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◀ Front cover photo:
**Cmdr. Kendall Lee and Army Lt. Col. Brett
Freedman** work together to remove a bullet from
a patient's spine at Landstuhl Regional Medical
Center, Germany.

(U.S. Navy photo by Command Master Chief Ron Naida)

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THE NAVY RESERVIST

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The Navy Reservist is always looking for good action photos of Navy Reserve Sailors (minimum 300 dpi) that tell a story of Reserve training or support to the fleet. Please provide full identification of all individuals in the photograph, including their respective rating, rank and command. Photos should also include a visual information record identification number or VIRIN. Information about VIRINs is available online at www.navy.mil/photo_submit.asp. Submissions should be received eight weeks prior to publication month (i.e. October 1st for the December issue). Material will not be returned.

NEWS ONLINE: The Navy Reservist current and past issues can be accessed online at www.navyreserve.navy.mil. Navy Reserve News Stand, a Web site featuring Navy Reserve news and photos, plus links to Navy fleet pages, can be viewed at www.news.navy.mil/local/nrfc.

CHANGE OF ADDRESS: Selected Reserve Sailors with address changes need to provide updates to NSIPS (Navy Standard Integrated Personnel System) via their NOSC Personnel Office.

▲ **Navy Lt. Seth Perrins, a dentist assigned to the 3rd Medical Battalion, 3rd Marine Expeditionary Brigade, 3rd Marine Expeditionary Force, provides dental care to a Filipino child during a cooperative health engagement at the Bigaa Elementary School during Amphibious Landing Exercise 2014 (PHIBLEX 14).**
(U.S. Marine Corps photo by Lance Cpl. Katelyn Hunter)



FOCUS ON THE FORCE

Vice Adm. Robin R. Braun

Vice Adm. Robin Braun visits with the Navy Reserve Surgical Team at Landstuhl Regional Medical Center in Landstuhl, Germany.
(U.S. Navy photo by Lt. Cmdr. Jennifer Bagnell)



Shipmates, as part of the Total Force, our Navy Reserve provides daily operational support to the fleet and combatant commanders, as well as strategic depth or forces ready to respond during national crises. A perfect example of this concept is embodied by our Reserve Medical Community. This month's TNR focuses on how Navy Reserve Medicine has made a tremendous impact, providing both operational support during annual training exercises, humanitarian assistance and disaster response, while also providing long-term strategic support to overseas contingency operations. The professional expertise our medical personnel bring is, in a word, "exceptional." Reserve Component (RC) medical is seamlessly integrated with Navy and joint operations around the world, ensuring top-quality care is provided to the warfighter.

Aboard fleet hospital ships USNS Mercy and USNS Comfort, our Navy Reserve medical professionals deploy in support of annual exercises Pacific Partnership and Continuing Promise, bringing ground-breaking medical procedures to the poorest corners of the globe, giving hope to isolated communities and demonstrating the great care and generosity of the American people. They have also answered the call when disasters struck, providing critical care to the victims of the 2010 Haiti earthquake and the 2012 Japan tsunami. During annual training events, our RC medical professionals support the Arctic Care and Tropic Care training missions, which are multi-service and interagency medical, dental and veterinary events providing assistance to under-served Native Americans and Alaska Natives, as well as medically underserved communities on the islands of Maui and Hawaii.

Earlier this fall, we visited mobilized Sailors from Navy Expeditionary Medical Unit 14 (NEMU 14) at Landstuhl Regional Medical Center in Germany. Landstuhl's world-class U.S. Army medical center provides superb care for our combat wounded servicemen and women. Led by Capt. Laura Wesely and Command Master Chief Ron Naida, this remarkable group of Navy Reserve health care professionals is focused on delivering the best possible medical care to our Wounded Warriors. One example of this group's amazing medical expertise is its Navy Reserve neurosurgery team. Led by Cmdr. Kendall Lee, a neurosurgeon from the Mayo Clinic, the highly skilled team gives those who were wounded or injured a second chance at a full life. There are many patients who have received life saving care from Cmdr. Lee's team, including a contract employee who will walk again after a successful surgery to remove a bullet embedded in his spine.

The Navy is grateful that Citizen Sailors like those from NEMU 14 are willing to put civilian careers on hold in order to operate forward, providing world-class medical care to wounded service members. In turn, our nation appreciates that throughout the world, Navy Reserve Medical professionals are building partnerships and providing compassionate care to thousands in need. Navy Reserve Medicine is a shining example of the tremendous skill sets and dedication our Selected Reserve Sailors offer our Navy and nation.

I wish you, your families and shipmates a safe and happy holiday season.

Vice Adm. Robin R. Braun, Chief of Navy Reserve

Force Master Chief (AW/SW) CJ Mitchell

Command Master Chief Clarence "CJ"
Mitchell relieves Force Master Chief
Petty Officer Christopher Wheeler as
Force Master Chief of the Navy Reserve.

*(U.S. Navy photo by Mass
Communication Specialist 2nd Class
Martin L. Carey)*



Greetings Navy Reserve Force, on Oct. 18, I assumed the duties as the 15th Force Master Chief of the Navy Reserve, a role in which I feel very humbled and privileged to serve. Force Master Chief Chris Wheeler left me some very big shoes to fill. His exemplary leadership, and role as advocate while representing our Reserve Force Sailors and their families, will not be forgotten. He will be missed, and we wish him and his family Fair Winds and Following Seas and the best of luck in all his future endeavors.

I look forward to writing an introduction for you in TNR each month, and while each issue will have a different focus, my column will have a common theme: Readiness.

Our Navy leadership has emphasized the importance of readiness in our Force. One of the CNO's first priorities is to "Remain Ready," and the Chief of Navy Reserve gives the highest priority to "Delivering a Ready and Accessible Force." I'm sure you are all familiar with our Navy Reserve Force motto, "Ready Now. Anytime, Anywhere." So, with that in mind, "Are You Ready?" I know the answer is a resounding, "Always Ready!"

Meeting our operational, family and personal requirements ensures we are "Always Ready" to serve. Maintaining operational readiness includes consistently training for your billet, so you can meet the needs of your gaining command and the mission when called to active duty orders. Family readiness means ensuring that your families, support systems and employers are informed and aware of your participation requirements, and that they have the tools they need to support you.

Personal readiness encompasses everything else - administrative training requirements, advancement, safety, medical, health, and personal resilience. Personal readiness requires individual Sailor initiative, leader vigilance, and the right utilization of resources. Every Sailor is important to the Navy mission, and achieving maximum personal readiness enables the Navy Reserve to answer the call and integrate seamlessly as part of the Navy and Marine Corps team. Maintaining personal readiness is an expectation from our leaders. It is our duty and responsibility!

The Sailors you'll meet in this issue of TNR epitomize this concept of readiness through their ability to meet the needs of the mission, and by ensuring our military members remain fit to fight. In this issue you'll read about the 54 Reserve Sailors with Expeditionary Medical Facility Bethesda Detachment S who spend their drill weekends at Walter Reed performing same-day surgeries for the military, retirees and their dependants. Another group of Reserve medical professionals provides critical medical care and surgeries to wounded warriors at the Landstuhl Regional Medical Center in Germany.

This issue also highlights the diversity and strength of our Navy Reserve Medical community - the medical support they provide for their fellow Reserve Sailors, the active component and others around the world. Medical professionals contribute to sustaining readiness by providing services at NOSCs on drill weekends, at NMPS sites before and after mobilization, to squadrons and of course to our Marine brethren. Our medical Sailors are unique in their service to their shipmates. Their contributions on behalf of Sailor medical and health readiness can be found in every corner of the Navy and the globe.

Enjoy this issue of TNR. I am very proud to serve you as your Force Master Chief and I look forward to meeting many of you throughout the Navy. Thank you for your service and sacrifice. Stay Safe!

Force 15

FOCUS
ON
THE
FORCE



What is the best way to prepare for an upcoming **ADVANCEMENT EXAM?**

By CNRFC N15

Preparing for an advancement exam can seem overwhelming. Although there are many resources available, there is no quick way to prepare for your exam. Most importantly, Sailors should not wait until the last minute to gather materials and begin studying. The following information is geared toward helping testers develop a study plan that will make the most of their time and effort.

Advancement opportunity is based on two primary factors: the individual Final Multiple Score (FMS) and the number of vacancies which create quotas. Every rating has different quotas and advancement opportunity.

Exam Stats by Cycle may be reviewed on the Navy Advancement Center's (NAC) NKO page where you can see how each rating has performed historically. The NAC uses the FMS to rank-order Sailors to fill available quotas in each rating. Sailors have the opportunity to increase their advancement opportunity by scoring higher than their peers taking the same exam. Mastery of the exam comes down to job knowledge and familiarity with governing instructions. Sailors should learn as much as possible about individual ratings from all sources. Study the references listed in the bibliography (BIB), plus consult the Advancement Exam Strategy Guide (AESG). Most AESGs can be accessed on the NAC's NKO page.

Once eligibility requirements are met to take the advancement exam, obtain the current BIB for your rating and paygrade. To do this, log in to Navy Knowledge Online (NKO) and select the NAC link (<https://wwwa.nko.navy.mil/portal/navyadvancementcenter>). Select "Bibliography for Advancement" and choose your BIB. Since the BIBs are exam-specific and are posted six months



prior to exam administration, they can be used to develop a study plan early in the preparation process. Remember to periodically revisit the BIB link to ensure that your BIB has not changed. While every effort is made to verify the accuracy of the BIB at the time of posting, there are circumstances that may occur during those six months that require a BIB change.

Once the correct BIB is obtained, Sailors can begin reviewing the listed references. Depending on the content of the reference and the amount of time available to study before exam administration, plan how much time you will need daily/weekly to cover each reference. Determine whether you prefer to study alone or with a study group. The most important thing to remember is that your study plan must work for you. Rather than studying for hours in one session, break up your study time to reduce fatigue. This also allows you to break information into manageable chunks to study. Do not try to read a reference from cover to cover. Instead highlight or underline pertinent material. If possible, take advantage of command-sponsored training classes including warfare qualifications, damage control and rating-specific Personnel Qualification Standards (PQS). Remember, you are in control of your study plan! ○

PROFILES IN PROFESSIONALISM

We have many talented people in our Navy Reserve. Each month we highlight our stellar Sailors and some of the unique careers, skills and services they provide to the fleet.



Hospital Corpsman 2nd Class Jamise Trapp

Hometown: Severn, Md.

Command: Naval Air Facility

Washington HQ, Joint Base Andrews, Md.

Unit: NR Operational Hospital Support Unit
Bethesda

Brief description of your Navy job: As a Manpower Analyst I serve as a Liaison to Commander, Navy Reserve Forces Command (CNRFC) for all NRM manpower and personnel policies, processes and related issues. I am responsible for validating billet requests by researching credentials with the Reserve Affairs Officer (RAO) for the appropriate officer community.

Brief description of your civilian job: I am a contract and procurement specialist at the Branch Health Clinic at the Washington Navy Yard. I am responsible for purchasing supplies and equipment for the medical and dental clinic.

