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## Rear Adm. Lane Takes Helm as WRNMMC's New Director

By **BERNARD S. LITTLE**  
WRNMMC Public  
Affairs staff writer

Rear Adm. (Dr.) David Lane took the helm of the “flagship military medical center,” Walter Reed National Military Medical Center (WRNMMC), during a change of authority ceremony Monday in Memorial Auditorium.

Army Maj. Gen. (Dr.) Jeffrey B. Clark, WRNMMC's director since September 2013, relinquished the position and will become director of the Defense Health Agency (DHA) Healthcare Operations Directorate. He is currently serving as the interim director of the National Capital Region-Medical Directorate (NCR-MD).

“We have what it takes [at WRNMMC] to be recognized as the premier academic health center in America, leading the way in patient care, and the use of innovative health technology to improve both the staff and patient experience of providing and receiving care with health professional education and clinical research,” Lane said.

“We're very well staffed with smart, passionate and energized people who want to make a lasting impact on health care, not just here, but in America,” the admiral continued.

He added his guiding principles include “caring for our people first and our mission

always; treating everyone with dignity and respect; building trust and cultivating relationships; communicating with clarity; and being an owner.”

Everyone who works at WRNMMC either cares for patients, or cares for those who care for patients, Lane said. He encouraged all of the WRNMMC staff to take personal ownership of the medical center, and run it with “one simple goal in mind – delivering high-quality, compassionate, patient-and-family-centered care to everyone who passes through our doors.”

The admiral comes to WRNMMC after serving as the Medical Officer of the Marine Corps (TMO) and director of Health Services, Headquarters Marine Corps, a position he assumed in September 2014. A graduate of the U.S. Naval Academy, Lane said he's no stranger to WRNMMC, which he referred to as “home.”

Lane completed most of his clinical training at WRNMMC as a medical student at the Uniformed Services University of the Health Sciences F. Edward Herbert School of Medicine on Naval Support Activity Bethesda. He is also a graduate of the Yale University School of Medicine, U.S. Naval War College as well as the National Defense University, and is certified by the American Board of Family Medicine.

He said he also considers WRNMMC home because his wife, Vicki, gave birth to the second of their three children here, and the admiral practiced family medicine at the former National Naval Medical Center before it integrated with the former Walter Reed Army Medical Center in 2011 to become WRNMMC.

In relinquishing the helm, Clark said the WRNMMC “family” is “the flagship of the Military Health System” with an “incredibly special and noble mission — to serve America's heroes — service members and their families, retirees and their families, and our veterans. You have the privilege of serving those who serve, and it doesn't get any better than that.”

Clark said that the entire WRNMMC staff has been “devoted to our one priority — an extraordinary patient experience for every patient, every time. Please be as proud of who you are, what you do, and more importantly, how you do as I have been to serve with you.”

“I'm going to miss walking the hallowed halls of Walter Reed National Military Medical Center with you more than you can imagine. Thank you,” Clark concluded.

Vice Adm. (Dr.) Raquel C. Bono, director of the Defense Health Agency, officiated the change of authority. She commended Clark



PHOTO BY SHARON RENEE TAYLOR

**Army Maj. Gen. (Dr.) Jeffrey B. Clark, outgoing director, and Rear Adm. (Dr.) David A. Lane, incoming director, salute during the Walter Reed National Military Medical Center (WRNMMC) change of authority ceremony Monday at WRNMMC.**

and Lane, saying Clark “helped create an organization which elevated the level of care” for beneficiaries throughout the NCR-MD, as well as forging new relationships and cooperation with other health agencies in the region, including the National Institutes of Health and Veterans Affairs.

She said Lane will continue this legacy and build on those successes.

“I can't think of a better person to take the helm from General Clark and continue to drive and guide Walter Reed National Military Medical Center to excel and help make the National Capital Region Medical Directorate and our market even stronger,” Bono said.



