

MEDICAL NEWS

Volume 29, Number 4

www.militarymedical.com

April 2022

I am Navy medicine

Master-at-Arms 2nd Class Mackenzie D. Razo

By Douglas Stutz

Naval Hospital Bremerton/Naval Medicine Readiness and Training Command Bremerton

Don't tell Master-at-Arms 2nd Class Mackenzie D. Razo what she can't do.

The Ocala, Florida native is a driven, dedicated, and determined Sailor assigned to Navy Medicine Readiness Training Command Bremerton.

She's also a mother, spouse, and newly promoted MA2 via the command's Meritoriously Advancement Program.

"Words cannot describe how happy I felt in that moment. I was shocked. I was not expecting that to ever happen," said Razo, upon being told first hand from command leadership on her unforeseen promotion.

MAP authorizes commanding officers to advance eligible enlisted Sailors in paygrades E5 and below to the next higher paygrade and provides leadership the opportunity to acknowledge those personnel like Razo whom have demonstrated they are ready for the next level of responsibility by advancing them in rate.

NMRTC Bremerton's MAP quota for Fiscal Year 2021 was only five, which makes Razo selection out of approximately 450 enlisted personnel – with hospital corpsmen the overwhelming majority - even more notable.

"I work very hard every day to be the best that I can be and set a good example. Being selected means so much and that I am successful in what I am striving to do," Razo said, noting that immediately after she found out, she informed her now-retired former supervisor, Senior Chief Master-at-Arms James Carroll and family.

"I was incredibly happy to tell my family, husband and kids, but I really looked up to Senior Chief Carroll while he was in my chain of command. He is still close by and I could tell him that I made it," related Razo.

Since being assigned to NMRTC Bremerton in 2019, her work ethic and commitment to excel have been firmly centered on her family and career development.

"My Navy career began when I decided to enlist the end of my senior year in high school, and my Navy Medicine career hasn't begun yet. I am currently completing college classes to apply for the Navy's Medical Enlisted Commissioning

See RAZO, Page 6

Pins in your ears

How acupuncture can help relieve your pain

By Claudia Sanchez-Bustamante
Military Health System

In Chinese medicine, acupuncture dates back more than 2000 years.

The Military Health System has developed a modern modification of this ancient practice, known as Battlefield Acupuncture, or BFA.

Military health care providers are finding that ear acupuncture, which involves inserting small needles into different areas of the ear, is successful in relieving pain of injured or ill service members.

"BFA is highly effective and markedly alleviates acute or chronic pain in approximately 80-85% of patients," regardless of the underlying cause, said Dr. Jeff Leggit, a professor and medical acupuncturist at the Uniformed Services University of the Health Sciences (www.usuhs.edu), in Bethesda, Maryland.

Leggit described it as an "invaluable tool." Providers can administer BFA quickly and safely. There's virtually no risk of drug interactions or side effects, he said.

BFA can also reduce the need for narcotics. "A modification of the protocol can also be exceedingly helpful in treating migraine and tension-related headaches," Leggit said.

Nearly every military hospital or clinic has at least one individual who has been trained in BFA, added Dr. Arnyce Pock, associate dean and medical acupuncturist at USU. "Moreover, the use of BFA in particular and acupuncture in general is becoming increasingly more common in [Department of Veterans Affairs] facilities as well," she said.

Twenty years of evidence

Retired Air Force Col. (Dr.) Richard Niemtzw developed BFA in the aftermath of Sept. 11, 2001, to deliver pain relief quickly and efficiently in combat and other military situations. He was the first

See ACUPUNCTURE, Page 6



Photo by Master Sgt. Alexander Burnett

Lt. Col. Betty Garner, right, the Joint Combat Casualty Research Team deputy director and trained acupuncturist, administers battlefield acupuncture to Capt. Elsa Karman, left, a Task Force Resolute battle captain, at the Special Troops Battalion, TF-Resolute clinic on Kandahar Airfield, Oct. 22. Battlefield acupuncture is a new method of pain management being used by the military.

