

MEDICAL NEWS

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NEW VACCINE PROTECTS AGAINST ADDITIONAL FLU STRAIN

FALLS CHURCH, VA — Each year, flu season affects millions of people. Flu season usually begins in October, so now is a great time to protect yourself and your family by getting vaccinated.

The flu shot is easy to get and inexpensive – OFTEN FREE - for TRICARE beneficiaries, and this year the flu vaccine offers even more protection.

Until now, seasonal flu vaccines have only protected against three strains of flu - two strains of influenza A, which usually causes more cases and more severe illness, and one of influenza B, which is less common but also circulates in multiple forms.

The new vaccines include protection against a second strain of influenza B, which experts expect will prevent the vast majority of type B infections.

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. Symptoms include fever, cough, sore throat, stuffy nose, body aches, headaches and fatigue. According to the Centers for Disease Control and Prevention, the flu virus can be more serious for young children, older adults, pregnant women and people with medical conditions. It can cause mild to severe illness, and at times can lead to death.

TRICARE covers both the flu shot and flu mist. Beneficiaries may be able to get their flu vaccine, at no cost, from a military treatment facility, hospital or from a pharmacist at one of the 45,000 network pharmacies that administer vaccines to TRICARE beneficiaries.

CDC officials also recommend steps to prevent the spread of germs, which can lead to the flu:

- Avoid close contact with people who are sick;
- Stay at home when sick;
- Cover mouth and nose when coughing or sneezing;
- Wash hands often with soap and water; and
- Avoid touching eyes, nose or mouth.

CDC officials also recommend getting plenty of sleep, being physically active, managing stress, drinking plenty of fluids and eating nutritious food.



Patriot Guard Riders and American Legion Post 129

(U.S. Navy photos by Mass Communication Specialist Seaman Justin W. Galvin/Released)

Above: Riders from the Patriot Guard Riders and American Legion Post 129 drive through Naval Medical Center San Diego (NMCS) on their way to greet and visit with NMCS's wounded, ill and injured (WII) Marines, Sailors and Soldiers. The group of approximately 50 motorcycle riders initiated Operation Wounded Warrior – Arizona in 2005, which delivers health and comfort items to the country's WII service members.

Right: A Legion Riders crest on the back of one of the riders from the Patriot Guard Riders and American Legion Post 129 from Queen Creek, Ariz.



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(U.S. Navy photos by Mass Communication Specialist Seaman Justin W. Galvin/Released)

Brother-sister reunion

Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego's (NMCS) Military Health Center, is saluted by her brother, Chief Aviation Ordnanceman Robert Williamson assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., while meeting for the first time in more than 30 years. Murray lost all contact with her brother after her parents split up; she was just eight years old at the time.



Above and left: Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego's (NMCS) Military Health Center, embraces her brother, Chief Aviation Ordnanceman Robert Williamson assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., for the first time in more than 30 years.



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Chief Aviation Ordnanceman Robert Williamson assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., wipes tears off the face of his sister Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego's (NMCS) Military Health Center, after meeting for the first time in more than 30 years.

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POW-MIA Remembrance Ceremony at Naval Hospital Camp Pendleton

By MC1(SW) Michael R. McCormick,
NHCP Public Affairs

MARINE CORPS BASE CAMP PENDLETON, Calif. — Nearly 200 staff and guests attended the Naval Hospital Camp Pendleton 23rd annual Prisoner of War/Missing in Action Remembrance Ceremony on the front lawn of the hospital Sept. 20.

This year's guest speaker was retired Chief Warrant Officer Michael A. Clark, a 21-year Navy veteran and former curator and founder of the Prisoner of War/Missing in Action Museum, formerly housed at the Naval Training Center San Diego.

During his speech, Clark gave a brief history about the hospital's annual service of remembrance and told those in attendance of how news of it has brought corpsman home.

