



The Journal

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Coordinated Support for Wounded, Ill and Injured

By Sarah Fortney
Journal staff writer

Last week, executive leaders signed off on a service integrated training curriculum designed to streamline non-medical support processes for wounded warrior support programs.

An executive committee, made up of representatives of all branches, developed an Integrated Support Plan (ISP), which incorporates the concept of operations for the installation, hospital and service programs. In addition, the ISP identifies functional areas that overlap and builds integrated processes for these areas, said Lt. Amanda Gardner, Medical Center lead for the ISP training deployment.

Working together, the committee will offer ISP training, which is now available to all staff working in support of Wounded, Ill and Injured (WII) members and their families, she said, to

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(photos by Sarah Fortney)

This week, key service leaders signed off on a training curriculum designed to streamline access to wounded warrior support programs. In the top row, from left to right: Army Col. James Larsen, Commander, Warrior Transition Brigade, Capt. Michael Malanoski, commanding officer, Naval Support Activity Bethesda, and Air Force Col. Brian K. Deckert, National Capital Region Wounded Warrior Lead. In the bottom row, from left to right: Capt. Constance Evans, Director of the Warrior Family Coordination Cell, Lt. Col. Michael Wall, Detachment OIC Bethesda Detachment, Wounded Warrior Battalion East, and Cmdr. Mike "Tiki" Varias, Deputy Director of Navy Safe Harbor.

New Traffic Light, Projects Ease Traffic Flow

By Sarah Fortney
Journal staff writer

Several projects are nearing completion to help improve the flow of traffic on and off base, and to provide additional parking at Naval Support Activity Bethesda (NSAB).

As of last week, a new traffic light at the North Gate is now up and running. During the morning rush hour, the light will support three lanes of inbound traffic and one outbound. In the afternoon, it will support three lanes of outbound traffic and one inbound, said Jeff Miller, NSAB's transportation program manager. In addition, during off peak hours, there will be one outbound and two inbound lanes.

"When driving on base via both the North and South Gate, drivers should pay attention to the overhead and canopy lights, directing them towards

the open lanes of travel, for both inbound and outbound traffic," he said.

Further, to help move traffic on and off base, Miller recommends that staff members use alternative gates, such as the Jones Bridge Road exits because leaving through the North or South gates are not always the most efficient.

When it comes to parking, staff will soon be able to park in the Building 17 parking garage. Located on Taylor Road, across from Building 27, the garage will provide roughly 550 spaces, a portion of which will be designated for wounded warriors. Staff accessing this garage will be required to show a CAC card. Next week, the multi-use parking (MUPS) garage is expected to open, providing approximately 1,200 additional spaces. Entrances to the MUPS are at Stokes, South Palmer and Stone Lake roads.

Staff members are also reminded that the America garage is designated for patients and visitors of patients, and those parking unauthorized may be fined or towed at their own expense. Staff, who have a routine or less than two-hour appointment during the work week should not park in the garage for the entire day, only for the duration of the appointment, he added.

In addition, construction is underway for an ADA improvement project to help enhance and install sidewalks to improve accessibility around the hospital. To allow construction for this work, there may be intermittent road closures around Brown Drive and North Palmer Road.

For more information about traffic and parking on base, e-mail jeffrey.miller@med.navy.mil or ryan.emery@med.navy.mil.

Commander's Column

The integration has brought about a number of directional, logistical and clinical changes that we all must adhere to; therefore, it is imperative that we are all aware of our surroundings and continue to put safety first. For staff new and old, it will take time to adjust to the many changes that have occurred and are occurring all over this expansive campus. As you navigate your way around, please be aware of your surroundings and build in a little extra time into your commute.



Postmasters are sent out daily providing guidance and updating you with new information to ensure you are kept abreast of changes. I ask that you all take a moment to read this vital information. Accidents are unpredictable. In designing the new Walter Reed National Military Medical Center Bethesda (WRNMMCB), we have made safety a top priority. One of the most recent enhancements that went into effect, which will have a direct impact on safety and the prevention of accidents, is the traffic light that recently went up at the North Gate. This will enhance safety for those driving on and off base, and will enable those entering from southbound Wisconsin Avenue to make a safer left hand turn.

