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Team WRNMMC,

This edition of the Lifeline marks the conclusion of my tenure as the director of Walter Reed National Military Medical Center.

It has been my honor and pleasure to serve with the truly outstanding Walter Reed Bethesda team and all of our federal and community partners. As is often mentioned by the many distinguished visitors we are privileged to host, it is you, the WRNMMC staff, that carry the day.

In the last two years, you have fully reaccredited our medical center with the Joint Commission and had a very successful Clinical Learning Environment Survey in support of our American College of Graduate Medical Education programs. Our nursing team ensured that we were certified as an American Nurses Credentialing Center (ANCC) Pathway of Excellence facility, the first in the Military Health System, which recognizes us for creating a positive work environment where nurses can flourish, thereby bettering patient outcomes, quality of care and safety for our beneficiaries and staff. In addition, WRNMMC’s Nurse Residency Program became the first in military medicine to be awarded ANCC accreditation with distinction under the Defense Health Agency.

Also in those two years, the Maryland Department of Health recognized WRNMMC’s distinction as a Baby-Friendly Designated Birth Facility by Baby Friendly USA along with the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF), making us the seventh health-care facility in Maryland, and fourth military treatment facility (MTF) to earn this prestigious international designation.

In 2018, our John P. Murtha Cancer Center, the only Department of Defense Cancer Center of Excellence, received full accreditation for three years without deficiencies from the National Accreditation Program for Breast Centers of the American College of Surgeons.

Each year, you graduated more than 300 health-care and business administration professionals from National Capital Consortium programs which you provided top-notch graduate medical education with those from the Uniformed Services University (USU), Fort Belvoir Community Hospital (FBCH) and Malcolm Grow Medical Clinics and Surgery Center (MGMCS) at Joint Base Andrews, Maryland.

You worked very productively, diligently and professionally through collaborative efforts with not only those in our joint Military Health System, but also with our partners at the Department of Veterans Affairs, National Institutes of Health and National Cancer Institute.

I am also proud that last year WRNMMC led the National Capital Region Medical Directorate as a Best Place to Work based on results from the Office of Personnel Management’s Federal Employment Viewpoint Survey for 2018.

All of this could not have been accomplished without your personal commitment to the best possible health care. Always my prime directive, you answered. I encourage you to continue this legacy. Stay vigilant and relentlessly focused in your areas for what can go wrong, remembering that safe health care in the modern era requires your constant attention. The characteristics of high end medications and surgery that make them so powerful also narrow the difference between success and injury. Vigilance is our watchword while we innovate, improve and find efficiencies. If WRNMMC is going to continue to assert its claim of excellence in health care, you need to always have this focus.

While the objective details of great outcomes fall to us, experience of care is how our patients measure quality. Our patients and their families will use the experience of care as a surrogate measure for the quality. It might be technically the best available, but if delivered with impersonal or even disrespectful style, they quite naturally will suspect the underlying quality. Our patients have a choice, make it easier for them with a smile and a level of professionalism that rivals the best.

Our leaders and the U.S. Congress, on behalf of the American people, believe and support Walter Reed National Military Medical Center because they think it is worth it to have expert expeditiously medical capability ready when the nation calls. This is complex, it is expensive, it is hard to do, but they’re convinced this is the best way to do that and Walter Reed Bethesda is the best place to do it.

Generations of gifted and dedicated military medical professionals before us have built the Walter Reed National Military Medical Center’s legacy and brand. They have become heroes to our nation, and it is up to you to continue in that legacy.

My time with the Walter Reed Bethesda team has truly been the highlight of my career. What a privilege to serve our Nation’s Heroes alongside you for these past two years. I thank you for your professionalism, expertise and your profound commitment to serve our nation.

We are Walter Reed.

Mark Kobelja, M.D.
CAPT MC USN
Director, WRNMMC
Dr. George Allen McNamee, Jr.
Deputy Director of Surgical Skills
Clinical Associate Professor
Department of Surgery at Uniformed Services
University of the Health Sciences and Walter Reed
National Military Medical Center

Where are you originally from?
Bruce, Mississippi

How long have you worked at WRNMMC?
Five years at WRNMMC and 21 years at USU

Can you describe your responsibilities?
I direct groups of medical students, interns, residents, nurses, corpsmen, and postdoctoral graduate assistants, and other USU programs in the laboratory. I track and review student performance in addition to serving as research advisor to graduate students, nurses, medical students, residents, post-doctoral fellows and junior faculty. I also provide clinical and surgical care to research and teaching animals in the Department of Surgery, as well as preparing and conducting anesthetic and surgical procedures for major and minor, large and small animal surgery. Additionally, I provide non-veterinary health-care providers with general information concerning handling of military working dogs, and clinical medical guidance for management of seriously-ill or injured military working dogs.

How did you come into this position?
The Department of Defense reduced the use of live animals in medical training, so I was asked to assist with the National Capital Region Simulation Consortium at the WRNMMC Medical Simulation Center and train all levels of students in basic fundamental surgical skills.

Please describe your educational and professional background.
I earned my Bachelor of Science degree in biology and chemistry from Alcorn A & M University in Loman, Mississippi, and my Doctor of Veterinary Medicine degree from Tuskegee Institute, School of Veterinary Medicine in Tuskegee, Alabama. I also earned my Diploma, Postdoctoral Training Program Laboratory Animal Medicine at Fort Detrick, Maryland, and my Diploma, Command/General Staff College, Department of Army, Fort Sam Houston, Texas.

What do you find most rewarding about your work?
I enjoy teaching basic fundamental surgical skills. Everyone I train appears to share the same vision and they are dedicated to the mission. I have a great degree of control and freedom within my job. My job enables me to love and enjoy my other passion in life, my family.

What do you find most challenging about your work?
Some days, 24 hours is too much to stay put, so I take the day hour by hour, moment by moment. I break the task, the challenge, the fear into small, bite-size pieces. I can handle a piece of fear, depression, anger, pain, sadness, loneliness, illness. I actually put my hands up to my face, one next to each eye, like blinders on a mule.
WRNMMC Salutes Staff
By Bernard S. Little | WRNMMC Command Communications

During a recent ceremony at Walter Reed Bethesda, medical center leadership recognized their team members with awards for the fourth quarter of calendar year 2018, all of calendar year 2018, and the first quarter of fiscal year 2019. Those honored included junior and senior enlisted, junior officers, civilians and civilian volunteers.

Former Walter Reed National Military Medical Center Director Navy Capt. (Dr.) Mark Kobelja called those recognized “outstanding.” He added the selection teams who chose the awardees “had a difficult job” making their decisions from the number of worthy candidates.

“Behind every nominee and selectee is a leadership team that mentors, develops, recognizes [and] empowers [their people], basically building the next generation of the expeditionary medical force,” Kobelja said. “The future of our ability to support our nation depends on that… the outstanding leadership development that you do each and every day.” He also commended the honorees’ families, stating that, “Behind every successful Soldier, Sailor, Airman and civilian staff member at WRNMMC is a family. So to them, too, I say, “Thank you.”

Those honored were recognized for their “superior performance with emphasis on their outstanding achievements, exemplary personal conduct, military bearing and demonstrated initiative in the performance of duty,” according to award program officials.

- Army 1st Lt. Danielle Kendall earned the award for Junior Officer of the First Quarter for Fiscal Year 2019. She was recognized for her performance while assigned as charge nurse of the Post Anesthesia Care Unit at WRNMMC.
- Army 1st Lt. Patricia Nolan, of 4 West, earned the Nurse Preceptor of the First Quarter for Fiscal Year 2019 award.
- Hospital Corpsman 1st Class Travis Hunter received the Senior Pharmacy Technician of the Year for Fiscal Year 2018 award.
- Army Spc. Deisha Gascon, of the Pathology Department, received the award for Soldier of the Fourth Quarter for Calendar Year 2018.
- Army Sgt. Sukwon Koh earned the Non-Commissioned Officer of the Fourth Quarter and Calendar Year for 2018 awards. He earned the award for his “superior performance and accomplishments” while assigned to the Nephrology Department at WRNMMC during 2018.
- Earning Soldier of the Year for Calendar Year 2018, Army Spc. Brehon Syverson received the award for his efforts while assigned to the Sterile Processing Department at WRNMMC.
- Navy HM1 Miguel Lopez was recognized as WRNMMC’s Senior Sailor of the First Quarter for Fiscal Year 2019. He serves as leading petty officer of the Navy Warrior Transition Company at WRNMMC.
- Navy HM2 Kashiro Aoyama earned WRNMMC’s Sailor of the Quarter for the First Quarter of 2019, serving as the Resource Management leading petty officer.
- Navy HM3 Cody Youngman, floor supervisor of Interventional Radiology, received the Junior Sailor of the First Quarter for Fiscal Year 2019.
- Air Force Staff Sgt. Victoria Everett earned the Airman of the Year award, and Air Force Staff Sgt. Ian Curphy received the Airman of the First Quarter for Fiscal Year 2019 award. Curphy is assigned as assistant NCO in Charge of the Medical Intensive Care Unit at WRNMMC.
- Navy HM2 William Leffler was recognized as the Color Guard Service Member of the 1st Quarter for Fiscal Year 2019. He serves as leading petty officer of WRNMMC’s Color Guard.
- Denise Watkins, of the Women’s Health Clinic at WRNMMC, earned the Junior Clinical Support Civilian of the Year, Fiscal Year 2018 award.

In the month of January, Benita Griffin received four ICE (Interactive Customer Evaluation) compliments with statements such as: “exceptional,” “amazing” and “treated with the upmost respect” from patients that were in the Ambulatory Procedure Unit.

- Benjene Swift, a registered nurse on 7 West, received the Senior Clinical Support Civilian of the Year, Fiscal Year 2018 award.
- Candice Randolph, assigned to the Directorate of Medicine, earned the Junior Administrative Support Civilian of the Year, Fiscal Year 2018 award.
- Catherine Harris, of the Directorate for Resource Management, received the Senior Administrative Support Civilian of the Year, Fiscal Year 2018 award.
- Kenneth Watson II, of Diagnostic Radiology, earned the Junior Clinical Support Civilian of the First Quarter, Fiscal Year 2019 award, and Kathryn Zahner, service chief of the Pediatric Intensive Care Unit, received the Senior Clinical Support Civilian of the First Quarter, Fiscal Year 2019 award.
- Jennifer Cheatham, of the Directorate of Behavioral Health, was recognized as the Junior Administrative Support Civilian of the First Quarter, Fiscal Year 2019.
- Cynthia Goldberg, of the Directorate of Nursing, earned the Senior Administrative Support Civilian of the First Quarter, Fiscal Year 2019.
- Walker Nolan was recognized as WRNMMC’s Volunteer of the First Quarter, Fiscal Year 2019.

The Walter Reed Bethesda leadership team recently recognized quarterly and annual award winners during a ceremony in Memorial Auditorium. (Photo by Bernard S. Little)
WRNMMC Celebrates Its ‘Superheroes,’ Nurses
By Bernard S. Little
WRNMMC Command Communications

Celebrating its “superheroes,” Walter Reed National Military Medical Center kicked off National Nurses Week May 6 with an opening ceremony and blessing of the hands observance in Clark Auditorium at WRNMMC. Army Maj. Gen. Barbara R. Holcomb, chief of the Army Nurse Corps, served as guest speaker at the opening ceremony, stating, “Nurses Week is really an opportunity to honor nurses. From Florence Nightingale’s actions during the Crimean War, to our expanded roles during wartime and peacetime, nurses continue to play a critical role in the success of our health system.

“Our rich efforts started with Florence Nightingale’s visionary efforts to improve the lives of patients,” Holcomb continued. “Her work as an advocate, clinician, researcher and leader brought us to where we are today.”

Holcomb noted that this year is the 199th anniversary of the birth of Florence Nightingale. National Nurses Week is celebrated annually from May 6, National Nurses Day, through May 12, the birthday of Nightingale. Regarded as the founder of modern nursing because of her efforts to improve hospitals, Nightingale stressed better sanitary conditions, the training of nurses, and the use of health statistics to track diseases and the other causes of illnesses and mortality. This year’s Military Health System’s theme for National Nurses Week was “Nurses Are Superheroes,” and the national theme established the American Nurses Association was “4 Million Reasons to Celebrate.”

“Both of them are very appropriate,” said Holcomb. “Each of you is a superhero and part of the four millions reasons to celebrate.”

According to the World Health Statistics Report by the World Health Organization, there are approximately 29 million nurses and midwives in the world, with approximately four million of those individuals in the United States. Estimates of upwards of one million additional nurses will be needed by 2020, according to WHO.

Holcomb then recognized “the tireless work of the nursing team at WRNMMC,” saluting the clinical nurse transition program for earning accreditation with distinction from the American Nurses Credentialing Center after an eight-year accreditation process.

“You’ve become the first Defense Health Agency facility to achieve this milestone, joining a select group of 83 facilities nationwide with this recognition. You have set the standard for teamwork, and you have shown the joint health services enterprise the impact of your service collaboration.”

