affairs

BETHESDA, Md. - The last patients at Walter Reed Army Medical Center (WRAMC) were transported to the National Naval Medical Center (NNMC) in Bethesda, Md., Aug. 27.

A total of 18 patients, four of which were in critical care, departed WRAMC around 7 a.m. By 9 a.m., all patients were moved and checked into the new Walter Reed National Military Medical Center (WRNMMC).

WRNMMC (formerly NNMC) Commander Rear Adm. Matthew Nathan said to those involved in the planning leading up to this day that they are a part of history.

"This is a historic day," said Nathan. "This is the culmination of 102 years of Walter Reed service, blending and integrating into the service of the National Naval Medical Center. Now we're taking the best of both practices."

At the conclusion of the move, Joint Task Force CapMed Commander Vice Adm. John Mateczun discussed the vision of the department for the integration of the two facilities.

When it came to planning for this new venture, the goal in mind, during the last



U.S. Navy photo/released

BETHESDA, Md. - The last remaining inpatients at Walter Reed Army Medical Center are transferred by ambulance to the National Naval Medical Center, Bethesda, Aug. 27. More than 100 inpatients moved from Walter Reed's wards to Bethesda and the flag was lowered for good at the 102-year-old Army hospital. The changes to military health care facilities in the national capital region was mandated by the Base Realignment and Closure Act of 2005.

several years, was to take these two facilities and provide the same capabilities," said Mateczun.

"What we've been able to do is put

capital investment into the infrastructure, so we achieve a world class infrastructure," said Mateczun. "The department

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master and 29-year MSC veteran. "In this case, the ship brings healthcare and civic assistance to countries that have invited us to assist. It's not just being a supporting character in a huge play. It's a starring role, and there's a lot of positive focus that comes with it."

While deployed, the crew completed nine port visits to provide aide to locals, and to participate in subject-matter expert exchanges. Comfort visited Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Nicaragua and Peru.

While in each port, the crew worked with host nation medical personnel to provide up to 11 days of medical, dental, optometry, engineering, veterinary services and civil-military operations training to each country's citizens. In all, the CP11 team triaged nearly 70,000 patients, filled more than 100,000 prescriptions and performed more than 1,100 surgeries.

Due to the large volume of patients, the CP11 team partnered with local health care providers and community officials to set up temporary shore-based medical clinics in order to provide free medical care to communities with limited access to medical treatment.

"Of all the deployments I have been on, this by far has been the most challenging," said Hospital Corpsman 2nd (SW/AW) Class Melecia Reid, an x-ray technician from Naval Medical

Center Portsmouth, Va. "It has been a very humbling experience to help those in need."

Embarked Seabees from Naval Mobile Construction Battalion 28 and Marines from 8th Engineer Battalion undertook civic engineering operations. They worked hard to repair local schools and medical clinics throughout the communities, while the veterinary team worked to provide immunizations, surgeries, vitamins and deworming medications to more than 8,000 animals across multiple nations.

The CP11 team faced multiple challenges throughout the mission, including the threat of Hurricane Irene, which forced Comfort to depart and temporarily suspend operations in their last port, Port-Au-Prince, Haiti. After the threat passed though, Comfort was able to resume its services and complete its mission in port.

Navy Surgeon General Vice Adm. Adam Robinson, Jr. congratulated the CP11 crew on their successful mission.

"Medicine is a common language that bridges barriers and language," said Robinson. "Our humanitarian assistance missions like Continuing Promise help provide a foundation of hope, comfort, and stability that are the seeds of building and strengthening trust among the U.S. and our partners around the world. These relationships not only benefit the global community, they are integral to our national security strategy."

This year's mission is U.S. Southern Command's sixth Continuing Promise mission and Comfort's third mission.

Bataan crew stays mentally fit to fight

From Bataan Amphibious Ready Group Public Affairs

USS BATAAN, At Sea – With the embarkation of a clinical psychologist and psychology technician Aug. 15, the Bataan Amphibious Ready Group (BATARG) became the first deployed ARG capable of providing Sailors and Marines with access to mental health care aboard.

Regardless of whether they are on their first or their sixth deployment, Sailors and Marines can face the same potential stressors of family separation, a fast-paced and changing environment, financial problems, and loneliness.

