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Inside this Issue:

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M. Robinson, Jr.	2
Providing Care for the Caregiver Commences at NHB	3
From West Coast to West Africa, Navy Doctor Spans Care World Over	4
NMPS Corpsmen Receives Bronze Star	4
Continuing Promise Crews Arrive in Colombia to Continue Mission	5
Navy Medicine R&D Takes Another Step Forward; Ground Breaks for Joint Research Facility; Navy Units Combine as NAMRU-SA	6
SECNAV Sees Ongoing NH Jax Upgrades While at NAS Jacksonville for Hangar Opening	7
Portsmouth Naval: First Military Hospital to Join March of Dimes on NICU Support	8

Summer swimming. Summer is here and that means Americans soon head to outdoor pools and water parks. While swimming can be fun and good exercise, pools can contain germs that can make swimmers ill. Swimmers can follow these basic steps to help protect themselves and other swimmers from these germs: don't swim when you or your children have diarrhea, don't swallow the pool water and avoid getting it in your mouth, and practice good hygiene. For more information, visit www.edc.gov/

Project FOCUS – Providing Military Families with Mental Healthcare

By **Christine A. Mahoney**, Bureau of Medicine and Surgery Public Affairs

WASHINGTON – Deployments can be time of increased stress, anxiety, and uncertainty for a military member, especially during a time of combat. Multiple deployments often cause added strain and tension. Though our service members are serving directly in harms way in a region far away from home, this does not mean their family members, especially children, are immune to the stressors of the deployments.

Navy Medicine has a continuing awareness of the impact deployments has on the health and well-being of family life. Navy Medicine created Project FOCUS based upon

leading evidenced-based family intervention models for at-risk families that demonstrated positive emotional, behavioral, and adaptive outcomes developed by the UCLA Child and Family Trauma Service.

“Project FOCUS is a resiliency-training program for military families and children to help them meet the challenges of combat operational stress during wartime,” said Kirsten Woodward, Family Program Coordinator, Wounded Ill-Injured Warrior Support, Bureau of Medicine and Surgery. “The 2007 Defense Health Board Task Force on Mental Health identified this critical care need of our military families

(Continued on page 3)



TUMACO, Colombia - Chief Hospital Corpsman Brian Wood, a cardiovascular technician embarked aboard USNS Comfort (T-AH 20), performs an echocardiogram on a Colombian man as cardiologist Cmdr. Eric Schwartzman, and Meghan McCullough, a University of Southern California pre-med student and the Spanish translator aboard Comfort, observe at a clinic set up at the Max Seidel School June 7. *U.S. Navy photo by Airman 1st Class Benjamin Stratton*

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam. M. Robinson, Jr.

Navy Medicine's Traumatic Brain Injury Program Provides Specialized Care for Our Warfighters

Head injuries often happen without warning. Whether in the midst of combat on the battlefield, conducting drills on a Navy vessel, playing baseball, or working on our homes during liberty, we are all at risk of head injury that could result in traumatic brain injury (TBI). Approximately 1 million new cases of TBI occur in the U.S. each year, and 50 to 75-thousand of those injuries result in death.

Because of our warrior ethos, frequently when we suffer an injury, we don't let it slow us down. We pick ourselves up, brush ourselves off and keep going. Sometimes this may not be in our best interest. Sometimes we need to put aside our "go-to" attitude, take a step back, and seek help. The full effects of serious head injuries are not always readily apparent. When a Sailor or Marine suffers any head injury, regardless of nature, we need to take the event seriously. The injury to the brain – which may range from mild to severe -- could be below the surface, and subtle or significant changes in behavior or aptitude should not be ignored.

Our tendency may be to downplay the headaches, dizziness, or mood-swings because we want to stay in the fight with our shipmates and our fellow Marines. We don't want to be perceived as the weak link; however, not taking care of ourselves can prove more damaging to ourselves and our units. What may appear as just a headache or a 'temporary' dizziness can

actually be a serious TBI.

