



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER UPDATE



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION THROUGH PROTECTION START HERE

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Spring 2013

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YOU SERVE. WE PROTECT

Navy and Marine Corps Public Health Center (NMCPHC) provides worldwide Force Health Protection services to Naval and Joint forces in support of the National Military Strategy. We survey, consult, develop, and shape our public health for the Navy and Marine Corps, working primarily with public health providers and policy makers in support of readiness for all Sailors and Marines.

We execute the Naval Public Health mission by providing health readiness to operating forces and shore command stakeholders across the full range of military commands and civilian organizations in Navy, Marine Corps, and joint environments.

Headquartered in Portsmouth, Virginia, we operate out of six main locations with a diverse group of over 600 personnel. Our personnel are experts in five main functional areas: environmental medicine, preventive medicine, population health, laboratory operations, and enterprise support.

Scan the code with your mobile device and link to our homepage!



From the Commanding Officer's Desk



*Capt. Michael J. Macinski
Commanding Officer, NMCPHC*

First, let me say what an outstanding quarter NMCPHC has had. We continue to deliver tremendous support to our Sailors and Marines worldwide, providing top quality Public Health services and preventive care that is key to their readiness.

As most of you know, the Military Health System (MHS) is transitioning, and with transition will come change. Here's what we know so far: The TRICARE Management Activity (TMA) will be transitioned to the Defense Health Agency (DHA), under the control of the Assistant Secretary of Defense for Health Affairs.

The DHA will assume responsibility for shared services, functions, and activities in the MHS, and public health and is included as one area that health Affairs is looking at efficiency and determining ways to make health care more efficient and cost effective. What the specifics are, as to how this will impact our Command, such as who we report to, and what we will look like in the future has not yet been determined. Many of the NMCPHC staff are working with BUMED and other Service representatives on working groups to make recommendations on the best way for us to deliver public health in the future. As this moves forward, I will keep you informed as to what it means to us as a Command. The possibilities are wide ranging, but change none the less will happen....Be positive and keep moving forward with the good work you do everyday.

I want to talk a little about Audit Readiness and why it is important to the Navy, and the Command.

Bottom line is the Navy wants all Commands to be audit ready at all times. So what do I have to do to support the Command? Mr. Marshall, the BUMED Comptroller, uses the acronym "STTRESS". First is 'Supporting' Documentation, which includes Letters of Designation, termination, appointment and certificates of appointment for purchasing. 'Time' and attendance. SLDCADA is done correctly and supervisors approve. 'Travel' - Five days to file, nothing over 90 days in DTS. 'Receipt' and acceptance of supplies and equipment. 'Equipment' - accurate inventory and up-to-date. 'Systems' (DMLSS) And 'Support' Agreements. Are we getting what we pay for? The SOPs developed to support audit readiness if followed, ensure standardization of accounting practice. We want to make sure NMCPHC is doing its part in making the Navy audit ready.

In our spot check this week, our Command Resource Management Director and Comptroller Dave Bailey and his staff did an outstanding job in one of the first tests for audit readiness. We have a lot of work to do to transition to DMLSS, (purchasing program) but we did very well as one of the first activities getting a spot check. We must be good stewards of the resources the taxpayers and Congress give our Command to function. NMCPHC is doing an outstanding job. I know things are a little unsettled with sequester, furloughs, DHA, and day to day tasking. The best approach to make sure we are valued by the Navy is to keep doing what we do... keeping our Sailors and Marines healthy and ready CO sends

**CMC
Corner**



*HMCM (SW/FMF) Robert Searles II
Command Master Chief, NMCPHC*

Greetings NMCPHC, I hope this finds you well. Well the quarter, like our winter weather, has been a long, cold and busy adventure. There is so much going on the meetings have tripled. Information pertaining to Sequestration, Furlough, and the Defense Health Agency has been evolving just about daily. Needless to say, the command has felt the impact of sequestration in areas such as travel and logistics (to name a few). Of note, each department has effectively and efficiently carried out their mission in order to meet our command goals. NMCPHC has creatively managed to overcome obstacles in order to meet our customer's needs.

Bravo Zulu to HM1 Gornitzka of the USS George H. W. Bush (CVN 77) who was selected out of 19 candidates as our Preventive Medicine Technician of the Year 2012. HM2 Christian P. Lopez, USS Eisenhower (CVN 69) won the Radiation Technician of the Year 2012. Cmdr Michael D. Cassady was selected to receive the Rear Admiral Stephenson Award 2012. Lieutenant Junior Grade Jeffrey S. Caudill received the Capt. Ernest W. Brown Award 2012. There were many nominations for NMCPHCs' 2012 annual awards and all were stellar performers. Congratulations to those selected.

NMCPHC's Health Promotion and Wellness team has given us the opportunity to set new Health goals with the Annual Crews into Shape Challenge. We had 9 teams with 58 participants in this year's command Crews into Shape Challenge. That was 2 more participants than last year! Thank you Ms. Sally Vickers for keeping us Healthy!!

