



The Journal

Vol. 23

No. 32

www.bethesda.med.navy.mil

August 11, 2011

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Building the Way Ahead: NCA Supports Navy Mission Through BRAC Process

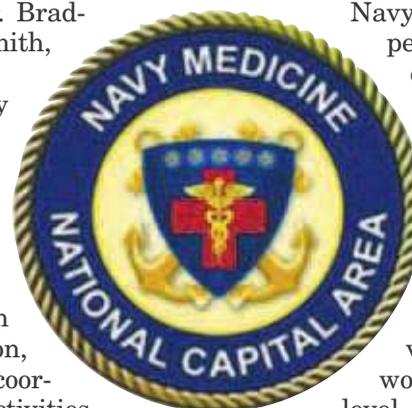
By Sarah Fortney
Journal staff writer

Over the last five years, as the National Naval Medical Center (NNMC) has prepared for its historic integration with Walter Reed Army Medical Center (WRAMC), the Navy Medicine National Capital Area (NCA) has worked tirelessly to offer component support and ensure a seamless transition.

While representing the Navy component to the Joint Task Force (JTF) CapMed, as well as Navy Medicine and NNMC's commander, the NCA has served as the conduit of information for the Bureau of Medicine and Surgery (BUMED),

said Cmdr. Bradford Smith, Deputy Chief, Navy Medicine NCA. Also, as the headquarters for Navy Medicine in the region, NCA has coordinated activities and support requests from its commands — NNMC, Naval Health Clinic Quantico, Naval Health Clinic Annapolis, and Naval Health Clinic Patuxent River.

"When BRAC discussions occurred, we provided context from a regional and



Navy Medicine perspective in order to facilitate the decisions," he said. "Our subject matter experts were involved at the working group level to be sure

that committees had the most current and accurate information on which to base recommendations."

Additionally, NCA's facilities shop has been heavily involved in the day-to-day planning and execution for expansions and renovations at Bethesda.

Capt. Elizabeth Nelson, Chief of Staff, Navy Medicine NCA, said NCA staff members have been the pivotal leaders and drivers of innovative construction processes for the new inpatient and outpatient facilities — the America and Arrowhead buildings — as well as the recently renovated Buildings 3 and 5, in support of staff coming onboard from WRAMC.

"In that way, we are building the way ahead to meet the anticipated 2,500 staff from Walter Reed, so that we're ready to go without a hiccup," she said. "[NCA has] been able to work the intricacies of

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Metro Opens Doors to an Easier Commute

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

With more than 40 public transit stations in the greater Washington area, including one across the street from the South Gate, staff at Naval Support Activity Bethesda (NSAB) are encouraged to consider this alternate form of transportation.

Washington Metropolitan Area Transit Authority (WMATA) "Metro" stations, including the Medical Center stop just off base, offer a quick and often more affordable commute.

"I've been riding the Metro for years," said Ryan Emery, NSAB's transportation program coordinator. "It's a good alternative to driving because you miss the rush hour traffic, and there is no need to search for a parking space."

Also, here at Bethesda, if you're a service member or Department of Defense (DoD) employee, your face can be

subsidized through the Mass Transit Benefit Program, significantly cutting down on your gas bill, he said.

The National Capital Region (NCR) Mass Transit Benefit Program (MTBP) was established to assist DoD employees working in the NCR in receiving a transit benefit for their daily commute, explained Emery. Benefits are distributed quarterly around the region, and subscribers to the program must first apply online, notating the mode of transit used as well as the beginning and end points of their daily commute. Applications will then be reviewed by each applicant's supervising official and a transit benefits reviewer.

"The MTBP application process can take up to 30 days to complete, so for those wishing to use it, I recommend visiting www.whs.mil/FSD/Info/NCR-TransitSubsidy.cfm now to apply," said Emery. He added that NSAB's goal, in general, is to have 30 percent of all employees commuting via public transportation.

With recent months demonstrating

a healthy increase in ridership at NSAB, riders are encouraged to keep safety in mind. Ron Kunz, emergency manager at NSAB, also rides the Metro daily and often sees people making poor decisions that could prevent them from protecting themselves.

"I see riders with headphones on, not paying attention to where they're standing on the platform or their surroundings," he said. "When you board a train, the doors make a 'ding' sound before closing. When you're listening to loud music, you can't hear those cautionary noises and could become entrapped in the doors. I have seen backpacks and clothing caught, and unfortunately, unlike elevators doors which open upon contact, Metro doors stay closed."

If involved in a mishap while riding the subway, patrons should be aware that there is an emergency door release at each car's center door, added Kunz."

See METRO page 5

Chief of Staff for Integration and Transition

In this week's article, I would like to provide some background about our internal and external moves throughout the month. We are embarking on the final phase of a historical integration with Walter Reed Army Medical Center. It is imperative that our staff is prepared to provide Patient and Family Centered World Class healthcare services for our Wounded Warriors and beneficiaries in this new setting. With this in mind, it is important that we have a safe, effective, and efficient move into our new spaces.