"Several years ago the Secretary of the Navy had sent me a note after one of these ceremonies and said because of this ceremony and the news media covering it, more and more people became aware of these 12 missing corpsmen from the Vietnam War," said Clark. "That led to more efforts to locate these missing men. Now we are down to seven missing corpsmen. As a direct result of this program, we have brought home five of the 12 and that's a remarkable accomplishment. I wish it was a little bit quicker than 23 years but we are going to bring them all home."

After the guest speaker finished, the names of seven Navy hospital corpsmen, still missing from the Vietnam War, were read one by one as a banner with their photo was displayed for the audience by members



The names of seven Navy hospital corpsmen, still missing from the Vietnam War, were read one by one as a banner with their photo was displayed for the audience by members of the hospital's First Class Petty Officers Association.

of the hospital's First Class Petty Officers Association.

Barbara Denton-Brownell, the daughter of missing in action hospital corpsman Petty Officer 3rd Class

Manuel Reyes Denton, escorted by two sailors, placed a wreath at the NHCP Prisoner of War/Missing in Action Memorial in honor of all POWs and MIAs. A moment of

silence was observed followed by the playing of Taps by a bugler from the First Marine Division Band.

The ceremony was followed by a short reception for all attendees.



Barbara Denton-Brownell, the daughter of missing in action hospital corpsman Petty Officer 3rd Class Manuel Reyes Denton, escorted by two sailors, placed a wreath at the NHCP Prisoner of War/Missing in Action Memorial in honor of all POWs and MIAs.

Agreement awarded to Warrior Restoration Consortium

FORT DETRICK, MD — The Armed Forces Institute of Regenerative Medicine (AFIRM): Warrior Restoration Consortium, under the Wake Forest University School of Medicine (Wake Forest Baptist Medical Center) entered into a cooperative agreement with the U.S. Army Medical Research and Materiel Command, the Office of Naval Research, the Air Force Medical Service, the Office of Research and Development - Department of Veterans Affairs, the National Institutes of Health, and the Office of the Assistant Secretary of Defense for Health Affairs.

The AFIRM II program will focus on five key areas: extremity regeneration, craniomaxillofacial regeneration, skin regeneration, composite tissue allotransplantation and immunomodulation, and genitourinary/lower abdomen reconstruction. Therapies developed by the AFIRM II program are intended to aid traumatically injured service members and civilians. The goals of the pro-

gram are to fund basic through translational regenerative medicine research and to position promising technologies and therapeutic/restorative practices for entrance into human clinical trials.

"When warriors come back from the battlefield with serious life-changing injuries, it is our job to find new and innovative ways to help them. Ultimately, we'd like to create new treatments to repair these severe injuries as if they never happened," said Maj. Gen. Joseph Carvalho Jr., commanding general of the U.S. Army Medical Research and Materiel Command and Fort Detrick. "The science of regenerative medicine is one of the ways we fulfill our promise to service members who put themselves in harm's way, that we will work our hardest and do our very best to take care of them."

This program announcement was W81XWH-13-AFIRM-IIRP.

Learn more about AFIRM II online at: <http://www.afirm.mil>

courtesy photos

Salsa Class



(U.S. Navy photos by Mass Communication Specialist 2nd Class Sean P. Lenahan/HIPAA Complete)

Hospital Corpsman 3rd Class Helen C. Bromley, from Naval Medical Center San Diego's (NMCSD) Audiology department, joins celebrity judge and choreographer on the FOX dance competition reality show 'So You Think You Can Dance,' Mary Murphy in the 'Soldiers Who Salsa' dance program at NMCSD. Murphy visited the program to boost morale of staff, wounded, ill and injured service members.



Ensign Michelle Ehlhart, divisional officer for Damage Control (R-Division) aboard USS Essex (LHD 2), joins celebrity judge Mary Murphy.

Justice in Motion October is domestic violence awareness month

By Sarah Glorian

If domestic violence was becoming less common, I would stop writing this column every October. Unfortunately, people continue to physically and mentally abuse those they profess to love. In the past, I've written about state statistics or specific local tragedies. This year, I decided to highlight local statistics and a local law enforcement team.

