The Journal

Vol. 23 | No. 12 | www.bethesda.med.navy.mil | March 24, 2011

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Comfort Deploys in Support of Continuing Promise 2011

By Valerie A. Kremer
Bureau of Navy Medicine and Surgery Public Affairs

USNS Comfort (T-AH 20) departed its homeport of Baltimore, Md., March 17, in support of the humanitarian civic assistance mission Continuing Promise 2011 (CP11).

CP11 is a five-month mission to nine countries in Central and South America and the Caribbean, where the U.S. Navy and its partnering nations will work hand-in-hand with host nations and a variety of governmental and non-governmental agencies (NGOs), to train in civil-military operations.

Currently, 16 Sailors from the National Naval Medical Center (NNMC) are onboard the ship and on April 4, an additional 17 will deploy onboard the ship.

"Humanitarian assistance is a key component in the Navy's maritime strategy," said Vice Adm. Adam M. Robinson, Jr., U.S. Navy Surgeon General. "Our humanitarian assistance missions bring to others a sense of enrichment and hope that touches individuals, their families, their communities, their nations and in doing so, benefits the global community."

More than 480 Navy medical personnel will work side-by-side with medical professionals from the nine host nations, five partner nation militaries, and more than 30 NGOs to provide medical care to patients both ashore and aboard the *Comfort*.

Also deploying with *Comfort* are 71 civil service mariners from Military Sealift Command who operate and navigate the ship, provide electricity and fresh water to the shipboard hospital and, when necessary, transport patients between ship and shore in small boats.

"My professional Merchant Marine officers and crew are excited to be part of Continuing Promise 2011," said Capt. Randall Rockwood, *USNS Comfort* civilian master. "While *Comfort's* hospital is key to extending medical care and civil assistance to other nations, our role operating the ship is critical to getting the Navy professionals to their destinations."

(photo by Cat DeBinder)

National Naval Medical Center staff bid farewell March 14 to Sailors who deployed onboard *USNS Comfort (T-AH 20)* in support of the humanitarian mission Continuing Promise 2011 (CP11).

During CP11, *Comfort* will visit selected ports in Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Nicaragua and Peru.

CP11 will provide host nation populations with

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Employee Battles Cancer, Gives Thanks to Bone Marrow Donors

By Barbara Weller
Naval Surface Warfare Center Carderock Division

Editor's note: This is the first article in a two part series written by Barbara Weller, a Carderock employee, about her 18-year battle with cancer.

As I look back over the last 18 years I have battled with cancer, in some sense I feel the experience made me a better person. Writing this article is the least I can do to "give back." I also want to recognize the kind acts of many good people and promote awareness of the National Blood and Bone Marrow Bank Registry where you too can be a donor and possibly save a life.

In 1992, my dad stopped by to watch me play in a beach volleyball tournament in Rehoboth Beach, Del. He commented that my glands looked swollen. I agreed, but thought nothing of it. My 6 and 4-year-old children frequently had colds and I thought they could have passed it to me. I didn't have any cold symptoms and I felt fine. I was exercising regularly and considered myself in good shape.

At the time, I was working for a company that had promoted me to an officer position, requiring a yearly physical. I was busy the next few months, but finally made an appointment. This work requirement was the only reason for going to the doctor.

With no symptoms other than the slightly swollen lymph nodes in my neck, I was diagnosed with Stage 4, Follicular Mixed Non-Hodgkin's Lymphoma (NHL). NHL is a blood cancer that starts in lymphocytes cells which are part of the body's immune system. Over 90 percent of my bone marrow was diseased and I had very large internal tumors, one the size of a grapefruit. I was told my type of Lymphoma was a very slow growing cancer; however, at this point there was no cure.