“Although stress is natural, prolonged stress has the potential to develop into debilitating anxiety, depression, aggressive behavior, and even thoughts of suicide,” said Cmdr. William Wallace, officer in charge of Fleet Surgical Team 8.

“There’s been a long-standing need and desire by ARG surgeons and senior medical officers to have mental health providers aboard during deployment,” said Wallace. “Mental health is as important as physical health in maintaining operational readiness, and psychologists can help people work through things before they become overwhelmed.”

Without the services of a psychologist aboard, Sailors or Marines who require professional care would have to leave the ship and go to a shore based mental healthcare facility, a process that is both expensive and disruptive to at-sea operations.

According to Lt. Sam Stephens, the new BATARG psychologist, establishing a climate in which Sailors and Marines feel comfortable coming to him for help means being a strong patient advocate and willing to work around their schedules.

“In an operational environment I consider myself available 24/7,” said Stephens. “I make every effort to be as flexible as possible so that those who want to get an appointment can.”

Ultimately, it’s about being available to help – a sentiment shared by his colleagues.

“It’s really all about taking care of the whole Sailor and Marine; their body, mind and spirit,” said Wallace.

While hospital corpsmen, surgeons, and chaplains are available to help crewmembers during difficult times, the position



U.S. Navy photo by Mass Communication Specialist 3rd Class Desiree D. Green/Released

GULF OF ADEN - Hospital Corpsman 3rd Class Gerald Casareno, left, conducts emergency medical training for the ship's stretcher bearer team in the medical operating room aboard the amphibious dock landing ship USS Whidbey Island (LSD 41), Aug. 24. Whidbey Island is deployed as part of the Bataan Amphibious Ready Group supporting maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of responsibility.

of a clinical psychologist in operational units is relatively new and represents a significant change in the way mental health is viewed.

“Our hope is that this preventative mental health approach will continue to prevail so that we can catch stress before it turns into distress,” said Stephens.

Bataan ARG ships include Norfolk-based Bataan and amphibious transport dock ship USS Mesa Verde (LPD 19), and the dock landing ship USS Whidbey Island (LSD 41), homeported at Joint Expeditionary Base Little Creek - Fort Story, Va. Bataan is currently supporting maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of responsibility.



U.S. Navy photo by Mass Communication Specialist 1st Class Anastasia Puscian/HIPAA complete

Wounded Warrior Care

SAN DIEGO - Commander, Naval Medical Center San Diego, Rear Adm. C. Forrest Faison III, (left), Lt. Cmdr. Brian Beale (background) and Marine Cpl. Max Gauthier cut the ribbon to the new surgical ward for wounded, ill and injured service members, Aug. 10. The new ward was designed to provide a variety of care needed in one convenient location such as a physical and occupational therapy room, contact their social worker, case manager and family members can utilize all the support services NMCS D provides them to help in the recovery process in one central place.

Naval Hospital Jacksonville celebrates grand opening

By Mass Communication Specialist 2nd Class (SW) Jacob Sippel, Navy Public Affairs Support Element East Detachment Southeast

JACKSONVILLE, Fla. - Numerous dignitaries, military personnel, contractors, and their families attended Naval Hospital (NH) Jacksonville's five-year-\$60 million renovation grand opening ceremony Sept. 7.

U.S. Rep. Ander Crenshaw, Jacksonville Mayor Alvin Brown, Rear Adm. Elaine Wagner (director, Medical Resources Plans and Policy Division, Chief of Naval Operations), Capt. Lynn Welling (commanding officer, NH Jacksonville) and Capt. John Rice (executive officer, Naval Facilities Engineering Command Southeast) delivered remarks to the more than 50 federal, state, and local officials along hospital staff who attended.

The modernization of the hospital improves patient care while reducing costs by blending current medical technologies with environmentally sustainable design. Upgraded areas include a pharmacy with robotics, six state-of-the-art operating rooms, physical & occupational therapy with aquatic treadmill to better care for wounded warriors and also a breast care center, along with many other additions.

"Five years in the making, our spectacular new \$60 million medical, surgical and clinical service areas-including our new breast care center and state-of-the-art pharmacy-bring our hospital facility on par with the expert patient-centered care we've been delivering for the past 70 years," said Welling. "Along with our constant commitment to improving our processes, these cost-effective improvements and new technologies increase our capability to safely, effectively, efficiently provide outstanding care to all our 215,000 beneficiaries throughout Florida and Georgia."

