

MEDICAL NEWS

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DOGS, DUTY AND DEDICATION: MEET NMCS D'S DEPUTY COMMANDER

By Mass Communication Specialists
2nd Class Jessica L. Tounzen

Naval Medical Center San Diego Public Affairs

She exudes a soft-spoken persona that belies the passions within: her dogs, her father, the military, and last but not least, Navy medicine. Since her arrival at Naval Medical Center San Diego (NMCS D) in July, Capt. (Dr.) Lisa Mulligan has made it clear she can achieve anything she sets her mind to, be it personal or professional... and she's passionate about paying it forward to the nearly 6,500 personnel in her charge.

Mulligan's office walls are adorned with photographs of her dogs: a gentle giant Great Pyrenees, two feisty-looking Pekinese, and a Basset Hound/German Shepherd mix. A native of Lawrenceville, N.J., Mulligan is a dog-show aficionado; her furry babies have won several obedience awards. A wide smile brightens her whole face as she affectionately describes their personalities: her little black Pekinese is apparently the dog show champion of the family; the biggest dog, the Great Pyrenees, won his first title but due to a case of dog-show nerves, his career was cut short, leaving the glory to his smaller sibling, who, in the photos, proudly claims his prize onstage.

As for Mulligan, her pride in her duties as a Sailor, scientist, scholar, and leader, began to take shape before she even put on the uniform.

"My dad had enlisted in the 1950s and the whole time I was growing up he always talked about how much he loved the Navy," she revealed. "He was stationed on an aircraft carrier and got to see some of Europe, visit the Far East, and it was a great opportunity for him. So to me it was very enticing," she added with a smile.

When Mulligan graduated Harvard College in 1989 she discovered an interest in medicine. So when she heard about the opportunities available through the Navy and the Uniformed Services University of the Health Sciences (USUHS), she didn't hesitate. Commissioned as an ensign in June 1989 shortly after graduating with her Bachelor's in Biology, Mulligan enrolled in USUHS and chose her specialty... she wanted to delve into the human brain.

"I liked the challenge of it, and I thought it was such an interesting area because there's so much we don't know about the brain," she said.

Mulligan's fascination with the human brain only continued to grow as she completed her medical degree and the internship, residency and fellowship that followed.



Above: Hospital Corpsman 3rd Class Felicita Jimenez (right) and Aviation Boatswain's Mate (Launching and Recovery) 2nd Class Kimbar Giesecking (center), both assigned to Naval Medical Center San Diego's (NMCS D) Human Resources Department, speak with Maria D. Moreno, dental benefit advisor with TRICARE Metropolitan Life Insurance Company (MetLife) during an Exceptional Family Member Program Fair in NMCS D's courtyard. The event provided NMCS D staff an opportunity to learn about the various programs available to them and their eligible family members.

Juan Rojas, veteran and peer support specialist for Courage to Call 2-1-1 San Diego, grabs a brochure for LaRosa S. Watson, sanitarian at Naval Medical Center San Diego's (NMCS D) Preventive Medicine department.

(U.S. Navy photos by Mass Communication Specialist Seaman Pyoung K. Yi/Released)

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Patriot Day observed on September 11

Patriot Day is an annual observance on September 11 to remember those who were injured or died during the terrorist attacks in the United States on September 11, 2001. Many Americans refer Patriot Day as 9/11 or September 11.

Patriot Day

Patriot Day remembers those who lost their lives during the 2001 terrorist attacks in the United States.

What do people do?

On the direction of the President, the flag of the United States of America should be displayed on the homes of Americans, the White House and all United States government buildings in the whole world. The flag should be flown at half-mast as a mark of respect to those who died on September 11, 2001. Many people observe a moment of



silence at 8:46 AM (Eastern Daylight Time). This marks the time that the first plane flew into the World Trade Center. Some communities, particularly in the areas directly affected by the attacks, hold special church services or prayer meetings. People who personally experienced the events in 2001 or lost loved ones in them, may lay flowers or visit memorials.

Public life

Patriot Day is not a federal holiday and schools and businesses do not close. Public transit systems run on their regular schedules. Some people and organizations may take some time out to hold prayers for the victims of the attacks, but these do not usually affect public life for more than a few minutes.

Background

On September 11, 2001, four planes were hijacked. The hijackers then deliberately flew three of the planes into two important buildings, the Pentagon in Washington DC and the Twin Towers of the World Trade Center in New York. The fourth crashed into

a field near Shanksville, Pennsylvania. The loss of life and damage that these hijackings caused form the biggest act of terrorism ever on United States soil. Nearly 3000 people died in the attacks and the economic impact was immense.

The attacks have greatly increased attention to national security in the United States. This has had huge implications for United States national and international politics. This is particularly true for the relationships between the United States and Islamic countries in the Middle East.

Symbols

The most potent symbol of the events that happened on September 11, 2001 are pictures and videos of planes flying into buildings, of the Twin Towers of the World Trade Center engulfed in smoke and later collapsing and of people falling from buildings. Pictures taken of damaged buildings and relatives looking for loved ones in the days and weeks after the attacks are also often shown. The flag of the United States is often displayed around images of the events on September 11, 2001. This is to remind Americans that their country remained strong in the face of massive terrorist attacks.

Patriot Day should not be confused with Patriot's Day, also known as Patriots Day, which commemorates the battles of Lexington and Concord in 1775, which were two of the earliest battles in the American Revolutionary War.