What has been your greatest Navy achievement? I have been able to do and see a lot of different things while being in the Navy, so it is hard coming up with one. If I had to choose one it would have to be receiving the Humanitarian Service Medal while deployed to Haiti in 2010 with the USNS Comfort. That experience was truly humbling.

Who has been your biggest influence since joining the Navy and why? I have been privileged to serve with some great shipmates, but two women that have been a big influence in my career would be HMCS Indira Kozak and HM1 Tasha Tardy. HMCS Kozak's commitment and passion to anyone serving with her are unparalleled and I am forever thankful. HM1 Tardy has been a great mentor and an awesome friend. Both of these motivating women have kept me grounded and have always been a great support system in my personal life and career.

What do you enjoy most about the Navy? I love the camaraderie! I really enjoy walking around in my uniform or command shirt, and people stop me and tell me their stories. I have made a lot of new friends that way.

Most interesting place visited since joining the Navy: The most interesting place I visited was Italy. I loved everything! The people, the food, the shopping, the beaches and the history! I found it fascinating that I got to go places that I read about in school.

Current hobbies:

Recently I have taken up biking with my son. It is great exercise and another way for us to have mommy and son time. I also enjoy doing ZUMBA fit.



Lt. Cmdr. Lisa J. Evans, Medical Corps

Hometown: Boca Raton, Fla.

Command: Operational Hospital Support
Unit JAX, Detachment D

Brief description of your Navy job: On drill weekends, I perform annual health assessments and physical exams related to limited duty and medical retention, as well as re-enlistment and pre-/post-deployment medical issues. I support the NOSC by providing medical triage for injuries and illnesses that occur on drill weekends and provide medical coverage during the PRT.

Brief description of your civilian job: 30 years in private practice as a board-certified family physician; team physician for the Florida Atlantic University Sports Medicine program taking care of 800 student-athletes; filling in for a deployed Navy physician as a plasma donation center physician.

What has been your greatest Navy achievement?

As a civilian for 59 years with no prior military service, it was putting on a Navy uniform for the first time, and those first few salutes received and given. Then going thru DCOIC at Newport, R.I. and officially making the transition from civilian to Navy officer. Medicine is easy, but functioning as a Navy officer is more challenging at this time. Military bearing, level of fitness, Navy computer literacy, acronyms, and leadership skills are all things I had to become familiar with.

Who has been your biggest influence since joining the Navy and why?

The Navy Nurse Corps: All of the leaders in my unit are nurses. They have accumulated years of service across many Navy platforms all over the world. They function well as clinicians and in positions of leadership. For me, they have been outstanding role models and mentors. They are the true backbone of Navy Medicine.

What do you enjoy most about the Navy?

The people: I especially love the camaraderie of the biggest extended family I have ever known with the diversity of cultures and ethnicities. I enjoy hearing their stories and celebrating their Navy milestones of awards, promotions, re-enlistments, changes of command, and retirements.

Current Hobbies: Biking and kayaking in the Florida Keys with my husband; being involved in the lives of my four adult children and three grandchildren.

To nominate a Sailor send an email to cnrhc_pao@navy.mil for a submission form. Please include a high-resolution (300 dpi) 5"x 7" digital photo of the candidate.



GETTING TO KNOW YOUR DEFENSE TRAVEL SYSTEM (DTS)

By Yeoman 2nd Class Amanda Ho and Yeoman 2nd Class Shaun Sharp

Although the Defense Travel System (DTS) has been in use for almost ten years, it is still new to some travelers. By filing an electronic voucher in DTS instead of using the legacy Personnel Support Detachment (PSD) DD1351 form voucher. Hundreds of thousands of travelers have avoided the wait of up to 45 days while PSD processed the voucher. With DTS, once vouchers are approved by the DTS Approving Official, travelers are paid in 2-3 business days.

Awareness, training, administrative diligence and attention to detail are key to addressing most DTS errors. Below are some of the most common errors that travelers make in DTS, which also offers insight into what Authorizing Officials (AO) should be looking for when approving documents.

Is the Member Registered in DTS?

Some first-time travelers attempt to go on travel without first having created a profile in DTS. Your NOSC or squadron should help you create a DTS profile when you affiliate with the command. Even if you have an active-duty or civilian account in DTS, you must still create a Reserve DTS profile so that your NROWS orders can import into DTS.

Duplicate Expenses

Some travelers add items as reimbursable expenses when the expenses are already being accounted for somewhere else within the voucher. The most common duplicate expenses are for lodging, airfare, rental car, and Commercial Travel Office (CTO) fees. When travel reservations are made through DTS, the system automatically enters the cost for airfare, CTO fees and the rental car to the voucher. In spite of this, some travelers claim airfare or rental car expenses on the non-mileage expense screen when it is already listed as a transportation expense. Note that lodging should never be entered as a reimbursable expense unless it is a dual lodging cost; it is already being reflected on the per diem screen.

Split Pay

Travelers must split their voucher disbursement to cover the remaining balances on their Government Travel Credit Cards (GTCC). According to DoD Financial Management Regulation (DODFMR) VOL 9 (TRAVEL POLICY) Para 031007: "Approving officials are responsible for ensuring that split disbursement amounts are properly annotated and should return any travel vouchers that do not comply for correction and resubmission." In other words, if there is a current balance on the government

travel credit card, AOs do not have the authority to adjust the voucher to pay off travel expenses from previous trips. For example, if a traveler takes out \$200 from an ATM to cover meals while on AT orders and fails to go to "Payment Totals" on the "Additional Options" tab and add the \$200 to the "Add'l GOVCC ATM" amount, the AO cannot account for this underpayment on subsequent travel vouchers. However, the AO can return the voucher and tell the traveler to adjust the payment amount to the GTCC before approving the voucher. Whenever a traveler takes money out of an ATM, it is comparable to taking an advance on the meal allowance. In this case, that particular amount of the voucher payment should have been split and redirected to the GTCC on the previous travel voucher.

Reimbursable Expenses

The Joint Federal Travel Regulations (JFTR), Volume 1 Appendix G spells out all reimbursable expenses for travel. In this article we review two topics: tips and rental cars.

- 1. Tips.** Uniformed members may be reimbursed for baggage handling tips for personal baggage at terminals but not at lodging establishments. Both civilian employees and uniformed members can be reimbursed tips for handling government property at both transportation terminals and lodging establishments. Reimbursement is authorized only for transportation-related tips for handling government property at lodging establishments. The only other tips that may be reimbursed are for transportation such as taxis or shuttles. Other tips for maids, doormen, concierges, and meals are part of per diem and are not separately reimbursable.
- 2. Rental Car.** Insurance for rental cars in the U.S. is not reimbursable. It is only reimbursable in a foreign country when the appropriate authority determines that the local law requires it. Upgrades for rental cars are not authorized unless an Authorizing Official determines that there is a need for a rental car upgrade and authorizes it in advance in DTS. Otherwise, neither the cost of the upgrade nor any additional taxes for the cost of the upgrade are reimbursable.

We trust travelers will reference these tips to prevent future errors when submitting vouchers into DTS. Attention to detail and conducting DTS training will ensure timely voucher payment, reduce GTCC delinquencies and minimize overpayments across the Force. Please do your part!



Metabolic Conditioning

By Lt. Jeremy Britt, Navy Reserve Forces Command



Are you ready for the next level of conditioning or just looking to supplement your current workout? If so, you need to read and heed!


Metabolic Conditioning is a combination of aerobic and anaerobic exercise that will quickly raise your heart rate and help you increase your metabolic threshold.

When done properly, these exercises target both the slow twitch and fast twitch muscle fibers. This allows you to simultaneously increase cardio capacity and build strength.

The following is an example of how to combine differing exercises to achieve maximum benefit over a relatively short period of time. Substitute new exercises to keep it interesting!


Complete as many rounds as possible in 20 minutes:

JUMP ROPE


	Beginner	10 single
	Intermediate	100 single
	Advanced	100 double unders

OVERHAND PULL-UPS

(Free Hang or Assisted - No Kipping*!)

	Beginner	Free Hang for 1 minute
	Intermediate	10
	Advanced	20


BURPEES

	Beginner	5
	Intermediate	10
	Advanced	15

1. Stand with your feet shoulder width apart.
2. Squat as far down as possible.
3. Place hands on the deck in front of you and thrust your legs out. You should be in the push up position.
4. Do a push up and retract your legs as you reach the top of the push up position. You should be back where you started in step 3.
5. Stand up and extend arms straight up. Reach toward the sky.
6. Jump.
7. Repeat.

WIND SPRINTS

(Using Basketball Court)

	Beginner	Half Court
	Intermediate	Full Court
	Advanced	Full Court & Jog Perimeter

1. Begin at one end of the court.
2. Run to the next adjacent line on the court.
3. Touch the line and run back to start position.
4. Repeat, moving to the next furthest line on the court.

Your workout should be scaled according to your personal fitness level. ○

NOTE*** Kipping: Abruptly jerking the knees upward to provide extra lift and remove the weight of said body parts from the lift equation.



Navy Reserve Medicine

A Legacy of Excellence

By, Rear Adm. Bruce Doll, Deputy Chief, Navy Medicine Research and Development, Bureau of Medicine and Surgery (M2) Special Assistant for DoN Office of Research Protections, BUMED Commander, Naval Medical Research and Development Command

Welcome to the featured section on the Navy Reserve Medical community! We have crossed into a new fiscal year ripe with challenges and opportunities to build on our legacy of excellence as we continue to support Navy, Marine

Corps and a variety of joint-service effort settings. While our history as a premier medical capability is an established fact, we cannot rest on those laurels alone. Our involvement in these environments are shaped by events on multiple layers of scope and by the responsive strategies required to ensure mission success.

In the presence of world events like the Arab Spring, Syrian conflict, the drawdown of forces in Afghanistan and our increased commitments in the Pacific region – our new national strategy now focuses on countering the threats of collaborative activities worldwide. Despite current economic conditions and constraints, the Department of Defense's medical departments have committed to a concerted position with the newly established Defense Health Agency (DHA). The US Navy Bureau of Medicine and Surgery (BUMED) continues a critical, multi-year evaluation of the mission scope for Navy Medicine to re-define how it serves fleet and Marine Corps medical needs. Concurrently, Navy Reserve leadership continues



The Surgeon General has defined Navy Medicine Strategic Goals: Readiness, Value and Jointness.

its commitment to the alignment of Reserve capabilities with active-duty components to sustain a seamless, shoulder-to-shoulder effort.

Several clearly stated strategies guide our course of action. The CNO's "Sailing Directions" emphasize: Warfighting First, Operate Forward, Be Ready. The Chief of Naval Reserve has motivated Reserve Sailors to be: Ready Now. Anywhere, Anytime. In line with meeting these expectations, the Navy surgeon general has defined the Navy Medicine Strategic Goals: Readiness, Value and Jointness. The common theme here is Readiness. Readiness is at the core of our shared responsibility to our shipmates and the larger community of service members to whom we serve.

