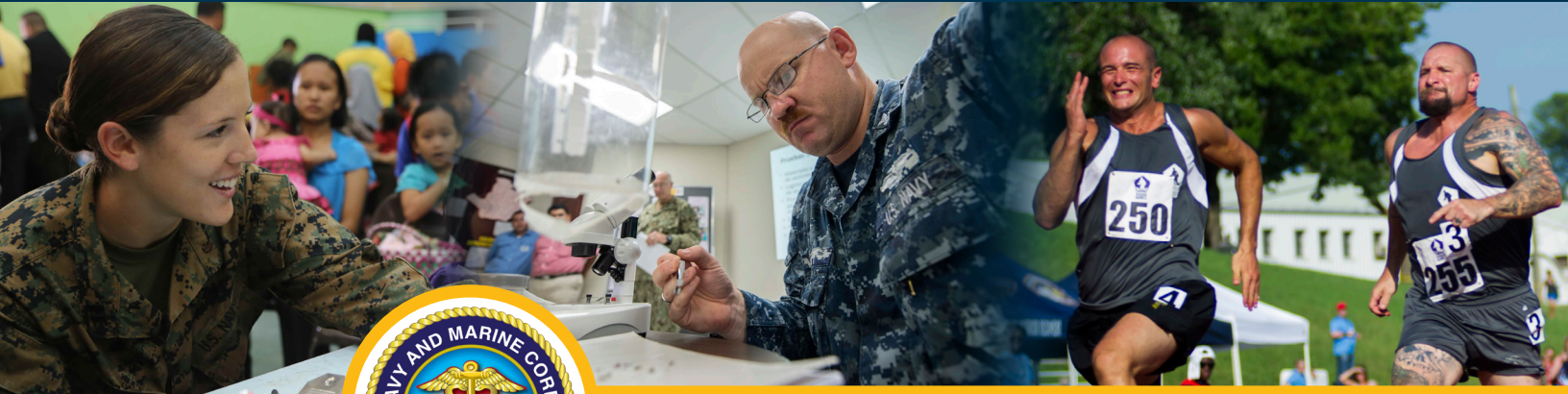

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER UPDATE

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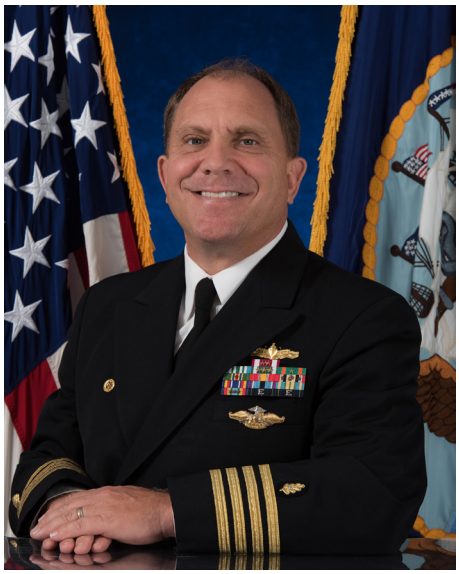
From the Front Office

By Capt. Todd Wagner, NMCPHC

Good day fellow public health professionals! As this newsletter goes to print, the fabulous work in public health on behalf of the Navy and Marine Corps continues to be done daily by our team of incredible professionals - active duty, civilian and our contract workforce.



The pace of change is still high as we continue down the road of transitions, both within Navy Medicine and also external in our future alignment with the Defense Health Agency (DHA). But despite the high pace of change and uncertainty, the core missions, functions and tasks of public health are still as important and needed as ever to ensure the health and wellness of our fighting forces and their families.

As an update, we have solidified the location of our Navy and Marine Corps Public Health conference at the Norfolk Marriot Waterside for the dates of March 20 – 22, 2018. Please work with your specialty/technical leaders to obtain a quota and more specific information on the conference. As previously mentioned, this will be a great opportunity to network, meet, mentor and, for many, a great chance to obtain critical continuing medical education (CME) and continuing education units (CEUs).

I look forward to this event and seeing everyone there! *(cont. on page 2)*

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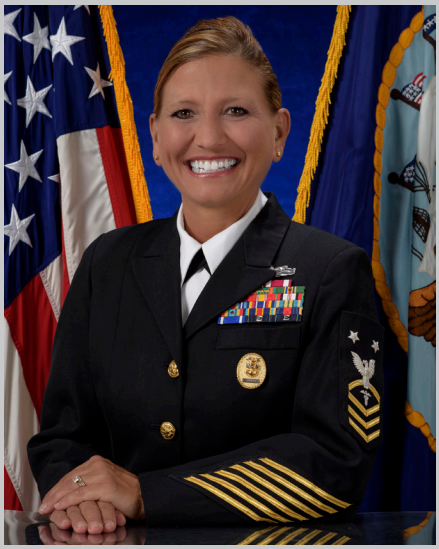
To close, I will also mention that – following the Surgeon General's Leadership Symposium in May – we plan to hold our NMCPHC strategic offsite to further review, update and outline our upcoming strategic direction for the short term and long term future. I believe that the changing environment, though at times a bit anxiety-provoking, can also provide a very unique opportunity for us to implement some significant positive changes and improvements. I look forward to working with all of you as we move forward in this most important journey at a most significant time in our history!