Also, at the North and South Gates, we will have additional lanes - three inbound lanes open during the morning rush hour and three exit lanes during the afternoon rush. Drivers will no longer be able to turn right on red, even in the far right lane. While these new measures will help keep us safe, as we adjust to these changes, I urge you to continue to be aware of your surroundings.

Further safety enhancements you will now see at our gates are for Anti-Terrorism Force Protection. These safety measures include pop-up barriers, bollards, cable barriers and decorative walls to exclude unlawful vehicular entry. Additionally, four of our five gates will have designated bicycle lanes to protect cyclists.

As previously stated, safety should be our top priority. Please share the road with cyclists, stop at all stop signs, yield to pedestrians, obey speed limits and detours, and refrain from using cell phones while driving or riding. Thank you again for your patience during this time of transition. Stay safe, and continue to look out for one another.

Commander sends,
Rear Adm. Matthew L. Nathan
Medical Corps, United States Navy

Bethesda Notebook

Smart Suite Super Users Training Today

Smart Suite Training will be held today in Building 9A, Room 326, for identified areas incorporating the Smart Suite Technology. Session times are as follows:

- Session 1: 7:30 - 8:30 a.m.
- Session 2: 9 - 10 a.m.
- Session 3: 10:30 - 11:30 a.m.
- Session 4: 1 - 2 p.m.
- Session 5: 9 - 10 p.m.
- Session 6: 10 - 11 p.m.

To register, contact Dr. Joan Gordon at joan.gordon@med.navy.mil or 301-319-3817.

Blue, Green Shuttle Lines Change Route

To accommodate the future opening of the administrative offices in Building 17 and the initial phases of the opening of Building 62, the Blue and Green shuttle line schedules were modified Tuesday. The Blue Line will run Monday through Friday on the following schedule:

- From 5:30 - 9 a.m. and 2:45 - 6:30 p.m:
- Stop 1: Building 10
- Stop 2: Medical Swing Space
- Stop 3: Building 17
- Stop 4: America Building
- Stop 5: Building 10

- From 9 a.m. - 2:45 p.m:
- Stop 1: Building 10
- Stop 2: Medical Swing Space
- Stop 3: Navy Lodge
- Stop 4: Building 17
- Stop 5: America Building
- Stop 6: Building 10

On Tuesday, the new location of the Green Line stop at "Q" lot changed to the northeastern corner of the lot near Building 11. The Green Line now runs Monday through Friday on the following schedule:

- From 5:30 - 9 a.m. and 2:45 - 6:30 p.m:
- Stop 1: Building 10
- Stop 2: Building 8
- Stop 3: Parking Lot E
- Stop 4: Temporary Fitness Center/ Parking Lot Z
- Stop 5: Building 27 (JTF)
- Stop 6: Parking Lot Q
- Stop 7: Building 14
- Stop 8: Building 10

For more information, contact NSAB's Transportation Program Coordinator at ryan.emery@med.navy.mil.

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USNS Comfort Brings Continuing Promise to Costa Rica

By Senior Airman Kasey Close
Continuing Promise 2011 Public Affairs

Military Sealift Command hospital ship *USNS Comfort (T-AH 20)* arrived in Puntarenas, Costa Rica, July 28 for its eighth of nine mission stops during Continuing Promise 2011 (CP11).

CP11 personnel will have a few days of liberty before beginning 10 days of medical, dental, veterinary and engineering services in the country. Currently, there are 33 Sailors from Bethesda serving onboard the hospital ship.

CP11 is a five-month humanitarian civic assistance mission to the U.S. Southern Command area of responsibility. *Comfort* will visit nine countries in the Caribbean and Central and South America, working hand-in-hand with a variety of partner nations, governmental, and non-governmental organizations to train in civil-military operations while providing medical, dental, and veterinary care, and engineering support services to the countries visited.