I want to thank Sergeant C.J. Chastain for taking time on his graveyard shifts this week to pull together the information I requested for this column. Sgt. Chastain is a member of the Domestic Assault Response Team (DART) for the Aberdeen Police Department.

DART has five investigators and one supervisor/grant manager and has existed in the community for close to seven years. This dedicated team has a comprehensive approach in reducing domestic violence. DART works in collaboration with the Domestic Violence Center of Grays Harbor. Beyond Survival, DSHS, the Aberdeen City Attorney and the Grays Harbor Prosecuting Attorney. In addition to investigating cases, DART follows up with the victims to make sure the alleged perpetrators are not violating pre-trial no contact orders, referring victims to resources, etc.

Domestic violence is complex. Many victims return to their abusers; sometimes multiple times. DART is trained to empathize and not "blame the victim" when it may take time for a victim to have the courage to leave. Abusers are often highly skilled in manipulation and control, which may cause victims to have difficulty in making rational decisions about their own safety—especially if the victim is relying on the abuser for financial support.

In 2012 (these statistics include assistance by Aberdeen's Victim/Witness Coordinator), there were 160 victims/survivors, including 135 Whites, 14 Hispanics, eight Native Americans, three African Americans, 130 female and 30 male. In addition, the age breakdown includes two victims ages 13-17, 37 victims ages 18-24, 115 victims ages 25-59, six victims age 60+. Looking more in depth, 57 victims were in a dating relationship; 54 were current or former spouses or intimate partners; 41 were family or household members; seven were an acquaintance; and one the relationship to the perpetrator was unknown.

More broadly than Aberdeen, in 2012, of the 327 incidents reported to the Grays Harbor 911 Center, 97 calls resulted in a written report, with 76

arrests.

In 2013, Aberdeen has had 187 reported domestic violence incidents. DART has responded to 61 cases (65 victims total, as four cases had multiple victims in the household). Arrests occurred in 45 cases with 16 cases being forwarded to the prosecutor for review and determination of charges to be filed. On this trajectory, DART is thus far seeing a reduction in its cases this year (though, of course, MANY cases go unreported).

There are also domestic violence cases reported as domestic violence/malicious mischief, i.e., damage to property, as opposed to physical assaults. DART does not work on these cases, but these cases are not insignificant as these acts of violence increase a victim's level of fear of the perpetrator and is likely to escalate over time.

It should also be noted that while women are more often the victims, domestic violence can have both male and female victims and/or perpetrators. Of the 2013 cases, 45 cases had male suspects and 16 female; and 50 female victims and 15 male.

If you or someone you know is a victim of domestic violence, help is available!

Resources:

Domestic Violence Center of Grays Harbor County / (800) 818-2194 / (Facebook)

Crisis Support Network in Pacific County / (800) 435-7276 / www.crisis-support.org

Children's Advocacy Center / (800) 959-1467 / (360) 249-0005 / http://www.cacgh.org/

Beyond Survival / (360) 533-9751 / (888) 626-2640 / http://www.ghbeyonddsurvival.com/

Washington State Coalition Against Domestic Violence / www.wscadv.org

Washington State Domestic Violence Hotline / (800) 562-6025

To find out if you are eligible for Northwest Justice Project services:

For cases including youth (Individualized Education Program and school discipline issues), debt collection cases and tenant evictions, please call for a local intake appointment at (360) 533-2282 or toll free (866) 402-5293. No walk-ins, please.

For all other legal issues, please call our toll-free intake and referral hotline commonly known as "CLEAR" (Coordinated Legal Education Advice and Referral) at 1-888-201-1014, Mondays through Fridays 9:10 a.m. to 12:25 p.m. If you are a senior, 60 and over, please call 1-888-387-7111; you may be eligible regardless of income.