"Having this facility modernized and upgraded just makes it even more important that the quality of care provided is done so in a more efficient and effective way," added Crenshaw.

Naval Hospital Jacksonville energy improvements have resulted in an annual savings of over \$300,000 through energy

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has been intent on making sure we're able to provide world class standard and keep our covenant both with wounded warriors that come back from Iraq and Afghanistan as well as their families."

WRAMC Commander Col. Van Coots noted that the transition was almost flawless.

In the weeks leading up to the move, patients and their families, who were identified as those who would be moving, were told that WRAMC staff would be moving right along with them,

which helped put their minds at ease, said Coots.

"It was such a smooth transition today," said Coots. "We've been identifying patients over the last two weeks and had informed families about the transition, what they could expect here, letting them know we're not abandoning them."

Coots went on to note the amount of pride in not only what WRAMC's achieved in the last 102 years, but also what they have achieved together with the flagship of Navy Medicine here to create the future of the military health care system.

Due to weather conditions with



U.S. Navy photo by Mass Communication Specialist 2nd Class Jacob Sippel/Released

JACKSONVILLE, Fla. - Capt. Lynn Welling, commanding officer of Naval Hospital Jacksonville, speaks at a grand opening ceremony for the hospital after completion of a \$60 million five-year modernization project. The upgrades include six state-of-the-art operating rooms, an aquatic treadmill for physical and occupational therapy, a breast care center and a state-of-the-art pharmacy.

efficiency and \$30,000 in related maintenance costs. The new steam plant is expected to result in an additional savings of \$750,000 annually.

"This is a milestone for Jacksonville, our health care community and so importantly for the Navy," said Brown. "The military population in Jacksonville stands at nearly a quarter of a million. These folks are our brothers and our sisters. They are our neighbors and our friends. They put their lives on the line for us and it's great to see this state-of-the-art addition coming online to assure quality of care. This facility epitomizes what we believe in, quality care for quality people."

The final additions to the hospital, including a post anesthesia care unit, should be completed by early 2012.

Hurricane Irene, the patient move, originally scheduled for Aug. 28, was moved to Aug. 27.

"We have always been an agile organization. They have deployed hundreds of personnel at the drop of a hat to human assistance relief missions or disaster relief missions, so we're pretty adept at having to change plans suddenly and reconfiguring logistics," said Nathan. "I'm very proud of the crews from Bethesda and Walter Reed."

The National Naval Medical Center Bethesda is now officially known as the WRNMMC.



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

New frontier opens in vaccine research

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

SILVER SPRING, Md. - Science Magazine published medical research online Sept. 8 about a promising new malaria vaccine developed by a team led by a Navy scientist.

Capt. Judith Epstein, a Naval Medical Research Center (NMRC) researcher with the U.S. Military Malaria Vaccine Program (USMMVP), led a team of military and civilian research scientists in developing a vaccine against malaria, a life-threatening disease for which there is currently no licensed vaccine and that currently impacts U.S. military readiness.

While additional studies are required, Epstein is pleased with the groundbreaking work the team has made to date.

“Our goal is to protect the lives and welfare of our military personnel,” said Epstein. “We need a vaccine which is as effective against malaria as the vaccines we use every day to prevent other life-threatening diseases, not just for the Department of Defense but for all malaria-endemic populations.”

The initial research for a malaria vaccine began in the 1970s in studies by the Navy and the University of Maryland in which volunteers were exposed to bites from mosquitoes harboring weakened malaria parasites. Using radiation-attenuated sporozoites delivered by mosquito bite, researchers achieved sustained sterile protection. A sporozoite is a form of the malaria parasite that is concentrated in the salivary glands of an infected mosquito and is introduced into a person’s blood when the mosquito bites.

Today, the approach being pursued by Navy researchers and

their partners capitalizes on these prior studies. The recent published results focus on the first-in-humans clinical trial of the PfSPZ (Plasmodium falciparum sporozoite) vaccine given by injection, either subcutaneously or intradermally. The PfSPZ vaccine was developed by Sanaria, Inc. a biotechnology company in Rockville, Md.