These strategies are not merely clichés. They focus upon the essence of our responsibility as the Navy Reserve medical department to ensure capable, trained medical personnel standing ready to operate forward on any platform in any environment.

This is a personal decision by every member of our community to earnestly achieve the highest level of professional readiness and is proof to every warfighter – we will be there upon the call – "Corpsman Up!" As members of the medical society, we stand on the shoulders of the community with the greatest number of Medal of Honor winners, as well as multiple awards for the highest levels of valor. This commitment to readiness is our duty, not



▶ **Susan Opas**, a pediatrician volunteer with Project Hope, lets a child patient listen to her heartbeat at a medical civic action project during Pacific Partnership 2013.

(U.S. Navy photo by Mass Communication Specialist 2nd Class Carlos M. Vazquez II)



▶ **Hospital Corpsman 2nd Class Mark Little** checks a Tongan citizen's blood pressure at a health fair during Pacific Partnership 2013.

(U.S. Navy photo by Mass Communication Specialist 2nd Class Carlos M. Vazquez II)

▶ **Seaman Rebekah Abernathy** measures the height of a child being screened during a Pacific Partnership health fair to compete in Samoan Special Olympics activities.

(U.S. Navy photo by Mass Communication Specialist 3rd Class Samantha J. Webb)



only to the future operations we support, but to those who served before us.

The Naval Expeditionary Health Support System (NEHSS) offers the means to focus our energies. The readiness of our Reserve Sailors aligns with the NEHSS requirements to maintain proactive and flexibly organized units. With an eye toward the future, we will continue to support exercises such as Golden Coyote and Northern Lights. When long-term commitment is required, we will achieve the same superb efforts seen at Landstuhl Regional Medical Center. The valuable work we perform in these field activities is a clear contribution to our readiness. Further complimenting these operational strategies will be the development of the DHA. Ten directorates will be formed and integrated into this agency: Health IT, Business Support, National Capital Region Medical, Education and Training, Research and Development, Public Health, Pharmacy, Contracting, Budget and Resource, and Facilities. These directorates are projected to reach final operational capability in 2015.

In the next several pages, the significant work of the recent year and the future commitments for which we train will be underscored. This is our time, our responsibility and we will lead this change. As a senior leader within the Navy Medical Reserve community, it is a privilege and honor to work alongside each of you.

Thank you for your dedicated service. ○



This is NAVY RESERVE MEDICINE

BY NAVY BUREAU OF MEDICINE AND SURGERY

Navy Reserve Medicine (NRM) represents a highly diversified community of medical professionals spread across the entire Navy Reserve Force (NRF). Reserve Component (RC) medical staff corps officers and corpsmen can be found working for the Chief of Naval Operations (OPNAV), Marine Forces, Bureau of Naval Personnel (BUPERS), Military Sealift, Navy Installations, Fleet Forces, Pacific Fleet, Naval Education and Training, and Naval Special Warfare Commands.



◀ **Lt. Elizabeth Griffis**, a dentist assigned to Naval Branch Health Clinic Jacksonville, performs a readiness examination on Army Staff Sgt. Matthew Waller. (U.S. Navy photo by Jacob Sippel)



NRM is a community of more than 7,000 personnel including more than 2,500 Navy Medical Staff Corps Officers and more than 4,500 Navy Hospital Corpsmen. The officer community includes the Medical Corps, Nurse Corps, Medical Service Corps and Dental Corps Officers with

each corps being composed of a myriad of specialties and subspecialties.

The Navy Hospital Corps is represented by general duty corpsmen, laboratory technicians, X-ray technicians, surgical technicians, fleet Marine Force Corpsmen, urology technicians, cardiovascular technicians and respiratory therapy technicians; virtually every major clinical or warfare specialty is represented by a Navy Hospital Corpsmen.

Since 9/11 NRM has been involved in providing medical support to contingency requirements around the globe, through both operational platforms and individual augmentee (IA) mobilizations. Since September 2001, NRM Reserve Sailors have mobilized in support of more than 5,500 individual contingency requirements.

In 2005 more than 300 members of Navy Reserve Fleet Hospital Dallas mobilized to Kuwait as Expeditionary Medical Facility (EMF) Dallas. More than 350 Reserve Sailors assigned to Navy Reserve Fleet Hospital Great Lakes Platform were the first Navy contingent deployed to Landstuhl Regional Medical Center (LRMC), Germany. This contingency support mission has involved more than 1,400 NRM Reserve Sailors and six ongoing Navy Expeditionary Medical Unit (NEMU) missions to LRMC since that time.

Additionally, NRM Reserve Sailors have filled IA missions with NATO Role III, Navy Mobile Construction Battalions (NMCBs), EMF Kuwait, U.S. Marine Forces, Navy Special Warfare and Detainee Operations in Afghanistan, Iraq, Kuwait, Guantanamo Bay, U.S. European Command, U.S. Central Command and U.S. Africa Command; as well as provided contingency augmentation support to Military Treatment Facilities (MTFs), Navy Personnel Command and Navy Mobilization Processing Sites stateside.

The Navy EMF Program combined with advances in battlefield medicine, aero-medical evacuation and enroute care of casualties is transforming NRM from a strategic structure to a more agile operational structure. In addition to three EMFs, NRM currently has eight Operational Health Support Unit (OHSU) and the Navy Medicine Education and Training Command (NMETC) Reserve.

Expeditionary Medical Facilities

The NR EMFs are being constructed as 150-bed facilities with the

▲ **Hospital Corpsman 2nd Class Abner Boquiron** examines a patient's eyes at a medical civic action project during Pacific Partnership 2013.

(U.S. Navy photo by Mass Communication Specialist 2nd Class Carlos Vazquez II)



▲ **Hospitalman Rodolfo Carretero**, assigned to 3rd Medical Battalion, 12th Marine Regiment, 3rd Marine Division, III Marine Expeditionary Force, assesses the injuries of a simulated casualty during a medical evacuation exercise during Artillery Relocation Training Program 2013 at the Yausubetsu Maneuver Area on Hokkaido Island.

(U.S. Marine Corps photo by Lance Cpl. Caleb Hoover)



▲ **Senior Chief Hospital Corpsman Brian Campbell** instructs sailors during a mass casualty drill on the flight deck of the amphibious dock landing ship USS Carter Hall (LSD 50).

(U.S. Navy photo by Mass Communication Specialist 3rd Class Sabrina Fine)

“Since September 2001, Navy Medicine Selected Reserve Sailors have mobilized in support of more than 5,500 individual contingency requirements.”

flexibility to be adapted to support as little as 50-beds. Departments and teams assigned to the EMFs are designed to sustain a 150-bed acute, surgical, critical care intensive facility including, but not limited to: patient administration, materiel management, food service, security,

emergency medicine, advanced trauma surgery, general surgery, orthopedic surgery, dental, post anesthesia care unit, central sterile supply, intensive care, acute care, mental health, lab, microbiology, pharmacy, radiology, physical therapy, cardiology, neurosurgery, vascular surgery and other surgical specialties and base operating support services. The EMFs include approximately 400 medical and 150 non-medical staff.

The EMFs are designed to be self-sustaining units capable of being more readily adaptable than the fleet hospitals of the past. Future EMFs will be structured with adaptive packaging solutions in mind. Specific humanitarian assistance and disaster response teams may be put on board or left in garrison depending on the needs of the mission.

EMFs will train as a unit, but assigned personnel will continue to take advantage of clinical training opportunities with the Military Treatment Facility and other continuing medical education requirements. The EMFs are focused on the operational mission, but will continue to provide MTF and readiness support where capable.

Operational Health Support Units

There are between 250 and 500 Reserve Sailors assigned to each OHSU depending upon the size of their gaining MTF. The Navy Reserve OHSUs currently within the Navy Reserve Force include: NR OHSU NH Camp Lejeune, NR OHSU NH Camp Pendleton, NR OHSU NH Jacksonville, NR OHSU NH Pensacola, NR OHSU NMC Portsmouth and NR OHSU NMC San Diego. NR OHSU Bethesda is a 400-member unit currently transitioning to become the third Navy Reserve EMF



◀ **Hospital Corpsman**
1st Class Jacqueline
LaDue, listens to a
patient's lungs during a
routine check-up aboard
the aircraft carrier USS
Nimitz (CVN 68).

*(U.S. Navy photo by
Mass Communication
Specialist 3rd Class Raul
Moreno Jr.)*



unit. The OHSUs provide Reserve support to their active duty gaining commands, while at the same time Reserve Sailors obtain critical clinical training. OHSUs may have up to 20 detachments that report to the headquarters detachment and are all aligned to the MTF.

Detachments may be co-located with Navy Operational Support Centers and detachment members will be involved in providing individual medical readiness support to include immunizations, dental exams and physical health assessments for the units and Reserve Sailors assigned. OHSU Reserve Sailors completed approximately 20,000 PHA's, 18,000 dental exams and more than 12,000 immunizations for Navy Reserve Sailors force-wide in FY13.

In addition to readiness support, OHSUs are involved in supporting ambulatory surgery units on weekends, flex-drilling to support outpatient clinics and inpatient wards, and providing medical support for weekend training events.

Navy Medical Support Command

The Navy Medical Support Command (NMSC) Reserve Component provides NRM support in the planning, logistics and execution of medical support for field training events, Innovative Readiness Training and Humanitarian Assistance/ Disaster Relief (HA/DR) efforts. NMSC staff have been heavily involved in NRM planning and support for Individual Readiness Training (IRT) events, such as Tropic Care. Tropic Care is a medical outreach event during which dental, optometry, and medical care is provided with the Air National Guard as lead service agent, with support from the Air Force Reserve, Navy Reserve, and the Army Reserve in remote areas of the Hawaiian Islands.

Medically underserved communities are the focus of these

“Navy Reserve Medicine is a community of over 7,000 personnel, including more than 2,500 Medical Staff Corps Officers and more than 4,500 Hospital Corpsmen.”

training missions. They provide real-world training opportunities for NRM Reserve Sailors who could be asked to support HA/DR missions on a moment's notice. Missions such as Operation Unified Response, the earthquake disaster relief mission to Haiti in 2010, and Operation Tomadachi, the Navy support response to the earthquake and tsunami that struck Japan in 2011, are excellent examples of real-world events that NRM is called on to support. The training NRM Reserve Sailors receive through IRT events and HA/DR missions such as Continuing Promise and Pacific Partnership prepare these members to function in multi-service, foreign government and civilian support agency environments that represent the combined response efforts that characterize these missions today.

As an integral part of the Navy Reserve Force, Navy Reserve Medicine's current efforts are designed to optimize the response to operational and contingency requirements; maximize support to the active component; effectively train and prepare for future requirements and continue to provide readiness support to Navy and Marine Corps Reserve Sailors throughout the Force. ○



▲ The Warrior Transition Program (WTP) at WTP facilities in Sembach, Germany. (U.S. Navy photo)

‘PURPOSEFUL CARE’

NAVY WARRIOR TRANSITION PROGRAM

BY WARRIOR TRANSITION PROGRAM PUBLIC AFFAIRS

Fresh air, rolling hills and green grass are a welcome sight to Sailors returning from the burdens of serving in a war-zone. Even more important are the warm welcomes from the Warrior Transition Program’s (WTP) Care Team.