Calling nurses “the backbone of the military health-care system,” Holcomb explained that since the American Revolution, “from the bedside to the battlefield, on land, sea and air, nurses have served as an indispensable part of the U.S. fighting force. We are more than caregivers. Nurses are patient’s advocates, administrators, program managers, educators, researchers and clinical leaders. We take on the most challenging positions across the joint health services enterprise. Our capabilities span a wide-range of specialties, from disease management to behavioral health, to flight and combat medicine.”

She then encouraged nurses to build upon their past and present. “Think back to the people who helped us through our initial challenges and got us to where we are today. Use those experiences to influence and mentor the young nurses who come and join the organization, those who you work with side-by-side on a day-by-day basis. Be the person who helps the next generation understand the importance of transforming their experiences of lessons learned into life-saving innovations. In the end, the people who benefit from the care we deliver are our patients and their families. Patients must be at the center of everything we do, and we must continue to find new ways of including them in our patient-centered care practices.”

Also as part of WRNMMC’s Nurses Week tradition, chaplains from Pastoral Care blessed and anointed the hands of nurses at the medical center.

“I anoint your hands in the name of the Father who created, loves and sustains you, the Son who redeems you, and the Holy Spirit who empowers you. May these hands bring comfort and healing to those they touch, to the honor and glory of God,” said the chaplains in anointing the hands of nurses following the opening ceremony.

Nurses Week: Nurses Host Professional Development Day for High School Students
By Bernard S. Little | WRNMMC Command Communications

As part of their Nurses Week activities, the nursing team at Walter Reed National Military Medical Center hosted a professional development day for high school students interested in nursing and health-care fields on May 8.

Speaking to a group of approximately 30 high school students, Air Force Col. Julie Stola, acting deputy command surgeon, command nurse and chief of Force Development, Air Force District of Washington, Joint Base Andrews, Maryland, welcomed them to the event. A number of Air Force nurses under Stola’s leadership work at WRNMMC caring for patients.

Stola told the students at WRNMMC that nurses consistently rank at the top as the country’s most trusted professionals. According to results from a Gallup poll concerning honesty and ethical standards in the workplace released in December, nurses ranked number one, a position they have maintained for 17 consecutive years, and every year except for one in the
20 years that Gallup has conducted the annual public opinion survey. The only time nurses did not rank at the top in the poll was following 9/11, when firefighters and other first responders topped the poll.

The American Nursing Association indicates that there are more than four million nurses in the United States, and the World Health Organization estimates that upward of one million additional nurses will be needed globally by 2020.

Stola explained to the students that the nursing profession is varied, including many specialties requiring different levels of education. Most of the students in attendance are already preparing to become certified nursing assistants through their high school curriculums at Watkins Mill High School in Gaithersburg, Maryland or Thomas Edison High School of Technology in Silver Spring, Maryland.

“Oh, the places you will go,” said Stola to the students in describing the diversity of the nursing profession and where it can take the individuals who pursue nursing as a career. Stola explained that not only has she had assignments throughout the world, but she’s also worked alongside service members from other branches, as well as civilian and contract nurses. She has deployed on four different occasions, including as a deputy team chief for aeromedical evacuation, team chief for aeromedical evacuation, chief nurse of a contingency aeromedical staging facility, and as the U.S. Forces Afghanistan Command Surgeon.

In addition to Stola, Manny Santiago, trauma/acute care surgery clinical nurse specialist, spoke to the students at Walter Reed Bethesda, encouraging them to use their time wisely in preparing for their future.

Throughout their day at WRNMMC, students shadowed nurses in various areas of the hospital, including getting hands-on training in simulated patient care, participating in activities in the state-of-the-art simulation center at Walter Reed Bethesda.

**Soldier Competes for All-Army Basketball Team with Shot at Joining Team USA**

By Bernard S. Little

WRNMMC Command Communications

A Troop Command Soldier from Walter Reed National Military Medical Center will again don the All-Army basketball team uniform, with an opportunity to compete for the Team USA All-Armed Forces squad this fall in China.

Staff Sgt. Jamaal Thomas, a 6’7” shooting guard/small forward, serves as a 68J Medical Logistics Specialist for Headquarters and Headquarters Company at WRNMMC.

He played for the All-Army team in the 2017 Armed Forces Basketball Championship held at Joint Base San Antonio, Texas. The team included Soldiers from Army installations from around the globe who tried out for 12 spots on the squad. That team won the gold medal in the tournament.

This year, Thomas will again play for the All-Army team in the Armed Forces Basketball Tournament in June at Jacksonville, Florida.

In addition to a try-out to make the Army team, potential players had to submit a packet consisting of their prior playing experience and accomplishments. For the Army team, 18 Soldiers were at the camp with 12 chosen for the squad. “Also, those 18 were chosen from over 300 applicants,” Thomas added. For the All Forces/Team USA, [coaches] select the 12 best players, with each branch usually represented, he explained.

“I’m looking forward to first winning my second gold medal with the All-Army team, then the chance to represent the USA and win a gold medal [with Team USA],” Thomas confidently stated.

“The coaches get together to put together the best team possible to go compete for their respective branches, then to play against the rest of the world,” Thomas furthered.

The Military World Games, at which Team USA competes, will take place Oct. 18-27 in Wuhan, China. The Military World Games, like the Olympics, occur every four years with summer and winter competitions, organized by the International Military Sports Council or Conseil International du Sport Militaire. Established in 1948, the IMSC is one of the largest multidisciplinary organizations in the world. It’s the second largest multi-sport discipline organization after the International Olympic Committee, holding more than 20 competitions annually. The IMSC (or CISM) organizes various sporting events, not only including the Military World Games, but also the World Military Championships, for the armed forces of 134-member countries.

Thomas’ chances of making the Team USA squad appear to be bright considering his resume. “I have played at every level afforded...
to me," explained the Boston, Massachusetts native. "I played in high school, college, as well professional, including overseas (in nine countries) and the NBA G-league, where I was the 12th overall draft pick in 2006. I played post-level in Germany, where I was the 12th overall draft pick (in nine countries) and the NBA G-league, as well professional, including overseas, and I now play for the All-Armed Forces basketball team.

The Albuquerque Thunderbirds selected Thomas 12th in the 2006 NBA G League draft. The NBA G League is the National Basketball Association’s official minor league basketball organization. Thomas played in more than 100 games averaging nearly nine points, three rebounds, and 1.5 assists per game over three seasons. He then played overseas before joining the Army.

Thomas, who’s been serving his country in military uniform for five years, said he “joined for a life” after basketball. The high-flying shooting guard explained he originally wanted to be an air traffic controller when he first enlisted, but the specialty required prior military experience. He added that as a medical logistics specialist, he’s now working towards becoming a medical sales representative after his Army career.

For now, he continues to proudly serve in the armed forces, having recently been inducted into the Non-Commissioned Officer Corps during a ceremony at WRNMMC. In addition, he’s preparing for the All-Armed Forces Basketball Tournament with an opportunity to boldly wear another uniform of his country, the red, white and blue of Team USA for the All-Armed Forces basketball team.

“I’m looking forward to first winning my second gold medal with the All-Army team, then the chance to represent the USA and win a gold medal [with Team USA]”

Walter Reed Bethesda leads the National Capital Region Medical Directorate as a Best Place to Work based on results from the Office of Personnel Management’s Federal Employment Viewpoint Survey for 2018. The Defense Health Agency’s NCR MD includes a number of military health-care facilities and offices throughout the region.

OPM released the 2018 FEVS results Oct. 25. According to OPM, more than 598,000 people representing 82 federal agencies responded, indicating positive trends that include: 90 percent believe that the work they do is important; 96 percent are willing to put in the extra effort to get a job done; 91 are constantly looking for ways to do their job better.

The WRB staff participated in the FEVS from May 9 through June 20, 2018, and employees rated WRB 10 points higher than they did in 2017. “This is a direct reflection of the incredible staff that we have serving the medical center, and your leadership team is honored to support your incredible talents,” stated Army Col. (Dr.) Catherine Kimball-Eayrs, former chief experience officer at Walter Reed National Military Medical Center.

The FEVS “measures employees’ perceptions of conditions within their agencies, which contribute to organizational success,” OPM officials explain. They add that the survey “allows government employees to share their opinions about what matters most to them, and gives them the opportunity to let their leadership know how they feel about their job, their supervisor, and their agency. OPM and agency managers use these indicators in developing policy and planning actions to improve agency performance and evaluate individual agencies’ progress towards long-term goals.”

As the former CEO at WRNMMC, Kimball-Eayrs’ responsibilities included “ensuring an excellent patient care experience for all patients on every visit.” She added that ensuring this means “staff members had daily, positive staff experiences and a desire to come to work to help focus on patients’ day-to-day experiences.”

The approximate 90-item survey included questions that measured federal employees’ perceptions of eight broad topic areas, consisting of personal work experience, work unit, agency, supervisor, leadership, work/life programs, satisfaction and demographics. Full-time and part-time, permanent, non-
According to OPM, this is a consistent sentiment among employees throughout the federal government. OPM states, “Although the five-year trend for FEVS responses in general has moved in a positive direction since 2014, some items continue to indicate challenges regarding employee perception of performance management practices. Some of the lowest scores came from questions dealing with the relationship between performance and rewards.”

“Leadership is working hard to promote the many ways that staff can be recognized that don’t have to necessarily involve a lot of paperwork or steps. From nominating someone as the ‘Change Maker of the Month,’ to entering a ‘Staff Shout Out’ on the ‘Be The Change’ link, to a variety of other ways to provide recognition, we hope to help our local leaders and staff understand the many ways that recognition can occur. In addition, the Assistant Chief of Staff office has taken the lead in re-writing our current awards and recognition [Administrative Instruction] to better reflect all these opportunities and more,” Kimball-Eayrs furthered.

“While the FEVS is an annual survey that targets our federal civilians, we want to remind all our staff that if they have thoughts or concerns about ways that we can improve, they can always use the ‘Ask Your Leadership’ and ‘Staff Suggestion Box’ at the ‘Be The Change’ link on the WRNMMC intranet page. We look forward to hearing from them and partnering in continuing to make Walter Reed Bethesda an even better place to work,” Kimball-Eayrs added.

Hospital Corpsman 1st Class Bryan Gordon, Tactical Medicine Instructor in Directorate of Education, Training & Research (DETR, HEAT) created the initiative to increase organizational readiness for Hospital Corpsman Skills Basic (HMSB) Program by adding five extra courses to capture incoming personnel and reach 90 percent compliance for HMSB training. HM1 Gordon courageously engaged service chiefs and senior enlisted leaders across the organization to pre-enroll and support the readiness initiative. His efforts resulted in the sustainability of our HMSB Program and improved readiness from 69 percent to 90 percent in less than two months.

More than 630 WRB civilian employees, or nearly 30 percent of its federal civilian workforce, participated in the 2018 FEVS, according to Kimball-Eayrs. “In 2017, 225 (22.1 percent) participated,” she added. She said enhanced outreach efforts to employees contributed to the increased participation. Regarding employees rating WRB 10 points higher for the 2018 FEVS than the 2017 survey, Kimball-Eayrs stated, “There are likely a variety of factors that contributed to the increase in our score. While some of it may be attributable to the increased participation, it is clear that many of the staff were very appreciative of the ongoing and persistent efforts of leadership to demonstrate that they are listening to staff concerns and working hard to not only respond to those concerns, but ensure that the efforts are communicated throughout the organization. Leaders have worked hard over the last year to routinely engage with all staff to better understand their day-to-day concerns and challenges in performing at the highest level possible.

“I was particularly struck by the fact that the number of positive responses to the question, ‘I recommend my organization as a good place to work’ increased by 10 percent,” the colonel continued. Two of the areas employees expressed concern with are promotions and recognition, Kimball-Eayrs said. “Our civilian staff continue to report struggling in finding ways to achieve promotion and do not always feel well recognized for the work that they do.
Bronzi said the operational environment can pose unique challenges for medical professionals. He explained basic medical situations Marines and other service members in infantry units deal with relate to heat and cold injuries, but some of the more complex challenges include emotional and psychological wounds because of the intensity of operations.

“You have such a profound impact on not only the most important thing of accomplishing our mission, but also on taking care of these young men and women,” Bronzi said to the military medical professionals in attendance at his lecture. He explained that good leadership is essential to this, and one of the qualities of a good leader is having the moral courage and compass to stand up to your leader and other people in positions of authority “when they are not listening to what you need them to listen to.”

“No one can predict how [someone is] going to respond [in very intense situations],” Bronzi continued in explaining serving in the operational environment. “It’s our obligation as leaders to position ourselves at the point of influence or point of friction and understand who our men and women are so we can ascertain to the best of our abilities what their proficiency levels are, and what their battlefield characters may be like.”

He furthered that those in military medicine help bring confidence to service members forward deployed, explaining that warfighters know if they are injured on the battlefield, highly-trained and skilled corpsmen, medics, nurses and doctors are there to provide care.

Medical officers act as “circuit breakers” during tense situations when “emotions and passion sometimes rage, and fury starts to overload the system. The officer has to serve as a circuit breaker to stay above the emotions and make sure the right decisions are made to lead the unit. You lead by example. The environment we establish as leaders enables our units to be successful under the heaviest extremes.”

Bronzi encouraged officers to be physically fit, able to carry their gear and “demonstrate they are good teammates. Go out and PT with your unit. You have to be able to put a ruck on your back and hike alongside your men and women, and you got to talk to them. It’s our job to maintain the fighting spirit of our men and women, and you have to learn to fight with what you carry on your back.”