Move Day DO's include:

1. Use the Medical Center Integration/COSIT website for access to information about moving. This includes the Move Toolkit, which includes valuable information on how to move successfully. **Step one** is to complete your move checklist; **step two** is to continue to follow the move guidelines; and **step three** is to effectively utilize the Priority Action Team (PAT) for "high" priority issues only (total move or work stoppage, patient or staff safety, danger to equipment or spaces, as examples). The remainder of items can be handled on a routine basis through our normal IT, Facilities, or equipment repair processes. Because of the possibility of last minute changes due to unexpected circumstances, please continue to check for updates on the move schedule. As issues or times change, we routinely update the NNMC Consolidated Move/Relocation Schedule.

2. Be prepared to move at your scheduled time. Everyone needs to clean their area and furniture, shred any documents not being moved (particularly PHI and PII), and pack for the move utilizing the materials provided by the movers. When your department receives the packing equipment, immediately begin to pack up your workspace.

3. Please remember that there is a 24-hour turnaround time on the packing equipment, so please unload the packing equipment when it arrives in your new space and have it ready for pick up within 24 hours of your move. This equipment will be reused and must be redistributed so others can prepare for their moves. Please work efficiently so that others can also move successfully.

4. Expect computer and telephone access to be limited and interrupted during the move. This is simply a fact of doing business. The IT Team cannot make a simultaneous removal and connection during the moves. The IT team has asked for 24 hours following a move to complete the implementation of a particular area's submitted finalized IT plan. Front desk telephones will be up and available at all times in the former and new locations, and each area should plan how they will cover their "Front Desk" telephones during their move period.

5. Please remember to be patient and tolerant. There are many areas relocating at the same time and

the move staff and PAT teams respond as quickly as possible.

Move Day DON'Ts include:

1. Please don't have unrealistic expectations for move day. Challenges often arise and are to be expected. Appointment templates are reduced to facilitate the moves and allow for needed adjustments to move challenges.

2. With the exception of pre-approved furniture and equipment, no other items are to be moved. Please do not bring furniture from your old spaces and don't add items to the move that are not on the Reuse List.

3. IT has at least 24 hours to get your area functional. Please do not distract the IT technicians while they are attempting to get your spaces operational. Please don't rearrange your office space to get a better view. The telephones and computers have been mapped to your assigned space and the drops are coordinated with the furniture location. Any deviation of this can create unnecessary and unwanted IT challenges. Also, don't attempt to relocate your current contracted copier over to your new space, if it is to be relocated, the contractor will move the equipment.

4. Please be considerate of the support services and move contractors. We need to be careful to not overload the IT, Facilities, GDIT, or the HCR Team with requests that are not truly immediate needs, or they won't be able to get the routine work of the moves accomplished. Should any of your staff have a true immediate need, and they are not receiving an appropriate response, please ask your staffs to vet their "concerns/complaints" via their chain of command/leadership rather than directly contacting IT, Facilities, GDIT, or the HCR Team. I know that the IT, Facilities, GDIT, or the HCR Team will deal appropriately with true urgencies, but they need to be true urgencies, not a simple "the phone doesn't work in my office" rising to the level of an urgency because some member of our staff is impatient. In addition, we have PATs in place for the various areas to respond to urgent issues.

5. Please don't leave your space a mess for the next user, go back and clean your old space in preparation of its next occupant. This includes emptying drawers; remember to look for PHI and PII, and dispose of all items appropriately.

Our goal is to make the moves go as efficiently, effectively, and seamlessly as possible. We can accomplish that if we work together and have patience with one another. Thank you for your efforts and dedication, assisting with the preparation for and execution of the moves, and continuing to provide superb world class care to our patients, and their families, during this time of increased tempo and patient census.

Please address any correspondence to NNMCDC-IT@med.navy.mil.

Bethesda Notebook

Multi-use Parking Garage Now Open

The Multi-use parking garage, located at the intersection of South Palmer Road and Stokes Road, is now open for general staff parking. The garage may be accessed from South Palmer Road, Stokes Road, or Stone Lake Road. For more information, contact Naval Support Activity Bethesda's (NSAB) Transportation Program Manager at jeffrey.miller@med.navy.mil.

FFSO Hosts Back to School Fair

NSAB's Fleet and Family Services and School Liaison Officer will host a Back to School Fair on Aug. 26, from 9 a.m. until 1 p.m., in the America Building, first floor. All will have a chance to meet McGruff, the crime-fighting dog, and learn about family enrichment services offered on base. The first 200 attendees will receive a backpack filled with school supplies and other goodies, provided by the USO. For questions, email the NSAB School Liaison Officer, Daniel L. Dunham, at daniel.dunham2@med.navy.mil.