PHOTO BY HARVEY DUZE, WRNMMC MARKETING

**Vice Adm. (Dr.) Raquel C. Bono, director of the Defense Health Agency, passes the flag and leadership of Walter Reed National Military Medical Center (WRNMMC) to Rear Adm. (Dr.) David A. Lane during a change of authority ceremony Monday at WRNMMC.**

# NMCRS Column



Welcome to February everyone! This is my favorite time of year, Mardi Gras season. After several years stationed in the New Orleans area with my active-duty Sailor, I learned a whole new way of life AND a completely new way to brief. I throw things. Cups, beads, chocolate. If you have had the opportunity to attend a Navy-Marine Corps Relief Society (NMCRS) Bethesda brief, you undoubtedly had chocolate thrown at your head. Why? It gets your attention so that hopefully, you will remember who NMCRS Bethesda is, what we offer, and how to find us.

Who are we? We are a non-profit, volunteer service organization. Our mission is to provide, in partnership with the Navy and Marine Corps, financial, educational, and other need-based assistance to active-duty and retired Sailors and Marines, their eligible family members and survivors.

What do we do? Volunteers sit down with the service member/client to complete a budget, using numbers provided by the service member and combined with local area knowledge of costs of living and average prices for goods and services to determine how best to help the client's financial issue. The volunteer caseworker then determines whether the request for assistance is within established NMCRS policies or whether an existing local resource might better suit

the client's needs. Whether NMCRS provides a check, suggestion or other resource, the client leaves the office with a better understanding of his or her financial situation.

How much assistance did we provide in 2015? NMCRS Bethesda assisted 529 clients with loans totaling \$424,958 and grants totaling \$33,003 for everything from rent to car repair, emergency leave to attend funerals and dental assistance. Twenty-six of these clients were from the Army, Air Force or Coast Guard. Quick Assist Loans provided a 'no questions asked' \$100-\$500 loan in under fifteen minutes to 213 Sailors and Marines. Our Budget for Baby class provided information on how having a baby will affect a family's bottom line and gave 122 participants a baby bundle of goodies valued at \$80.

Where do we do this? You can find us Monday-Friday from 8:30 a.m. to 4 p.m. in Bldg. 239 down past the Z-lot, in our temporary spaces. (We will eventually move back to Bldg. 11). The shuttle bus stops very close to our building. Catch a ride or stretch your legs with a nice walk past the USO. Our phone number is 301-295-1207. We do take walk-ins, however, if you can make an appointment our dedicated volunteer staff can let you know exactly what documentation to bring with you. You will always need your CAC and the current full month Leave and Earnings Statement at a minimum. Some requests do require further documentation.

I wrote this article for two reasons: 1) to remind you NMCRS is on base and ready to assist and 2) it is time for the 2016 Active Duty Fund Drive in Support of NMCRS. A time when I throw extra chocolate around the base! "By Our Own, For Our Own" is this year's slogan, keeping with the tradition of Sailors and Marines taking care of their own. NMCRS relies on donations to continue our relief efforts. If you do not know your Command Coordinator, please contact the base-wide coordinator for the 2016 ADFD in Support of NMCRS, Ensign Cyndele McVeigh, at cyndele.mcveigh@navy.mil. If you are a Soldier or an Airman please contact AER or AFAS for your fund drive dates.

If every active duty Sailor or Marine on this base donated a \$10 per month allotment (\$120 per year) NSA Bethesda could raise \$300,000 "By Our Own, For Our Own."

*Gillian F. "Gin" Connon*

Director

Navy-Marine Corps Relief Society — Bethesda

## Bethesda Notebook

### Children's Dental Health Month

The Pediatric Dental Clinics of Walter Reed National Military Medical Center (WRNMMC) and Navy Postgraduate Dental School (NPDS) will be performing oral screenings and cavity assessments Friday from 8 a.m. to 2 p.m. for all children ages 6 months to 12 years with base access, in the America Building, 4th floor, Pediatric Clinic, in recognition of National Children's Dental Health Month. In addition, there will be face painting, storytelling and games geared towards teaching children good oral hygiene habits. For more information, contact Hospital Corpsman 1st Class Sharifa Anderson at 301-295-1364.