Having balance in your life is also important, Bronzi stressed. “I don’t think we’re very good at that. Having a hobby and doing something other than your job broadens your horizons, helps you stay grounded and deal with some of the trauma that you will [likely] see in your occupation,” he added.

Nursing Directorate Recognizes ‘Extraordinary’ Team Members
By Bernard S. Little
WRNMMC Command Communications

The Directorate of Nursing at Walter Reed National Military Medical Center recently recognized some of its valued team members with the DAISY Award for Extraordinary Nurses.

Navy Lt. j.g. Erica Moine, of 5 West, (August honoree), Navy Lt. j.g. Sadie Mandell-Zayon (September recipient), Army Spc. Issac Aku (October awardee), of 3 West, Army 1st Lt. Gert Marais (November), of 4 East, Navy Lt. j.g. Natasha Mortam (December), of 5C, Navy Lt. j.g. Rocquelle Dishaw (January), of 5E, and Crystal Clark (February) of 3C, each earned the DAISY award, which recognizes nurses and nursing team members for the care and support they provide patients and their families at WRNMMC.

A patient nominated Moine, a native of California, for the August DAISY Award. The patient stated, “... this nurse really shined and left an imprint on my heart that I will never forget. [She] went above and beyond to make sure I was comfortable. I witnessed her training one of her peers and this nurse’s patience and professionalism were spot on,” stated the patient, who wishes to remain anonymous.
The patient went on to describe Moine’s bedside manner as “superb, and the best part of all of this is that it comes from genuinely within. This nurse truly cares for people and I felt so blessed to be in her care not once but twice. This nurse is so awesome.”

Another WRNMMC patient made similar comments about Navy Lt. j.g. Sadie Mandell-Zayon in nominating her for the September DAISY Award. The patient stated: “Nursing doesn’t get any better than what I received from this nurse. She is a slam on all things medical, technical and what I would expect from a professional.”

A patient’s family member nominated Army Spc. Issac Aku for the October DAISY Award. The family member stated, “….the nurse provided exceptional care and compassion the entire shift. If [my daughter] needed anything, he was there by her side within moments and always with extreme professionalism.

“This nurse maintained positive communication with our daughter, our family, and everyone working with him the entire shift. If [my daughter] needed anything, he was there by her side within moments and always with extreme professionalism.

“A patient also nominated Army 1st Lt. Gert Marais for the DAISY award, stating, “During my hospital stay, this nurse provided exceptional care beyond my expectations. He was a constant advocate for me and actively engaged with the team of doctors to relay any concerns, set up meetings, and let me know what was happening with my treatment plan. This nurse's attention to detail, time spent listening and answering concerns, and the friendly and open demeanor were appreciated and made a difference in my health. In short, he cares about the patients and health were the number one priority.”

“Having commanded two U.S. Navy warships in my 26 year career, I was extremely impressed with [Navy Lt. j.g. Natasha Mortam’s] sense of ownership, acceptance of responsibility and selfless emphasis on the patient’s feelings and well-being,” stated a patient in nominating the SC nurse for the November DAISY award. “This nurse’s professional and compassionate care exemplify the ideals of the DAISY award and she is truly deserving of the recognition it confers,” the patient continued. “This nurse took ownership and placed my care and feelings in the forefront,” the patient added.

A patient who is also a physician and wishes to remain anonymous, nominated Ms. Crystal Clark, a nurse on 3C for the February DAISY award. The patient stated Clark “demonstrated compassion, courtesy and a high level of competency. ‘This nurse’s kindness and courtesy were also extended to my numerous family members and friends who spent countless hours at my bedside. They were similarly impressed with her,” the patient added.

“As a nurse, you have an intimate relationship with people,” Crystal Clark said. “You generally see them at their worse because they are sick, and as they progress, you may see them at their best. But you got to leave your baggage at the door to help your patients. Seeing them progress is what I find most rewarding about nursing,” she furthered.

Each month, the WRNMMC nursing team recognizes one of it nurses for the DAISY Award for Extraordinary Nurses, established by the DAISY Foundation and the family of J. Patrick Barnes. In 1999, Barnes was diagnosed with the auto-immune disease Idiopathic
Thrombocytopenia Purpura (ITP) and died at the age of 33 from its complications. DAISY is an acronym for Diseases Attacking the Immune System. Appreciative of the nursing care Barnes received during his hospitalization, his family created the DAISY Award and piloted the program at the Seattle Cancer Care Alliance, where he was cared for during the latter stages of his life.

Nurses and team members recognized with the DAISY Award are honored for demonstrating “excellence in the delivery of patient care, extraordinary compassion, courage, integrity, and promotion of their professional nursing practice,” according to the WRNMMC DAISY Award Selection Committee member Joan Loepker-Duncan, chief nurse in charge of Cardiology Service.

Anyone can nominate a member of the WRNMMC nursing team for the DAISY Award. Nominations for the DAISY Award can be submitted to any nurse or clerk at WRNMMC, or e-mailed to joan.loepkerduncan civ@mail.mil. Nominations can be mailed to Joan Loepker-Duncan, WRNMMC, 8930 Brown Drive, Bldg. 9, Room 2894, Bethesda, Maryland 20889. For additional information about the DAISY Award at WRNMMC, contact Loepker-Duncan at 301-319-4617.

In conjunction with National Children’s Dental Health Month during February, staffs of the Pediatric Dental Clinic at Walter Reed National Military Medical Center and Navy Postgraduate Dental School hosted their annual pediatric dental fair event at WRNMMC, Feb. 1. Other activities during the event included face painting, storytelling, games and instructions focused on teaching parents and children good oral hygiene habits.

National Children’s Dental Health Month is observed annually during February to increase awareness that it’s never too early to promote good oral health habits. Some questions regarding children’s teeth are as old as dentistry and they include: Are baby teeth really that important? Won’t they just fall out anyway? Do I really need to take care of them?

The answers to these questions are just as old: Yes, baby teeth are important. Yes, they will fall out anyway. Yes, it is important to take proper care of them from the very beginning.

The fact is baby teeth are as important to children as permanent teeth are to adults. Adults and children alike need teeth for proper chewing and nutrition intake, speech development and establishing self-assurance and confidence for every time we smile. In addition to those basic functions, baby teeth serve as space savers for permanent teeth and help guide them into their proper alignment.

Tooth Fairy Not the Only Winner When It Comes to Children’s Oral Health

By Cmdr. (Dr.) Sabina Yun | Pediatric Dentist, Navy Medicine Professional Development Center
A baby tooth normally remains in a child's mouth until a growing permanent tooth is ready to erupt through the gums. If a child loses a tooth prematurely due to an accident or extraction of a diseased tooth, it will lead to the loss of space and has the potential to cause the new permanent tooth to erupt out of alignment or fail to erupt completely. Improperly aligned teeth may require expensive and time-consuming orthodontic treatment in the future. For those reasons, it is very important that baby teeth are kept healthy and in place until they are lost naturally.

Keeping baby teeth healthy should start just days after birth and continue for a lifetime of healthy oral care.

The first care you provide is actually for the baby's gums. Start cleaning your baby's gums using water and a soft towel or cloth. As the teeth begin to erupt, start brushing with an age-appropriate toothbrush twice a day (after breakfast and before bedtime) using a fluoridated toothpaste that has been approved by the American Dental Association. For children less than 3 years old, use a small amount of toothpaste. Brush twice a day, and rinsing after brushing should be kept to a minimum using no more than a pea-size amount of toothpaste. Brushing too frequently can lead to the loss of space for a permanent tooth.

As the teeth begin to erupt, start brushing baby's gums using water and a soft towel or cloth. Start cleaning your baby's gums when the first tooth erupts. Offer young children healthy snacks such as fruits, vegetables, and whole-grain foods. At this age, offering young children foods that contain游离糖 or sippy cup is necessary to help soothe a child while reducing the risk of tooth decay. Offering young children foods that contain游离糖 is important to limit prolonged and frequent exposure to simple carbohydrates, foods that break down into sugars in the mouth. These include sugary foods such as cookies, cakes, soft drinks, juice and candy, with the sticky types being the worst. Some other non-obvious foods that can potentially contain a lot of sugar are granolas, crackers and cereals. Offering young children healthy snacks such as cheese, nuts, beans, vegetables and fruits is important to develop healthy teeth. If a bottle or sippy cup is necessary to help soothe a child or help them sleep, water or a sugar-free drink are better options than milk or surgery juices.

Another way to promote healthy teeth is to drink fluoridated water. Consuming fluoridated water and using small amounts of fluoride topically on a routine basis can help prevent tooth decay by strengthening tooth structure and reducing bacterial activity that causes cavities. Research shows that community water fluoridation has lowered decay rates by more than 50 percent, which translates to fewer cavities, so encourage your child to sip fluoridated water throughout the day to make their teeth stronger.

While beneficial, it is important to note that too much fluoride can lead to fluorosis, which can cause staining or pitting of the teeth.

Another key to proper baby teeth care is to watch what your children eat and drink. Dietary choices play an important role in oral health. One common cavity-causing mistake is to allow children to fall asleep with a bottle or nurse a sippy cup filled with milk or juice. It is important to limit prolonged and frequent exposure to simple carbohydrates, foods that break down into sugars in the mouth. These include sugary foods such as cookies, cakes, soft drinks, juice and candy, with the sticky types being the worst. Some other non-obvious foods that can potentially contain a lot of sugar are granolas, crackers and cereals. Offering young children healthy snacks such as cheese, nuts, beans, vegetables and fruits is important to develop healthy teeth. If a bottle or sippy cup is necessary to help soothe a child or help them sleep, water or a sugar-free drink are better options than milk or surgery juices.

For more information about children’s oral health, visit the Centers for Disease Control and Prevention website www.cdc.gov/oralhealth/children_adults/child.htm.

WRNMMC Employee Earns DHA Civilian Employee of the Year

By Bernard S. Little

WRNMMC Command Communications

WRNMMC Employee Earns DHA Civilian Employee of the Year

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Katija Stephens of Walter Reed National Military Medical Center's Directorate of Resource Management, recently earned the Defense Health Agency's Civilian Employee of the Year Award for Fiscal Year 2018.

DHA, under whose umbrella WRNMMC falls, is a joint, integrated combat support agency that enables the U.S. Army, U.S. Navy, and U.S. Air Force medical services to provide a medically-ready force and ready medical force to combatant commands in both peacetime and wartime. Navy Vice Adm. (Dr.) Raquel C. Bono serves as DHA's agency executive. The agency is headquartered in northern Virginia.

Following a recent morning colors ceremony at WRNMMC, the medical center's leadership team recognized Stephens for earning DHA's civilian employee of the year.

As the supervisor for Third Party Collections, Stephens leads a staff of eight employees responsible for collection of other health insurance information, the billing for TPC and denials management. She is also credited with being instrumental in the collection of more than $44 million in TPC, and $24 million from inter-agency billings during fiscal year 2018.

Stephens is a recognized subject-matter expert for the TPC program, both in the command and the National Capital Region, according to Elfreda Nesfield, Stephens' direct supervisor, and Navy Cmdr. Stephen Marty, director for resources/comptroller at WRNMMC. “Her efforts directly contributed to WRNMMC exceeding its fiscal year 2018 annual targeted collections,” they added.

Describing Stephens' performance for the last fiscal year as “remarkable,” Nesfield and Marty explained that throughout the year, “her outstanding leadership was instrumental in the efficient and effective management of WRNMMC’s TPC program despite an unprecedented high turnover of staff. [She] directly contributed to increased demand for TPC services and collections totaling more than $44 million. Additionally, [she] was the command’s subject-matter expert for the Military Health System’s new TPC software.

“Her technical expertise allowed her to provide hands-on training to her team as well as staff, and it enabled the command to quickly resolve all software issues. [She] is the ultimate customer-focused team leader who truly deserved the selection as DHA’s Civilian of the Year for Fiscal Year 18,” they stated.

DHA officials added that the agency’s Civilian of the Year award “honors employees whose dedication, competence and exemplary performance increases DHA’s efficiency, enhances agency pride and increases employee morale.”

“Being able to earn Civilian of the Year for DHA is an honor,” Stephens said. “We have so many dedicated members who contribute to the mission of DHA and work tirelessly to make the agency successful. Winning such an award
Recipients Get New Lease on Life Thanks to Organ Donation

By Bernard S. Little
WRNMMC Command Communications

Thanks to organ donors and Walter Reed National Military Medical Center, Molly Fashola and Julius Ellison have a new lease on life. They are recipients of new kidneys, transplanted at WRNMMC. Fashola and Ellison joined other organ transplant beneficiaries, and staff members at WRNMMC who make such procedures possible with positive outcomes, to observe Donate Life Month during an organ donation awareness event April 10 at the medical center.

Donate Life America and its partnering organizations established National Donate Life Month in 2003. Celebrated annually during April, Donate Life Month draws awareness and educates the public about organ donation, as well as recognizes and thank those who have saved lives through their gifts of donation.

“I think that Donate for Life Month is a wonderful way of outreaching to the public about organ transplant, becoming a donor after transition or as a living donor. Educating the public about donation helps to bring awareness about patients who would like a new lease on life,” said Angela Curry, Pharm.D., who works at WRNMMC and is the only transplant pharmacist in the Department of Defense.