Command Master Chief's Corner

By Master Chief Petty Officer (MCPO) Marsha Burmeister, NMCPHC



As we begin 2018, I challenge you to look into the mirror and ask who is looking back. Were goals and objectives met in 2017? Have you re-evaluated your goals? What needs to be adjusted personally and/or professionally for 2018? Are you surrounding yourself with personnel who will assist in your pursuit of reaching the top rung in your ladder? Have you developed a positive mentor/protégé relationship? Are you clear on changes in the Navy and Armed Forces? What input are you offering to assist with a paradigm shift?

Updated/implemented policies and NAVADMIN's include:

- NAVADMIN 304/17 - Revisions to the Physical Readiness Program separation policy.
- NAVADMIN 307/17 - Alignment of End of Active Obligated Service (EAOS) with planned rotation date (PRD) (tour length). *Commands are required to immediately align Sailors' EAOS with their PRD.*
- BUMED Instruction 1500.20A - Funding professional credentials and certification examinations has recently been revised.
- The Military Health System (MHS) has been tasked to review all personnel utilization. Navy Medicine is currently utilizing the Medical All Corps Requirements Estimator (MedMACRE) tool to realign the manpower specialty mix.

Congratulations to all who advanced from the September 2017 exam.

From NEPMU-2:

- Hospital Corpsman 3rd Class Vjaceslavs Asme
- Hospital Corpsman 2nd Class Anthony Sgroia
- Hospital Corpsman 1st Class Jeffrey Felan

From NEPMU-5:

- Hospital Corpsman 2nd Class Seth Johnson

From NEPMU-6:

- Hospital Corpsman 1st Class Isiasczar Dioso

Additionally, our Medical Service Corps In-Service Procurement Program selections, both from NEPMU-2, Hospital Corpsman Antoinette Saunders for health care administration (direct commission) and Hospital Corpsman 1st Class Sean McKay for entomology.

Good luck to everyone eligible to take the chief petty officer exam and to all those preparing for the March advancement exam. Preparation is never ending. All chiefs, ensure you read and engage with master chief petty officer of the Navy's (MCPON's) message to the mess. Ensure our enlisted personnel are attending and/or teaching Petty Officer Selectee Leadership Courses (POSLC). Additionally, review training and certifications offered through venues such as Navy Credentialing Opportunities Online (Navy COOL) and *(cont. on page 3)*

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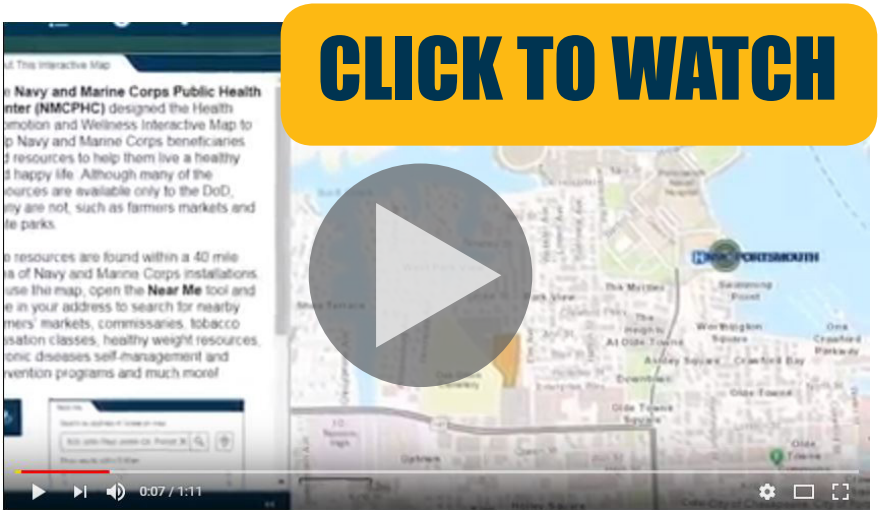
United Services Military Apprenticeship Program (USMAP).

Thank you for the warm welcomes and hospitality at each and every site visit. Your impact and accomplishments is duly noted. Share all that you are doing with your peers, assist with finding your replacement. The Navy and Marine Corps Public Health Conference is March 20 – 22, 2018. Please engage with your specialty/technical leaders to learn more on attending. I look forward to seeing you there.

New Interactive Map Helps Service Members Find Local Health Resources

By NMCPHC Public Affairs

The Navy and Marine Corps Public Health Center (NMCPHC) health promotion and wellness (HPW) department released its first-ever interactive map designed to connect service members and other beneficiaries to health resources in their local area, Jan. 8, 2018.



Using ArcGIS geospatial mapping technology, the HPW interactive map makes it easy for all military health beneficiaries to search for local farmers markets, commissaries, tobacco-free living programs and other resources to help prevent and manage chronic disease.

"This map was created to help our military and beneficiary community find resources they can use to better their health," said Jenni Osborne, a certified diabetes educator, Navy retiree and NMCPHC public health educator for chronic conditions. "Most of our population moves around so much that this should help them find what they need to support their goals at any command. If they are trying to quit tobacco, lose weight or manage a chronic condition, they can find similar resources and continue working toward a healthier lifestyle no matter where they get stationed."