Military Medical News

P.O. Box 3234
Oak Brook, IL 60521

Phones: (630) 655-6099
(312) 368-4860
Fax: (630) 655-6076

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National plan supports veterans' mental health, brain injury care

By Ellen Crown

U.S. Army Medical Research and Materiel Command

FORT LAUDERDALE — Experts from the Department of Defense and the Department of Veterans Affairs gathered here yesterday to discuss the future of veterans' mental health and traumatic brain injury research efforts at the Military Health System Research Symposium.

Discussion leaders included Health Affairs Director of Medical Research Dr. Terry Rauch, Acting Chief Officer of the VA Office of Research and Development Dr. Timothy O'Leary, U.S. Army's Combat Casualty Care Research Program Director Col. Dallas Hack, Deputy Director of the Defense and Veterans Brain Injury Center Katherine Helmick, and Uniformed Services University School of Medicine's Center for the Study of Traumatic Stress Director Dr. Robert Ursano.

Discussions turned toward the National Research Action Plan, which is the result of an executive order signed a year ago by President Barack Obama to improve access to mental health services for veterans, service members, and military families. The plan directs DOD and the VA to work with the U.S. Department of Health and Human Services and the U.S. Department of Education to share resources and complete certain goals, such as complete within the next year the current DOD-CDC-Brain Trauma Foundation mild TBI/concussion classification project to clarify what is known and unknown about mild TBI and the critical gaps that need to be addressed.

"The National Research Action Plan creates a common roadmap for medical leadership to follow as we move forward to work on incredibly complex issues," said Hack, who is stationed at the U.S. Army Medical Research and Materiel Command that's headquartered at Fort Detrick, Md.

"The National Research Action Plan demonstrates a dedication across multiple agencies to close critical research and care gaps, both in the military and civilian sector," Rauch said.

Since Sept. 11, 2001, more than 2.5 million service members have deployed to Iraq and Afghanistan in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. The Armed Forces Health Surveillance Center data indicates there have been more than 250,000 cases of TBI in the military between 2000 and 2012. However, more than 80 percent of these cases were the result of non-combat injuries.

"Clearly, we are not going to stop seeing traumatic brain injuries, even in times of no war," Hack said.

The NRAP also addresses the frequently co-occurring conditions, such as depression, substance abuse related to alcohol, tobacco, and other drugs, including the misuse and abuse of prescription drugs, and chronic pain, each of which can complicate the prevention and treatment of PTSD, TBI, and suicidal behaviors.



U.S. Army photo by Melissa Miller

Army Col. Dallas Hack, director of the U.S. Army's Combat Casualty Care Research Program, right, and Dr. Terry Rauch, health affairs director of medical research, left, discuss veterans' mental health and traumatic brain injury research and care issues during the Military Health System Research Symposium in Fort Lauderdale, Fla., Aug. 14, 2013.

"The interrelationships between TBI, PTSD, and suicidality are complex, to say the least," Ursano said. "In fact, I think it was this war that highlighted these areas in relation to each other, as a opportunity for further investigation for research and treatment."

Announced within the NRAP is also the creation of two joint research consortia, including the Consortium to Alleviate PTSD and the Chronic Effects of Neurotrauma Consortium. The two consortia will be established within the next six months and are within the first phase of the NRAP.

The Consortium to Alleviate PTSD is a collaborative effort between the University of Texas Health Science Center – San Antonio, San Antonio Military Medical Center and the Boston VA Medical Center, with the goal of developing the most effective diagnostic, prognostic, novel treatment, and rehabilitative strategies to treat acute PTSD and prevent chronic PTSD.

The Chronic Effects of Neurotrauma Consortium is a collaborative effort between Virginia Commonwealth University, the Uniformed Services University of the Health Sciences, and the Richmond VA Medical Center with the goal of examining the factors which

influence the chronic effects of mild TBI and common comorbidities in order to improve diagnostic and treatment options.

A key point will be to further the understanding of the relationship between mild TBI and neurodegenerative disease.

"Mild traumatic brain injury is an area we need to continue to focus on, in terms of rapid evaluation, treatment and patient management," Helmick said. Most service members with TBI, he said, have a mild injury or concussion.

"With a mild TBI, most service members can have a full recovery," she said.

In its first 12 months the NRAP will focus on developing a more precise system to diagnose TBI and standardizing data on TBI and PTSD.

Longer-term goals include confirming biomarkers for PTSD and TBI, identifying changes in brain circuitry after successful treatment, and exploring genetic risk factors.

"The plan lays out the next five years, but this is really a lifelong commitment," O'Leary said. "That is the promise we make to our warfighters."

Patriot Day is an annual observance on September 11 to remember those who were injured or died during the terrorist attacks in the United States on September 11, 2001. Many Americans refer Patriot Day as 9/11 or September 11.





Above: Noe Cordero, San Diego Police Department (SDPD) Special Weapons and Tactics (SWAT) team member, role plays an assailant during an active shooter drill at Naval Medical Center San Diego's Naval Branch Health Clinic (BHC), Kearny Mesa as Master-at-Arms Petty Officer 2nd Class David Scott and other observers follow him. The purpose of the drill was to test the hospital's security response and shelter-in-place policies in coordination with the SDPD. More than 30 Sailors and police officers participated in this drill. This was the first drill for the BHC since its grand opening in February of 2013.