INDEX

Top military health leaders discuss future readiness.....page 2
Army Veterinary Corps welcomes first female corps chief.....page 3
Career opportunities.....pages 6-8

Top military health leaders discuss future readiness

By **Claudia Sanchez-Bustamante**
Military Health System

Top military health leaders highlighted the importance of preparing for the future to ensure both a medically ready force and a ready medical force.

Representatives of the surgeons general for the Army, Navy and Air Force along with the Joint Staff surgeon and the director of the Defense Health Agency discussed their vision for sustaining and improving readiness in the face of continual change.

These five military health leaders spoke at a virtual event hosted by AMSUS, the Society of Federal Health Officials, on Feb. 23.

“Being ready today is not good enough if it comes at the expense of being ready for future conflicts,” said Air Force Maj. Gen. (Dr.) Paul Friedrichs, the Joint Staff surgeon.

“As clinicians, we know that the practice of medicine is changing rapidly,” Friedrichs continued. “And we have to stay on top of that. But the character of war is changing as well.”

A new national security strategy is likely to be published soon and that may impact the discussions and plans about what the military needs to be prepared for, Friedrichs added.

Air Force Lt. Gen. (Dr.) Robert Miller, surgeon general of the Air Force, said his primary focus is the Air Force medical community’s vision to remain the world’s elite medical service in the air and in space.

“We need to continue to recruit and train medical airmen who can deliver reliable and safe care anytime, anywhere, no matter the environment that they find themselves in,” said Miller, whose office oversees health care for both airmen and the Space Force guardians.

“Secondly, we must continue to equip our medics with the latest skills and tools to do their job safely in uncertain conditions. And, finally, we need to optimize the human performance of our airmen and guardians, developing more capable medics through dynamic training educational opportunities, and finding new ways to rapidly modernize.”

Navy Rear Adm. (Dr.) Bruce Gillingham, Navy surgeon general and chief of the Bureau of Medicine and Surgery, agreed. He noted the importance of setting priorities.

For Navy medicine, the four priorities are people, platforms, performance, and power, he said.

“Our goal is to have highly qualified, highly trained medical experts who can go downrange and do their job,” he explained. “That requires identifying what those requirements are and making sure that we’re meeting them.”

A future conflict could be very different than recent war operations from the post-9/11 era, he said.



U.S. Air Force photo by Airman 1st Class Erin Baxter
U.S. Army Soldiers with the 18th Medical Command Deployment Support board an U.S. Air Force C-17 Globemaster III at Joint Base Pearl Harbor-Hickam, Hawaii, April 13, 2020. The 535th AS transported U.S. Army medical personnel from the 18th MEDCOM to Guam in support of the global COVID-19 response.

“For the Navy, in the maritime environment, that means being able to operate in a very distributed environment, working against the tyranny of time and distance in that theater. So that means developing new capabilities.”

In defining Army readiness, Army Maj. Gen. (Dr.) Telita Crosland, Army deputy surgeon general, said she sees the challenge through two lenses.

“One is keeping soldiers ready and getting them out to the fight. And the second is how our surgeon general looks at his priorities to make sure that the medical force is ready,” she said.

The mission is to balance and address both challenges at the same time, she said.

“There’s not one approach to that. There’s not one solution,” she said. “So, we look at our military hospitals and clinics that generate those opportunities, not just by keeping soldiers and their families ready, but also to keep our medical force in an environment where they can train and maintain their clinical competencies.”

Army Lt. Gen. (Dr.) Ron Place, the DHA director, highlighted the DHA’s role as a combat support agency. The

DHA supports the combatant commands and the individual military departments in their core mission of training, manning, and equipping the force.”

“As a combat support agency (health.mil/Military-Health-Topics/Combat-Support), it’s all about support,” Place said. “The medical force requirements come from the services.”

The DHA can support readiness efforts in many ways, especially in the training programs.