Medical Staff Credentials and Privileging Office to Move

The National Naval Medical Center's (NNMC) Medical Staff Credentials and Privileging Office will move on Monday, Aug. 15, from its current location on the second floor of the Medical Swing Space, to the third floor of the new Administrative Building (Building 17). All of the office's phone numbers and e-mail addresses will remain the same.

Licensed Individual Professionals with primary privileges at Walter Reed Army Medical Center (WRAMC) who will permanently work at NNMC/WRNMMCB until Aug. 15, should report to the Medical Staff Office at the Medical Swing Space through Friday, Aug. 12. If you have any questions, contact Jeff Fennewald, Chief of Medical Staff Services, at 301-295-2737.

Published by offset every Thursday by Comprint Military Publications, 9030 Comprint Court, Gaithersburg, Md. 20877, a private firm in no way connected with the U.S. Navy, under exclusive written contract with the National Naval Medical Center, Bethesda, Md. This commercial enterprise newspaper is an authorized publication for members of the military services. Contents of The Journal are not necessarily the official views of, nor endorsed by, the U.S. Government, the Department of Defense, or the Department of Navy. The appearance of advertising in this publication, including inserts or supplements, does not constitute endorsement by the Department of Defense or Comprint, Inc., of the products or services advertised. Everything advertised in this publication shall be made available for purchase, use or patronage without regard to race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor of the purchaser, user, or patron. Editorial content is edited, pre-

pared and provided by the Public Affairs Office, National Naval Medical Center, 8901 Rockville Pike, Bethesda, Md., 20889-5600. News copy should be submitted to the Public Affairs Office, Bldg. 1, Room 8120, by noon one week preceding the desired publication date. News items are welcomed from all NNMC complex sources. Inquiries about news copy will be answered by calling (301) 295-5727. Commercial advertising should be placed with the publisher by telephoning (301) 921-2800. Publisher's advertising offices are located at 9030 Comprint Court, Gaithersburg, Md. 20877. Classified ads can be placed by calling (301) 670-2505.



Naval Support Activity (NSA) Bethesda

Commanding Officer Capt. Michael Malanoski
Public Affairs Officer Sandy Dean

Journal Staff

Staff Writers	MC1 Ardelle Purcell	(301) 295-5727
	MC2 John Hamilton	(301) 295-5727
	MC3 Alexandra Snyder	(301) 295-5727
	MCSN Dion Dawson	(301) 295-5727
	Cat DeBinder	(301) 295-5727
	Katie Bradley	(301) 295-5727
Journal Editor	Sarah Fortney	(301) 295-5727
Fleet And Family Support Center		(301) 319-4087
Family Ombudsman		(443) 854-5167 (410) 800-3787 (240) 468-6386

SUPPORT

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building a hospital within a hospital. We've spent an inordinate amount of hours executing this plan over the last five years, and it's coming to fruition. What many folks don't understand is that we have built a new hospital in a record four years, a process that would normally take at least eight years for a project of this magnitude."

In addition to providing oversight throughout the integration, the NCA has also interfaced with the Naval Support Activity Bethesda (NSAB), NNMCMC, WRAMC, Fort Belvoir Community Hospital (FBCH) and JTF CapMed, said Nelson, and in doing so, the NCA has ensured naval components — such as staffing and programs — fit into an integrated health system.

Ensuring component equities, the NCA, in particular, has helped oversee the relocation of staff to FBCH, she said. She also noted that, by working with other counterparts to understand each other's processes, operating in one common way to mitigate any potential for errors, be it in regards to processes or quality of care.

"We've approached the planning from a unified perspective," she said.

Once the BRAC process is complete, Nelson noted that the NCA will continue to provide assistance.

"We will be here to support the three other MTFs (medical treatment facilities), Quantico, Annapolis and Pax River," she said.

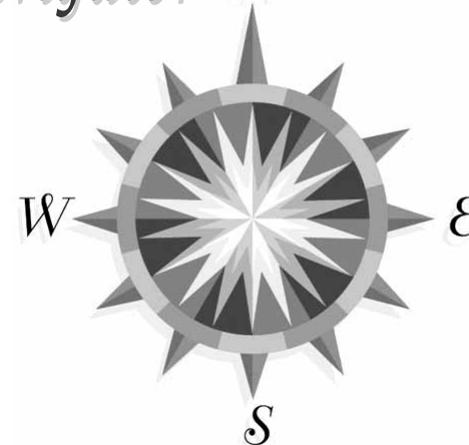
Also, NCA will still ensure the naval components are being met at FBCH and the new Walter Reed National Military Medical Center Bethesda (WRNMMCB), such as fitness reports, training, additional duty pays, operational requirements, she said.