I had never even heard of NHL. I went through all the anguish of this devastating news. I was especially blind-sided because I felt so good. I was told my type of cancer usually affected the older population and the standard treatment was just "watch and wait," or chemotherapy. My oncologist explained chemotherapy worked

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Chief of Staff for Integration & Transition

Capt. David Bitonti

In this week's article, I would like to give you some information on the new Community Hospital at Fort Belvoir. Since some of our staff will become the "Plank Owner" staff of the Fort Belvoir Community Hospital (FBCH) over the next few months, I thought it important that we all have more information on our sister hospital in the south. The new community hospital was ordered as a part of the BRAC law and was designed to increase hospital and outpatient care to all service members and veterans in the National Capital Region.

The architects used evidence-based health care design to create a therapeutic, family-centered facility. Their design concept was based on four evidence-based design (EBD) principles with specific goals.

The first principle is patient and family centered care and the EBD goals were to: decrease stress; increase social support; improve way finding; greater sense of control; large windows to provide for natural light; family zone; improve rest and sleep; and provide positive distractions. The second principle is improving healthcare quality and safety, and the EBD goals were: decrease hospital based infections; prevent patient falls; reduce medication errors; and reduce noise stress to improve speech intelligibility. The third principle is design for maximum standardization and future flexibility, and the EBD goals were: facilitate care coordination and patient service; and provide flexibility for change and growth. The fourth principle is providing a positive work environment, and the EBD goals were: decrease back pain and work related injuries; reduce staff fatigue; increase team effectiveness; and eliminate noisy and chaotic environments.

The buildings are LEED Silver Certified, environmentally friendly and sustainable. Sustainable features include: alternative energy, bike racks, construction waste management, energy management plan, low-emitting materials, occupant lighting control, occupant thermal control, storm water management, and sustainable return on investment. The roofs have a swooped feature to facilitate collection of rainwater into an irrigation system for the healing gardens located around the buildings. A green roof over the central portion of the hospital will reduce water runoff, as will a system of bioswales on the ground.

The hospital consists of five interconnecting buildings. The hospital building is the "Oaks" Pavilion and is located in the center of the structures. It is a seven story, 722,835 square-foot tower. The building has 120 inpatient beds which will include behavioral health, obstetrics, intensive care, pediatrics, medical, and surgical wards, 10 operating rooms, and 30 emergency examination rooms. To the right of the tower are the North clinic "Eagle" and "River" Pavilions. These structures are 276,850 square feet overall and have 193 examination rooms. The Eagle Pavilion is three stories and the River Pavilion is two stories. The North clinics are connected to the North Garage which will have 1,380 parking spaces. To the left of the tower are the South clinic "Sunrise" and "Meadows" Pavilions. These structures are 275,528 square feet overall and house 152 examination rooms. The Sunrise Pavilion is three stories and the Meadows Pavilion is two stories. The South clinics are connected to the South Garage, and this building will have 1,650 parking spaces. In addition, there are 400 outside parking spaces located beside the entry drive and circles. The overall building complex is 1.287 million net square feet, will house 55 primary and specialty clinics, and be supported by 3,198 staff.

Currently, the timeline is on track for the first patient the day of Aug. 13, 2011. There are 1,100 construction workers on site daily with the work focused on the main hospital building. The central utility plant and building environmental controls are operational. The GDIT contractors have been purchasing the furniture and equipment for the outfitting of the buildings. Equipment is being delivered and the installation of the MRI is currently in progress.

More information about Fort Belvoir can be located at *www.jtfcapmed.mil/media-kit/ft-belvoir-brac.pdf* and *www.belvoir.army.mil/services.asp?id=dewitt.*

As our efforts continue to complete the BRAC process, history is being made. You are an integral part of that history whether you are assigned to the North or South Campus. Your efforts on this project will result in a first-ever joined military medical center and community hospital that delivers world class patient and family centered care, encompassing a Medical Home model. Thank you for your efforts and dedication, assisting with the preparation for and execution of the moves, and continuing to provide the 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.*

Chief of Staff for Integration and Transition sends

Bethesda Notebook

Temporary NEX Opened

The Temporary Navy Exchange (NEX), located near the Child Development Center, held its "soft" opening Friday. A barber shop, optical shop and dry cleaner are also now open at the location. The grand opening will be held in the near future.