The ship's crew of military and civilian personnel have triaged more than 54,671 patients throughout the entire mission to date.

"We are looking to see 500 to 600 patients at a medical site and the cases are going to be similar to the ones we've seen in the previous countries," said Cmdr. Patrick Young, from Arlington, Texas. "It's going to be a good visit."

The CP11 veterinary team has provided immunizations, surgeries, vitamins and deworming medication to 7,758 animals at 92 different sites throughout the mission so far.

"I'm looking forward to sharing knowledge with the host nation with the subject matter expert exchanges and the knowledge we'll receive while work-



(U.S. Navy photo by Mass Communication Specialist 1st Class Kim Williams)

The Military Sealift Command hospital ship *USNS Comfort (T-AH 20)* is on its eighth stop during Continuing Promise 2011, a five-month humanitarian assistance mission to the Caribbean, Central and South America.

ing with them," said Army Sgt. Heather Robinson, a veterinary technician from Champaign, Ill.

In addition to medical, dental, and veterinary care, Seabees from Naval Mobile Construction Battalion 28 and Marines from the 8th Engineering Battalion, Camp Lejeune, N.C., will conduct two civic engineering projects in Costa Rica.

"One of things that I look forward to after the job is done is interacting with kids from the school we just improved for them," said Equipment Operator 2nd Class James Owen. "I hope we finish the scope of the projects early and are able to do something else to help improve the schools. It's an experience that I'll never forget."

U.S. Naval Forces Southern Command and U.S. 4th Fleet (COMUSNAVSO/C4F) supports U.S. Southern Command joint and combined full-spectrum military operations by providing principally sea-based, forward presence to ensure freedom of maneuver in the maritime domain, to foster and sustain cooperative relationships with international partners and to fully exploit the sea as maneuver space in order to enhance regional security and promote peace, stability, and prosperity in the Caribbean, Central and South American regions.

For more news from U.S. Naval Forces Southern Command & U.S. 4th Fleet, visit www.navy.mil/local/cusns.

Historic Critical Care Patient Arrival

By Mass Communication
Specialist Seaman
Dion Dawson
Journal staff writer

For the first time, all critical care air transport (CCAT) patients are now being treated at the National Naval Medical Center.

"In the past, CCAT patients were divided between Walter Reed Army Medical Center (WRAMC) and NNMC," said Denise Reccardi, Officer-in-Charge of the Medevac department at NNMC.

Friday was the first day all critical care patients began coming to Bethesda, she said.

"There [were] three Soldiers and one Marine. All will be coming directly here in two (patient evacuation vehicles) PEVs and two critical care teams. When they arrive, they will be helped by corpsman and Marines," Reccardi said.

Reccardi stated it feels great to have all services working together as a team.

"This is history we are making," she said. "I think this is another step in the right direction of the integrated future. The patients will get the best of both worlds. This is two powerhouses of knowledge combining to



(photo by Mass Communication Specialist Seaman Dion Dawson)

Via a critical care air transport on Friday, a patient is transferred to a gurney and taken to the intensive care unit (ICU) at NNMC, where the critical care team and ICU team work together to ensure the success of the transport.

create a greater service to our patients. We couldn't wait for this to happen because this is integral to mission success. This was a great day, with a great future ahead."

The CCAT process starts on the flight line at Andrews Air Force base and ends at NNMC's emergency

room (ER) bay.

"We get word that the patient is coming in via the electronic patient move record," Reccardi explained. "There is a critical care team that accompanies the patient from Germany to Bethesda. It consists of a flight doctor, flight nurse and respi-

ratory therapist who fly with the critical care patients. The flight is generally about 9 – 9 ½ hours. The critical care team has to watch each station and keep the patients stable. Once they land at Andrews Air Force Base, we meet the plane on the flight line. We have two teams of six enlisted personnel, Air Force and Navy, off load the patients and load them in PEVs. The critical care team will then board the PEV with a team of hospital corpsmen and a nurse."

