



The Journal

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June 16, 2011

Walter Reed, Bethesda Prepare for Inpatient Moves



(photo by Kristin Ellis)

During a patient move exercise on Sunday, 12 staff members acting as patients were transported from Walter Reed Army Medical Center (WRAMC) to the National Naval Medical Center (NNMC) via ambulance. An additional six staff members, acting as patients, were transported by van during the exercise, which helped both facilities prepare for the upcoming patient move in August.

By Kristin Ellis
Stripe Assistant Editor

For the past nine months, experts from Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center (NNMC) have been hard at work developing an intricate movement plan to transfer WRAMC inpatients to NNMC.

NNMC and WRAMC conducted an Inpatient Movement Rehearsal Exercise (MRX) early Sunday morning, designed to test all the aspects of the WRAMC-NNMC inpatient move plan which will take place at the end of August.

During the exercise, 18 simulated patients were transferred from WRAMC to NNMC via ambulance, aiming to test and evalu-

ate every aspect of the plan which will eventually move anywhere between 75 to 150 inpatients.

"We planned this move right down to the very small details," said Col. Van Coots, Walter Reed Health Care System and WRAMC commander. "This really gave us the opportunity to really flesh out those details. We're a military organization and this is what military organizations do ... I always say this is not something no one has ever done before, certainly other hospitals have moved."

NNMC patient move director, Chris Gillette, explained the exercise actually started the Monday prior to the June 12

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Bethesda Advances 90 Sailors

By Sarah Fortney
Journal staff writer

Recognizing their hard work and outstanding performance, the National Naval Medical Center (NNMC) advanced 90 Sailors during a traditional frocking ceremony Friday in the hospital's Memorial Auditorium.

The frocking ceremony was the last held at the hospital before integration with Walter Reed Army Medical Center (WRAMC). Though the hospital will have a new name, Walter Reed National Military Medical Center Bethesda, frockings will continue just the same, following Navy tradition.

"This is a very significant ceremony," said NNMC Commander Rear Adm. Matthew Nathan. "Today is about your future. Today is about your being given the opportunity to stand up and say I am a leader and I will lead. Today you're going to move up in rank, which means you're going to move up in responsibility."

The frocking represents a mile-

stone in a Sailor's career, he added, and shows that the Navy has confidence vested in you to wear the next rank and assume greater responsibilities. Nathan congratulated them for the professionalism they've demonstrated and thanked them for what they will go on to accomplish in the future. He also noted how much the Navy appreciates their families and friends, chiefs and mentors who have helped them along the way.

Chief Hospital Corpsman Trent Ingram, head of NNMC's Staff, Education and Training (SEAT), noted that such a promotion is no easy feat, having gone through the exam period and demonstrating leadership. It's also important to remember the leaders at NNMC, responsible for encouraging the junior Sailors as they reach such milestones.

"I'm very proud of the ones [who] are putting forth the effort," he said.

Donning crow's feet for the first time, many of the new third class enlisted personnel said they were proud to now officially carry the



(photo by Hospital Corpsman 1st Class Stephen Oreski)

On Friday, the National Naval Medical Center (NNMC) advanced 90 Sailors during a ceremony in the hospital's Memorial Auditorium.

name "petty officer."

Hospital Corpsman 3rd Class Koffi Alognon, who works in the Mother Infant Care Center (MICC), said he appreciates the opportunity to advance to the next level and is excited about the challenge.

"It means a lot of responsibility. I'm looking forward to it," said Alognon.

Hospital Corpsman 2nd Class Jonathan Kan shared the same out-

look. This promotion now affords him the opportunity to act as leading petty officer of 5 East surgical ward, having had the experience of assistant leading petty officer for the Intensive Care Unit (ICU).

"It's been a long time coming," he said. He added that the promotion keeps him motivated to continue working hard. "[I'm] going to keep at it."

Chief of Staff for Integration & Transition

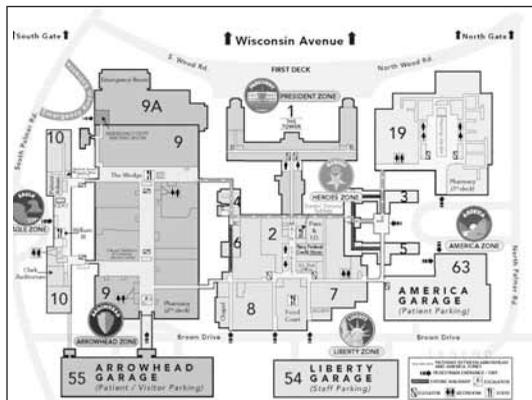
In this week's article, I'd like to discuss recent developments and the continued evolution in the hospital way finding and building themes. Currently, as many as 10,000 visitors, patients, and staff navigate daily



throughout our almost 2 million square foot facility. They do this in the midst of construction, renovation, and the relocation of hospital services. With more relocations coming and new permanent way finding signs being installed, NNMC's Transition and Integration Team, in conjunction with the Marketing Department, have been working very hard to stay on top of the current way finding pathways and locations of Departments and Services. This has been accomplished by utilizing temporary signs and a variety of handouts for patients, staff, and visitors. Shortly following the December opening of Building 19 (America Zone), a new facility map showing Buildings 1-10, 19, 54, 55 and 63, was developed and made available at all major facility entrances.

