SILVER SPRING, Md. – The same mosquito that carries the Zika virus, carries the dengue virus. Dengue is caused by any one of four closely related viruses transmitted by the bite of an infected Aedes aegypti mosquito. About half of the world’s population is now at risk.

Dengue is found in tropical and sub-tropical climates, mostly in urban and semi-urban areas. Military personnel are at risk when deployed or traveling in endemic areas.

There is currently no vaccine to prevent dengue infection, but progress is being made by researchers at the Naval Medical Research Center (NMRC).

“NMRC hopes to have a vaccine ready for testing (in volunteers) in the next three to five years. Right now multiple vaccine candidates are being evaluated at different stages of preclinical testing,” said Lt. Cmdr. Marvin Joel Sklar, a key researcher from NMRC Infectious Diseases Directorate. “We have previously demonstrated the safety of a tetravalent DNA vaccine, and part of our testing involves combinations using that DNA vaccine with other types of vaccine products.”

According to Sklar there is strong evidence showing that infection with the different types of dengue virus increases the risk of complicated, severe and possibly life threatening illness. A vaccine for military use would need to generate sufficient immune response to multiple dengue virus types to help
NMRC Commanding Officer’s Message

With recent media coverage of the Zika virus outbreak in Brazil and the spread of the disease in South and Central America, Zika has become a household word in the U.S. and around the world. Zika is a flavivirus that has recently been found in several countries within the Western hemisphere. The active transmission of Zika virus necessitates prudent preventive measures to minimize the risk of exposure, infection, and disease progression. No vaccine or drug is currently available to prevent Zika virus infection, and there is currently no specific anti-viral treatment for the disease. For NMRC, our priority is to make sure all NMRC team members, in the U.S. and overseas - military, civilian, contractors, local employees and their families - are well informed on current preventive measures. Even though our infectious disease researchers and other team members know very well the vector that transmits the disease and the standard preventive measures, it never hurts to be reminded. Infection risk is reduced by taking measures to avoid mosquito bites by wearing long sleeve and full length pants, using insect repellent; treating clothing with permethrin, and reducing mosquito breeding grounds such as standing water. If someone develops sudden fever, rash, joint aches, or conjunctivitis within two weeks of travelling to or living and working in areas with ongoing Zika virus transmission, they should contact their healthcare provider immediately and report their symptoms and travel history. While we continue to increase our vigilance in the short-term to prevent infection and spread of the virus, these events emphasize the importance of our mission throughout the spectrum of emerging diseases. In the short term, our R&D mission is focused on the development and implementation of methods to detect Zika virus. Looking to the future, we are focused on better understanding the epidemiology of Zika virus and the threat that it represents to our U.S. military and determining how to mitigate that threat through the development of medical countermeasures. The challenge and uncertainty associated with emerging disease threats highlight our need to remain at the cutting edge in laboratory detection, field epidemiology, and medical countermeasure development throughout our NMR&D enterprise.

NMRC Commanding Officer sends,
Jacqueline D. Rychnovsky, CAPT, NC, USN

NHRC Commanding Officer’s Message

February’s Heart Health theme brings to mind the critical tie between basic and applied research, and the tremendous advances in medical care being provided to our service members. The cutting edge research, and development testing at NHRC and throughout the Navy Medicine enterprise, is the heart of military medicine. Research infuses “fresh blood” into medical systems every time we develop innovative solutions for optimizing health and performance, evaluating novel treatments and therapeutics, and streamlining medical logistics. Just as our hearts carry oxygen-poor blood to our lungs, research can reinvigorate our health system by ensuring current medical practices and procedures are safe and effective. Without research innovation, progress in health care stagnates.

At the start of World War II, many medical innovations were unheard of -- blood plasma, state-of-the-art amputee care and prostheses didn’t exist. Each has significantly impacted the health and well-being of warfighters and exists today because of researchers’ hard work and dedication. NHRC researchers are nearing the finish line of long projects to streamline and standardize AMALs throughout the fleet. They’ve also harnessed the power of databases they’ve created to develop advanced software enabling medical planners to ensure they have correct supplies, personnel to treat anticipated casualties and maximize life-saving efforts based on troop levels and operations. These tools are currently used by Navy Medicine for all medical logistics planning and have been accredited and adopted by the DoD. Other researchers collaborate with the CDC, AFHSB-GEIS, state health officials, and others in the detection, surveillance and response to outbreaks that could threaten the health of service members, their families and civilian populations.