Upon arrival at NNMC, Reccardi said, the patients are transferred to a gurney and taken to the intensive care unit (ICU), where the critical care team, ICU team, Marines and corpsmen work together to ensure the success of the transport.

Army Maj. Ronald Garner, operations officer for the Marine Corps Wounded Warrior Regiment, Wounded Warrior Battalion East Detachments echoed the importance of the arrival.

"Today's CCAT is not only important, but historic. Every CCAT is important. Every service member [who comes] through here is important. Our mission is to provide medical and non-medical care for them. It's always important for us to meet

See TRANSPORT page 5

Genetics Counseling for an Educated Pregnancy

By Mass Communication
Specialist
John K. Hamilton
Journal staff writer

To help parents make a more informed decision during pregnancy about their baby's needs, the National Naval Medical Center's (NNMC) Genetic Counseling department, located in the Prenatal Assessment Center in Building 10, holds weekly classes Mondays and Wednesdays in the OB clinic.

When it comes to genetic conditions during pregnancy, there is a common misconception among parents that because they talk about genetic conditions, genetic counselors are going to pressure them to terminate pregnancy, said Erica Sturm, a genetics counselor in NNMC's Prenatal Assessment Center.

"Genetic counseling is a communication process, where we go over what conditions the parents and their children are at an increased risk for," said Andrea Wray, genetics counselor in NNMC's prenatal assessment center. "We help them understand [a particular] condition, what testing is available, and help make decisions about how much information they want revealed about the testing before the baby is born," she added.

The prenatal genetic testing classes, held at 1 p.m. in the OB clinic, are administered throughout pregnancy. The testing classes are recommended to those who come in for ultrasounds, so they can under-

stand how the ultrasound and other tests fit into their pregnancy.

Wray noted that the classes allow patients to be in a setting with others so they can see that they are not alone in their counseling.

"The goals of genetic counseling are to increase understanding of genetic diseases, discuss disease management options, and explain the risks and benefits of testing. Counseling sessions focus on giving vital, unbiased information and non-directive assistance in the patient's decision making process," said Sturm.

There are numerous screening and testing options available to pregnant women. Most tests can decipher whether your baby may be at an increased risk for genetic conditions. If risks are present, then a diagnostic test is performed to determine whether there is a problem.

Sturm went on to explain every state in the U.S. has specific guidelines as to the type and time each test can be administered during pregnancy.

Newborn testing screens for sickle cell, cystic fibrosis, and other conditions which has expanded in the last 5 years from six conditions to now more than 30. This is how known, and recessive conditions can be identified early, but we don't suspect most people would have something significant, said Sturm.

Wray noted that not all patients want to know whether their unborn child has a genetic disorder.

"Not everyone wants all of the in-

formation determined by a test, and [may wish to] wait to find out once the baby is born because they don't want to deal with the increased

"The goals of genetic counseling are to increase understanding of genetic diseases, discuss disease management options, and explain the risks and benefits of testing. Counseling sessions focus on giving vital, unbiased information and non-directive assistance in the patient's decision making process."

— Erica Sturm
Genetics Counselor,
NNMC's Prenatal
Assessment Center

anxiety throughout the pregnancy. There are studies that show once someone becomes aware they are a carrier for a genetic condition, it can greatly impact their self image. We really like them to think about whether or not this information is helpful, or might it be something more detrimental," said Wray.

Before arriving at your appointment, it's a good idea to compile a list of your family history, to provide your counselor with the most accurate information before testing.

"I encourage parents to bring as much information about their family history as they can find, including information regarding relatives with major health problems, physical birth defects, learning disabilities, any specific diagnosis that have been given to family members, and any pregnancy losses," said Wray.

The best time to have genetic testing is before pregnancy, to avoid time restraints. Genetic testing can take some time to complete. A number of the tests ordered take about a week to see results, but there are some that take as long as one to two months.

"There are a lot of people thinking about becoming pregnant or are already pregnant, [who] come in because they don't know their family history, or have significant gaps in it. They may be adopted or one of their parents is estranged, and they don't know that side of their family. They are concerned their baby could have something bad, that we wouldn't necessarily be thinking about already because a part of their family history is missing," said Sturm.