MWR Office Has New Location

The new Morale, Welfare and Recreation (MWR) Leisure Travel Office opened Wednesday in Building 2, room 1414 across from Dunkin Donuts on Main Street. For more information, call the MWR office at 301-295-0434.

Auxiliary Security Force Graduation

Please join the Naval Support Activity Bethesda (NSAB) Security Department in congratulating and welcoming the newest members of the Auxiliary Security Force (ASF), graduating April 1 at noon in the Laurel Clark Memorial Auditorium. Current ASF members and graduates representing all directorates and tenant commands are encouraged to attend.

Important Voter Information

The Federal Voters Assistance Program (FVAP) is redesigning its Federal Post Card Application (FCPA) and Federal Write-In Absentee Ballot and needs user input to increase their ease-of-use and effectiveness. Suggestions can be submitted to FVAP via e-mail at *vote@fvap.gov*. For more information, visit the FVAP Web site at *www.fvap.gov.*

Now is also the time to confirm your local election official has the right e-mail address so you can exercise your right to vote via an absentee ballot. The FCPA is available to help. For more information, contact one of the National Naval Medical Center's (NNMC) Voting Assistance Officers, Lt. Cmdr. Arlene Lopez or Chief Hospital Corpsman Daniel Rossi at 301-295-5099.

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, prepared 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
	MC3 Alexandra Snow	(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

NICoE, Renowned Researchers Partner in Search of Answers

By Sarah Fortney
***Journal* staff writer**

Regeneration of Brain Synapses, a symposium held at the National Intrepid Center of Excellence (NICoE) last week, not only brought together world renowned scientists and neurologists to discuss advancements in treating brain conditions, but also fostered an opportunity to cultivate invaluable relationships.

"Part of NICoE's purpose is to bring people together so that collectively we can learn from each other. These events don't happen often. The ability to get these people together in the same room, with military leaders being present to be able to not only participate, but to listen is both gratifying and edifying," said NICoE Deputy Commander Rear Adm. Thomas Beeman.

Additionally, the symposium was an opportunity for members of the military health system to see what's happening on the civilian side and extract opportunities for research, applying what they're doing to what's happening in theater and at home, said Beeman.

"Regeneration of Brain Synapses: Science, Implications and Opportunities," held March 16, was organized by the Center for Brain Science and Metabolism Trust at the Massachusetts Institute of Technology (MIT) in collaboration with the NICoE.

Throughout the day, experts in the field of neurodegenerative conditions, such as Alzheimer's and Parkinson's diseases, researchers, neuroscientists and specialists in nutrition spoke about the effects certain diseases and conditions have on the synapses – the communication between nerve cells. In the space between two nerve cells, one nerve cell releases a chemical, a neurotransmitter, which then "communicates" with the other nerve cell.

"The more of these connections you have, the more the brain can do," said Dr. Richard Wurtman, the Cecil H. Green Distinguished Professor at MIT.

For years, Wurtman has hosted meetings in Zurich, Switzerland, similar to the one last week at the NICoE. Wurtman, who has written and co-authored hundreds of articles in peer-reviewed journals, said that while he was in medical school, "We were always told the number of nerve cells are fixed at birth and can only go down hill. We [now] know that's simply not true. We know [synapses] are being made, so now the question is can we take it upon ourselves to cause the brain to make even more than the brain would normally make … It is still revolutionary."

During the symposium, attendees discussed this hypothesis and potential treatments, such as particular foods and medical drugs, to help accelerate the formation of the synapses, a process known as "synaptogenesis."

"We can make a list of conditions in which this strategy ought to be tested," said Wurtman.