Community comes together to help terminally ill soldier

Story by Sgt. Amie McMillan
10th Press Camp Headquarters

FAYETTEVILLE, N.C. — A terminally ill soldier and his family received a lot more help than they could have imagined on moving day after a large response to a post on a well-known social media networking site.

After being contacted by someone close to the family, U.S. Army W.T.F! Moments took action by posting a message to their Facebook audience of more than 328,000 people.

“BREAK, BREAK, BREAK - FT BRAGG people, a wounded brother is need of assistance!” - This message was all it took for approximately 100 soldiers, retirees, and civilians to show up to help a fellow soldier Sept. 27, at a home in Fayetteville, N.C.

Cars filled the streets as people arrived, ready to help the Petrie family move from their large rental home, to a smaller home they recently purchased.

“I received at least 55 texts and about 30 to 40 phone calls right after the message was posted to their



(U.S. Army photo by Sgt. Amie J. McMillan, 10th Press Camp Headquarters)

Staff Sgt. Christopher Beaulieu, 98th Civil Affairs Battalion, a volunteer from the Fayetteville community, stands in line, holding a box of household goods he helped unload from a self-storage container to assist Chief Warrant Officer 5 Charles Petrie, an Army officer who has given almost 30 years to his country and is now terminally ill, and his family with their move. Petrie was diagnosed with sarcoma in his sinus – one of the rarest forms of cancer and in the rarest place, according to his wife, Terri. Despite multiple, large radiation treatments that shrink the tumor, the cancer is growing again. After being contacted by someone close to the family, U.S. Army W.T.F! Moments took action by posting a message to their Facebook audience of more than 328,000 people. Approximately 100 soldiers, retirees, and civilians showed up to help a fellow soldier in need, Sept. 27, at a home in Fayetteville, N.C.

page,” Sgt. 1st Class Nakischa Adams, platoon sergeant, Warrior Transition Battalion. “There was such an overwhelming response from people who wanted to help in one way or another that I actually had to turn some away.”

Chief Warrant Officer 5 Charles Petrie, who has honorably served the United States Army for almost 30 years, was given an estimated two months to live by doctors back in September 2012. He was diagnosed with sarcoma in his sinus, which is one of the rarest forms of cancer and in the rarest place, according to his wife, Terri.

Despite his odds, Petrie is still spending quality time with his family. However, his recent magnetic resonance imaging (MRI) revealed that his cancer is growing again and there is nothing else the doctors can do.

“We really have had a lot of peace throughout this whole thing. The support has been amazing,” said Terri Petrie, wife of Charles Petrie.

“There were times when it was just 24/7, when Chuck was so bad and in hospice. Everybody else made sure my kid got to school and made sure the dogs got let out. I think that was the hardest part, but it wasn’t that hard because of all the support,” she added.

Charles and Terri Petrie have been married for 25 years and are the parents of three children: Matt, 24, who is a first lieutenant in the Indiana Army National Guard, Emily, 23, who is a recent graduate of Baptist Bible College, and Benjamin, 18, who is currently a senior in high school.

“He’s a chief who has almost 30 years in and was a pilot. I don’t know how he reacted when everyone

showed up, but you can tell he really appreciated it,” said Kendra Hartwick, wife of an Air Force retiree and member of the North Carolina Patriot Guard Riders. “I think about how blessed we are and how honored we are to help him out right now. Whenever we see a need, we try and help out.”

“My daughter texted me ‘Dad’s all choked up,’ and I’m like, I know, I already have one cry in there. It’s just amazing, people helping people,” said Terri.

Through all of the obstacles Petrie has faced in the last year, his attitude remains positive as he prepares his family for what is ahead.

“If you’re not servicing your family first, then you’re not going to be much good to anyone else,” said Charles Petrie.

“Through all of the medical things he’s going through right now, he still has a very open, happy, positive outlook on life. He’s keeping the quality of life as normal as possible in a time where it’s chaotic,” said Adams.

“What more could you say about a person that is concerned about others when it’s his time to worry about him?” she added.