The Navy developed the WTP in an effort to facilitate Individual Augmentee (IA) Sailors’ return, and ease the reintegration process with families, commands and communities following a war-zone deployment. WTP moved to Sembach, Germany from Kuwait in 2012, to better serve Sailors completing their IA assignments.

Reintegration at WTP is a process, not one single event. Reintegration is accomplished by providing Combat and Operational Stress Control Continuum (COSC) workshops, providing tools to maintain healthy relationships, collecting issued gear and weapons, conducting Post Deployment Health Assessments (PDHA) and coordinating onward movement — all of which help support Sailors making the transition back to the United States, or their next duty station overseas.

An integral part of this process is the WTP Care Team, which is staffed by hospital corpsmen, nurses and chaplains, whose responsibilities include decompression workshops, supportive counseling, PDHAs, blood draws and religious needs.



▲ A member of Warrior Transition Program Care Team draws blood from a redeploying Sailor at WTP facilities in Sembach, Germany. (U.S. Navy photo)



“Our main purpose is to care for the mind, body and especially the spirit of returning Sailors,” said Lt. Todd Mallory, WTP Care Team member.

“We provide an opportunity for Sailors to relax and work through their concerns about what they experienced in theater; we prepare them to return home with less stress,” said Lt. Cmdr. Cecilia Salazar, department head, WTP Care Team. “It’s an opportunity for them to discuss their concerns in a classroom setting and one on one.”

Since 2012, more than 1,800 redeploying Sailors have completed the WTP program; for active and Reserve Components alike, WTP plays a crucial role in the well-being of redeploying Sailors who have deployed outside traditional Navy lifelines. The greatest impact of the WTP Care Team is that it gives Sailors the support, time and care they need to begin transitioning home.

“Returning home to loved ones and friends can be a very overwhelming experience,” said Master-at-Arms 2nd Class Natiya Kazemi. “The WTP Care Team in Germany was attentive, compassionate, informative and calming. Returning Sailors were their number one priority, and I can honestly say it made a tremendous difference with the anxiety I was personally feeling about returning home.”

That sense of compassion at WTP, coupled with an at-ease family atmosphere, helps play an important part in returning these Sailor warriors back to their way of life.

“When it is time for them to go, each WTP staff member is like a family member...waving good-bye with a wish of Fair Winds and Following Seas,” said Mallory. “I believe for those Navy IAs who’ve answered their nation’s call to duty, WTP plays a crucial role in making them feel cared for.” ○

WE’RE THERE FOR YOU.

As with all reintegration processes, returning IA Sailors may encounter some challenges:

- Potential feelings of loss or displacement (loss of group cohesiveness and separation; returning as an individual, not as a unit)
- Acknowledging that roles and relationships may have changed or been reshaped
- Difficulty communicating needs or sharing experiences

If you find you are experiencing difficulty trying to adjust, do not hesitate to contact any of the following support services:

- Primary Care Manager (PCM) or Primary Care Provider (PCP) (medical provider)
- Local Medical Facility (military or civilian)
- Chaplain



(1-855-NAVY-311)

- Veterans Administration Counselors

www.vetcenter.va.gov



(1-877-WAR-VETS)

- Military OneSource (for help in finding a Counselor)

www.militaryonesource.mil



(1-800-342-9647)

- Project FOCUS (Families OverComing Under Stress)

www.focusproject.org



◀ **Redeploying Sailors** clean weapons at Warrior Transition Program in Sembach, Germany.

(U.S. Navy photo)

CPR SNAPSHOT

It's far better to do something than to do nothing at all. This is especially true when it comes to a life threatening emergency in which someone's breathing or heartbeat has stopped. Knowing cardiopulmonary resuscitation (CPR) can be the difference between life and death. CPR can keep oxygenated blood flowing to the brain and other vital organs until medical treatment can restore a normal heart rhythm. When the heart stops, the lack of oxygenated blood can cause brain damage in only a few minutes. A person may die within eight to 10 minutes.

CPR is a lifesaving technique and the American Heart Association recommends that everyone — untrained bystanders and medical personnel alike — begin CPR with chest compressions.

The American Heart Association advises the following steps based on your level of training:

Untrained: If you're not trained in CPR, then provide hands-only CPR. That means uninterrupted chest compressions of about 100 a minute until paramedics arrive (Details below). You don't need to try rescue breathing.

Trained, but rusty: If you've previously received CPR training, but you're not confident in your abilities, then just do chest compressions at a rate of about 100 a minute. (Details below)

Trained, and ready to go: If you're well trained and confident in your ability, begin with chest compressions, instead of first checking the airway and doing rescue breathing. Start CPR with 30 chest compressions before checking the airway and giving rescue breaths.

The above advice applies to adults, children and infants needing CPR, but not newborns.

Everyone should know CPR. To learn CPR properly, take an accredited first-aid training course, including CPR and how to use an automatic external defibrillator (AED).

CPR IN A SNAPSHOT

Before starting CPR, check:

- Is the person conscious or unconscious?
- If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
- If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call 911 before beginning CPR — unless you think the person has become unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call 911 or the local emergency number.
- If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR.

REMEMBER C-A-B

The American Heart Association uses the acronym CAB — circulation, airway, breathing — to help people remember the order to perform the steps of CPR.



CIRCULATION:

Restore blood circulation with chest compressions.

1. Put the person on his or her back on a firm surface.
2. Kneel next to the person's neck and shoulders.
3. Place the heel of one hand over the center of the person's chest, between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.
4. Use your upper body weight (not just your arms) as you push straight down on (compress) the chest at least 2 inches (approximately 5 centimeters). Push hard at a rate of about 100 compressions a minute.
5. If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, go on to checking the airway and rescue breathing.

AIRWAY:

Clear the airway.

1. If you're trained in CPR and you've performed 30 chest compressions, open the person's airway using the head-tilt, chin-lift maneuver. Put your palm on the person's forehead and gently tilt the head back. Then with the other hand, gently lift the chin forward to open the airway.
2. Check for normal breathing, taking no more than five or 10 seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear. Gasping is not considered to be normal breathing. If the person isn't breathing normally and you are trained in CPR, begin mouth-to-mouth breathing. If you believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth rescue breathing and continue chest compressions.

BREATHING:

Breathe for the person.

Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened.

1. With the airway open (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.
2. Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second breath. Thirty chest compressions followed by two rescue breaths is considered one cycle.
3. Resume chest compressions to restore circulation.
4. If the person has not begun moving after five cycles (about two minutes) and an automatic external defibrillator (AED) is available, apply it and follow the prompts. Administer one shock, then resume CPR — starting with chest compressions — for two more minutes before administering a second shock. If you're not trained to use an AED, a 911 or other emergency medical operator may be able to guide you in its use. Use pediatric pads, if available, for children ages 1 through 8. Do not use an AED for babies younger than age 1. If an AED isn't available, go to step 5 below.
5. Continue CPR until there are signs of movement or emergency medical personnel take over.

CPR ON A CHILD

The procedure for giving CPR to a child age 1 through 8 is essentially the same as that for an adult.

The differences are as follows:

- If you're alone, perform five cycles of compressions and breaths on the child — this should take about two minutes — before calling 911 or your local emergency number or using an AED.
- Use only one hand to perform heart compressions.
- Breathe more gently.
- Use the same compression-breath rate as is used for adults: 30 compressions followed by two breaths. This is one cycle. Following the two breaths, immediately begin the next cycle of compressions and breaths.
- After five cycles (about two minutes) of CPR, if there is no response and an AED is available, apply it and follow the prompts. Use pediatric pads if available. If pediatric pads aren't available, use adult pads.
- Continue until the child moves or help arrives.



CPR ON A NEWBORN

Most cardiac arrests in babies occur from lack of oxygen, such as from drowning or choking. If you know the baby has an airway obstruction, perform first aid for choking. If you



don't know why the baby isn't breathing, perform CPR. To begin, examine the situation. Stroke the baby and watch for a response, such as movement, but don't shake the baby. If there's no response, follow the CAB procedures below and time the call for help as follows:

CIRCULATION:

Restore blood circulation.

1. Place the baby on his or her back on a firm, flat surface, such as a table. The floor or ground also will do.
2. Imagine a horizontal line drawn between the baby's nipples. Place two fingers of one hand just below this line, in the center of the chest.
3. Gently compress the chest about 1.5 inches (about 4 cm).
4. Count aloud as you pump in a fairly rapid rhythm. You should pump at a rate of 100 compressions a minute.

AIRWAY:

Clear the airway.

1. After 30 compressions, gently tip the head back by lifting the chin with one hand and pushing down on the forehead with the other hand.
2. In no more than 10 seconds, put your ear near the baby's mouth and check for breathing: Look for chest motion, listen for breath sounds, and feel for breath on your cheek and ear.

BREATHING:

Breathe for the infant.

1. Cover the baby's mouth and nose with your mouth.
2. Prepare to give two rescue breaths. Use the strength of your cheeks to deliver gentle puffs of air (instead of deep breaths from your lungs) to slowly breathe into the baby's mouth one time, taking one second for the breath. Watch to see if the baby's chest rises. If it does, give a second rescue breath. If the chest does not rise, repeat the head-tilt, chin-lift maneuver and then give the second breath.
3. If the baby's chest still doesn't rise, examine the mouth to make sure no foreign material is inside. If the object is seen, sweep it out with your finger. If the airway seems blocked, perform first aid for a choking baby.
4. Give two breaths after every 30 chest compressions.
5. Perform CPR for about two minutes before calling for help unless someone else can make the call while you attend to the baby.
6. Continue CPR until you see signs of life or until medical personnel arrive.

NOTE*** If you're the only rescuer and CPR is needed, do CPR for two minutes — about five cycles — before calling 911 or your local emergency number. If another person is available, have that person call for help immediately while you attend to the baby.

Remember, the difference between your doing something and doing nothing could be someone's life. o

COILED VIPER 2013

Enhancing
Medical Support
for Reserve Sailors



BY NAVAL HOSPITAL BREMERTON PUBLIC AFFAIRS

From Tactical Combat Casualty Care (TCCC) to Improvised Explosive Device Detection Training, Navy Reserve doctors, nurses, hospital corpsmen and support staff of Operational Health Support Units (OHSU) enhanced their clinical capability and medical assistance participating in exercise Coiled Viper 2013.

“Train as we fight,” exclaimed Senior Chief Hospital Corpsman Laura Sexton, OHSU Bremerton’s senior enlisted leader. “Consider the exercise, mission accomplished.”

OHSU Bremerton, along with OHSU San Diego and OHSU Camp Pendleton personnel, participated in the second annual Expeditionary Field Medicine training exercise Coiled Viper 2013 that was completed in mid-April at Navy Expeditionary Medicine Training Institute, Camp Pendleton, Calif.

Coiled Viper 2013 was specifically designed to keep Navy Reserve medical personnel up to date on new standards of battlefield care while preparing for mobilization.