While most malaria vaccines in clinical development consist of genetically engineered recombinant proteins and viruses that represent small portions of the parasite, this vaccine contains a weakened form of the entire malaria parasite. According to Epstein, the testing of the vaccine by Navy Medicine and their partners opens up a new area of vaccinology.

As reported in Science, scientists from the Vaccine Research Center, National Institute of Allergy and Infectious Diseases (NIAID) National

Institutes of Health (NIH) demonstrated in a non-human primate model that when the vaccine was given intravenously, rather than via subcutaneous or intradermal injection, immune responses were extremely impressive. This showed the critical importance of the route of vaccine administration.

Epstein believes these advances in vaccine research are a credit to the dedicated efforts of many military and civilian scientists working in tandem.

“It’s all about the partnerships,” said Epstein. “The results in this publication reflect the successful collaborative efforts of Navy Medicine and other leading researchers in academia and private industry and demonstrate the immune responses that those involved in the treatment or prevention of malaria have been seeking for decades. The results of the next clinical trial are highly anticipated.”

“Our goal is to protect the lives and welfare of our military personnel.”

*-Capt. Judith Epstein,
Naval Medical Research Center, researcher,
US Military Malaria Vaccine Program*

TRICARE reduces pharmacy delivery costs

From TRICARE Management Activity

FALLS CHURCH, Va. - Copayments for some medications provided through TRICARE Pharmacy Home Delivery are being reduced to zero. As of Oct. 1, 2011, Home Delivery beneficiaries may fill generic prescriptions at no cost to themselves.

Generic formulary drugs purchased through Home Delivery currently cost \$3 for a 90-day supply, but as of Oct. 1 the copayment drops to zero.

“These new copays make using TRICARE Pharmacy Home Delivery more affordable than ever,” said Rear Adm. Christine Hunter, TRICARE Management Activity deputy director. “Home Delivery offers a great value for patients taking maintenance medications for chronic conditions.”

The following changes to the TRI-

CARE pharmacy copayments are scheduled to go into effect Oct. 1:

- Generic formulary drugs purchased at retail pharmacies will go from \$3 to \$5.
- Brand name formulary drugs from retail pharmacies will go from \$9 to \$12.
- Non-formulary medications will

go from \$22 to \$25 in both retail and Home Delivery.

Brand name formulary drugs purchased through Home Delivery will have the same \$9 copayment. Copayments

for prescriptions filled through Home Delivery cover a 90-day supply, but only a 30-day supply when purchased at a retail pharmacy.

“This is the first change to TRICARE pharmacy copays since 2002,” Hunter said. “Our goal is to keep costs as low as possible for our beneficiaries and DoD.”

Military, their families and retirees are increasingly using Home Delivery to get their maintenance medications conveniently delivered through U.S. mail - saving TRICARE about \$30 million in 2010. Use of Home Delivery has grown in 2011 by nearly 10 percent over 2010. More than 1 million prescriptions per month are filled through the service.

For more information about TRICARE pharmacy, the new copayment rates and Home Delivery, visit <http://www.tricare.mil/pharmacy>.



New insectary in Lima builds partnerships

By Lt. Jeremy H. Westcott, NAMRU-6 Public Affairs

LIMA, Peru - Naval Medical Research Unit No. 6 (NAMRU-6) Commanding Officer Capt. Dave Service, along with Entomology Department staff members Lt. Roxanne Burrus, Victor Zorilla, and Carmen Flores, attended the opening of a new insectary on the grounds of the Na-



CDC courtesy photo

Anopheles mosquito.

tional University of San Marcos in Lima, Peru, July 15. The new facility was opened in conjunction with a ceremony to mark the 40th anniversary of the Daniel A. Carrion Institute of Tropical Medicine at San Marcos.

“The facility that Lt. Burrus and the NAMRU-6 staff helped establish will be instrumental in research involving the *Aedes aegypti* mosquito responsible for

transmitting dengue fever,” said Capt. Service. “This is important because dengue is a debilitating tropical disease with both military and public health significance.”

A joint project between the university and NAMRU-6, the insectary will be used to study two medically important mosquitoes: the *Aedes aegypti* and *Anopheles* spp., which transmit tropical diseases such as dengue, yellow fever, and malaria. The facility will be used to test mosquitoes captured in the Lima metropolitan area for infection in an effort to describe and prevent public health threats from these pathogens.