“I think that’s the hardest thing, trying to figure out how to put your life together and keep it going when everything’s really falling apart. But with all the support and all that the WTB has done for us, without that, it would’ve been impossible,” said Terri.

“Out of this, I’d say this is the biggest thing, people have to help people. When all goes to hell in a hand basket, that’s the only thing that keeps you sane, really,” Terri added.

NMCS D Proves Quality, Safe Health Care

By Mass Communication Specialist
2nd Class Sean P. Lenahan
Naval Medical Center San Diego Public Affairs

SAN DIEGO — The Joint Commission (JC) officially confirmed Naval Medical Center San Diego’s (NMCS D) re-accreditation for the customary 36-month cycle on Sept. 18. Additionally, the Medical Inspector General (MEDIG) also provided its official approval report regarding NMCS D’s compliance to the Department of the Navy (DON), Department of Defense (DOD) and the **Bureau of Medicine and Surgery (BUMED)** programs on Aug. 19, 2013. Both the JC survey and MEDIG were conducted July 15-19, 2013.

The purpose of the JC accreditation process allows NMCS D to ensure continuous standards of compliance while also acting as a tool for operational improvement. The JC survey assessed NMCS D’s performance in areas such as safety, high-quality care, medical treatment and other such services to beneficiaries.

“I am so incredibly proud of each of you and the work you do each day to care for those who need our help,” said Rear Adm. C. Forrest Faison III, commander, Naval Medical Center San Diego and Navy Medicine West. “In every area of the command, from our branch clinics to the clinical areas at the medical center to the inpatients areas to the non-clinical and administrative areas to the warehouses, IT shops, facilities, security, and all the places that make up our command and our family...you are showing the nation how it should be done and I am privileged and honored to serve with you!”

The JC granted NMCS D an accreditation decision for all services surveyed under the programs Comprehensive Accreditation Manual for Hospitals and Behavioral Health Care effective on July 20, 2013

and noted that NMCS D exemplified “world class care” for 11 programs, the highest in the history of NMCS D. These practices are:

- Treatment in adolescent mental health
- Dialysis program
- Patient interactive program (congestive heart failure, and many other applications)
- Treatment of depressive disorders in the outpatient setting
- Chula Vista Medical Home Port (including pharmacy practices)
- MRI suite design and environment
- Integrated patient-centered care: maternal child, chronic disease, warrior care
- NICU central line associated infection rate
- Effective use of data to enhance performance
- Medical and Surgical Simulation Center
- Warrior Care- surgical care, scar revisions, prosthetics, and post traumatic stress disorder

The MEDIG identified two best practices during their visit: the development of laser safety plans **implemented by Radiation Safety Officer, Mr. Scott Frampton** and the development of a medical equipment management checklist created by Material Management Department Head Lt. Cmdr. Omar Hiponia.

NMCS D also received 25 Bravo Zulus from the MEDIG for outstanding programs such as NMCS D’s Drug and Alcohol Program Advisor (DAPA), Command Managed Equal Opportunity, Operational Forces Medical Liaison Service and Patient Relations program, to name a few.

Command Evaluator Linda Daum, **Organizational Effectiveness Specialist**, has the responsibility of ensuring all DOD, DON and BUMED programs

• FNMCS D

Continued from page 5

are compliant with higher authority guidance, policies and statutes. She explained why these types of inspections and surveys of programs are important.

"These programs affect the lives of our active duty, federal and contracted employees and in some cases, our beneficiaries," said Daum. "I truly believe our success lied squarely upon two important facts: One, the program manager's ability to tell their story... Two, the genuine hospitality displayed by our command, which was felt and commented on by the MEDIG and their staff."

NMCS D's Quality Management Special Assistant at the time, now retired Capt. (Dr.) Con Yee Ling ensured during the evolution that NMCS D staff performed to their highest abilities.

"The staff here brought success to this inspection by their motivated attitude, innovative thinking and hardworking devotion to their patients," said Ling. "I think this hospital works as an amazing team and the assessment we have had is just more evidence of that."