Throughout the last 7 months, this map has continued to change and grow as our facility has continued to evolve. Constant and timely revision has assisted with keeping everyone up to date on how to best navigate around the facility. In May of 2011, an updated alphabetical listing of hospital services and their current locations was combined with the way finding map in to a "Finding Your Way Around" brochure. New versions of the brochure will be updated as hospital services continue to relocate and new services become available. The "Finding Your Way Around" brochure is dated so that staff, patients, and visitors can be sure they have the most current version. The brochure edition currently in circulation is dated May 1, 2011.

In June of 2011, the "Finding Your Way Around" brochure served as the foundation for an update to more than 15 existing kiosks located in Buildings 2, 4, 7, 8, 9 and



10. Many of these kiosks have not been updated since the beginning of the construction and depict outdated service locations on a preconstruction facility map. By the end of June, all facility wide kiosks will depict their location on an updated map and feature an alphabetical directory. Reflecting the same images and information in the kiosks and brochures, as what is being installed with the new permanent facility signage, will result in a cohesive, easy to use, color, and key image way finding experience in the midst of construction and relocating hospital services. If you come across any inaccurate or confusing signs, please let us know by notifying a member of the Transition and Integration staff or sending an email to the NNMDCIT@med.navy.mil email address.

I want to thank our fantastic team of "First Responders," blue-coat greeters, as well as the many staff members, that go out of their way to assist others with navigating our huge and evolving facility. As we continue to transition into the Walter Reed National Military Medical Center Bethesda, the amount of visitors, patients, and new staff needing some assistance finding their way can only be anticipated to increase. The simple act of asking "Can I help you find something?" and assisting those in need, can make a huge and lasting impact on our patient's and visitor's first and recurring impression and experience of our new facility, the level of service of our staff, and the quality of patient and family centered care we take pride in delivering.

Please direct any questions or comments to my staff at NNMDCIT@med.navy.mil.

Chief of Staff for Integration and Transition sends

Bethesda Notebook

Annual Appreciation Day Picnic Honors Caregivers

All National Naval Medical Center (NNMC) doctors, nurses, therapists, technicians, support and administrative staff and their families are invited to attend the Annual Caregiver Appreciation Day at the National Air and Space Museum in Chantilly, Va., on Saturday, June 18. There will be a family picnic, a 50 airplane fly-in, Hazy Center tours and a meet-and-greet with the pilots. The gates will open at 10 a.m. and parking is free for attendees arriving at the Route 50 Special Access Gate. For more information, contact HM2 Kathryn Campbell at Kathryn.Campbell@med.navy.mil.

Blood Bank Center Hosts Platelet Marathon

The Armed Service Blood Bank Center is in need of platelet donations. Military and civilian can sign up between now and June 24, between 11 a.m. and 1 p.m., in the glass hallway near the Chapel, or by stopping by the Blood Bank Center in Building 9. For more information, call HM2 Hosaflook at 301-295-2104.

PSD Bethesda Scheduled to Move

Personnel Support Detachment (PSD) Bethesda is scheduled to move in late July to early August from its current location on the third floor of Building 2, to the first floor of Building 17. Although their physical location will change, their phone numbers and e-mail addresses will remain the same. In the coming weeks, and leading up to the move, PSD will provide status updates on how services will be delivered during both the move dates and in the future.

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Don't Let Your Headache Be a Pain

By Mass Communication Specialist 3rd Class Alexandra Snyder
Journal staff writer

To help patients take control of their headache treatment, the National Naval Medical Center (NNMC) created a seminar to educate sufferers about potential triggers and behavioral modification techniques to keep the pain at bay.

The class, held the second Monday of every month from 8:30 to 11 a.m., takes place in the America Building's Internal Medicine conference room and focuses on early intervention to prevent years of patient suffering, said Lt. Cmdr. Ulgen Fideli, a physician assistant in NNMC's Neurology clinic.

"Our goal is to work with patients and be part of their treatment while still allowing them to take control of their own outcome and care," said Fideli.