According to the Centers for Disease Control and Prevention (CDC), about one in every two U.S. adults has a chronic disease.[1] In the U.S., seven of the top 10 leading causes of death are due to chronic diseases.[1] Chronic diseases and conditions, such as diabetes, heart disease and obesity, are long-term and typically get progressively worse without proper health care. With an active lifestyle, healthy food choices, rest and being tobacco-free, everyone can reduce and prevent their risk of developing a chronic disease.

Osborne sees this map as a tool to keep active duty service members focused on readiness. "This map will help them find resources to meet the demands of a fit and fighting force and allows the service members to relax knowing their family has the resources they need to be taken care of while they are deployed."

NMCPHC identified the need for the HPW Interactive Map after they discovered beneficiaries *(cont. on page 4)*

(cont. from page 3)

were unaware of the available resources in their area that could be used to improve their health. "There wasn't a lack of health education resources, but we wanted to create a one-stop way for patients to find the resources available in their area," said Anthony Barkley, NMCPHC HPW department head.

"When a family gets transferred, it typically takes six months to a year to find all the resources that are available around them," said Osborne. "We also hope this map helps our medical facilities see what is needed in their area and take steps to meet those needs."

To start using the HPW Interactive Map today, visit https://arcg.is/1908z5.

Do you host a class or refer patients to a program that you want included on the map? E-mail NMCPHC at usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-asknmcphc@mail.mil to get your resources included.

For more information about NMCPHC and HPW, visit http://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx

[1] Centers for Disease Control and Prevention. (2017). Chronic disease prevention and health promotion. Nutrition, Retrieved from https://www.cdc.gov/chronicdisease/index.htm

Upcoming NMCPHC Trainings and Conferences

DOEHRS-IH Training
April 16 – 20: Naval Health Clinic Corpus Christi, Texas
April 30 – May 4: Branch Health Dental Clinic Norfolk, Va.

HIV Pre-Exposure Prophylaxis and Sexual Risk Assessment for Navy Clinicians
April 25: Sigonella, Italy

Placement of Intrauterine Devices and Contraceptive Hormonal Sub-dermal Implant
April 26: Sigonella, Italy

Sexual Partner Counseling and Referral
April 23: Sigonella, Italy

Spirometry Training Course
May 15 – 18: San Deigo, Calif.

STI-101 for Non-Clinicians
April 24: Sigonella, Italy

Tobacco Cessation Facilitator Training
May 1: Dental Center Norfolk, Va.
May 3: Walter Reed Bethesda, Md.

(U.S. Navy photo by Genevieve Williams)

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Epidemiologists Patent Innovative Process to Improve Health Surveillance

By Angela Schlein, EpiData Center, NMCPHC

As of January 2017, three epidemiologists at NMCPHC have a patent pending for their innovative method for health surveillance using non-traditional data sources.

Epidemiologists Gosia Nowak and Uzo Chukwuma of the epidata center (EDC) and Asha Riegodedios of the preventive medicine progam and policy support (PPS) department have worked together for more than a decade to develop the process, which searches ancillary data such as laboratory test results, pharmacy transactions and radiology records to identify medical cases of interest that can be missed with traditional surveillance methods.

Traditional surveillance often focuses on the review of provider encounter (patient visit) records that can lack sufficient detail.

> **“Our method has proven...to better describe the overall health of our beneficiary population.”**

“Provider encounter records are overwhelmed with inaccurate or nonspecific diagnostic codes,” said Nowak. “For example, a patient visit regarding treatment for chlamydia might be coded under a general ‘sexual health’ code only, so that case would be lost to infection surveillance.”

“Our method has proven to capture such cases in other data sources to better describe the overall health of our beneficiary population,” said Chukwuma. “We are now patenting that concept and process.”

The patent application includes a detailed logic diagram outlining 12 key components of the case finding method, which prepares data for surveillance using evolving algorithms. The EDC receives several daily data feeds in the Health Level 7 (HL7) format, a standard reporting format used throughout the healthcare industry to support interoperability and collaboration.

In addition to inpatient and outpatient visit records, the EDC receives ancillary medical data that provide more context to visit records. An instance of a medical condition of interest may not appear in one set of data, but NMCPHC epidemiologists can confidently determine the likelihood of its occurrence by the presence of certain indicators (such as a positive lab test result and a customary pharmacy transaction) in other data sets.

“Asha is the one who initiated this project,” said Nowak. “She had the foresight to recognize the potential of our data holdings, identify an opportunity and question if we could do it. With her ongoing feedback, we developed the method in the EDC and refined it over time.”

The patent-pending method was first applied to real-time surveillance in March 2006, when it supported the identification of an outbreak of fusarium keratitis (corneal infection) linked to a contact lens cleaning solution. The outbreak originated in the general population but had the potential to greatly impact the military beneficiary population.

Since then, the method has been used for the surveillance of routine reportable disease events, tracking of bacterial infections for drug resistance patterns, identification of emerging infections such as Zika and Elizabethkingia, and disease outbreak support related to exposures to environmental factors and infections.

The patent is currently undergoing a required legal review.

For more information about the EDC, visit http://www.med.navy.mil/sites/nmcphc/epi-data-center/Pages/default.aspx

For more information about PPS, visit http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/Pages/default.aspx

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Public Health Center Deploys Innovative Impulse Noise Monitoring Technology to Help Battle Combat Soldier Hearing Loss

By Edward Berg, Industrial Hygienist, NMCPHC

Industrial Hygienists Edward Berg, Michael Brown and Lt. Gregory Wolfley along with Audiologist Dr. Brian Hobbs of NMCPHC traveled to Camp Lejeune, N.C. to measure impulse noise exposures to M777 howitzer crews during a Marine Corps training exercise, November 13 - 16, 2017.