Since NMCS D's last JC survey and MEDIG inspection in September 2010, the hospital and its branch health clinics have been vigilant in maintaining high performance and patient care resulting in full accreditation until 2016.

"After an inspection like this, it shows that we are just as good when we are compared to the nation's private hospitals and practices, if not the best in all of Navy and military medicine," said Ling.

For more information on Naval Medical Center San Diego, visit www.med.navy.mil/sites/nmcsd, www.facebook.com/nmcsd, or www.twitter.com/NMC_SD.

Fort Detrick continues operations

Fort Detrick will continue operations in the absence of available appropriations and a government shutdown. At the direction of the Department of Defense, services that affect national security, safety and health of our people will be available on a limited basis.

In a memo by the Deputy Secretary of Defense dated Sept. 23, 2013, a lapse in funding means that a number of government activities cease due to lack of appropriated funding. Military personnel will continue in normal duty status and a large number of our civilian employees are furloughed. As a result all gates will remain open and the following services will remain available:

* Family and MWR services for Fort Detrick and Forest Glen. Army Community Service (ACS) will only

be available for Army Emergency

Relief at Fort Detrick. Forest Glen ACS will be closed.

- * The Exchange
- * Badging office
- * Employee Assistance Program
- * Barquist Health and Dental Clinic
- * Veterans Affairs Community Based Outpatient Clinic
- * Police, fire, and emergency medical personnel
- * All gates at Fort Detrick will be operational
- * Staff Judge Advocate
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AMVETS Welcome Home Platform provides assistance to transitioning veterans

AMVETS (American Veterans) continues its proud legacy of assisting veterans with a suite of programs designed to ensure the successful reintegration of today's war fighters.

Recognizing a recent Department of Defense Task Force on Mental Health report on suicide prevention and early intervention and education, particularly for National Guard and Reserve components remote from military facilities, AMVETS has focused on three programs that accentuate its Welcome Home Platform: Healing Heroes, Warrior Transition Workshops and Call of Duty Career Centers.

The AMVETS Healing Heroes program has provided more than one \$1 million in grants to service members and families experiencing lengthy rehabilitation at VA and DoD medical facilities when other resources are not available. The AMVETS Warrior Transition Workshops, free to service members and veterans, are playing an integral role in providing community-based assets that dramatically contribute to the continuum of psychological and social health care offered by DoD, VA, and state agencies. Measured outcomes of these workshops will be shared with the VA and DoD. The AMVETS Call of Duty Career Centers address notably high unemployment rates among returning veterans. Unemployment numbers over the past year have improved for all veterans. However, at the end of August, the unemployment rate among veterans between the ages of 18 and 24 was a staggering 18.4 percent, and for veterans between the ages of 25 and 34, it was 10.7 percent compared to the national unemployment rate of 7.3 percent. AMVETS Call of Duty Career Centers provide free career training and employment assistance to veterans, active duty service members, National Guard, and Reserve members and spouses.

For more information about these programs, please contact AMVETS National Programs Director Beryl Love at (301) 683-4030 or email Bllove@amvets.org.



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WARRIOR TRANSITION WORKSHOPS

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October: Host to another Breast Cancer Awareness Month



BARSTOW, CA — Numerous people lose their loved ones to cancerous cells that manifest in the breast every year; breast cancer awareness month helps fight this cancer by keeping people aware and knowledgeable of the cancer and how to treat it before it's too late.

"Breast cancer is the leading cause of death for women," said Sonja Morales, breast cancer awareness chairman on National Training Center Fort Irwin.

1.4 out of every 100,000 women, ages 20-24, die from breast cancer yearly; and 450 out of every 100,000 women, ages 75-79, die from breast cancer a year, she added.

"Breast cancer awareness month is held to educate and support women who may be susceptible to the cancer," said Morales.