Headaches can run the gamut, from tension type to migraine, or cluster headaches. A

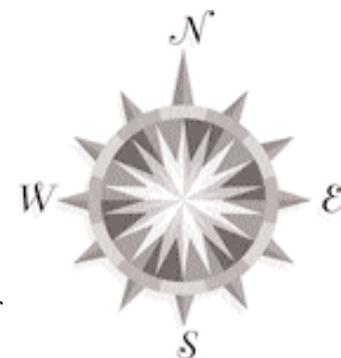


(Metro Creative Connection photo)

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Patient Navigator

We are continuously interested in your feedback as our goal is to make your experience at NNMC extraordinary. Below is a common question we have received and answered so you know that your concerns are heard and very much valued.



Q: What are the hours of operation for clinics located in the America Building?

A: The clinics in the America Building have expanded their hours. To better meet the needs of our patients, as of last week, clinics will now open at 7 a.m., instead of 7:30, and will close at 6 p.m.

If you would like to provide specific feedback on your experience, e-mail patient.navigator@med.navy.mil. We welcome your stories of exceptional experiences so that we can understand what made it so special and explore duplicating it throughout our entire medical center environment. You may also visit the Customer Service Office in Building 9, first floor, near the Information Booth, to speak with a patient advocate.

The Hidden Dangers of Bath Salts

Submitted by
Naval Criminal
Investigative Service

A new synthetic drug, marketed as "bath salts," is raising concern across the country. These unregulated psychoactive substances — which can cause kidney failure, seizures and even death — are among the latest legal synthetic drugs used as alternatives to illegal drugs.

Though commonly referred to as "bath salts," this is not the same product as your typical bath salts used for soaking in the tub — that type of salt is presently not of concern. These powerful stimulant drugs, however, are produced as a legal substitute for ecstasy, cocaine and amphetamines, and are designed to avoid legal prosecution. Though popular amongst ages 14 to 25, users of all ages have been reported. Those who have used the product have described the initial effects diminish quickly, compelling them to immediately use the drug again.

A number of sources indicate this synthetic drug — usually snorted, smoked or swallowed — is becoming increasingly popular

because of the misperception that they are a safer alternative to illegal methods of getting "high," and because they can be easily obtained on the internet and in specialty shops.

Packaged as "soothing bath salts," or "concentrated bath salts," these products often include a label stating that they are not for human consumption, but are otherwise sold with no specific directions for use.

Often, the list of ingredients on these products gives no indication of the presence of psychoactive substances. Made up of a significantly hydrophilic and crumbly powder, "bath salts" have a slight odor and appear as a pure white to light brown substance and will darken slightly if exposed to air for a long period of time. Additionally, they are made up of unregulated chemical substances and are being sold in 200 mg or 500 mg packets under a variety of brands or names, such as Pure Ivory, Vanilla Sky, Hurricane Charlie, Purple Rain, Ivory Wave, Whack, Crush or Bolivian Bath. Though not all brands have been tested, including Ivory Wave, Vanilla Sky and Whack, the principal active

ingredient in bath salts is believed to be MDPV (methylenedioxypropylvalerone), a highly potent synthetic cathinone derivative.

Last year, a number of European governments banned MDPV, declaring it a controlled substance. In February, Virginia banned "bath salts," and Maryland's Department of Health and Mental Hygiene (DHMH) announced June 10 its investigation of MDPV and mephadrone (4-methylmethcathinone). Based on this review, the Health Secretary may seek to effectively ban sale of these products in Maryland.

In addition, the Navy takes a zero tolerance stance when it comes to the use of synthetic drugs. According to SECNAV Instruction 5300.28D, the use of any controlled substances and designer drugs such as "bath salts" is prohibited and could result in discharge from the Navy.

Considering these "bath salt" products have not been fully researched, information about their effects and symptoms is still limited; however, it is known that these products can produce severe

side effects, such as increased heart rate, agitation, lack of appetite, increased alertness/awareness, anxiety, fits and delusions, and nosebleeds. Other more serious effects include muscle spasms, blood circulation problems, muscle damage, loss of bowel control, hallucinations, aggression, severe paranoia, sharp increase in body temperature and the risk of renal failure.

In extreme cases, powdered "bath salt" products have been linked to drug induced deaths. For example, some open sources claim they may have played a role in the August 2010 death of a 35-year-old woman in the UK, who reportedly died from the effects caused by long-term use. These products have also been linked to the death of a 24-year-old man in the UK, also in August 2010, who reportedly jumped from a cliff top after he experienced the severe hallucinations associated with "Ivory Wave." Overall, the long term effects largely remain unknown.

For more information, please contact your local NCIS/CID office at 301-295-0570, or e-mail ncistipline@ncis.navy.mil.

