



# The Journal

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PHOTO BY AIRMAN MATTHEW HOBSON

Uniformed Services University of the Health Sciences students participate in an exercise at the end of their third year of medical school.

## ‘OPERATION GUNPOWDER’ EMPHASIZES COMMUNICATION, LEADERSHIP

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

A patient with a collapsed lung lay on a gurney in the Uniformed Services University of the Health Sciences’ (USU) cafeteria while receiving care from a team of medical school students.

Unfortunately, their patient died.

Luckily, their patient was never alive to begin with, so the medical students were able to refocus and redo the procedure properly. The life-like patient was part of a simulation of what could happen in a trauma situation when someone is injured by a blast.

“There were times when things went wrong in the exercise because we weren’t communicating as well as we should have,” said Army 2nd Lt. Mary

Gasser, who was the group’s team leader during this procedure.

Nearby, other medical students were treating life-like patients, one with a traumatic brain injury, another was getting a lower-extremity amputation and at the another station set up in the cafeteria, students were supposed to quickly diagnose a blunt abdominal trauma and then send the patient to the operating room.

“I think it’s an excellent opportunity to get hands-on practice in a simulated environment where if something goes wrong, no one gets hurt,” Gasser said. “I can learn from that, before I do that (procedure) to a real patient.”

Navy Lt. Cmdr. (Dr.) Gordon Markham, visiting from the Naval Medical Center in Portsmouth, Va.,

also emphasized that this hands-on learning can help students work out any mistakes before treating service members on the front lines.

“They’ll have a much better appreciation of what will happen and they’ll have the confidence to go forward to carry out the mission,” he said.

These Advanced Trauma Life Support scenarios were just one stop during the first day of Operation Gunpowder, a two-day course put on by the USU Department of Military and Emergency Medicine for third-year medical students.

The exercise is held at the end of the third year for the 160 third-year medical students and prepares them for Operation Bushmaster, which is

See **OPERATION** page 5

# NSAB Part of DC's 'No Drone Zone'

By THE FEDERAL AVIATION  
ADMINISTRATION

The National Capital Region is governed by a Special Flight Rules Area (SFRA) within a 30 mile radius of Ronald Reagan Washington National Airport, that restricts all flights in the greater DC area.

The SFRA is divided into a 15 mile radius inner ring and a 30 mile radius outer ring.

**Unmanned aircraft operation within the 15 mile radius inner ring is prohibited without specific FAA authorization. Naval Support Activity Bethesda is within the 15 mile inner ring.**

Between 15 and 30 miles from Washington, D.C., model aircraft pilots, commercial and public users can fly their UAS according to these operating conditions:

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- Fly below 400 ft.
- Fly within visual line of sight
- Fly in clear weather conditions
- Never fly near other aircraft

The airspace around Washington, D.C. is more restricted than in any other part of the country. Rules put in place after the 9/11 attacks establish "national defense airspace" over the area and limit aircraft operations to those with an FAA and Transportation Security Administration authorization. Violators face stiff fines and criminal penalties.

The FAA is making outreach materials available through a digital toolkit. These materials are offered to federal, state, and other local partners around the National Capital Region to ensure that residents and tourists all understand that operating an



unmanned aircraft in this area for any purpose is against the law. This digital toolkit includes No Drone Zone signage for any medium, including print and web, and informational handout cards explaining that the National Capital Region is a No Drone Zone.

In addition to the No Drone Zone,

as of Dec. 21, 2015, all drones over .55 lbs must be registered, and any operator is responsible for having the proper registration and knowledge of unmanned aircraft regulations.

For more information on unmanned aircraft operation registration and regulations, visit: <https://www.faa.gov/uas/>.

## Bethesda Notebook

### Brain Injury Awareness

In observance of Brain Injury Awareness Month, the National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center (WRNMMC) will host the program "Traumatic Brain Injury 101" March 31 at noon in the NICoE Auditorium. The program is open to staff and beneficiaries of WRNMMC.