The opening of the insectary is yet another example of NAMRU-6’s continued efforts to enhance public health capacity in its host nation and in Latin America in general. Entomology is a fledgling field in Peru. There are currently no advanced degree entomology programs within the country. The new insectary will provide a platform for future collaborative studies between NAMRU-6, the Peruvian Ministry of Health, and San Marcos University as well as a potential site for advanced education programs in entomology.

In addition, NAMRU-6 and San Marcos University will work collaboratively on mitigation strategies, including testing of insecticides and measuring insect



Courtesy photo

LIMA, Peru - Capt. Dave Service (left), NAMRU-6 commanding officer, and biologist Roberto Fernandez (right) (Entomology Department, NAMRU-6).

resistance to existing insecticides. Future plans include opening more insectaries in Iquitos, Sullana, and Puerto Maldonado in conjunction with the Peruvian Ministry of Health.



CDC courtesy photo

Aedes aegypti mosquito.

Naval Hospital Bremerton takes lead in SHOTEX

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Naval Hospital Bremerton and Naval Hospital Oak Harbor conducted a mass vaccination field training exercise Sept. 6-7.

The two-day shot exercise (SHOTEX), concentrated on vaccinating shore-based active duty service members, along with activated Reservists and critical civilian personnel such as health care workers, federal fire department, Department of Defense police, and base security personnel at several nearby naval stations.

“Our main focus in holding this type of exercise is to enable us to protect our staff as well as our patients here at NHB,” said Tom Shirk, NHB infection preventionist coordinator. “The same concept holds for all of our active duty personnel throughout the Navy Region Northwest. If they are protected, they prevent the spread of influenza and above all, improve our overall readiness.”

Approximately 7,500 regionally based personnel received their vaccination by the end of this two day exercise at major sites.

“This exercise gives us a good hard look to see if we can activate multiple points of distribution (POD) sites to support and sustain over an extended period of time,” said Terry Lerma, NHB medical treatment facility emergency manager. “We work very well with Navy Region Northwest and Naval Base Kitsap. We have very good communications and relationships with them which are vitally important in our logistical support role.”

Lerma attests that training, preparation and flexibility are keys to this event.

According to Dr. Dan Frederick, NHB population health coordinator, “Performing this exercise will test the Navy’s ability to rapidly respond to a disease pandemic and vaccinate all Navy and Marine Corps active duty personnel in the region.”

As the command’s infection preventionist coordinator, Shirk also reminds everyone that it’s more than getting a vaccination for “just the flu.”

“People tend to forget that influenza is a known and proven killer. The Center for Disease Control estimates that over 30,000 people annually die from the flu in the U.S. Active duty person-

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Dental Corps celebrates 99th birthday

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

WASHINGTON - The Navy Surgeon General sent a message to the Navy Dental Corps in celebration of its birthday, Aug. 22.

"Today we celebrate the 99th birthday of our Navy Dental Corps," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general and chief, Bureau of Medicine and Surgery. "For almost 100 years our dentists have served in times of peace and war to ensure dental readiness and optimize dental health for those entrusted to our care."

The Navy Dental Corps was established in 1912 by an act passed by Congress and signed by President William Howard Taft.

"Our Dental Corps continues to maintain high operational readiness in support of all who deploy," said Robinson. "They deploy routinely with Marine expeditionary units and aboard ships, where beyond their dental duties, they assume roles in triage and surgical support at Marine battalion aid stations and battle dressing stations. Dental personnel continue to support our maritime strategy through

their support of humanitarian relief and disaster response missions around the world."

The Dental Corps was the first corps to focus heavily on disease prevention, and one of the first to deploy self-contained mobile treatment units, a practice common today at many fleet support areas. The Dental Corps is also responsible for revolutionary advancements in dental air turbine hand pieces and ultrasonic vibrating instruments. Today, the Naval Postgraduate Dental School is recognized as one of the best in the world.

"It is their honor, courage, and commitment that we honor today," said Robinson. "We honor and celebrate the men and women of the Dental Corps and all they do to ensure our nation has a medically ready, fit, and fighting force; and that those who've served our nation, along with their families, can always count on the dental corps to help provide quality and compassionate patient and family-centered health care."