### NCO Induction Ceremony

Newly-promoted Army sergeants will be inducted into the Corps of the Noncommissioned Officers during a ceremony tomorrow at 1 p.m. in Memorial Auditorium. For more information, contact Sgt. 1st Class Christopher Cassidy at 301-400-2988.

### Blood Drive

The Armed Services Blood Program will have a Blood Drive at Walter Reed National Military Medical Center Feb. 10 in Building 9/Arrowhead Building from 9 a.m. to 1 p.m. Walk-ins are welcomed, but appointments are appreciated. Appointments can be made online at [www.militarydonor.com](http://www.militarydonor.com) using sponsor code NNMC.

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## Naval Support Activity (NSA) Bethesda

Commanding Officer: Capt. Marvin L. Jones  
Public Affairs Officer: Ronald D. Inman  
Public Affairs Office: 301-295-1803

NSAB Emergency Information Line 301-295-6246  
NSAB Ombudsman  
Michelle Herrera 240-370-5421

### Journal Staff

Supervising Editor Shejal Pulivarti  
Managing Editor MC2 Hank Gettys  
WRNMMC Editor Bernard Little

Staff Writers  
MC1 Christopher Krucke  
Andrew Damstedt  
Sarah Marshall  
Sharon Renee Taylor  
Joseph Nieves  
Jamie Petroskey

NSA Bethesda  
Fleet And Family Support Center 301-319-4087

Walter Reed National Military Medical Center  
Office of Media Relations 301-295-5727

NSAB Chaplain's Office 301-319-4443/4706

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# NSAB Conducts Solid Curtain-Citadel Shield Training

By **ANDREW DAMSTEDT**  
NSAB Public Affairs staff writer

People might notice an increase in security training onboard Naval Support Activity Bethesda (NSAB) as the installation participates in the Navy-wide Solid Curtain-Citadel Shield 2016 exercise during the first two weeks of February.

Since Monday, there have been various training exercises onboard the installation, designed to train Navy security on how best to respond to threats.

"The majority of the training is for security personnel," said Master-at-Arms 1st Class Jonathan Cales, leading petty officer of NSAB's Security Training Department. "But that doesn't mean that the installation as a whole doesn't get training out of it."

One of the exercises could be a false credential exercise at a gate, he said, so people who happen to be there when it happens will see how security responds.

"People are going to see what the steps are, what we do to deter that sort of behavior," Cales said.

There will be active shooter drills during this two-week exercise as well, which will be all-hands training where everyone in the building will be instructed to shelter in place. Announcements will be sent via Everbridge and over the base's loudspeakers telling everyone that an active shooter exercise is occurring.

An active shooter event is one of the biggest threats facing Navy installations today, Cales said.

In 2013, 12 people were fatally shot at the Washington Navy Yard. There have been reports of suspected active shooters on several installations, with



PHOTO BY ANDREW DAMSTEDT

**Several training exercises, such as this false credential drill on Tuesday at Naval Support Activity Bethesda's Gate 3, are taking place during the two weeks of Solid Curtain-Citadel Shield 2016. This drill had an added component as security personnel also had to respond to a person taking photos of the gate from the sidewalk.**

one reported on NSAB July 6 that put the base on lockdown.

Cales said his department conducts active shooting training at various commands frequently, but said actually experiencing an exercise is beneficial.

"To actually conduct an exercise where there is an active shooter and you are sheltering in place and people are evacuating a building – it's that mind-muscle connection," Cales said. "It's that muscle memory so if it were to happen, you know that when we practiced, this is what we did."

Cales said the exercises will allow everyone on base learn how to act in a real event.

