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BRAC Construction on Track to Meet Deadline *Additional Improvements Throughout the Base to Follow*

By Sarah Fortney
Journal staff writer

The Base Realignment and Closure (BRAC) deadline is just months away, and while construction will be completed on time, staff and patients can expect to see additional improvement projects unrelated to BRAC into next year.

To enhance military base operations, the BRAC law was signed in November 2005, mandating closure of installations nationwide, including Walter Reed Army Medical Center (WRAMC). All closures and relocations are required to be completed by Sept. 15, 2011. Some medical services at WRAMC will integrate to the National Naval Medical Center (NNMC), forming the Walter Reed National Military Medical Center Bethesda (WRNMMCB).

“Construction is well on track to meet the BRAC deadline and we will meet the BRAC deadline,” said Cmdr. Scott Raymond, resident officer in charge of construction, Naval Facilities Engineering Command (NAVFAC) — Officer in Charge of Construction (OICC) Bethesda.

Raymond estimates more than 50 percent of the hospital renovations have been completed thus far.

Staff and patients can expect to see additional projects, which are needed to maintain a viable and fully functioning base, said Capt. Steve Hamer, commanding officer of Naval Facilities Engineering Command, OICC Bethesda.

“The [America and Arrowhead] buildings are up and running and they’re seeing patients in them,” said David Oliveria, Navy Medicine National Capital Area’s (NAVMED

NCA) deputy chief of staff for facilities and BRAC program manager. These buildings are not yet fully occupied, he added, because, “We’re waiting for Walter Reed staff to [move in] later this year, in the summer.”

The 550,000 square-foot America building, which opened Dec. 20, 2010, houses a cancer treatment center, pharmacy and several outpatient clinics, such as dermatology, audiology and internal medicine. It will also be the home of a new amputee center to include prosthetics and physical and occupational therapy, said Oliveria.

The eight-level America garage has also opened for patients, offering 944 spaces.

An addition to NNMC’s Building 9, he said, the 162,000 square-foot Arrowhead building, which opened

See BRAC page 3

NNMC Celebrates Children’s Dental Health



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

Myles Gilham visits the “Tooth Fairy” during a National Children’s Health Month Celebration at the National Naval Medical Center Friday. For more on this story, see page 8.

Commanding Officer's Column

I recently bought my son Luke an XBOX so he could play Madden football. For those who can't remember, Luke is five. He has been in love with football since he could walk. He can recognize the uniform and name of every team in the NFL. He spends the entire fall, and a good part of the winter playing football with whoever is available, and when there is no one available, he plays make believe games with himself.

In January we visited Disney World, where he found an arcade game with Madden football. He played it for five straight hours. There were hundreds of games, yet he played just this one. In a moment of weakness, I promised him that I would buy the game for our house once we got home.

We use to have an XBOX, but Zach, one of his older brothers, took it with him when he went off to college this year. I hoped that Luke would forget, which as we all know was foolish of me. After two weeks of daily reminders, I bought another XBOX system and the game to go with it. While I considered it a bit extravagant for a five year old, the look on Luke's face was worth the dollars, or so I thought. I set the system up, showed him how to turn on the game and work the controller and went off to do some errands. When I returned several hours later, he was in tears. This wasn't the game he had played at Disney. It was too hard. He wanted



Capt. Michael Malanoski

me to buy him something else.

So what's the point of the story? Luke is not the only one with expectations. As we approach this summer, we have had nearly three years to build up expectations of how things will look and feel like in our new "world class" digs. No two of us have the exact same expectation. I would not

be surprised if there was not a single person whose expectation matched what will actually be reality. That is not to say that the reality will be worse or better than our expectations, just different. However, it is not just five year olds who can be disappointed when they have dreamed of something and then get it. We need to understand that "world class" and perfect are not synonymous. We need to accept that there will be a period of adjustment, and that period will be uncomfortable. We need to remind ourselves that while what we are getting is not necessarily all that we have dreamed of, it is leaps and bounds better than what we had. And for those who are curious, it took Luke about a week to figure out the game. He now plays it several hours a night and it is what I withhold when he does not meet my expectations. Some things never change.

Commanding Officer
NSA Bethesda sends,
Captain Michael Malanoski
Medical Corps, U.S. Navy

Bethesda Notebook

Relocation of Reserved Parking

On Monday, the following reserved parking designations will relocate to the top floors of the America Garage, building 63: leadership from Naval Support Activity Bethesda (NSAB); the National Naval Medical Center (NNMC), Navy Medicine National Capital Area (NAVMED NCA); Navy Medicine Manpower, Personnel, Training & Education (NM MPT&E); Inspector General; the "F" Lot; Graduate Medical Education; and volunteer parking.

Appropriate hanging decals and parking stickers will be required on all vehicles that are eligible for these spaces.

For more information, contact Jeff Miller at jeffrey.miller@med.navy.mil.

Cultural Integration Meeting

NNMC Civilian Human Resources Council (CHR) members, Advisory Group members and other subject matter experts will host two information sessions Friday to discuss the transition to Walter Reed National Military Medical Center Bethesda. The hour-long meetings will be held in the Laurel Clark Memorial Auditorium at 6:30 a.m. and at noon. These meetings will begin a series of information sessions for civilian employees and supervisors scheduled for the second Friday of each month until September.

Seasonal Uniform Shift Announced

Navy installations throughout Naval District Washington (NDW), including Bethesda, will initiate their seasonal uniform shift April 4 from dress blues to dress whites. There will be no transition period.

Uniform of the day will be as follows:

- Officer/CPO: prescribed - summer white, alternate - service khaki.
- E1 to E6: prescribed - service dress white, alternate - service uniform.

