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Surgeon General of the Navy Awards Two Corpsmen for their Life Saving Efforts



Vice Admiral Matthew Nathan awards Hospital Corpsman Third Class Reginald Smalls and Hospital Corpsman Third Class Pamela Quarterman with Navy Achievement Medals for their heroic efforts on Veteran's Day.

HM3s Pamela Quarterman and Reginald Smalls had finished their complimentary Veteran's Day lunches in Annapolis when they walked out of the restaurant and noticed a white van driving much faster than normal in the parking lot. Before they knew it, the van had hit two cars before jumping the curb and coming to a halt. Every thing had fallen silent and there was some confusion amongst the pedestrians as to what to do.

Immediately, HM3 Quarterman dialed 911. She recalls her adrenaline rush to the scene and the lack of intervention by others was astonishing. She was nervous but did not ignore the urgent impulse to help. She says, "Even if you don't know CPR, call 911. Do something."

Simultaneously, HM3 Smalls approached the vehicle and opened the door to remove the driver. Inside the unlocked van was a man in his 50's. He was breathing, but gasping, with his muscles flexed. There were sounds of agony and he was in obvious distress, but unresponsive to Smalls.

Assisted by a stranger named Belle Robinson, who ironically turned out to be Quarterman's coworker's neighbor, Smalls removed the driver safely from the van and lowered him to the ground. Vitals such as breathing and a pulse were then assessed.

HM3 Quarterman soon returned to the scene with 911 on speaker-phone, but the patient became cyanotic at this point.

The order to perform CPR was

then given by the dispatcher. HM3 Smalls did the chest compressions while HM3 Quarterman performed the breathing portion for 3 cycles.

"This was very different from a mannequin," says Quarterman, "where you can see the chest rise with a bag valve mask. Here, there was a question about adequate breaths because he was not a small guy."

Both corpsmen reported a tunnel vision for those directly involved in care when they were in action. Smalls adds "My only thoughts were those of life saving technique. My biggest challenge was to get that man to breathe again and restore life to a lifeless man."

EMS soon arrived. The victim was transported to Anne Arundel Hospital in Annapolis, but sadly, did not survive. Myocardial Infarction is said

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Master Chief Kimberly Lamb
Command Master Chief
Naval Health Clinic Annapolis

Message from the CMC

NHCA Family,

Happy New Year! A new year marks a time for new beginnings and fresh starts. As we close out 2013 and begin 2014, it's good to pause and reflect on the past and look forward to the future. Looking back, we have seen the spectrum of hopeful celebration, triumph, despair and misfortune. To varying degrees, we have all shared these experiences together, with your friends, family and faith. My hope is that you will take from all your experiences and renew your hope for a prosperous and healthy new year.

Thank you all for your accomplishments, achievements and great work you do every day.

Very respectfully,

CMC

Surgeon General Awards 2 Corpsmen

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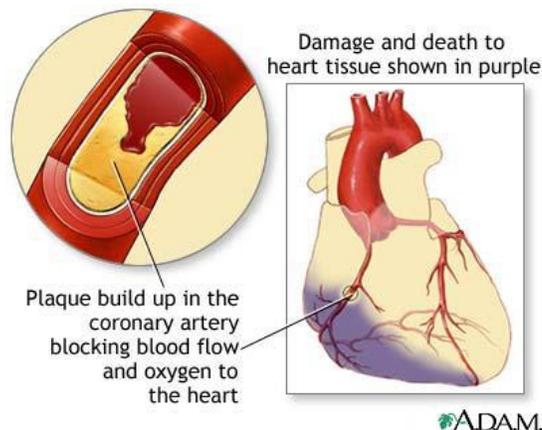
to be the cause of death.

Myocardial Infarcts (MI) are commonly known as heart attacks. When the myocardium or heart tissue is injured due to inadequate oxygenation, the blood flow is interrupted. This is often caused by cholesterol or fatty plaque build up. When large plaques result in a complete blockage to a portion of the heart, an MI occurs.

"I thought 'Wow!' This really did happen. At the spare of a moment, you have to be prepared for the worst of the worst. Something like this could happen to anyone. I don't think that 'This will never happen to me' will ever cross my mind again. What we did that day to save a man's life is simply the Honor, Courage, and Commitment that was instilled in us from Boot Camp. It's simply what those who came before us would have wanted us to do," says Smalls.