The Diversity Committee has been very active this quarter.

In January, the diversity committee sponsored our annual Martin Luther King Jr. Birthday observance and celebration. The event was themed "Remember, Celebrate, Act! A day on, not a day off!" and included a small presentation about the life and legacy of Dr. King. Upon conclusion of the event, a potluck luncheon was held for all staff to share various tasty dishes from different backgrounds.

February was African-American History Month. The Diversity committee teamed up with Naval Medical Center Portsmouth's Cultural Heritage Committee and put on an awesome observance themed "At the Crossroads of Freedom and Equality: The Emancipation Proclamation and the March on Washington". The guest speaker was Pastor Sam Logan, Senior Pastor of New Hope Baptist Church, Chesapeake VA.

Women's history month was observed in March. "Women Inspiring Innovation Through Imagination: Celebrating Women in Science, Technology, Engineering and Mathematics" was the theme and a healthy fruit & desert luncheon was held in honor of women's great and innovative contributions in math and science.

Our Quality of Life has also been very busy fund-raising to ensure the summer picnic is better than ever for 2013. We cannot express how truly appreciative we are for the tremendous work each QOL member accomplishes. Each of our departments and field activities provide service to the fleet that remains unparalleled. Know that you make a difference for our Military every day.

Website Analytics

by Public Affairs Staff

The Navy and Marine Corps Public Health Center (NMCPHC) website is a central platform for engagement among stakeholders, and in many instances, the first line of sight into the Command. The website serves as the Command's anchor representing our vast expertise and capabilities within Navy and Marine Corps public health. The appearance, accuracy, timeliness, and relevance of the information presented by NMCPHC on the Web reflect on the Department of Defense's (DOD) professional standards and credibility. Additionally, information residing on a Web server associated with a ".mil" domain is interpreted by the worldwide public, including America taxpayer and media, as reflecting official Navy and Marine Corps policies or positions.

Last year, the NMCPHC's website was renovated and we implemented a metric based analytic program called Google Analytics to help interpret web traffic. By using a web analysis

program, we are now able to measure, collect, analyze, and report internet data specific to the NMCPHC.

By tracking visits, pageviews, average visit duration, pages per visit, and average time on page, we can measure the effectiveness of our marketing to external stakeholders and identify areas of interest.

While the majority of our Web traffic from January – March came from the United States (61,607 Visits), the NMCPHC website was visited by people in 117 different countries. Visitors from Japan totaled 1,944 followed by Italy with 977. From January 1, 2013 – March 31, 2013, the average time a visitor spent on the NMCPHC page was 3:22 with an average time spent on one specific page at 1:55. During this period, visitors averaged 2.76 webpages per visit to the NMCPHC website.

Comparing Visits and Pageviews:

- Visit is a count of unique sessions of all visitors. A visit ends after the visitor either closes the browser or is inactive for 30 minutes. It is possible for a visitor to link to a page directly and not navigate through the main homepage.
- Pageview is the number of times a webpage is viewed. When a visitor hits the back button, a pageview is generated. When a visitor hits refresh, a pageview is created. Every time a page is opened in a browser, it generates a pageview.



Website Analytics

cont'd

Where did our visitors go this quarter? Our top three visited departments were:

Department	Total Visits	Average Visit Duration	Average Time on Page	Pages/Visit
NMCPHC Overall	61,607	00:03:22	00:01:55	2.76
EH: Industrial Hygiene	8,511	02:12:41	00:02:40	4.00
PH: Health Promotion and Wellness	84,651	00:48:55	00:05:27	3.00
PM: Preventive Medicine	4,271	00:43:36	00:01:08	83.00



In addition to web analytics, social media and social analytics are becoming increasingly popular. Social media referrals, primarily from Facebook and Twitter, accounted for 579 website visits in the first quarter. This may not look like a large number now, but as you read through the *Get Social with NMCPHC* on the next page, you will see how rapidly our page is growing. A total of 48.43 percent of social media traffic came from Facebook and 42.32 percent came from Twitter.

We will continue to provide a snapshot of NMCPHC website trends each quarter. Additionally, each month NMCPHC Department Heads receive an individual report highlighting web traffic specific to their department. These reports indicate a monthly review of pageviews, visits, average time on page, average visit duration, bounce rate, visit by traffic type, and visit by source. If you are interested in more information or have questions regarding web analytics, contact your website administrator.



Get Social with NMCPHC

By Public Affairs Staff

Shipmates, you may have noticed that the Navy and Marine Corps Public Health Center has become more active on social media, particularly with Facebook. One of our goals with social media is to help raise awareness of the great work our personnel do every day in providing public health services to the Fleet and Marine Forces. We have made great strides toward this goal as posts from our Facebook page have been shared by BUMED, Real Warriors, Force Master Chief, and Bureau of Medicine and Surgery, helping our messages to reach a much wider audience.