Since January 2003, over 8,500 Sailors and Marines have suffered traumatic brain injuries. The varying degrees and symptoms associated with TBI can make detection and diagnosis difficult. Symptoms can be mild, moderate, or severe. Moderate to severe TBI cases are more noticeable due to the outward signs – physical and mental problems. The signs for mild TBI are not so easily identifiable, which is why we need to be vigilant of ourselves and our shipmates. Just to give you an idea of the prevalence mild TBI cases, from OIF and OEF, over 85% of TBI cases have been mild.

In accordance with Department of Defense policy, Navy Medicine provides to Sailors and Marines deploying to an area of the world where they may experience ground combat an assessment of their brain function no more than 12 months before they deploy. This test -- the ANAM (Automated Neurocognitive Assessment Metrics) -- will be used as a baseline measure in case a Sailor or Marine is exposed to a blast situation and/or suffers a TBI. Any changes in the service member's brain function from pre- to post-injury may require further screening and assessment.

The Navy Medicine team continues to play an active role in preventing, detecting, diagnosing and treating TBIs. As part of the Navy and Marine Corps comprehensive



strategy, we have developed the BUMED Traumatic Brain Injury Program designed to care for Sailors, Marines and their families. The goals of this program are:

- to raise awareness of signs and symptoms of TBI so that those who may have suffered a TBI seek early medical treatment,
- to educate medical providers on the best way to care for Sailors and Marines with TBI,
- to improve detection methods, and
- to help rehabilitate injured Sailors and Marines. Navy Medicine is also working closely with other federal agencies and the other armed services to coordinate TBI care, rehabilitation and education programs, and
- to support credible research seeking innovative, effective treatment for TBI.

Navy Medicine will continue to work closely with our sister services, other federal agencies, and academic institutions to provide the best health care to our Sailors and Marines who deal with psychological health and TBI concerns.

***Got News? If you'd like to submit an article or have an idea for one,
contact MEDNEWS at 202-762-3221, fax 202-762-1705 or
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Providing Care for the Caregiver Commences at NHB

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs Office

BREMERTON, Wash. - Naval Hospital Bremerton (NHB) recently held a 'train the trainer' awareness campaign for the Bureau of Medicine and Surgery's (BUMED) Caregiver Occupational Stress Control program.

"The purpose of this program is to recognize occupational stress injuries early, intervene as shipmates, and connect sufferers with support services as needed," explained Lt. Cmdr. George Mendes, NHB Pastoral Care department head, who helped organize the awareness campaign. "We don't want anyone to be the last one to hear or learn about this to identify and treat occupational stress, burnout and compassion fatigue. These

stress injuries are believed to result in medical errors, job dissatisfaction and poor retention."

The Caregiver Occupational Stress Control program, sometimes referred to as "Care for the Caregiver," comprises several strategies that can be added in the management and leadership kit in helping to care for Sailors and Marines.

"Our providers tend to be steamin' demons," said Capt. Richard Westphal, BUMED mental health clinical specialist caregiver program expert and keynote speaker. "Our hospital corpsmen, nurses, doctors and support staff throw themselves into their work. They tend to put the health care needs of others first and keep their own hidden. But they can't hide symptoms from those who know them best. Those tend to be peers,

co-workers, close friends and family."

One of the available tools that Westphal explained to his audience is a color-coded stress injury continuum that is divided into four, distinct hued indices that cover the range of recognizing and ultimately dealing with stressors on a service member. Green signifies 'Ready' and that everything is essentially good to go in an individual. They are considered well-trained, prepared, fit and focused and part of a cohesive unit. It is the unit leader's responsibility to keep them at this stage. Next is the color Yellow signifying 'Reacting,' which is a warning flash to have the individual, a

(Continued on page 5)

Project FOCUS continued...

(Continued from page 1)

and Navy Medicine is addressing this need."

How does Project FOCUS work? According to Kirsten, the program works with families to strengthen their coping and adjustment skills to meet the challenges and stressors commonly experienced by military families during pre-, during, and post-deployments.

"Instead of the traditional healthcare setting, FOCUS provides military families with mental health care in a more family-friendly, non-traditional setting. The setting establishes a more comfortable and receptive environment. This enables family members to be open and honest with what they are going through and what they need help with during the deployment cycle," she said.

Working with the existing teams of dedicated military family services personnel, FOCUS' staff assists families in understanding how combat operational stress affects them and the service family member, how to manage stress, and how to strengthen their family.