CAPT Sheherazad Hartzell, Commanding Officer of Naval Health Clinic Annapolis remarks, "HM3 Smalls and HM3 Quarterman are a fine example of our outstanding corpsmen at Naval Health Clinic Annapolis who truly uphold the Navy core values and the Corpsman pledge. They are corpsmen 24/7 and have a passion for taking care of people. What they did on that day was a selfless act and a paradigm for all to emulate."

HM3 Reginald Smalls works in pharmacy. HM3 Pamela Quarterman works at Brigade Medical Unit.



ADAM

Signs and Symptoms of Myocardial Infarction

- Stabbing pain, pressure, tightness or squeezing in the chest
- Pain radiating to the left arm, shoulder, or back
- Lower jaw (mandible) pain
- Mimics heartburn
- Shortness of breath
- Excessive sweating
- Nausea/Vomiting

If you suspect that someone is having a heart attack, dial 911.

The Bystander Effect

The failure to help often results from the way people understand and interpret a situation. It is not that people do not care, but that they do not understand what to do. The **Bystander Effect** states that the larger the group the participant is in (or thinks he is in), the less likely he is to come to a victim's assistance (Darley and Latane, 1968).



Kitty Genovese

The classic example of public apathy is the case of Kitty Genovese who was attacked and murdered in 1964 in New York. The assault lasted over half an hour during which time Genovese screamed and struggled while her assailant stabbed her repeatedly until she died of her wounds.

It was discovered that 38 of her neighbors had watched this from their windows but no one came to her aid. No one even called the police (Rosenthal 1964).

Ambiguity

Some of the witnesses of the Genovese murder later reported that they were unsure of what was happening. Was it a joke, a drunken fight or a dispute between lovers? If it were any of these, an intervention would have proved very embarrassing.

Pluralistic Ignorance

As various witnesses watched the drama unfold, they saw the lights turn on in many of the windows of adjacent buildings. Each of the witnesses assumed the other observers understood more about the situation than he or she did, not realizing that the others were just as uncertain. The fact that various witnesses could see each other through their windows reassured them that nothing urgent was transpiring. This is known as **pluralistic ignorance**.

Diffusion of responsibility

The fact that each observer knew that others saw the same event made it difficult to realize that the event was an emergency. It also made intervention less probable even for the witnesses who did recognize or suspect that the situation was an emergency. These people were now facing **diffusion of responsibility** where no one believed it was his/her responsibility to act.

While many observers might have felt the impulse to help, they also had self-centered motives that restrained them. Some did not wish to get involved, others feared the assailant, while others were apprehensive about dealing with the police.

Everyone assumed that since so many others saw what they saw, someone else would do something about it or had already done it (such as calling the police). As a result, no one did anything.

Studies of the bystander effect indicate that people often don't recognize that a need for help exists and that even when they do, they may not act because they expect that others will help.

Suppose the situation is not ambiguous and that responsibility is not diffused, will they then help a stranger in distress? One factor that determines whether they will or will not is the physical or psychological cost to the prospective helper: The greater that cost, the smaller the chance that he or she will help. In some cases, the cost is physical danger. In other instances, it is time and effort. What is costly to one potential bystander may not be equally so to another.

Genuine altruism

While people can be apathetic, they are also capable of genuine compassion, generosity and altruism. Sometimes people donate blood, contribute to charities, volunteer in natural disaster areas and administer CPR to accident victims.

These altruistic acts suggest that human behavior is not always self motivated. One aspect of our humanity is that we can go beyond the calls of social exchange and reciprocity. In the military, we go beyond the call of duty.



Everyone assumes that since so many others see what they see, someone else will do something about it or has already done it (such as calling the police). As a result, no one does anything.

ANNE ARUNDEL COUNTY FOOD BANK

On November 13, 2013, Brigade Dental staff members sorted nonperishable food items from local elementary schools and various partnerships with the Anne Arundel County Food (AACF) bank for families in need.

The Executive Director, Bruce Michalec, also educated the dental staff on the daily operations of the AACF which supplies food and furniture to various homeless shelters and food pantries locally.



Petty Officer Receives Military Outstanding Volunteer Service Medal

Military members are often said to be "volunteers," but sometimes a Sailor goes beyond the workplace to help others. The Military Outstanding Volunteer Service Medal (MOVSM) is designed for exactly those types of people, and after being awarded the MOVSM, HM2 (FMF) Rick LaCrosse has highlighted the importance of community service.