If you haven't become a fan yet, take a minute to check us out the next time you are online. We are sharing great public health information that benefits Sailors, Marines, and their families as well as highlighting command resources our public health professionals need in the field (and we tell you EXACTLY where to find it on our website). In addition, we are making sure our health care providers are aware of upcoming NMCPHC-sponsored training and free education opportunities offered by partner organizations such as Defense Centers of Excellence – Psychological Health and Traumatic Brain Injury, Armed Forces Health Surveillance Center, and the Centers for Disease Control (CDC).

We are also excited to announce that we recently topped the 300th fan mark! Thank you to everyone who has shared our page or a post with colleagues, family and friends.

This has helped to raise our page's visibility immensely allowing us to reach more of our Sailor and Marine customers, even while they are deployed or stationed overseas.

Our page is frequently viewed in over 20 different countries and has been translated into 19 different languages indicating that our viewers include not only our military members, but also some of the military and public health professionals they partner with while overseas.

We are always looking to our directorates, departments, and field activities for messages and information to share on our Facebook page to help us continue to move forward in expanding our social media presence. Do you have any products and services, events, awards, re-enlistments, or COMREL (just to name a few) you would like to share? If so, please contact the Public Affairs Office at: NMCPHC-PAO@nmcphc.mar.med.navy.mil.

Mobile Applications

by Public Affairs Staff

Mobile Applications and Public Health

Mobile Applications are defined in a variety of ways depending on which technical source you draw from. Mobile applications are designed to run on smartphones, tablet computers, and other mobile devices. These mini portable applications commonly referred to as “apps” connect users to Internet services and resources on the go.

The Navy and Marine Corps Public Health Center (NMCPHC) recognizes and supports several mobile apps, and has partnered with the United States Department of Agriculture (USDA), Defense Center

of Excellence (DCoE), and National Institute of Telehealth and Technology (T2), to develop two new apps.

Recently, the Navy Entomology Center of Excellence (NECE) partnered with the USDA’s Agricultural Research Service (ARS) and the DoD’s Deployed Warfighter Protection Program (DWFP) in assisting with the development and creation of the Aerial Application Technology (AAT) app. This iOS app, compatible with iPhone, iPod touch, and iPad, is a searchable database of all published work on pesticide products sprayed from planes, which not only protects crop production, but can destroy vectors (pests that carry and transmit infections and diseases). The Android companion will be available soon. For more information, visit: <http://www.med.navy.mil/sites/nmcphc/nece/testing-and-evaluation/Pages/default.aspx>.

In addition to the AAT app, the NMCPHC partnered with T2 in the development of the Navy Leader’s Guide (NLG) as a mobile application. The Guide will help Leaders at all levels by providing information, resources, and strategies for recognizing and supporting Sailors and Marines in distress. This app provides Navy Leaders with an instant connection to the NLG and will be released later this year.

Find the full list of mobile apps on our website at <http://www.med.navy.mil/sites/nmcphc/wounded-ill-and-injured/Pages/apps.aspx>.

U.S. Surgeon General’s Mobile App Challenge

Did you miss the U.S. Surgeon General’s Healthy Apps Challenge? If so, the winners are listed below! This challenge was created to highlight innovative new technologies that provide health information and empower users to regularly engage in and enjoy health-promoting behaviors. The mobile applications were assessed for innovativeness, usefulness, quality of evidence-based healthy behaviors, usability, the ability to provide personal demographics, and whether or not the mobile app had a “fun” factor. For more information on the challenge and to view the winning apps, visit <http://sghealthyapps.challenge.gov/>. The categories of winners include Healthy Eating, Active Living, Integrative Well-Being, and apps For Children.

Healthy Eating

- **GoodGuide** allows users to rate and compare products, and makes it easy to choose “green” food and household products.
- **Fooducate** helps with comparing food products side by side. Products are rated from A to D based on their ingredients. This app also provides health information on a particular food along with healthy alternatives.

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Mobile Applications cont'd



(Officer selection officers and recruiters will soon use the cameras on their government issued smart phones and BlackBerrys after a new change in policy by Marine Corps Recruiting Command. Photo illustration by Lance Cpl. David Flynn)

Physical Fitness

- **Lose It!** is a mobile nutrition and activity counter. The user can set nutrition and fitness goals, input daily activity, and get feedback. In addition, results can be posted to Facebook to gain friendly motivation!
- **Fit Frenzy** is a comprehensive interface that allows the user to track mileage, time exercised, calories burned, set goals, and invite friends to join the workouts!
- **MapMyFitness** creates a virtual mapping experience for workout enthusiasts. This app allows the user to map a route, join in a group run, participate in a challenge, or find a local training event.

Integrative Well-being

- **Healthy Habits** involves changing health behaviors. Good intentions come to life with this mobile app, which identifies habits that will improve your life and provides rewards and reminders along the way.

For Children

Max's Plate is designed to attract children to a healthy lifestyle and provides a fun environment for learning healthy nutrition.

Short Sequence: Kids' Yoga Journey teaches children yoga moves, shows them how to participate, and explains each movement.