"A lot of people have one route that they take every day to get to work," Cales said. "There may come a time during Solid Curtain-Citadel Shield that they're not going to be able to take that route to work, so they'll have to find another entry control point to come on base."

The NSAB security team does drills every month, but the difference with Solid Curtain-Citadel Shield is that it happens Navy-wide for two weeks.

This annual exercise consists of 300 field-training exercise events on and off Navy installations across the country, which helps assess law enforcement response to attacks both on installations and at soft targets off-installation, according to Navy Installations Command and U.S. Fleet Command Public Affairs.

Safety observers wearing green vests will be at each training and can answer questions people may have about what's happening, Cales said.

"The safety observer will more than likely just let them know that we're conducting an exercise, there's no reason to be alarmed and they're free to carry on with their day," Cales said.

Cales advised people to be patient as the exercises may create detours or unexpected changes to their normal working day.

"Most of the exercises should not impact operations for the base – at least not in a large scale – the base isn't just going to get shut down one day out of the blue like that," he said. "If there is an exercise going on at an entry control point, it might take a little bit longer to get through."

## Experts Answer 10 Questions about the Zika Virus

By **SHARON RENEE TAYLOR**  
WRNMMC Public Affairs  
staff writer

Two infectious disease experts at the Uniformed Services University of Health Sciences (USU) on Naval Support Activity Bethesda (NSAB) recently answered questions about the Zika Virus, which the World Health Organization (WHO) has declared an international public health emergency Monday.

Navy Capt. (Dr.) Tim Burgess and (Dr.) Kyle Petersen perform research on deployment-related infectious/tropical diseases through their Travel Military (TRAVMIL) program at USU.

Burgess leads the Infectious Disease Clinical Research Program (IDCRP), and worked at Naval Medical Research Unit Two (NAMRU-2) in Indonesia on dengue and other arboviruses related to Zika. Petersen serves as an infectious diseases specialist as well as an associate professor of medicine. He was involved with the Zika Virus and other tropical disease work during his previous assignment as commanding officer of NAMRU-6 in Lima, Peru.

The two Navy physicians/researchers offered answers to the following commonly asked questions about the Zika Virus.

**1. What is the Zika Virus? Where did it come from?**

Zika Virus is a flavivirus, one of sever-

al mosquito-borne viruses in the same family as Dengue Fever, West Nile Virus, and Yellow Fever. Zika was first discovered in Uganda in 1947, but has mostly been found in tropical Africa and Asia. In the mid-2000s, the Zika Virus began to spread to the South Pacific to the islands of Polynesia, and in 2015 it emerged in South America in North Eastern Brazil. The Zika Virus has since spread to several countries in South America and the Caribbean basin.

### 2. How does it spread?

Zika Virus is transmitted by Aedes mosquitoes. Primarily Aedes aegypti, but other species of Aedes have been implicated. Aedes are day-biting mosquitoes that prefer to live near or inside human habitations. They breed in standing water left in containers like flowerpots. Wearing bug repellants like DEET or picaridin prevent transmission of the Zika Virus. Removing outdoor trash and open containers around human habitations to reduce breeding sites coupled with insecticide fogging can reduce the numbers of the mosquito vector during outbreaks.

Viral RNA has also been isolated in semen of one patient and there are now 3 probable cases of sexual transmission described, but this is a rare method of acquisition compared to getting bitten by a mosquito.



AP PHOTO

**The Zika Virus, which the World Health Organization (WHO) declared an international public health emergency Monday is transmitted by Aedes mosquitoes.**

### 3. What happens to adults infected by the virus?

Approximately 60 to 80 percent of patients have no symptoms. The other 20 to 40 percent has a self-limited viral disease for around five days consisting of fever, headache, mild joint pain, a red rash, and occasionally conjunctivitis. Prostatitis has been described in a few patients. It appears that some pregnant women who get infected can give birth to infants with a small head and brain (microcephaly), though it is not yet

known how often this occurs. Also, after Zika infection it appears that rarely people can suffer Guillian-Barre Syndrome, a disease that can cause paralysis; this syndrome has long been known to be an uncommon complication following other infections. Once symptoms of Zika resolve, it is thought a previously infected individual will likely have life-long immunity from further infection.