Col. Geoffrey Ling, professor and interim chair of Neurology at the Uniformed Services University of the Health Sciences, was grateful for the opportunity to get the perspective from a new set of researchers who work in the world of degenerative disorders. Though a "cure" has yet to be found for these brain conditions and diseases, he believes the insight that was brought to the table will go a long way in terms of better understanding these conditions.

"Anytime you can get a different perspective on an ongoing problem, that's going to be very, very helpful," said Ling, adding, "It was a distinguished body of people that were convened by Dr. Wurtman and Dr. Kelly."

Dr. Ann McKee, associate professor of Neurology and Pathology at Boston University School of Medicine, noted, "It was [an] interesting international selection of speakers. It brought individuals from different specialists together in a way that I hadn't experienced before, which was very helpful."

McKee, who is also the co-director of the Center for the Study of Traumatic Encephalopathy, has researched the impact of mild traumatic brain injury amongst veterans and athletes.

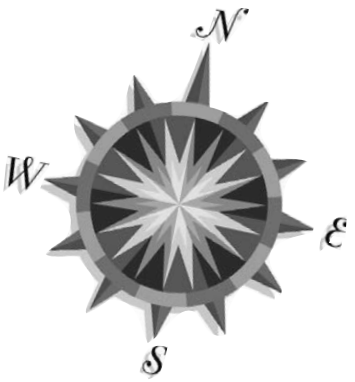
"We're seeing very pronounced similarities between the abnormalities we find in athletes, compared to the

See **NICoE** page 5

The Patient Navigator

At the National Naval Medical Center (NNMC), we want to do everything we can to make your experience extraordinary, each and every time.

Below are the answers to some frequently asked questions about Radiology:



Q: What is Radiology?

Radiology includes use of techniques such as X-rays, Mammography, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound, Nuclear Medicine and Positron Emission Tomography (PET) to help diagnose, treat and manage diseases and injuries.

Q: What is a radiologist?

Radiologists are specialist physicians who have completed medical school and an additional five to seven years in all aspects of radiology. Specializing in diagnostic imaging, they are required to complete continued medical education courses and may become proficient in other areas of expertise, such as neuroradiology, pediatric radiology and interventional radiology.

Q: How and when can I get an appointment?

For a Diagnostics x-ray, patients do not need to make an appointment, as long as there's an order from their physician in CHCS/AHLTA. Diagnostics is open 24/7, and patients can walk-in for an exam. For all other exams, patients can call Radiology at anytime to make an appointment.

Q: How long will my exam take?

A Diagnostics x-ray can take about 10 to 15 minutes, while most others, including an MRI or Ultrasound, may take about 30 minutes.

Q: How long should I wait for my results, and how will I get them?

Nearly all exams are read by a Radiologist and provide a report within 24 hours. Occasionally, there may be a large volume that might hold up the results a day or two. Please, bear in mind that exams that come through the Emergency Room take priority.

Some exams are conducted with a physician present, and the physician may provide the results on the spot. Typically, radiologists will consult your primary care physician, providing them the results, and the physician will then provide the patient with results and refer them for the appropriate treatment or further testing. Radiologists may also provide the patient with their results.

Q: Where can I find more information about Radiology services at NNMC, and radiology in general?

For more information about Radiology at NNMC, patients can call 301-295-5050. Patients may also visit *www.acr.org*.

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In addition, we welcome your stories of exceptional experiences, so we can understand what made it so special and explore duplicating it throughout our entire medical center environment.

Sincerely,
Chisun S. Chun,
Your Chief Experience Officer,
Deputy Commander for Healthcare Operations and Strategic Planning

NNMC Celebrates Social Workers, Provides Students Invaluable Opportunities

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

Providing support to patients, their families and staff, social workers at the National Naval Medical Center (NNMC) touch every corner of the hospital. In recognition of their dedication, a luncheon was held Tuesday in the Base Realignment and Closure (BRAC) Journey room to honor their contributions.