"We will be the interface between the integrated staff and the Navy component," she said.

As the new hospital takes shape, NCA will continue to coordinate commands in the region, facilitating communication with BUMED, Smith added.

"In almost all scenarios, Navy component representation will be an important aspect of delivering world class health care to our beneficiaries as part of the Army, Navy, and Air Force team," he said.

Patient Navigator \mathcal{N}



We are continuously interested in your feedback as our goal is to make your experience at NNMCMC extraordinary. As Joint Task Force (JTF) CapMed sends out letters, notifying patients of final primary care reassignment, below are some questions and answers that may help clarify the process.

Q: How did JTF CapMed designate primary care reassignments?

A: During the reassignment process, JTF CapMed asked beneficiaries their primary care enrollment location preference and attempted to best meet all considerations. Final medical treatment facility (MTF) assignment was based on TRICARE Management Activity's Access to Care Standards, which states that a beneficiary's travel time may not exceed 30 minutes between their home and their primary care delivery site. For more information about these standards, visit <http://tricare.mil/mybenefit>.

Q: Why are my Primary Care Manager (PCM) and specialty care providers at different hospitals?

A: The beneficiary reassignment process only applied to primary MTF and primary care manager selections, and were based on the TRICARE Management Activity's Access to Care Standards. In other words, an enrollee was assigned an MTF and PCM most accessible to their home.

Additionally, specialty care services within the National Capital Region have not changed and will continue to be available to beneficiaries throughout the region. These services will also be available through a referral from your PCM, with services most likely to be available at the new Walter Reed National Military

Medical Center Bethesda (WRNMMCB), and/or Fort Belvoir Community Hospital (FBCH) in Fort Belvoir, Va. Based on your particular medical requirements, and where your MTF is located, you may need to be referred for specialty care at a different location than your PCM and, on rare occasions, outside the MHS network.

Q: Who can I talk to about Beneficiary Reassignment, and where can I find more information?

A: Call the Beneficiary Reassignment Hotline at 202-782-3376, or visit www.jtfcapmed.mil or <http://twitter/jtfcapmed>.

If you would like to provide specific feedback on your experience, e-mail patient.navigators@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.

Sexual Assault Victim Advocate Training Open to Staff

By Katie Bradley
Journal staff writer

According to the Department of Defense, in 2010, there were nearly 3,200 reports of sexual assault military-wide.

To combat these statistics within the military population, the Sexual Assault Prevention and Response (SAPR) Program was established, and to further assist victims of sexual assault, Naval Support Activity Bethesda (NSAB) offers numerous resources.

Among those resources, Sexual Assault Victim Advocates (VA) play a vital role in responding to sexual assaults, said Stacey Lantz, NSAB's Sexual Assault Response Coordinator (SARC). Therefore, next week, NSAB's Fleet and Family Support Center (FFSC) will offer VA training as part of the SAPR program. The training, which focuses on strategies for effectively assisting victims of sexual assault through advocacy and support, is open to all staff members, including active duty personnel in-

terested in becoming a VA as a collateral duty, she added. Those individuals are encouraged to attend the voluntary 30-hour Navy standardized training Aug. 15-19 in Building 1, room 4334. Registration is required.

It's important to educate people and spread awareness — in 2010, there were approximately 2,400 unrestricted cases and nearly 900 restricted cases of sexual assault reported military-wide, said Lantz.

When a victim initially reports the sexual assault, a VA is assigned to the case. Throughout the entire process the advocate provides support, information, reporting options and referrals, ensuring the victim receives access to all resources and counseling available. In addition, the VA, a first responder, may also accompany the victim throughout the medical exams, Naval Criminal Investigative Service (NCIS) investigation, and the legal process, said Lantz.

"We try to see them through everything and be the emotional

support they need at that moment," said Hospital Corpsman 1st Class Kerri Rundle, a VA who attended the first training at NSAB in April.

"We try to see them through everything and be the emotional support they need at that moment."

—Hospital Corpsman 1st Class Kerri Rundle, Victim Advocate

In the upcoming training, affiliates from NCIS, Staff Judge Advocate General's office (SJAG) and Montgomery County Victim Assistance and Sexual Assault Program as well as a physician and a command chaplain will give presentations explaining their role in the process. In addition, the Domestic Abuse VA will discuss the differences between the Family Advocacy Program and the SAPR program, said Lantz.

Also, during the training, Lantz creates role playing scenarios where one person acts as the victim and the other acts as the advocate. She said, "[Trainees] can learn how to interact with survivors in an appropriate way so survivors feel supported rather than re-victimized."

"It gets you to be engaged and open your eyes to see that it does happen," explained Rundle. "It helps you to know what to say [and] what to do in case you are put in any of those situations."

Rundle went on to say how much she enjoys being a VA.

"It is very rewarding because you know that you are there for somebody in their most needed time," said Rundle.