“Much of the obtaining and sustaining of what that readiness looks like happens at the Medical Education and Training Campus (www.metc.mil),” Place added. “It happens inside the military hospitals and clinics, but the services set the requirements.”

Place pointed to numerous Military Health System organizations under the DHA that play an important role in supporting readiness, including the Armed Services Blood Program (health.mil/Military-Health-Topics/Combat-Support/Armed-Services-Blood-Program), the Armed Forces Medical Examiner (health.mil/Military-Health-Topics/Combat-Support/Armed-Forces-Medical-Examiner-System), the Armed Forces Health Surveillance Division (health.mil/Military-Health-Topics/Combat-Support/Armed-Forces-Health-Surveillance-Division), and the Joint Trauma System (jts.amedd.army.mil).

Place noted that coordination between the DHA and the military departments occurs at “all echelons.” Preparing the Military Health System for the future will take “integration along the entire spectrum” to ensure the Defense Department is utilizing the full breadth of the different experiences and expertise across the force, he said.

LAKE SHELBYVILLE



LITHIA

ESTD 1973 RESORT

The resort is 1/4 mile from Lake Shelbyville and Lithia Springs Marina 2077 E. 1500 N. Rd, Shelbyville, IL 62565

MOTEL ROOMS WITH KITCHENS AND CABIN RENTALS IN A SERENE SETTING

PLEASE ASK US ABOUT OUR WEEKDAY SPECIALS & MILITARY DISCOUNTS FOR MORE INFORMATION, PLEASE VISIT:

www.LithiaResort.com

FOR RESERVATIONS OR INFORMATION PLEASE CALL (217) 774-2882

Military Medical News

P.O. Box A3434
Chicago, IL 60690
Phone: 312-368-4884
Fax: 312-425-0203

To reach us:
advertising@militarymedical.com

Peter R. Bourjaily
Publisher

Maria Ceska
Production Manager

Jim Henry
Account Manager

Jack Shannahan
Account Executive

David Scott
Account Executive

Kim Redmond
Account Executive

Denise Kay
Account Executive

MILITARY MEDICAL NEWS is published monthly by Associated Advertisers, Inc. It is an independent publication supported by advertising and is not affiliated with any government agency or political group. Its purpose is to serve the medical community that cares for our fine US Military, both active and in-active, and its dependents. Publication of advertising contained herein does not necessarily constitute endorsement. Views and opinions expressed herein are not necessarily those of the publisher. The publisher retains the right to refuse and/or edit any materials for publication. All materials contained herein become the property of the publisher and may not be reproduced or reprinted, in whole or in part, without permission.

Military Medical News has a strict no refund policy. Please review your advertisement carefully. Military Medical News will not be responsible for simple typographical errors. If your advertisement contains any error caused by Military Medical News that adversely impacts the effectiveness or usefulness of your ad, please notify us immediately, and we'll gladly correct our mistake and rerun your ad in the next available issue at no additional cost. Military Medical News appreciates your business and the opportunity in helping you with your advertising effort.



Army Veterinary Corps welcomes first female corps chief

By Joseph Kumzak
U.S. Army Medical Command

Established in 1916, the U.S. Army Veterinary Corps has its first female corps chief in its 106-year history. Col. Deborah Whitmer became the 28th Corps Chief in January.

Whitmer was commissioned into the Adjutant General Corps, but joined the Army Veterinary Corps later as a veterinarian. She has served both on active duty and in the Army Reserves.

She said the Veterinary Corps has given her the opportunity to blend her two passions – being an Army officer and a veterinarian.

“We serve the military working animal population and the privately owned animal population,” said Whitmer. “We also support the war fighter and the DoD mission while doing absolutely the most enjoyable medical profession in the world -- being a veterinarian.”

She is delighted to serve as the first female corps chief, so she can inspire the next generation of veterinarians and members of the vet service team.

“I believe that when you don’t see a reflection of who you see yourself to be in leadership roles -- that sometimes makes you wonder if you can achieve it,” she said.