Uniform for special events/ceremonies for all paygrades will be as follows:

- For daytime functions, prescribed uniform of the day or as directed by host command.
- For evening/civilian functions, officers/CPOs are to wear summer white and E1 to E6 are to wear service dress white where the dress code is civilian informal.

Individual conduct and dress, both in uniform and civilian attire, will reflect credit upon the member and the Navy. Pride in appearance is the mark of responsible and professional military members.

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NICoE Offering a Unique Approach to Patient Care

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

A premier treatment facility for service members with mild traumatic brain injuries (TBI) and psychological health (PH) conditions, the National Intrepid Center of Excellence (NICoE) offers not only a unique approach to patient care, but also innovative research and technologies.

Located on the grounds of Naval Support Activity Bethesda (NSAB), the NICoE provides military patients with the opportunity to receive care in a supportive, healing environment, said NICoE Deputy Commander Rear Adm. Thomas Beeman. Predicted to be fully operational next month, the NICoE can accommodate 20 patients for two to three weeks at a time, allowing more comprehensive care.

"The NICoE is designed in a way to treat, educate and [conduct] research that allows us to advance our knowledge of TBI and PTSD (Post Traumatic Stress Disorder)," said Beeman.

"A TBI is a physical injury in the brain that results in a loss of function," said Dr. David Williamson, neuropsychiatrist and medical director of the National Naval

Medical Center's Inpatient TBI Program and team leader for the TBI team. "Mild TBI is a head injury that results in a loss of consciousness less than 20 minutes. With mild TBI, physical injury is often not visible on a computed tomography (CT) scan, and is therefore harder to diagnose."

PTSD results from witnessing a traumatic event, he said. Patients with PTSD have repeated episodes of anxiety and panic, re-experiencing the initial incident. These episodes are accompanied by physical symptoms, such as rapid heart-beat and hyperventilation, which can cause light headedness and nausea. Impacting patients' daily lives, these events are triggered by seemingly innocuous occurrences and sensations that remind them of the event, Williamson added.

The \$65 million, 72,000-square-foot facility, is staffed by psychiatrists, clinical and neuropsychologists, physical and occupational therapists, speech language pathologists, family therapists and a neuroimaging team, specializing in treatment of these conditions, added Beeman. Through private donations, the Intrepid Fallen Heroes Fund (IFHF) financed the center and donated it to the Department of the Navy on Aug. 10, 2010.



(courtesy photo)

A Computer Assisted Rehabilitation Environment (CAREN) at the National Intrepid Center of Excellence (NICoE) helps evaluate and rehabilitate a patient's vision, stride, reaction time and multitasking abilities.

Unique to military medicine, the facility provides a holistic and mind/body approach, said Beeman, as patients come into the NICoE with physical, mental and spiritual wounds.

"[At NICoE], we have a unique repertoire of sophisticated diagnostic capabilities, combined with psychiatric care and holistic medicine techniques such as chigong, yoga,

art therapy and acupuncture, offered in a sensible two to three week period. [Patients] have been in a war zone, meaning they have moral and existential wounds, if you only treat their mental health and physical wounds; you may be ignoring the spiritual wounds. If you want to return people to being

See NICoE page 10

BRAC:

From Page 1

Jan. 14, houses the Emergency Department and will provide 50 inpatient Intensive Care Unit beds. Arrowhead also houses expanded Nuclear Medicine and Imaging, Cardiology and Interventional Imaging departments.

While much of the work is complete, Oliveria said, "There is still a lot to be done. We are in the last lap of the race."

Construction is well underway for the Wounded Warrior Barracks (building 62), slated for completion in July, said Raymond. Additionally, a new 70,000 square-foot fitness center and an administrative building (building 17), are scheduled to be completed in August.

Near the Fisher Houses, a multi-use parking garage, offering 1,200 spaces is on track to finish by the end of August, he said.

The Navy Exchange (NEX) project is scheduled to begin this year, said Oliveria. The 35,000 square-foot building is scheduled to close this month and demolished next month to make way for a new 150,000 square-foot store on site, along with a two-story parking garage. The store is expected to re-open at the end of 2012.

In the meantime, an interim NEX store, located by the Navy Lodge, will remain open, offering a smaller selection of merchandise; customers can also shop online at www.myNavyExchange.com.

"There's a lot of scaffolding around [buildings 9 and 10] because those buildings are under heavy renovation," Oliveria added, stating that these renovations are slated to be completed by September.

Buildings 3 and 5 are also being renovated, said Raymond. This work is expected to continue until December 2012. Contractors will also be working on a special project to reconfigure and upgrade 10 operating rooms by September, and an additional seven by May 2012; meanwhile, three operating rooms (OR) that are under BRAC will be completed this summer.

To help ease the flow of traffic on and off base, the gate project is also in full swing, he said.

"You can see that heavy equipment that's working on [the North gate] now," said Raymond.

Construction at this gate, near the G lot, is currently in the first phase. The existing lanes will be replaced by new lanes, which will be covered by a large canopy. This phase is scheduled for completion in March, he said.

"Then, we'll open up the new lanes of travel and start working on phase II," Raymond said, during which a new visitor center will be built.

The visitor center will be a place, off to the side of the lanes of travel, where individuals can receive temporary passes, he added. Construction at this gate, as well as enhancements to the South gate, are scheduled for completion in July.

Until the end of August, contractors will continue working on the Perimeter Road gate by the Uniformed Services University of the Health Sciences (USUHS). When complete, there will be a truck inspection lane and space for vehicles to

turn around and exit, when necessary, without interfering with traffic, said Raymond.

"It's a lot better than being in line, waiting for a truck to turn around and back out," he added.