For any questions regarding the SAPR program or to register for the Sexual Assault VA training, please contact the NSAB SAPR program at 301-319-4087. If you are the victim of a sexual assault and would like to speak with a Victim Advocate, please call the 24-hour SAPR phone at 301-442-8225.

As Patient Move Day Approaches, Former Captain Recalls 1970s Move

By Mass Communication Specialist John K. Hamilton
Journal staff writer

As the National Naval Medical Center (NNMC) and Walter Reed Army Medical Center (WRAMC) approach their highly anticipated patient move day, Robin Hodges, a Post Anesthesia Care Unit (PACU) nurse at NNMC, recalls her memories of the Walter Reed General Hospital patient move more than 30 years ago, and shares her hopes for the future Walter Reed National Military Medical Center Bethesda (WRNMMCB).

"It was an awesome day. The whole move, I was just impressed," said Hodges.

During the patient move day in December 1978, Hodges was stationed at Walter Reed General Hospital as an Army captain, working as a nurse in a 30-bed orthopedic men's unit. During that effort, it was her responsibility to escort the orthopedic wing to the new building.

"The day was very coordinated. Everyone had walkie-talkies and knew exactly where they needed to be. It was around 7:30 a.m. when we received the okay to start moving patients, and we were probably done by 11. It was really organized," she said.

The vision of a joint military medical service was apparent over 30 years ago.

"When I came in the military, they

informed me that the military would soon be purple suitors, which meant that the medical field of all the three forces would become one division, and there wouldn't be Army, Navy, Air Force medical, but one medical division where members from either branch would receive the same type of care," she said.

As deployments for military personnel continue to become more integrated, Hodges feels the integration is a positive step in the right direction.

"I think this is one more step in the process of unifying the medical side of all of the services. There are Navy personnel deployed to Army bases in Afghanistan, or the Army is on Navy installations. Back in the day that would never happen and nowadays it happens all the time," said Hodges.

Staff members from Walter Reed will face some challenges as they check onboard at the new WRNMMCB, she said, learning their way around a new base; however, physicians have been integrated for over two years with their fellowship and residency programs, which will hopefully make this move much easier, she added.

Hodges hopes the new WRNMMCB will pave the way for military medicine to become one entity, and that patients will be provided with the best care.

White Sox Players Visit Bethesda



(photo by Mass Communication Specialist Seaman Dion Dawson)

Several White Sox players visited staff and patients at the National Naval Medical Center on Wednesday to help boost morale and to show their appreciation for service members. Pictured above are players meeting with Marine Cpl. Harrison Brooks, who was recently injured in May while deployed to Afghanistan.

Doctors Caution Colon Cleansers May Clean Body of Nutrients

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

Colon cleansers claim to shed pounds and free the body of toxins; however, doctors at the National Naval Medical Center (NNMC) suggest otherwise, advising against the use of these products that could potentially lead to severe health hazards.

"There is a belief that stool in your colon clogs like a pipe and occasionally needs cleaning out. That is a myth," said Capt. Brooks Cash, Chief of Medicine for NNMC and Walter Reed Army Medical Center (WRAMC).

Additionally, there is no evidence of improved health with colon cleansing and over-the-counter medicinal laxatives and enemas used to perform these "cleansings," said Cash, who is also Professor of Medicine at the Uniformed Services University of the Health Sciences (USU). He added that such rituals can lead to dehydration and potentially deadly

electrolyte abnormalities.

In reality, the food we eat is not stored for long periods within the body. It is broken down into one to two millimeter particles of basic sugars, fats and proteins in the stomach then absorbed by the small intestine where it is used to nourish the body. The unusable particles are sent to the colon where water is reabsorbed to form solid stool. This waste is then expelled from the body, Cash explained.

"Humans have been around for a pretty long time," he added. "There is no reason to use colon cleansers when your body has adapted to do such a good job of that on its own."

Touting such benefits as weight loss, shinier hair and greater overall health with the removal of "toxins" that build up in consumers' digestive tract, colon cleansers come in the form of pills, powders to be mixed with liquid and enemas; however, reading the fine print on the labels of these "ultimate colon cleansers" reveals such common side effects as nausea, vomiting, intestinal cramping, drowsiness and fatigue.

"There are numerous reports that these cleansers, especially the high colonics, have caused direct harm to patient's bodies, such as infections, colonic perforation, and even death," said Lt. Cmdr. Ruben Acosta, staff gastroenterologist and Assistant Professor of Medicine at USU. "These types of injuries and infections are especially prevalent because the cleanse is performed by alternative practitioners who are not subject to the same safety or hygiene regulations that protect the patients who undergo standard medical procedures."