We hosted training with scientists from Mexico’s Instituto de Diagnostico y Referencia Epidemiologicos (InDRE) as part of joint effort to enhance infectious disease surveillance activities along the U.S.-Mexico border. NHRC continues to infuse Navy Medicine and DoD with products to support warfighter readiness and health. In the seven months since I assumed command, I have seen commitment to innovate, collaboration and excellence in research that translates into practical applications with the ultimate goal of improving our warfighters.

Truly, research is the heart of military medicine.

NHRC Commanding Officer sends,
Rita Simmons, CAPT, MSC, USN
reduce that risk.

“Dengue has a wide spectrum of presentations in infected people. Typical symptoms of classic dengue include headache, fever, muscle and bone aches and skin rash. The terms Dengue Fever (DF), Dengue Hemorrhagic Fever (DHF), and Dengue Shock Syndrome (DSS) are descriptive and illustrate the severity of illness which can be debilitating, and sometimes fatal,” said Sklar.

Most people will resolve the symptoms of an infection within several days to a few weeks. In some patients the symptoms can be debilitating, and result in pain and malaise lasting weeks.

With appropriate care, the severe form of the disease can resolve but recovery can take weeks. Current treatment is supportive care meaning treating the symptoms and observing the person for worsening signs.

“A dengue outbreak can have a crippling effect on operational forces. For deployed Sailors and Marines who have no prior exposure to dengue the attack rate of infections can reach 50 – 75 percent,” said Sklar. “As such a fighting force entering an endemic region can be rapidly handicapped within days, with operational capacity reduced for weeks, and at the same time creating a sustained transmission that would put other groups at risk.”

The NMRC team is collaborating with other Navy Medicine researchers at the U.S. Naval Medical Research Unit No. 6 in Peru and the U.S. Naval Medical Research Center – Asia in Singapore along with other DoD and federal partners and partners in industry and academia.

According to Sklar, the NMRC laboratories are involved in robust surveillance efforts and that helps vaccine development in multiple ways, including tracking changes in dengue types, even within dengue types, which can affect vaccine targets.

Additionally tracking severe manifestations of the disease provides more information as to its causes and potential targets for study to develop better vaccines. Also, the research in vaccine development itself often leads to better surveillance tools.

“NMRC’s primary mission is focused on the operational health and medical readiness of Sailors and Marines, but our efforts are intimately linked with global health,” said Sklar. “While our focus is military personnel, our strategy is to sharing the best interventions and surveillance methods that ultimately improve the world’s ability to fight this and other infectious disease.”

Sklar added that until an effective vaccine is available, dengue will remains a public health threat around the world, with millions infected each year.
Deputy Command Surgeon AFRICOM Visits NAMRU-3 Ghana Detachment

Story courtesy of NAMRU-3 Public Affairs

Colonel Gillen and Lt. Cmdr. Nehkonti Adams attended the Way Forward Meeting of the West African Disaster Preparedness Initiative (WADPI). The WADPI project was organized by The Economic Community of West African States (ECOWAS), Kofi Annan International Peacekeeping Training Centre (KAIPTC) and the Republic of Ghana National Disaster Management Organization (NADMO) and supported by AFRICOM through its Operation United Assistance (OUA) Transition Disaster Preparedness Project.

The primary objective of the meeting was to implement an all-encompassing approach to disaster preparedness and response management while promoting continued collaboration, communication and coordination. The recent Ebola Virus Disease outbreak in West Africa served as a model to compare responses among the partner nations.

This Way Forward meeting facilitated a dialog among WADPI participating nations and other key stakeholders to define long-term solutions for enhancement of national and regional disaster preparedness and response systems. Attendance at such meetings highlight the dual science and diplomatic mission that biomedical officers undertaken while serving OCONUS.