Lt. Col. Angelina Gerardo, Chief of Epidemiology at the Holland Military Working Dog Hospital, said she is very excited for Whitmer to serve as the first female corps chief.

“She seems very motivated and has a lot of great initiatives,” Gerardo said. “I think she is going to be a great asset and representation for our corps.”

In addition to animal care, the Veterinary Corps is responsible for food safety and research and development.

“We serve the whole of DoD by ensuring the food safety and security of any products that service members consume on military installations and in remote locations,” Whitmer said.

She added “We have a very talented pool of individuals and they often times thrive in those traditional, military health roles that are not veterinary specific.”

As Whitmer takes lead of the corps, her primary focus will be supporting veterinary services personnel and mission execution during the transition of the Military Health System (MHS).

“My first strategic priority is leader development and talent management of the team of vet services personnel and veterinary corps officers, so that we are ensuring that their multi-talented capabilities are used not only in potentially vet specific missions, but in other types of roles that serve Army Medicine and serve the military health system,” she said.

“My philosophy about leadership is about bringing the most out of every single member that we have, so they can focus on their support to the war fighter and make sure that they themselves are going to be medically ready to support the ready-medical force.”



Photo By Joseph Kumzak

Col. Deborah Whitmer, U.S. Army Veterinary Corps Chief, visits the LTC Daniel E. Holland Military Working Dog Hospital at JBSA-Lackland March 23.

Concussion Care Pathway streamlined for better results

TBI care offered at Tripler Army Medical Center

By Claudia Sanchez-Bustamante
Military Health System

The Defense Health Agency has developed a comprehensive clinical care program to manage concussions based on the military medical community’s many years of experience with injured service members.

Known as the Acute Concussion Care Pathway, the aim is to provide proactive care immediately after a potential head injury, followed by a standardized process for consistent care until a service member is able to return to duty.

“It’s no longer ‘come back if you’re getting worse,’” Dr. Katharine Stout, assistant branch chief at the Traumatic Brain Injury Center of Excellence (health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence), said. “It’s, ‘I need to see you back in 72 hours to make sure everything’s going in the right direction.’”

The Acute Concussion Care Pathway evolved from years of research and data about patients with traumatic brain injury, or TBI. The TBICoE consolidated a vast array of information on acute concussion care into a singular pathway for effective care.

A key component of the program is based on an algorithm that optimizes patient care by evaluating a patient’s symptoms at different stages of care.

For medical providers, the pathway provides a suite of updated tools to evaluate a patient’s progress, and offers clear steps for service members to return to duty.

“This is really about performance and not so much about diagnosis,” Navy Capt. (Dr.) Scott Cota, the TBICoE’s branch chief, said. “It’s more a performance-based tool and a performance-based process to return individuals to duty through a monitored system.”

The First Test

Diagnosis and the initial phase of care can start moments after a concussive event occurs. That could be exposure to a blast or explosion, a vehicle accident, or a sports injury.

Health care providers in the field can use a screening tool called the Military Acute Concussion Evaluation, or MACE 2 (health.mil/Reference-Center/Publications/2020/07/30/Military-Acute-Concussion-Evaluation-MACE-2), to identify symptoms and diagnose a poten-

tial concussion.

The MACE 2 is a standardized and comprehensive test of brain functions—cognitive, neurological, visual, hearing, balance, and memory. It’s most effective when administered as soon as possible after an injury.

An early MACE 2 evaluation can reveal critical information that will inform future treatment and improve the likelihood of an effective recovery.

“We know that early implementation can identify small deficits that could become bigger problems with time, affecting work, family life, and personal satisfaction,” Navy Capt. Duneley Rochino, lead of DHA’s neuromusculoskeletal clinical community, said. “Although it’s more common for patients to be evaluated in an emergency room, a medic or corpsman can perform the initial screening in a field environment, too.”