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event, with WRAMC nurses meeting with NNMC nurses daily to understand the complexity and diagnosis of the Walter Reed patients and decide which ward would ultimately be their destination upon arrival.

Gillette explained the planners were looking at four distinct areas during the MRX: — patient sending operations from WRAMC; receiving patients at NNMC; evaluating designated move routes to ensure safe and efficient transport; and looking at the wards as to how the nurses received those patients.

"We have no doubt we can move the patients, it's just really refining the process, ensuring everyone is aware," he said.

"I think this is the most monumental move in the history of the military health system," Coots added. "You are combining the flagship of Navy medicine and the flagship of Army medicine together, under the name of Walter Reed — which is a brand name, a name known around the world and it stands for excellence in military medicine. So when you put this all together, I like to say you're creating the biggest and baddest military medical center in the world."

The entire move of staff will begin in August and will take the entire month, culminating with the inpatient move, explained Capt. David Bitonti, chief of staff for Integration and Transition, NNMC.

Although the MRX began at 4 a.m., the actual inpatient move day is set to start at 2 a.m. in a "very well-scripted plan" that also will officially close WRAMC. Coots will give a statement and prayer over the loudspeakers to the entire organization signaling the start of the patient transports. Well over 500 people will be involved in the move — not including the health care providers already at NNMC — along with county and District assets.

"We have different clinical and administrative processes we are trying to synchronize and align, so this is a huge team effort, [including] not only Walter Reed Army Medical Center, but Joint Task Force-National Capital Region, Naval Support Activity-Bethesda, and county and District police officers," Gillette said.

Three routes were identified for moving the patients with the shortest being 5.4 miles, or an estimated 10 to 15-minute ride.

"We're testing all three routes. They're all good routes," Gillette said.

A transport team will meet with each inpatient ahead of time so they know where they will be going based on the level of acuity they have relative to their illness. They will be staged accordingly and have the proper monitoring while being loaded onto ambulances outside of WRAMC's second floor lobby, Bitonti explained. The ambulance will then transport the patient from WRAMC to one of two staging areas at NNMC based on the condition of the patient.

"As they enter, they will be greeted, they will be logged into the hospital as a new inpatient and then they will be transported to the ward which will be their ultimate home," Bitonti said.

The ambulance will then be prepped and readied for another pick-up at WRAMC.

"We have no doubt we can move the patients, it's just really refining the process, ensuring everyone is aware."

— *Chris Gillette,*
NNMC Patient Move Director

"At the end of the day there will be a final ceremony [at WRAMC], we will bring down the colors and Walter Reed will officially cease to be a hospital," Coots said. "That will be the

first day of the Walter Reed National Military Medical Center."

He went on to explain that two-thirds of the 5,000 staffers he currently leads will make the move to Bethesda with the rest heading to Ft. Belvoir Community Hospital in Virginia.

"We took a good look across the board to make sure we have the right staff for the right clinical operations," he said.

"It's a very exciting time not only for military medicine, but medicine in general," Bitonti said. "The undertaking we have here, culminating at the end of August, is going to give the most deserving patients the best world-class care that they could possibly receive. We're very much looking forward to it and excited about the opportunity."

U.S. Navy Ceremonial Guard: 'The best time of my life'

By Tracey Gold Bennett Naval District Washington (NDW) Public Affairs

The U.S. Navy Ceremonial Guard, established in 1931, consistently exhibits razor-sharp precision and excellence in their performances. They are, for many people, the very face of the Navy, participating in some of our nation's most prestigious ceremonies.

Serving in the Ceremonial Guard is a prestigious assignment, as they perform at presidential inaugurations, arrival ceremonies for foreign officials, and Navy personnel funeral services at Arlington National Cemetery. Seaman Ernest Cherwin had the honor just over a year ago to become a part of the high profile unit.

"I always wanted to join the Navy, but my parents wanted me to go to college," he said. "I didn't sign up right away and when I did, I had to wait a year to go to boot camp." A former personal fitness trainer from Las Vegas, Nev., Cherwin was tapped for the guard while in boot camp at Great Lakes, Ill.

"While you're in boot camp, they ask the instruction Recruit Division Commander (RDC) to identify the top drillers who are more than 6ft tall," Cherwin recalled.

After some initial vetting of recruits, they begin the process of weeding out candidates.

"When you're interviewed [for the Ceremonial Guard], your ASVAB (Armed Services Vocational Aptitude Battery) test scores are reviewed. The Ceremonial Guard finds out if you're a disciplined cadet and if you're worthy of coming here to Joint Base Anacostia Bolling. When you get here, you go through a process which includes



(courtesy photo)

Seaman Ernest Cherwin, left, prepares to participate in the 69th annual Battle of Midway Ceremony which was held at the U.S. Navy Memorial in Washington, D.C. on June 3.

how to perfect uniforms, stitching, buttons, and sand lines on the brass. Finally, if they find you worthy enough, you graduate and you are given a white guardsman rope," he said.