For more information or to schedule an appointment, call the Prenatal Assessment Center at 301-319-5051.



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Navy Surgeon General Warns of Health Effects of Spice

By Shoshona Pilip-Florea
U.S. Navy Bureau of Medicine
and Surgery Public Affairs

The Navy Surgeon General cautioned his commanding officers, medical providers and personnel on the negative health effects and legal consequences of using synthetic marijuana like Spice and other designer drugs in a message sent to all of Navy Medicine Aug. 2.

The purpose of the message was to educate and inform Navy and Marine Corps personnel about these drugs and the very real dangers associated with their use.

"It is paramount all Navy Medicine personnel are aware of the adverse health effects of these drugs," said Vice Adm. Adam M. Robinson, Jr., U.S. Navy surgeon general and chief, Bureau of Medicine and Surgery. "Serious side effects have been reported after its use

including tremors, panic attacks, delirium, impaired coordination, seizures, paranoid hallucinations, and psychotic symptoms that can last for days, even months in some cases."

Spice looks similar to marijuana or oregano and is used for its psychoactive and hallucinogenic effects. The products contain organic leaves coated with unregulated chemical compounds. Spice and other designer drugs are falsely marketed by manufacturers as a safe way to get high while avoiding drug testing.

The synthetic chemicals in Spice-type products have a more potent effect on the brain than traditional marijuana and the unregulated compounds are often mixed with unknown effects, according to Robinson. These products are not approved for human consumption and there is no oversight of the manufacturing process. Similar to other drugs on the street, experts warn that you never know what mixture of chemicals could be present in the drugs and users are experi-

menting with the combination of multiple products which can dramatically change or increase its effects on a case by case basis.

Robinson warns that rapid tolerance in some users can lead to increased dosage and addiction and the use of synthetic marijuana has led to a surge in emergency room visits and calls to poison control centers, according to the DEA. This spring, Navy Medicine treated multiple patients at Naval Medical Center San Diego, Calif., for Spice usage, some resulting in months of inpatient treatment for persistent psychotic symptoms.

"Commanding officers must be fully engaged in synthetic drug abuse prevention and do everything in their power to increase awareness within their commands of the serious health consequences and legal ramifications of its use," wrote Robinson.

Spice and other designer drugs fall under the Navy and Marine Corps' Zero Tolerance policy and Robinson further emphasizes that commanding officers do not need a positive urinalysis to begin administrative separation. Personnel found to be using, possessing, distributing or who observe an abuse and do not report the incident can be charged with violating the Navy's policies as well.

As the Navy Surgeon General and Chief, Bureau of Medicine and Surgery, Robinson leads 63,000 Navy Medicine personnel that provide healthcare support to the U.S. Navy, Marine Corps, their families and veterans in high operational tempo environments, at expeditionary medical facilities, medical treatment facilities, hospitals, clinics, hospital ships and research units around the world.

For more news from Navy Medicine, visit www.navy.mil/local/mednews.

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them as they come in. If a Marine has just landed, it is important for that person to see a Marine as soon as the PEV doors open."

Garner continued, "We are here for them. This CCAT and CCATs going forward are important because we are seeing the shift of activities in the National Capital Region and consolidation of care into a single facility. All of the Marine CCATS come through Bethesda. In the past, we have had those go to WRAMC for follow-up care. Going forward, we are given the opportunity to provide continuance of care in one location."

With integration between NNMC and WRAMC, cohesion is key.

"I'm expecting great things to happen," stated Garner. "Sure there will be bumps along the road, but that comes with anything. When you merge two large facilities like this, it is never completely smooth, but it's the right thing to do and it will make a positive difference in the care that is offered here."

He added, "Wounded warrior care is one of the most important things we do in the military. We couldn't do it alone. All the branches work together, hand-in-hand, because that is the key to great care. We are dedicated to never letting our wounded warriors feel like they are alone."

With the patient move day scheduled in the coming weeks, support for the service member will make the transition smoother.