The MOVSM can be an intimidating award to some. The exact requirements are vague and there is no set number of hours given. What is clear is that volunteer service must be in the civilian community—that is, outside the workplace—and it must be significant and sustained. For example, the award would not be given for one month-long event totaling 200 hours, but could be given for multiple events over the course of a few years, totaling the same number of hours. Ultimately, the award is given at the commanding officer's discretion.

HM2 LaCrosse's volunteer hours for the award go back to when he was still a Hospital Apprentice in 2008. He participated in numerous and varied events, totaling over 300 hours. These events included volunteering for a Navy SEAL bike race, helping to set-up and tear-down for Hawaii's Special Olympics, as well as their AIDS walk. During a six month period in 2011, he contributed over 200 hours to Toys for Tots, Habitat for Humanity, and served as a volunteer personal trainer at 24 Hour Fitness. For the past two years he has put in more than 100 labor induced hours with Naval Support Activity Annapolis' MWR, setting up 8 community events. HM2 LaCrosse's service is an example that no matter what interests or skills someone has, there is an opportunity to help in the community.

Community service has effects that are immediately tangible and it can literally change lives. When HM2 LaCrosse was young, his father and two other family members died within months of each other. This left his mother to support the family on her own, which placed incredible strain on their finances and time.

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“Community service has effects that are immediately tangible and it can literally change lives.”

Outstanding Volunteer Service Medal

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"Once our church, family, and friends noticed what was going on, they started to pull together and volunteered their time to assist us. Anything from bringing over a home-cooked meal to taking us kids out to give my mom a break, to gathering donations so that we could celebrate the holidays that year," remembers LaCosse. That firsthand reaping of selfless service had a profound effect on him and he has since strived to help in any way he can.

Volunteering is easy to do and there are a myriad of options to choose from. It can be as simple as a couple hours a week and does not even require one to leave town. "If you volunteer in the community, you get to experience the diverse society we live in. Not to mention all of the individual stories and backgrounds that you hear," says LaCosse. Wherever you decide to volunteer though, know that you are making a real difference in people's lives and in the world.

For more information about volunteer opportunities in the area, visit the Volunteer Center for Anne Arundel County at www.volunteerannearundel.org.



HM2 Rick LaCosse, smiles from ear to ear after earning the Volunteer Service Medal.

HN Trusty Awarded Letter of Commendation



CAPT Sheherazad Hartzell, Commanding Officer of Naval Health Clinic Annapolis, recently presented a Letter of Commendation from Rear Admiral Butler, the Commander, Joint Task Force Guantanamo, to HN Jonathan Trusty of Branch Health Clinic Earle. The letter covered HN Trusty's assignment to Guantanamo Bay, Cuba, from January 2013 to October 2013. He provided both routine and emergent medical care for detainees. HN Trusty has been recognized for his professionalism and serves as an example for all Sailors.

West Annapolis Elementary

On Veteran's Day this year, CDR Cynthia Bryant, the Department Head at Brigade Medical Unit and staff for Adolescent Medicine, was invited to speak at a local school about her journey in the Navy and her experiences within Navy Medicine. It was "a wonderful experience and I believe that they got a lot out of it as they asked a bunch of questions." The questions ranged from CDR Bryant's experience shooting a gun to questions about her travels. The children's interests were especially piqued by CDR Bryant's stories about the Navy's use of dolphins to search for mines, with special concern for the safety of the dolphins. "My main message was to encourage them to stay in school and study hard to achieve whatever they dream to be."



TEAM PHOTO

Area of skill listed

Back row (L to R):

HM2 Kevin Terront—
soccer

HN Shane Holmes—
football

HN Pablo Gonzalez—
tennis

HMI Enrique Mosquera—
team captain



Front row (L to R):

HM2 Tyson Brindamour—
frisbee golf

HM2 Richard Pacheco
– basketball

HM2 Jack Lo– volleyball



Team captain, HMI Mosquera, raises his team's trophy.



Individual medals for 2013 champions

Branch Health Clinic Earle Wins Captain's Cup

After 5 months of vigorous competition in various events including soccer, basketball, flag football, volleyball, tennis and frisbee golf, the medical team took the final win in the obstacle course on October 30, 2013 that summed up all events.

This timed obstacle course had bonus

portions that gave the possibility of any other dept to take Medical's lead from the past wins. The course was completed by medical in 4 min 50 sec.

Untouchable, Medical accumulated 275 points winning the NWS Earle 2013 Capt Cup!