In an attempt to teach those gathered how to cope with workplace stress, preceding the meal, Sue Johnston, a Mind, Body Medicine coordinator in Internal Medicine, encouraged attendees to stretch, dance and laugh.

For years, NNMC has facilitated the real world training of social workers through a program for graduate students in the profession. Currently, the hospital has five students from three universities across the country enrolled in the program, working in patient discharge planning and social work, said Laura Havard, a social worker at NNMC. Students work up to 40-hours per week and attend a bi-weekly policy class throughout the semester-long program, she added. This session runs Jan. 12 to April 29.

"Our job at NNMC as social workers is to help patients, family and staff. This program allows the students to train in doing just that," said Havard.

She added that working at a hospital also exposes the students to a variety of encounters vital to becoming a well-rounded social work employee.

John Keyes, a University of Alabama (UoA) student working in Warrior Care, said a benefit of the job is working with the clientele.

"I love helping a wounded warrior and seeing their appreciation, knowing they want me to come back," said Keyes. "Helping and advocating for vulnerable populations is what drives me."

Michele Kirby, an inpatient social worker at NNMC, also enjoys working with wounded warriors.

"Working here with the wounded warriors is the most meaningful work I've ever done. It's also the most challenging. It has helped me put my personal life view in perspective, and seeing a patient that I have helped go through rehabilitation come back and be more mobile, is the most rewarding thing," said Kirby.

Students in the program perform a variety of tasks, said Kendra Collins, an Inpatient/Outpatient Internal Medicine clinic student from UoA.

"Typically, I come in and review patient charts, meet with team members and nurses to see how the patient and family seem to be faring, provide emotional support and assist with discharge planning — making sure the patient has someone to help them at home, arranging care for them in a rehabilitation center or with a home health agency if they don't," Collins said.

Becoming a social worker is no easy feat. Social work degrees vary in length of study, but traditionally require two years of schooling in addition to receiving a standard four-year degree. All social workers must also be licensed by an independent state board.

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

Sue Johnston, Mind-Body Medicine Program Coordinator and therapist at NNMC, offers stress relieving techniques during a luncheon Tuesday for social workers.

"There are a few types of social work qualifications," explained Barnett.

While there are social workers who have master's or doctorate degrees, there are also clinical social workers, she said. To become certified in that capacity, after earning a social work degree, you're required to work at least two years in the clinical field in a supervised setting.

"With a social work degree, you can do hun-

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changes we see in the brains of military personnel [from combat]," she said. "We're discovering there's a very significant disorder called Chronic Traumatic Encephalopathy that develops in individuals who are exposed to repetitive brain trauma."

With this disorder, symptoms arise in mid-life and are generally personality and behavioral changes, she said. As the individual survives those symptoms, the condition worsens and, as the individual ages, it becomes full blown dementia. While it's still unknown what happens to the synapses in this disorder, it will be beneficial, she said, "If we can find different ways, nutrition and other things that help prevent synaptic loss or synaptic dysfunction."

During the symposium, guests became involved in intense conversations about how their work can affect each other's and how they can collaborate their efforts, said NICoE Director Dr. James Kelly.

"There were relationships built in that room that will last for years. The power of having the interaction amongst those high-powered people, talking to each other in real time, springboards this whole concept forward," he said, adding, "It's not just a matter of understanding the problem better, which still has to happen on a scientific level in the detail that these very people can do, it's also taking it [to the next] step to say how can we interrupt the problem and turn it around. It was enormously successful."

Kelly also believes attendees at last week's symposium recognized the Department of Defense's dedication to this type of research and treatment, learning more about the problem and advancing the science as we take care of our service members.

Kelly enjoyed seeing many of the attendees meeting each other for the first time, many of whom had only read about each other in articles or books.

"That will go a long way," he said. "These are the people we need to have onboard. We need their brains thinking about the brain disorder that we're dealing with and then it's reverberations throughout the scientific community and society."