The U.S. Navy Ceremonial Guard boasts some 200 members including firing parties, [flag] bearers, casket bearers and the drill team. Each

guardsman serves about two years in the guard before moving on to another command. During that time, Cherwin said the training is intense.

"There are constant hours of drill. This is my passion, and every [individual who] takes drill mostly comes voluntarily. We begin at 6 a.m., then we're here until 7 p.m. or 8 p.m. drilling."

Former international basketball player Airman Ronald Rhea knows the level of commitment it takes to be a Navy Ceremonial Guardsman. A squad leader who trains recruits, Rhea wears a yellow guardsman rope, a designation of his leadership role. He came to the guard straight from boot camp in November 2009.

"My job is to train recruits on what it takes to be a Navy Ceremonial Guardsman. Basic movements for honor guard drill, and uniform preparation training are part of what I do. I also teach them what they can expect being inside the guard," Said Rhea.

At age 31, he's older than most of his fellow guardsmen.

"I did have a life before the Navy but success is a journey. There is certain skill set and security that the Navy offers," Rhea said. "I chose the Navy because it is a great honor to support and defend my country."

For Rhea, being in the Navy is an honor, and being chosen for the Ceremonial Guard is an added bonus.

"The ceremonial guard was an option that was presented to me during my third week in boot camp. I discussed it with my family and with my

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Navy Surgeon General Honors Hospital Corps' 113th Birthday

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

The Navy Surgeon General sent a message to the Navy Hospital Corps in celebration of its birthday, June 15.

"Today we celebrate the 113th birthday of our Hospital Corps," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general and chief, Bureau of Medicine and Surgery. "Hospital Corpsmen deploy with Sailors and Marines worldwide, in wartime and in peacetime. From Khe Sanh to Kandahar, Iwo Jima to the Chosin Reservoir, the Hospital Corps has always been in the fight and on the battlefield."

With the Spanish-American War looming, Congress passed a bill au-

thorizing establishment of the U.S. Navy Hospital Corps, signed into law by President William McKinley June 15, 1898. Since then, services have often heard the call "Corpsman Up," a call which has been answered in every major battle since the Corps' founding, according to Robinson.

Robinson acknowledged the Navy Hospital Corps' dual mission at home and abroad, providing the same quality of care to service members and their families in military treatment facilities at home as well as overseas.

"It is no accident that the Navy and Marine Corps is experiencing the lowest battle mortality and non-battle injury rates in the history of armed conflict," said Robinson. "This is due in large part to our exceptional corpsmen and their training."

Today, more than 20,000 active duty and Reserve Navy Hospital Corpsmen serve with both the Navy and the Marine Corps throughout the world. The Hospital Corps is the largest rating in the Navy and the most decorated in the U.S. Twenty naval ships alone have been named after hospital corpsmen. Robinson said their personal sacrifices and valor in peace and combat, have earned them a prominent place in the proud history of the U.S. Navy.

"It is their honor, courage, and commitment that we honor today," said Robinson. "As the Hospital Corpsmen Pledge states, 'the care of the sick and Injured is a privilege and a sacred trust.' Today we honor and celebrate that sacred trust to ensure our Nation has a medically ready, fit, and fighting

force; and that those who've served our Nation, along with their families, can always count on the Hospital Corps to help provide quality and compassionate patient and family-centered health care."

Robinson oversees 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 news from Navy Medicine, visit www.navy.mil/local/med-news.

Operation Hope and Smiles

**By Mass Communication
Specialist 3rd Class
Alexandra Snyder
Journal staff writer**

Smiling is one of the easiest icebreakers among the world's populations, but for those born with cleft lip and palate deformities, there can be little to grin about.

Affecting one in every 600 to 800 children, cleft palate deformities are more prevalent in Asian, South and Central American populations, said Lt. Cmdr. Patrick Basile, officer-in-charge of the mission and head of the Microsurgery plastic surgery department at the National Naval Medical Center (NNMC). In an effort to correct these debilitating malformations abroad, Navy and Army medical staff embark every year in March on a two-week mission to Santo Domingo in the Dominican Republic.

"This is the only Department of Defense cleft palate mission," said Basile. "This year in Santo Domingo, our staff from NNMC, Walter Reed [Army Medical Center], Portsmouth Naval Hospital and Alaska, screened 100 candidates for cleft palate and second cleft nasal trauma reconstruction on our pre-mission assessment in January and in March performed over 50 surgeries."