Second place came in with 180 points. A total of four departments competed, including NWS Earle Admin, Security and Port Operations.

Submitted by HMI Enrique Mosquera, Branch Health Clinic Earle, NJ

A MESSAGE FROM THE PATIENT SAFETY MANAGER (PSM)

Preventing Falls Among Older Adults



One of our goals at NHCA is to reduce injury for our at risk population and family members over the age of 65. A leading cause of injury to this group is falling. Annual statistics show that one in three adults ages 65 and older falls, which may lead to increased emergency department visits. Fall injuries may lead to long term consequences, such as hip fractures and traumatic brain injuries (TBI), impacting the independence of older adults. We are always taking steps to prevent falls from happening and to provide education to our patients that can reduce their risks at home.

Prevention tips for our patients and family members

Encourage the older adults you know to:

- Remain active; exercise, which will improve strength and balance
- Review medications with their medical provider or pharmacist
- Keep their vision sharp with annual eye exams, and wear the correct prescription
- Eliminate hazards at home such as, scatter rugs, clutter, and poor lighting



Things YOU can do to prevent falls:

- Keep outside walkways free of ice
- Begin a regular exercise program
- Have your health care provider review your medications
- Have your vision checked
- Make your home safer by eliminating trip hazards
- Keep emergency numbers in large print near each phone
- Put a phone near the floor in case you can't get up
- Think about wearing an alarm device that will bring help in case you fall and can't get up
- Get up slowly after you sit or lie down
- Wear shoes inside and outside of the house
- Improve the lighting in your house



Andrea Shafer

RN, BAN, C-EFM, RNC-OB

Phone: (410) 293-1342

Andrea.Shafer.ctr@med.navy.mil

Thank you for all that you do to keep our patients safe!

Andrea Shafer, PSM



LCDR Faye Rozwadowski practices acupuncture on a patient in Lakehurst, NJ.

Acupuncture As Adjunctive Medical Therapy

Modern day medicine may be more advanced, but there is also an underlying current of interest in alternative therapies for people and their respective medical maladies. It is one of the few medical treatments where patients first ask for the treatment, then ask "What is it and how does it work?" As a primary care provider that utilizes

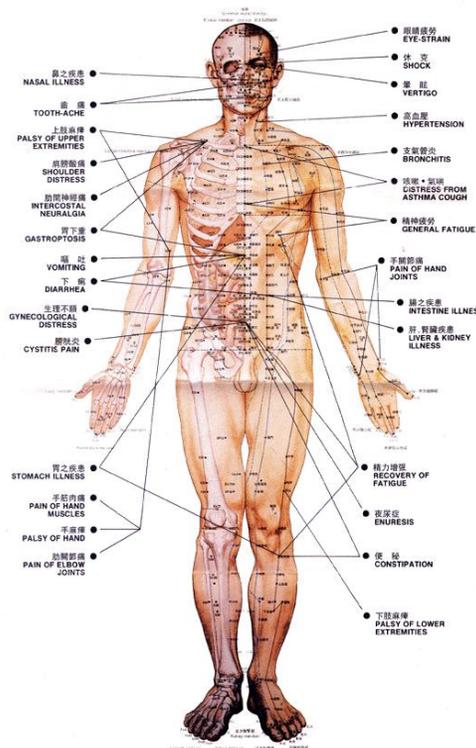
this adjunct therapy in medical management options, I would like to give a brief background and insight into this facet of alternative medicine.

Let's first start out with the basic history of acupuncture. It is not as new as one might believe despite current trends and growing interest into alternative medicine options. The first written account of acupuncture is from 200 B.C., yet even forensic anthropologists have found evidence indicating similar types of treatments 4,000--6,000 years ago. The migration and evolution of acupuncture has been slow, as the method was not formally introduced into Europe until the 1600s, and to the U.S. in the 1950s. There are two primary approaches for acupuncture treatment in the United States: the Traditional Chinese Method (TCM), and Evidence-Based Medicine (EBM), otherwise known as the Contemporary Medical Model.

With TCM, the ultimate goal is to balance one's "chi." Chi can best be described as energy, a flow, or natural current to the body. TCM is an intensive and complex method involving many other aspects of

evaluation and treatment, including an extensive intake with a personality profile, and even a pulse and tongue examination.