"To the over 1,250 active duty and reservist Dental Corps personnel, I thank you for your service and for the sacrifice of you and your families," said Robinson. "Happy birthday Dental Corps!"



U.S. Navy photo by Paul Dillard/Released

WASHINGTON - Navy Lt. Barry Peterson, left, Chief Navy Dental Corps Rear Adm. Elaine Wagner, center, and Deputy Chief Navy Dental Corps Capt. Robert Taft make the first cut in a birthday cake celebrating the 99th birthday of the U.S. Navy Dental Corps at the Navy Bureau of Medicine and Surgery campus in Washington D.C., Aug. 22.

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nel tend to be healthier than the normal population, and getting this simple shot will help stop the spread of the illness to those who might get dangerously ill such as the very young and the elderly," said Shirk.

Naval Hospital Bremerton and Naval Hospital Oak Harbor are two of the four military treatment facilities selected to participate in the SHOTEX. The others are Naval Hospital Okinawa, Japan, and Naval Medical Center Portsmouth, Va.

BREMERTON, Wash. - approximately 7,500 Regional Sailors were inoculated with influenza vaccinations at various points of distribution on September 6 and 7 as part of a area-wide shot exercise designed to test the Navy's ability to rapidly respond to a disease pandemic and vaccinate all active duty personnel in Navy Region Northwest.



U.S. Navy photo By Douglas H. Stutz/Released



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www.flickr.com/photos/navymedicine/



We need to cut back on the salt

By U.S. Navy Capt. Joseph McQuade, Public Health Director, Naval Hospital Jacksonville

Whenever I see a patient in clinic, one thing I always look at is blood pressure.

In my opinion, hypertension, or high blood pressure, has become a “neglected” disease in this country. It causes one in six deaths among American adults -- a rate that rose 25 percent over the past decade -- and now represents the largest single risk factor for cardiovascular mortality. Former President Franklin Roosevelt himself died at the early age of 62 from uncontrolled high blood pressure.

The fact that so many Americans are at grave risk from not controlling their blood pressure should cause everyone to pause for a moment and consider how well their own blood pressure is controlled. Ask yourself why providers always check and recheck your blood pressure when you go in to see them?

Too many people fail to give the topic the attention it deserves despite the simplicity of diagnosis, treatment, and prevention on a patient-by-patient basis. In fact, there is one factor that every person can impact on a personal level that very few are doing. Simply stated, we use too much salt and cutting back on it will dramatically decrease many people’s

blood pressure.

Here are a few more detailed things that might help our population:

- Nearly 90 percent of Americans get more than the recommended 2.4 g of sodium per day (the equivalent of 6 g of salt). One study projected that cutting back on daily salt intake by 3 grams (roughly 30 percent), would prevent tens of thousands of strokes and heart attacks each year, while even a 1 gram reduction would be more cost-effective than treatment with the least expensive blood pressure medication.
- Increased potassium intake will also aid in decreasing blood pressure in patients (only 2 percent of adults get the recommended 4.7 g per day). Watermelon, cantaloupe and bananas are all good sources of potassium.
- Physicians need greater adherence to hypertension screening and treatment guidelines. Ask your doctor if your blood pressure is well controlled. Get it down to less than 130/80!
- Health care providers need to leverage community health worker programs to include hypertension prevention and control. People need to understand the benefits of walking every night and getting rid of their salt shakers.

So watch out for the extra salt. It may



Capt. Joseph McQuade, Public Health Director, Naval Hospital Jacksonville

be the biggest villain driving your blood pressure up and next time you reach for the table salt, think of your family, friends and loved ones and ask yourself...Is it really worth the risk?

For more information on your blood pressure, please visit the National Heart, Blood, and Lung Institute’s “Guide to Lowering High Blood Pressure” at <http://www.nhlbi.nih.gov/hbp/>.



U.S. Navy photo by Mass Communication Specialist 3rd Class Dominique Pineiro/Released

Expeditionary Care

PACIFIC OCEAN - Hospital Corpsmen conduct medical triage training on a simulated patient aboard the amphibious transport dock ship USS New Orleans (LPD 18), Sept. 3. New Orleans and embarked Marines assigned to the 11th Marine Expeditionary Unit (11th MEU) are conducting a composite training unit exercise as part of the Makin Island Amphibious Ready Group.

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