Right: Naval Medical Center San Diego's (NMCS) Master-at-Arms Petty Officer 1st Class Joseph Churan goes over boundaries for a simulated assailant to Sailors and members of the San Diego Police Department (SDPD) Special Weapons and Tactics (SWAT) team before a mock active shooter drill at NMCS's Naval Branch Health Clinic (BHC), Kearny Mesa.



Robert Rude, San Diego Police Department (SDPD) Special Weapons And Tactics (SWAT) team member, briefs Sailors and fellow police officers on an active shooter drill at Naval Medical Center San Diego's Naval Branch Health Clinic (BHC), Kearny Mesa.



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

NMCS DEFY wraps up summer camp

By Hospital Corpsman
3rd Class Janiel M. Staana
Naval Medical Center San Diego
Public Affairs

SAN DIEGO — Naval Medical Center San Diego's (NMCS) DEFY (Drug Education for Youth) program completed its Phase I "Summer Camp" Aug. 2.

DEFY is year-long mentorship program, emphasizing drug education and positive lifestyle choices, that consists of two phases. Phase I is a challenging and fun-filled week of summer camp (either a five-day residential camp or eight day non-residential camp) focused on nationalism, self-management skills, general social skills, drug education, and physical fitness. Phase II is a monthly outing throughout the school year that follows up with additional lessons from Phase I and also offers fun educational trips. This year, NMCS's

DEFY participants visited San Diego's Reuben H. Fleet Science Museum and Birch Aquarium, among others.

This year's Phase I camp was held at Camp Palomar Christian Conference Center at Palomar Mountain. Some of the activities available to participants were archery, rifle range, zip lining, hiking, swimming, and night hiking with star gazing. These activities provided a chance to show the youth that there are better options available to them than drugs, as well as allowed them to practice some of the other lessons they learned such as positive peer pressure to encourage their fellow youth in the zip lining activity.

In addition to these recreational activities, the youth were also taught a full curriculum such as Drug Myths and Facts, Teamwork, and Peer Pressure. Miguel Jr., DEFY participant, remarked, "It's the best camp I've been to and I'm

glad I learned how drugs can affect your body." All the lessons were personally customized by the mentors to encourage participants' interest and involvement.

"None of our lessons are boring! They're engaging, hands-on, and interactive. We don't just stand up and speak. We make sure that our youth are getting the message in a way that doesn't make them feel like they're in school," said DEFY Training Coordinator Culinary Specialist 2nd Class Magdalena Barron.

"We were fortunate to have an amazing crew of mentors and a fantastic support system at NMCS that made this year's camp operate flawlessly," added DEFY Camp Coordinator Culinary Specialist 1st Class Ainahau Desha.

The week full of laughter, knowledge, and fun formed strong bonds between the youth and their mentors with junior mentors paving the way for the pro-

gram's transition to Phase II.

This year's camp consisted of 33 youth, five junior mentors, and 12 mentors. The DEFY mentorship program is available to all NMCS staff dependents ages 9-12. All junior mentors are prior DEFY graduates ages 13-18, and all mentors are volunteers from different backgrounds and work centers throughout NMCS.

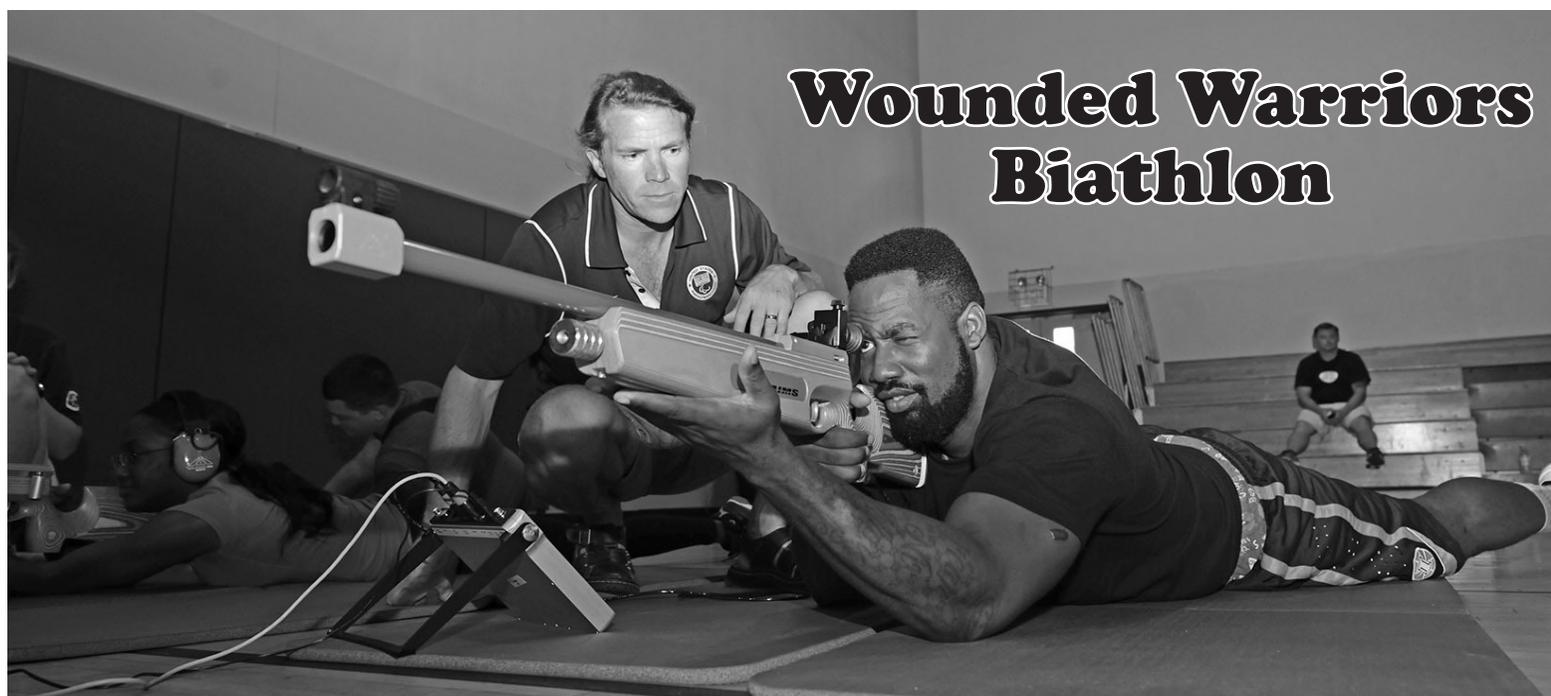
The DEFY program was established at NMCS in 1999 and since its inception has mentored and encouraged hundreds of youth to lead successful, drug-free lives.