There are 3 main personality profiles that people are variably composed of within TCM: one being "will/spirit," which is more of the fiery and labile persona; the vision/action person who is more of the organized and ambitious persona; and the nurture/duty earth maternal persona. The theory of the five elements of wood, fire, water, air, metal and their balance affects chi in TCM and contributes to the varying personality profiles as well. The acupuncture points used in this type of acupuncture are based on what are known as meridians or types of "lines" throughout the body that chi travels along. These meridians are labeled as organ systems but don't necessarily correspond directly anatomically with the organ system named. Illness is the result of unbalanced chi from the disruption of meridian organ systems. Certain personality profiles will be prone to specific types of organ and elemental imbalances. Treatment includes acupuncture, sometimes with the addition of moxibustion (warming of needles), and herbal therapies. Providers who practice TCM have been educated for years in special training programs and this is their primary occupation and



treatment for patients.

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Acupuncture As Adjunctive Medical Therapy

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On the other hand, the Contemporary Medical Method has the primary goal of stimulating nerve, muscle, and connective tissues. The stimulation involves boosting release of the body's natural painkilling substances and increasing circulation to the affected region. This version actually takes acupuncture points from TCM that have been shown to be effective and have a neuromuscular anatomical correlation. The known trigger points in current physical therapy practices correspond with 71% of acupuncture points, and 80% of acupuncture points involve a bundle of nerve and vascular tissue. The stimulation of these points has been proven to release proteins that increase circulation to the area, thereby enhancing healing effects. Some acupuncture points in the scalp and head have been shown to have embryonic roots that anatomically refer to other body and brain regions, and thereby elicit effects in this manner. Electrostimulation enhances the stimulation of the acupuncture points, with the use of a small device that sends a very low current through the region being treated. This is very similar to transcutaneous electrical nerve stimulation (TENS) experienced by patients in physical therapy. Contemporary Medical Acupuncture is practiced by medical providers who have taken a certified training program. When utilized in the medical setting, it should be considered an adjunct to current therapies and not a single treatment or cure for a condition.

The success of incorporating acupuncture into medical practice has proven extremely beneficial for many conditions. The low cost involved in therapy, the minimal to no side effects, the ease of use in austere environments, and the mental and physical gain to the patient for overall well-being has

made it attractive to military medicine. In fact, it has helped multiple high ranking individuals on a personal basis who then pushed for funding for training of military practitioners to use in the military setting, especially in deployed settings where treatment options are limited. Within the U.S. military, acupuncture has been utilized in sports medicine, family medicine, anesthesia/pain management clinics, and concussion/TBI recovery centers. This therapy has also been used in deployed theaters including Marine Corps units for TBI and PTSD therapies.

The treatment I offer is based on the Contemporary Medical Method and takes 15-30 minutes, with average interval frequency being every 1-2 weeks, and follow-up as needed per case. The treatment may be applied only to one region of the body, or more systemically. The first time treatment involves minimal needles. Follow-up treatments may include additional needles and electrostimulation.

The main conditions I personally treat are mainly chronic in nature: back pain, neck pain, muscle and joint pain, GERD, constipation, irritable bowel syndrome, insomnia, anxiety/depression, restless leg syndrome. It is currently being offered for beneficiaries enrolled in Lakehurst Branch Health Clinic.

If you are a Lakehurst beneficiary interested in treatment for a consultation appointment with Dr. Rozwadowski, please call **732-323-5323**.

Submitted by:

Faye Rozwadowski, MD
LCDR MC USN
Lakehurst BHC

Please note that other providers who are credentialed to practice acupuncture at Naval Health Clinic Annapolis include:

John C. Biery, Jr.,
CDR MC USN
Naval Health Clinic
Annapolis
410-293-1748 /
410-293-1755

and

Scott Pyne
CAPT MC USN
Naval Health Clinic
Annapolis
410-293-1758

INDIVIDUAL AUGMENTEE

Hospital corpsman, HM3 Javier Uvina (right) is pictured with his dental officer, LCDR Benjamin Armstrong (left), outside their dental clinic in Djibouti. While deployed, HM3 Uvina was awarded the Blue Jacket of the Quarter in October 2013.

He returns to Naval Health Clinic Annapolis from Camp Lemonnier in early 2014.