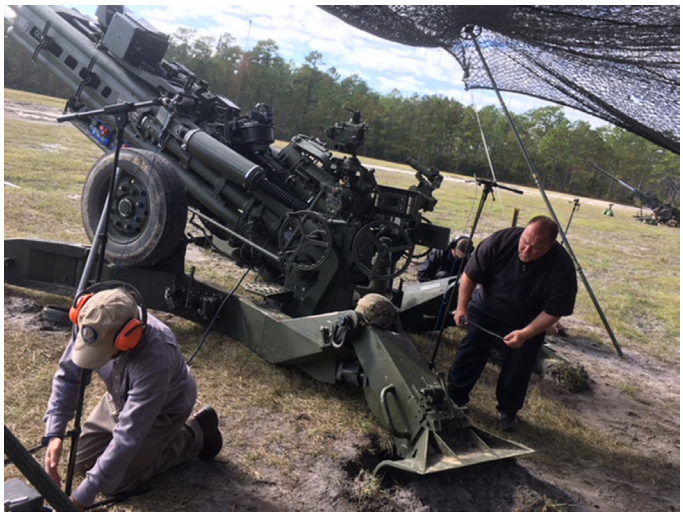
Impulse noise is undesired sound occurring in pulses of less than one second duration and results from explosive and impact processes, such as those that come from Navy and Marine Corps weapons systems. Service members exposed to impulse noise as a result of handling such weapons systems may suffer from noise-induced hearing loss – a leading cause of disability for Navy and Marine Corps personnel and retirees.

Compensation for hearing loss is a huge item in the Department of Defense (DoD) budget, that is why the NMCPHC industrial hygiene (IH) department has made impulse noise monitoring one of their top priorities for 2018.

"It is our priority because it is our customers' priority," said Wolfley. "The Marine Corps, in particular, has been asking for this service because they understand that accurate and representative data is needed by commanders to make appropriate decisions to support operations and force health protection."

Hearing loss due to continuous noise has been well understood for more than fifty years but, until very recently, the available instruments and noise criteria were very poor at predicting and controlling impulse noise related hearing losses.

Over the last decade, the National Institute for Occupational Safety and Health (NIOSH) has developed a high speed digital system for measuring impulse noise and, in the last two years, NIOSH worked with a private company to build a commercial version. NMCPHC is their first customer. A new biomedical model of the human ear developed by Army researchers has also revolutionized impulse noise assessment and the new digital instrument is required to capture the data needed to use the new model.



NMCPHC Industrial Hygienists Edward Berg and Michael Brown along with Audiologist Dr. Brian Hobbs set up a microphone array around an M777 howitzer to measure impulse noise exposures. (U.S. Navy photo by NMCPHC Public Affairs)

During the training exercise at Camp Lejeune, the First Battalion, 10th Marines, fired M777 155 mm howitzers moving between ranges over trails. Field experts from NMCPHC utilized their new, innovative equipment to measure the impulse noise coming from these weapons systems within a simulated combat environment.

"We want to thank Devon Malone and Dan Medina at the Camp Lejeune industrial hygiene department for helping us set this up," said Hobbs. "It isn't easy to coordinate sampling on these *(cont. on page 7)*

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large weapons in a combat-like setting."

The project presented several challenges. Not only did the team have one week to assemble the equipment needed to set up a noise measurement laboratory in an austere range setting, but finding the howitzer battery also required off-road navigation in the environment.

"It is exciting to be the very first users of a whole new technology," said Brown. "In addition to getting valuable data on the howitzer, we learned a lot about how the system works in the field. That experience will be a big help at the next sampling event."

For more information about environmental health at NMCPHC, visit http://www.med.navy.mil/sites/nmcphc/environmental-health/Pages/home.aspx

U.S Navy Entomologists Take Malaria Fight to Sub-Saharan Africa

By Ben Werner, U.S. Naval Institute (USNI) News

Recent attacks by sub-Sahara-based terrorist organizations brought into focus the U.S. military's operations, but less noticed is the Navy's increasing fight to help save lives in the region.

Since summer, Navy entomologists have taken an increased role fighting malaria in Africa — a task that has the potential to help millions of residents in many of the same countries in which U.S. special forces are fighting terrorist organizations.

Malaria prevention and control remains a major U.S. foreign assistance objective. The President's Malaria Initiative (PMI) coordinates a consortium of U.S. government civilian and military agency resources to fight malaria. According to a statement released by PMI, the fight against malaria aligns with the U.S. government's strategy to prevent child and maternal deaths and end extreme poverty.

"Providing such humanitarian assistance to local governments aligns directly with the U.S. military's goals for helping stabilize these governments," said Gen. Thomas D. Waldhauser, commander U.S. Africa Command (USAFRICOM), during a March Senate Armed Services Committee hearing.

Waldhauser explained his focus for USAFRICOM was to continue working closely with African partner nations to "make small, wise investments which pay huge dividends in building stable and effective governments — the foundation for long-term security in Africa."