Being aware can encourage people to call for early signs of breast cancer, and to go get tested, she added. Educating one's self about breast cancer, and how it can be caused and prevented, could save a life.

If breast cancer runs in your family, Morales encourages women to be tested at an early age.

"Your (medical) provider will research your family history and approve you. However, most women get their first mammogram when they turn 40 years old."

A mammogram is a test that screens for breast cancer, Morales explained. A doctor will take the breast tissue and place it on a platform; the tissue is then compressed and x-rayed, to look for positive or negative results. The doctor also looks for any discoloration of the breast, which is an indicator of breast cancer as well.

"This test can identify a mass (sign of cancer) before a patient feels any kind of lumps," said Morales.

"However, this cancer doesn't only affect women."

Five percent of men are affected by breast cancer, she added.

Cancer doesn't only have an effect on the patient, but everyone who is around that person, expressed Pfc. Adrian Velasco, administrative clerk with Headquarters Battalion on Marine Corps Logistics Base Barstow, Calif.

"When my mom had breast cancer it was hard on my whole family," said Velasco "I remember (she was) always gone (at the hospital). Sometimes, she would be gone for weeks at a time getting treatment ... I would miss her a lot."

The Monrovia, Calif., native further explained that his mother found out about her cancer early and was able to get the proper treatment in time.

"Breast Cancer awareness month really helped my mom; it educated her about how to get treatment, and how frequently she should get a checkup. She was able to catch it early which saved her life."

Fort Irwin is hosted a 5k run that began at the Mary Walker Clinic on Fort Irwin to raise awareness of breast cancer, concluded Morales.

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Bioskills Training Center

Above: Members of the Enhanced Multi-Service Market (eMSM) Leadership Team visit the Bioskills Training Center (BTC) at Naval Medical Center San Diego (NMCSD). Members of eMSM toured NMCSD's Comprehensive Combat and Complex Casualty Care facility, Neonatal Intensive Care Unit as well as the BTC.

Right: Members of the Border Control SWAT Team demonstrate a mock tactical field care scenario on a mannequin in Naval Medical Center San Diego's (NMCSD) Bioskills Training Center (BTC) during a visit by members of the Enhanced Multi-Service Market (eMSM) Leadership Team.



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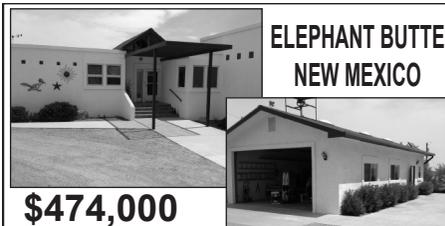
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Physicians

Physicians

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13 Area Branch Health Clinic to expand services

By Mass Communications Specialist
1st Class Michael McCormick,
NHCP Public Affairs

MARINE CORPS BASE CAMP PENDLETON, CA — The Naval Hospital Camp Pendleton will move into the replacement hospital near the main entrance of MCB Camp Pendleton this December. To accommodate the shift in location, the 13 Area Branch Health Clinic will soon expand its primary care services to include Department of Defense family members and military retirees in the Fallbrook, Temecula and Murrieta area.

All eligible beneficiaries have been identified and will be mailed information on how to shift their enrollment if desired.

To allow for this increase in services, a \$156,000 renovation is underway to expand the clinic's pharmacy space by 40 percent, expand the immunizations area, and reallocate space for support staff functions.

According to Cmdr. Dale Ramirez, the hospital's Director of Branch Clinics, the plan is to have the expansion ready in early October. The clinic currently consists of a family physician and a nurse practitioner. The plan is to add another family physician, nurse practitioner and a physician assistant allowing the clinic to treat an additional 3,500 patients compared to the 2,700 patients it treats now.

"This renovation will allow us to provide the same quality healthcare in the 13 Area for our families as they were receiving at the hospital," said Ramirez. "We want our beneficiaries who live in the corridor of Fallbrook, Temecula and

Murrieta to have this as an option for care so they won't have to commute an extra 12 miles to the new facility."