"We are here for one another," said Lt. Cmdr. Tod Hazlett, assistant director of the Warrior Family Coordination Cell (WFCC) at NNMC. "All the families are supported from a non-clinical standpoint. We make sure the family has everything they need to take care of their loved one. Everything is checked and we want them to be well equipped. We support the service's liaisons in their function of taking care of the families and we assist in any way we can."

First Ambulance Assigned to NSAB Fire Services

Submitted by Fire and Emergency Services, Naval Support Activity Bethesda

Naval Support Activity Bethesda's (NSAB) fire-based Emergency Medical Services component will soon dedicate its first, newly restored, state-of-the-art ambulance, Medic 750.

The unit, going in service with Advanced Life Support capabilities, has been outfitted with medical equipment including a Physio-Control Life Pak 15, and a Glide-Scope intubation device, which will facilitate some of the most modern medical care capabilities available in the pre-hospital environment delivered to wounded warriors, patients and their families.

Having previously been in service with the National Naval Medical Center Emergency Services and Transportation fleet, Medic 750 has undergone a complete mechanical check-up, to include a new emergency light and new lettering.

The ambulance's rapid progression from inception to deployment in a little more than six months would not



(courtesy photo)

Naval Support Activity Bethesda will soon dedicate its first ambulance, "Medic 750," recently restored and going in service with Advanced Life Support capabilities.

have been possible without the assistance of the National Naval Medical Center, the Maryland Institute for Emergency Medical Services Systems and Joint Task Force National Capital Region Medical, working together with NSAB and Fire Depart-

ment leadership to obtain funding and staffing.

This collaboration also afforded a one-of-a-kind EMS Operational Program designation, allowing the installation to field its Emergency Medical Services under its own guise by

maintaining its own Medical Director, who will oversee all operations by the Department as its own jurisdiction within the state of Maryland.

"This unit is special. It's the first ever dedicated ambulance assigned to the fire

and emergency services at the Naval Support Activity Bethesda," said Fire Chief William Holzberger.

He went on to state that having this type of ambulance will enable rescue workers to continue to meet their mission.

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include clinical managers and administrative staff. Naval Support Activity Bethesda (NSAB) Commanding Officer Capt. Michael Malanoski noted the amount of hard work and collaboration involved in this effort.

"I am incredibly proud of the team that has put this together," said Malanoski. "Through their work, I have every confidence that the seamless handoffs that presently occur between [the] hospital, garrison, and the WTB at WRAMC will continue with the arrival of the WTB to NSA Bethesda. This plan ensures that Wounded Warriors and their families, from all the Services, receive the non-medical support they need while they recover from their injuries."

Using a multidisciplinary approach, the training outlines key non-medical support services onboard NSAB such as financial assistance, legal assistance, child care, lodging, strategic communications, events/donations, transportation and dining. Each process has been streamlined, placing emphasis on main points of contact, approved request forms and routing procedures, said Janelle Massiatte, In-

stallation lead for ISP deployment. The training also introduces the WII Support Quick Reference Card. These cards are a fail-safe quick reference for those who support and care for our WII and their families, enabling them to provide Service Liaison's duty information on the spot.

"For all those involved in supporting our WII and their families, the ISP training brings the Services together on the same page," said Gardner. "Whether you're here assigned to the installation, medical center, or a service program, we have to be on the same page when it comes to the support of our Wounded, Ill and Injured"

To further support those involved in supporting our WII and their families, the Warrior Family Coordination Cell (WFCC) will assist in coordinating efforts between patients, their families and benevolence organizations.

Capt. Constance Evans, WFCC director, amongst those who signed the training agreement, said, "The ISP represents years of collaboration between Services, the medical center and the installation. [The] ISP signing represents the future of Military Medicine."

The WFCC will continue to foster their relationship with Service liaisons. In the future, they will create an orientation for families, during which they can voice any concerns and gain a better understanding of the functional areas

on base, as well as the process of their treatment and recovery.