Deputy Command Surgeon U.S. Africa Command (AFRICOM), Colonel Jeff Gillen, visited Naval Medical Research Unit No. 3 (NAMRU-3) detachment in Ghana, Dec. 10, 2015.

During his visit, Gillen received an overview of ongoing infectious disease projects undertaken by NAMRU-3 and collaborators in West Africa in Accra, Ghana.

The detachment was first established in 1997 and was developed as a site for testing vaccines to combat malaria. It is uniquely situated to benefit from its location in a politically stable country in West Africa and maintains strong science partnership with the University of Ghana. Ongoing projects encompass surveillance, diagnosis and characterization of the pathogens underlying infectious diseases.

Administratively based at the U.S. Embassy, Accra, the Detachment’s scientific efforts are concentrated at the Noguchi Memorial Institute for Medical Research (NMIMR) where areas of study have included Sexually Transmitted Illnesses (STIs), respiratory infections, and control of disease vectors.

In addition to work in Ghana, the Detachment conducts regional studies in Nigeria and Liberia.
LIMA, Peru - Human malaria is one of the most important vector-borne diseases worldwide and has had a significant impact on U.S. Naval Forces throughout history. During World War II the U.S. suffered 113,256 cases, 3,310,800 sick-days and 90 deaths due to malaria. The Vietnam War was no different with 24,606 cases, 391,965 sick-days and 46 deaths.

Artemisinin combination therapy (ACT) is the first-line treatment for P. falciparum (PF) malaria, as recommended by the World Health Organization. There is growing evidence of the emergence of PF resistance to Artesunate (AS) in Southeast Asia. The delayed clearance of parasitemia for more than 24 hours has been taken as an early sign of resistance; a phenomenon seen at the Thai-Cambodian border. The emergence and spread of resistant strains would represent an alarming threat to the success of ACT in the region.

Researchers at the U.S. Naval Medical Research Unit – No. 6 (NAMRU-6) are looking for evidence of AS resistance to Artesunate (AS) in Peru. In late 2001, Peru became the first country in the Region of the Americas to adopt ACT with AS and Mefloquine (AS/MQ) as the first-line therapy for uncomplicated PF malaria.

“This is a real threat,” said Lt. Vince Gerbsasi, Head of the NAMRU-6 Parasitology Department, “The lack of an effective malaria vaccine and the development of resistance to AS represent two of the biggest challenges for the control of malaria in U.S. Armed Forces performing operations in endemic areas.”

NAMRU-6 partners with the Peruvian Ministries of Defense and Health and works closely with prestigious universities like Cayetano-Heredia and San Marcos. NAMRU-6, also, enjoys a close and productive relationship with Ministries of Defense and Health universities throughout Latin America as well as with United States Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Pan American Health Organization (PAHO), and a number of U.S. universities.

These partnerships yield a robust research agenda that includes work in prevention strategies, clinical management trials, immuno- and molecular rapid diagnostics, epidemiology, and ecology as well as projects measuring the social and economic impact of disease.
SAN DIEGO – Sleep disruption is common among military personnel; often unavoidable during deployments, up-tempo operations, and other evolutions critical to mission success. Several studies indicate a large portion of military members do not routinely get the recommended seven or more hours of sleep each night. This increases the risk of developing insomnia and other sleep disorders.

Scientists at the Naval Health Research Center’s (NHRC) Sleep and Fatigue Research Laboratory are studying the sleep concerns warfighters face. Their research addresses sleep throughout the continuum of military service; from the new recruit to the transition back to civilian life.

There is currently no available ambulatory sleep monitoring device that is operationally-practical and capable of accurate, real-time auto-assessment and user feedback within operational settings.

This capability gap has been identified at military workshops and meetings as a major obstacle to identifying sleep issues and managing fatigue.

The availability of such a device would also allow for reliable at-home monitoring and the ability to gain awareness of how behaviors impact sleep quality before and after operational engagement.

To address this gap, the NHRC sleep research team is evaluating new consumer-available technologies in order to determine which, if any, perform well against the gold-standard methods of laboratory-based polysomnography and mobile wrist actigraphy for assessing sleep.