Mobile apps provide easily accessible information and can support healthy behaviors in new, interactive ways. Explore the variety of available apps to find the ones that help you meet your health goals.

Resources:

National Center for Telehealth and Technology: <http://t2health.org/products/mobile-apps>

DOD, Department Information Systems Agency: www.disa.mil/

Defense Center of Excellence: <http://www.dcoe.health.mil>

US Department of Agriculture; Agricultural Research Center: <http://www.ars.usda.gov/main/main.htm>

U.S. Dept of Health and Human Services: www.surgeongeneral.gov

Health Risk Assessment Results 2012

by Public Affairs Staff



Airman Camilo Torres, of Brooklyn, N.Y., participates in a scheduled Prevent course aboard aircraft carrier USS Nimitz (CVN 68). The Prevent course gives Sailors a forum to talk with fellow shipmates about destructive behaviors such as: tobacco, alcohol, financial habits, and drugs. U.S. Navy photo by Photographers Mate Airman Roland Franklin

The Fleet and Marine Corps Health Risk Assessment (HRA) is a web-based 22-question anonymous and self-reported assessment of leading health indicators that produces both individualized Participant Reports as well as Commanding Officer Reports. The HRA, which is frequently administered during the Periodic Health Assessment (PHA), can heighten awareness about key health issues, identify specific health issues per individual, provide credible sources of health information, empower individuals to better manage their personal health and serve as a tool for dialogue with the health care provider.

From January 1, 2012 – December 31, 2012, a total of 198,529 HRAs were completed by active duty and reserve members from the Navy and Marine Corps, a 10 percent increase from 2011.

Scores were tabulated based on three categories: low risk, medium risk, and high risk, with high risk being the least desirable and least cost-efficient. Although the prevalence of certain risk factors has remained fairly consistent from 2011, results for 2012 indicate a decline of “high risk” among U.S. Marine Corps and U.S. Navy active duty and reserve members.

Divided By Category

Three risk categories of concern with respect for readiness include tobacco use, excessive alcohol consumption, and obesity. When comparing all service components, results indicate a slight decrease in smoking among all active military members, from 26 percent to 24 percent, while smokeless tobacco use declined 1 percent from 2011 and is currently at 11 percent. Among U.S. Navy and U.S. Marine Corps, members reported a 3.5 percent decrease in consumption of five or more alcoholic drinks in one sitting.

In 2011, HRA results indicated that 64 percent of service members were either overweight or obese. This year, the HRA broke this category down further to provide statistics on both overweight and obesity, revealing that 52 percent of all service members are reportedly overweight and 12 percent are reportedly obese. When comparing Marine Corps and Navy, the HRA reveals that the Marine Corps is 52 percent overweight and 4.5 percent obese, and the Navy is 50 percent overweight and 14 percent obese. The rates of obesity may be a more accurate indicator of excess body weight rather than the overweight

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Health Risk Assessment Results 2012 cont'd

classification due to the possibility that BMI can overestimate body fat in young muscular individuals.

Other topics of interest include condom use, which declined by 5.9 percent between 2011 and 2012, with 77.4 percent of members still practicing “safe” sex. Additionally, members reported improvement in consumption of vegetables (4.9 percent) and fruit (3.7 percent), and an additional 2.6 percent of members reported flossing teeth on most or all days.

In Summary

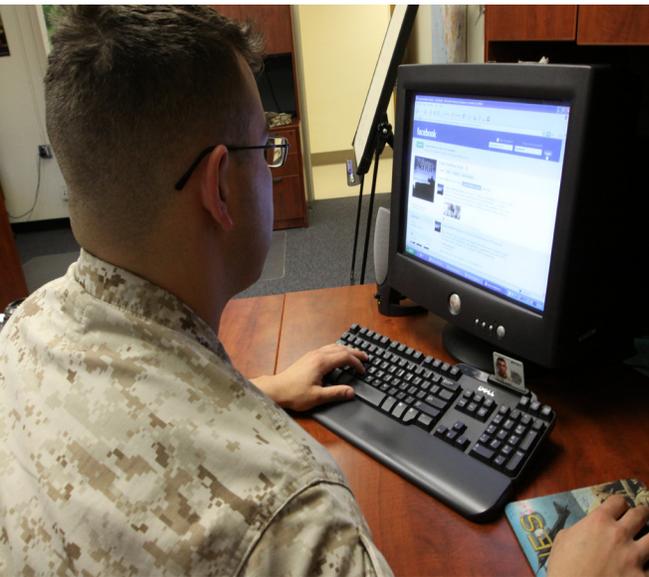
The Fleet and Marine Corps HRA can be a valuable tool for creating relevant health messages. It provides each service component a snapshot of valuable information that can be incorporated into health education and programming, while decision makers can use this data for strategic planning for upcoming health initiatives. Click [here](#) to find HRA Results from 2006-2012.