U.S. Air Force photo by Staff Sgt. Christopher Hubenthal
Dr. Gregory Johnson, Tripler Concussion Clinic medical director, has on U.S. Army Spc. Andrew Karamatic, Department of Medicine combat medic, follow his finger with his eyes during a neurologic exam March 20, 2014, at Tripler Army Medical Center located in Honolulu. From 2002 to 2013, more than 294,000 military service members have suffered from traumatic brain injury. March is designated as National Brain Injury Awareness Month.

DENIED A VA DISABILITY CLAIM?
Call Veterans Appeals Law
(800) 868-2813
Peter J. Meadows, P.A.
Attorney at Law
www.VeteransAppealsLaw.com



U.S. Navy Photo by Cmdr. Ryan Nations

Lt. Cdr. Kathryn Lipscomb, the Urology department head at USNH Rota, Spain, waves to staff in USNH Naples, Italy during the first virtual cystoscopy between both hospitals, Jan 22, 2021.

Top military health care leader looks to the future of medicine

By **Claudia Sanchez-Bustamante**
Military Health System

Years ago, surgeons removed patients' gall bladders by making a large incision and cutting through abdominal muscles. If the procedure went well, the patient went home about 10 days later.

Fortunately, those days are over. Thanks to new medical technology, today most gall bladder patients can go home the same day of their surgery. Typically they're eating and back to their daily routine in three to five days.

Health care has come a long way in recent years, thanks to technology, innovation and unexpected challenges like the COVID-19 pandemic. Dr. Brian Lein, the Defense Health Agency's assistant director of health-care administration, cited the gall bladder example and pointed to an array of advancements in surgical techniques when he spoke at a recent presentation on the role of military hospitals and clinics in the next decade.

"Facing almost three years of a global pandemic has completely reshaped how it is that we do medicine," he said. Lein spoke at a virtual event hosted by AMSUS, the Society of Federal Health Officials, on Feb. 23. The explosion of capabilities

includes robots in the operating room, the expansion of virtual health care and virtual encounters, remote patient monitoring and artificial intelligence, he said.

At the same time, the COVID-19 pandemic has made the entire Military Health System more flexible and agile, more receptive to change and innovation.

For example, "we know patients recover better at home," he said. "You're sleeping in your own bed. You're eating your own food. You're not tripping over stuff going to your bathroom because you've walked to that bathroom for the last 30 years. And you have one nurse taking care of you, so there's no concern about different kinds of medications or medication errors."

Lein's role at DHA involves planning and managing health care facilities as well as implementing changes that affect health care delivery and administration. He foresees a "huge increase in a mixture between what used to be purely inpatient care to what is now often outpatient care."

For example, he explained "we are at the very infancy of artificial

See **FUTURE**, Page 6

NMCP Dental keeps the fleet in the fight

By **Petty Officer 2nd Class Donald White**
Naval Medical Center - Portsmouth

PORTSMOUTH, Va. – Navy Medical Center Portsmouth (NMCP) Dental Department has reached another milestone as they continue their established trend of excellence.

NMCP announced early this month they are continuing a remarkable 20-year streak of deploying ships above 95% operational dental readiness (ODR). The command leveraged partnerships with fleet medical assets and the force dental officer to improve ODR across the Fleet.

"Last year this was a goal and we discussed what it was going to take to get here and some were a bit hesitant," said Hospital Corpsman 2nd Class Glen Bell, the leading petty officer of Dental. "After a while it just became second nature, our daily grind to work and get things done just took over and went into over drive. Next thing we knew we were right at the cusp of readiness going over 96.5%, and once it did we stayed in the 97% ball park."

Dental readiness is one of six components of individual medical readiness and is directed to be maintained at least 95% for all units according to Department of Defense policy. Dental health is promoted as a direct contributor to higher and more sustainable levels of dental readiness and a measure of service members' access to, and utilization of, their total health benefit.

The dental department has a dual mission of maintaining operational dental readiness while training oral and maxillofacial surgery and general practice residents. Each specialty of dentistry is represented among the staff including: comprehensive/general dentistry, endodontics, orthodontics, pediatric dentistry, oral and maxillofacial prosthetics, oral and maxillofacial surgery, orofacial pain, oral and maxillofacial radiology and periodontics. In addition two full-time registered dental hygienists provide supportive dental care.