NHRC is also conducting studies with colleagues at the Naval Medical Center San Diego (NMCSD) Sleep Clinic to determine if emerging sleep assessment technologies and smartphone applications can be used to help flag suspected sleep disorders and/or supplement the treatment of insomnia at clinics. It is important to test the effectiveness of these

(continued on page 7)
Overall research findings suggest that inadequate levels of sleep when sustained over time increase the risk of physiological disease (including metabolic diseases such as obesity and diabetes), may decrease testosterone levels, and lower immune system functioning, allowing greater susceptibility to illness. These are just some of the physiological effects poor sleep can have over time.

At the Naval Health Research Center (NHRC), scientists are evaluating new consumer-available technology packages as stand-alone products, either as a prevention or screening tool or as a first-line intervention.

NHRC is also collaborating with the NMCSD OASIS program, a residential treatment facility for patients with combat-related PTSD, to test the effect of a brief, manualized behavioral treatment program for insomnia. Interventions that target behavioral change have been shown to be effective and long-lasting for many different patient populations experiencing poor sleep.

Tips for Getting Good Sleep

Avoid too much alcohol before bed. In general, alcohol may put you to sleep faster, but it will rob you of good quality sleep, leading to increased awakenings during the night and changes to the structure of your sleep stages.

Don’t exercise intensely too close to your bedtime, it can delay your ability to fall asleep partly through increases in core body temperature. We feel tired and sleep best as our daily rhythm in core body temperature begins to naturally lower before habitual bedtime.

Avoid large meals within two-three hours of bedtime. The physiological process of digestion can interfere with sleep, especially after consuming foods high in fat, protein, and spice.

If you’re hungry, have a light snack. Intense hunger can keep you awake too. When your stomach is growling, a light snack can take care of the hunger pains without disrupting sleep.

Skip the caffeine six hours before bed. Caffeine taken too close to bedtime can also interfere with your body’s ability to fall asleep and obtain restful sleep, more so if you are sensitive to the effects of it.

Create a sleep environment that is quiet, dark, and not overly hot. Whenever possible, this includes limiting potential interruptions from pets, roommates, and street noise. Fans, white-noise generating machines and earplugs can help with unwanted noise interruptions.

Avoid exposure to bright light at night—this includes overhead lights and light exposure from TVs and handheld electronic devices. Light can impact your ability to fall asleep at your desired bedtime by delaying your body’s internal clock and propensity to fall asleep until a later time.

Set a time for going to bed and waking up that is as consistent as possible from one day to the next.
SAN ANTONIO, Texas – Naval Medical Research Unit San Antonio (NAMRU-SA) announces the publication of three new journal articles describing studies conducted by Navy researchers at Joint Base San Antonio, Fort Sam Houston in San Antonio.

"Every NAMRU-SA project is directed toward the development of life-saving or health-improving technologies that will result in better outcomes for warfighters," said Cmdr. Forest R. Sheppard, head of the Expeditionary and Operational Medicine Department at NAMRU-SA.

The capacity to quickly identify patients at risk for maladaptive immune responses and who may benefit from immune-modulatory therapies is described in a study published online Dec. 30, 2015 in the journal Public Library of Science ONE. The paper's first author, Philip J. Vernon is a researcher in NAMRU-SA’s Immunodiagnostics and Bioassay Development Department.


Findings from a NAMRU-SA study published March 18, 2015, in the International Journal of Nanomedicine describes how laser-activated nanoparticles targeted to Staphylococcus aureus surface antigens significantly reduced the percentage of viable organisms and represents a promising new treatment modality that could be used either alone or as an adjunct to existing, conventional antibiotic therapy. The paper's first author, Nancy J Millenbaugh is a Principal Investigator in NAMRU-SA’s Maxillofacial Injury and Disease Department.


"NAMRU-SA is rigorously committed to publishing original research that supports the survivability of our warfighters and as we head into 2016, we already have three new papers accepted for publication," Says NAMRU-SA Commanding Officer, Capt. Elizabeth Montcalm-Smith.
SAN DIEGO – Lt. Brennan Cox, aerospace experimental psychologist at the Naval Health Research Center (NHRC) was presented the Robert S. Kennedy Award for Excellence in Aviation Research, for his work in aviation selection and aircrew survivability, Jan. 14.