Perimeter Road improvements will begin after completion of the new administrative building and Wounded Warrior Barracks, as construction traffic shares the same roads, he said.

By September 2012, the Grier Road gate is expected to be finished, and in March 2012, the NEX gate should be finished. With both of these gates located off Jones Bridge Road, they will not be under construction at the same time, Raymond added.

"They will also be coordinated with work at the NEX," he said.

Throughout these renovations, the challenge remains going through functional spaces and managing all projects in a way that will not impact patient care and safety, said Raymond.

"Patient care and safety will be our top priority as we renovate throughout functional spaces," he said.

With the significant amount of work, Hamer asks everyone to be aware of their surroundings.

"Keep an eye out for caution signs and 'do not enter' signs," he said. "In order to support world class facilities, [there's] a lot of infrastructure and construction that has to be put in place to support that ... There's an end gain, and we try to manage it and spread things out so that it's not overlapping and so overwhelming ... I want people to know it's for a good cause."

For more information, call the BRAC construction hot line at 301-319-BRAC (2722).

Movers & Shakers

By Cat DeBinder
Journal Staff Writer

This is an installment in a series of articles spotlighting some of the hardworking and dedicated individuals who are making a huge and positive difference at the Naval Support Activity Bethesda. There are so many components involved in the smooth operation of an organization this large and many individuals who come together to meet these needs. These "Movers and Shakers" have been working within their communities, many behind the scenes and out of the lime light, ensuring the foundation of our success.

Today, we spotlight NNMC's Lt. j.g. Kerry Tucker, a charge nurse on the Inpatient Behavioral Health Unit on 7 Center. Currently cross-training in medical-surgical nursing on the 5-Center Internal Medicine ward, Tucker is preparing for a seven-month deployment to Guantanamo Bay, Cuba.

Born and raised in Salisbury, Md., Tucker graduated from Salisbury University in 2008 with a Bachelor of Science in Nursing. Before graduating, she furthered her studies abroad in Spain at Alicante University for a summer

semester. After graduation, she moved to New York City where she was commissioned in December 2008.

With Bethesda as her first duty station, Tucker is responsible for the entire Inpatient Behavioral Health division's scheduling, often supervises as many as four nurses and six corpsmen per shift. She also coordinates process improvement (PI) for the unit and updates the department head on PI initiatives. Additionally, to further educate staff and visitors, Tucker creatively designed a PI poster board and a binder explaining enhancements within the unit.

As the Dedicated Patient Advocate, Tucker assists patients and families with questions or concerns. Also assigned as the Joint Task Force bed capacity representative, she ensures appropriate bed capacity accountability across the National Capital Area.

"When Lt. Tucker reported to 7 Center in July, she was one of only three military nurses," said Lt. Teresa Simpson, division officer on NNMC's 7 Center Inpatient Behavior Health ward. "I had to place an overwhelming amount of responsibilities on her shoulders."

Simpson added that Tucker was acting as the liaison between the clinic, patients and families

and is considered the unit's "go-to" person.

Simpson said Tucker not only handled all of the duties with stride, she did so in a remarkable fashion and with great success. For her excellent work ethic, Simpson nominated Tucker for the Junior Officer of the Quarter award in the fourth quarter of fiscal year 2010.

"She is the Patient Safety [Representative], the Customer Service Advocate, [and] the Civilian Pay Coordinator for eight civilians in the department," said Simpson. "What is amazing is [that] she took on all of these important duties while in the midst of grad school and working nights."

When told she was selected to be this week's Mover and Shaker, Tucker said she was surprised and laughed in disbelief.

"When the initial shock wore off, I was very grateful for the selection," she said.

Next week, Tucker will take the Psychiatric-Mental Health exam, which will certify her as a psychiatric nurse.



Lt. j.g. Kerry Tucker

Remembering Thornton's Son

The National Naval Medical Center extends its condolences to Chief Information Officer, Lt. Cmdr. Tony Thornton, who recently lost his 19-year-old son, Justin to complications resulting from his five year battle with acute lymphoblastic leukemia.

Justin, who died on Feb. 1 of liver and kidney failure, was cancer free. His family wishes to thank those who participated in the November 2008, NNMC sponsored bone marrow drive, as well as those who helped facilitate a drive on his behalf at the Black Caucus.

All staff members are invited to attend Justin's funeral service on Feb. 18 at 11 a.m., at the Inter-Denominational Church of God, located at 19201 Woodfield Road, in Gaithersburg, Md. Family and friends can also participate in the viewing, before the funeral service, between 9 and 11 a.m. The prescribed uniform of the day for service members who plan to attend is service dress blues with ribbons.

The burial service will take place at 2 p.m. at the Baltimore National Cemetery, located at



Justin Thornton

5501 Frederick Avenue, in Baltimore, Md.

Thornton family flower arrangements can be sent to: Snowden Funeral Home, 246 North Washington St., Rockville, Md., 20850.

Charitable donations can be made to: Pediatric BMT Duke Comprehensive Cancer Center, DUMC P.O. Box 3350, Durham, NC 27710.

Justin is survived by his parents, Tony and Nina, and 11-year-old sister Allyssa.

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Did You Know? Black History Month Trivia



Why did Carter Woodson choose February as the month to celebrate Negro History Week?

- He believed that Abraham Lincoln and Frederick Douglass, both born in February, had the greatest influence in black Americans.

In the year 2001, who became the first African-American U.S. secretary of state?

- Colin L. Powell (who was also the first black chairman of the Joint Chiefs of Staff)

On December 1, 1955, she refused to give her bus seat to a white man. Who was she?

- Rosa Parks (her actions led to the Montgomery, Ala., bus boycott and the end of segregation on Montgomery buses)

What name was given to the escape system used by slaves to find safety in the North?