Cash added that colon cleanser manufacturers take advantage of people by capitalizing on their fears of being overweight, unattractive or unhealthy. To combat those issues and sustain health, he recommends patients eat fiber, maintain an ideal body weight, exercise, not smoke and use alcohol only moderately, if at all.

"Another critically important preventative measure to take is to begin colon cancer screening at the appropriate ages," said Cash.

According to Cash, the only com-

mon reason other than problematic, severe constipation to do a colon cleanse is in preparation for a colonoscopy or virtual colonoscopy, two of the colon cancer screening options offered by the Gastroenterology Service. Patients with no family history of colon cancer should begin screening at age 50, regardless of gender; African Americans should start at age 45. Anyone with at least two grandparents or one parent or sibling who suffered from colon cancer should begin screening at age 40 or 10 years before the age the relative was diagnosed.

"Colon cancer is the third most common cause of cancer and the second most common cause of cancer death in the US; however, it is largely preventable," said Cash. "Screening needs to occur every five to ten years, regardless of symptoms, as colon cancer is often silent until too late."

To schedule a colon cancer screening procedure at NNMC, call the Gastroenterology (GI) Clinic at 301-319-8284.

SECNAV, CNO Extend Condolences to Service Members and Families

From the Office of the Secretary of the Navy

The secretary of the Navy and chief of naval operations extended condolences to family, friends and fellow service members of the American and Afghan forces lost in an International Security Assistance Force (ISAF) helicopter crash in eastern Afghanistan.

Secretary of the Navy Ray Mabus said:

"I am incredibly saddened by the tragic loss of these brave American and Afghan service members who died demonstrating the exceptional courage and dedication that defined their lives. My thoughts and prayers are with their families, teammates, and loved ones who survive through their ultimate sacrifice.

"While we join in mourning, we must also join in remembering these warriors were exactly where their country needed them most. Each of these heroes vol-

untarily risked, and ultimately gave their lives. As a Navy and a Nation, we best honor their service and sacrifice by remembering them and supporting their many brothers and sisters in arms who continue the important mission of taking the fight to the enemy in defense of our Nation and its ideals."

Chief of Naval Operations Adm. Gary Roughead said: "The tragic helicopter crash in Afghanistan that claimed the lives of our U.S. Navy Sailors along with other U.S. and Afghan forces in Afghanistan is a grave loss to our Navy and our nation. These men performed countless acts of extreme bravery, heroic service and selfless sacrifice that will remain unknown to most of their fellow citizens. On behalf of all Navy Sailors, I extend my deepest condolences to the families and loved ones of our lost shipmates and their comrades-in-arms."



(U.S. Navy photo by Mass Communication Specialist 3rd Class Benjamin Crossley)

Right: Sailors bow their heads in prayer during a burial at sea aboard the Nimitz-class aircraft carrier USS John C. Stennis (CVN 74) on Aug. 1.

METRO

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Always notify the train conductor via the emergency button at the front or back of the car and wait for their instructions prior to exiting the train, and be aware that the Metro is an energized rail system and avoid the marked live track," he said.

To prevent being the victim of a more serious type of mishap crime — riders should know their surroundings and the proper procedures for reporting an offense.

"When riding public transportation you cannot get complacent," said NSAB Chief of Police Jack Bieger. "The number one mistake riders make is they get too comfortable, inviting crime. Keep your head on a swivel, make eye contact and stay aware of your surroundings."

Any rider who finds themselves the victim of a crime should avoid confronting the perpetrator and should immediately notify the bus driver or station manager, located at the turnstile of each station. Customers can also report a crime directly to Metro transit police by calling 202-962-2121 or 911.

"Remember that you can always replace property," said Kunz. "However, you can never replace yourself. Be alert and be safe."

For more information on transit benefits, contact Emery at ryan.emery@med.navy.mil. For safety tips, e-mail Ron Kunz at ronald.kunz@med.navy.mil. For Metro schedules and trip planning options, visit www.wmata.com.

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

Blood Center Seeks Platelet Donors

Photos and story by
Mass Communication
Specialist 2nd Class
John K. Hamilton
Journal staff writer

Patient care is paramount at the National Naval Medical Center (NNMC), and the Apheresis Department's Blood Center is encouraging everyone to donate platelets to assist in that effort.

Platelets — small, colorless cells found in blood — are involved in clotting and can be donated through a process known as apheresis.

"Apheresis is a medical procedure that involves removing whole blood from a donor or patient and separating the blood into individual components so that one particular component can be removed," said Mary Lewis, supervisor of the Apheresis Department at NNMC. "After the platelets are collected, the remaining blood components then are re-introduced back into the bloodstream of the patient or donor."

"The need is there," said Lewis. "If you have a person who is bleeding from trauma, injuries sustained in combat or has a low platelet count from chemotherapy, it helps to stop bleeding. We continuously encourage platelet donation because platelets are good for five days, while blood is good for 42 days after it is donated, so we constantly need to increase our amount of platelet products due to the quickness of the expiration."