The award, which is given annually by the United States Naval Aerospace Experimental Psychology Society, was based on Cox’s research in support of the Naval Aviation Selection Test Battery (ASTB), the primary tool for selecting pilots and flight officers for the Navy, Marine Corps, and Coast Guard.

Cox’s research resulted in an updated version of the ASTB and the ASTB-E, which added new components to the battery, including computer adaptive testing framework, an adaptive forced-choice personality inventory and a series of performance-based measures for assessing candidates’ psychomotor skills and abilities.

When translated into operational practice, the ASTB-E demonstrated improvements in predictive validity, test security, and administration efficiency, yielding an estimated $42 million in cost savings annually.

“All test development and delivery decisions made by my research team were data-driven and supported by science,” said Cox. “At face value, these tests resemble any number of basic flight simulator video games. An initial concern was whether experienced ‘gamers’ would over-perform on these ASTB-E tests and be incorrectly identified as fit for flight training – a false positive – but our research found that while individuals who self-report a history of flight simulator gaming experience tend to do well on the ASTB-E, they also tend to do better in flight training. Skills developed playing video games using stick and throttle devices at home translate to the ASTB-E as well as the cockpit.”

Cox said his work reflects his interest in the study of individual difference variables, such as personality traits and cognitive abilities, and how they contribute to workplace performance. During his research for the ASTB-E, Cox was able to systematically investigate the underlying constructs that predict a person’s performance in a very complex environment like the cockpit.

“This research truly represents a team effort,” said Cox. “I share the honor of this award with each of the colleagues who helped make it possible and I look forward to future opportunities to collaborate.”

Cox joined the Navy in 2010, after being recruited while presenting his dissertation at a conference. Cox was still a student at Auburn University where he earned a Ph.D. in industrial and organizational psychology.

“I was unaware that the Navy had active duty positions for scientists,” said Cox. “I chose this career path because it allows me to be a part of something bigger than myself, and I believe the work I do supports a greater good. Plus, I got to learn how to fly.”

“I am extremely proud of the work done by Lt. Cox in support of our aviation community,” said Capt. Rita Simmons, commanding officer of NHRC. “His commitment to excellence and innovation, his collaborative spirit, and his hard work and dedication are the qualities we need in our scientists in order to ensure we support the readiness of our warfighters. As a former aviator myself, I truly appreciate the work he is doing to keep our pilots safe.”

As the DoD’s premier deployment health research center, NHRC’s cutting-edge research and development is used to optimize the operational health and readiness of the nation’s armed forces. In proximity to more than 95,000 active duty service members, world-class universities, and industry partners, NHRC sets the standard in joint ventures, innovation, and translational research.
At 11:30 pm, May 23, 1939, a diving crew of 14 men and officers arrived from Portsmouth in cold and rainy conditions. Later, 25 divers arrived on the scene aboard the salvage vessel USS Falcon (ASR-2). Diving operations began at dawn, May 24. The divers from the Falcon made their first attempt at rescuing the crew from the Squalus with the ten-ton McCann rescue chamber.

The Falcon was moored above the Squalus. The first dives were conducted to attach the chamber’s downhaul cable. By early afternoon, the rescue chamber was deployed, attached to the escape hatch and the first eight submariners were brought to the surface.

Behnke remarked at the time, “These men appeared calm and relaxed. There was no evidence of hysteria. All were cold and some were in a condition of mild shock. About one-third of the survivors suffered from headache[s], undoubtedly the result of increased carbon-dioxide concentration.”

A major concern for the operation was the bends or decompression sickness. The Squalus’ crew had been submerged to an excess of 13 pounds of pressure for over 30 hours. The Navy had set up a recompression chamber in case the problem manifested.

However, the recompression chamber would mainly be used to supply warmth and oxygen therapy.

As Behnke later remarked, “Medical treatment was directed toward maintaining absolute rest, and supplying heat and fluids, consisting of coffee and malted milk, to which liberal amounts of sugar were added.”