During the first two months a baby is in the womb, their face and skull form and, normally, the tissues that make up the lip and palate fuse together; however, in babies with cleft lip or cleft palate, the fusion never takes place, or occurs only partially, leaving an opening or cleft, Basile explained. There is no known single cause for the malformation, but researchers believe most cases of cleft lip and cleft palate are caused by an interaction of genetic and environmental factors, such as a diagnosis of a syndrome where a cleft is a symptom, exposure to alcohol or cigarette smoke

in the womb or exposure to certain viruses, he added.

"In the United States, these types of deformities are becoming rarer due to our advanced prenatal care and medical facilities," said Basile. "In third world and developing countries, there are still many children born with this heinous disability each year. They are often ostracized by their community and teased in public."

Lt. Cmdr. Ian Valerio, a plastic surgeon at NNMC and the executive officer of the cleft palate mission, added, "In countries [where] cleft palate and lip deformities are most prevalent, how you look is a big factor in how you're treated. By participating in this mission, you see an instant impact on the well-being of the patient and their family, [helping] kids who were made fun of so badly that they couldn't attend school feel normal for the first time. That's a great feeling."

Another way the physicians involved with the mission help their patients is by training doctors and medical staff from the host country in techniques and surgical procedures.

"We interact with and teach host country military and civilian surgeons how to repair congenital deformities so that their future patients can benefit from the techniques and their new knowledge," said Valerio, adding that there are also plans for the mission to expand to include other countries in need.

"This mission is highly supported by the command, the U.S. embassy in the Dominican Republic and the Department of Defense. We will continue to take care of underserved citizens in the Dominican Republic, and hopefully soon, other needy parts of the world," said Basile.

For more information on the Department of Defense's cleft palate mission, e-mail Basile at Patrick.Basile@med.navy.mil.



(U.S. Navy photo)

U.S. Navy Cmdr. Timothy Ackerman, left, assists Capt. Mark Honig during a cleft palate surgery aboard Military Sealift Command hospital ship *USNS Comfort (T-AH 20)* in Manta, Ecuador, May 18, 2011. The *Comfort* was deployed in support of Continuing Promise 2011, a regularly scheduled mission to countries in Central and South America and the Caribbean, where the U.S. Navy and its partnering nations work with host nations and a variety of governmental and nongovernmental agencies to train in civil-military operations.

NNMC Microsurgery Department Makes a Big Impact

By Mass Communication Specialist 3rd Class Alexandra Snyder
Journal staff writer

Today, the media is full of ads for products promoting "before and after" photos depicting miraculous results; in the Plastic Surgery Department at the National Naval Medical Center (NNMC), those outcomes are often a reality, as microsurgeons expertly repair missing limbs of combat wounded veterans and cancer patients.

Microsurgery in regards to plastic surgery involves anastomosing blood vessels and nerves, typically one to two millimeters in diameter, to allow the transfer of tissue from one part of the body to another and the reattachment of severed parts, said Lt. Cmdr. Patrick Basile, a board-certified plastic surgeon and director of Microsurgery at NNMC.

"Our goal is to restore form to the injured body part, meaning how it looks and how it functions," said Basile. "We help every sub-specialist here at NNMC with their patients' complex wounds."

Eighty percent of the surgeries Basile and his department perform involve

casualties from Iraq and Afghanistan. In combat, modern body armor and battlefield medicine save many lives, but survivors are often left with mutilating injuries on the arms, legs, neck and head.

"We try as hard as we can to get them back on track after these injuries; back to active duty," said Basile. "We're in on the ground level of their recovery and at that most vulnerable point, the patient is looking for you to reassure them."

Basile noted that being involved with patient's treatment from the beginning allows you to become intimately acquainted with them and their personal goals for recovery.

"One patient was engaged when he was injured and told me that his only wish was to stand at his wedding," said Basile. "I am flying to Las Vegas this fall to watch him do so. Watching someone reach the full potential of their recovery is the biggest reward for doing this job."

Basile also said he wouldn't be able to reach his goals for his patients, nor help them reach their own, without the assistance of his three microsurgery colleagues.



(photo illustration by Sarah Fortney)

Marine Sgt. Thomas Humphrey III, a former patient at the National Naval Medical Center (NNMC), far left, is pictured with Cmdr. Patrick Basile, Lt. Cmdr. Ian Valerio and Lt. Brendan O'Brien, after they performed multiple reconstructive surgeries on him.

"I work with a great team of doctors," said Basile. "At this point in the war, we have three highly specialized plastic surgeons, all of whom have trained at major rehabilitation and cancer centers and are board certified/board eligible. That's a great thing for our patients."