- The Underground Railroad (with "stations" along the way and "conductors" who assisted the slaves)

What do we call the slave songs that combined African rhythms with biblical scripture?

- Spirituals (Among the most popular are "Swing Low, Sweet Chariot," "Go Down River," and "Deep River")

What name was given to people who boldly spoke out or wrote against slavery?

- Abolitionists (both blacks and whites played an important role in the antislavery movement)

Which constitutional amendment abolished slavery throughout the United States?

- The Thirteenth Amendment, in 1865 (the amendment gave the U.S. Congress the power to enforce the ban through legislation)

What U.S. Supreme Court decision declared school segregation unconstitutional?

- Brown v. Board of Education of Topeka (in 1954)

What type of anemia is a genetic disease commonly found among people of African descent?

- Sickle Cell Anemia

USUHS Releases Fact Sheets on Combat Injury's Impact on Intimacy

A Uniformed Services University of the Health Sciences Release

Addressing the impact of the physical and psychological injuries of war, the Uniformed Services University of the Health Sciences (USUHS) released several new facts sheets Feb. 1 to help health care providers and family members of returning service members.

The Center for the Study of Traumatic Stress, part of the Department of Psychiatry at USUHS, developed four fact sheets on various topics, including reintegration, the impact of PTSD and other invisible injuries, and managing relationship challenges. The fact sheets were also part of a larger military health campaign, *Courage to Care, Courage to Talk*.

The campaign was launched in March 2010 by the Center's Child & Family program and directed by Dr. Stephen Cozza and the Office of Public Education and Preparedness. Providing resources for military health treatment centers and organizations, the campaign aims to facilitate communication surrounding combat injury and its impact on service members and their families.

The fact sheets include tips to

help injured service members and their loved ones. Below are a few examples:

- Find ways to be close. Do thoughtful things for each other such as taking over a chore, leaving an affectionate note, or caring for the children so your partner can have some private relaxation time. Small expressions of affection, such as a hug, kiss, or touch on the shoulder, can go a long way.

- Talk about your feelings, hopes, and desires when you and your partner are both calm and ready to listen. Communicating, even about difficult topics, can help you feel more connected. In addition, understanding each other's perspective can help you work together to identify solutions.

- Get help. Talk to your doctor, mental health provider or community-based counselor. They may have ideas, treatment options, to include helpful medications. Post-Traumatic Stress Disorder (PTSD), depression, substance misuse or any other problem that is getting in the way of your relationship requires professional help. Seek marital therapy as appropriate.

Additionally, these fact sheets remind health care professionals that relationship intimacy is an important part of post-deployment



(courtesy photo)

Dr. Stephen Cozza, associate director for the Center for the Study of Traumatic Stress's Child and Family Program, recently discussed a military health campaign, *Courage to Care, Courage to Talk*, with Sara Barrett, a health care educator at NMMC, and Lt. Denise Reccardi, former 7 East Division Officer. As part of the campaign, the Uniformed Services University of the Health Sciences released fact sheets to help providers and families of returning service members.

health and reintegration. Ask about relationship intimacy — sometimes patients are uncomfortable bringing up the topic, so service providers may need to start the conversation.

The injury and intimacy fact sheets can be downloaded at www.cstsonline.org or www.couragetotalk.org. For more information about USUHS, visit www.usuhs.mil.

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NNMC Nurse Discusses Breast Cancer Battle



(photo illustration by Sarah Fortney)

Lt. Cmdr. Ronda Hartzel, a nurse at the National Naval Medical Center (NNMC), undergoes chemotherapy Feb. 2 at NNMC, where she is being treated for breast cancer.

**By Terri Moon Cronk
American Forces Press Service**

Lt. Cmdr. Ronda Hartzel, nurse in the National Naval Medical Center's (NNMC) Main Operating Room, worked diligently to maintain her healthy lifestyle. She routinely worked out, ate lots of salads and no red meat, and never smoked. When she found a lump in one of her breasts, she didn't think too much of it.

"I had a few friends with a bad mammography read, and another whose mom was diagnosed with Stage 4 breast cancer," Hartzel said. "That motivated me to be seen."

That was Dec. 31, 2009.

Stationed as an operating room nurse on a fleet surgical team at San Diego Naval Medical Center, Hartzel was diagnosed with Stage 1 breast cancer at age 36. In January 2010, she asked to be reassigned to NNMC where she had been stationed before.

"But when I got here," she said, "they found it was in my ankle and my hip. So, I was diagnosed with Stage 4 breast cancer, which was pretty devastating."

When the 14-year Navy officer arrived at Bethesda, she said, her long hair was intact and she still felt like herself. She comforted herself with the fact that she had no family history of the disease.

"Slowly but surely, you start to let go," Hartzel said. "Cancer doesn't discriminate. It takes on anybody and everybody."

Hartzel's medical regimen for her breast cancer didn't include radiation. Instead, she had

chemotherapy once a week for six months, followed by six months of chemo every three weeks.

She had a double mastectomy in August, followed by removal of her ovaries the day before Thanksgiving. The next day, she ran in a local turkey trot race.

"The doctors didn't want me to, but I wanted to in case I wasn't here next year," she said.

Hartzel received breast implants Dec. 16.

Losing her hair proved the most difficult part of the entire process, Hartzel said. She shaved her head because the chemotherapy made her hair fall out.

"Looking in the mirror, I didn't see myself at all," she said. "I struggled with it, but you get to the point where you have to fight. I learned very quickly if I had a positive attitude and tried to pick myself up, it makes a big difference."

Hartzel said she felt invisible. When people saw her in the hall, most said nothing.