# February is Teen Dating Violence Awareness Month



Courtesy Graphic

By **ELISABET MARTINEZ, LCSW**  
Clinical Case Manager

Teen dating violence can impact anybody regardless of socioeconomic status, gender, race or sexual orienta-

tion. According to [loveisrespect.org](http://loveisrespect.org), a teen dating violence awareness organization, 1.5 million high school students nationwide experience physical abuse by a partner in a single year and one in three adolescents is a victim of physical, sexual, emotional, or verbal abuse.

Dating violence is defined as a pattern of abusive behaviors used to maintain power and control over a dating partner; although isolated incidents can be included. Recognizing the signs of dating violence can potentially be life-saving. There are several types of abuse: physical, sexual, emotional/verbal, digital and stalking.

Physical abuse is the use of physical force by an abusive partner. It does not have to cause pain or even leave a bruise. Physical abuse can include:

- Scratching, punching, biting, strangling or kicking
- Throwing objects
- Pushing or pulling
- Using a gun, knife, box cutter, bat, mace or other weapon
- Grabbing your face to make you look at them

- Grabbing in an attempt to prevent you from leaving

Sexual abuse is any action which pressures or coerces their partner to perform a sexual act such as:

- Unwanted kissing or touching
- Unwanted rough or violent sexual activity
- Rape or attempted rape
- Sexual contact with someone who is very intoxicated, unconscious or otherwise unable to give consent
- Threatening someone into unwanted sexual activity

Emotional/Verbal abuse is the use of threats, insults, and intimidation. For example:

- Calling partner names and putting you down
- Intentionally embarrassing in public
- Preventing partner from seeing or talking with friends and family
- Telling someone what to do and wear
- Using online communities or cell phones to control, intimidate or humiliate

- Blaming partner's actions for their abusive or unhealthy behavior
- Threatening to commit suicide to keep someone from breaking up with them
- Threatening to harm partner, pets or loved ones
- Making partner feel guilty or immature when partner doesn't consent to sexual activity

Digital abuse refers to the use of technology as means to maintain power and control. Examples of digital abuse are:

- Tells partner who their friends can be on social media
- Sends negative, insulting or even threatening emails, messages or tweets
- Uses social media to know of your whereabouts
- Sends unwanted, explicit pictures and/or demands partner send some in return
- Steals or insists to be given partner's passwords

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## Joint Trauma System Recognized for Life-Saving Efforts

By **JOE NIEVES AND BERNARD S. LITTLE**  
WRNMMC Public Affairs staff writers

The director of surgery at Walter Reed National Military Medical Center (WRNMMC) was one of multiple honorees recently recognized for their efforts in improving the chances of survival for those injured on the battlefield.

Air Force Col. (Dr.) Jeffrey Bailey, who is also a professor and director for surgery, Department of Surgery at the Uniformed Services University of the Health Sciences, was previously the director of the Joint Theater System (JTS) in San Antonio, Texas.

The JTS, designated as a Department of Defense Center of Excellence for Trauma by the Office of the Assistant Secretary of Defense in 2015, "is a performance improvement organization that delivers and verifies evidence- and experience-based best practices to combat casualty care, supports educational

content, establishes research priorities, and informs operational decision making and planning," Bailey explained.

A trauma surgeon who deployed twice in support of Operation Iraqi Freedom and served as chief of trauma at the Air Force Theater Hospital, Balad Air Base Iraq, Bailey and others instrumental in establishing the JTS, received the Military Health System (MHS) 2015 Battlefield Innovation Award at the Federal Health 2015 conference. The Association of Military Surgeons of the United States (AMSUS), The Society of Federal Health Professionals, hosted the event in San Antonio in December.