According to Sexton, the eight-day exercise this year was planned and coordinated by OHSU Bremerton for the three OHSU commands, as well as two Expeditionary Medical Facility (EMF) Commands. Approximately 94 Reserve Sailors successfully completed the demanding academic requirements and rigorous field exercises in front line skills required to provide medical support to combat teams down range.

Along with Navy Nurse Corps officers completing the Trauma Nurse Care Course (TNCC) and hospital corpsmen participating in the TCCC field medicine exercise, doctors, nurses, corpsmen and



support staff took part in Advanced Cardiac Life Support (ACLS) training, the Joint Humanitarian Operations Course (JHOC) and the M9 service pistol qualification. There was even enhanced improvised explosive device (IED) classroom and field training.

Additionally, personnel also participated in field training such as combat drag and carry techniques, emergency procedures for a surgical airway, placement of a Combat Ready Clamp (CRoC) designed to control hemorrhage from the groin area, and use of the FAST1 (First Access for Shock and Trauma) device used in emergency resuscitation situations.

“Coiled Viper offered additional training. We covered MOPP (Mission Oriented Protective Posture) gear. This year, we managed to get in TNCC. Last year, we had ENPC (Emergency Nursing Pediatric Course). Also between the tiers, we were able to add Advanced Burn Life Support. TCCC is nice because we can get the



Reserve Sailors from OHSU Bremerton, OHSU San Diego and OHSU Camp Pendleton participate in the second annual Expeditionary Field Medicine training exercise Coiled Viper 2013. Coiled Viper 2013 was specifically designed to keep Navy Reserve medical personnel up to date on new standards of battlefield care for mobilization.

(U.S. Navy photo by Capt. Christopher Pearce)

enlisted trained-up, and we have officers who take the course as well,” said Cmdr. Mark A. Stowers, officer-in-charge, Coiled Viper 2013.

Attendees were also given a presentation titled “Individual Preparedness in an IED Environment” that included a field study down an IED lane where various explosive devices were hidden so that students could better understand how they are implemented. Immediately following the presentation, students were divided into two platoons and taken on a simulated patrol where an IED was encountered and the platoons were attacked.

“It’s an excellent exercise. It’s good for corpsmen just barely stepping into this role. When we are deployed, we’re expected to function at that level. We should be trained to step into an active role with any deploying unit,” said Stowers.

“Besides the invaluable life saving tools, the exercise developed leadership, team building ability, and most importantly, the confidence to utilize those skills,” said Sexton, noting that participants will take their deployment-based expertise back to their units to enhance the skills of their detachment medical staff at more than 30 Navy Operational Support Centers (NOSC). Each medical staff will continue deployment training and provide Force health protection services working in clinical hands-on settings to support nine Military Treatment Facilities.

“Besides the invaluable lifesaving tools, the exercise developed leadership, team building ability, and most importantly, the confidence to utilize those skills.”


OHSU Bremerton is composed of 450 Sailors in 15 Detachments over nine states. From Anchorage, Ala. to Fort Carson, Colo. and all states in between, their mission is to ensure every Sailor can rapidly respond to the needs of Navy Medicine and Naval Hospital Bremerton, by keeping in a constant state of professional, physical and mental readiness.

OHSU Bremerton also ensures the Force health protection of all Sailors by assisting NOSCs throughout three regions in the completion of physical health assessments and dental exams.

“It is really crazy when you look at the big picture of how training more than 90 Sailors will trickle down to the Sailors in Navy Medicine West,” Sexton stated, adding that along

with the 450 Reserve Sailors assigned to OHSU Bremerton, OHSU Camp Pendleton has 360 Sailors in 10 detachments and OHSU San Diego has 800 Sailors in nine detachments.

“The overall execution of Coiled Viper 2013 was a complete success,” said Capt. Julie Zappone, commanding officer, OHSU Bremerton. “The troops were highly motivated to learn and worked well with each other. The training was well received by the members and leadership, which further boosted morale and cohesiveness among detachment members from each of the assigned platoons. Also, senior leadership learned important real time lessons in communication, team work and flexibility.” ○

A photograph of two surgeons in an operating room. The surgeon on the left is wearing a blue surgical cap and mask, and is looking down at the patient. The surgeon on the right is wearing a blue surgical cap, a green mask, and a head-mounted light. They are both wearing yellow gloves and are using surgical instruments to perform a procedure on a patient's spine. The patient is lying on a table, and the surgical site is illuminated by a bright light. The background shows various medical equipment and monitors.

CIVILIAN- MILITARY SKILLS SAVE LIVES

▲ Cmdr. Kendall Lee and Army Lt. Col. Brett Freedman work together to remove a bullet from a patient's spine at Landstuhl Regional Medical Center, Germany.

(U.S. Navy photo by Command Master Chief Ron Naida)

BY COMMAND MASTER CHIEF RON NAIDA

What do an active duty Navy Senior Chief Petty Officer and an American contractor have in common? Both received potentially lifesaving neurosurgery by a team of Reserve Sailors in Germany at the Landstuhl Regional Medical Center (LRMC). LRMC is an overseas military hospital operated by the United States Army. It is the largest U.S. military hospital outside of the continental United States.

Since 2006, a unique group of Navy Reserve medical professionals has been providing critical medical and administrative skills supporting overseas contingency operations at LRMC. An integrated team of active and Reserve physicians, nurses, administrators and hospital corpsmen - known as Navy Expeditionary Medical Unit 14 (NEMU 14) - provide world-class civilian and military medical expertise to ensure wounded warriors receive exceptional treatment throughout their continuum of care.

These Sailors operate the Deployed Wounded Warrior Medical Center and have met the challenging task of coordinating incoming and outgoing patient movement between U.S. Central Command, U.S. Africa Command, U.S. European Command and the United States with over-the-top dedication and compassion.

Cmdr. Kendall Lee, a Reserve Sailor attached to NEMU 14 and neurosurgeon from the Mayo Clinic in Rochester, Minn., led a group of military surgeons and fellow Reserve Sailors through a tumor removal from the brain of a Senior Chief, and the removal of a bullet from the spine of an American contractor who was evacuated from Afghanistan.

Senior Chief Chris Velasco was receiving a routine full physical before retirement when a MRI discovered a bottle-cap-sized tumor resting upon the center of his brain. Fortunately for Velasco, he and his family would be in Landstuhl, where Lee, one of the top neurosurgeons in the United States, was deployed as a Reserve Sailor. Less than four days after Lee removed the tumor, Velasco, his wife and son would return home to Chula Vista, Calif.



▲ **Cmdr. Kendall Lee, neurosurgeon, attached to NEMU 14,** poses with a patient at Landstuhl Regional Medical Center, Germany. Lee successfully removed a bullet from the patient's spine.
(U.S. Navy photo by Command Master Chief Ron Naida)

Five days later, Lee's skills would be called upon again. This time his services were needed for an American contractor who was shot in Afghanistan. The bullet was lodged between the dura and spinal cord. Fortunately, the patient did not suffer any neurologic deficit before the surgery. Nevertheless, the bullet had to be removed to ensure he would not become paralyzed for the rest of his life.

During the bullet removal, Lee was assisted by Lt. Col. Brett Freedman, an active-duty Army spinal surgeon. Also assisting

Lee were Navy Reserve Hospital Corpsman 1st Class Veronica Brown and Hospital Corpsman 2nd Class Josh Nihiser - both operating room technicians. The medical team successfully removed the bullet and the patient recovered at LRMC.

While the Navy's clinical presence has decreased over time, the indelible mark left by NEMU on the LRMC community and similar stories of surgical success will continue to resonate throughout the theater well after this unit's final departure scheduled for Fall 2014. ○



▲ **Cmdr. Kendall Lee and Army Lt. Col. Brett Freedman** work together to remove a bullet from a patient's spine at Landstuhl Regional Medical Center, Germany.
(U.S. Navy photo by Command Master Chief Ron Naida)

WEEKEND SURGERY → ONE OF A KIND

BY CAPT. MICHAEL McGRATH AND CAPT. DAVID BIANCHI, OPERATIONAL HEALTH SUPPORT UNIT BETHESDA

Every month Reserve Sailors travel to drill sites all across the country. One particular unit, Expeditionary Medical Facility (EMF) Bethesda Detachment S reports to Walter Reed National Military Medical Center (WRNMMC) for drill weekend. The members

of this unique Reserve unit support the Reserve Same Day Surgery Program (RSDSP) for active duty, retired and dependent members. It is the only unit of its kind within the reserves of the United States Armed Forces.

DET S is made up of 54 officer and enlisted members representing a cross section of all specialties required to run a successful outpatient surgery program. The physicians are board certified surgeons in orthopedics, otolaryngology (ENT), plastic surgery and urology. Complementing the surgeons are other Reserve officers such as anesthesiologists, certified registered nurse anesthetists (CRNA), multispecialty registered nurses (RN) and Reserve enlisted Sailors, including surgical technologists and general hospital corpsmen. This exceptional mix of personnel allows the unit to provide extraordinary care to military medical beneficiaries who

need surgical procedures.

During the past 10 years, DET S has provided surgical care to an average of 50 patients annually, saving money for the military healthcare system and providing an alternative for patients who need outpatient procedures performed. The benefits of outpatient surgical care delivered over a weekend are tremendous to the families of surgery patients. Childcare and employment commitments are not interrupted, traffic and parking issues at the command are eliminated, and

care is delivered on a very individualized level to every patient. The team also assists the WRNMMC active duty component by providing staff to cover drill weekend inpatient cases such as Wounded Warrior care and emergency in-hospital

procedures. This additional coverage has been crucial during surge periods with high numbers of Wounded Warriors returning from Afghanistan and Iraq.

"Working with the OEF/OIF family members on the day we have surgeries; it's a very amazing feeling to give back to those that sacrifice so much for us being in the front line of fire," said Hospital Corpsman 2nd Class Franselene St. Jean, a surgical tech, who feels rewarded by providing care to the warriors.

"I came into the Reserves to be a Navy Nurse and being able to accomplish this in an area of nursing I love is a bonus."



▲ EMF Bethesda Det S. (U.S. Navy photo by Lt. j.g. Sabrina Townsend)



“Over the **past 10 years**, **DET S** has provided surgical care to an average of **50 patients** annually.”

▲ **Cmdr. Elan Singer** is assisted by a hospital corpsmen during a same-day surgery procedure at Walter Reed National Military Medical Center. (U.S. Navy photo by Lt. j.g. Sabrina Townsend)

Cmdr. Terry Lein, officer-in-charge, DET S, exemplifies the consummate professional skill that Reserve Sailors bring to the weekend surgery program. Lein is a clinical nurse perioperative manager employed at a greater District of Columbia area hospital. Her corporate knowledge and expertise have allowed for enhanced efficiency of the program. Junior nurses such as Lt. j.g. Sabrina Townsend, also bring real world skills to weekend drills.

“Having the opportunity to provide care to patients during my drill weekends is fulfilling,” said Townsend. “I came into the Reserves to be a Navy Nurse and being able to accomplish this in an area of nursing I love is a bonus.”