"They wonder what's wrong with you. They want to ask, but don't know what to say to you," she said. "Other people just avoid you, because they can tell something's wrong."

Yet, she said, some positives marked her diagnosis, surgeries and treatments, noting she's had support from the hospital staff, family and friends while soothing the fears of other women with breast cancer.

"The Navy's been great to me, and I've always felt a lot of love and that's why I came [to Bethesda]," she said. "It always felt like home to me."

Still, said Hartzel, who recently was selected for promotion to commander, there are only so

many times you can tell your story, especially when you know it's devastating to your friends and family.

"My mother is still struggling," she said. "She's in denial."

After her diagnosis, Hartzel said, she wondered if she could have done something to prevent the cancer.

"I wondered, 'Maybe I should have come in sooner; it might have made a difference,'" she said. "I think I did everything I possibly could. I was in the best shape of my life. I was working out every day. Sometimes you have to realize some things are out of your control."

Cancer can make a person do a lot of bartering, Hartzel said.

"As a Stage 4, I wish I could go back to a Stage 2," she said. "When I was a 2, I wished I could go back to a Stage 1. I decided I'm going to live every moment just like it's my last. None of us knows how much time we have left on this Earth."

Hartzel noted that she just returned from Hawaii. "I don't put things off any more." She said. "I make sure I take the opportunities."

In two or three weeks, Hartzel will have all of her scans repeated to see if the cancer has spread to her bones or anywhere else.

"This could be my last chemo," she said while lying on a gurney undergoing a treatment. "I am determined to be a success story and beat the odds. I want to be one of those 20 percent who lives."

For updates on Hartzel's recovery, visit her Web site at www.mylife.com/rondahartzel.

Taking Your Child To The Dentist Doesn't Have To Be Like Pulling Teeth

Story and photos
By Mass Communication Specialist
3rd Class Alexandra Snow
Journal staff writer

Featuring free cleanings, oral screenings – and even the Tooth Fairy herself – the National Naval Medical Center (NNMC) and the Naval Post-Graduate Dental School (NPDS) on Friday promoted children's dental hygiene.

The event, in celebration of National Children's Dental Health

Month, offered not only face painting, games and story telling, but also fluoride applications and cavity risk assessments for children ages six months to 12 years old. About 60 kids, most of whom were under age 3, attended the celebration in NNMC's Pediatric Specialty Care Clinic. Friday's event was not only a learning experience, but also a chance to play games have a good time.

"I'm having fun," said 4-year-old Rachel Shaltanis, while coloring a toothy dragon.

"We're trying to promote awareness about children's oral health issues," said Lt. Cmdr.

Melissa Fries, chairman of Pediatric Dentistry, NPDS. "It's important for parents to understand the important role they play in ensuring good oral hygiene habits in their children at an early age."

Many parents try to soothe their children during bedtime or naps with a bottle of milk or juice; unfortunately, the constant exposure to sugary liquids can create a thin film of plaque on young teeth, said Maj. Masoud Milani, dentist in NNMC's Comprehensive Dentistry Program. The bacteria in plaque then decays teeth and can cause weakened enamel and other significant problems.

Parents can help promote good health in their child's teeth early on by substituting drinks high in sugar with water, said Fries.

"Baby teeth are eventually replaced by permanent teeth, but don't underestimate the importance of your child's first set of teeth," Milani added. "They not only make a huge impact on appearance, [but also] play a crucial role in your child's ability to speak and chew effectively."

To prevent tooth decay, Milani suggests using a small amount of fluoride toothpaste on a soft-bristle toothbrush, brushing for two minutes, twice a day. When the child is old enough to spit, increase the amount of toothpaste to a pea-sized smear. Infants, whose teeth have not broken through their gums, should still have their gums wiped with a clean cloth after each feeding.

Additionally, the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) recommend that children be seen by a dentist when they receive their first tooth, typically between six-months to one year of age.

"This is about prevention and getting good habits started early," said Fries. "The mouth is a personal space, so all kinds of

behavior are normal and can be expected, but children that receive early dental visits tend to behave better during them and have better overall oral health than children who do not."

"You will need to instruct, monitor and motivate your child to help maintain good oral health habits," said Milani. "The attitudes established at an early age are critical in maintaining good oral health throughout life."

Fries said Friday's event was specifically aimed at trying to target children who are not insured yet by the TRICARE dental program.

"If a child doesn't have dental insurance, it is unlikely that they will see a dentist by the recommended one year of age," she said.

"The TRICARE dental program is a comprehensive dental program the government offers to the active-duty service member family members, reservists and their family members [through United Concordia]," said said Janice Taylor, senior dental benefits advisor for United Concordia.

Children of active-duty service members enrolled in the TRICARE dental program are automatically registered for the program at age four. In addition, children with siblings enrolled in the TRICARE dental program are automatically enrolled at birth. For children younger than 4, registration is voluntary, explained Taylor.

For children, TRICARE covers 80 percent of all cavity fillings and sealant applications. Emergency, diagnostic and preventative services are provided at no cost. To enroll a child in TRICARE dental, visit www.TRICAREdentalprogram.com.

"Good oral health starts with early prevention and education," said Fries.

To schedule a pediatric dentistry evaluation at NNMC, call 301-295-1364.



Lt. Patrick Hunter, a general practice resident in the Naval Post-Graduate Dental School (NPDS) at the National Naval Medical Center (NNMC), performs a dental examination on Joaquin Estrada Friday. The exam was performed during an event celebrating National Children's Dental Health Month.



Kamryn Villarreal brushes a stuffed dinosaur's teeth during an event at the National Naval Medical Center (NNMC) Friday celebrating National Children's Dental Health Month. The celebration offered children free dental exams and give-aways, including toothbrushes, toothpaste and stickers.