### Sexual Assault Awareness

Everyone is invited to attend a proclamation signing and cake-cutting ceremony in recognition of Sexual Assault Awareness and Prevention Month, April 5 at 10 a.m. in Building 17. For more information about Sexual Assault Awareness and Prevention Month activities, contact Kim Agnew, Monique Greene or Rosemary Galvan at 301-442-2053.

### Pre-retirement Seminar

A two-day pre-retirement seminar, open to Walter Reed National Military Medical Center GS employees planning to retire within the next five years, is April 11-12 from 8 a.m. to 4 p.m. each day in the National Intrepid Center of Excellence (NICoE) auditorium in Building 51 at WRNMMC. Space is limited, registration is required and opens March 28. For more information, contact Lisa Wilson at [lisa.s.wilson.civ@mail.mil](mailto:lisa.s.wilson.civ@mail.mil) or 301-319-8510.

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# WRNMMC To Conduct Code Yellow Exercise in April

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

To maintain its readiness, Walter Reed National Military Medical Center (WRNMMC) will conduct a Code Yellow exercise in April.

The goal of the exercise will be to test and evaluate the hospital's lockdown plan and staff's response to an unknown threat, explained Chris Gillette, WRNMMC command emergency manager. He added that the drill will test emergency notification, department response, door sentries, as well as entry control point team roles and responsibilities.

Gillette stressed that this exercise will not involve an actual lockdown of the hospital.

"Lockdown will be simulated," said Gillette. "Patients, visitors and staff will be permitted to enter and exit the hospital during the drill."

He explained that the hour-long exercise will be unannounced and occur during normal working hours.

A Code Yellow is activated for an undetermined threat to the general safety and security of the hospital.

Gillette said for next month's exercise, 36 pre-designated departments will assign sentries to cover primary entry points throughout the hospital.

"Sentries will instruct personnel that the hospital is locked down and no one is allowed in or out of the facility," said Gillette. "Roving teams of the blue coat personnel will provide situational updates to sentries."

"All other personnel should return to their workspace for muster and carry out the plan of the day."

Evaluators and controllers will oversee the exercise and provide feedback on how staff members react and respond to the unknown threat.

According to Gillette, during an actual Code Yellow, the medical center would be placed on lockdown and no one would be allowed in or out of the facility. A Code Yellow could be activated in response to a number of scenarios, such as a hazardous material event, a chemical or biological incident or if an unauthorized person gains access to the installation, he explained. Designated entry points would be set up to establish a perimeter and control access.

Gillette explained WRNMMC maintains continuous readiness by conducting training and exercises, as well as conducting department walk-throughs. The medical center also conducts meetings and tabletop drills for readiness.

"It's important that all staff – civilians, contractors, military – take action and protect our patients, visitors and each other," added Melissa Knapp, program manager for emergency management plans, training and exercises at WRNMMC. "It's continued readiness. We want staff to know what to do if a crisis happens tomorrow."

Contact Chris Gillette at 301-295-3115 or Melissa Knapp at 301-319-4906 for more information about the exercise or readiness training.