He cited Cameroon, Niger, Nigeria and Chad as key allies in the ongoing U.S. military effort to contain and degrade the terrorist organization Boko Haram and its offshoot ISIS-West Africa in the greater Lake Chad basin, according to the 2017 Posture Statement released by USAFRICOM. Waldhauser also said Uganda hosts a cooperative security location, used as a staging location for rapid crisis response.

Meanwhile, the Navy has four uniformed entomologists fighting the spread of malaria in Cameroon and Uganda, along with Liberia, Mali, Nigeria and Rwanda, a Navy spokesperson told USNI News. Other nations receiving U.S. aide fighting malaria include Côte d'Ivoire, Burkina Faso, Sierra Leone and Niger, according to a statement released by the PMI.

"Navy entomologists work around the globe supporting research and vector control programs that enhance the force health *(cont. on page 8)*

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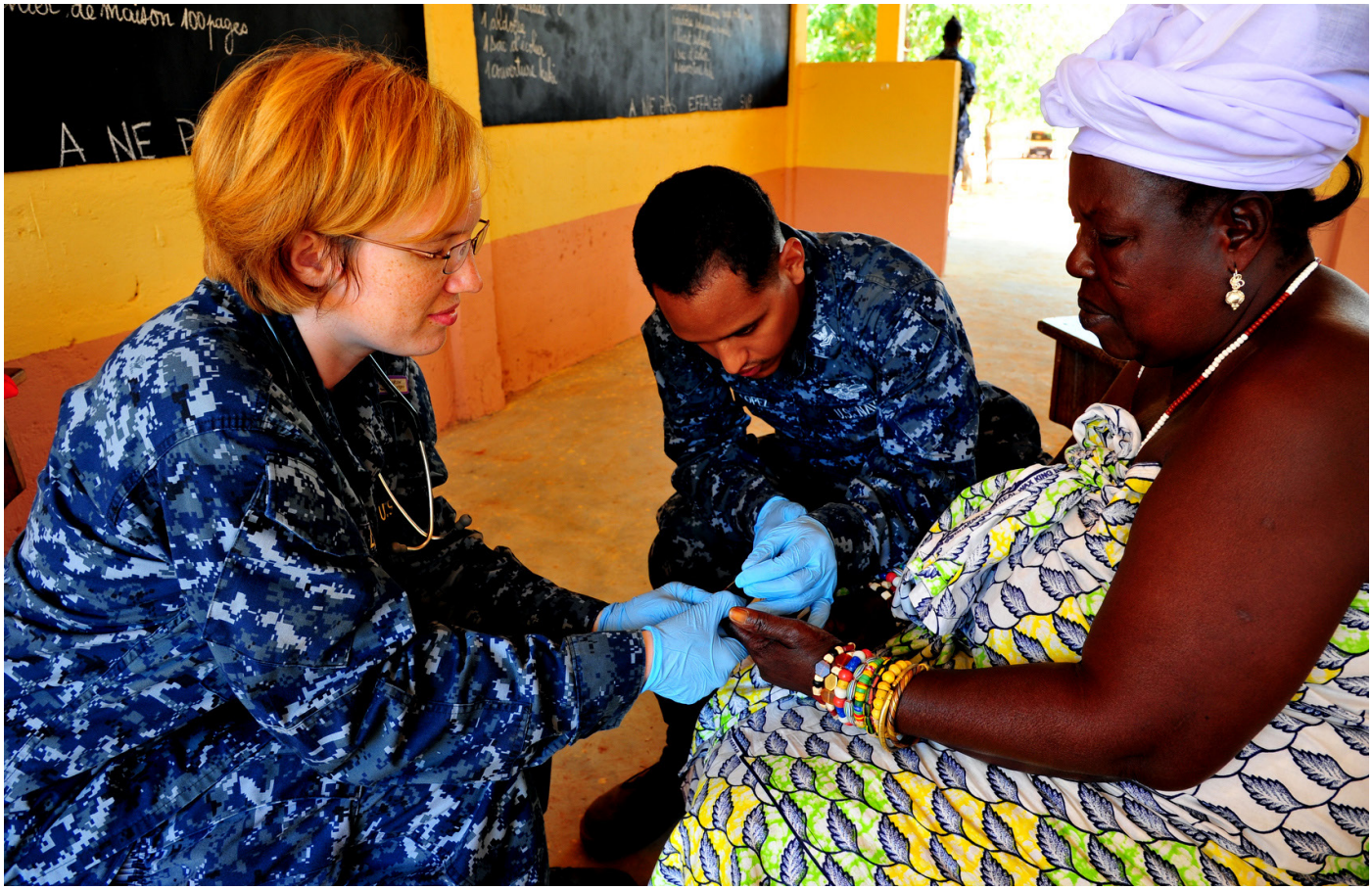
protection of U.S. and partner militaries as well as the general public health of host countries we operate in, so it's a natural fit for (Navy Entomology Center of Excellence)," said a statement released by Capt. Jeffrey Stancil, commander of the Jacksonville, Florida-based Navy Entomology Center of Excellence (NECE).

In Uganda, where Navy entomologists are leading PMI efforts, malaria is the leading cause of morbidity and mortality, accounting for between 30 and 50 percent of outpatient visits, and 15 to 20 percent of hospital admissions, according to PMI statistics. In Cameroon, all 22 million residents are at-risk for malaria, with children and pregnant women particularly vulnerable, according to a PMI.