Follow-up medical care was provided at the nearby Naval Hospital Portsmouth, Portsmouth, New Hampshire. Carbon dioxide poisoning, effects of oxygen depletion, pneumonia, fatigue, and shock were among the chief medical concerns.

Some 15 hours after the start of the operation fatigue began setting in among the rescuers. On its fourth deployment the rescue chamber became stuck on its ascent with eight men aboard. Divers were sent down to sever the downhaul cable and attach a new one. A safety cable held the rescue chamber in place.

Throughout the operation conditions were less than ideal for the divers. Water temperature hovered around 39 degrees Fahrenheit and the rescue was conducted in near complete blackness.

By May 25, 33 surviving crewmembers were rescued marking the first time in history that a successful rescue took place 100 feet below the surface. Some would call it the greatest submarine rescue in history. But the mission was not yet over. May 25, the Navy would lead the salvage operation and retrieval of the 26 deceased Sailors.
SAN DIEGO – Scientists from the Naval Health Research Center (NHRC) recently received the Outstanding Achievement in Modeling and Simulation (Cross-Function) award at the National Training and Simulation Association's (NTSA), Dec. 1, 2015.

NHRC’s Physiological and Cognitive Operational Research Environment (PhyCORE) team was honored for their work in expanding a virtual reality walking and balance tool for injured warfighters into one now capable of promoting injury prevention and resilience.

“This award is well-deserved,” said Capt. Rita Simmons, commanding officer of NHRC. “The PhyCORE team embodies the professionalism, expertise, and collaborative spirit that can be found in each of our researchers. This recognition also spotlights the type of innovative work that goes on every day at NHRC and how we are uniquely positioned with cutting-edge tools and seasoned experts to do some exciting and ground-breaking work.”

The tool, the Computer Assisted Rehabilitation Environment (CAREN), was installed at NHRC in 2008 and originally used for rehabilitation research to support the recovery of combat-injured service members, particularly those with lower-limb amputations and traumatic brain injuries (TBI).

The CAREN’s initial configuration incorporated a 6-degree of freedom motion platform with integrated instrumented treadmill, multiple motion capture cameras, and a large curved screen with 180-degree projection creating a virtual environment mirroring real-world situations.

“Over the last three years, my team has enhanced the CAREN’s capabilities with a programmable scent system, 3-dimensional projection and environments, improved surround sound system, accurate laser shooting system, and a high performance treadmill capable of high accelerations for simulating trips,” said Pinata Sessoms, Ph.D., senior biomedical engineer with NHRC’s PhyCORE team.

Additional improvements include a unique driving cab developed in-house by NHRC scientists that can be placed on the CAREN platform. Service members are challenged as they drive through customizable simulated driving scenarios to assess awareness, speed infractions, driving violations, and other errors.

The PhyCORE team designed additional performance measurement tools and incorporated them into the CAREN allowing researchers and clinicians a host of different quantitative physiological measures to support the recovery and rehabilitation of injured service members. These include surface electromyography (sEMG) for measuring muscle activation and fatigue, eye-tracking and gaze-tracking for attention and symptom measurement in patients with TBI, and mobile electroencephalography (EEG) systems to measure increased cognitive workload and differences in brain activity while service members perform different tasks.

“The PhyCORE team has invested over 1,000 hours of clinical investigation and therapy, treating over 100 patients within the virtual environment,” said Sessoms. “We work closely with our collaborators at the Naval Medical Center San Diego to treat our wounded warriors and our research has led to improved therapies and capabilities such as walking, balancing, and cognitive performance that allow injured service members to return to their daily activities and, in many cases, full function. The work we’ve done to expand the CAREN system beyond its original configuration was actually the genesis of what we now call the Physiological and Cognitive Operational Research Environment, or PhyCORE.”

Part of what led to the PhyCORE team’s success in expanding the CAREN’s capabilities and furthering of their research is the interdisciplinary nature of the team. The group of researchers and clinicians includes physical therapists, kinesiologists, biomechanists, biomedical engineers, software and hardware engineers, sleep physiologists, an aerospace experimental psychologist, and a neurophysiologist.