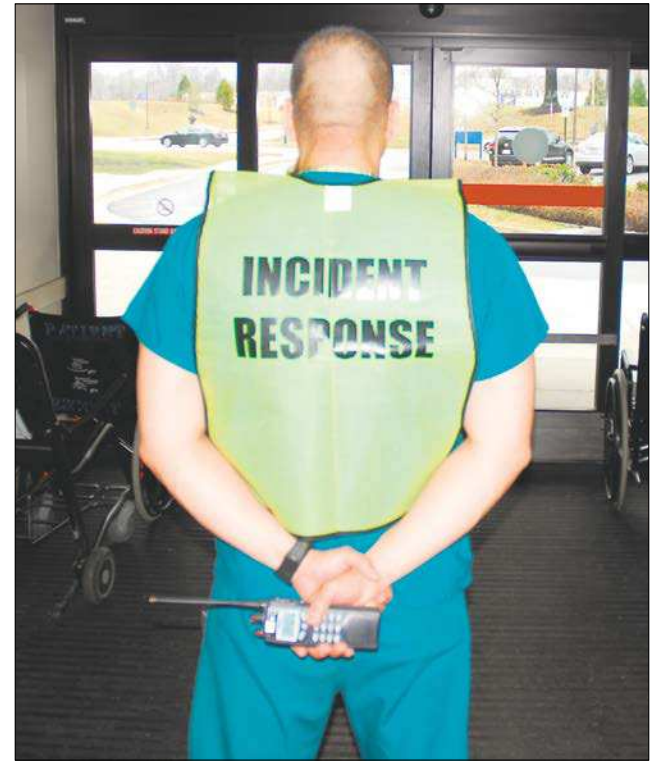


PHOTO BY MCI CHRISTOPHER KRUCKE

Walter Reed National Military Medical Center (WRNMMC) departments will assign sentries to cover primary entry and exit points throughout the hospital during an unannounced Code Yellow exercise at WRNMMC in April.

## Women's History: Saluting Those Who Have Served

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

"The more we know and share stories, we will have go-to reminders of how awesome life can be, and pay tribute to those who have paved paths for us," said Army Col. Eva K. Calero, laboratory manager at Walter Reed National Military Medical Center (WRNMMC).

Calero shared those sentiments with the WRNMMC community as guest speaker during its Women's History Month celebration March 24 in the America Building. The Multicultural Committee sponsored the event.

With this year's Women's History Month theme as "Working to Form a More Perfect Union: Honoring Women in Public Service and Government," Calero spoke of the strides women have made in the U.S. military. She explained women have helped defend the United States before they were legally allowed to wear their nation's uniforms.

"From 1775 to 1783 during the Revolutionary War, women followed their husband to war out of necessity," the colonel said. "Many served in military camps doing laundry and as cooks and nurses, but only with permission from the commanding officers."

"In 1782, an awesome lady named Deborah Sampson served for one year

in Gen. Washington's Army disguised as a man," Calero continued. "After being wounded, it was only then that her gender was discovered. She was honorably discharged and later received a military pension."

During the War of 1812, Mary Marshall and Mary Allen served as nurses aboard the USS United States, Calero stated.

In the Mexican War, Elizabeth Newcom, disguised as a man, enlisted in the Army and marched 600 miles to winter camp in Colorado before being discovered and discharged.

During the American Civil War, women served as administrators of hospitals, as well as nurses and cooks in battlefield hospitals. "Women also served as spies, and some, again disguised as men, served as Soldiers," Calero said.

Dr. Mary Walker, the only woman to receive the Medal of Honor, served during the Civil War, first as a nurse, and then as an unpaid field surgeon near the Union front lines, including at the Battle of Fredericksburg and after the Battle of Chickamauga. In September 1863, Walker was employed as a "contract acting assistant surgeon (civilian)" by the Army of the Cumberland, becoming the first female surgeon employed by the U.S. Army Surgeon.

On April 10, 1864, Walker was captured by Confederate troops, and

arrested as a spy, just after helping a Confederate doctor perform surgery. She was held in a Confederate prison until Aug. 12, 1864, when she was released as part of a prisoner exchange.

After the war, Walker was recommended for the Medal of Honor by Generals William Tecumseh Sherman and George Henry Thomas. On Nov. 11, 1865, President Andrew Johnson signed a bill to award her the medal.

During the Spanish-American War, approximately 1,500 civilian women served as nurses assigned to Army hospitals in the United States. Others served as support staff, spies, and again, disguised as men, as service members.

"From 1917 to 1918, during the last two years of World War I, women [were] finally allowed to join the military," Calero said. She added more than 33,000 women served as nurses and support staff, and over 400 nurses died in the line of duty.