Sailor of the Year Boards: The Ins and Outs

At the end of every fiscal year, the command celebrates hard work and dedication with the Sailor of the Year boards. These boards are broken up into Senior Sailor of the Year (E-6), Junior Sailor of the Year (E-5), and Blue Jacket of the Year (E-4 and below). The nominees for the Senior Sailor of the Year were MA1 Sidney Lindeke, HM1 Dwayne Lopez, and HM1 Enrique Mosquera. The nominees for Junior Sailor of the Year were HM2 Dylan Marrone, HM2 Richard Pacheco, HM2 Leslye Thompson, and HM2 Drew Lidster. The nominees for Blue Jacket of the Year were HM3 Larhonda Fletcher, HM3 Michael Romero, and HM3 Bryant Rivaspallo. Each of these nominees was selected for Sailor of the Quarter throughout the year, and that in itself is quite an achievement.

The boards consist of a uniform inspection and facing movements, as well as a number of questions that range from uniform related to current events. Unlike the Sailor of the Quarter boards, the questions for Sailor of the Year are mostly opinion based and require the nominee to know the topic well enough to discuss it in depth. "Just be honest with your opinionated answers," says Junior Sailor of the Year and Junior Sailor of the Quarter, 2nd quarter, HM2 Marrone. "Don't try to fabricate an answer you think the board wants to hear; let them see a little bit of your personality."

Despite all the preparation that nominees put into their boards, there are almost always areas that they do not know, thus being able to calmly handle these moments is also important. "While the boards can be nerve-racking, one thing that calmed me down before going into mine was the thought that there was no penalty for doing badly. It's an achievement just to be going into that board, so one should just be happy they're there and give it their best," says HM3 Romero, Blue Jacket of the Year and Blue Jacket of the Quarter, 2nd quarter.



Sailor of the Year Board

After the boards have been completed, the board members make their selections for each category's Sailor of the Year. In addition to each nominee's performance in their board, the selection is made by looking at what the nominee has done for the entire fiscal year. Awards, achievements, and volunteer work are all taken into account. The Senior Sailor of the Year is *HM1 Enrique Mosquera*, the LPO at Branch Health Clinic Earle. The Junior Sailor of the Year is *HM2 Dylan Marrone*, the LPO for Medical Home Port. The Blue Jacket of the Year is *HM3 Michael Romero*, the ALPO for Optometry. While only one nominee can be chosen, each is deserving of congratulations and is a role model for the command.

PROMOTIONS & AWARDS

Promotions

CDR Cynthia Bryant
 LT Merilyn Cariaga
 LT John Munyan
 HM1 Kevin Bostick
 HM2 Michael Couch
 HM2 Paul Kretschmar
 HM2 Denice Moore
 HM3 Dorle Mae Aguirre
 HM3 Ashley Kilcrease
 HM3 Keara King
 HM3 Ryan Kirk
 HM3 Jordan Varney

Awards

HMCS Danilo Salazar, MSM
 HMC Nathaniel Blosser, NCM
 YNC Quentin Martin, NCM
 HM2 Rick LaCosse, NCM
 HM1 Tam Duong, NAM
 HM2 Kristin Bovaird, NAM
 HM2 Chimezie Emereibe, NAM
 HM2 Alvaro Galo, NAM
 HM2 Daniel Harmon, NAM
 HM3 Neil Allen, NAM
 HM1 Dwayne Lopez, FLOC
 HM1 Enrique Mosquera, FLOC
 HM1 Jose Palacios, FLOC
 HM2 Drew Lidster, FLOC
 HM2 Richard Pacheco, FLOC
 HM3 Bryant Rivaspallo, FLOC
 HM3 Michael Romero, FLOC
 HN Andrew Baur, LOA

Awards Legend

MSM: Meritorious Service Medal
NCM: Navy and Marine Corps Commendation Medal
NAM: Navy and Marine Corps Achievement Medal
FLOC: Flag Letter of Commendation
LOA: Letter of Appreciation

What is a Ragnar Relay?

When I first opened an email to do a relay race in October, three months away, I was skeptical. Even though I do not like to run, I had started to do group runs in the past year with people in this command which made running bearable. I also liked the camaraderie that came along with it.

The Ragnar Relay is different than most running events that are advertised. It is a 2 day evolution where either 6 or 12 relay runners participate through the night to complete a near 200 mile course. The total length of the course remains the same whether you have 6 or 12 runners. For our team, we would be running from Cumberland, MD into Wash-

ington, D.C.

We recruited 3 runners from our northern branch clinic in Earle, a runner's spouse and 2 siblings of 2 runners to help us meet the 12 person criteria. We were now called The Swashbucklers.

There was also a 3 person volunteer requirement to meet. Thankfully, my retired parents drove down from NYC when we could not find our last 2 volunteers. In order to give myself something to look forward to, I signed my parents up to volunteer at the water booth, giving out cups of water to runners, near the end of my first leg of the race which was 6 miles long.