Myles Gilham visits with the "Tooth Fairy," retired Army Maj. Elizabeth Shin, a former National Naval Medical Center (NNMC) pediatric dentist, during Friday's event in NNMC's Pediatric Specialty Care Clinic.

NICoE:

From Page 3

wholesome, you have to treat every aspect of their being," Beeman added.

Patients are referred to the center by their initial primary care provider then are assessed by each specialist in the building. Meeting twice daily, the physicians collaborate to discuss their evaluations and develop a treatment plan for each service member during their stay at the NICoE and beyond.

"The hallmark of what makes the NICoE so special is the interdisciplinary approach," said Beeman. "Interdisciplinary means all of the disciplines in health care work collaboratively together. The advocacy of that is as a physician, we only have to take a patient history one time and each practitioner is hearing the patient dialogue with a different ear. Each caregiver can interpret that information from their specific specialty and share it with the other physicians."

Enhancing patient experience and the outcome, the patient will also be accompanied by a staff member who will take care of their scheduling, and escort them throughout their entire stay.

All staff members at the NICoE are dedicated to patient care; the ability to meet without delay means a more prompt continuity of care and more accurate physician observations, said Dr. James Kelly, NICoE director.

"The NICoE is a place intended to be a bridge to all of the military health system ... This is intended to elevate the level of our capabilities military-wide, nationwide and perhaps universally," said Kelly. "The opportunity for us to teach and influence the military system is already happening ... the mili-

tary is doing this right."

One of the goals at the NICoE is to leverage the most advanced neuroimaging technology and apply it to TBI and PH, with the hope that these new imaging technologies will significantly impact care for these injured service members, said Dr. Gerard Riedy, NICoE neuroradiologist and director of the National Capital Neuroimaging Consortium in Washington D.C.

"For treatment, we have implemented advanced neuroimaging techniques that look beyond brain structure," said Riedy. "These include Diffusion Tensor Imaging (DTI), which images the wiring of the brain; functional MRI (fMRI), which examines various aspects of brain function, something we know to be problematic in TBI patients; Spectroscopy, which examines the chemistry of the brain; PET/CT, which looks at the metabolism of the brain; and finally Magnetoencephalography (MEG), which is a highly specialized instrument, of which there are only 12 in the country that examines the real-time communication of the neurons in the brain."

The facility uses an array of physical, occupational and recreational therapy spaces that feature advanced training equipment to promote strength, balance, agility and aerobic conditioning. One such machine is the Computer Assisted Rehabilitation Environment (CAREN), of which there are only seven worldwide – five of which are employed by the military. Featuring a motion platform and an embedded treadmill, the machine and virtual environments help evaluate and rehabilitate a patient's vision, stride, reaction time and multitasking abilities.

The NICoE also offers patient rooms for music therapy, business and activity centers, a family lounge and a café. An atrium called



(courtesy photo)

A driving simulator at the National Intrepid Center of Excellence (NICoE) is used to help patients with mild traumatic brain injuries re-integrate into society after returning from combat.

"Central Park," is also on site, featuring plants, simulated natural sounds and several walking surfaces such as stones and artificial turf.

Additionally, comprehensive support spaces are available for patients and their families to maximize their rate of recovery; there, they can unwind between treatments and provide support to one another.

Like their returning loved ones, family members also carry wounds, said Beeman.

"Sometimes loved ones are the ones who initially realize something is wrong with the patient and those family members need treatment as well," said Beeman. "We have counseling available, and they are welcome to participate in our holistic treatments. It is a way for us to give the families the skill set to identify and realize some of the dysfunctions that may affect their loved one because of these injuries."

"Trying to negotiate an unfamiliar environment with a brain injury can actually defeat, in some ways, the therapy we're trying to offer, because people are overwhelmed by

the complexities and newness of the area," said Kelly. "We have the additional benefit of a Fisher House that is dedicated to this facility.

Fisher Houses are dedicated to families of patients receiving medical care at major military and Veterans Affairs medical centers. All four Fisher Houses at NSAB are located within walking distance of the NICoE and the National Naval Medical Center (NNMC), offering the comforts of home, from handicap accessible kitchen facilities to laundry facilities, at no cost to the patient and their families.

In addition to the Fisher Houses, there are [also] programs in place to help school age children continue with their school work if necessary.

"We are anxious to work collaboratively with military and civilian health care systems to find the best care and treatment we can for the people that we serve and endeavor with the military to set the same standard for care with TBI and PTSD as it did with trauma care," said Beeman.

For more information on the NICoE, visit www.dcoe.health.mil/ComponentCenters/NICoE.aspx.

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Navy Announces Decreased Funding Reduces Orders

From Chief of Naval Personnel
Public Affairs

Citing the impact of reduced funding, Navy announced Feb. 8 that Sailors should expect to receive orders with shorter lead times and based on operational priority.

NAVADMIN 049/11 informed the Fleet of the impact to permanent change of station (PCS) orders while operating under a continuing resolution (CR), which is a Congressional budget authorization that allows for continuous normal operations while a final budget is approved.

"Due to the way resources are phased and allocated under a CR, Navy currently does not have sufficient funds in our manpower accounts to allow for normal lead times for Sailors to receive

PCS orders," explained Vice Adm. Mark Ferguson, chief of naval personnel. "The measures we are taking are absolutely necessary in order to remain within budget. Our goal remains to mitigate the impact to Sailors and their families as funds become available."

Navy Personnel Command's (NPC) ability to release approximately 10,000 orders at the end of fiscal year 2010 minimized the impact of the CR until now. To date, NPC has received 40% less funding than planned and is currently releasing priority orders for members with detachment dates between February and May 2011. Sailors detaching in the next few months who have not yet received orders will likely have less than two months lead time when the orders are released.