The award citation noted the combat casualty care principles of the JTS were founded on four simple tenets: right patient, right place, right time, and right care. The citation further highlighted, "It is through the JTS and its history of leadership and pas-

sionate commitment to combat care that case fatality rates for combat injury in Afghanistan and Iraq dropped to less than half of Vietnam and one-third of World War II."

Bailey explained the roots of the JTS go back to the Joint Theater Trauma System (JTTS) and the Joint Theater Trauma Registry established in 2004.

The JTTS provided a continuum of care treating warriors from battlefield and battalion aid station to forward surgical teams within one hour of their injuries (casualty evacuation); to the expeditionary medical facility, combat support hospital or Air Force theater hospital within 24 hours or less (intra-theater aeromedical evacuation); to Level 4 definitive care (inter-theater aeromedical evacuation) within 24 to 72 hours; to medical evacuation to the continental United States for Level 5 care, and eventual transition to post-acute care in the VA system.



COURTESY PHOTO

**Air Force Col. (Dr.) Jeffrey Bailey, left, joins other recipients of the Military Health System 2015 Battlefield Innovation Award at the Federal Health 2015 conference hosted by the Association of Military Surgeons of the United States and The Society of Federal Health Professionals in San Antonio. They were honored for the creation of the Joint Trauma System in 2004 and subsequent improvements, which have improved battlefield survivability.**

"The backbone of the JTS was the Joint Theater Trauma Registry, now the Department of Defense Trauma Registry, the largest combat trauma registry in history," Bailey said. He explained the conflicts in Iraq and Afghanistan were the first in which "near real-time data driven decisions were made to inform best practice with a resultant steady decrease in the combat case fatality rate after its inception in 2005."

The JTS have collected data from more than 130,000 combat casualty care records from Iraq and Afghanistan. With the data, the JTS staff has created 39 clinical practice guidelines to provide evidence-based best-practice recommendations for trauma care, according to JTS officials. This has allowed the JTS to expand in "span and scope from support of a single theater of operations to serve as the global trauma system ca-

pability in DoD," Bailey explained.

"The advancements made in trauma and combat casualty care during the recent conflicts in Iraq and Afghanistan have in large part resulted from the continuous JTS operational cycle of data collection, data analysis, and resultant formulation and adaptation of best evidence-based practice guidelines," he concluded.

# TEEN DATING CONTINUED FROM PAGE 4

- Constantly texts their partner and makes them feel like they can't be separated from the phone for fear of being punished

Stalking occurs when a person follows, watches or harasses another person, making them feel unsafe. Stalking can include the following tactics:

- Showing up at partner's home or place of work unannounced or uninvited
- Sending unwanted text messages, letters, emails, voicemails and gifts
- Use social networking sites and technology to track partner
- Make unwanted phone calls to partner
- Calling partner's employer or professor
- Waiting at places partner hangs out
- Damaging partner's home, car or other property

The Centers for Disease Control identified certain risk factors that increase the possibility of a teen to be in abusive relationship such as believing dating violence is acceptable, if they are experiencing depression, anxiety, or have other symptoms of trauma. Other risk factors include: aggression towards peers or displays of other aggressive behaviors, use of drugs or illegal substances, having a friend involved in dating violence and

witnessing violence in the home. Children who witness domestic violence in the home are more likely to exhibit externalizing behaviors.

Aside from recognizing the signs of abuse, there are other ways to help victims of teen dating violence. Don't be afraid to speak up but do not blame the victim for the abuse. Being supportive just by listening and believing is extremely important; it can encourage the victim to seek further help. If you are a parent, talk to your children about dating violence and model what a healthy relationship looks like.

Loveisrespect.org is a useful tool to help victims, parents, family and friends learn more about teen dating violence or you can contact the Fleet and Family Support Center Counseling and Advocacy Program at (301) 319-4087 for more information. Everyone deserves to have an equal, respectful, loving and violence-free relationship.