An individual can donate platelets every two weeks, up to 24 times a year, but when giving regular, red blood, a person must wait eight weeks before donating again.

Lewis went on to explain the process of donating platelets.

"Before we prepare to extract platelets, we have to verify that the person's red cells, white cells and platelets are at a certain level to be able to donate," she stated. "After that, they will complete a questionnaire, travel form and initial interview. The requirements of the donor are similar to giving blood, but the collection process takes longer. While donating,

the donor is attached to a machine that extracts blood, separates it, takes some plasma and platelets and gives everything else back. It is a continuous process that lasts between 60 to 90 minutes."

The amount of time the process takes also depends on the donor's height, weight, blood and platelet count.

"We need to continue to expand and increase our database of donors through word of mouth and support from the command," said Reynald Weidner, an apheresis technician at NNMC. "It gives me a good feeling knowing that the more supplies we have ready means more opportunities for patients to receive transfusion services that's needed."

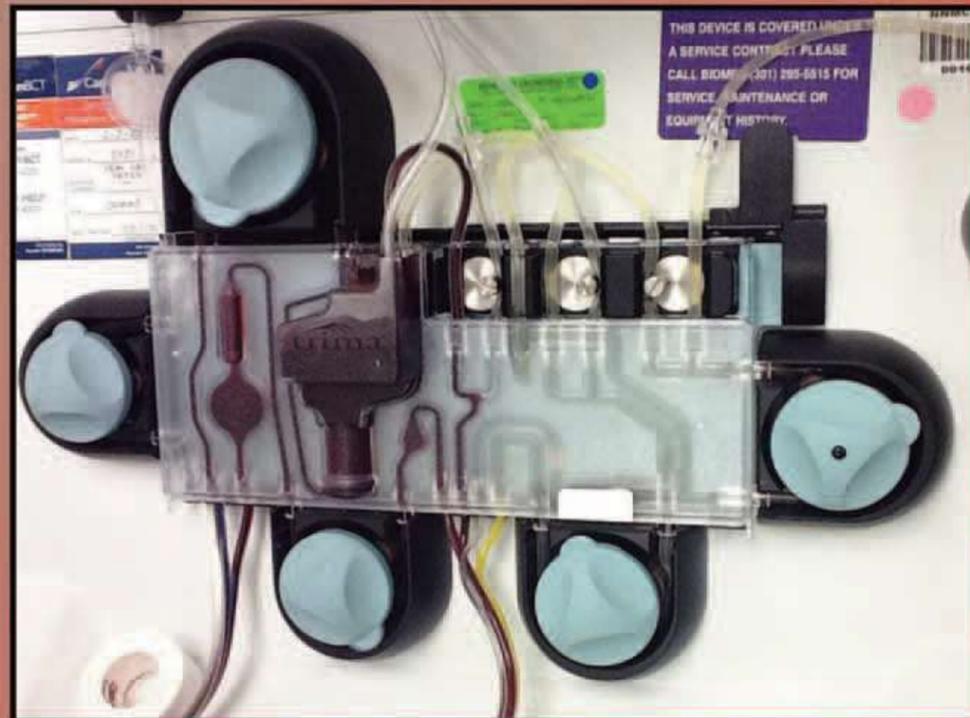
Weidner said it's part of her job to sit down with the donors and explain the importance of giving and the people who benefit from the donation.

"My job involves platelet collection, recruiting donors and spreading it through word of mouth. It is more than just collecting the platelets. I always encourage people to donate," she added.

As supervisor, Lewis said she has a hand in everything related to the department, especially when it comes to making sure the department gets the platelet donors needed for patients at NNMC.

"It is the donor's responsibility to come to us healthy, not having taken any medications that we mentioned, stay hydrated and having eaten a calcium-rich diet the day before," she said. "The machine bonds with the calcium and allows the blood not to clot during the collection process. We have appointment system set-up, so that anyone interested in donating can go online and set-up their own appointment."

Donors cannot have any aspirin 72 hours before donating and any non-steroidal medicine for 24 hours prior. For more information on platelet donation, contact Lewis at 301-295-2104.



Pictured above, apheresis involves removing whole blood from a donor or patient and separating the blood into individual components so one particular component can be removed.



A staff member donates platelets on Friday in the Apheresis Department's Blood Center at the National Naval Medical Center.

U. S. Navy Surgeon General Commemorates the Medical Service Corps 64th Birthday

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

The Navy Surgeon General sent a message to the Medical Service Corps in celebration of its birthday Aug. 4.

"Today we celebrate the 64th Birthday of our Medical Service Corps," said Vice Adm. Adam M. Robinson, Jr., Navy surgeon general and chief, Bureau of Medicine and Surgery. "Since its establishment shortly after the conclusion of World War II, the men and women of the Medical Service Corps have served around the world in times of peace and war."