The NICoE, located on the campus of Naval Support Activity Bethesda (NSAB), offers an interdisciplinary, holistic, patient and family based approached, said Deputy Director of the NICoE, Dr. Thomas DeGraba.

During each patient's two to three week stay, they are afforded roughly 80 to 90 encounters with providers, he said, adding this intense time frame offers a better understanding of the issues they're experiencing, which are preventing them from getting back to duty and back to their normal lives.

In addition, the NICoE offers an extensive number of leading technologies to help better understand the physiology and anatomy of the injury, he said. For example, the Computer Assisted Rehabilitation Environment (CAREN), one of seven in the world, which features a motion platform, embedded treadmill and a 180 degree screen that immerses the patient in a virtual environment. This machine not only allows the patient to enhance balance and ability to multi-task in the real world, but is also an assessment tool.

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medical and dental care including surgical services, public health training, engineering support, veterinary services, as well as provide partnering nations with an opportunity to exchange knowledge and information. The exchange of information is integral to building disaster relief preparedness and supporting maritime security in the region.

"The relationships built and sustained with our multinational partners during this mission will enhance our ability to work collectively in support of humanitarian assistance and disaster relief efforts in the future, as well as other collaborative security activities in the area," said Capt. David Weiss, *USNS Comfort* medical treatment facility commanding officer. "We are looking forward to fostering these relationships in the next five months."

This is the *Comfort's* second Continuing Promise mission and the fifth year that U.S. Southern Command (SOUTHCOM) and U.S. Naval Forces Southern Command (NAVSO) have conducted this mission.

During *Comfort's* previous Continuing Promise missions in 2007 and 2009, medical personnel aboard the ship treated nearly 200,000 people in 14 countries. CP11 is a joint effort with NGOs such as DesMoines University, Johns Hopkins, Loving Hugs, Inc., Project Hope, Samaritan's Feet, World Vets, and others.

"Humanitarian assistance missions such as CP11 demonstrate the Navy's ability to truly be a global force for good while continuing to bolster our relationships with host nations and our NGO partners," said Robinson.

Bethesda Kicks Off Annual Active Duty Fund Drive

The Navy Marine Corps Relief Society provides financial assistance for Sailors and Marines through budget counseling, grants and interest-free loans.

"This money will go to your shipmates."
– Rear Adm. Matthew Nathan, NNMC Commander

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

Naval Support Activity Bethesda (NSAB) and National Naval Medical Center (NNMC) representatives of the Navy Marine Corps Relief Society Active Duty Fund Drive gathered Friday with NSAB Commanding Officer Capt. Michael Malanoski and NNMC Commander Rear Adm. Matthew Nathan, center, to kick off the annual fundraiser to support Sailors and Marines.

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

To help provide financial assistance to Sailors and Marines, Naval Support Activity Bethesda (NSAB) and the National Naval Medical Center (NNMC) kicked off its annual Navy-Marine Corps Relief Society (NMCRS) Active Duty Fund Drive on Friday in the NNMC's Laurel Clark Memorial Auditorium.

NSAB Commanding Officer Capt. Michael Malanoski and NNMC Commander Rear Adm. Matthew Nathan spoke to the crowd of volunteers about the importance of the NMCRS, which offers financial assistance for Sailors and Marines through budget counseling, grants and interest-free loans. Founded in 1904, NMCRS is a non-profit organization sponsored by the Department of the Navy and has about 250 offices worldwide.

"This is not about charity … this is not about giving to a cause," said Malanoski. "This is about taking care of family. At the end of the day, this money goes to your brothers, your sisters, fathers and mothers, so I thank you for those who have had to use it because they know how truly valuable it is."

"This money will [also] go to your shipmates," Nathan said. "This is us taking care of each other. I promise you at some point, on this base, you have walked by someone who has been helped by this organization."

During last year's drive, NSAB and NNMC staff raised nearly $30,000, said Master-at-Arms 1st Class Andrew Turner, the NSAB chairman of the drive. This year, there is no set goal; however, the focus is on informing personnel about the NMCRS.