The Fleet and Family Support Center Counseling and Advocacy Program, on-board Naval Support Activity Bethesda (NSAB), is highlighting this issue because not everyone realizes teens can also be impacted by relationship violence. In an attempt to increase awareness, information will be placed on tabletops throughout NSAB and a presentation on Teen Dating Violence will be held at Glen Haven Apartments, 1200 McMahon Rd., Silver Spring on Feb. 13 from 1 p.m. to 2 p.m.. Both teens and parents are encouraged to attend.

# Transit Benefit Increased to \$255

By **ANDREW DAMSTEDT**  
NSAB Public Affairs  
staff writer

Department of Defense Transportation Benefit Program participants are now eligible for \$255 to defray mass transportation costs for their commute to and from Naval Support Activity Bethesda (NSAB).

Congress recently approved the Consolidated Appropriations Act of 2016, which increased the maximum monthly limit from \$130 to \$255. That increase reflects an amount that was approved in 2012, but expired in 2014 reducing the maximum monthly amount to \$130.

"If you picked up your car keys again because of the decrease, it's time to take a second look at using mass transportation to get to work," NSAB Transporta-

tion Manager Ryan Emery said.

On average, the monthly cost for commuters traveling to NSAB is \$182, he said.

"So the \$255 can cover the majority of folks to get to work," he said.

There are about 2,000 people signed up for the benefit who commute to NSAB, he said.

He encouraged people to plan a trip to see whether using mass transportation would work for them, because the \$255 increase is a permanent change.

There is no need to submit a change application for the increase, he said, unless one needs to update a commute or commuting expenses. However, an update is necessary for those using a third-party transit authority, which can be done on either [commuterdirect.com](http://commuterdirect.com) or [wmata.com](http://wmata.com).

The benefit covers the cost of commuting on any system that uses a SmarTrip card, or for those using MARC, VRE, or a vanpool. The \$255 doesn't cover parking at a metro parking lot.

Civilian employees and active duty personnel are eligible for the benefit, he said.

For more information, go to <http://www.whs.mil/mass-transportation-benefit-program>, or contact Emery at 301-319-3818.

Member: Jay Rodriguez  
U.S. Navy Reserve

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## ZIKA FROM CONTINUED FROM PAGE 3

### 4. How does the Zika Virus affect children: unborn, infants, school-age, teenagers?

Children are affected the same as adults. As mentioned earlier, infants born to mothers with the Zika Virus may have microcephaly.

### 5. Please explain microcephaly.

Microcephaly is a rare neurological condition in which an infant's head is significantly smaller than the heads of other children of the same age and sex. Microcephaly is the result of the brain developing abnormally in the womb or not growing as it should after birth. Children with microcephaly often have developmental issues. Generally there is no treatment, however speech and occupational therapies, may help enhance the child's development and improve quality of life.

### 6. Can an asymptomatic person infected with the virus infect others?

No, not through direct contact; transmission to people is from the bite of the Aedes mosquito. The exception may be from a mother to her unborn child. And, like some other viruses that are present in the blood, it might be transmissible through blood transfusion; that is unknown at present. In general, the Zika Virus does not pass directly from person to person, so people are not contagious.

### 7. How do I know if I've been infected? Is there a test? If so, should infants be tested?

If you have traveled to an area of transmission and develop a fever, joint pain and rash with or without conjunc-

tivitis you can get a molecular test for viral RNA called reverse transcription polymerase chain reaction (RT-PCR). You can also get paired blood tests once during acute infection and again several weeks later to look for development of antibodies to the virus. Infants should not be routinely tested.

### 8. What is the treatment for individuals infected with the Zika Virus? Is there a vaccine?

There is no treatment other than symptom control with acetaminophen. There is no vaccine.