Walter Reed Bethesda is also the only military treatment facility that performs organ transplants, specifically kidney transplants. According to the Scientific Registry of Transplant Recipients (SRTR), a regulatory body that tracks transplant program outcomes, WRNMMC has consistently attained one of the best, if not the best, organ transplant outcomes in the greater Washington-Baltimore region. Averaging approximately 40 kidney transplants a year, WRNMMC has a survival rate following transplant of nearly 100 percent. The WRNMMC transplant program also follows
post-transplant patients progressively over their lifetime and very closely for the first year. Hospitals in the same region as WRNMMC that report to the SRTGR every six months include Inova Fairfax Hospital in Virginia, Georgetown University Medical Center and George Washington University Hospital in Washington, D.C., and Johns Hopkins Hospital and the University of Maryland Medical System in Baltimore, Maryland. Fashola, a lawyer and the wife of a Marine currently stationed in Japan, explained the circumstances that led to the discovery of her kidney challenges and eventual transplant. The Los Angeles native who now lives in San Diego, said that in 2016 following a hiking trip in Colorado, she started to feel short of breath. “I took my blood pressure and it was really high, so I went to the emergency room.” She added tests showed her glomerular filtration rate (GFR) was low. The GFR measures the level of kidney function calculated from the results of a person’s blood creatinine test, age, body size and gender. Admitted to the hospital, Fashola was given intravenous medication, and the medical team continued to monitor her blood pressure. “During that admission they also did an ultrasound, and they couldn’t see my right kidney,” she recalled. “The doctor told me then that he thought that I might only have one kidney, and that one kidney was not functioning well.” Fashola was eventually diagnosed with Stage 4 kidney disease in her one kidney. “My Navy doctor in San Diego recommended I come to Walter Reed [Bethesda] for a possible transplant,” Fashola continued. “I met with some hospitals in San Diego, and their wait list times were crazy. The doctor said, ‘Try Walter Reed [because] sometimes they have shorter wait times and they will follow you throughout the course [of the transplant and post-transplant].’” Fashola received the call from WRNMMC and her new kidney in February, and she said, “I’m doing well and ready to go home.” She added that people in need of an organ transplant don’t have a lot of options, and therefore it’s important for others to be aware of the benefits of organ donation and how it can save lives. Ellison shared similar thoughts as Fashola about his organ transplant. After 20 years in the Army, Ellison retired and moved to Frederick, Maryland in 2015. In 2016, the former Army combat engineer was diagnosed with Stage 4 kidney disease. He explained how he’d been having challenges with his health on and off since 2007, and while stationed at Fort Leonard Wood, Missouri that year, an ultrasound revealed cysts on his kidneys. He said at that point doctors decided only to monitor his condition. Ellison continued to serve, even deploying to Iraq. While there, dehydration caused him to be medically evacuated to Landstuhl Regional Medical Center in Germany. He then went to Tripler Army Medical Center in Hawaii. He said his condition “wasn’t that bad. I lived with them for about another five years until I retired, and that’s when my kidneys started to really act up.” He explained that he began to frequently urinate blood. “[Doctors] didn’t know which kidney the blood was coming from, so they said, ‘We’re just going to take both of your kidneys.’ The only thing keeping me alive was the dialysis at Walter Reed.” Ellison continued. He explained that he did dialysis every three days for four hours for nearly two years, and then he received the call he’d been waiting for on Dec. 29, 2018. The call came from Walter Reed Bethesda and Ellison was told that he would possibly receive a new kidney. Ellison said as soon as he got to WRNMMC, a bed was waiting for him as medical staff prepared for his new kidney arriving from North Carolina. “It was a very nice New Year’s gift,” Ellison said. He thanked the donor and the donor’s family for giving him a new lease on life. “It does save lives,” Ellison said of organ donation. “If it wasn’t for that donor, I wouldn’t be here today,” he added. WRNMMC Observes National Day of Prayer
By Bernard S. Little
WRNMMC Command Communications

Vietnam veteran Dave Roever brought his message of perseverance and hope to Walter Reed Bethesda for the 2019 observance of the National Day of Prayer on May 2.

The observance included a Resiliency Breakfast with the theme “Be courageous! Have faith! Go forward!” A seminary student during Vietnam, Roever decided to join the Navy at the height of the conflict. Before deploying, Roever said he told his wife, “I’ll be back without a scar.” When I said that, I felt a cold chill go up my spine [because] I knew I just made a promise I couldn’t keep.” “Why would a guy leave his love? Why would a guy leave his country? Why would a woman leave all that is so secure and go serve a nation in a foreign land to defend what we believe is right, righteous and for the freedom of humanity? Why? Because this country has something built into it that is reinforced every year at a prayer breakfast, prayer lunch or national day of prayer. Somewhere, somehow, we have this mindset of a God that believes we should be more concerned about others than ourselves, and that’s what I love about America. Name a country that’s broken, name a country that’s hungry, name a country that’s suffering, and America is always first there...to help. I love my country.”

On July 23, 1969, and only eight months into his tour of duty as a river boat gunman in the elite Brown Water, Black Berets, Roever was burned beyond recognition when a phosphorous grenade he was poised to throw exploded in his hand. He has since undergone numerous major surgeries, and he describes his survival and life as “miraculous.” “I’m a survivor,” Roever said. “No matter what condition my body is in, the spirit of Dave Roever does not have a scar. Don’t let life get you down. Don’t stare into that darkness until it stares back at you. Never let go of your hope; always have hope for tomorrow. Don’t be afraid to talk to somebody. That’s why we have friends. Don’t be afraid to get help. There’s nothing wrong with asking for help. I wouldn’t be here if I hadn’t had help. Life is worth it.”

The U.S. Congress annually designates the first Thursday of May as the National Day of Prayer, encouraging people “to turn to God in prayer and meditation.” The president is required by law to sign a proclamation each year to urge people to pray on the National Day of Prayer. The history of the National Day of Prayer can be traced to the first call to prayer in 1775, when the Continental Congress asked the colonies to pray for wisdom in forming a nation.
Soldiers Earn Coveted Expert Field Medical Badge

By Bernard S. Little
WRNMMC Command Communications

When testing for the Expert Field Medical Badge began Nov. 4 at Fort Bragg, North Carolina, Army Sgt. Eric Duff and Spc. Marcus Scott, both of Troop Command at Walter Reed National Military Medical Center, were among the 250 service members vying for the honor of having the coveted badge pinned on their uniforms when the dust settled. After five grueling days of testing, in addition to months of preparation, Duff and Scott accomplished their quest and were two of the 73 service members to earn the EFMB during the recent testing cycle at Fort Bragg.

Created in 1965 during the Vietnam War, the EFMB recognizes those who demonstrate exceptional skills in both medical and Soldier tasks. Since then, testing for the badge has opened to service members from other branches who must also successfully complete a gauntlet of challenges that includes field medical skills, reacting to indirect simulated fire, protecting oneself from chemical weapons, as well as other tasks testing one’s physical and mental fitness.

Duff and Scott, both medics, were also the only two of nine service members from WRNMMC to earn the badge in November at Fort Bragg. Both agreed that the effort may have been one of the most difficult challenges they have undertaken during their service careers.

Pass rate for the badge averages less than 20 percent. “The pass rate for Fiscal Year 2017 was 18 percent, making the EFMB one of the most difficult and prestigious Army special skill badges to earn,” state officials from the Army Medical Department Center and School (AMEDDC&S), U.S. Army Health Readiness Center of Excellence (HRCOE), who oversee administration and testing for the badge.

“The EFMB stands you out as a medic,” said Scott, a Colorado native. He had tested for the badge twice before prior to earning it in November. “I hate failing,” he stated, explaining why he kept going back to try and earn it. “There’s no way of passing the EFMB by yourself,” he continued, emphasizing the importance of teamwork in meeting the challenge.

Duff agreed, furthering, “I realized that it would be a better reflection on me as a leader for my Soldiers to see that I earned the EFMB. It would also be a better reflection on myself knowing that I could do it. I chose to go and do it because I knew I could, and if I can do it, anyone else can,” the California native said.

“To earn the EFMB, you have to be of the highest caliber, have physical and mental toughness, attention to detail, and be a well-rounded Soldier,” agreed Army Capt. Christian Koscinski, who served as officer-in-charge of the EFMB testing with the 690th Ground Ambulance Company, 28th Combat Support Hospital, 44th Medical Brigade, XVIII Airborne Corps at Fort Bragg during the most recent testing cycle. She added any military occupational specialty may test for the badge, but usually “only 18 to 20 percent are projected to make it through to the very end.”

“To guarantee we qualify only the most proficient Soldiers prior to the testing phase, they have to pass an Army physical fitness test, have a valid weapons card and be cardiopulmonary resuscitation qualified,” Koscinski said.

In addition to having to pass an Army physical fitness test, basic marksmanship qualification and CPR certification, candidates must also pass a written test; land navigation (day and night) testing; small arms and rifle disassembly, assembly, and function check; and movement under direct fire to earn the EFMB.

Badge candidates also had to successfully perform a Tactical Combat Casualty Care patient assessment; evacuate casualties using one-person carries or drags; control bleeding using a tourniquet; control bleeding using a hemostatic device; control bleeding using dressings; and initiate a saline lock and intravenous infusion. They also had to initiate treatment for hypovolemic shock and prevent hypothermia; react to indirect fire; triage casualties; insert nasopharyngeal airway; treat a penetrating chest wound; and perform needle chest decompression.

Other testing included treating an open-head injury and open-abdominal wound; immobilizing a suspected fracture of the arm; treating lacerations, contusions, and extrusions of the eye; evacuating casualties using two-person carries or drags; and loading casualties onto ground evacuation platform.

Candidates also had to react to an unexploded ordnance or possible improvised explosive device situation; don personal protective gear for a chemical/biological attack; know personal decontamination procedures; perform self-aid for mild nerve agent poisoning; and know how to load casualties into nonstandard vehicles.

They were also tested on evacuation of casualties using litter carries; extraction of casualties from a vehicle; loading casualties onto helicopters; establishing a helicopter landing point; and use of secure mode radio to request medical evacuation support.

A 12-mile forced ruck march that must be completed in under three hours carrying assigned gear and equipment from start to finish, culminates the testing.

“If anyone wants to try for the EFMB, it’s one of those things you have to keep going for if you don’t get it the first time,” Scott said. “Once you have it, you definitely stand out. It sets you apart from your peers,” he added.
Pain affects more Americans than diabetes, heart disease and cancer combined, according to the National Institutes of Health. In addition, figures from the Centers for Disease Control and Prevention’s National Center for Health Statistics indicate that approximately 76.2 million people, one in every four Americans, have suffered from pain that lasts longer than 24 hours and millions more suffer from acute pain.

For a better understanding of pain and how to treat it, Walter Reed National Military Medical Center providers and other members of the National Capital Region Pain Initiative (NCRPI), consisting of doctors, registered nurses and behavioral health specialist, attended a two-day symposium April 10-11 conducted by the Institute for Functional Medicine on Pain Management. The NCRPI seeks to improve access to care for Tricare beneficiaries with pain, traumatic brain injury, and post-traumatic stress disorder across the NCR. In addition, the initiative works to better access to integrative and alternative pain modalities for beneficiaries, and establishes a palliative care program.

Education of staff, providers, patients, and families about pain and its treatment remains a key component of the NCRPI. The NCRPI is also designed to continuously enhance existing pain programs across the NCR in a coordinated effort. Training such as the one held at WRNMMC, allows providers the opportunity to enhance clinical skills used to combat the challenges of pain management.

According to the IFM, the Functional Medicine model is “an individualized, patient-centered, science-based approach that empowers patients and practitioners to work together to address the underlying causes of disease and promote optimal wellness. It requires a detailed understanding of each patient’s genetic, biochemical, and lifestyle factors and leverages that data to direct personalized treatment plans that often times lead to positive patient outcomes. Functional Medicine determines how and why illness occurs and restores health by addressing the root causes of disease for each individual.”

“It is a pleasure to have the opportunity to participate in this training,” said Army Col. (Dr.) Wendi Waits, director of Behavioral Health at WRNMMC. She added the training “emphasizes core skills in medical assessment management that is learned in medical school, but often times, we as doctors, aren’t able to apply.”

“An important factor of pain management is looking for the root cause of illness,” Waits continued. “Instead of giving a patient medication for the pain, we look at what’s causing the pain, as one element can affect various parts of the body.” She explained that by addressing root cause, rather than symptoms, practitioners lean towards identifying the complexity of disease. “They may find one condition has many different causes and, likewise, one cause may result in many different conditions. As a result, functional medicine treatment targets the specific indicators of disease in each individual.”

During the symposium, attendees studied patient cases and functional medicine matrixes. Functional medicine recognizes that illness does not occur in isolation, and the IFM matrix helps clinicians to examine the body systems, symptoms and risk factors associated with a specific condition. The matrix provides an outline for the clinician to organize the patient’s clinical imbalances in the following biological systems, called nodes: defense and repair, energy, biotransformation and elimination, transport, communication, structural integrity, and assimilation.