"We're hoping to educate people about the importance of the Navy-Marine Corps Relief Society," he said. "We understand times are tough and we know donating $10 or even $5 a month may not be possible for some people, but if a person can offer assistance, we want them to know this organization [is here to] assist Sailors and Marines."

"The Navy-Marine Corps Relief Society comes through, and since [1904], they always have," Nathan said. "If you asked one million Japanese people, two weeks ago, if they would ever need to use an organization like this, they would have said no. But catastrophes happen in a moment's notice, and this organization is there when it does to take care of you."

For more information about the NMCRS fund, staff can talk to their departmental representative for the drive. They may also contact Turner at 301-319-4473 or *andrew.turner@med.navy.mil*, or the NNMC drive chairman, Lt. j.g. Theron Miller, at *theron.miller@med.navy.mil.*

"This is not about charity … this is not about giving to a cause, this is about taking care of family."
– Capt. Michael Malanoski, NSAB Commanding Officer

(Official U.S. Navy photo)

The Navy Marine Corps Relief Society kicked off its annual fundraiser to support programs that aid Sailors, Marines and their families.

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dreds of things," she said. "There's social work research, clinical social work, counseling, policy work, working with children and the elderly… you can never be bored being a social worker because if you are, you can just switch to a different aspect of the field."

"I love what I do. I love leaving here every day knowing that I made a positive impact in someone's life. There are not too many professions where you can say that, which is why the demand for our field is so high. We're making a difference [and] we're growing."

Recycle this Newspaper

CANCER:

From Page 1

well on the Follicular Mixed Lymphomas and one could go into remission for a few years, but odds were it would come back within five years. If it did, other types of chemotherapy could be administered, but the more you have the more the cancer becomes resistant and the quicker it returns.

My oncologist recommended a Bone Marrow Transplant, which at the time was thought to be the only possible cure. She said I was young, fit and in prime condition to try to tackle this life-threatening procedure.

At the time, there were two types of transplants: allogeneic and autologous. An allogeneic transplant involved receiving a donor's marrow, which was too risky at the time – there was uncertainty of how to treat and control the unknown effects of "graft" versus "host" disease and the mortality rate was high. The other, autologous, involved cleansing and then injecting your own marrow back into your body while giving near lethal doses of chemotherapy to catch any remaining disease. The chemo wipes out your entire immune system to start anew with, hopefully, a disease-free bone marrow. My doctor recommended I have the autologous transplant. I was fortunate with her help to participate in an experimental trial at Johns Hopkins and without any problems or delays.

I immediately began preliminary transplant chemotherapy. The trial protocol required that I respond positively to the pre-chemo to receive extremely high doses of protocol chemotherapy, which I would receive during transplant. I was admitted to Johns Hopkins Hospital in June of 1993 and was there for three months.

In 1995, two years later and in full remission, I re-entered the working world at Naval Surface Warfare Center Carderock Division as a government contractor in Ship Signatures' Acoustic Signatures Technology Division. Almost 10 years later, working as a NSWCCD employee in 2002, I received the news I dreaded – my cancer had relapsed.

When I returned to Johns Hopkins, the same transplant doctor I had nine years prior said they were waiting for me. Some did not make it through the transplant, but of those that did, I was the last of the trial group to return. They realized that autologous transplants were not a cure and my oncologist said my long remission was likely due to the six months of pre-transplant chemotherapy I received and not from having the transplant itself.

I could not believe I had gone through such an aggressive treatment seemingly all for naught, but my course of action was what it was, and the whole process gave me 10 wonderful years of thinking I was possibly cancer free.

Part two of Barbara Weller's story will be continued in next week's Journal. Weller, a Security Specialist in NSWCCD Ship Signatures' Electromagnetic (EM) Signatures Division, was placed on the Carderock Donor Leave Program. This program is for people who are facing extended illnesses, it helps to relieve the financial burden and difficulties of leave without pay. This leave program allows one to focus on getting well.