When launched in 2005, the PMI's goal was reducing malaria-related deaths by 50 percent across the sub-Saharan Africa countries with the highest malaria rates. Navy entomologists, working with the PMI, focus on four malaria prevention and treatment measures: insecticide-treated mosquito nets; indoor residual spraying; accurate diagnosis and prompt treatment with artemisinin-based combination therapies; and preventive treatment for pregnant women.

Navy entomologists survey the specific mosquitoes in a given location, evaluate their genetic makeup and their resistance to insecticides. They also study data about the population at risk in a given area and develop strategies to help local health authorities combat malaria, according to a statement released by the Navy.

Additional uniformed entomologists support malaria research in Africa and the Navy Environmental and Preventive Medicine Unit Seven (NEPMU-7), based in Rota, Spain, provides direct support to USAFRICOM for a variety of activities designed to prevent the spread of malaria, according to a Navy spokesperson.



Lt. Cmdr. Kelly Larson, left, and Hospital Corpsman 2nd Class Edward Lopez test a Togolese villager for malaria during an Africa Partnership Station 2012 in Togo. (Photo courtesy of the U.S. Air Force)

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Preventive Medicine Unit Supports USAFRICOM Trilateral Medical Exchange in Angola, First-Ever for U.S.

By NEPMU-7 Public Affairs

In support of a USAFRICOM trilateral medical exchange, NEPMU-7 deployed their preventive medicine officer to Angola to deliver preparedness and response training for outbreaks of Ebola and other viral hemorrhagic fevers, Dec. 2 - 10, 2017.

The medical training was a key component of the two-week trilateral security cooperation engagement, Exercicio PAMBALA 2017, involving the Armed Forces of Angola, Serbia and the United States.

Exercicio PAMBALA 2017 represented the first time that the U.S. has been invited to participate in an engagement such as this in Angola – a historic step in forming new partnerships and enhancing interoperability.

"This combined medical exchange gave us an opportunity to assist Angola's military to prepare for serious public health threats and to build partnership with their military and health institutions," said Lt. Col. Chris Kimball, USAFRICOM state partnership program coordinator.

Lt. Cmdr. Jason Rice, preventive medicine officer, NEPMU-7, teamed up with Dr. Michael Owens, director of the Global Emergency Preparedness & Disaster Response Fellowship, Naval Medical Center Portsmouth, to facilitate the training of 48 military and military-affiliated participants who fill key roles in Angola's outbreak and disaster response efforts.

"I am honored to have had been chosen to participate in such an incredibly valuable event, in support of AFRICOM's ongoing effort to foster new relationships and improve the capacity of our partners to respond to these types of global health threats; and also for the opportunity to be a part of such a unique trilateral engagement between the Armed Forces of Angola, Serbia and the U.S.," said Rice.

The workshop prepared Angola's newly formed Pandemic Rapid Response Team to quickly respond to regional or national infectious disease outbreaks of public health concern. Participants included medical personnel from all branches of the Angolan Armed Forces, Ministry of Health, National Police, National Civil Protection and Fire Service, and National Institute of Medical Emergencies; as well as three participants from the Serbian National Army and observers from the Armed Forces of South Africa, Mali, Cote d'Ivoire and Portugal.

> **"This combined medical exchange gave us an opportunity to assist Angola's military to prepare for serious public health threats."**

Lessons within the training focused on highly contagious hemorrhagic diseases such as Ebola, Marburg, Lassa fever, Rift Valley fever and Yellow fever, but were taught with an all-hazards approach that can be applied to any infectious disease outbreak as well as other chemical or biological hazards.

"This engagement with Angola helped augment the nation's capability to fight infectious diseases, and created momentum within local *(cont. on page 10)*

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authorities and health professionals to build a reliable system that will be extremely beneficial to the local population," said U.S. Air Force Staff Sgt. Flavio Porto, training team member and translator.

Practical application and hands-on, simulated scenarios were exercised throughout the week to supplement didactic presentations on national and global table-top planning, response and mitigation concepts, which included experts from the United States Agency for International Development (USAID) and CDC.

Rice and Owens offered the participants valuable real-world insight as a result of their experience in Liberia during the Ebola outbreak of 2014-2015 and provided the tools to effectively respond to the next potential outbreak in Angola or its neighboring countries.

Additionally, Angolan infectious disease specialists provided training to U.S. and Serbian service members on endemic tropical diseases such as Malaria, Dengue, Leptospirosis and Schistosomiasis; and Angolan, Serbian and U.S. providers teamed up to deliver medical care to the local population of two villages in Angola's Bengo Province.

"Our instructors provided the Angolan military and civilian medical professionals with valuable infectious disease control principles, with the goal of promoting military-civilian partnerships in their health and security communities," said Kimball. At the conclusion of the exercise, the participating nation's military, police and emergency response personnel simulated a large-scale infectious disease outbreak and demonstrated their response and containment plans for a hemorrhagic epidemic.

"We were extremely encouraged by the success of the training and the team's dedication to strengthen their outbreak response efforts, as the Armed Forces play such a critical role in the national and regional control of these types of hemorrhagic diseases," said Rice. "We greatly appreciate having the opportunity to work alongside and learn from our Angolan hosts, and look forward to furthering this relationship through future medical engagements."