When asked how this symposium will expand awareness and knowledge on pain-management, Army Lt. Col. (Dr.) Adam Soto, a post-residency planning advice (PGY4) anesthesia resident shared, “What we’re learning here is an exciting clinical approach integrating systems biology to address common medical problems. One of the aspects I found most interesting is that traditionally, medical disorders have been managed in silos where a specific specialist was assigned to a single disorder. In the IFM model, we’re learning more about how seemingly dissimilar medical problems can be addressed as a whole and that’s what I think patients want. They want all of their medical disorders and problems to be considered by a single provider.”

Patients often fear the possibility of never discovering the underlying issues of their health, Soto furthered. “With this specialized systematic method, I anticipate that the pendulum is going to swing back towards a patient-centered approach, which is where functional medicine really shines,” he added.
WRNMMC Welcomes Sully Aboard

By Bernard S. Little | WRNMMC Command Communications

WRNMMC welcomed aboard service canine Hospital Corpsman 2nd Class Sully H.W. Bush during a ceremony Feb. 27 in the USO Warrior and Family Center on Naval Support Activity Bethesda.

Sully served as 41st U.S. President George H.W. Bush’s personal service dog during the last six months of the former president’s life. Upon his death on Nov. 30, 2018, Bush’s family determined Walter Reed National Military Medical Center would be an appropriate location for Sully, a yellow Labrador, to continue serving the nation.

Following the former president’s death, Sully returned to America’s VetDogs, who initially trained him as a service dog, for additional training to serve at WRNMMC, the world’s largest integrated military medical center, also known as the flagship of military medicine.

Using animal-assisted interventions, the facility dog program at WRNMMC provides interactive care for patients and staff, helping to reduce stress and increase overall feelings of well-being among patients and staff. Facility dogs at WRNMMC average 2,500 contacts and more than 200 working hours per month, collectively. Through program tracking and monitoring, Walter Reed Bethesda determined that for every hour a facility dog and their trained handler work, they have the opportunity to create positive patient experience for an average of 12 patients and their families.


Sully received a personalized oath of enlistment, which stated in part, “Do you affirm as a hospital corpsman in the U.S. Navy that you will support, comfort and cheer our warriors and their families, active duty and retired; that you will embrace our staff and bear unconditional love and solace, especially on busy days...that you will faithfully discharge the duties to provide joy, love and nurturing for our Soldiers, Sailors, Airmen, Marines and their families?”

Kobelja, Brown Bid Farewell

Navy Capt. (Dr.) Mark Kobelja (above left) relinquished authority of Walter Reed National Military Medical Center to Army Col. Rodney Gonzalez (above right) during a ceremony May 30. He had served as WRNMMC director for two years, and has left for a command assignment in Europe. Kobelja also helped stand up Navy Medicine Readiness and Training Command at WRNMMC, which leadership Navy Capt. Gerard J. Woolkers assumed during a ceremony May 24 at WRNMMC. Command Master Chief Sean Brown (below right), WRNMMC senior enlisted advisor for the past two years, retired in June.

Photo by HarveyDuze.jpg
Walter Reed National Military Medical Center frocked more than 30 Sailors during a recent ceremony in Memorial Auditorium. In the Navy, frocking is the practice of a Sailor selected for promotion wearing the insignia of the higher grade before the official date of promotion. (Photo by WRNMMC Command Communications)

Interns at Walter Reed National Military Medical Center preparing to become general medical officers participated in Simulation Training for Operational Medicine Providers April 10-11 at WRNMMC, the Department of Defense’s leading academic and research medical center. WRNMMC trains more than one-third of the Military Health System military providers, with a more than 90 percent first-time board exam pass rate, topping the national average of 87 percent. The state-of-the-art simulation center at WRNMMC includes multiple exam rooms, in addition to a simulated operating room and wireless high-fidelity mannequins for numerous medical scenarios. (Photos by Aastha Tandon)

Former Secretary of State retired Army Gen. Colin Powell takes a picture with Anthony Maggert, who helped Powell fix a flat on his vehicle along Interstate 495. Powell explained he was headed to Walter Reed Bethesda when he got the flat, and Maggert, who lost his leg in Afghanistan and was also headed to Walter Reed Bethesda for an appointment, pulled over to help Powell finish the job. “Thanks, Anthony. You touched my soul and reminded me about what this country is all about and why it is so great.”
Staff of the John P. Murtha Cancer Center at Walter Reed Bethesda celebrate news of the recent full accreditation for the next three years without deficiencies of the MCC’s Breast Care Center by the National Accreditation Program for Breast Centers (NAPBC). The NAPBC representative stated, “This is a superlative breast center, an incredibly well-organized military-based hospital with marriage of completely patient-centered approach, top-notch specialists, adherence to evidence-based guidelines, combined with on-site breast cancer research center. On top of all that, their team members are devoted, proud of their accomplishments, enthusiastic about their work, and truly delightful and personable group! [A] 5-Star facility - the best I have surveyed to date.” (Photo by Joe Nieves, WRNMMC Command Communications)

Dr. Carl H. June (right), the Richard W. Vague Professor in Immunotherapy in the Department of Pathology and Laboratory Medicine at the Perelman School of Medicine at the University of Pennsylvania, is recognized with a plaque presented by Murtha Cancer Center officials after June served as the guest lecturer during the MCC’s VIP Lecture at Walter Reed National Military Medical Center. June is credited with being a pioneer in the field of immunotherapy and development of T-cell therapy for cancer treatment. In 2018, Time magazine named June one of the world’s most influential people for his work in developing an experimental cancer treatment called CAR-T (chimeric antigen receptor T-cell) therapy, the world’s first gene-based cancer therapy. The therapy involves removing T-immune cells, or T-cells, from a patient, genetically modifying them, and infusing them back into the patient to fight the cancer. The procedure has also been described by some physicians as “a living drug against cancer cells.” (Photo by Eric Williamson, John P. Murtha Cancer Center)

Walter Reed National Military Medical Center leadership team recently cut the ribbon to re-open the newly-renovated Laurel Clark Memorial Auditorium in Building 10 at WRNMMC. The four-month project included new seating and upholstery, new carpeting and a stage, upgraded lighting, new paint and cosmetic wall finishes and more. Eric Donald (right), Navy Facilities engineering technician, was instrumental in overseeing renovation efforts in the auditorium. (Photos by Sandy B. Dean)

As our Facilities Zone Manager, Shir Ali came to 3W on his way to another floor to fix some drawers, and I mentioned that we have a number of broken drawers as well. He stopped what he was doing, did a few assessments, and said that he would return. He came back within the hour and spent an entire hour fixing our drawers! In the demanding work environment of nursing, having working drawers is an absolute godsend. All took on trying to fix what he could without asking for ticket numbers. He kindly went out of his way to help us, and did so with genuine concern.

As a junior enlisted individual new to the military, Navy Lt. j.g. Nena Williams does a wonderful job of pulling corpsman and medics aside in the Emergency Department to teach them not only how to do interventions applicable to a particular patient, but the reasoning behind it as well, further enhancing our training which in turn better prepares us for being deployed down range. We are all, both enlisted and officers alike, very thankful for her leadership and compassion for health care which motivates the entire department on a daily basis.
Walter Reed National Military Medical Center again participated in Take Our Daughters and Sons to Work Day, annually held the fourth Thursday in April. The young visitors to the medical center participated in morning colors before venturing to various areas throughout the medical center to get a glimpse of what takes place at the world’s largest integrated military medical center, also known as the flagship of military medicine. At WRNMMC, the children ages 7 to 14, were divided in groups and escorted to see professionals working in pharmacy, dentistry, pediatrics, physical therapy, medical simulation center, laboratories and other areas within the medical center. (Photos by Bernard S. Little and Joseph D. Nieves)

The Stanley Cup, the National Hockey League’s championship trophy earned by the Washington Capitals, recently made a stop at Walter Reed National Military Medical Center for beneficiaries and staff to get an up-close look at the three-foot, 35-pound silver prize.

Major League Baseball’s Washington Nationals recently paid a visit to Walter Reed Bethesda to thank beneficiaries and staff for their sacrifice and service to the nation. (Photos by WRNMMC Command Communications staff)
While the Military Health System undergoes vast transformation, bringing management of the services’ care under one umbrella, what will not change is the MHS focus on achieving its Quadruple Aim, according to recently retired Army Maj. Gen. (Dr.) Jeffrey Clark, deputy commanding general (operations) of the U.S. Army Medical Command and chief of the U.S. Army Medical Corps.

Clark, who served as director of Walter Reed National Military Medical Center from 2013 to 2015 and then interim director of the National Capital Region Medical Directorate from October 2015 through February 2016, provided an overview of the MHS transformation during its Quadruple Aim, according to recently recently stated in an article, “The MHS is one of America’s largest and most complex health-care delivery systems, and the world’s preeminent military medical enterprise. Saving lives on the battlefield and caring for 9.5 million beneficiaries in one of the nation’s largest health-benefit plans, the MHS is embarking on a new chapter, ushering unprecedented reform to military medicine. This transformation marks a new way of doing business – from military treatment facility management, to electronic health record employment, to TRICARE benefit enhancements – and we are working hard to provide medical readiness and health-care delivery that is more integrated and effective than ever before.”

McCaferry called Oct. 1, 2018 “a landmark day for the Department of Defense and military-health care. Jumpstarting one of the largest organizational changes in decades, the Army, Navy and Air Force began the process of transferring the administration and management of their military MTFs to the DHA. The law requires all MTFs to adhere to DHA-established standardized policies, procedures and clinical and business processes. In addition, through a phased approach, the DHA will assume direct responsibility for all MTFs across the MHS...The DHA will be responsible for MTF budgetary matters; information technology; health-care administration and management; administrative policies and procedures; and military-medical construction.”

Navy Vice Adm. (Dr.) Raquel Bono, DHA director, has stated the MHS transformation enables it to create efficiencies among collective patient populations, particularly with appointment processes and pharmacy refills.

“Our highest priority is ensuring our medical forces are ready to support combat forces in the field, around the globe and building and sustaining a world-class health-care system geared at ensuring a medically ready force. The reforms underway create new opportunities for our providers both in our MTFs and through civilian-sector partnerships to build and maintain clinical skills – part and parcel to delivering on our readiness mission to support the warfighter, their families and retirees,” McCaferry added.

Navy Capt. (Dr.) Mark Kobelja, former WRNMMC director, has stated that the medical center and its staff “have been focused “for decades on the needs of the nation, the needs of the combat forces, and support of the expeditionary medical forces. We have a fantastic system in the NCR that has always been task organized around integrated trauma care.” He added that this has contributed to the readiness of the WRNMMC staff for deploying and supporting the expeditionary forces. Making this even more important now is the NDAA mandate for a more integrated health system with civilian counterparts, not only to get the combat forces ready for their war mission, but also to better support the NCR region as the seed of the national government.
Military Children’s Health: Building Healthy Habits for Life
By Bernard S. Little | WRNMMC Command Communications

With the theme “Building Healthy Habits for Life,” Walter Reed Bethesda, along with all of the Defense Department, observed Month of the Military Child during April. Since 1986, the Department of Defense has designated April as Month of the Military Child, recognizing the contributions and personal sacrifices military children make to the mission and force readiness. Military leaders stress that it’s important for deployed service members who are parents and guardians to be reassured their loved ones are receiving the best of care while service members are away in order that they may successfully accomplished their mission.

Health-care providers at Walter Reed National Military Medical Center and in the Military Health System also emphasize that it’s important for military parents to help their children develop healthy habits for a better quality of life.

“Building Healthy Habits for Life” means modeling and incorporating healthy behaviors into your daily life in such a way that healthy choices do not require deliberate action but just happen. Healthy habits for life means not only practicing these habits over the long run, but seeing the fruition of these habits in a healthier life,” explained Navy Cmdr. (Dr.) Jill Emerick, a pediatric endocrinologist and medical director of the Healthy Habits Clinic at Walter Reed Bethesda.

Emerick explained that the Healthy Habits Clinic is “a multidisciplinary clinic for children struggling to achieve a healthy weight. The clinic meets monthly, provides peer and provider support for behavior modification and educates participants on key components of health, activity, behavior, intake and traditions that can lead to a healthier life.”

“Exposing kids to a variety of foods as young as 6 months can help set up healthy eating habits,” Whitley added. “Offering children texture appropriate foods such as plain meats, fruits, vegetables and whole grains, and dairy at 12 months helps provide a variety of nutrients for their required growth needs, in addition exposes them early to healthy foods that make up healthy habits for life,” the pediatric nutritionist stated.

Parents can help their children develop good exercise habits by modeling these habits, as well. Spend time moving as a family. For toddlers, this may mean letting them run and play in a safe open space like a park or age-appropriate playground, go for family walks, hikes or bike rides. Physical activity is any type of movement that increases your heart rate, [and] this can mean dancing, running, martial arts, etc. Explore your children’s interest and don’t limit yourselves to traditional forms of exercise. For children interested in structured sports programs, find a good fit for them and encourage them along their journey,” said Emerick.

In addition to good eating and exercise habits, sleep in also important to building healthy habits for life in children. Emerick said, “Sleep is a cornerstone of healthy habits,” [and] most school-age children need at least nine hours of sleep daily.