Cmdr. Select Elan Singer, a Navy Reserve plastic surgeon, said he appreciates the quality of work performed by his microsurgery colleagues.

"I'm in private practice in Manhattan and coming down here once a month is a great change for me," said Singer. "It's very rewarding to assist

active duty plastic surgeons in cutting edge reconstructive surgery."

"Plastic surgery is the last real surgical specialty that operates on the entire body and helping restore the form and function of our patients' limbs is the greatest mission," added Basile.

United States Army Celebrates 234 Years of Service

By Bernard S. Little
Command Information Officer

Beneath a sunny, blue morning sky and birds chirping in the picturesque Rose Garden at Walter Reed Army Medical Center, the WRAMC community celebrated the 236th Army Birthday and 234th Flag Day Tuesday.

"As Soldiers, we all take pride in the fact that the Army was established in 1775, one year before the birth of our nation," said Maj. Gen. Carla Hawley-Bowland, commanding general of the Northern Regional Medical Command and WRAMC.

Hawley-Bowland, the first female Medical Corps general in the history of the Army, added that the Army Medical Department (AMEDD) was also established in 1775 to care for the wounded.

"We are choosing this summer on the anniversary of the founding of the AMEDD, July 27, as the date for our transition, and casing of the colors for Walter Reed Army Medical Center and move over to Walter Reed National Military Medical Center Bethesda," the general said.

"I am proud to serve with all of you as you wear the cloth of our nation," Hawley-Bowland continued. "That has been a free, voluntary choice, and as we all have chosen to serve in the cloth of our nation, we have taken a very unique oath - we have sworn to defend the Constitution of our United States."

This, she said, is "unique."

Hawley-Bowland said during her travels around the world, she was often asked by people from other nations, why U.S. military members swear allegiance to a piece of paper, and not the president or members of Congress.

She said it is because the military swears allegiance to the Constitution, and not an individual nor individuals, "our democracy works. Our democracy will never fail because our military will take up arms against all enemies, foreign and domestic."

"At first glance it may seem a little frivolous and fattening to break out a cake at every noteworthy anniversary, but these occasions help to reinforce the bond we share through service to the nation. And of course, birthday cakes are fun

whether you are 6, 60 or 236 years old. And we must have done a great job with our plastic surgeons because none of you look a day over 235," she said.

"[There's] deep gratitude for all that our flag and Army represent," added Chaplain (Lt. Col.) Kim Norwood, Northern Regional Medical Command chaplain. "[We] recognize their value was born in the hearts of men and women ready to sacrifice everything for freedom and liberty."

Norwood said just as "the Stars and Stripes" has inspired previous generations, he prays "all who come behind us will find us faithful, and that the life we live and the service we render under this banner inspire a new generation to value service to others before service to self, and encourage this new generation to cherish freedom more than personal comfort."

Col. Peter T. McHugh, U.S. Army Garrison-Walter Reed commander, said 236 years ago, "a motley group" of untrained farmers and craftsmen started a revolution which gave birth to today's Army. He said the Army has grown and "modified it-

self to remain relevant," and part of that growth included the formation of WRAMC more than 102 years ago.

"Walter Reed has been the flagship of Army medicine for almost half of the Army's existence," McHugh said. "Now as we transition into the next part of our lives, we need to maintain that flexibility and ensure we can provide the care we always have."

The Sergeant Audie Murphy Club, Walter Reed Chapter, along with the color guard and Better Opportunities for Single Soldiers members, performed the special presentation called "Old Glory" during the celebration, reciting:

"My finest hour comes when I am torn into strips to be used as bandages for my wounded comrades on the field of battle, and when I fly half-staff to honor my servicemen, and when I lie in the arms of a grieving mother at the graveside of her fallen son or daughter, I am proud. My name is Old Glory; long may I wave. Dear God, long may I



Operating Room Staff Take A 'Time Out'



(courtesy photo)

The National Naval Medical Center (NNMC) operating room staff celebrated National Time-Out Day Wednesday, an opportunity for surgical staff to stop and emphasize the importance of the time-out before each surgical case. "Here at NNMC, we do that before every single procedure," said Lt. Tamera Corson, NNMC's main OR patient safety representative."

Staff, Families Enjoy Command Fun Day



(photo by Mass Communication Specialist 3rd Class Alexandra Snyder)

Eriel Otero holds a freshly face painted Presley Goldsmith at the National Naval Medical Center's (NNMC) Family Fun Day on June 10, held at the Uniformed Services University of the Health Sciences (USU) pavilion.

SERVICE

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wave."