NEMPU-7, located in Rota, Spain, provides theatre-wide preventive medicine support to Navy and Marine Corps forces and joint and combined military operations throughout Europe, Africa and the Middle East. Whether it's a request for information or a request for forces, the team's highly skilled and trained professionals are always ready.

Read the full story here: https://www.dvidshub.net/news/262918/preventive-medicine-unit-supports-usafricom-trilateral-medical-exchange-angola-first-ever-us

Navy Environmental Preventive Medicine Unit Two Celebrates National Blood Donor Month

By Lt. j.g. Lorie Larkins and Hospital Corpsman 1st Class Ananda Stevenson, NEPMU-2, Public Affairs

In celebration of National Blood Donor Month, Navy Environmental and Preventive Medicine Unit Two (NEPMU-2) health promotion team partnered with the U.S. Armed Services Blood Program (ASBP) to host the unit's first Blood Drive, Jan. 12.

The event was organized in collaboration with Navy Medical Center Portsmouth Blood Donor Program Director Mr. Ralph Peters and Hospital Corpsman 1st Class Ananda Stevenson, NEPMU-2 *(cont. on page 11)*

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health promotion leading petty officer, and aimed to help fellow servicemen and women and family members in need.

"Historically blood donations decline after the winter holiday season, making January the most important time for health promotions to sponsor a Blood Drive," said Hospital Corpsman 3rd Class Theo Delorey.

The mission of the ASBP is to provide quality blood products for service members, veterans and their families in both peace and war. As a joint operation among the military services (Army, Navy and Air Force), the ASBP has many components working together to collect, process, store, distribute and transfuse blood worldwide.

"As Sailors, we are charged with volunteering to help the surrounding community. Now it's time for us to give back and fill a need in our own military community," said Chief Hospital Corpsman Kendra Green.

Blood for the battlefield is transported by the ASBP. Anyone receiving blood or blood products in a combat area will receive blood through the ASBP.

More than 150,000 units of blood transfused on the battlefield in the last 12 years since program's inception and more than 1.5 million units of blood have been transfused for battlefield illness and injury.

The mission of NEPMU-2 is to provide specialized consultation, advice and recommendations in matters of occupational health, health promotion, preventive medicine, environmental health and deployment medical surveillance in support of the Navy's operational forces, as well as those of the other military branches.

At the ASBP Drive sponsored by NEPMU-2, 20 people registered on the day of the event and, of those 20 people, 15 qualified to donate their blood. "Each donation collects one unit or pint of blood, which then can save up to three lives. As a result of today's donations, we collected enough blood which has the potential to save up to 45 lives," said Hospital Corpsman Mercedez Stout.

The Navy has a longstanding tradition of volunteerism and community service. This health promotion outreach initiative safeguards the Navy's legacy of humanity and pride.

Read the full article here: https://www.dvidshub.net/news/263242/navy-environmental-and-preventive-medicine-unit-two-celebrates-national-blood-donor-month

Members of NEPMU-2, Cmdr. Marion Gregg, officer in charge (front row, third from left), and Chief Petty Officer Kendra Green, senior enlisted leader (front row, forth from left), pose for a photo with team members from ASBP and participating blood donors. (U.S. Navy photo by Lt. j.g. Lorie Larkins).

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Navy Environmental and Preventive Medicine Unit Five Hosts Operational Readiness Evaluation for Forward Deployable Preventive Medicine Units

By Janice Whittaker, NEPMU-5 Public Affairs

Forward Deployable Preventive Medicine Unit (FDPMU) Team Four from San Diego, Calif. and FDPMU Team Six from Honolulu, Hawaii concluded two, six-day field exercises demonstrating operational readiness, Jan. 7 - 20.

"The FDPMU provides rapidly deployable, flexible and sustainable force health protection services to forward deployed elements of the Navy and Marine Corps," said Lt. Cmdr. Leith States, operations department head, NEPMU-5. "We do this through expert utilization of detection and diagnostic equipment as well as real-time analytical capabilities."

Each multi-disciplinary FDPMU team is comprised of six officers and eight enlisted Sailors representing five components: chemical, microbiology, disease vector, preventive medicine and logistics. Each component has to meet rigorous training requirements and demonstrate proficiency in strategies and techniques relevant to each subject.

The operational readiness exercise was spearheaded by NMCPHC along with coordinators from the NEPMU-5 operations department.

"Through the exercise, evaluators from NMCPHC identified strengths and limitations associated with delivering the primary mission of the FDPMU," said Dana Goodwin, FDPMU analyst, NMCPHC. "The team must be able to provide force health protection by rapidly assessing, preventing and controlling health threats in a theater of operations and enhancing organic preventive medicine assets."

"The evaluators' role was to assess the team's ability to advise operational commanders on significant risks, operational risk management alternatives and recommend effective intervention measures to protect the health of the force," said Hospital Corpsman 2nd Class Jeffrey Baker, NEPMU-5.

"I am very proud of the way our team came together during the exercise," said Lt. Cmdr. Joseph Vo, FDPMU Team Four officer in charge. "These exercises are designed to be stressful and push your limits, but our team rose to the challenge and is ready to start providing real world services to our fleet and Marine Corps assets."

The successful completion of the evaluation certified FDPMU Team Four and Six as a tier one platform and ready for deployment.

"These FDPMU teams represent the tip of the spear for preventive medicine," said Cmdr. Shelton Lyons, officer in charge, NEPMU-5. "These exercises ensure that our teams are setting the gold standard of Navy readiness and once again our teams proved they are ready to provide world class preventive medicine support anytime and anywhere."