Navy has utilized this prioritization strategy in

previous PCS funding-constrained periods with the intent to minimize impact to Fleet readiness, career timing, and families. Emphasis will remain on global support assignment rotations, career milestone billets, critical readiness fills, minimizing gaps at sea for deployed units and those working up to deploy, and keeping the training pipelines moving.

Anticipating a heavy volume of Fleet questions and concerns, Navy leadership reminds the Fleet that the Sailor to detailer ratio is 1500:1 which means there may be a delay in response to individual questions. When seeking more information on this topic, Sailors are asked start with the PCS "Frequently Asked Questions" on the NPC website at www.npc.navy.mil or to contact the NPC call center at 1-866-827-5672.



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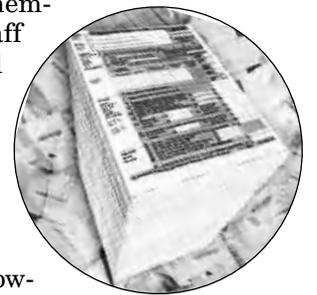


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Service members and staff at Naval Support Activity Bethesda can seek tax preparation assistance from the following locations:



- Washington
Navy Yard, Building 200
Hours: 9 a.m. - 3:30 p.m.
Tuesdays and Thursdays
Phone: 202-685-5580
- Anacostia-Bolling, Building P20, room 349
Hours: 9 a.m. - 3:30 p.m.
Mondays, Wednesdays and Fridays
Phone: 202-767-7599
- Myer-Henderson Hall, Building 406
Hours: 8 a.m. - 4 p.m.
Monday through Friday
Phone: 703-696-1040
- Walter Reed Army Medical Center
Hours: 8 a.m. - 4 p.m.
Monday through Friday
Phone: 202-782-6177
- Andrews Air Force Base
Building 1535, Room AA
Hours: 8 a.m. - 4 p.m.
Monday through Friday
Phone: 301-981-2042
- Fort Meade, 4217 Robertson Ave.
Opens Feb. 1
Hours: 8 a.m. - 4 p.m.
Monday through Friday
Phone: 301-677-9762

Also, please note the IRS cautions filers not to complete the Itemized Deductions, Higher Education and Fees Deduction and Educators Expense Deduction until February.

Bethesda's Anesthetists Educate Future Nurses, Staff

By Mass Communication Specialist 1st Class (SW) Ardelle Purcell
Journal staff writer

National Naval Medical Center's (NNMC) Certified Registered Nurse Anesthetists (CRNA) recently celebrated their 12th annual National Nurse Anesthetists Week by educating and informing patients, staff, prospective and future nurses about the nurse anesthesia profession and the benefits of receiving anesthesia care from nurse anesthetists.

"We are very similar to anesthesiologists in that we render similar anesthesia care," said NNMC's CRNA Lt. Cmdr. Alecia Webster, the coordinator and planner for nurse anesthetists week. "An anesthesiologist is a doctor that specializes in anesthesia, where we are nurses that specialize in anesthesia. That's the difference, we're trained differently, but CRNA's are competent and give excellent anesthesia care."

When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesi-

ologist, it is recognized as the practice of medicine. For almost 150 years, these advanced practice registered nurses have provided anesthesia in collaboration with surgeons, dentists, podiatrists and other qualified healthcare professionals.

"Everyday you come to work, there's a different type of case and surgical patient," she said, "whether it's an Ob/Gyn, orthopedics or ophthalmology case, no day is ever the same. I really enjoy the diversity of the cases."

According to the American Association of Nurse Anesthetists, because CRNAs practice with a high degree of autonomy, they must have obtained a Bachelor of Science in Nursing (BSN) or other appropriate baccalaureate degree, have a current license as a registered nurse and at least one year of experience in an acute care setting.

"You start off as a nurse and then make sure you get experience in acute care," said Lt. Cmdr. Johnnie Holmes, the chief nurse anesthetist and assistant department head of NNMC's anesthesiology depart-

See **NURSES** page 13



(file photo)

Retired Capt. Nancy Simmons, left, a certified operating room nurse, talks to Lt. Cmdr. Allecia Webster, a certified registered nurse anesthetist, during last year's National Nurse Anesthetists Week, Jan. 25 through Jan. 29.

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NURSES:

From Page 12

ment. "For example, in the ER (emergency room), ICU (Intensive Care Unit), PACU (post-anesthesia care unit), you need at least one year in that type of setting, then put in for the school and shadow a CRNA to make sure you're sure about what it is we do, that way you can better assess the career."

Holmes expressed the importance of shadowing because the responsibilities of a CRNA require being with surgical patients from the pre-operative stage where they assess the

patient and educate them on the anesthesia process; inter-operatively where they administer the anesthesia and take care of the patient throughout the surgery; and post-operatively where they monitor the patient's stability and prescribe medication.

"While I was in nursing school, I watched other CRNA's in action and liked what they did so I determined when I joined the Navy, that I wanted to be a nurse anesthetist," said Cmdr. Paul Cornett, NNMC's assistant chief nurse anesthetist. "If you're interested in an independent profession, using a lot of knowledge of physiology, pharmacology, science, have a good sense of who you are and [are] capable of providing comfort for patients during a difficult

time in their life, I say go for it. The application process may appear lengthy but it's because you're applying for a military duty under instruction program and school at the same time."

According to Cornett, the Navy CRNA program moved to the Uniformed Services University of the Health Sciences last year, providing Navy anesthetists the opportunity to train with Air Force and Army anesthetists.