More than 400,000 women served in the military during World War II from 1941 to 1945 as mechanics, ambulance drivers, pilots, administrators, nurses, and in other non-combat roles, Calero continued. Eighty-eight women were captured and held as prisoners of war, she added.

During the Korean War, more than 50,000 women served in uniform.

From 1962 to 1972 during the

Vietnam War, more than 7,000 women served, mostly as nurses, and all were volunteers.

Calero said with the end of the military draft in 1973, the all-volunteer military created more opportunities for women, and in 1976, the first females are admitted to the service academies.

During the Gulf War in the early 1990s, more than 41,000 women were deployed to the combat zone.

In 1991, Congress authorized women to fly in combat missions, and in 1993, Congress authorized women to serve on combat ships. In 2000, Navy Capt. Kathleen McGrath became the first woman to command a U.S. Navy warship, and in 2004, Air Force Col. Linda McTague became the first woman commander of a fighter squadron in U.S. Air Force history.

In 2005 during the War on Terror, Army Sgt. Leigh Ann Hester became the first woman awarded the Silver Star for combat action since World War II.

Women continue to make history and break barriers in today's military, Calero said. In 2014, Adm. Michelle Howard became the first woman four-star in U.S. Navy history. Last year, Capt. Kristen Griest and 1st Lt. Shaye Haver became the first women to graduate from the U.S. Army's elite Ranger School.

# NSAB Sailors Reach Out to Local High School Students

By MCSN WILLIAM PHILLIPS  
NSAB Public Affairs Staff Writer

Sailors from Naval Support Activity Bethesda (NSAB) spoke to Bowie High School students March 23 about joining the military after they graduate high school.

The presentation was part of a career day held by Bowie High School.

Students rotated classes every 45 minutes. There was a mix of students that were a part of the Navy Junior Reserve Officer Training Corps (NJROTC) and students that had never really thought about joining the military.

"I grew up in a military family and I think that this was a great opportunity for the students that aren't sure about joining the military. They got to hear first-hand what it is like to be in the Navy," said Joyelle Garcia, an

NJROTC cadet at Bowie High School.

There were students who had never met anyone in the military before the event.

"I think this is a great opportunity," said Melvin Mallory, a junior at Bowie High School. "Some people did not get the opportunity to meet with someone in the military before this, and for me this was a good opportunity to find out first-hand what it is like to be in the military. I didn't know that if I became a commissioned officer and kept getting promoted, I could be in charge of an entire fleet."

Some teachers even sat in on the presentation.

"The sailors enlightened the students, many of them came in with misconceptions about what the Navy was all about, and the Sailors cleared those up," said Andrew Foster, a



PHOTO BY LT. CHRISTILENE WHALEN

**Naval Support Activity Bethesda Sailors speak to students at Bowie High School March 23 in an effort to reach out to the community and share their military experiences with the students.**

Spanish teacher at Bowie High School. "The Sailors did a good job of clarifying what can be expected during training and after that. I even learned a lot about the Navy that I didn't already know."

This is the second year Sailors from NSAB have gone to Bowie High School

for the career day presentation.

"I've come here twice now and I still really enjoy it," said Religious Program Specialist 3rd Class Mauricio Melo. "I think when we come here it helps the students get the information they need to decide whether or not they want to join the military."



By SHARON RENEE TAYLOR  
WRNMMC Public Affairs Staff Writer

"The whole thing about nutrition is that you're constantly putting fuel [in] for your body throughout the day, and water is one example of [that] fuel," explained Army Capt. Allison Howell, a registered dietitian and chief of outpatient nutrition at Walter Reed National Military Medical Center (WRNMMC).

Water allows your body to appropriately consume nutrients, she explained, and may add a few additional benefits: improvement to your skin, hair and nails, as well as enable you to become better-equipped to handle physical activity and functions.

The WRNMMC dietitian clarified some misconceptions of the clear and colorless fluid essential for life.