For more news from NEPMU-5, visit http://www.navy.mil/local/nepmu5 or follow NEPMU-5 on Facebook at www.facebook.com/nepmu5.

For more news from NMCPHC, visit http://www.navy.mil/local/nmcphc/.

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In Case You Missed It...

Navy Medicine Announces 2017 Active Duty and Reserve Sailors of the Year

By Mariah Felipe, BUMED

The U.S. Navy Bureau of Medicine and Surgery (BUMED) announced Navy Medicine's fiscal year 2017 Active Duty and Reserve Sailors of the Year (SOY) at Defense Health Headquarters, Jan. 26. Hospital Corpsman 1st Class Jane Borja, from Naval Hospital Camp Pendleton, was selected by BUMED's panel of senior enlisted leaders as Navy Medicine's 2017 SOY and Hospital Corpsman 1st Class Jedediah Maldonado from Operational Health Support Unit (OHSU) San Diego, was selected as Navy Medicine's 2017 Reserve SOY.

Read the full story here: https://www.dvidshub.net/news/263431/navy-medicine-announces-2017-active-duty-and-reserve-sailors-year

(Photo by Petty Officer 2nd Class John Kotara)

Naval Hospital Bremerton ShipShape Program Something to Smile About

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

For Cynthia Blinkinsop, there was a need to regain her smile that had been missing. Naval Hospital Bremerton's health promotion and wellness department's ShipShape Program provided just the resource to make Blinkinsop's happy expression return. "I didn't laugh as much as I used to. My granddaughter makes me smile and I want to be able to keep up with her. The ShipShape Program has given me a creative and supporting environment to improve my overall health to be able to do that," exclaimed Blinkinsop.

The ShipShape Program is the Navy's official weight management program that assists active duty, reservists, beneficiaries and DoD civil service workers with making healthy behavior changes in order to lose weight.

Read the full story here: http://www.navy.mil/submit/display.asp?story_id=103927

Navy Medicine East Promotes Patient Safety through Recognition

By Petty Officer 2nd Class Stephane Belcher, Navy Medicine East

Navy Medicine East's (NME) high reliability team nominated the three, top-ranked Good Catch winners from 2017 to continue to the U.S. Navy Surgeon General's Annual Good Catch Award. Each month NME recognizes staff across its 100 medical centers, hospitals and branch health clinics who step up, speak up and take action to ensure the best health outcomes for patients as part of its Good Catch Recognition Award Program.

"We're dedicated to becoming a high reliability organization and providing the safest, highest quality patient care possible," said Capt. Cary Harrison, NME's chief medical officer and high reliability department head.

Read the full story here: https://www.dvidshub.net/news/263745/navy-medicine-east-promotes-patient-safety-through-recognition

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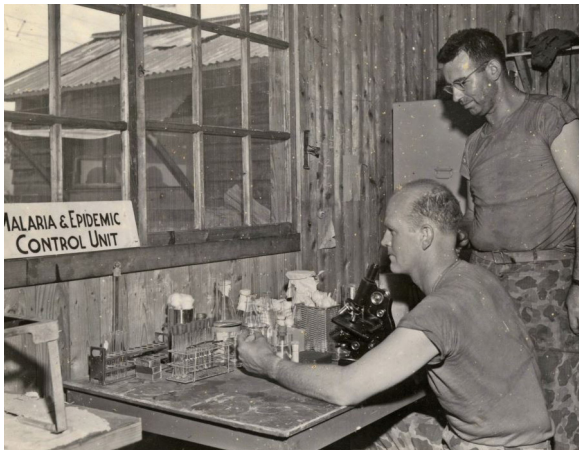
Preventive Medicine in the Atomic Age

By Andre B. Sobocinski, Historian, BUMED

The deployment of malaria control and epidemiology units in World War II may have minimized the toll of mosquito-borne diseases on U.S. Armed Forces, but these were intended only as temporary wartime measures.

Despite the continuing need for prevention and disease control post-war, the Navy disbanded most of these units during the period of demobilization.

Three years after the war, Navy Surgeon General Clifford Swanson likened the peacetime requirement for these units to the access of basic emergency services.



(Photo courtesy of the BUMED Archives)

In a letter to the Chief of Naval Operations in 1948, Swanson stated: "…the peacetime necessity for epidemic control teams . . . somewhat parallels the necessity for fire departments in that they cannot be organized and trained after the fire breaks out." The Navy addressed this need in 1949 by authorizing the permanent establishment of these medical units.

In January of that year, the Navy stood up the Malaria and Mosquito Control Unit (MMCU) No. 1 at the Naval Air Station, Jacksonville, Fla. Under the command of Lt. Cmdr. Kenneth Knight, MSC, USN—an entomologist who had served with Dr. Sapero in Guadalcanal—the unit managed the field use of DDT, investigated new insecticides, explored better means of insecticide dispersal and directed the Navy's mosquito control policy.

MMCU would be redesignated the Disease Vector Control Center (DVECC) in 1957. Presently known as NECE, it operates as an Echelon 5 command under NMCPHC.

Read the full article here: http://www.med.navy.mil/SiteCollectionDocuments/Grog/The%20Grog%20%20Issue%2046%20FINAL.pdf

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