During the relay, there are 2 vans with 6 runners per van. Each of the first 6 run-

ners in a van would run their designated courses between the start and exchange 6. At Exchange 6, van 2 takes over. Runner 6 from van 2 passes the baton, a slap bracelet, to runner 7 from van 2 and van 2's members start their run. The next 5 runners in van 2 would then run each of their designated trails sequentially (runner 8, followed by runner 9, etc). Once Van 2 finished at exchange 12, van 1 took over for the next 6 exchanges and so forth. Each person runs 3 legs and can run anywhere between 3 to 10 miles at a given time, with varying levels of difficulty per leg.

On some legs, there was the option of van support where your van could pro-

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Runner HMI Dwayne Lopez passes the slap bracelet to his brother, Howell, at an exchange point.



Runner HN Pablo Gonzalez reaches the chute where LT Merilynn Cariaga waits.



What is a Ragnar Relay?

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vide water for you or cheer you on alongside the road.

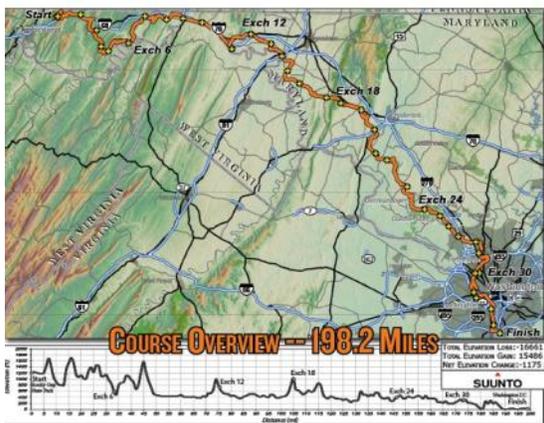
For HMI Tam Duong, our team captain, he would ascend 1,247 feet and then descend 1,024 feet over a 7.8 mile distance without van support.

So why kill yourself, you ask? Command Fitness Leader and Junior Sailor of the Year, HM2 Dylan Marrone replies, "It was a good opportunity to bring us together as a command to test our physical capabilities. It was

nice to meet some of the Sailors from the northern clinic as well. It's not often a command forms a team to take on such a grueling race." One such example of this is that two of our teammates, including HM2 Marrone opened up their homes to three Sailors they had never met the night before the Ragnar to minimize the housing costs they would be burdened with in addition to the costs of the race.

Your leadership skills also be-

come tested during these types of events. When small errors are magnified, such as a wrong turn, they can potentially be at the cost of others. At 2am, van 2 took a wrong turn onto the highway. In an effort to return the way we originated from, a fatal accident was encountered with all traffic stopped. This would be LT Merilynn Cariaga's only leg with van support. Do we meet her at the next exchange or return to her side in case? HM2 Jack Lo was in the driver's seat. He had crossed



onto service roads where I had almost always obeyed the rules. Led by our desire and determination to support our Sailor, HM2 Lo accessed the service road to our right. When we found LT Cariaga, she was experiencing heat exhaustion and had been running for 40 minutes. Our van pulled up on

her side and took her jacket. Even though she was now able to complete her run, it took a toll during her 3rd leg of the Ragnar with multiple leg cramps.

In the end, LTJG Nicole Kosakowski from Earle, sums up her experience, "I was runner 11. Overall my first trial was all wooded, on a paved path, generally flat, but almost 10 miles. The second trail was CRAZY, all wooded, pitch black at 4am, with many hills, and very narrow trails.

The last leg of 4.2 miles was pretty easy, but it was hot that day so it made it challenging after almost 20 miles completed. I loved the race. I would recommend it to anyone who is looking for a team race and doesn't mind sleeping much."

Written by:

LT Doris Lam



Did you know? Influenza is the most frequent cause of death from a vaccine-preventable disease in the United States. It leads to about 23,000 deaths per year. Seasonal influenza is also responsible for more than 200,000 hospitalizations per year. The best way to prevent the flu is to get the flu vaccine.

The flu vaccine is **mandated for all active duty**. In addition to being a work requirement, getting vaccinated has been shown to reduce lost school and work time. Influenza is a serious disease that can lead to hospitalization and sometimes even death. The vaccine can also reduce symptoms if you should still contract the flu, it likely reduces the potential for serious associated illnesses like Post-influenza Pneumonia.