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SAN DIEGO - High school science, technology, engineering, and math (STEM) teachers from Washington, Oregon, California, and Idaho toured the Naval Health Research Center (NHRC) Jan. 15, to see a working research lab in action and gain insight from researchers actively working in STEM professions.

The 31 teachers who visited NHRC were participants in the M. J. Murdock Charitable Trust “Partners in Science” program, which held its annual meeting in San Diego this January. The program helps high school science teachers expand their knowledge about cutting-edge research so they can take that information back into their high school science classrooms, promote hands-on science education, and get their students excited about science.

“We really enjoyed hosting the teachers and opening up new possibilities they can share with their students who are interested in future STEM careers,” said Capt. Rita Simmons, NHRC’s commanding officer. “For many students, combining a science education with a military career can be a great way to do some incredibly innovative research, be of service, and pay for a college education. There are many paths to a career in science, and serving as a military scientist conducting health research can be very rewarding and offer experiences you can’t find anywhere else.”

As part of the tour, teachers visited the molecular and microbiology labs to learn more about the infectious diseases research being conducted at NHRC. They also had an opportunity to visit the Warfighter Performance Lab that focuses on research in sleep, environmental physiology, injury recovery, and human performance optimization.

A highlight of the tour was a visit to the Computer Assisted Rehabilitation Environment (CAREN), which is used in the Warfighter Performance Lab for research to support the recovery and rehabilitation of wounded warriors to prevent injuries and promote resilience.

During the tour, the teachers had an opportunity to talk with military and civilian scientists, learn what they do on a day-to-day basis, and find out how they went from student to scientist.

One teacher who particularly enjoyed the tour was Cynthia McIntyre, an honors and advanced placement biology teacher at Everett High School in Washington state.

"Everett is home to a military base and we have the Navy right there, so this provided an opportunity for me to learn more and be able talk to my students who are interested in the science field about what you can do in the Navy," said McIntyre.

When asked what her favorite part of the tour was, McIntyre had a hard time choosing one thing.

"I could live in a lab and never come out," said McIntyre. "I'm a molecular biologist and a microbiologist, but I loved the [Warfighter Performance] lab. That was really cool. Just thinking about all the ways you can monitor and quantify sleep and movement, and learning about the CAREN was amazing."

According to McIntyre, an important insight gained from the tour was that STEM career opportunities are continually expanding and that there is something for everyone.

"When we were learning about the CAREN, I thought about all the different support staff that is needed, from computer coders to the people who design the equipment itself to the scientists, and realized there is a place in STEM careers for every single kid," said McIntyre. "Even if you love science, but don't want to do the science, there's still a place in the field so you can be around it and still enjoy it."

As the DOD’s premier deployment health research center, NHRC's cutting-edge research and development is used to optimize the operational health and readiness of the nation’s armed forces. In proximity to more than 95,000 active duty service members, world-class universities, and industry partners, NHRC sets the standard in joint ventures, innovation, and translational research.

The Naval Medical Research Center (NMRC) and Walter Reed Army Institute of Research (WRAIR) Joint Multicultural Committee held a ceremony in recognition of black history month in the Albert Behnke Auditorium, Feb. 18.

The event theme “Hallowed Grounds: Sites of African American Memories,” featured a guest speaker that touched on the history of African Americans who lived during the time of enslavement in the state of Maryland, as well as a the singing of the black national anthem.
Due to the enhancements the team developed for the CAREN, it is now much more than a rehabilitation tool—it can also measure the physical performance of service members using operator-specific tasks. The CAREN is now ideal for testing the effects of new protective gear, carriage loads, and equipment on warfighter performance.

“The use of one system for so many different capacities maximizes the resources of the Navy and has led to the creation of a multifaceted team of experts who can study multiple performance metrics at one time, in one place,” said Sessoms. “For example, instead of just measuring cognitive load, fatigue, or movement, we can measure the correlation between each of these factors. We’ve created a tool that isn’t just for rehabilitation—it’s now capable of promoting injury prevention and resilience.”

The PhyCORE team shares information with other Department of Defense CAREN sites to promote best practices, collaboration, and cost savings.

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