Kirsten continued, "We offer a structured approach to facilitate interaction and skill building within the family. The program's initial sessions focus on preparing family members to identify and share their concerns and understanding of family members' deployment reactions. In separate sessions with parents and children, family members are taught emotional regulation, problem solving, goal setting, and communication skills. Families then meet together to share their experiences using these skills and tools to enhance family communication and support."

FOCUS not only provides services to active duty

military families, but also takes care of families who have lost their military member.

"Navy Medicine has not forgotten about our families who have lost their loved one," said Kirsten. "The FOCUS program offers grief, trauma and bereavement services to families of fallen service members upon request."

Project FOCUS is currently being used at the following Navy and Marine Corps installations:

- Naval Air Base Coronado Island, California;
- Naval Base Ventura County, Port Hueneme, California;
- Naval CBC Gulfport, Mississippi;
- Naval Air Base Little Creek/ Dam Neck, Virginia;
- Marine Corps Base Camp Pendleton, California;
- Marine Corps Air Ground Combat Center Twentynine Palms, California;
- Marine Corps Base Camp Lejeune, North Carolina;
- Marine Corps Base Hawaii;
- Marine Corps Base Okinawa.

There are plans to provide Project FOCUS at other Navy and Marine Corps bases in the future. For military families who are interested in the Project FOCUS program and are stationed at or near one of the previously mentioned installations, contact the program's admin coordinator to set up an appointment.

Kirsten added, "The services provided to our military families are private and confidential. Our providers are college educated, trained and licensed as well. This is no different than seeing your health care provider Project FOCUS than seeing a provider at a medical or dental treatment facility. We are dedicated to giving our military families top notch mental health services."

From West Coast to West Africa, Navy Doctor Spans Care World Over

By Mass Communication Specialist 2nd Class David Holmes, Africa Partnership Station Nashville Public Affairs

USS NASHVILLE, At Sea – Capt. Dennis Amundson understands the importance of secure and functioning healthcare, whether it be in the United States or a world away in Africa.

Giving care in a foreign land such as Africa is no new feat for Amundson. The 37-year veteran's experience runs deep having served aboard USNS Mercy (T-AH 19), completed deployments in Iraq and Afghanistan, and served in humanitarian assistance efforts in Indonesia, Mexico and the Philippines. The seasoned Navy doctor is also a 2006 graduate of San Diego State University where he earned a master's degree in Humanitarian Assistance and Disaster Response. Additionally, he and his wife help run an orphanage in Uganda catering to children whose mothers have died of AIDS.

When Amundson isn't traveling to distant corners of the Earth, his usual duties take place at San Diego Naval Hospital as a pulmonary/critical care doctor while he serves as staff in the Intensive Care Unit (ICU). But for the past three months, he has brought his medical and academic expertise to West and Central Africa while de-

NMPS Corpsmen Receives Bronze Star

By Mass Communications Specialist 3rd Class Jessica Pounds, Naval Medical Center Portsmouth Public Affairs Office

NORFOLK, Va. – A Sailor stationed aboard Sewells Point Branch Medical Clinic at the Navy Mobilization Processing Site (NMPS) was presented with the Bronze Star Medal on April 30 for his actions during Operation Enduring Freedom.

In the fall of 2008, Hospital Corpsman 2nd Class (FMF) Johnnie Gouge was serving as the senior medical advisor for the Afghan National Police during an attack of the Forward Operating Base (FOB) in Zormat, Afghanistan. While under small arms and rocket-propelled grenade fire, Gouge took a defensive position on a barracks roof and called out the position of enemy forces that had advanced within 500 meters of the FOB.

He withstood explosions from 14 rockets that came within 100 meters of his position. He never backed down.

"In my opinion I was just doing

what I was trained to do and nothing more," said Gouge. "It's instilled in the mind of all corpsmen to value other peoples' lives over your own in instances like these."

Gouge actions saved lives and were essential to providing accurate counter-mortar fire and repelling the enemy's attack.

Gouge also aided in the capture of a high priority Taliban Sub Commander after an attack on a local national construction site.

"Witnesses said that the attacker had fled," said Gouge. "I spotted him running through a nearby village, which led to his capture."

Gouge was surprised to receive the Bronze Star Medal.