“Quality sleep can lead to improved school performance, increased energy level and improved dietary choices. Having a set...
bedtime and bedtime routine can be helpful to improve sleep quality,” she added. “Eliminate all electronic devices from a child’s bedroom. Stop any type of screen exposure at least one hour prior to bedtime. Limit fluid intake one hour prior to bedtime. Possibly incorporate soothing music or reading to wind down as part of the bedtime routine.”

“Building psychological resilience is especially important for military families facing deployment,” Newton explained. “Military pediatricians have worked with the American Academy of Pediatrics to put together a comprehensive list of tools and resources for health care providers and families.” They can be found at https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Deployment-and-Military.aspx.

Newton and Emerick also agreed that it’s important to vaccinate children against preventable diseases, following the guidelines and vaccine schedule published by the Centers for Disease Control and Prevention to building healthy habits in life in children. The CDC’s current recommended vaccine schedule an be found on their website.

Air Force Col. (Dr.) Thomas Newton (right), chief of the Department of Pediatrics and The Children Center, and his team agree that building healthy habits for life in children includes parents and adults modeling and incorporating healthy habits into their daily life. (Photo by Bernard S. Little)

Troop Command Inducts Soldiers into Time-Honored Corps

By Bernard S. Little | WRNMMC Command Communications

The Army Troop Command at Walter Reed National Military Medical Center inducted more than 30 non-commissioned officers into the NCO Corps during a ceremony Feb. 14 at WRNMMC.

Rich in tradition, the NCO induction ceremony not only celebrates the newly promoted joining the ranks of the corps, but emphasizes and builds on the pride its members share of the corps. In addition, the ceremony honors the memory of the men and women of the corps who served with pride and distinction. A number of Soldiers describe the event also as signifying a Soldier’s transition “from being a follower to a leader” in a tradition that traces its roots back to the army of Frederick the Great in the 17th century.

The U.S. Army tradition of inducting its Soldiers into the NCO Corps dates back to 1775, beginning not long after the U.S. Army was established in June of that year. Wearing uniforms similar to those worn by military musicians of the Continental Army during the American Revolution, the U.S. Army Old Guard Fife and Drum Corps performed the national anthem to begin the ceremony. A lone table set up with a single rose and candle honored those fallen comrades of those in the NCO Corps.

Soldiers wearing vintage Army uniforms recited the Creed of the Non-Commissioned Officer, which begins, “No one is more professional than I. I am a Non-Commissioned Officer, a leader of Soldiers. As a Noncommissioned Officer, I realize that I am a member of a time-honored corps which is known as ‘The Backbone of the Army.’”

Army Command Sgt. Maj. Jeffrey M. Zak, CSM for Troop Command at WRNMMC, issued the NCO Charge to the new inductees, with them committing to discharging “carefully and diligently the duties of the grade to which [they] have been promoted and [upholding] the traditions and standards of the Army.”
Zak called the new inductees “the future leaders of the Army.” He added that NCOs are always being watched, so that as the creed states, they must “at all times conduct [themselves] so as to bring credit upon the corps, the military service and my country regardless of the situation.”

“Your actions reflect your discipline and your character. Let your words match your actions, and always do it right,” Zak furthered. He stressed NCOs “strive to remain technically and tactically proficient,” as stated in the Creed of the NCO. “These are basic elements of soldiering,” he continued.

The CSM said it’s important NCOs communicate consistently with their Soldiers. “Never expect your Soldiers to know something if you don’t tell them,” he added.

Zak said if NCOs let their words and action do the right thing, they will earn the respect and confidence of their Soldiers and the officers of their unit, as the NCO Creed demands. “Also have empathy for others and it will allow you to gain the respect of your seniors, peers and subordinates,” said the CSM.

Both Sgts. Martika Williams and Jason Batoog, of Troop Command’s Headquarters and Headquarters Company agreed that the ceremony was inspiring and it now feels good to be an NCO. They added it’s now up to them to “set the standard and take care of their Soldiers, as well as train and lead.”

Stress Control Training Highlights Building Resilience

By Bernard S. Little
WRNMMC Command Communications

WRNMMC hosted Operational Stress Control training for service members March 26-28 at the medical center. The OSC program is part of the Navy’s 21st Century Sailor Office’s Suicide Prevention Branch.

“The broad goal of OSC is to help [service] leaders build resilience within units and individual [service members], through an integrated, evidence-based program aimed at increasing the awareness and understanding of stress and providing strategies to mitigate detrimental effects. The OSC Program will help leaders to know when and how to use chaplains, medical personnel, counselors, and community resources to build a culture that is supportive of help-seeking behaviors. The OSC Program will provide practical tools and make appropriate training and resources available. The Navy’s vision is to develop an environment in which all Sailors are trained and motivated to navigate stress and to assist their shipmates,” Navy officials said.

Although OSC training was for service members, information from the sessions can be beneficial to anyone wanting to learn about stress, signs and symptoms, as well as building resilience.

Bob Vecchio and Robert Searles, education services trainers for the OSC Mobile Training Team, explained that stress is “the process by which people respond to challenges to the mind or body” with people to “talk to a chaplain, counselor or medical provider” to begin healing.

According to the Centers for Disease Control and Prevention, “Strong emotions like fear, sadness, or other symptoms of depression are normal, as long as they are temporary and don’t interfere with daily activities. If these emotions last too long or cause other problems, it’s a different story. Sometimes stress can be harmful. It can help you develop skills needed to manage potentially threatening situations. Stress can be harmful, however, when it is prolonged or severe enough to make you feel overwhelmed and out of control,” the CDC added.

Stress can be caused by a number of things, Vecchio stated. These can include family situations, job issues, financial concerns, illness and death. He said stress is different for everyone, emphasizing what stresses one person out may not cause stress in another and vice versa.

Discussing the psychological and social effects of stress, Searles emphasized that stress left unchecked can contribute to a number of health problems including depression, high blood pressure, heart disease, obesity and diabetes. He added that stress can also lead to sleep problems; fatigue; inability to concentrate or make decisions; restlessness; and an inability to be productive at home and work.

Vecchio and Searles explained that the Stress Continuum Model helps identify how people react under stressful situations. The color-coded model goes from green (ready; to stay mission ready) to red (ill; to get help), as an individual’s ability to handle stressors decreases. The model is designed to help promote psychological health and resilience. The OSC trainers emphasized that it is ideal for people to be in the green (ready) region of the model where there is effective communication; individuals are socially and spiritually active; calm and confident; and emotionally and physically healthy. People are encouraged to keep fit, eat right, have good sleep and relaxation habits, as well as social, spiritual and family relationships to be in this region, and leaders are urged to encourage these behaviors in their units.

As a person’s inability to deal with certain stressors increases, the individual may move from the green to the yellow (reacting) region in which there is a change from normal behaviors; poor focus or loss of interest; irritability and sleep changes; and temporary and mild distress. Vecchio said the goal of the individual in the yellow region should be focused on recovery and further building resilience to go back into the green region. He encouraged people in the yellow (reacting) zone to get adequate sleep and talk to someone who they trust to help relieve the stress.

“Your may go in and out of the yellow and green zones several times a day,” Vecchio said. “That is normal. That is life,” he continued. He added the alarm comes when people do not come out of the yellow zone and go back to the green zone, but advances to the orange zone.

If people do not adequately deal with their stress in the yellow (reacting) zone, they may go into the orange (injured) zone, characterized by “unresolved loss, trauma, war and tear, inner conflict; social isolation; sleeplessness and self-medication; and more severe and lasting effects.” Vecchio said in the orange area is where most suicides occur because people may be at the point where they may be still motivated to act on their negative stressors. He encouraged people to “talk to a chaplain, counselor or medical provider” to begin healing.

In the red (ill) zone, the individual may be immobilized by their stress, Vecchio explained. Those in the red area are in a “constant and disabling distress” state, he added. The person suffers from depression and severe anxiety, and symptoms get worse (or get better then worse again). Also, relationships and work suffer. “Seek medical treatment,” he said.

According to the CDC, some of the best ways to manage stress are through self-care such as:

• Avoiding drugs and alcohol
• Seeking help from a partner, family
•
The National Suicide Prevention Lifeline is available at 1-800-273-TALK.
The National Child Abuse Hotline is at 1-800-4-A-Child, or 1-800-422-4453.
The Substance Abuse and Mental Health Services Administration’s National Helpline is at 1-800-662-HELP (4357). SAMHSA’s National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.
SAMHSA’s Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters. The Disaster Distress Helpline, 1-800-985-5990, is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. Call 1-800-985-5990 or text TalkWithUs to 66746 to connect with a trained crisis counselor.

More information about coping with stress can be found on the CDC website at https://www.cdc.gov/features/copingwithstress/index.html.

Air Force Col. (Dr.) Yovanni Casablanca explains that the symptoms for ovarian cancer often overlap with normal menstrual cycle symptoms, indigestion and irritable bowel syndrome. (Photo by Mark Oswell)
At WRB, ovarian cancer is treated with a combination of chemotherapy and surgery, with the timing of surgery and chemotherapy often varying for each patient, elaborated Casablanca. Radiation is rarely used, except for specific instances; and immune therapy being used for those individuals with recurrent disease.

“There has been some improvements over the past three decades with improved five-year overall survival,” explained Casablanca. “More patients are living a little bit longer, but the difficulty is – unless you diagnose someone in their early stage – still the five-year mortality is quite high for advanced disease.”

We’re seeing better survival because of better treatments, continued Casablanca.

“The biggest change in the past five to eight years has been to offer different schedules for chemo where in the past we used to always do the surgery first and do all the chemo after that,” explained Casablanca. “What has changed recently is that we have started to, for some patients, do the chemo first and then do surgery after about half of the chemo has been given. And then after surgery, finish the chemo out. This is what’s referred to as an adjuvant chemotherapy approach.”

According the most recent NCI statistics, there are an estimated 224,940 women in the U.S. living with ovarian cancer. To increase these survivability rates, oncologists, researchers, surgeons, nutritionists and others are continuously evolving scientific approaches, means to diagnose and clinical care for those afflicted.

For instance, although there is no known direct link between diet and ovarian cancer development and or recurrence due to the lack of evidence, the correlation is being looked into, according to Bernstein.

“We do know that with some ovarian tumors, hormones may stimulate growth; and when you look at women who are obese they have a higher level of estrogen in their bodies because fat cells create estrogen,” explained Casablanca. “And so, it may be a link to estrogen and these hormones that they have a higher level of – that might put them at increased risk for certain tumors.”

“We currently don’t have a specific ovarian cancer diet that we recommend,” said Casablanca. “We know that the more fit, healthy and active you are the better you seem to tolerate treatment. And that is universally thought to be a good idea – to try to maintain your cardiovascular health, so that you can withstand the symptoms of treatment better.”

Currently, there is a large international study looking at ovarian cancer screening for average-risk women through a combination of blood tests and repeated pelvic ultrasound. The overall goal is to shift the stage of diagnosis to earlier than the current timeline, explained Casablanca.

Patient Safety Awareness: We All Play a Role in Health Care Safety

Safe, quality care is systemic and deliberate, said Walter Reed National Military Medical Center Director Navy Capt. (Dr.) Mark Kobelja, encouraging staff to always remain focused on patient safety.

Recently, Dr. Michael Leonard discussed “Psychological Safety and Just Culture” during a presentation March 14 at WRNMMC. A member of the Institute for Healthcare Improvement, Leonard is a cardiacc anesthesiologist, adjunct professor of medicine at Duke University School of Medicine and co-founder/managing partner and safety expert for a health care safety and research consulting company.

Navy Capt. (Dr.) Walter Greenhalgh, director of the National Intrepid Center of Excellence at WRNMMC said, “Dr. Leonard highlighted that patient safety cannot be decreed, ordered, or specified in a memo; instead it has to be woven into the culture of an organization and owned by every member of the team.”

Leonard explained that safety culture for health care agencies should include engagement of patients and family, along with accountability, teamwork and communication, negotiation, continuous learning, improvement and measurement, reliability, transparency, leadership and psychological safety. He added that these are also characteristics of high reliability in medicine (HRO).

These elements are in line with the Joint Commission’s 2019 National Patient Safety Goals, which includes: identify patients correctly; improve staff communication; use medicines safely; use alarms safely; prevent infection; identify patient safety risks; and prevent mistakes in surgery.

Leonard added that, “Burnout is a huge priority everywhere,” which impacts patient safety. He described the “emerging epidemic” of health care burnout and psychological safety result from 34 percent of staff feeling unable to speak up to share ideas or concerns; 47 percent of U.S. health care workers expressing burn out, with a quarter of registered nurses leaving within their first year of practice; and one in 10 U.S. patients experiencing preventable harm within leading health care systems.

“Burnout is associated with medication errors, lower patient satisfaction, infections and higher standardized mortality ratios,” Leonard furthered. The Centers for Disease Control and Prevention’s National Healthcare Safety Network, the U.S. most widely used health care associated infection (HAI) tracking
Patients and staff from injury. (Photo by Bernard S. Little)

Staff at Walter Reed National Military Medical Center receive training on how to safely assist patients to prevent falls and protect hospitals and on units to engage with leadership to walk throughout most knowledge are closest to the work.” He encouraged leadership to walk throughout the hospitals and units to engage with others to prevent HAI include: keep hands clean; get smart about antibiotics (ask if tests will be done to make sure the right antibiotic is prescribed); know the signs and symptoms of infection; watch out for deadly diarrhea; and protect yourself (get vaccinated against flu and other infections to avoid complications).