For more information on the DEFY program, visit <http://www.public.navy.mil/bupers-npc/support/nadap/DEFY>.

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.

Right: Retired Marine Sgt. Kareem A. Pulliam, assigned to Naval Medical Center San Diego's (NMCS D) Wounded Warrior Battalion-West detachment, shoots an electronic rifle with instruction from U.S. Paralympic Coach Rob Rosser during a biathlon in NMCS D's gymnasium. The biathlon is a monthly event for NMCS D wounded, ill and injured service members, and is hosted by the Paralympics with support from the Marine Corps' Warrior Athlete Reconditioning Program and the Department of Defense's Military Adaptive Sports Program.

(U.S. Navy photos by Mass Communication Specialist Seaman Pyoung K. Yi/HIPAA Complete)



Wounded Warriors Biathlon

Walking the Polish Pilgrimage

Firsthand account by Sgt. Ryan Twist, 139th Mobile Public Affairs Detachment

WARSAW, Poland — Two weeks ago I traveled to Poland to take a little walk. I walked for 10 days, approximately 20 miles a day. I started in Warsaw and finished 200 miles later in Czestochowa.

During this walk, I wasn't alone. Approximately 1,000 Soldiers from Poland, Latvia, Germany and Lithuania, as well as seven Illinois National Guard Soldiers, also walked during the annual Polish Pilgrimage Aug. 5 to 14 to visit the Jasna Gora Monastery, the icon of the Black Madonna.

However, it was more than just a walk. It was an opportunity to enjoy the history and architecture of a foreign land. It was an opportunity to make new friends and bond over blistered feet.

The first morning started near a Warsaw church. Everyone stood in segregated groups as if every Soldier was there to defend their country. As we started our walk, the streets of Warsaw were filled with locals cheering us on and giving us food and drinks along the way.

Soldiers carried speakers, sang songs and led sermons to motivate Soldiers to march on. Our breaks were at local churches and even homes.

As we continued on with the first day of the pilgrimage, I was enjoying the scenery and camaraderie, but my feet hurt. Every time my hope would rise and fall because there was no end to the next road. It just would not end. I wanted to quit so many times due to the pain, but I would find something to occupy my mind.

I kept telling myself 'I cannot quit,' but then would turn around and tell myself it was okay to stop. I did not stop. I walked 28-miles the first day. I later found out from other Soldiers they had never wanted to quit something so badly before and some of them cried the first night of the pilgrimage.

Once we made it to the campsite, I instantly collapsed on my cot my legs and feet were in so much pain. I remember wondering what I had gotten myself into and I was dreading the rest of the event. The horrible part was I knew that day two or three would probably be my worst day. I went to bed early the first four nights due to being so exhausted.

Each morning I had to find a new will to continue on with the mission. As the days progressed, Soldiers from all countries were interacting and motivating each other to finish each day. To make things easier we would break down each day into portions to make the distances more bearable.

Each day a new problem would occur that I would have to conquer. The terrain, climate, and the physical and emotional toll were constant challenges. Blisters formed every day. My feet were so swollen it was painful to put my boots on. The German and Polish medics helped me out a great amount and kept me in the pilgrimage. I brought a bunch of foot care products, but went through it quickly. Nothing can prepare you for the event except doing the event. Though the pace wasn't fast, the 12-plus hour days were very difficult.

Every day was similar to the day before. Walking to the next town, waving to the little children and families along the route, food and drinks, Mass and trying to keep a positive attitude in order to finish the day.

I met a lot of people while in Poland. I was told once that when you face a challenge with someone, both of you come out of the experience with a stronger relationship than before. The Poland Pilgrimage is one of the hardest things I have ever done. I was able to have the experience with Soldiers from around the world and through it we all grew stronger together.



Retired Marine Sgt. Chris Small, assigned to Naval Medical Center San Diego's (NMCS D) Wounded Warrior Battalion-West detachment, pulls on the ropes of a ski erg, a machine simulating the workout of Nordic skiing, during a biathlon in NMCS D's gymnasium.