"It's hard for me to believe that someone out there thought that I deserved an award of this magnitude," said Gouge. "The greatest award that I have received in my naval career is not the medal itself, but rather knowing that the people that I have helped were able to get back home with their families, and that's enough for me."

ployed with Africa Partnership Station (APS) Nashville as officer-in-charge of the embarked Department of Defense (DoD) medical and dental team.

Since Amundson and his team's rendezvous with USS Nashville (LPD 13) in Sekondi, Ghana, Feb. 20, more than 3,000 patients were seen ranging from simple check-ups to observing or assisting in surgeries alongside local doctors.

"A normal internal medicine specialist sees an average of 2,000- 2,500 patients in a year, and we did that in just two months, often seeing 40-70 patients a day," Amundson said.

Amundson's team, comprised of Army and Navy servicemembers, hit the ground running to overcome varied obstacles such as treating large numbers of patients in local clinics and working through language barriers in the French-speaking African countries.

"None of the team members had done this type of care-giving in Africa except for me," he said. "We were pushed to do a quick start-up and find out what skill sets could be used. We had Hospital Corpsman 2nd Class Sule

(Continued on page 6)



PORTSMOUTH, Va. - Rear Adm. William R. Kiser, Commander Navy Medicine East and Naval Medical Center Portsmouth, presented the Bronze Star Medal to Hospital Corpsman 2nd Class Johnnie Gouge. *U.S. Navy photo by Mass Communications Specialist 3rd Class Jessica Pounds*

Gouge is a six and a half year veteran of the Navy. He serves as a leading petty officer for his division. His primary responsibility is to make sure deploying Sailors are physically fit before deploying.

Continuing Promise Crews Arrive in Colombia to Continue Mission

By Airman 1st Class Benjamin Stratton, Continuing Promise Public Affairs

TUMACO, Colombia - The Military Sealift Command hospital ship USNS Comfort (T-AH 20) arrived June 6 in Tumaco, Colombia to continue its "Partnership of the Americas" mission called Continuing Promise 2009 (CP 09).

CP09, a four-month humanitarian and civic assistance mission, combines U.S. military and inter-agency personnel, nongovernmental organizations, civil service mariners, academic and partner nations to provide medical, dental, veterinary and engineering services afloat and ashore alongside host nation personnel.

This will be Comfort's fifth stop along its scheduled mission path. The CP09 team has already strengthened relations with citizens of Antigua and Barbuda, the Dominican Republic, Haiti and Panama.

"We have made many new friends along the mission so far, and I am very much looking forward to making many more here in Colombia," said Navy Capt. Bob

Lineberry, CP09 mission commander. "This provides for yet another opportunity to express our dedication and commitment to our neighbors in the U.S. 4th Fleet and U.S. Southern Command area of focus."

Comfort has 250 patient beds and more than 900 personnel embarked, employing five operating rooms, x-ray machines, CT scan, pharmacy, dental suites, physical therapy, veterinarian assistance and a variety of other services.

Comfort's crew will support two medical treatment sites in Tumaco, two engineering sites and various other sites employing the skills of teams ranging from bio-medical to veterinarian.

"We look forward to working closely with the Colombian officials and medical professionals, to learn and share best practices as we bring the very best in medical and engineering services to Tumaco," Lineberry said.

"Together as a team we can face challenges and see to a more secure environment and prosperous future for the Americas."

CP09 provides an opportunity



PANAMA CANAL ZONE - The military Sealift Command hospital ship USNS Comfort (T-AH 20) makes her way through the Panama Canal to cross into the Pacific Ocean June 3. *U.S. Navy photo*

not only to provide humanitarian assistance but also to learn from host nation partners and train a diverse team of experts who are able to respond to a regional crisis.

To date, medical personnel aboard Comfort have triaged more than 43,000 patients and performed more than 700 surgeries. The ship is scheduled to be in Colombia through mid-June before continuing her mission to El Salvador and Nicaragua.

Care for Caregiver continued...

(Continued from page 3)

shipmate or their family take responsibility and notice a chance possible brought on by distress or impairment. A person 'Injured' is considered to be Orange, where they have more severe or persistent distress or impairment, with possible extreme stress leaving lasting memories, reactions and expectations. A person in the Red zone is 'Ill' and is need of a caregiver to help them with stress injuries that won't heal without help.