The Health Promotion and Wellness Department of the NMCPHC provides innovative and evidence-based health promotion and wellness programs and services that facilitate readiness and resilience. These programs are designed for health educators, medical providers, or individuals to draw from and incorporate into the Fleet, Command or personal health promotion initiatives. To learn more, visit the Health Promotion and Wellness webpage: <http://www.med.navy.mil/sites/nmcphc/population-health/Pages/default.aspx>.

“We are continuing to improve the health of Sailors and Marines through targeted educational outreach efforts. The results of this assessment demonstrate that taking a preventive approach to health and readiness results in a fit force, saves money and reduces the incidence of chronic medical conditions,” said Steve Heaston PhD, NMCPHC HRA Program Manager.

Health Promotion Webinars, Past and Present

by Sally Vickers, MS, CHES



(Photo by U.S. Marine Corps Lcpl. Mike Atchue)

The Health Promotion and Wellness (HPW) department hosts monthly healthy living webinars for health educators and other health professionals as well as beneficiaries to create awareness of the health promotion and prevention resources, tools, and programs to support healthy behaviors. The webinars are approximately one hour long and are conducted through Defense Connect Online (DCO) with an accompanying audio capability.

To date, we have held seven webinars. Recent webinar topics, which are archived on our website, included:

- Three Powerful Ingredients to a Healthy Heart
- Eat Healthy Be Active (EHBA) Community Workshops
- Wounded, Ill, and Injured (WII) webinar series: Road to Recovery - Healthy Living Recommendations to Incorporate into Your Recovery Plans

In post-webinar assessments, 87.9% of participants said that they found the webinars to be helpful in providing useful information to share with their commands, organizations, and/or departments. “Our webinars provide health educators with evidence-based health promotion insights and take-away reference materials which they can share with their staff for use at their

local commands”, said Cmdr. Connie Scott, NMCPHC Health Promotion and Wellness Department.

NMCPHC is a designated provider of continuing education contact hours (CECH) in Health Education by the National Commission for Health Education Credentialing, Inc. Unless otherwise noted, all of our webinars are designated for Certified Health Education Specialists (CHES) to receive up to 1 Category 1 CECH if viewed during the live presentation.

We invite you to participate in our future webinars. In the next few months, we will be hosting webinars covering the following health topics: sleep disturbances, drinking responsibly, injury and violence-free living, and a continuation of the WII webinar series. Through our Healthy Living webinar series we strive to highlight innovative and evidence-based programs that facilitate readiness and resilience, prevent illness and injury, hasten recovery and promise lifelong healthy behaviors and lifestyles.

For more information, please visit our [HPW webinar page](#) to access our archived webinar directory, learn more about our upcoming webinars, and details for obtaining continuing education hours.

Compassion Fatigue

by Liesel Romeo-Davis,
RN, MSA

Caring for those who are wounded, ill or injured can be extremely gratifying and rewarding. However, it can also elicit varied amounts of stress. Providers can at times feel overwhelmed and worn-out. The challenge for the medical team is to maintain their resilience as they continue to provide compassionate care. Compassion fatigue is a state of exhaustion and dysfunction (biologically, psychologically and socially) as a result of prolonged exposure to compassion stress.¹ It is a state of tension and preoccupation with the individual or the cumulative trauma of clients. Compassion fatigue may be manifested in one or more of the following ways: re-experiencing the traumatic event, avoidance of reminders of the traumatic event and persistent arousal.²

Causes

It may be caused by multiple factors including being an observer to the suffering of others including witnessing death while providing care. Other contributing factors may include: persons who have unresolved personal trauma, those who are empathetic to the pain and suffering of their patients, and those who are struggling with multiple roles and who lack a social support system, or feel that they have no one to turn too. Compassion fatigue can build up slowly over a period of time or may occur suddenly.

Signs and Symptoms

In order to promote resiliency and effectively care for one's self, providers must remain vigilant for signs and symptoms of compassion fatigue in themselves as well as their colleagues. Compassion fatigue may be manifested in the following ways: behavioral, affective, somatic and cognitively. Providers may exhibit **behavioral symptoms** including impatience, anger, hyper vigilance, moodiness, changes in appetite and risk taking or addictive behaviors.³

Affective symptoms may be manifested by the provider verbalizing or exhibiting feelings of guilt, anxiety, anger and fearfulness. They may be excessively sensitive or be at the other extreme of insensitivity to the suffering of those under their care.



Photos: Top
(U.S. Navy photo by Mass
Communication Specialist
2nd Class James R. Evans)

Right: (U.S. Navy photo by Chief
Mass Communication Specialist
David Rush)



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Compassion Fatigue

cont'd

Some providers may experience **somatic symptoms** including reports of body aches and pains, illness, dizziness, fatigue, breathing difficulties and GI complaints. **Cognitive symptoms** may include problems related to concentration and orientation, poor memory and inflexibility.⁴ Providers who suffer from compassion fatigue may also have conflicts with their interpersonal relationships and may withdraw from friends and family altogether. These individuals may experience anxiety when working with certain types of patients and conditions. In the workplace, compassion fatigued individuals may have an increased incidence of absenteeism and/or tardiness which may result in decreased productivity.