There are many types of water on

the market: distilled, mineral, spring, well, filtered and alkaline, explained Howell. But plain, old drinking water is the best, she said.

But can you ever get too much of a good thing?

"Yes, absolutely. There's something called hyponatremia which basically means low sodium levels in the blood," Howell said. "What happens is, when you start over-consuming water, you start diluting everything that's going on in the blood, including sodium."

"Sodium is an essential electrolyte or mineral that we need to help regulate the heart. It's absolutely possible to see [over-consumption of water], and sadly we do see it happen. We see it in the military; we see it in the civilian population where people just end-up over-hydrating," she said.

Some say eight, 8-ounce glasses of water (64 ounces) per day is

best; others say it's half your body weight in ounces.

"Those are decent rules of thumb, but you have to realize, water needs are very individualized," Howell said. She explained gender, age, overall health, or even certain medications, which increase water needs.

According to the registered dietitian, certain health conditions can influence the amount of water an individual should drink, as well as the environment. Temperature, atmosphere, location, and surroundings have a significant influence on the amount of water you need to drink—high altitudes can change your needs, so can extreme temperatures, very cold or very hot. "A lot of that varies," she said.

So how do you know if you're not consuming enough water—when urine turns a little orange or darker than normal?

"Generally speaking, it can be a sign of dehydration. It could also be a sign of other medical conditions. If you're drinking an adequate amount of water and your urine is still dark, it can be a sign of other [issues]. It's worthwhile to speak to your PCM [primary care manager]," Howell said. "A general indicator for adequate hydration is if your urine is diluted, like the color of lemonade, that's OK."

Your body does a good job telling you when you need to drink water, she said. "Unfortunately, we don't do a decent job listening to our bodies. We get busy or distracted and tend to ignore signs that we're thirsty. Sometimes we mistake our body's thirst cues. For example, some people get food cravings when they are

dehydrated; they are not craving food for the energy (calories) but rather for the water content in the food."

And what suggestion does the registered dietitian offer for those of us who don't like to drink water? Flavor it with fresh lemon or mint, she recommended. Even if you use some type of artificial additive to give your water a "taste," 100 percent water is best.

To increase your intake of water, gradually build up to your water goal.

"I don't normally recommend that someone go from 0 to 60 ounces and drink a [tremendous amount] right off the bat, because [you're] going to feel extremely over-hydrated and have to urinate all the time. It's another one of those slow and steady approaches, gradually building," Howell explained. "There are definitely a lot of ways to help someone increase their water intake."

"Take a water bottle, a disposable bottle or reusable water bottle and put tick marks on it in a descending order, and write [the time of day] there. For example, toward the top you'll have 7 a.m. and at the next tick mark you make below, write 8 a.m.," she said. "These tick marks serve as goals to remind you to drink that water."

The slow and steady approach to drink more water is best, explained the Army dietitian, not a crash drink at the end of the day—it needs to be throughout the day. If you want to reduce the amount of caffeine or sodas you drink each day, use the same approach, gradually reducing the amount you drink each day until you reach your goal. You can also replace that soda or cup of coffee with something else—water!

# OPERATION

Continued from pg. 1

a full-scale medical field exercise that takes place in central Pennsylvania each year as part of the fourth-year curriculum.

One of Operation Gunpowder's more popular iterations is the Tactical Combat Casualty Care lane where students are told security has secured a scene on campus after an active shooter has attacked and the shooter turns out to be one of the people that the students are supposed to treat.

"Five minutes in the scenario they realize there's a second shooter that is closing in on them and the security forces engage the shooter and then our medical students have to drag their patients to another room nearby to a safe location," said Navy Cmdr. (Dr.) James Palma, USU associate professor. "Then once security has made the scene safe again, they continue with the care of their patients."

Army Staff Sgt. Alexander Menchaca, USU non-commissioned officer in charge of the exercise, said he hoped to impress a sense of urgency upon the students.