Since the unit's inception in 1991, RSDSP successes have

caught the attention of other Navy Reserve medical units who are interested in developing similar programs at sites across the country.

EMF Bethesda's RSDSP exemplifies the core values of the Navy Reserve. Unit members bring valuable civilian expertise to their Reserve jobs and deliver the same high level of surgical care that WRNMMC is world renowned for. Patient surveys show the highest levels of patient satisfaction for weekend surgical care they received was from DET S personnel.

Interested military patients and beneficiaries in the capital area may inquire about the availability of weekend surgery care by contacting their military treatment facility provider. ○

Navy Reserve Nurse Receives

Florence Nightingale Medal

► Lt. Cmdr. Deborah Redman, Nurse Corps, prepares to treat patients in Kunar Province, Afghanistan. (U.S. Navy photo)



BY SENIOR CHIEF MASS COMMUNICATION SPECIALIST WILLIAM LOVELADY

Every two years, the International Red Cross awards the Florence Nightingale Medal to a small group of nurses who have distinguished themselves with courage and devotion by serving and treating victims of armed conflict or natural disaster. It is the highest international distinction awarded in the profession of nursing. This year, 32 nurses from 16 countries were bestowed the honor by the International Committee of the Red Cross in Geneva.

Lt. Cmdr. Deborah Lynn Redman, Nurse Corps, Navy Reserve Expeditionary Medical Facility (EMF) Dallas One, was awarded the prestigious Florence Nightingale Medal in October. The award puts her into a small club of other distinguished nurses – first presented in 1920, only 1,376 nurses have received it. Redman, a family nurse practitioner, was among five American nurses, and the only military nurse, to receive the distinction this year.

“Whether responding to disaster or war, it takes a team of skilled people to go into harm’s way and provide care and comfort to the sick and wounded.”

Redman joined the Navy Reserve in 2008 after serving in both the Army National Guard and the Air Force. Her dedication to military service began early, as she was born into a military family at MacDill Air Force Base in Tampa, Fla. Since then she has devoted her adult life to the nursing profession, and has provided care to the sick and injured in some of the most austere places on earth.

Tough jobs call for tough people and Redman got a lot of toughening on the way to this pinnacle of her nursing career.

“I got pregnant at 16, and quit regular school,” said Redman. “I went to night school, then decided to go back my senior year. I graduated with a two-year-old in the audience. I married my high school sweetheart, who was also a military brat. Shortly after, he joined the military. We were stationed at Fort Hood, then went to Germany, then back to Fort Hood. When we divorced, I had three young children, and I needed to do something to support them.”

As would be demonstrated throughout her life, Redman took charge of the situation and accomplished the mission – in this case raising her children while obtaining her education.

“I went to nursing school and lived on food stamps and about \$500 monthly from student loans,” said Redman. “After graduation, we packed up and moved to Georgia where I joined the Army National Guard.”



“There were many people that were a part of the experience. Of the many people who made our Afghanistan mission a success, I have to mention my corpsmen. Hospital Corpsman 1st Class, now Chief, Victor Ibarra was our enlisted leader. He always made sure his people were taken care of and was an excellent clinician. For a while, he was the only medical person on the forward operating base.”

Redman fondly recalls working with a team of dedicated corpsmen and medics in Afghanistan to include Hospital Corpsman 3rd Class Nickolas Lamal, Hospitalman James Beheler and Army Sgt. Patrick Johnson during the 10-month deployment.

“I hope to encourage others to live life and be willing to work hard”

The team primarily provided care for U.S. military personnel, but she frequently sought permission to go ‘outside the wire’ to treat the local Afghan people. This was a dangerous undertaking for a woman, but it allowed her to care for hundreds of Afghan women and children. She also provided some unique training for Afghan medics.

“Senior Chief Jacquie Riner was my best friend over there. We were in our 50s and looking for adventure. I was asked if I had another female willing to help train the Afghan Army medics to take care of females. They were trying to teach the men that it was ok to treat injured women. Dressed in traditional Afghan clothing in the dark of night, we simulated combat ‘injuries,’

thus providing valuable teaching moments to the Afghan military men.

Looking back on the deployment and her award, Redman said it is an honor to be selected and that she hopes it might inspire others to achieve great things, both personally and professionally.

“With this recognition, more than anything, I hope to encourage others to live life and be willing to work hard,” she said. “Do the right thing and don’t be afraid to take chances

because you never know where it will take you.” ○

Redman not only continued the family tradition of service, she passed it on to the next generation.

“After getting remarried, my husband Paul and I decided to go active duty. He is an amazing supporter, and is a big reason I am able to do what I do. My daughter and I joined the Air Force at the same time. She was going to Lackland AFB for basic training, so I asked to get stationed there to watch her graduate.”

The Air Force sent Redman to Iraq and Korea. In Iraq, she worked in the emergency room and intensive care unit treating service members and Iraqi civilians.

After leaving the Air Force, she joined the Navy Reserve and participated in various humanitarian missions including a trip to Guyana, where her team cared for thousands of people. In 2010, Redman deployed to Afghanistan.

Whether responding to disaster or war, it takes a team of skilled people to go into harm’s way and provide care and comfort to the sick and wounded.

“This award is not just mine,” said Redman.



A close-up photograph of a medical professional, likely a surgeon or dental professional, wearing a white surgical mask and blue gloves. The professional is focused on a patient's head, which is tilted back. The professional's hands are visible, holding a surgical instrument and a tube. The patient's mouth is open, and the internal structures of the mouth and throat are visible. The background is slightly blurred, showing a clinical setting with shelves and equipment.

INNOVATIVE READINESS TRAINING

By Senior Chief Mass Communication Specialist William Lovelady and Mass Communication Specialist 3rd Class Hannah Wilhide



For the last 20 years, Navy Reserve medical professionals have participated in a unique training program that gives them real-world experience treating patients in remote, harsh locations while providing medical services to underserved American communities.

Civil-Military Innovative Readiness Training (IRT) is a partnership between requesting community organizations and all branches of the military. It began in 1993, when President Bill Clinton challenged the Department of Defense to search for innovative programs, which would serve American communities in need and provide realistic military training benefits. He suggested three primary areas of emphasis which take advantage of the unique resources and capabilities of the DoD – health care, infrastructure support and youth training programs.

In June of that year, the Assistant Secretary of Defense for Reserve Affairs established the directorate for Civil-Military Programs. The energy behind this initiative came from the President's call to "Rebuild America," and the National Defense Authorization Act for Fiscal Year 1993.

Since its inception, medical professionals from the armed services have provided medical, dental, veterinarian, optometry and psychiatric support to communities located in remote areas throughout the United States and U.S. territories abroad.

In 2013, three medical IRTs were conducted: Arctic Care in northwestern Alaska, Tropic Care in Hawaii and Hope of Martin in rural Tennessee.

Arctic Care is the largest recurring joint medical readiness and logistics training exercise, providing humanitarian assistance to underserved Native Americans and Alaskan natives. For 2013, training supported the underserved Kotzebue, Alaskan region.

Despite the remote, frigid locale, these exercises aren't just about handing out bandages in the cold. Before day one had even started, the Arctic Care crew got a brutal dose of the reality they would be working in.

"Our first night at about 3 a.m., we were awakened by police pounding on the school door," said Cmdr. Michael Luttrell, a Navy nurse practitioner and officer in charge at one of the Alaskan villages. "They had a gunshot wound to the head and needed our help. We pulled ourselves together and ran to the local clinic."

The man's wound was self-inflicted and he required immediate attention to survive.

"We had just met each other and hadn't worked together yet. But we came together as a team and went to work on this guy. One of our ear nose and throat doctors was able to

"Hope of Martin provided much needed medical relief to a U.S. community"

▲ Hospital Corpsman 2nd Class Magdalene Juarez instructs U.S. Air Force Senior Airman Ashley Burtle on dental techniques while cleaning a patient's teeth during the Hope of Martin Innovative Readiness Training (IRT) at Martin Middle School in Martin, Tenn.

(U.S. Navy photo by Bruce Cummins)

get an airway open and get him stable so he could be flown out of there and he survived.”

Luttrell characterized the experience as scary, but was relieved afterwards to know that the team was able to come together and save the man’s life. They averted tragedy and created inroads with the local populace.

“The village was extremely grateful. You talk about gaining trust right away. We were very well received after that. That I will definitely remember. After it was over, we washed our hands, went back to bed and in the morning said, ‘Isn’t that amazing!’”

Reflecting on the many IRTs he has participated in, Luttrell said, “IRTs are a tremendous experience. It’s a great opportunity to practice your skills and it’s a U.S. mission. It’s different than a typical annual training. You get to go out and put your skills to use.”

Luttrell and his team dealt with the brutal cold above the Arctic Circle, but another IRT, Tropic Care, was held in Hawaii on Maui, Lanai, Molokai and the Big Island of Kona. For most Americans, Hawaii is a vacation paradise. But not far from the glittering beaches of Oahu, many Hawaiians face remoteness, poverty and a lack of medical service.

“I was surprised with the needs of Maui,” said Cmdr. Eric Johnson, officer in charge in Hawaii. “There were a lot of homeless. At first, I was taken aback by how desperate they were. We all think Hawaii is this tropical island but there were a lot of people, especially the locals, who needed our help.

The mission was to deploy to the medically underserved

“The IRT program delivers cost-effective, operational readiness training critical to the successful support of humanitarian assistance, disaster relief and military missions worldwide.”

islands to conduct deployment and readiness training for military personnel from the Army, Navy and Air Force.

“We had two sites set up,” said Johnson. “We had a site at a church, the main site, and then we had a smaller site set up at a local school, which was about 20 miles away. We would barely be getting there and we would already have a line. We had kids show up. We had adults show up.”

The Tropic Care team provided medical, dental and optometric care, as well as civil engineering support, to assist local health and municipal authorities in addressing underserved and unmet community health and civic needs. It was an opportunity to increase the quality of life of fellow Americans while challenging deployment skills and operational readiness.

“Even after our ‘working hours,’ we would try and help the



► **U.S. Navy Oral Surgeon Capt. Russell Kirk, DC,** examines a patient’s teeth during the Hope of Martin Innovative Readiness Training (IRT) at Martin Middle School in Martin, Tenn.

(U.S. Navy photo by Bruce Cummins)



◀ **U.S. Navy Occupational Therapist Lt. Cmdr. Patrick Murray, MSC,** Hope of Martin Mission Officer in Charge, sees a patient during the Hope of Martin Innovative Readiness Training (IRT) at Martin Middle School in Martin, Tenn. *(U.S. Navy photo by Bruce Cummins)*

community. One time we even went out and combed the beach, picking up trash and glass,” said Johnson. “I would say this was a very successful IRT. Everyone worked together and watched out for each other. It was a great experience. No one service felt isolated, we weren’t divided by our uniforms. We were all on the same team and we had the same mission.”