(U.S. Marine Corps Photo by Sgt. Juan Vara)

Who Is Affected?

Providing care to patients who have experienced traumatic events can take a toll on nurses, corpsmen and physicians. However, not every individual who works with trauma patients will develop compassion fatigue. Clinicians, chaplains, ombudsmen and family readiness group (FRG) leaders may also be at an increased risk for compassion fatigue.⁵

Strategies to help promote resiliency and self-care

It is important to take proper care of yourself both physically and mentally so that you are able to handle the demands and the challenges of your daily duties / job. Maintaining your health by making healthy lifestyle choices and using effective ways to manage daily hassles and stress can help providers cope with the demands of care giving.

Self Care

- Participate in regular physical exercise
 - Helps to decrease stress levels
 - Builds stamina
- Eat a healthy diet - eat well balanced nutritious foods
 - Improves / maintains health
 - Prepares the body / mind to deal with stress
- Maintain proper sleep habits
 - Helps to refuel your mind and body
 - Improves memory and mood

- Supports your immune system
- Practice relaxation techniques and do things you enjoy
- Helps to revitalize your mind and body
- Reduces muscle and mental tension
- Helps with concentration and focus
- Develop and use good coping skills (see examples below)
 - Increases your ability to cope with stressors
 - Reduces distress
 - Increases your energy level
- Limit alcohol intake and tobacco use
 - Improves health by minimizing additional stressors to your body
 - Helps you make better choices

Some ways to help you cope

- Develop healthy supportive relationships- having someone to talk too can help to provide additional support and may help to negate feelings of being out of control. Sharing thoughts, feelings, and experiences can also help with the situation.
- Participate in opportunities for debriefing- this allows you to share your experiences and feelings with others in the work place that may have had similar experiences.
- Practice relaxation techniques and do things you enjoy

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Compassion Fatigue cont'd

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- Develop healthy supportive relationships - having someone to talk too can help to provide additional support and may help to negate feelings of being out of control. Sharing thoughts, feelings, and experiences can also help with the situation.⁶
- Participate in opportunities for debriefing - this allows you to share your experiences and feelings with others in the work place that may have had similar experiences.⁷
- Ensure that your job space is comfortable - a clutter free work space helps with organization and thus can help to reduce occupational stress. Proper ergonomics at your work station also helps to decrease your risk of muscle fatigue and injury.
- Don't overdo and over commit - this prevents you from overexerting yourself, allows for better planning and time management and will help you to feel empowered.
- Engage in fun and pleasurable activities - this can help to relieve stress and increase your energy levels.
- Know your limits - you may need to adjust your work assignment.
- Practice religion and spirituality - can help you to find purpose and meaning in life.

Where to find help

Working with individuals who have experienced significant injuries is both rewarding and stressful. If you ever feel overwhelmed and worn-out you may find it helpful to talk with your health care provider.

Resources are also available online and by phone:

- Military Crisis Line 1800-273-8255
<http://veteranscrisisline.net/ActiveDuty.aspx>
- Military OneSource 1800-342-9647
<http://www.militaryonesource.mil/>
- Afterdeployment.org
www.afterdeployment.org
- Provider resiliency training DOD website
http://www.pdhealth.mil/wot/fact_sheet1.aspx
- Veterans Affairs
<http://www.ptsd.va.gov/professional/pages/working-with-trauma-survivors.asp>
- Navy and Marine Corps Public Health Center
<http://www.med.navy.mil/sites/nmcphc/wound-ed-ill-and-injured/>
- Fleet and Family Support Center
http://cnic.navy.mil/CNIC_HQ_Site/WhatWeDo/FleetAndFamilyReadiness/FamilyReadiness/FleetAndFamilySupportProgram/index.htm



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3,4,6 Real Warriors. Building Resilience for Military Health Professionals. <http://realwarriors.net/health-professionals/militaryculture/compassionfatigue.php>. Updated 17 October 2012. Accessed 23 February 2012.

5,7 Military OneSource. Coping with Compassion Fatigue. http://www.militaryonesource.mil/non-medical-counseling?content_id=268677. Published 25 March 2013. Accessed 1 April 1 2013.

Wounded, Ill, and Injured

by Karen Al-Koshnaw,
Wounded, Ill, and Injured
Program Coordinator



(U.S. Navy Photo by 2nd Class Michael Sandberg.)

In today's operational tempo, service members are deploying more frequently, surviving severe injuries, and experiencing unique psychological stressors. The Navy and Marine Corps Public Health Center (NMCPHC) provides a comprehensive range of public health services to enhance the readiness, resilience, and recovery of Wounded, Ill, and Injured (WII) Sailors and Marines. We deliver to Navy Medicine the scientific data analysis needed to answer questions and make pivotal decisions regarding WII service members and their families. The NMCPHC WII program consists of four key projects: WII 141 Expanded Surveillance and Metrics Support, WII 141A Health Promotion Project, WII 141B Health Hazard Assessments, and WII 141C Navy Entomology Center of Excellence. These four projects collectively bring great value to Navy Medicine public health initiatives through data-driven, evidence-based population health analyses, practices, and outreach programs.