"We are currently undermanned. Our goal is to get as many good qualified applicants as we can," said Cornett.

If you are interested in the CRNA program or shadowing a CRNA, please contact johnnie.holmes@med.navy.mil.

Legal Notice

Important information about the \$3.4 billion Indian Trust Settlement

For current or former IIM account holders, Owners of land held in trust or restricted status, or their heirs

There is a proposed Settlement in *Cobell v. Salazar*, a class action lawsuit about individual Indian land held in trust by the federal government. This notice is just a summary. For details, call the toll-free number or visit the website listed below.

The lawsuit claims that the federal government violated its duties by (a) mismanaging trust funds/assets, (b) improperly accounting for those funds, and (c) mismanaging trust land/assets. The trust funds include money collected from farming and grazing leases, timber sales, mining, and oil and gas production from land owned by American Indians/Alaska Natives.

If you are included in the Settlement, your rights will be affected. To object to the Settlement, to comment on it, or to exclude yourself, you should get a detailed notice at www.IndianTrust.com or by calling 1-800-961-6109.

Can I get money?

There are two groups or "Classes" in the Settlement eligible for payment. Each Class includes individual IIM account holders or owners of land held in trust or restricted status who were alive on September 30, 2009.

Historical Accounting Class Members

- Had an open individual Indian Money account ("IIM") anytime between October 25, 1994 and September 30, 2009, and
- The account had at least one cash transaction.
- Includes estates of account holders who died as of September 30, 2009, if the IIM account was still open on that date.

Trust Administration Class Members

- Had an IIM account recorded in currently available data in federal government systems any time from approximately 1985 to September 30, 2009, or
- Owned trust land or land in restricted status as of September 30, 2009.
- Includes estates of landowners who died as of September 30, 2009 where the trust interests were in probate as of that date. This means you have asked a court to transfer ownership of the deceased landowner's property.

An individual may be included in one or both Classes.

What does the Settlement provide?

- A \$1.5 billion fund to pay those included in the Classes.
- A \$1.9 billion fund to buy small interests in trust or restricted land owned by many people.
- Up to \$60 million to fund scholarships to improve access to higher education for Indian youth.
- A government commitment to reform the Indian trust management and accounting system.

How much can I get?

- Historical Accounting Class Members will each get \$1,000.
- Trust Administration Class Members will get at least \$500.
- If you own a small parcel of land with many other people, the federal government may ask you to sell it. You will be offered fair market value. If you sell your land it will be returned to tribal control.

If you believe you are a member of either Class and are not receiving IIM account statements, you will need to call the toll-free number or visit the website to register.

What are my other rights?

- If you wish to keep your right to sue the federal government about the claims in this Settlement, you must exclude yourself by **April 20, 2011**.
- If you stay in the Settlement you can object to or comment on it by **April 20, 2011**. The detailed notice explains how to exclude yourself or object/comment.

The U.S. District Court for the District of Columbia will hold a hearing on June 20, 2011, to consider whether to approve the Settlement. It will also consider a request for attorneys' fees, costs, and expenses in the amount of \$99.9 million. However, Class Counsel has fee agreements that would pay them 14.75% of the funds created for the Classes, which could result in an award of \$223 million. The Court may award more or less than these amounts based on controlling law. If approved, these payments and related costs will come out of the Settlement funds available for payment to Class Members.

If you wish, you or your own lawyer may ask to appear and speak at the hearing at your own cost. For more information, call or go to the website shown below or write to Indian Trust Settlement, P.O. Box 9577, Dublin, OH 43017-4877.

Code White Tips

To ensure the safety and well-being for personnel assigned to, or visiting Naval Support Activity Bethesda (NSAB), the Security Department has provided up-to-date training and guidelines in response to a Code White, the newly implemented alert to inform staff and patients of an active shooter situation.

Staff are reminded they should post the Code White Active Shooter Community Response Guide in their common areas, and follow the guidelines below:

- If you are in a building where there is an active shooter, and you're able to do so without compromising your safety, call 911, 777 or NSAB Security at 301-295-1246. Report details such as your specific location, number of people around you, number of victims, number of assailants and a physical description of them.

- Stay where you are and shelter in place, urging all visitors in your area to move within interior spaces. Lock all doors, and take cover behind a concrete wall, filing cabinet or other solid source of protection if possible. Remain low to the ground, avoiding windows and doors. Silence cell phones, turn off radios and computer monitors and keep yourself out of sight.

- Remain in your closed space until given the "all clear" announcement or being evacuated by law enforcement officials.

Remember, patients and visitors are likely to follow the lead of employees during a crisis. Reference your Community Response Guide for further information. Staff members will have an opportunity to practice these safety precautions during the Solid Curtain — Citadel Shield (SC/CS-11) Feb. 21-25.

SC/CS-11 is the largest force protection/anti-terrorism exercise conducted nationwide. Coordinated by U.S. Fleet Forces Command and Commander, Navy Installations Command (CNIC), these exercises will consist of a several mini-drills, testing the installation and tenant commands' response to hostile situations.

If you have any questions or would like more training for your commands, departments and/or divisions, contact Chief Master-at-Arms Robert Hebron at 301-319-8312.



For more information: 1-800-961-6109 www.IndianTrust.com

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Consider these changes:

- Installing a shower arm extension to raise or lower the shower head;
- Raising the glass walls of the shower so that it is capable of becoming a steam room;
- Re-lining the shower stall with travertine or stone products instead of the traditional tile.
- Adding a comfy seat against the wall of the same material as the walls;
- Installing a dual shower head system can't be beat for that hurried morning routine.

More and more the shower is catching up with the bathtub. Homeowners are changing the plain Jane shower into a relaxing place to unwind after a long day.

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