Retirement Ceremony



Naval Medical Center San Diego (NMCS D) Sailors perform a ceremonial flag folding during a retirement ceremony in honor of NMCS D and Navy Medicine West (NMW) Command Master Chief Yenhung Duberek

★ Commander

Continued from page 1

Her favorite part of being a neurosurgeon, aside from exploring uncharted areas in medicine, is the work itself, “I’ve done operations on pituitary glands, surgeries to treat epilepsy, and I’ve treated movement disorders where we put in deep-brain stimulators for things like Parkinson’s Disease. Those groups are often so happy after the surgery, because you just restore them to such a better level of function,” she explained with pride.

Mulligan’s pride in her career as a neurosurgeon equals that of her role as a Sailor.

“First and foremost I love the collegiality of the military,” she revealed. “On the outside it’s much more financially-driven, and very competitive. In the military, if you want an extra opinion or extra assistance in the OR [Operating Room], you can get it. People are very willing to help each other,” she said. “The other thing I like about the Navy is that it gives you a lot of career flexibility. For years I practiced full-time as a surgeon and then I decided to take a slightly different course [executive medicine pathway], and it was very easy to do that.”

That course led her to NMCS D. Mulligan has not been shy about expressing her pride in those who will be her extended family for the next two years.

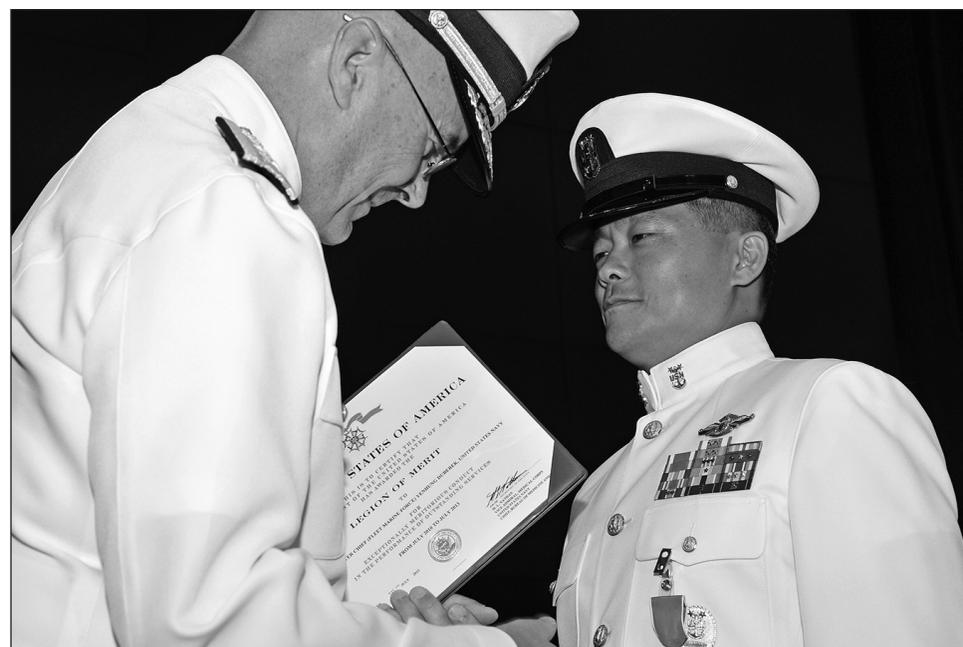
“I have been so impressed with the staff here—there is such an incredible amount of engagement on all levels,” she enthused. “The most junior folks at the deck plate level speak very fluently [to their areas of expertise] and have such a great command of their job. People are upbeat and positive and willing to help, even as I’m learning my way around the command, everyone has been incredibly friendly and helpful.”

Mulligan explains her military and medical philosophy, “I want to wear the uniform with pride and I want to take care of people. When it comes to taking care of patients, I really try to think of them as if they were my parents or someone else I was close to, and treat them with that level of respect and concern.”

In addition to leading the largest Military Treatment Facility in the Western Pacific, Mulligan will continue to provide patient care at NMCS D on a biweekly rotation, beginning in late August. She understands the importance of keeping her skills sharp while helping to mentor those working their way up the ranks. To those just embarking on their medical careers, Mulligan offers this piece of advice: “Become a true expert in what you do, whatever your specialty is. Take the time when you are junior and get really good at your craft, and once you develop that professional expertise everything else will fall into place. If you know what you want, just persist at your goal. And try to have a sense of humor!” she added with a smile.