Army Col. James Larsen, Commander, Warrior Transition Brigade, also signed the ISP. He stated, "The integrated support plan has really been a long time in the making, and it's going to provide us multidisciplinary coordinated joint approach to the care and support of wounded ill and injured Soldiers, Sailors, Airmen and Marines, our nation's most seriously wounded ill and injured."

He added, "The Warrior Transition Brigade is pleased to be a part of this and believe that we are making history."

Cmdr. Mike "Tiki" Varias, Deputy Director of Navy Safe Harbor, echoed the same sentiment.

"The Integrated Support Plan (ISP) serves as a road map for providing world-class non-medical support to our wounded, ill, and injured service members and their families," Varias said. "It also encourages more synergy between service wounded warrior programs, the hospital and NSA Bethesda as our recovering service members begin moving into Building 62. The ISP is the culmination of a great deal of hard work and collaboration among all the coordinating entities, and it represents an exciting step forward in shaping warrior care at the new Walter Reed National Military Medical Center for years to come."

Sailors at Bethesda Key in to Motorcycle Safety

**By Mass Communication Specialist
John K. Hamilton
Journal staff writer**

With summer coming to an end, Naval Support Activity Bethesda (NSAB) reminds motorcyclists that it's never too late to start thinking about safety.

"Safety is paramount," said Master-at-Arms 2nd Class Joseph Pellicano, assistant watch commander for NSAB's police department and a daily motorcycle commuter. "There are a lot of fatalities on motorcycles, if you're out there being wreckless - you're increasing the likelihood of being in a fatal accident. You don't get many second chances on a bike, especially at cruising speeds, which reach upwards of 60 miles per hour.

Even with a helmet and all the proper safety gear, you're looking at a bad time if you're not riding safe," he added.

Pellicano suggests having a safety checklist and reviewing it before heading out on your bike.

"You should check your ride before you get on it to make sure fluid levels are optimal, brakes are not worn out, the clutch is functioning properly, and tire pressure is in the right range. A malfunction in any of these areas could be fatal," said Pellicano.

Riders should be especially alert in the mornings, as low visibility and treacherous wildlife can present dangerous obstacles. "I commute from the Ft. Meade area. I leave my house around three [a.m.] and it's a little scary because there's deer every-

where," said Pellicano, adding that motorcyclists should be particularly cautious of the animals due to their unpredictable nature.

To further cut down on the risks motorcyclists face, riders should also take care to wear proper protective gear during each trip.

"It's the law to ride with a helmet. On the installation, you have to have a reflective vest, long sleeve shirt, ankle high boots, long legged pants, and gloves that cover your full fingers," said Pellicano. "You'll [also] want to wear this when you're not on base, so that you're clearly visible, and if you do happen to go down, you'll have some type of protection over your

See **MOTORCYCLE** page 8



(U.S. Navy photo by Mass Communication Specialist 3rd Class Andrew Ryan Smith) **Aviation Boatswain's Mate (Equipment) 2nd Class Zack Renton adjusts his helmet during the Navy and Marine Corps traffic skills training rodeo at North Dock Yokohama.**

McGruff to Bethesda: Take a Bite Out of Crime



(Mass Communication Specialist 3rd Class Alexandra Snyder)

Army Spec. Elliana Young, Army Spec. Ashlie Brown, and Tyhisha O'neal pose with "McGruff," the famed crime dog at the National Naval Medical Center on Tuesday. The women, who checked onboard from Walter Reed that same day, stopped to talk with the crime-fighting character about National Night Out, which raises awareness about crime prevention and safety.

Performance Boards Ready to Review Senior Enlisted

From Navy Personnel Command Public Affairs

Navy Personnel Command will compile the list of eligible Sailors for the fiscal year 2012 performance-based senior enlisted continuation board Aug. 31.

According to NAVADMIN 194/11, active, Full Time Support and Reserve E-7 to E-9 Sailors with 19 years of service and three years time in rate as of Sept. 1 will be considered by the board, which will convene Dec. 5.