"We eventually want to get to the point where we can automatically use the Stress Injury Continuum color codes. We want our personnel to trust their instincts when they think a shipmate is struggling. If a concerned staff member shares their concerns that they are worried about someone because they are Orange, we want the first thought to be it's related to some type of more severe stress injury and not that jaundice is setting in," said Westphal.

Another useful tool introduced by Westphal is the Stress First Aid model (SFA) model. "SFA gives us another, different type of leadership opportunity to im-

prove our own accountability and understanding of our own people," Westphal said. "We want to shape a way of interactive caring for years to come with these methods. We want staff to be engaged and help to break the code of silence not to hurt but to help. We do that by taking action with unit discussions, command dialogues, building support networks, reducing negative stress reactions and providing timely and proactive support."

SFA follows an algorithm model of simple steps using seven 'C's' to get a distressed Sailor or Marine out of a stressor condition that is having a negative impact on their health and performance. Check is to assess, observe and listen; Coordinate is to get help, refer as needed; Cover is to get to safety as soon as possible; Calm is to relax, breathe deeply and slow down; Connect is to get support from others; Competence is to restore effectiveness; and Confidence is restore self esteem.

We are committed to creating a quality of professional and personal life for our caregivers that matches the quality of care we give our active duty and retired Sailors and Marines and their families," noted Westphal.

Navy Medicine R&D Takes Another Step Forward Ground Breaks for Joint Research Facility; Navy Units Combine as NAMRU-SA

By Mass Communications Specialist 1st Class (SW) Arthur N. de la Cruz, Navy Medicine Support Command Public Affairs Office

FORT SAM HOUSTON, Texas – A groundbreaking ceremony was held here May 6 for the new Tri-Service Research Laboratory (TSRL), marking another step forward for Navy Medicine research and development. The 181,000-square foot facility will house two primary research entities: the Directed Energy research portion of Naval Medical Research Unit-San Antonio (NAMRU-SA) and the Air Force Research Laboratory Directed Energy research group.

NAMRU-SA, previously the Naval Health Research Center Directed Energy Bioeffects Laboratory (DEBL), was officially commissioned during an informal ceremony after the groundbreaking. It becomes the latest subordinate command under the Navy Medicine Support Command (NMSC) in Jacksonville, Fla. NAMRU-SA reports to NMSC via Naval Medical Research Center (NMRC) in San Diego and the Naval Medical Research Center (NMRC) in Silver Spring, Md.

"Because the Navy, Army and Air Force partners of the Tri-Service Research Laboratory have successfully achieved national and international recognition for their combined efforts, we are certainly looking forward to future successes as they continue to be seen as a respected authority on directed energy bioeffects and safety standards for the military and the civilian sectors,

said Rear Adm. Richard C. Vinci, NMSC commander. "The staff moves will begin next year, but now we are breaking ground on this new facility with great expectation of things to come."

NAMRU-SA consolidates the Naval Health Research Center Detachment Directed Energy Bioeffects, the Naval Institute for Dental and Biomedical Research (NIDBR) in Great Lakes, Ill., and the NMRC Combat Casualty Care research function.

The Great Lakes and Silver Spring units will be housed in a different facility - the Joint Center of Excellence for Battlefield Health and Trauma (BHT) that is currently under construction at Fort Sam Houston. All of these groups are being co-located to Fort Sam Houston as a result of the 2005 Base Realignment and Closure (BRAC) construction program for San Antonio.

The TSRL facility consolidates Air Force and Navy research programs that address the health and safety effects of exposure to various stressors into one location. When completed and operational it will be a DOD facility that allows the Navy and Air Force to simultaneously conduct directed-energy bio-effects research.

Navy Medicine scientists at NAMRU-SA will work to understand and manage the risks associated with human exposure to radio frequency (RF), microwaves, lasers and

(Continued on page 8)

West Africa continued...

(Continued from page 4)

Abiodum, a surgical technician, refracting for eyeglasses and becoming our optometry specialist. We actually gave out more than 800 pairs of glasses during our visits."