Leonard added that the hospital’s safety culture “lives at the unit level. People with the most knowledge are closest to the work.” He encouraged leadership to walk throughout the hospitals and units to engage with staff and patients and gain knowledge about issues and concerns. "Providing feedback following leadership walk rounds is associated with better patient safety culture, higher employee engagement and lower burnout.”

He said effective leadership, “sets a positive active tone; think out loud to share the plan (common mental model); and continuously invite people into the conversation for their expertise and concern. Leaders model and expect the behaviors that promote psychological safety.”

A “just culture,” Leonard explained, is characterized when: real events are shared by leaders, and there’s a true culture of accountability and learning; there’s clarity in differentiating individual versus system error and it’s safe to discuss mistakes; there’s a well understood algorithm, and learning is a priority.

“When you have a strong safety culture, you’re unstoppable,” Leonard concluded.

**Patient Coordination Center Opens at WRNMMC; Efforts Designed to Ease Patient Transfer Experience at Medical Center**

By Bernard S. Little | WRNMMC Command Communications

**WRNMMC leadership and staff recently cut the ribbon to open the hospital’s new Patient Coordination Center in Building 10.**

The PCC provides a one-call process for unplanned inpatient transfers from Walter Reed Bethesda clinics, Emergency Department and external facilities, according to Army Lt. Col. (Dr.) Autumn Richards of the Directorate of Medicine at WRNMMC, who championed efforts creating the center.

The center serves as “the hub for expedited admissions,” according to Richards, a pediatrician. She added the PCC provides “a true one-call process increasing efficiency, eliminating administrative burden, improving the provider-and-patient experience and enhancing relationships among facilities.”

The PCC now co-locates patient admission services to include the nursing officer-of-the-day and patient administration. She furthered that a pilot study of the PCC showed a 25 percent reduction in time per admission.

Robert Weiler, health-care administrator in the Department of Patient Administration at WRNMMC, was also instrumental in creating the center. He explained a “multidisciplinary team of providers, administrators and information technology professionals worked diligently to fulfill the vision articulated by Dr. Paul Florentino many years ago [of] a Provider One Call system. [This would mean] a provider outside of our facility could make one phone call to speak with our providers and have a patient accepted for care. We are rapidly approaching that day here,” he furthered.

Weiler added the PCC will be staffed 24/7/365 with an administrative facilitator and the No. “During normal working hours, there will also be support from our External Programs Office (EPROs). This trained team will receive calls from outside providers, facilitate a conversation with one or more of our providers and coordinate the needs of getting our beneficiaries back into our facility,” he explained.

“With the opening of our PCC, we continue to move forward with improvements to our ability to provide world-class patient health care in a truly patient- and family-centered format,” Weiler added.

During the ribbon-cutting ceremony, Navy Capt. (Dr.) Mark Kobelja, WRNMMC director, commended staff efforts within the hospital for their around-the-clock efforts. He called operation of the hospital a 24-7 endeavor that includes many team players. Those include staff in the emergency department, on the wards, in critical care units, the blood bank, laboratories and other places at the medical center who work as a team with PAD and provide services essential for patient safety and quality care. “The PCC is [now a] part of that effort,” he added.

He called the PCC “a great initiative” which was generated by staff and not directed by leadership. “This was our people saying, ‘We have to do better [for those we serve]. I hope all of you are inspired by that and go back to your areas and ask yourself and team, ‘How can we do it better?’”

The PCC is located in the Patient Administration Department on the first floor of Building 10. Calls are connected with the PCC via Provider One Call at 866-NMMC-DOC (866-666-2362).

Gita Tavakoli works in Inpatient Pharmacy. She assisted us with our issue. She placed the patient first [and] ensured we were able to fill a [difficult] prescription so that the patient could pick up his child on time.

Staff at Walter Reed National Military Medical Center receive training on how to safely assist patients to prevent falls and protect patients and staff from injury. (Photo by Bernard S. Little)
WRNMMC Mentors Project SERVE Nursing Students  
By Mark Oswell  
WRNMMC Command Communications

Coming from a family steep in service to others, Lori Duck decided to become a nurse. Her husband, brother, father, father-in-law – all served in the military. She switched careers 10 years ago, going from being a paralegal to becoming a registered nurse, in order to care for others, especially service members and veterans.

“I fell in love with nursing. I fell in love with the care,” she explained. “I got to see the change in people,” Duck continued, explaining how rewarding it is to see how her care helps patients leave the hospital and move on with their lives.

Duck, who worked at the East Alabama Medical Center, is now working on her Bachelor of Science in Nursing degree at Auburn University - Montgomery’s School of Nursing.

In early March, she and seven of her classmates from AUM spent their spring break at Walter Reed National Military Medical Center as part of the nursing schools at Auburn University and AUM’s Project SERVE program.

Now in its sixth year, Project SERVE provides a foundation for AU and AUM nursing students to gain a better understanding of the unique needs of service members and veterans.

David Crumbley, assistant clinical professor at AUM’s School of Nursing, a former Navy nurse, and retired Navy captain Michelle Kane came up with the concept of Project SERVE – Student Education Related to the Veteran Experience (SERVE) – during which the students describe their experience and its impact on them.

The agreement between with WRNMMC and AUM’s Project SERVE program.

Project SERVE is broken into three components including pre-deployment, deployment and post-deployment.

Pre-deployment prepares the student for engaging with veteran patients, and what they should expect from the deployment component. The deployment component consists of a five-day experience in the Washington, D.C. area where students spend three full days at WRNMMC. The final component is a reflective phase during which the students describe their experience and its impact on them.

Marilyn Rhodes, associate professor at AUM and a retired Air Force colonel, served as one of the chaperones for this year’s group of nursing students. She explained the importance of the students coming to WRNMMC to get nursing experience firsthand. During their three days at the medical center, the Project SERVE nursing students received multiple briefs, toured various clinics and wards, and were able to speak directly with providers and patients.

What impressed Duck the most during her WRNMMC experience, she explained, was the way the staff put the patient first. “The rank doesn’t matter when it comes to the patient. Everybody is on the same page.”

Jorden Simpson, another Project SERVE nursing student, echoed Duck’s sentiments about WRNMMC’s staff, stating, “Everyone here is truly family, and it’s not a family that you were born into. Everyone here want to be here.”

The nursing students received briefings on WRNMMC’s medical evacuation process, multi-disciplinary approach to care and PTSD within the military population at WRNMMC. Students also rotated through the Military Advanced Training Center, the National Intrepid Center of Excellence and several inpatient wards. In addition, the faculty and staff were afforded the opportunity to interact with WRNMMC’s facilities dogs, including the newest addition – HM2 Sully H.W. Bush. During their tour of the facility, Army Maj. Leigh-Ann Lechanski, office-in-charge MATC and deputy chief for WRNMMC’s Physical Therapy Service, served as a guide and presenter. She explained Lechanski. “It is important for civilian health-care providers to be knowledgeable of the federal health-care system’s resources to ensure that any veteran they treat in the community has access to the benefits/services they have earned through military service," the major added.

Rhodes, Duck and Simpson all noted how impressed they were with the staff member’s level of respect for the patients, each other and especially the nursing staff.

Students, administrators and mentors saw the Project SERVE experience as a program that could also benefit WRNMMC and military beneficiaries in general.

“These visitation events are a great recruitment tool for the federal health-care system to attract future Department of Defense or Veterans Affairs skilled clinicians that have a passion for treating service members, veterans, and their family members,” explained Lechanski. “It is important for civilian health-care students to see and understand the federal health-care system because it highlights the expanded scope of practice that licensed independent practitioners have to serve as physician extenders,” she added.

“...We, as a nursing community, need to teach and give back,” Duck concluded.
Lung cancer, the leading cause of cancer-related deaths in the United States, kills approximately 156,000 people in the United States annually, according to Dr. Corey Carter. The physician, a retired Navy lieutenant commander and president and chief executive officer of San Diego-based Clinical Stage immuno-oncology company, served as keynote speaker at the John P. Murtha Cancer Center’s 6th Annual Lung Cancer Summit recently held at Walter Reed Bethesda.

In 2012, Carter, along with Navy Capt. (Dr.) Joel Nations, started the lung cancer summit at WRNMMC, held annually during Lung Cancer Awareness Month in November. Carter’s previous assignments included senior clinical investigator at the National Institutes of Health and chief of thoracic oncology at Walter Reed National Military Medical Center.

Lung cancer accounts for approximately 29 percent of all cancer-related deaths in the United States, and kills more people in America than breast, prostate, colon, and pancreas cancers combined. Carter furthered. He added more than 200,000 people (about 117,000 males and 106,000 females) are diagnosed with lung cancer each year.

Although the median age for lung cancer diagnosis is 70 years of age, the disease does not discriminate and strikes people of various ages, Carter and other speakers at the summit stated.

While lung cancer may not discriminate, Carter pointed out that smoking is a main cause of small cell and non-small cell lung cancer. SCLC rapidly includes “treating and supporting service members suffering from cancer so they return to duty or reintegrate to civilian life with optimal clinical outcomes and the highest possible quality of life.” He said this effort includes prevention; screening and detection; determining treatment; minimizing effects; care; rehabilitation; return to duty, reclassification or reintegration to civilian life; and survivorship support.

Draft stressed more focus and attention need to be given to early detection, treatment, research and survivorship.

He discussed screening and imaging for lung cancer, explaining most patients (75 percent) present with advanced stage disease, but when caught early, lung cancer treatment success is high (greater than a 70 percent five-year survival for Stage I/A non-small cell lung cancer).

Mabe stated that according to the U.S. Preventive Services Task Force, those who should receive yearly lung cancer screening with low dose computed tomography include adults aged 55 to 80 years of age; those with a smoking history of 30 pack years or more; and those who currently smoke or have quit within the past 15 years. A pack year is smoking an average of one pack of cigarettes per day for one year. For example, a person could have a 30 pack-year history by smoking one pack a day for 30 years or two packs a day for 15 years.

Army Col. (Dr.) Philp Mullenix, chief of cardiothoracic surgery at WRNMMC and associate professor of surgery at USU/WRNMMC, stressed the importance of doctors from different specialties working together to treat lung cancer. He added that going forward, it’s beneficial for patients and providers in cancer care to “keep trying to improve minimally invasive capabilities.” He stated this “maximize safety and minimize conversions where appropriate, and create a better patient experience.”

“We are continuing to focus on trying to get our patients out of the hospital [without complications] sooner rather than later,” Mullenix added.

Lung Cancer Summit
By Bernard S. Little | WRNMMC Command Communications

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Lung cancer accounts for approximately 29 percent of all cancer-related deaths in the United States, and kills more people in America than breast, prostate, colon, and pancreas cancers combined. Carter furthered. He added more than 200,000 people (about 117,000 males and 106,000 females) are diagnosed with lung cancer each year.

Although the median age for lung cancer diagnosis is 70 years of age, the disease does not discriminate and strikes people of various ages, Carter and other speakers at the summit stated.

While lung cancer may not discriminate, Carter pointed out that smoking is a main cause of small cell and non-small cell lung cancer. SCLC rapidly includes “treating and supporting service members suffering from cancer so they return to duty or reintegrate to civilian life with optimal clinical outcomes and the highest possible quality of life.” He said this effort includes prevention; screening and detection; determining treatment; minimizing effects; care; rehabilitation; return to duty, reclassification or reintegration to civilian life; and survivorship support.

Chris Draft, another speaker at the summit, talked personally about how lung cancer doesn’t discriminate. Exactly one month after getting married on Nov. 27, 2011, Draft, a former NFL linebacker, lost his new bride Keasha, 38, to lung cancer on Dec. 27, 2011. Draft, now an advocate for lung cancer awareness, explained how his wife was the picture of health before her illness. She was a non-smoker, worked out and ran regularly.

“SHe was in amazing shape, but we found out that the most important thing about lung cancer is that anyone can get it. Nobody is immune to it,” he said, adding too often (approximately 80 percent of the time), lung cancer is diagnosed in its late stages. Such was the case with Keasha, who was diagnosed with Stage IV lung cancer in 2010.

In addition to lung cancer prevention, Draft stressed more focus and attention need to be given to early detection, treatment, research and survivorship.

Navy Cmdr. (Dr.) Sean McKay, who addressed advances in bronchoscopy, also spoke personally about cancer, explaining that two of his family members have died from lung cancer, including his mother. McKay, chief of pulmonary medicine at WRNMMC, said having an interventional pulmonary program, such as the one at Walter Reed Bethesda, “increases the accuracy and speed with which [lung cancer] diagnosis can be made.” He added an interventional pulmonary program can also be helpful in restaging of lung cancer after people have received treatment to see the effectiveness of the treatment and assist in guiding future possible therapies.

“We see a lot of Stage I and Stage II cancers here, which mean they are not big [and we’re] catching them early,” McKay continued. “Being able to make a diagnosis for something less than two centimeters is very important to our practice and we engage a lot of different techniques in order to accomplish that, and we’re pretty good at it,” he added.