"Performance is the key," said Navy Personnel Command (NPC) Force Master Chief (AW/SW/NAC) Jon Port. "The Navy requires our senior enlisted to lead Sailors and enforce our standards. One of the major ways they do this is by living our standards and conducting themselves professionally and ethically. Those master chiefs, senior chiefs and chiefs out there who achieve great success through team and personal performance set the example for others to follow."

The board will focus on performance within the last five years or since advancement to current grade, whichever is later. Among the specific performance indicators the board will consider are:

- Documented misconduct involving either UCMJ (non-judicial punishment) or civilian offenses;
- Moral or professional dereliction such as relief for cause or detachment for cause;
- Continuity gaps in evaluation/fitness reports greater than 90 days;
- Evaluation/fitness reports with marks suggesting substandard or marginal performance;
- Any documented circumstance related to performance which results in a Sailor's inability to perform in his or her rating or duties.

"The board will look at these factors and the entire record," Port

said.

"They will use their judgment when determining who to select for continuation. Bottom line: we want to keep the Sailors who are best for the Navy."

Some senior enlisted who otherwise meet the time in service and grade criteria will be exempt from the board. These Sailors include:

- Sailors with an approved transfer to the Fleet or Retired Reserve;
- Selectees for command senior and master chief;
- Personnel enrolled in Navy Safe Harbor;
- Fleet, force and command master chiefs, chiefs of the boat and command senior chiefs who possess the Navy Enlisted Classification Code (NEC) 9580, 9579 or 9578;
- Sailors with nuclear NECs;
- Sailors with orders to or serving in the first two years of an overseas or Department of Defense area tour at the board convening date.

The Naval Education and Training Professional Development and Technology Center will publish the names of board-eligible Sailors on Sept. 15. The names will be posted to both the Navy Enlisted Advancement System website at <https://neasos.cnet.navy.mil> and on Bupers Online (BOL) at <https://www.bol.navy.mil> for command representatives to view.

Individuals can view their board eligibility profile sheet on the Navy Knowledge Online Advancement Center Page at <https://wwwa.nko.navy.mil/portal/careermanagement/navyadvancementcenter> by selecting "Enlisted Retention Board Eligibility Profile."

The board must receive candidates' correspondence by Nov. 15. Any letters must be originated by the eligible Sailor. This is also the last day for commands to resolve eligibility issues and problems. Sailors who are on the list on this day will be considered eligible for review and requests for removal af-



(Official U.S. Navy photo)

Chiefs are the leaders of the enlisted Sailor ranks and reaching that rank is considered an honor. This honor will be bestowed upon new chiefs in ceremonies on ships and at bases worldwide in the coming months.

ter this date will not be approved.

Once the continuation board results have been approved, commanding officers will have seven days to notify and counsel those members who have not been selected for continuation. Sailors who are not selected must submit their Fleet Reserve or retirement paperwork by May 15, 2012, with an ef-

fective date no later than Sept. 30, 2012.

For more information, read the message at the NPC website at www.npc.navy.mil or call the NPC Customer Service Center at 1-866-U-ASK-NPC (1-866-827-5672).

For more news from Navy Personnel Command, visit www.navy.mil/local/npc.

MOTORCYCLE

Continued from 7

arms and legs."

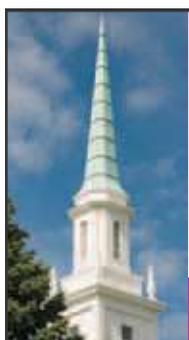
Police Maj. Jack Bieger, chief of police at NSAB, takes caution when riding his motorcycle and reminds others to do so, especially around the many ongoing construction projects on base.

"Because of all the construction around base, there is a lot of loose gravel. [There's] construction and traffic, so people need to keep their head on a swivel, looking around themselves constantly," said Bieger.

For more information on proper personal protective equipment and the motorcycle decals needed to access the base, contact the NSAB Police Department at 301-295-1246 or stop by their office, located on the first floor of Building 7.

For more news from other bases around the Washington, D.C. area,

visit www.dcmilitary.com.



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