Training focused on junior members, to help them learn customs and courtesies, and provide mentorship and direct patient care during the mission. Senior Chief Hospital Corpsman Karen Tracy found the IRT a very rewarding and successful evolution for her junior corpsmen.

“I was assigned as the senior enlisted leader for the Maui site at St. Theresa’s Church. We not only were able to serve the U.S. community, we also worked in a joint services environment,” said Tracy. “I’ve worked with joint services when deployed to Afghanistan, but this IRT did allow for our more junior Sailors to be exposed to a joint environment, since this will be how we work going forward.”

Not all the Reserve Sailors participating in a medical IRT had to leave the lower 48 to find remoteness and medical hardship. Hope of Martin was an IRT to support the communities of Dresden, Martin, Sharon, Greenfield and Gleason in rural portions of Tennessee.

Like the others, Hope of Martin provided much needed medical relief to a U.S. community. During the course of the exercise service members saw more than 3,200 patients, performed nearly 9,000 procedures, filled more than 8,500 prescriptions and provided hundreds of pairs of glasses. The total value of services to the community was more than \$700,000.

“Although each mission has a small core of people with

previous IRT experience, the majority of Hope of Martin members never participated in an exercise of this nature,” said Capt Janie Brier, medical director and senior Navy advisor for the Tennessee exercise. “They met as strangers, and in less than 48 hours came together as a fully functional team to coordinate and deliver care to thousands of people.”

That sense of teamwork is necessary for any crew who faces real and often dire challenges.

“The theme for most IRTs is Chaos to Comprehensive Care,” Brier said. “Take people from different services that have medical or allied health experience, send them to a remote, underserved community and task them to set up a functioning clinic in a non-traditional setting like a school, church, community center or vacant factory.”

The Hope of Martin clinic was open from 8 a.m. to 7 p.m. for nine consecutive days. Each morning hundreds of people were waiting in line for the doors to open.

“Some camped out all night, for the chance to obtain limited dental and optometry services,” said Brier. “On the day before the end of mission, the members provided clinic services, then they broke down the clinic, loaded the equipment back in the storage containers, cleaned all the areas they used and returned the facility to the community, in a much cleaner condition than received.”

When each IRT concludes, the teams leave the communities they served in better shape than when they arrived. Add to that the training and experience that each Sailor walks away with, and IRTs are invaluable to both the services that conduct them and the communities they serve.

“The IRT program delivers cost effective, operational readiness training critical to the successful support of humanitarian assistance, disaster relief and military missions worldwide,” Brier said. “It is the ideal platform to showcase interoperability. Healthcare professionals have a shared language, culture of care and standards of practice irrespective of the uniform one wears. Commonality of purpose drives cooperation. Bringing service specific specialties together sparks ideas for research, complements the quality of care delivered and increases the scope of training offered. The number one priority for every IRT is training. Everything which occurs, expected and unexpected, is training. In the setting of an IRT, optimal training can only be achieved through joint service missions.” ○

Meet the NAVY RESERVE FLAG OFFICER Class of 2014



Rear Admiral Russell Allen (Aviation)

[Deputy Commander, 7th Fleet](#)

Rear Adm. Allen is a 1984 graduate of the University of Texas. His previous command tours include Helicopter Combat Support Special Squadron Five (HCS-5) during the squadron's mobilization and deployment to Iraq with Joint Special Operations Air Detachment--Arabian Peninsula; 3rd Fleet JFMCC, and Strike Force Training Pacific. Prior to his most recent assignment with COMPACFLT, Allen was assigned as Deputy Commander, RCC Southwest, where he was responsible for administrative control of 20 NOSC's and 11,000 Reserve Sailors.



Rear Admiral Christina M. (Tina) Alvarado (Nurse Corps)

[Deputy Commander, Navy Medicine East](#)

Rear Adm. Alvarado is a graduate of the Alexandria Hospital School of Nursing, Columbia University School of Nursing and the University of North Carolina, School of Public Health. She served as Deputy Chief of Staff (RC) for Navy Medicine East. Previous Reserve tours include command of NR EMF Dallas One, Operational Health Support Unit Jacksonville, Fla, Operational Health Support Unit Camp Lejeune and National Naval Medical Center Bethesda, Md.



Rear Admiral Priscilla B. Coe (Dental Corps)

[Deputy Chief of Staff \(RC\), BUMED](#)

Rear Adm. Coe is a graduate of the University of North Carolina and State University of New York. She is the former Dental Corps Reserve Affairs Officer, Bureau of Medicine and Surgery. Previous tours include command of NR Naval Hospital Jacksonville Det 1108; NR Naval Dental Clinic Pensacola Det 108; Collecting and Clearing Company Bravo, 4th Medical Battalion, 4th Force Service Support Group; 4th Dental Battalion, 4th Marine Logistics Group; Readiness Command Southwest; Navy Medicine National Capital Area and Landstuhl Regional Medical Center, Germany.



Rear Admiral W. Michael Crane (Aviation)

[Deputy Commander, Naval Air Force Atlantic](#)

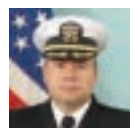
Rear Adm. Crane is a graduate of Virginia Tech. He served 12 years in the Active Component and his 15 year Reserve Component career has focused on Fleet Readiness and Operational Planning and Execution. Command tours include VFC-12, NR Commander Strike Force Training Atlantic (CSFTL), and Navy Expeditionary Combat Command's (NECC) Expeditionary Training Group. He also commanded NR, U.S. Fleet Forces (USFF) Maritime Operations Center (MOC HQ) and served as Chief Staff Officer, NR CNO Ops & Plans augmenting the Pentagon's Navy Operations Center and the OPNAV Plans Directorate in joint and international naval operations.



Rear Admiral W. Kent Davis (Public Affairs)

[Vice Chief of Information](#)

Rear Adm. Davis is a graduate of Louisiana State University and Georgia State University. Previous Reserve tours include Director, NR Navy Office of Information (CHINFO); Director of the U.S. Naval Forces Europe/U.S. 6th Fleet Public Affairs unit; U.S. Joint Forces Command; U.S. Central Command; Executive Officer of the Naval Media Center Reserve unit in Washington, D.C.; and the Navy Information Bureau detachment in Atlanta. His active duty experience includes sea tours aboard USS Missouri (BB-63) and USS Abraham Lincoln (CVN-72), as well as a recall for service in Afghanistan in 2012. He has also served on active duty as an officer in the U.S. Army.



Rear Admiral Mark J. Fung (Civil Engineer Corps) [Deputy for Naval Construction Force, NECC](#)

Rear Adm. Fung is a graduate of Villanova University (BSME/MSME) and the Fox School of Business at Temple University (MBA). His most recent assignment was Deputy Chief of Staff, 1st Naval Construction Division (1NCD). Previous Reserve tours include Commander 7th Naval Construction Regiment, Commanding Officer Naval Mobile

Construction Battalion (NMCB) 26 and PERS-413. He is both Seabee Combat Warfare Officer and Surface Warfare Officer qualified and a Registered Professional Engineer in the Commonwealth of Pennsylvania.



**Rear Admiral Daniel L. Gard
(Chaplain Corps)**

[Deputy Chief of Chaplains for Reserve Matters](#)

Rear Adm. Gard is a graduate of Carthage College, Concordia Theological Seminary and the University of Notre Dame. Previous Reserve tours include HQ Marine Corps; Force Chaplain, JTF-Guantanamo Bay; Deputy Regional Chaplain, Navy Region Midwest; Marine Forces Reserve Headquarters; SURFLANT; NAS Sigonella; NMCB 26; Marine Wing Service Group 47; NAS Adak, Alaska; USS Yellowstone; and DESRON 8.



**Rear Admiral Alma M. Grocki
(Engineering Duty)**

[Deputy Chief of Staff for Fleet Maintenance,
U. S. Pacific Fleet](#)

Rear Adm. Grocki is a graduate of the U.S. Naval Academy and University of New Hampshire. Reserve tours include: Chief of Staff, NR NAVSEA; National Director of the SurgeMain program, and command of NR SIMA Portsmouth, Va.; NR SIMA Bremerton; NR USS Frank Cable (AS-40); NR Naval Submarine Support Command, Honolulu; NR Puget Sound Naval Shipyard; NR Naval Undersea Warfare Center Keyport, Wash. and NR Naval Sea Systems Headquarters Command. Active Component tours include: Nuclear Ship Superintendent Portsmouth Naval Shipyard and Pearl Harbor Naval Shipyard; Submarine Maintenance Director, U.S. Pacific Fleet; and Deputy Ops Officer, Pearl Harbor Naval Shipyard.



**Rear Admiral Victor W. Hall
(Medical Service Corps)**

[Deputy Commander, Navy Medicine West](#)

Rear Adm. Hall is a graduate of the University of Cincinnati and Xavier University. He recently commanded NR Navy Medicine Education and Training Command. Previous Reserve tours include command of Naval Hospital Pensacola NR Det 1010, Officer in Charge of Fleet Hospital Minneapolis, Minn. Dets M and J, and command of H&S Company 4th Dental Battalion (BN), Surgical Company Bravo 4th Medical BN and OHSU Dallas. He also served as Deputy Chief of Staff Navy Medicine East, and Deputy of Personnel, Navy Expeditionary Medical Unit 11- Landstuhl Regional Medical Center, Germany.



**Rear Admiral Daniel J. MacDonnell
(Information Warfare)**

[Reserve Deputy Commander, 10th Fleet](#)

Rear Adm. MacDonnell is a graduate of Salve Regina University and Norwich University. He is the former Commanding Officer of NR 10th Fleet. Previous Reserve

tours include command of NR Navy Information Operations Command (NIOC) Georgia and NR NIOC Maryland-Fort Devens. He also served with Navy Net-Centric Warfare Group (NNWG) and as Director, Signals Intelligence Domain; Director, Training and Readiness (N7); and Director, Manpower (N1). Active duty assignments included a one-year mobilization with the International Assistance Force (ISAF) Joint Command in Kabul, Afghanistan. He is employed as a chief information security officer with an international medical device company in Natick, Mass.



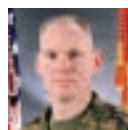
**Rear Admiral Thomas W. Marotta
(Aviation) Deputy Commander,
Navy Recruiting Command**

Rear Adm. Marotta, a 1985 graduate of the U.S. Naval Academy, served over 10 years in the Active Component flying F-14s before affiliating with the Reserve Component in 1995. He recently served as Deputy Commander, Reserve Component Command Southeast. RDML Marotta's commands included NR Navy Casualty Assistance, NR CNE/C6F Maritime Partnership Program 513, and VFA-201 at NAS Fort Worth. While in command of VFA-201, the squadron was mobilized to Carrier Air Wing Eight with the Theodore Roosevelt Strike Group for combat duty in support of Operation Iraqi Freedom.