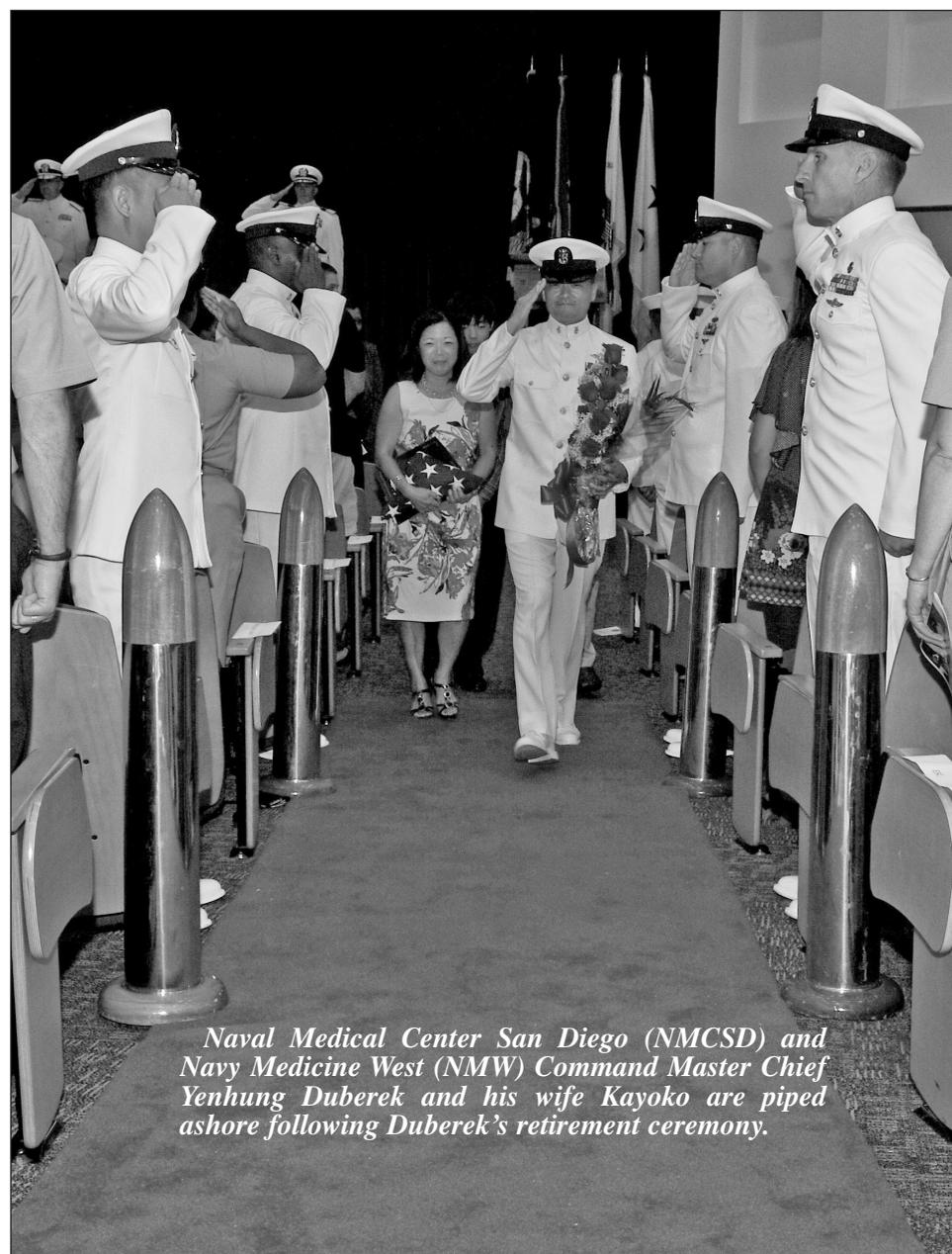
Mulligan is the first female to hold the Deputy Commander position at NMCS D. She is also one of only three female neurosurgeons in Navy Medicine. To learn more about Capt. Lisa Mulligan, visit: <http://www.med.navy.mil/sites/nmcsd/CommandInfo/Pages/xo.aspx>

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.



(U.S. Navy photo by Mass Communication Specialist Seaman Pyoung K. Yi/Released)

Rear Adm. C. Forrest Faison III, commander, Naval Medical Center San Diego (NMCS D) and Navy Medicine West (NMW), presents Command Master Chief Yenhung Duberek with the Legion of Merit during Duberek’s retirement ceremony in NMCS D’s auditorium. The ceremony consisted of a parading of the colors by the command color guard, an invocation delivered by NMCS D’s chaplain, remarks from guest speaker Faison, an award presentation, and readings honoring Duberek’s 31 years of naval service.



Naval Medical Center San Diego (NMCS D) and Navy Medicine West (NMW) Command Master Chief Yenhung Duberek and his wife Kayoko are piped ashore following Duberek’s retirement ceremony.

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NMLC tackles all-hands sexual assault and prevention response

Story and Photos By Julius L. Evans, NMLC PAO

Throughout the months of August and September 2013, personnel assigned to the Naval Medical Logistics Command are com-

pleting the Navy-wide Sexual Assault and Prevention Response Training mandated by the Department of Defense.

Led by Capt. Edward J. Sullivan, NMLC's Executive Officer, a team of trainers including the Command Master Chief, HMCM(FMF) David L. Hall

and Victim's Advocate HM2(FMF) Rashawn T. Lynch, introduced the poignant topic with a requisite degree of seriousness to drive the point that DoD and the Department of the Navy have true conviction in routing out all forms of sexual harassment and sexual assault.

"Of all the training I have attended, this is the most aggressive stance I have seen on this issue," Capt. Sullivan said during one of the training sessions. "The topics we are going to discuss cut to the core of the issue and if you feel the need to leave the room for a moment to gather yourself, please do so and our corpsman can assist you if necessary."

Secretary of Defense Chuck Hagel directed all military services to conduct a Sexual Assault and Prevention Response (SAPR) stand-down for service members, civilian employees and Reserve component units with the intent of ensuring that all-hands clearly understand SAPR principles and the resources available.

According to the DoD SAPR website, "Personnel should understand their accountability and role in eliminating sexual assault, fostering a climate of dignity and respect, and upholding our core values of honor, courage and com-

mitment. This effort builds upon training completed under SAPR-Fleet and SAPR-Leadership training modules."

However, DoD has faced criticism in its efforts.