Former NFL player Chris Draft explains the circumstances of his wife succumbing to lung cancer at the age of 38. (Photo by Bernard S. Little)
Other speakers and topics at the summit included: Air Force Col. (Dr.) William Skinner and Navy Lt. Cmdr. (Dr.) Aaron Reed, who discussed stereotactic body radiation therapy; and Matthew Wilkerson, PhD., associate professor at USU, gave an update on Apollo 1, the Applied Proteogenomic Organizational Learning and Outcomes network, which serves as a collaboration between the National Cancer Institute, DoD and the Department of Veterans Affairs to advance cancer research and treatment.

Staff Establishes Sexual Assault Medical Forensic Examiners Program
By Bernard S. Little
WRNMMC Command communications

WRNMMC staff members recently established the first Sexual Assault Medical Forensic Examiners program for its Emergency Department.

Citing their efforts in being patient focused, WRNMMC Director Navy Capt. (Dr.) Mark Kobela and Amy Lt. Col. (Dr.) Brian Hemann, chief of the Department of Medicine, recognized the group during a recent meeting of the medical center’s board of directors and leadership team.

Navy Cmdr. Tracy McCullough, deputy director for medicine; Navy Lt. Cmdr. Rachel Bradshaw (SAMFE program manager and a perioperative nurse), Navy Lt. Cmdr. Penelope Heiges (ED nurse manager), Army Capt. (Dr.) Logan Peterson (SAMFE medical director), Navy Lt. j.g. Nena Williams (ED SAMFE coordinator and a nurse), and Navy Lt. j.g. Kristen Reuer, charge nurse, worked together and established the SAMFE program at WRNMMC in late 2018. The Department of Defense mandated program requires DoD military treatment facilities to maintain compliant measures for military members of sexual assault requesting exams. This includes identifying potential examiners in accordance with the Department of Justice National Training Standards, as well as in accordance with DoD instruction 6025.13, which requires that the Military Health System maintains “program activities to ensure quality in health care throughout the MHS. Clinical quality management activities include clinical performance measurement and improvement, credentials and clinical privileging, risk management (RM), adverse actions, and patient safety,” state DoD Personnel and Readiness officials.

WRNMMC’s SAMFE program complies with DoDi 6495.02: Sexual Assault Prevention and Response Program Procedures. McCullough and Bradshaw, coordinated obtaining the required equipment and supplies for WRNMMC’s SAMFE program, including DoD SAFE Kits, a camera, storage safes to maintain chain of custody, and a standard operating procedure developed by SAMFE program officials. The SOP includes guidance on prophylactic treatment options (including emergency contraception), the plan for coordination of behavioral health follow-up, medical record management, and additional legal requirements to maintain chain of custody of SAFE examination kits.

Peterson created order sets to ensure standardization of care and medication requirements are met for victims seeking exams. The physician also coordinated required hands-on training through the OB/GYN clinic to ensure employees meet requirements to attend the SAMFE course certifying them as SAMFE providers.

Heiges and Williams were instrumental in completing ED algorithms to treat victims of sexual assault presenting to WRNMMC’s ED, and they coordinated and completed training for more than 100 ED staff on sensitive and delicate procedures for the WRNMMC patient population.

WRNMMC had its first unannounced regional SAMFE program drill from Navy Medicine East on Dec. 7. Navy Capt. Donna Bradley, the Regional Sexual Assault Prevention and Response officer (RSAPRO) and Commandant of Navy Region Naval District Washington, and a team of Sexual Assault Response Coordinators (SARCs) and Sexual Assault Program Coordinators (SAPRs) evaluated the newly-created program at WRNMMC and its compliance with the DoD instruction on sexual assault prevention and response procedures.

Bradley described the WRNMMC’s SAMFE program as “one of the best drills she had seen, and [she] was impressed with the process and professionalism of the ED staff and the SAMFE providers.” She singled out the clinical performance and management of the situation by the Reuer, the charge nurse on duty during the drill, stating, “she handled the situation like a much more seasoned provider.” Bradley described Reuer’s professionalism as “superb.”

As a result of WRNMMC’s SAMFE program and its performance during the recent drill, the medical center has been approached by several regional DoD facilities to pursue options for the treatment of regional military sexual assault victims. This offers MHS beneficiaries the option of having their sexual assault forensic exam performed at WRNMMC without the need for a transfer to a civilian facility during an emotionally stressful event.
Sexual Assault Awareness, Prevention Month: Activities Highlight Help, Resources, Support

By Bernard S. Little | WRMMMC Command Communications

Every 92 seconds, an American is sexually assaulted, and every nine minutes, that victim is a child, according to the Rape, Abuse and Incest National Network (RAINN), one of the largest anti-sexual assault organizations in the United States. RAINN operates the National Sexual Assault Hotline (1-800-656-4673), as well as the Department of Defense Safe Helpline (877-995-5247).

At Walter Reed Bethesda, the Sexual Assault Prevention and Response (SAPR)/Sexual Harassment Assault Response and Prevention (SHARP) team hosted a number of events throughout April in observance of Sexual Assault Awareness and Prevention Month, culminating with Denim Day observance on April 24.

In overturning the conviction, the Italian Supreme Court decision, women in the Italian Parliament launched a protest by wearing jeans on the steps of the court. This protest was picked up by international media, starting International Denim Day.

During Denim Day at Walter Reed Bethesda, staff members wore denim, as well as teal-colored clothing. Sexual violence coalitions across the country voted teal as the official color of Sexual Assault Awareness Month in 2000.

In addition to Denim Day, the SAPR/SHARP team sponsored a Pure Praxis interactive training session and a “Got Your Back” presentation during the month. A socially-adaptive performance group, Pure Praxis uses improvisation and audience participation addressing difficult life situations to help people practice positive, creative and safe alternatives when faced with challenging situations such as sexual harassment and assault.

The “Got Your Back” presentation focused on creating a culture of stepping up and stepping in to prevent sexual assault, defined as intentional sexual contact, characterized by use of force, threats, intimidation or abuse of authority, or when the victim does not or cannot consent.

U.S. Army Sgt. Elizabeth Raad, a sexual assault survivor, shared her personal story with those who attended the “Got Your Back” presentation, encouraging victims to speak out and others to step in to help prevent sexual assault. Anthony DiNicola, of the Catharsis Productions team, also spoke at the event, sharing techniques people can use to help prevent sexual assault, including taking direct action by intervening in situations that could potentially lead to a sexual assault.

Every day, hundreds of Americans are affected by sexual violence, but only five out of every 1,000 perpetrators will end up in prison, according to RAINN. Ways to protect yourself from sexual assault include traveling with a buddy or staying in groups; always telling someone where you are at all times; being aware of your surroundings; locking your car and home at all times; watching out for unexpected or unwanted visitors; knowing who’s on the other side of the door before you open it; avoiding walking or jogging alone, especially at night; varying your route and staying in well-traveled, well-lit areas; walking with confidence; being wary of isolated spots, like underground garages, stairwells, offices after business hours, and apartment laundry rooms; and never accepting rides from strangers or anyone who do not have proper identification.

To offer sexual assault victims support, SAPR/SHARP staff recommends: listening without being judgmental; reminding victims that the assault wasn’t their fault; not pressuring victims to take part in activities if they aren’t ready to; being patient (recovery takes time); and understanding that different people experience different reactions to assault.

Reporting assaults in regard for service members, through the restricted report the victim can access confidential services and advocacy without triggering an investigation. Also, a restricted report can be made only to a sexual assault response coordinator, SAPR victim advocate (VA), unit VA or health-care provider. Also, the victim can tell a friend, but if the friend is in (or tells someone in) the chain of command or law enforcement, the report will become unrestricted.

An unrestricted report triggers notification to law enforcement and command and starts an investigation. The victim can access services and advocacy, and can ask for an expedited transfer or military protective order. Also, an unrestricted report can be made to any support or leadership personnel: SAPR, MTF, command or law enforcement.

At WRB, the sexual assault victim advocate is available 24/7 at 301-442-8225. The 24/7 Safe Helpline is at 877-995-5247.
WRNMMC Presents Quarterly Annual Awards

Walter Reed National Military Medical Center recognized staff members during a recent quarterly awards ceremony in Memorial Auditorium. Among those honored were junior and senior enlisted, junior officers, civilians and civilian volunteers.

- Army Capt. William Gamble earned the Junior Officer of the 2018 Fourth Quarter award. Army Sgt. Roberto Saenz received the Noncommissioned Officer of the 2018 2nd Quarter award. Army Sgt. Quinton Banks earned NCO of the 2018 3rd Quarter award.
- Navy Hospital Corpsman 1st Class Rayna Sanders earned the Senior Sailor of the Fourth Quarter (Clinical) award and Candice Randolph received Junior Civilian of the Fourth Quarter (Administrative) award.
- Catherine Harris received the Senior Civilian of the Fourth Quarter (Administrative) award. Dr. Joseph Pastorik was awarded the Senior Civilian of the Fourth Quarter (Clinical) award.
- Angela Stevenson earned the Volunteer of the Fourth Quarter award.
- Kathy Baird earned the Volunteer of the Year award.
- Navy Lt. Logan Moore earned the Junior Officer of the Year for Fiscal Year 2018. HM3 Euriviades Beltre received Senior Sailor of the Year for FY 2018 award. HM3 Angelina Mangram earned the Junior Sailor of the Year for Fiscal Year 2018 award.
- Air Force Staff Sgt. Jennifer Toft earned the Airmen of the Fourth Quarter for 2018 award.
- Navy HM3 Steven Jenkins received the Color guard service member of the Fourth Quarter for 2018 award.
- Denise Watkins earned Junior Civilian of the Fourth Quarter (Clinical) award and Candice Randolph received Junior Civilian of the Fourth Quarter (Administrative) award.
- Army Capt. William Gamble earned the Blue Jacket of the Fourth Quarter award. Hospitalman Romanoff received the Junior Sailor of the Year for Fiscal Year 2018 award.
- Navy HM3 Steven Jenkins received the Blue Jacket of the Fourth Quarter award. Hospitalman Romanoff received the Junior Sailor of the Year for Fiscal Year 2018 award.
- Army Sgt. Roberto Saenz received the Noncommissioned Officer of the 2018 2nd Quarter award. Army Sgt. Quinton Banks earned NCO of the 2018 3rd Quarter award.
- Navy Hospital Corpsman 1st Class Rayna Sanders earned the Senior Sailor of the Fourth Quarter (Clinical) award and Candice Randolph received Junior Civilian of the Fourth Quarter (Administrative) award.
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- Angela Stevenson earned the Volunteer of the Fourth Quarter award.
- Kathy Baird earned the Volunteer of the Year award.

Psychology Program Graduates Exposed to Expanding Practice Roles

By Bernard S. Little


Retired Navy Capt. Eric Getka, Ph.D., provided the graduation address. Getka, national director of Navy Psychology Training and Recruitment Programs, served in a number of assignments during his active duty career, including head of the Substance Abuse Rehabilitation Department and later, head of Mental Health Services at the former National Naval Medical Center, a predecessor of WRNMMC.

During their internship at WRNMMC, the recent graduates of the Clinical Psychology Internship Program conducted psychological testing, performed consultations, specialty evaluations and research, among other duties. Their studies were designed to prepare them to work in traditional settings such as hospitals and mental health clinics, as well as military-unique settings including deploying units, on combat stress control teams and as program coordinators.

Army Col. (Dr.) Wendi Waits, director of Behavioral Health at WRNMMC, said graduates of the Clinical Psychology Internship Program have had the opportunity to train in an environment that’s been a unique and a privileged part of the military. She explained that WRNMMC and Fort Belvoir Army Community Hospital were recently joined by six other military treatment facilities representing the Army, Navy and Air Force, expanding the Defense Health Agency.

“We’re a part of what we’ve been calling for many years ‘a purple experiment becoming a purple force,’ which over the course of the next years, more hospitals joining [the DHA].”

“Many reasons these graduates are well-posed for the next step in their careers, but for that reason in particular [their training in a joint environment], they’ll be leading at the tip of the spear with respect to the Military Health System and the changes it is undergoing,” Waits continued.

The colonel added the Clinical Psychology Program at WRNMMC earned a 10-year accreditation from the American Psychological Association this year. “That is outstanding, the longest accreditation possible, and the longest earned in the history of this program, which spans over 60 years,” she said. She furthered that graduates of the program “rotate through every corner” of WRNMMC, “getting an amazing, complex and rich [multi-disciplinary] experience.”

Within the military, the demand and respect for psychologists have never been greater, according to Getka. He added there’s been a dramatic transformation in the way the role of the psychologist has evolved within the military. “Throughout most of its history, Navy psychology was a hospital-based profession, but in recent years the use of psychology has expanded out dramatically into the operational elements of the Navy and Marine Corps. Now, about half of the psychologists in uniform are in operational commands rather than hospitals.”

Six Navy lieutenants, including (from left) Lyneea Vis, Emily Russell, Brittney Imholte, Joseph Freundlich, Kim Bui and Mellisha Bedminster, prepare to graduate from the most recent Clinical Psychology Internship Program at Walter Reed National Military Medical Center. The program teaches students to be well-rounded and competent professional psychologists with specific focus on delivery care in military-unique and operational settings. (Photo by Joe Nieves)