Amundson says the knowledge he and his team gained were irreplaceable because of the unique chance to experience first-hand the medical hurdles and triumphs the local care-givers accomplished.

"Altruistically, it's wonderful and medically you learn a lot and you see how other people do business," he said. "You see how local doctors and nurses take care of patients with practically nothing. Back in San Diego at the ICU, I have every technology known to man and every sub-specialist I could possibly want, and these guys are taking care of patients with a shoestring

and a band-aid [so to speak]...and they save lives. They have their difficulties, but they overcome, and work very hard."

Amundson and his team, along with the crew and staff members of APS Nashville, have made stops in Cameroon, Gabon, Ghana, Nigeria and Senegal. APS's central mission is working with host countries and their militaries to assist the enhancement of maritime safety and security for the continent of Africa. Amundson concurs that this main mission allows the other much needed humanitarian assistance aspects to prosper.

"Seventy-five percent of the world's population lives within 50 miles of a coastline," said Amundson. "Of the mega-urban areas that are growing such as Accra and Dakar, the Navy has the biggest opportunity to engage them in a very robust way.

It's all interconnected," said Amundson. "Security is key. If you can establish some form of security and then follow that with basic health care, then we're on the right track to a safer maritime domain and a more secure future for everyone. The whole APS evolution has been a wonderful experience for us, and to be able to be here and do this is truly gratifying."

The APS team, consisting of the USS Nashville (LPD 13) crew and an embarked staff of Destroyer Squadron 60 and international maritime professionals, are deployed as part of the international APS initiative developed by Naval Forces Europe and Africa. APS Nashville, a Norfolk-based amphibious transport dock ship and largest APS platform to date, is focused on collaborative efforts in West and Central Africa.

SECNAV Sees Ongoing NH Jax Upgrades While at NAS Jacksonville for Hangar Opening

From Naval Hospital Jacksonville
Public Affairs Office

JACKSONVILLE, Fla. - Acting Secretary of the Navy, the Honorable BJ Penn visited Naval Hospital Jacksonville (NH Jax), Fla. on May 5. NH Jax was one of two military construction (MILCON) sites the Secretary visited during his visit to Naval Air Station Jacksonville.

Penn was hosted aboard the base by Naval Facilities Engineering Command (NAVFAC) Southeast Commanding Officer Capt. Doug Morton. His first stop was the ribbon-cutting ceremony for the Base Realignment and Closure (BRAC) 2005 P-3 Hangar – the largest structure of its kind in the Navy it includes 277,000 square feet of “green” construction. The \$127 million project broke ground on April 13, 2007, and will be home to five P-3 Orion squadrons and will accommodate more than 1,600 personnel.

The Secretary's visit to NH Jax included a tour with the hospital's Commanding Officer Capt. Bruce

Gillingham. Penn saw how the facility's ongoing \$35.8 million addition and renovations are designed to compliment the hospital's quality of care.

“I appreciate what your folks are doing... it's very, very important taking care of our people,” Penn said. “You're doing a great job!”

“The new 62,000 square-foot, three-story addition will contain state-of-the-art surgical suites and advanced physical and occupational therapy areas,” said Gillingham. “The addition and renovations will make the hospital look modern and contemporary and they will help us advance our goals of providing high-quality and safe patient-centered care to our military heroes and their families.”

The hospital addition as well as renovations to existing spaces will include a new main entrance, labor/delivery area, a six-room operating suite, an eight-story elevator tower, administration spaces and a new physical therapy clinic.

The hospital serves about 240-thousand patients, completes more

than 543-thousand outpatient visits, conducts in excess of one million laboratory tests and fills more than one million prescriptions annually. It is also home to the Navy's largest and oldest Family Medicine residency program.

“We clearly displayed how two military organizations, NAVFAC and the Navy's Bureau of Medicine and Surgery (BUMED), have come together to work on this project,” explained Morton. “This is not new to NAVFAC. Our customer base reaches out and partners with the Marine Corps, U.S. Coast Guard, U.S. Air Force and other Department of Defense agencies.”

“Visiting the project sites with Penn really pulls it all together – the funding, the contract award, the contractor partner, the customer's requirements/mission, and the affect on those that will reside/work in the facility,” said Morton. He also noted that the Secretary was very interested in talking to the Sailors, staff and beneficiaries who will be using the new spaces, both at the hangar site and the naval hospital.