Sen. Kirsten Gillibrand (D-N.Y.), who is leading the effort in the Senate to move the authority to prosecute military sexual assault cases outside the chain of command, said that commanders are "failing," and she expressed hope that President Barack Obama will support her legislation which currently has 44 co-sponsors.

Sen. Gillibrand said, "The commanders today who have said zero tolerance for sexual assault for 25 years are unable to keep retaliation from happening; unable to make a command climate sufficient that a victim will come forward. That needs to change."

Naval Medical Logistics Command has ensured its work force has the most current information on reporting procedures and the phone numbers to contact in the event someone wishes to make a restricted or non-restricted report.

"Our victim advocacy representative is here to ensure that any person who feels he or she wishes to make a report can do so in strict confidence," the Command Master Chief said. "They can also rest assured that all proper procedures will be followed and carried out to that person's wishes regarding confidentiality."

The command victim's advocate concurred with Hall's comments. "The focus on bystander intervention and creating a command climate that not only is open to, but encourages reporting starts with preventive measures as aggressive as this awareness campaign," Lynch said. "Because this training is mandatory for civilian and military personnel, regardless of rank or status within the Department of the Navy, it forces everyone to realize there are ways we can help prevent problems should they arise and that resources are available for victims."

Thus far, 89 percent of the NMLC workforce has participated in SAPR training and the rest are expected to complete the training before the end of September.

"We have a 100 percent requirement to ensure that all-hands are aware of the information being provided in this presentation," Sullivan said. He echoed the words of Secretary of the Navy, Ray Mabus: "This is personal to me because in the military, we are supposed to take care of one another."

Although an effort is afoot

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Continued from page 8

to take command and control from military leaders to prosecute these cases, military leaders are getting support to keep the authority to make command decisions. Senate Armed Services Committee Chairman Carl Levin (D-Mich.) would like to address the issue in other ways that don't strip commanders of their authority.

Sen. Levin believes military sexual-assault cases should remain under the control of the chain of command. "If you remove the chain of command, you are taking away the club they need to change the culture, which is being able to prosecute someone," Levin said.

Regardless of how the debate pans out, Naval Medical Logistics Command has approached the subject aggressively by ensuring its command personnel have received the training, the support material and the advocacy resources available to ensure that everyone is aware that no one should suffer through an assault or harassment without the support DoD assures is available to them.

Command Master Chief HMCM(FMF) David L. Hall passes out accompanying material for the Navy-wide Sexual Assault and Prevention Response (SAPR) Training. Secretary of Defense Chuck Hagel directed all military services to conduct a SAPR stand-down for service members, civilian employees and Reserve component units with the intent of ensuring that all-hands clearly understand SAPR principles and the resources available.



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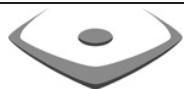
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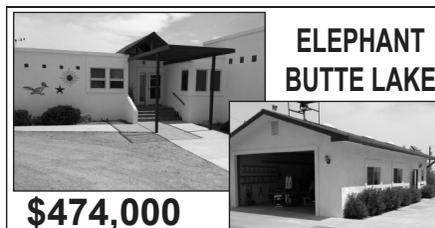
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Physicians

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Gary Blackwell, PHR
Director of Healthcare Recruiter
Caduceus Healthcare
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Physicians

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Physicians

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Physicians

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Physicians

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Lisa Huff, Physician Recruiter
Our Lady of Bellefonte Hospital
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606-833-4141, lisa_huff@bshsi.org

Physicians

UNC PHYSICIANS NETWORK
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UNC Physicians Network (UNCPN) is a not-for-profit physician-led regional network entity of the University of North Carolina Health Care System that provides healthcare to communities throughout NC. We are currently recruiting **family medicine, internal medicine and pediatrics** for several of the community practices. These are employed positions with competitive salary and benefits. Please send your CV or call Annette Towne: annette.towne@carphyrec.com or 919-866-1592

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Physician & Physician Supervisor Department of Corrections

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Pacific Northwest

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Physician Opportunities

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Maria Gonzalez Phone: 503-415-5982 Email: mgonzale@lhs.org Specialty: Adult Inpatient Medicine specialties, Adult IM/FM practice opportunities	Vicki Owen Phone: 503-415-5403 Email: vowen@lhs.org Specialty: Pediatric specialties, Adult specialties practice opportunities, OB/GYN	Mandie Thorson Phone: 503-415-5454 Email: mthorson@lhs.org Specialty: Outpatient - Internal Medicine, Family Medicine
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AA/EOE

Physicians

Physicians

St. Joseph Health

St. Joseph Heritage Healthcare

Immediate Physician Opportunities throughout California!

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Paul Martyr, Director of Physician Relations at paul.martyr@stjoe.org



Brian Zalewski (left), head prosthetist at Naval Medical Center San Diego's (NMCS D) Comprehensive Combat and Complex Casualty Care (C5) facility, explains the latest technology in prosthetics to members of the House Armed Services Committee (HASC) during their visit along with NMCS D's Deputy Commander, Capt. Lisa Mulligan (right). C5 is a program of care that manages severely injured or ill patients from medical evacuation through inpatient care, outpatient rehabilitation and eventual return to active duty or transition to civilian life.

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

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Physicians



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The College of Community Health Sciences is located in Tuscaloosa, Alabama, where fun and excitement is year-round. The City of Champions is rich in history, alive with attractions, and represents the very best of Southern hospitality. For questions, call 205-348-1288.