The National Blood and Bone Marrow Registry would like you to consider giving someone another chance at life. At the National Naval Medical Center (NNMC), individuals wishing to donate their leave to this program can contact Mike Jones at 301-295-6823. For more information on the National Blood and Bone Marrow Bank Registry at NNMC, call 301-295-2100.

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Chaplain's Corner

Chaplain Donahue

When someone says goodbye, their last words have a way of echoing in our minds. This has been the case for me this past week. Two people close to me said goodbye. One was a friend with cancer. I visited him Saturday wondering if it would be the last time. It was – and his last words are profound: "I think I know now the secret of happiness: wanting what you have."

My other friend left for a few months, less ultimate, but still I will miss him. His last words before leaving came in the form of a small pamphlet he had received while here at NNMC entitled, "The Little Book of Words." It was written by spouses of military members who died or were wounded in our latest conflicts. These families had been given a free Disneyland trip. Each was thankful for a slightly different experience. Their words of thanks were for how the trip helped them, Re-Connect, Float, Listen, Reflect, or Smile. These families were then asked to explain the meaning of what one of those words meant to them. I could easily sum up the message each of them gave, restating my other friend's last words: "I think I know now the secret of happiness: wanting what you have."

What each of these families had received on their free destination vacation wasn't a picture with Mickey Mouse, but much longer lasting gifts. One family reconnected as a tough dad risked exposing his fear of "Dr. Doom's Fearfall." Another spouse finally relaxed enough to let others take care of things for a while and float. Another, having nothing pressing to do, finally had the patience to listen. For another: taking time to reflect each day began to add new memories to good old memories of how things were, and the simple act of smiling brought another person new connections to those around her.

It's about wanting what you have, really being here now, letting go of what was or of what may never be … and being thankful for what is. May we all find the strength needed to want and value what is right there in front of us, right now!

Celebrate Nutrition Month

As part of National Nutrition Month, the Nutrition Services Department at the National Naval Medical Center (NNMC) is promoting the importance of making informed food choices. This article is written by Ensign Elaina Ortiz, Registered Dietitian, Nutrition Services Department (NNMC). Ensign Ortiz is new to the NNMC dietitian team, focusing on in- and out-patient care as well as instructing the bi-weekly prenatal nutrition classes. She also enjoys educating various populations about preventative nutritional methods to help fight disease.

When you think of "Eating Right with Color," many colors of fruits and vegetables come to mind. Blue and purple colored foods, such as berries, eggplants, purple cabbages, raisins and purple potatoes are packed full of various nutrients, especially antioxidants. They also have been shown to have excellent anti-aging benefits that can aid in the prevention of urinary tract infections, memory loss and can help reduce cancer risk.

What exactly are antioxidants? According to the American Dietetic Association, an antioxidant is a dietary substance that includes some nutrients such as selenium, vitamin C and E and beta carotene, which act as preventing and repairing mechanisms against disease and damaged cells in your body. Antioxidants can also aid in certain serious health problems, such as heart disease, cancer and diabetes and can protect against the dysfunction of your eyes, kidneys, and immune system.

We've all heard the hype of the famous purple Acai berry and its marker as a "super antioxidant food." Although these Brazilian berries do contain a good amount of antioxidants, be aware of misleading labels as you can only purchase this "wonder-berry" in juice or pill form. Getting your antioxidants from unprocessed foods is a much more nutritious alternative to nurturing your body.

A more accessible source of infection-fighting power is organic or locally-grown blueberries and blackberries. Although many foods contain antioxidants, these berries are a great source and are easy to add to almost any meal or snack, or add to whole wheat pancakes at breakfast, or non-fat yogurt for a mid-morning snack. Try frozen blueberries as a light dessert before bedtime, or add them to your favorite green salad with light salad dressing. Finding these infection-preventing agents is as simple as looking for a variety of color in your everyday produce.

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