NAVY MEDICINE SUPPORT COMMAND, SILVER SPRING, Md. – Capt. Judith E. Epstein, M.D., MC, administers the new PfSPZ (Plasmodium falciparum Sporozoite) Malaria Vaccine to a volunteer candidate on May 27 as Dr. Sharina Reyes, M.D., looks on. Epstein is the Clinical Trials Team U.S. Military Malaria Vaccine Program director at Naval Medical Research Center (NMRC) in Silver Spring, Md. Reyes is an NMRC clinical project manager. *U.S. Navy photo by Mass Communication Specialist Seaman Timothy H. Wilson*

Portsmouth Naval: First Military Hospital to Join March of Dimes on NICU Support

By Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs

NAVAL MEDICAL CENTER PORTSMOUTH, Va. – Naval Medical Center Portsmouth (NMCP) is the first military hospital and the first hospital in Hampton Roads to team up with the March of Dimes “NICU Family Support” program. The initiative, launched on May 13, brings critically needed support services and vital educational messages to families whose babies are in the hospital’s Neonatal Intensive Care Unit.

“NICU Family Support” addresses the needs of families during their baby’s NICU hospitalization, during the transition home and in the event of a newborn loss. The program includes an innovative professional development component that helps staff better understand the family perspective and help create a more family-centered, sensitive environment for NICU families.

“We are excited to be a March of Dimes NICU Family Support site and are looking forward to this collaborative effort to support parents throughout their stay with us,” said Cmdr. (Dr.) Robert P. Englert, Medical Director of NMCP’s NICU. “This is a wonderful opportunity to work with graduate NICU parents and staff to develop programs specific to the needs of naval families.”

NMCP is one of seven stateside and two overseas military hospitals with a Level 3 NICU. Of the hospital’s approximately 3,500 births each year, more than 400 infants are admitted to the NICU. Depending on their condition, babies stay in the NICU anywhere from several hours to more than five months. The NICU has

nearly two dozen beds staffed by six neonatologists, four neonatal nurse practitioners, 25 pediatric residents, 54 nurses, 18 critical care staff and one social worker who is shared with other departments.

NMCP has more babies delivered than any other Department of Defense hospital or Hampton Roads hospital. NMCP has the most admissions for a combined level 2 & 3 NICU in the Department of Defense.

Capt. Craig Bonnema, NMCP acting commander, said, “That adds up to a lot of parents who already live the unique challenges and stresses of military life, and now their baby is in the NICU. It’s an emotional journey the family may be unprepared for. They need help and guidance.

“This program takes years of lessons learned from parents who’ve experienced that journey. It will give our NICU parents a roadmap and some shortcuts to lessen their stress, increase their comfort and give them confidence as parents. And it will help our caring staff be even more effective in supporting the babies and families who come into the NICU,” Bonnema added.

“The March of Dimes is thrilled to partner with Naval Medical Center Portsmouth because of its reputation for excellence and the quality care it provides to babies and naval families. The crisis of a NICU hospitalization is only compounded by the rigors and demands of being a naval family,” said Liza Cooper, National Director of March of Dimes NICU Family Support. “Naval Medical Center Portsmouth does incredible work every day to care for sick babies and their families. We want to support their efforts.”

NAMRU-SA continued...

(Continued from page 6)

low-frequency directed energy sources, said Capt. Vincent Delnno-centiis, NAMRU-SA commanding officer. The research will support programs that protect the health

and safety of Navy and Marine Corps personnel in both routine and combat operations. Much of this research is also used to help set international safety standards that, in turn, help protect the health and safety of people around the world. Bioeffects are the results of biological damages caused by various types of radiation.

A \$69.9 million contract was awarded to Skanska USA Building, Inc. for construction of the Tri-Service Research Laboratory. Skanska’s local San Antonio office will manage the contract. Additionally, a \$367,000 contract was awarded to Blackhawk Ventures, LLC, based in San Antonio, for installation of the ducts and cabling



necessary to provide voice and data communications to the TSRL facility.

Construction on the new laboratory is scheduled to begin in July and is expected to be completed by March 2011.



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