Navy reunites brother and sister after 30 years

By Mass Communication Specialist
2nd Class Sean P. Lenahan

Naval Medical Center
San Diego Public Affairs

SAN DIEGO — The term “Navy family” took on a whole new meaning

Physician



Gastroenterologist Opportunity Available

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Benefis
HEALTH SYSTEM

for two Sailors serving less than 320 miles apart. Cmdr. Cindy Murray, a senior nursing officer assigned to Naval Medical Center San Diego (NMCSA) Military Health Center, was separated at the age of eight from her brother Chief Aviation Ordnanceman Robert Williamson assigned to Strike Fighter Squadron (VFA) 122 at Naval Air Station Lemoore, Calif., says, “I remember holding him in my arms when he was just a tiny baby.”

Uprooted from her home in the greater Denver area, Murray lost all contact with her brother after her father and mother split up in the late 1970s. Williamson remained with his father and stayed in Denver. Each sibling searched high and low for the other, making it their personal mission to recover what they had lost. “I waited my whole life to see him again,” said Murray.

Both were unknowingly elusive from each other at times.

“I’ve known Cindy was there and I have always tried to locate her, but I could never lock down where exactly she was,” added Williamson.

At long last, with both of them having more than 20 years in the service, the Navy became the conduit to find each other.

“I [called] my father, who I hadn’t spoken to since I was 20, and he tells me Robert is in the Navy. I got my chief and said ‘find this name, this is my brother!’” said Murray.

Physician



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Murray’s leading chief petty officer (LCPO), Chief Petty Officer Hospital Corpsman Jeremy Simon, made the connection possible.

“She learned that he may be a chief petty officer and asked if I knew how to find him. Someone asked me for help and I just did what I do, I helped. I figured she would fill me in on the back side once everything calmed down,” said Simon.

Williamson then received a mysterious phone call.

“It was kind of funny. Being a chief [in the Navy] we have chiefs everywhere. I was at work really busy and then I was told that there is [a chief] and a commander from San Diego that is on the phone for me,” explained Williamson.

Simon was able to locate Williamson and connect him to his sister via telephone within 30 minutes. Things became even more surreal when the two of them actually spoke to each other over the phone.

“I said, ‘This is your sister Cindy, I can’t even believe this is happening. Do you have any idea how long I have been looking for you? I’ve looked for you forever and here you are in the Navy, we were practically under each other’s noses,’” said Murray, choking up. “It was a very emotional phone call.”

Williamson explains what it was like on his end of that fated phone call.

“It was overwhelming! You have a million questions that you want to ask.

I was so excited I even forgot to ask what she does in the Navy,” said Williamson.

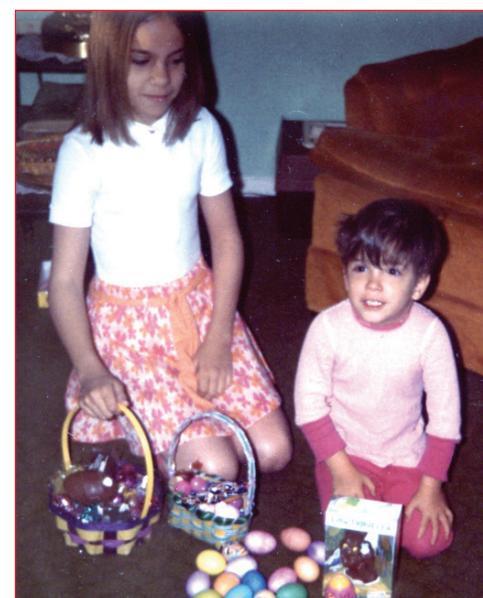
The two shared information about their lives and noticed a lot of similarities.

“Colorado is more known for the people joining the Air Force or National Guard there, we weren’t really around the Navy. But knowing we are both still making a career out of it...is kind of weird,” said Williamson.

For Murray it was the simple things that she found interesting.

“We both love goldfish crackers and we both love the same types of TV shows,” said Murray.

Now in con-



(Photo courtesy Cmdr. Cindy Murray)

Cindy Murray and her brother Robert Williamson, at home, during Easter 1975. The two were reunited 30 years after being separated as children through the close-knit nature of the Navy.

stant dialogue through emails, social media and phone calls, the brother and sister have a lot of catching up to do.

“After the first phone call, our Facebook pages imploded. We sent each other pictures immediately and we both posted mutual stories,” said Murray.

With the reunion came new family members from Williamson’s side for Murray.

“My wife is just ecstatic, I didn’t really have any immediate family and now I have someone! I have three boys and a grandson and they are all surprised. Since the kids are older it’s a lot easier because they are all very understanding,” said Williamson.

They even talked about spending future vacations and holidays together.

“We are hoping to get together with his family in Cabo San Lucas for Christmas since I have a timeshare,” said Murray.

Simon shared his thoughts on the role he played in making this long-awaited reunion possible.

“Helping this family is one of the proudest moments in my career,” he said. “Our Navy is awesome and to find out that they are both serving does not surprise me. There is a bond among siblings and where one is serving you can usually find another,” Simon said.

Williamson explains what it’s like to finally having his sister in his life.

“The main thing is to never give up. Multiple times she looked and looked and one little phone call ended 30 years of no contact,” said Williamson. “Amazing. Outstanding.”

Williamson and Murray are currently coordinating their schedules to make an in person reunion possible. They continue to foster their relationship through phone, email, and social media.