### 9. If a person has been to one of the countries where the virus is spreading what should that person do?

If you are NOT pregnant, nothing other than observe for symptoms and treat with acetaminophen if they develop. Contacting public health authorities if you had symptoms and think you were infected and are willing to give a blood specimen can help better define spread of cases. If you ARE pregnant you need to talk to your obstetrician or health care provider.

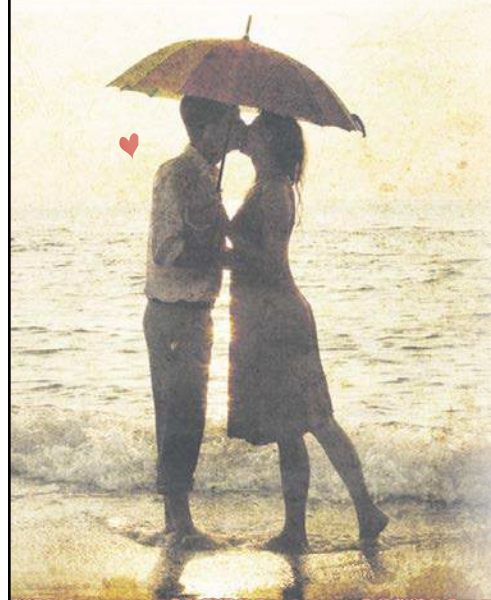
### 10. If a woman at child-bearing age catches the virus, will the virus stay with her and affect future pregnancies: two, five, or 10 years later?

It is unclear but very unlikely; viremia lasts only five to 10 days and non-immunocompromised people will develop neutralizing antibodies that should protect for life, however not enough is known at this time about when harm to the fetus occurs in a pregnancy or if the pregnancy blunts normal immune response to define risk.

For more information about the Zika Virus, visit the Centers for Disease Control and Prevention website at <http://www.cdc.gov/zika/index.html>.

## cutest couple

### PHOTO CONTEST

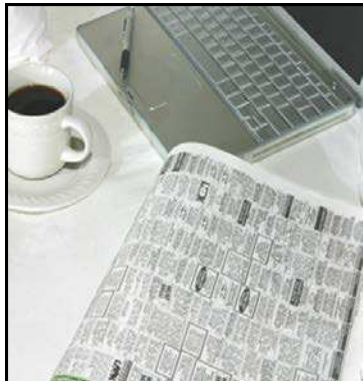


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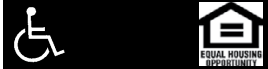
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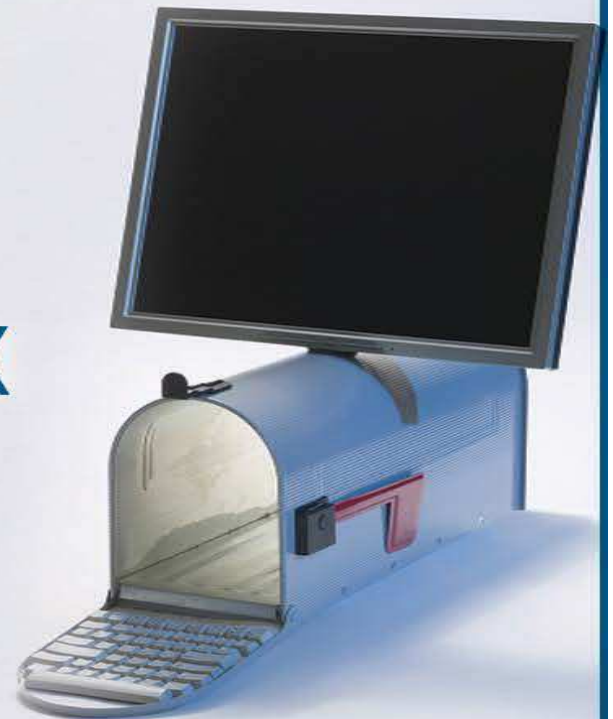
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