NMCPHC WII projects focus on health analysis, epidemiological surveillance, health promotion, health hazard assessments, and entomological studies to provide a comprehensive examination of the public health needs of WII service members. The Expanded Surveillance and Metrics Support project analyzes WII programs to drive more effective health-

care services, improve clinical outcomes and reduce costs, and provide epidemiological services in support of the Navy's disease and injury prevention programs. The Health Promotion project extends prevention efforts through evidence-based health promotion and wellness products and services that facilitate readiness and resilience, prevent illness and injury, hasten recovery, and promote healthy behaviors and lifestyles. Two deployed war fighter protection projects, Health Hazard Assessments and Navy Entomology Center of Excellence, support ongoing training and exercises to assess deployment-related health hazards, and provide novel insecticide compounds and delivery mechanisms to prevent vector-transmitted disease.

The capabilities developed through these projects have become an integral part of the public health mission for Navy Medicine. The products and services provided by the NMCPHC WII programs are critical to addressing the healthcare needs of our WII Sailors and Marines, as well as identifying opportunities to maximize Force Health Protection and operational mission accomplishments, improve clinical health outcomes, and reduce healthcare costs. For more information about the NMCPHC WII Programs, visit: <http://www.med.navy.mil/sites/nmcphc/wounded-ill-and-injured/Pages/wii.aspx>

Navy Drug Screening Program “Pumps Up the Volume”

by Hugh Cox, NMCPHC Public Affairs

The Navy Drug Testing Program announced in March that it will expand its customer base by diversion of samples from its U.S. Army drug screening counterpart.

An agreement between the Navy Drug Screening Laboratory, Great Lakes (NDSL-GL) and Forensic Toxicology Drug Testing Laboratory at Fort Meade, Md. shifts processing of approximately 200,000 U.S. Army Reserve samples to the drug lab at Great Lakes annually. Prior to the new customer base, NDSL-GL processed about 650,000 samples annually from USN commands, Recruit Training Command, and Military Entrance Processing Stations, with less than 10 percent of workload coming from U.S. Army commands. This augmentation results in a 31 percent increase in the workload at Great Lakes. According to Cmdr. Eric Welsh, Navy Drug Screening Program Manager, the arrangement takes advantage of NDSL's excess capacity while ensuring that the Army lab is able to continue processing an optimum number samples per month.

“This move leverages the capacity at Great Lakes and ultimately provides greater value to both the lab at Great Lakes and the entire DoD drug testing enterprise by providing drug testing results that are critical to readiness in a timely and efficient manner,” said Welsh.

This new workload will result in greater inter-service collaboration and joint partnership. NDSL is effectively helping the Army to reduce their sample processing time and to mitigate

risks associated with processing samples beyond optimum capacity.

Currently, the three NDSLs, located in San Diego, Jacksonville and Great Lakes, are comprised of over 200 government service employees, numerous contract employees, and a dozen Medical Service Corps Officers (mostly Biochemists/Toxicologists) that collectively process over 2.3 million samples per year. This move will result in the Navy labs increasing their share of the DOD drug screening workload from 46 percent of the total to nearly 50 percent and bolsters their stature in terms of value and jointness in accomplishing a mission that provides readiness through detection and deterrence.

The DOD drug testing enterprise is comprised of the three Navy labs, two Army labs, and one Air Force lab and is a joint program with common instructions, oversight, and mission. NDSL Jacksonville is part of NMCPHC and the entire Navy Medicine team, a global health care network of 63,000 Navy medical personnel around the world who provide high-quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

For more information on the Navy Drug Testing Program, visit <http://www.med.navy.mil/sites/nmcphc/navy-drug-screening-labs/Pages/default.aspx>.



(U.S. Navy photo by Photographer's Mate Airman Tommy Gilligan)

Navy Environmental Preventive Medicine Unit Six (NEPMU6) Forges Ahead with New Strategic Partnerships in the Pacific Theater

by Lt Chadwick Yasuda,
NEPMU6 Public Affairs



Senior Colonel Nguyen Xuan Kien, the Deputy Director Military Medical Department (Left) and the other members of the Vietnamese military medical delegation examine laboratory specimens of insect infestation found during routine ship inspections as part of their visit to NEPMU6 to promote U.S.-Vietnamese defense cooperation and exchange of military medical policies on the President's Emergency Plan for AIDS Relief (aka PEPFAR) and Force Health Protection. Photo by Hospitalman Meosha Williams.

The Navy Environmental and Preventive Medicine Unit Six (NEPMU6) hosted a Vietnamese military medical delegation to share strategies related to Public Health and Preventive Medicine, Jan. 15.