In addition to primary care, the clinic has a small laboratory, basic radiology capabilities and immunizations. Once a month, a gynecologist visits the clinic for those requesting a female provider for women's healthcare. The building also has a Sports Medicine and Reconditioning Team (SMART) clinic composed of sports medicine and chiropractic services. Occupational therapy services will also be added to the current physical therapy clinic.

In an effort to further improve convenience of receiving primary care, NHCP is planning to open a branch clinic in the Temecula/Murrieta area in late 2014 or early 2015.

For patients who will continue to be seen at the replacement Naval Hospital located near the main gate of Marine Corps Base Camp Pendleton, construction is scheduled to be complete in October with move in dates of Dec. 2-15, 2013.

Medical care will continue to be provided during the move period. Emergency medical care and labor and delivery care will not be discontinued through the move period, but scheduled or elective medical care may incur slight interruptions for a day during the transition. Medical appointments will also be limited Nov. 7 and 8 due to staff training in the new facility.

All the services currently available at Naval Hospital Camp Pendleton will continue to be available at the replacement hospital.



(U.S. Navy photo by Mass Communication Specialist 1st Class Michael R. McCormick)

A contracted construction worker sands a wall in the 13 Area Branch Health Clinic pharmacy. Because of the Naval Hospital Camp Pendleton move into the replacement hospital near the main entrance of MCB Camp Pendleton, the 13 Area Branch Health Clinic will soon expand its primary care services to include Department of Defense family members and military retirees.

Patient kiosks open at Keesler Medical Center

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. -- A new system of "patient kiosks" intended to simplify the sign-in process for both patients and staff is being installed throughout Keesler Medical Center.

Vecna, the contractor that has provided the equipment, said the system is intended to reduce patient waiting times and lines and allows them to review and verify personal information while permitting clinic staff to effectively manage and prioritize their queue of patients based on a real-time list of kiosk users.

Capt. Edward Morris, 81st Medical Group chief group practice manager, explained, "Patients can either scan the barcodes on their common access card or Department of Defense identification card and follow the instructions provided. Most kiosks are set to ask a few patient-confirmation questions, such as date

of birth, name, etc., to finalize the check-in. Each clinic will monitor the process via computers at the front desk and interact with patients if additional paperwork is needed or to answer questions."

Group practice manager Marsha Nelson added that the kiosks are expected to manage patient flow, oversee patient through-put and waiting area activity, provide patients with estimated wait times, receive alerts about abnormal wait times, improve forecasting for through-put, reduce bottlenecks and hopefully increase patient satisfaction.

Kiosks are located in the pediatric, family health, internal medicine, orthopedic, physical therapy/occupational therapy/chiropractic, ENT, optometry/ophthalmology, public health, immunization, women's health and student health clinics and mammography department as well as TRICARE services and the medical center's System's Health Desk.



(U.S. Air Force photo by Steve Pivnick)

Keesler Medical Center volunteer James Hobbs, a retired Navy senior chief petty officer, demonstrates use of one of two patient kiosks in the medical center's Internal Medicine Clinic Sept. 10. The system is intended to reduce patient waiting times and lines and allows them to review and verify personal information while permitting clinic staff to effectively manage and prioritize their queue of patients based on a real-time list of kiosk users.

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(U.S. Navy photo by Mass Communication Specialist Seaman Pyoung K. Yi/Released) **Commander, Naval Medical Center San Diego (NMCS D) and Navy Medicine West Rear Adm. C. Forrest Faison III delivers opening remarks at NMCS D's Third Annual Palliative Care Symposium. Medical care providers from San Diego Hospice, Institute for Palliative Medicine and NMCS D are in attendance. Also for the first time, military medical personnel from 16 medical commands from as far away as Naval Hospital Guam are attending this year's conference via Video Teleconference. The symposium's objective is to provide current evidence-based review of fundamental palliative care topics to assist with providing outstanding care to Navy medicine beneficiaries.**



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