Presently our clinic has an ample supply of FluMist (nasal vaccine) and injectable vaccine available for all Tricare Beneficiaries, Active Duty, and DOD Civilians at USNA and NSA (GS and Contractors). Please come between **12:30 to 3:30** to the immunizations clinic at NHC Annapolis to get your flu vaccination even though *no appointment is necessary* for the flu vaccine.

If you cannot come to the clinic, we encourage you to get the flu vaccine at local area TRICARE pharmacies (like CVS, Rite Aid, Shoppers, Giant, Target, Safeway and many more) for Tricare patients. We encourage you to use Tricare Pharmacies to receive your flu vaccinations. Flu vaccines can be provided by any TRICARE-authorized provider or through one of the network pharmacies that participates in the vaccination program at no cost. To find a participating pharmacy near you, visit <http://www.express-scripts.com/TRICARE/pharmacy/> or call 1-877-363-1303. If you are being charged for the vaccine, please have the pharmacist contact Express Scripts at the number listed.



If Active Duty members attain the flu vaccine from non-military sources, they must bring a copy or fax (410-293-3264) a copy of the paperwork to the immunization clinic so the vaccine can be entered into their military immunization records. Failure to bring in the records may require the Active Duty member to get a repeat administration of the vaccine.

Please visit the following website for all the required forms to get your flu vaccine (please note that civilians are required to fill out 2 forms). Vaccine availability and review updates are also available at this link. <http://www.med.navy.mil/sites/annapolis/immunizationclinic/Pages/seasonalfluvaccine.aspx>

From the Ombudsman

We had our "Meet and Greet" where spouses and service members new to the command had the opportunity to meet with the two ombudsmen and the CO, XO and CMC. At the meet and greet, they had the opportunity to learn more about the ombudsman program and what it can provide. Being the first Meet and Greet event held at the command, hopefully a quarterly event can be held to allow more spouses and dependents to touch base with the ombudsman.

William Lopez will be resigning as co-ombudsman and relocating to Spain with his family. Ombudsmen must be spouses of the command. If you are interested in volunteering for the ombudsman position, please contact the command.



Mr. William Lopez with HN William Troy and his wife, Selena.

Naval Health Clinic Annapolis



Check out photos from recent events such as the Breast Cancer Walk and the command's and children's holiday parties on Facebook!



If you would like to contribute an article or announcement to this newsletter please email HM3 Michael Romero at Michael.Romero@med.navy.mil or call him at 410-293-3617 or ext. 1790

COMMAND GOALS

1. READINESS

- To provide continuity of personnel to sustain corporate knowledge, program requirements, and ultimately enhance patient safety and staff morale.

2. MEDICAL HOME PORT

- To provide a functioning Medical Home Port Clinic fully staffed and qualified to meet National Committee for Quality Assurance (NCQA) standards.

3. QUALITY IMPROVEMENT

- To provide a standardized, systematic process to identify, implement, monitor, and track continuous quality improvement activities for NHCA.

STEM Outreach Project Visits Kindergarteners

On November 20, 2013, six volunteers from the command were given the opportunity to visit Germantown Elementary as part of the STEM Outreach project. The 120 kindergartners were divided into five sections, rotating between the different department representatives.

The laboratory department was represented by HM2 Isaac Kimble and it was no doubt many of the students' favorite section. "A class was given lab coats and all the kids went crazy to don one and were eager to view the microscope," says one of the event coordinators, HM1 Dwayne Lopez. HM3 Michael Romero represented optometry and focused mostly on the various specialty testing that the department uses. The students were especially interested in depth perception testing, which they associated with a 3D film. HM2 Megan

Lopez gave them a treat by showing them real X-ray images from radiology. "It was nice to get out and show people what we do every day," says HM2 Estevan Colvin, who taught the students a stretching routine as a representative of physical therapy. The dental department, represented by HM3 Larhonda Fletcher and HN Cailee Frederickson, had the children demonstrate proper brushing techniques with a pill that turned their teeth purple to show the areas that needed more brushing.

The day was a success and led Germantown Elementary to inquire about being a part of more STEM events. "The whole experience just validated my opinion about kids; kids are just miniature adults.

They are extremely smart and can articulate their thoughts and knowledge," says HM3 Fletcher. This attitude was prevalent amongst the volunteers, with all remarking on the enthusiasm of the students. These kinds of volunteer opportunities are not uncommon and are a great way to showcase what the Navy is doing.