The main purpose of the Vietnamese delegation's visit to Hawaii was to promote U.S. Vietnamese defense cooperation and exchange of military medical policies on the President's Emergency Plan for AIDS Relief (aka PEPFAR) and Force Health Protection. The Vietnamese team was led by Senior Colonel Nguyen Xuan Kien, the Deputy Director Military Medical Department, and accompanied with Lt. Col. Wayne Turnbull, Chief of the Office of Defense Cooperation-Vietnam.

The discussions centered on increasing the opportunities for joint U.S./Vietnamese military activities in regards to Preventive Medicine and Force Health Protection with many examples specifically focused on direct engagements that support compliance with International Health Regulations (IHR). "With the rebalance to the Asia/Pacific region, we (NEPMU6) are uniquely positioned to collaborate with countries such as Vietnam on a variety of preventive medicine issues that ultimate enhances Force Health Protection," said Cmdr. Raymond Stiff, Officer in Charge of NEPMU6.

The IHR provides the foundation that allows ships to safely visit foreign ports. Sharing standardized ship-board safety protocols will increase the health security of both

Vietnamese and U.S. ships and ports by implementing the best health policies and promoting effective communication of health risk and public health concerns.

The January visit is the second meeting between NEPMU6 and the Vietnamese military. In July 2012, NEPMU6 hosted a Ministry of National Defense delegation travelling with the United States Embassy, Vietnam Health Affairs Attache' office.

The July meeting introduced the NEPMU6 mission and showcased its augmented capacity to support public health and preventive medicine in deployed settings. This spurred inquiries to cooperative opportunities in areas like shipboard industrial hygiene, pest management, and monitoring of suspected bio-chemical agents. Currently, NEPMU6 is actively communicating with PACFLT and PACOM to align its activities within the overarching PACOM strategic plan. This ensures development of a coherent partnerships and more effective bilateral and multinational activities with countries like Vietnam and other countries in the Pacific Theater.

Senior Colonel Kien was very gracious throughout his visit at PACOM expressing his appreciation for the opportunity to build these relationships. NEPMU6 definitely echoes the Senior Colonel's sentiments toward his staff for their availability and willingness to work together as partners in the Pacific Theater.

For more information on NEPMU6, visit their homepage at <http://www.med.navy.mil/sites/nmcphc/nepmu-6/Pages/default.aspx>.

Preventive Medicine Tech of the Year

*by Hugh J. Cox,
NMCPHC Public Affairs*

Hospital Corpsman 1st Class (SW/AW/FMF) Mark S. Gornitzka, a Campbell, Calif., native, was selected from a pool of highly competitive candidates for his accomplishments throughout calendar year 2012 as a PMT onboard CVN 77. Gornitzka was recognized for his selection in a ceremony onboard the George H. W. Bush Norfolk, Va., Mar 27.

from 1952-1986. "Petty Officer Gornitzka made my job easy," said Toone. "He was meticulous in his preventive medicine programs and a valuable asset when issues arose. He will increase the value of any command merely by his presence."

According to Gornitzka, a 16-year Navy veteran, the most rewarding aspects of the job include providing a lasting education through active teaching for the shipmates he serves on a daily basis. "To see people's lives changed for the better; there is no greater reward," said Gornitzka. "I strongly believe that through active communication and education, disease impact can be minimized leading to a stronger force through knowledge and good prevention practices." Early in his career, Gornitzka chose to pursue a career as a PMT for the independence it offered as a Hospital Corpsman and more importantly for his ability to help Sailors and Marines. "HM1 Gornitzka is truly a master of his craft," said Chief Hospital Corpsman Matthew Snider, USS George W. Bush Senior PMT. "He ran a superb Preventive Medicine program, focused on keeping the crew healthy, and really ensured his Sailors achieved success in every endeavor."

"The Navy and Marine Corps Public Health Center is proud to present this year's Stephen W. Brown Award to HM1 Gornitzka," said Capt. Wes Farr, NMCPHC executive officer. "His stellar performance as one the ship's Preventive Medicine Technicians made him an obvious selection." Farr and Cmdr. Kimberly Toone, USS George H. W. Bush Senior Medical Officer, presented the Master Chief Hospital Corpsman Stephen W. Brown Preventive Medicine Technician of the Year Award to Gornitzka. The award, established in 1989, recognizes an individual PMT for sustained professional excellence and significant contributions to Navy and/or Marine Corps Preventive Medicine, Occupational Health, and/or Health Promotion Programs. The award is presented in memory of Master Chief Stephen W. Brown, who served in the Navy

Congratulations to the following 2012 Navy Public Health Award winners:

RADM Charles S. Phenson

CDR Michael D. Cassady, MSC,
USN (Naval Hospital,
Naples Italy)

CAPT Ernest S. Brown Award

LTJG Jeffrey S. Caudill, MSC,
USN (Naval Hospital,
Camp Lejeune, NC)

**Radiation Health Technician
of the Year**

HM2 (SW/AW/FMF) Christian
P. Lopez (USS DWIGHT D.
EISENHOWER CVN 69).