"They did what they needed to do to treat the patient, and provide all

the necessary medical interventions that needed to get done," he said. "It's just trying to hurry up and get it done a lot quicker is something that we need to practice more."

Practicing their medical skills is only one aspect Palma hopes the students learn about during Operation Gunpowder.

"We're using the trauma scenarios as a mechanism to emphasize the communication and leadership skills that we're trying to teach," Palma said.

Being a leader has been a point driven into all of his previous classes at USU, said Army 2nd Lt. Matthew Smith.

"The unique aspect of [being] a military physician, regardless of their specialty of choice ... you could be a pediatrician and be on that convoy and they could take fire and all the combat medics are looking to you to figure out what's going on even though you [are] a pediatrician," he said. "You can't say, 'I'm not an emergency medical doctor. I don't know what's going on.' Not only are you in charge, they're looking at you as the subject matter expert."

Army 2nd Lt. Danny Jones, a fourth-year medical student who participated in the exercise as a teaching

assistant, said this training reminded him of the importance of good communication, especially as he's about to start his residency.

"It's emphasized to me the power of addressing people by name," he said. "When you ask for something to be done, ask that person by name to do whatever task that is and listening to hear that they understood what you're asking of them and that they're capable of doing it or saying, 'No, I can't do that for whatever reason.'"

USU Professor Neil Grunberg said throughout the student's schooling they emphasize leadership and communication among team members.

"We're looking at four years of the student's development to make sure we prepare them for military medicine or public health service where they understand not only how to do their own job, but how to motivate, support, and enhance the behaviors, thoughts and motivations of others," Grunberg said.

On the second day, the students are thrown with different team members to participate in a five-hour adventure race consisting of 16 stations of various military medical training. At the improvisation lane where one task is putting up

a one-rope or two-rope bridge, each group was taught different aspects of that challenge the previous day. So when they're put together in different teams, each team member has a unique set of skills during the race, Grunberg said.

"So if a student was passive and didn't really learn their skills, their team cannot possibly succeed tomorrow in the real challenge," Grunberg said.

Air Force 2nd Lt. Helal Syed, a third-year medical student, said working with new team

members brought its own set of challenges.

"At the beginning, you could tell things were, not necessarily rocky, but we're trying to get a feel for who's good at what and how to manage the whole situation, but we managed to make it work," he said. "Our mission kept driving us regardless of any challenges that we faced."

One of the challenges during the race was delivering news about the death of a family member, which was an eye-opening experience

for third-year medical student Navy Ensign Elizabeth Maldonado.

"Every physician at some point in their career is going to have to do something like that, so to practice that really helps," she said.

Overall, she said Operation Gunpowder was a great learning experience.

"It was a lot of fun, I think that's what made the learning part really fun and stick because we really enjoyed it," she said. "It was a nice challenge."

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## COLONEL

Continued from pg. 3

“Two amazing women” Calero said she admires are former Army Surgeon General retired Lt. Gen. Patricia Horoho, and current Army Surgeon General Lt. Gen. Nadja West. Horoho was the first female and first Nurse Corps officer to be U.S. Army surgeon general and commanding general of the U.S. Army Medical Command. West became Horoho's successor earlier this year, and is the first black Army surgeon general. She is also the highest ranking female to have graduated from the U.S. Military Academy.

Currently, women make up about 15

percent of the U.S. military, with more than 161,000 enlisted and more than 39,000 serving as officers, according to Department of Defense officials.

Calero said women who served and continue to serve in uniform “are strong reminders that I never got to where I am by myself. It took strong and determined people who lived their lives the way they did to effect change and provide me with purpose.” She encouraged others to live “good, noble and purposeful lives of selfless service” to “make a difference and provide purpose to others.”

For more information about Women's History Month, visit [www.WomensHistoryMonth.gov](http://www.WomensHistoryMonth.gov). For information about the Multicultural Committee, call Hospital Corpsman 2nd Class Travis Silvey at 301-400-2375.



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