**Rear Admiral James R. McNeal
(Supply Corps) Deputy Commander,
NAVSUP Global Logistics Support**

Rear Adm. McNeal is a graduate of the U.S. Naval Academy and Chadron State College. He is former Commodore of the 5th Naval Expeditionary Logistics Regiment. Previous tours include command of Naval Reserve NAVSUP Logistics Operations Center, and Navy Cargo Handling Battalion Five; Officer in Charge, Fuels Company F; Executive Officer, Logistics Task Force-Pacific; and assistant Officer in Charge, Defense Contingency Support Team (DCST) -Logistics Assistance Team San Diego. He has mobilized twice to Kuwait: In 2009, he was Deputy Director of the CENTCOM DDOC and CO of Defense Contingency Support Team-Kuwait and in 2013, served as Commander of NAVELSG Forward PAPA.



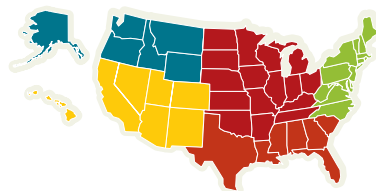
**Rear Admiral Brian S. Pecha
(Medical Corps)**

[The Medical Officer of the Marine Corps](#)

Rear Adm. Pecha is a graduate of the University of San Francisco and Stanford University School of Medicine. His previous assignment was as Force Surgeon for U.S. Marine Corps Forces Reserve. Additional Reserve tours include command of 4th Medical Battalion and service with Naval Reserve Hospital Oakland, Fleet Hospital 9, Naval Reserve Hospital Bremerton, OSHU Camp Pendleton, 1st Battalion 14th Marines, 4th Marine Division and Branch Medical Clinic, Marine Corps Air Station Yuma.

RC PHONE DIRECTORY

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VFC-111 (305) 293-2654
HSC-85 (619) 545-7218
HSC-84 (757) 445-0861

Fleet Intelligence
Training Center Pacific
(619) 524-5814

Headquarters
US Marine Corps
DSN: 278-9360

Joint Chiefs of Staff
(703) 693-9753
(703) 695-1033

Joint Transformation
Command for Intelligence
(757) 836-7000

Judge Advocate General
(202) 685-5190

Logistics Group Western Pacific
011-65-6750-2645

Marine Forces Reserve
(504) 678-1290

Strategic Sealift
Readiness Group
(800) 535-2580

Military Sealift Fleet Reserve
Support Command
(202) 685-5155

Mine and Anti-submarine
Warfare Command San Diego
(619) 524-1032

Naval Air Force US Atlantic
Fleet
(757) 444-2928

Naval Air Forces/Naval Air
Force US Pacific Fleet
(619) 545-2017

Naval Construction Forces
Command
(757) 462-3658

Naval District Washington
Headquarters
(202) 369-7683

Naval Education and
Training Command
(850) 452-4000

Naval Facilities
Engineering Command
(202) 685-9499

Naval Health Care
Newport, RI
(401) 841-3771

Naval Hospital
Bremerton, Wash.
(360) 475-4000

Naval Hospital
Camp Lejeune, N.C.
(910) 451-3079

Naval Hospital
Camp Pendleton, Calif.
(760) 725-1288

Naval Health Clinic
Charleston, S.C.
(843) 743-7000

Naval Health Clinic
Great Lakes, Ill.
(847) 688-4560

Naval Hospital
Jacksonville, Fla.
(904) 542-7300

Naval Hospital
Lemoore, Calif.
(559) 998-4481

Naval Hospital Naples Italy
011-39-081-811-6000/1

Naval Hospital
Oak Harbor, Wash.
(360) 257-9500

Naval Hospital Pensacola, Fla.
(850) 505-6601

Naval Hospital
Yokosuka, Japan
011-81-46-816-5137

Naval Inspector General
Hotline
(800) 522-3451

Naval Medical Center
Portsmouth, Va.
(757) 953-5000

Naval Medical Center
San Diego, Calif.
(619) 532-6400

Navy Medicine Manpower
Personnel Training and
Education Command
(301) 295-2333

Naval Meteorology
and Oceanography Command
(228) 688-4384

Naval Network
Warfare Command
(540) 653-5001

Naval Network Warfare
Command
(757) 417-6750

Naval Operational
Logistics Support Center
(717) 605-5790

Chief of Naval Operations
(703) 697-5664

Naval Operations Office of the
Chief of Chaplains
(504) 678-1394

Naval Operations
Office of Naval Intelligence
(504) 678-1394

Naval Personal Development
Command
(757) 444-2996

Naval Sea Systems Command
(202) 781-1748

Naval Training Support Center
Great Lakes, Ill.
(847) 688-3536

Naval Special Warfare Command
(619) 437-2848

Naval Special Warfare
Operational Support Group
(619) 522-3232

Naval Station Rota Spain
011-34-956-82-2222

Naval Supply Systems
Command
(717) 605-3565

Naval Support Activity, Bahrain
011-973-39-14-6793

Naval Surface Force
US Atlantic Fleet
(757) 836-3057

Naval Surface Forces/Naval
Surface Force US Pacific Fleet
(619) 437-2950

Naval War College
(401)-841-3304

Navy Criminal Investigation
Service Espionage Hotline
(800) 543-6289

Navy Emergency Preparedness
Liaison Officer Program
(504) 678-4264

Navy Expeditionary Combat
Command
(757) 462-4316

Navy Expeditionary
Logistics Support Group
(757) 887-7639

Navy Information Operations
Command(NIOC) Maryland
(301) 677-0817

NIOC Misawa, Japan
011-81-3117-66-2834

NIOC Norfolk, Va.
(757) 417-7112

NIOC Pensacola, Fla.
(850) 452-0400

NIOC San Diego, Calif.
(619) 545-9920

Navy Net-Centric Warfare
Group
(240) 373-3125

Navy Installations Command
(202) 433-3200

Navy Munitions Command
(757) 887-4834

Navy Personnel Command
1-877-807-8199

Navy Region Europe, Africa,
and Southwest Asia
011-39-081-568-6777
DSN: 314-626-6777

Navy Region Guam
(671) 355-1110

Navy Region Southeast
(904) 542-2324

Navy Region Hawaii
(808) 473-4505

Navy Region Japan
011-81-46-816-3155

Navy Region Korea
011-822-7913-7251

Navy Region Mid-Atlantic
(757) 322-2800

Navy Region Singapore
011-65-67-50-2531

Navy Region Hawaii
(808) 473-1168

Navy Region Midwest
(847) 688-2884

Navy Region Northwest
(360) 315-5123

Navy Region Southwest
(619) 532-2925

Navy Support Activity,
Washington, D.C.
(202) 433-3963

Office of Naval Intelligence
(301) 669-5557

Office of Naval Research
(703) 696-5031

Puget Sound Naval Shipyard
(360) 476-7683

Sealift Logistics Command
Atlantic
(757) 443-5758

Sealift Logistics Command
Europe
011-39-081-568-3568

Sealift Logistics Command
Pacific
(619) 524-9600

Space And Naval Warfare
Systems Command
(619) 524-7323

Commander Submarine Force
US Atlantic Fleet
(757) 836-1341

Commander Submarine Force
US Pacific Fleet
(808) 473-2517

Submarine Group Nine
(360) 396-6530

Submarine Group Ten
(912) 573-3733

Submarine Group Two
(860) 694-5683

Submarine Squadron Eleven
(619) 553-8641

US Africa Command
011-49-711-729-4484

US Central Command
(757) 836-4180

US European Command
011-49-711-680-113

US Fifth Fleet
011-973-724-383

US Fleet Forces Command
(757) 203-5463

US Joint Forces Command
(757) 836-6555

US Naval Forces Africa
011-39-081-568-4634

US Naval Forces Alaska
(907) 463-2248

US Naval Forces Central
Command
011-973-724-383

US Naval Forces Europe
011-39-081-568-4634

US Naval Forces Japan
011-81-46-816-1110

US Naval Forces Korea
011-822-7913-5795

US Naval Forces Marianas
(671) 339-7133

US Naval Forces Southern
Command
(904) 270-7354 x4304

US Naval Special Warfare
Command
(619) 522-2825

US Northern Command
(719) 554-5920

US Pacific Command
(808) 477-9138

US Pacific Fleet
(808) 474-8415

US Second Fleet
(757)443-9850

US Seventh Fleet
011-81-6160-43-7440 x4090

US Sixth Fleet
011-39-081-568-4634

US Southern Command
(305) 437-1261

US Strategic Command
(402) 294-0246

US Third Fleet
(619) 767-4296

US Transportation Command
(618) 229-8269

Navy Reserve Intelligence
Command
Reserve Intelligence Command
Hdtrs.
Fort Worth, Texas
(817) 782-7107

Navy Intelligence Reserve
Region Northwest
(360) 315-6001

Navy Intelligence Reserve
Region Southeast Det New
Orleans
(504) 678-3411

Navy Intelligence Reserve
Region Southeast - Ft. Worth
(817) 782-6464

Navy Intelligence Reserve
Region Southeast -
Jacksonville
(877) 882-7396

Navy Intelligence Reserve
Region Southwest San Diego
(800) 873-4139

Navy Intelligence Reserve
Region Southwest Det Denver
(720) 847-6240

Navy Intelligence Reserve
Region Midwest
(847) 688-6273

Navy Intelligence Reserve
Region Midwest Det
Minneapolis
(847) 688-6273

Navy Intelligence Reserve
Region Southeast Det Atlanta
(678) 655-6380

Navy Intelligence Reserve
Region Mid-Atlantic
(757) 444-1352

Navy Intelligence Reserve
Region Washington
(240) 857-7878

Navy Intelligence Reserve
Region Midwest Det Millington
(847) 688-6273

Navy Intelligence Reserve
Region Midwest Det Detroit
(847) 688-6273

Navy Expeditionary Combat
Command
(757) 462-4316

Explosive Ordnance Disposal
Group One
(619) 437-3700

Explosive Ordnance Disposal
Group Two
(757) 462-8453

First Naval Construction
Division
(757) 462-3658

Naval Construction Forces
Command
(757) 462-3658

Maritime Expeditionary
Security Force

Maritime Expeditionary
Security Group One
(619) 437-9808

Maritime Expeditionary
Security Group Two
(757) 396-0513

Chief of Naval Air Training

CAOSO
(361) 961-3386

CNRF CNATRA/FRS PM
(757) 322-6751

SUBMISSION GUIDELINES

PHOTO SUBMISSIONS

Due 5th of the month. High-resolution 300 dpi photos. Set camera on the highest setting (TIFF, FINE and/or HQ). Shoot photos of action supporting the story. Posed shots or “grip-n-grins” are the least desirable. If the story is about people receiving awards, show us what they do that garnered that award. Send us the original image. Do NOT tinker with it in Photoshop™ or other image-editing software. We will edit it to fit into our page layout requirements. Include outline information identifying the subjects and what they’re doing in the photo. Also credit the photographer.

STORY SUBMISSIONS

Due 5th of the month. Monthly columns: at least 500 words. More is okay, we’ll edit it. Feature stories: at least 600-700 words and need supporting photos. Feature-based stories will compel the reader to read the entire story. We do not want a straight-news story written in inverted pyramid newspaper style.

QUESTIONS AND SUGGESTIONS

Please contact TNR staff at cnrfc_pao@navy.mil or call (757) 322-5625.



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