The corps was established under President Harry S. Truman who signed the Army-Navy Medical Service Corps Act on Aug. 4, 1947, to provide a permanent commissioned corps of specialists to complement the existing Medical Department officer corps. Originally comprised of four specialties (Supply and Administration, Medical Allied Sciences, Optometry and Pharmacy), the Navy's Medical Service Corps now has more than 3,200 active duty and reserve officers in 32 specialties.

"The Medical Service Corps is, in a way, the jack of all trades," said Robinson. "It has scientists, researchers, providers, and administrators, all in one corps. In fact, the Medical Service Corps is the most diverse corps in Navy Medicine, comprised of 31 subspecialties. It truly is one corps of many specialties meeting today's needs and tomorrow's challenges."

row's challenges."

The corps' readiness mission ensures that service men and women are medically fit and ready to deploy around the world in harm's way while also providing expeditionary medical support to those deployed in conflict zones, according to Robinson. The health benefit mission serves to provide patient and family-centered care for Sailors and Marines and their families.

Medical Service Corps officers serve at sea, on deployments and humanitarian missions, and at clinics, inpatient facilities, and research units around the world, according to Robinson. Their work in times of peace and conflict, have earned the Medical Service Corps 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. "To the over 3,000 active duty and reservist Medical Corps personnel, I thank you for your service and for the sacrifice of you and your families. Happy Birthday, Medical Service Corps!"

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.

Is Your Thyroid Causing You Health Problems?

By Cat DeBinder
Journal staff writer

Health care providers at the National Naval Medical Center (NNMC) say many people are unaware they have a thyroid condition, which may also be, unknowingly, the cause of other health symptoms.

"Your thyroid produces hormones that influence every cell in your body," said Mohamed Shakir, staff physician in the NNMC Endocrinology clinic and professor in the Department of Medicine at the Uniformed Services University of the Health Sciences (USU). "These hormones maintain the rate that the body uses fats and carbohydrates, help control body temperature, influence heart rate, and help regulate the production of protein."

When the thyroid gland doesn't produce enough of the hormone, thyroxine, this becomes a condition known as hypothyroidism. When the thyroid is overactive and produces too much of this hormone, this is known as hyperthyroidism, said Shakir.

Symptoms associated with hypothyroidism include increased sensitivity to cold, constipation, elevated blood cholesterol, depression, pain, stiffness or swelling of joints, forgetfulness and unexpected weight gain. On the other hand, those with hyperthyroidism, may experience heart palpitations, fatigue, poor concentration and memory, nervousness and insomnia, and sudden weight loss, despite no drastic dietary changes, said Lt. Cmdr. Thanh Hoang, staff physician in the NNMC Endocrinology Department.

In later, more severe stages of a thyroid condition, patients may begin to experience shortness of breath, joint pain, muscle weakness, infertility and heart disease, he said.

Symptoms may include mood swings, irritability, unexplained weight loss, anxiety, and fatigue, Shakir said.

A thyroid condition can be detected by a blood test, measuring levels of thyroid hormones and thyroid-stimulating hormones and ruling out other diagnoses, he said.

For women who are pregnant, it is especially important to rule out a thyroid condition within the first three months of pregnancy, Shakir noted.

"Pregnant women who have a low level of thyroid hormones in the first trimester can produce babies with a neurological and cognitive deficit," said Shakir. "The baby depends on the mother's thyroid level in the first three months of pregnancy."

To further understand the treatment of thyroid hormones, Shakir and Hoang are currently involved in a low thyroid hormone (hypothyroidism) research study, exploring the efficacy of two different FDA-approved thyroid medications, one synthetic and one natural hormone.

If you feel you are experiencing any of the symptoms described above, contact your PCM, or if you are interested in additional information about the study, e-mail Dr. Hoang at thanh.hoang@med.navy.mil, or call Dr. Clyde or Dr. Shakir in the Endocrinology Clinic, at 301-295-5165.

Navy Policy for Minimalist Footwear

From Chief of Naval Personnel Public Affairs

WASHINGTON (NNS) -- Navy announced approval for Sailors to wear minimalist footwear with the Navy Physical Training Uniform during command or unit physical training, individual physical training and the semi-annual physical readiness test Aug. 5.

"This was the result of requests from the Fleet for guidance on the wear of these types of footwear," said Capt. William Park, head, Officer Personnel Plans and Policy. "After thoroughly reviewing potential benefits and impacts in the Fleet, leadership gave the approval."

NAVADMIN 238/11 defines minimalist footwear as shoes that allow the foot to function naturally without providing additional support or cushioning.

Examples of minimalist footwear are included in the NAVADMIN.

For more news from Chief of Naval Personnel, visit www.navy.mil/local/cnp.

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

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