Congress created the Army June 14, 1775, and \$2 million was allocated to support forces positioned around New York and Boston. Congress also voted to bring forth a uniform set of rules and regulations to the newly-formed Army, and authorized the formation of 10 companies of expert riflemen from Pennsylvania, Maryland and Virginia, who would later become know as the 1st Continental Regiment.

Flag Day commemorates the adoption of the

flag of the United States, which happened June 14, 1777 by resolution of the Second Continental Congress. In 1916, President Woodrow Wilson issued a proclamation that officially established June 14 as Flag Day, and in August 1949, National Flag Day was established by an Act of Congress.

HEADACHE

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number of behaviors can make them worse. Stress, too little sleep, caffeine, certain foods and jaw clenching have all been proven to cause headaches in certain people.

"At the beginning of each class, we give patients a self assessment that asks specific headache-related questions so they can really focus on what things worsen their headaches, what makes them better and what type of headaches they're having," said Fideli. "The assessment answers a good portion of questions that a first visit to the provider would, and then we input that data into the patient's profile so when and if they do have to see a physician for their

headaches, the doctor already has a probable diagnosis or treatment plan. This translates to better patient-provider communication and ultimately reduces the amount that a patient can be suffering."

Kathleen Gustavson, a licensed practical nurse (LPN) in Neurology at NNMC, added, "We need a detailed history of a patient. This class allows us to do so in group setting so that when you come in to be seen for your headache complaints, it's the same as if it was a second appointment. The majority of the investigative work has already been done for them and they're able to focus on the patient's goals."

After completing the self-evaluation, class enrollees then have the chance to hear from providers from neurology, dentistry and psychology, as well as sleep specialists, nutritionists and mind, body medicine coordinators who teach patients about stress relief, potential headache inducing foods and medications.

"Patients who are taking a daily regimen of acute medications or over-the-counter pain medicine to combat their headaches need to see their provider," said Fideli. "We can start them on a medication that is effective and safe when taken daily or explore other treatment options. Taking generic pain pills can, with time, actually worsen headaches because their additives often include caffeine and other headache inducing ingredients. They can also cause strain on other bodily functions."

Patients in the class are asked to keep a headache journal where they should record each headache, what led up to it, what it feels like and what foods or medications they took before, during and after. There is also a headache journal app for smart phones that costs a one-time fee of \$5, said Fideli.

"We really encourage people to record their headaches in some sort of log," said Gustavson. "If a patient records every headache and realizes that before each episode they ate a hot dog, then they'll know what could potentially trigger their pain. It's another type of self-assessment tool."

The class is by referral only. Patients interested in the class should talk to their providers for a referral or contact Gustavson at Kathleen.Gustavson@med.navy.mil or call 301-295-4771. Classes are also offered via satellite at Quantico Marine Corps Base in Virginia and will be available at several other military treatment facilities in the National Capital Area (NCA) later this summer.

GUARD

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wife and I came into the Navy as an E-3, so being a guardsman is strictly a benefit in that it's a great honor to serve," he said. "More importantly, it is an honor to support the service members who have been lost and their families."

Ceremonial Guardsman Fireman Jeffery Hardel, from New Orleans, La., has been in the ceremonial guard for nearly two years and is approaching the end of his time serving as a guardsman.

"Right before I joined the Navy I was a lifeguard and welder. I joined the Navy to weld," Hardel said. "I got here I love it and I'm going to roll with it until I get to school."

Hardel is among the elite guardsmen — his hard work earned him the title of assistant leading petty officer.

"After Sept. 26, I report to Great Lakes where I'll go to machinists mate school and then after training I'll report to a ship," he said.

As Hardel's journey with the Ceremonial Guard draws to a close, he reflects on his most moving memories.

"All of the White House ceremonies have been great honors, being on the steps of the White House," he recalled. "The ceremony I remember the most was when I was the Boatswain for a four-star Seabee Admiral when he retired. I was his boatswain and I got to pipe (whistle) him ashore for his final time."

Guardsman Hardel says he'll carry this memory with him as he transitions to his next command.

"That ceremony at Leutze Park was so important to me because the Seabee four-star Admiral started out as a Constructionman and worked all the way to the top. He's someone I could look up to and it was an awesome feeling to serve during that ceremony," said Hardel.

Rhea added that the Ceremonial Guard is a brotherhood of Sailors doing their best to represent service members, the Navy and the country.

"Every Sailor wants to be the best and, in the guard, that's what we strive for. When they recruit you at boot camp they tell you you're the face of the Navy that alone speaks volumes — you have no choice but to want to be the best," said Rhea.

Cherwin agreed.

"It's the best time of my life. [It's] better than high school," he said.

For more information on NDW events, ceremonies and the Ceremonial Guard, visit www.cnic.navy.mil/NDW/About/CeremonialGuard/index.htm.