"This was all made possible by the range of the services we provide here including, annual dental exams and cavities filled, root canals to save the structure of your tooth, maintenance of your braces, gum tissue, crowns and bridges, jaw surgery, and a fully functioning Dental LAB with state of the art 3D printing capabilities. This is mostly used with Oral surgery where we print the surgical guides for dental implants," said Bell.

Bell also gave all the credit to the Dental staff and their flexibility and dedication to patient care.



U.S. Navy photo by Mass Communication Specialist 2nd Class Donald R. White Jr.

Hospital Corpsman 2nd Class Paul Kretschmar, a dental technician at Naval Medical Center Portsmouth (NMCP), performs a routine cleaning for a patient. NMCP's Dental Department was recently recognized for their 20-year streak of ensuring that deploying ships are above 95% operational dental readiness before they leave the pier.

"First of all, the team is amazing. The Sailors and civilians here are the front runners and hard chargers. They are the reason we are able to reach our clinic goals," said Bell. "They are the ones in the trenches contacting Dental Class 3 and 4 patients, while also strategically tracking and predicting the monthly trends from previous years to help schedule patients on the hit list."

He explained the team dynamic is why they not only succeed, but excel in dental patient care.

"I think the key factors to our success was, and still is, that we trust one another. We also all have strong personalities that mesh well and make it easy to get work done. Just like any other team, there are hiccups. But this team is all about fixing the issue to make thing run smoother," said Bell.

As the U.S. Navy's oldest, continuously-operating military hospital since 1830, Naval Medical Center Portsmouth proudly serves past and present military members and their families. The nationally-acclaimed, state-of-the-art medical center, along with the area's 10 branch health and TRICARE Prime Clinics, provide care for the Hampton Roads area. The medical center also supports premier research and teaching programs designed to prepare new doctors, nurses and hospital corpsman for future roles in healing and wellness.

NMCCL graduates inaugural Physician Assistant class



Photo by NMCCL Public Affairs

Naval Medical Center Camp Lejeune graduated the inaugural class of physician assistant students on March 4, during a combined graduation and commissioning ceremony. Eight officer candidates graduated from the Interservice Physician Assistant Program. IPAP is a year-long program comprised of two phases, the second of which took place for the first time at NMCCL over the past 13 months. "Class 19-3" is also the first graduating IPAP class on the East Coast.



Left: Eight officer candidates graduated from the Interservice Physician Assistant Program. IPAP is a year-long program comprised of two phases, the second of which took place for the first time at NMCCL over the past 13 months. "Class 19-3" is also the first graduating IPAP class on the East Coast.

Photos by Petty Officer 2nd Class Michael Molina, Naval Medical Center Camp Lejeune

By Riley Eversull

Naval Medical Center Camp Lejeune

Camp Lejeune, NC- Naval Medical Center Camp Lejeune graduated the inaugural class of physician assistant students on March 4, 2022 during a combined graduation and commissioning ceremony.

Eight officer candidates graduated from the Interservice Physician Assistant Program. IPAP is a two-year-long program comprised of two phases, the second of which took place for the first time at NMCCL over the past 13 months with "Class 19-3" being the first graduating IPAP class on the East Coast. Throughout the course of Phase II, the PA students logged more than 1,300 patient encounters and assisted with more than 300 procedures each.

"We were able to forge good relationships with our preceptors- the medical officers, physician assistants, nurse practitioners- we worked with during rotations. We were able to see trauma care firsthand, and we worked alongside surgeons in the operating rooms who were very open to teaching us," said U.S. Navy Lieutenant Junior Grade Megan Doll, a recent

IPAP graduate.

Students rotated through 17 different clinical settings from family medicine to surgery. The eventual PAs were able to work with pediatric and geriatric patients in a variety of clinic settings. The IPAP Phase II coordinator believes the knowledge students gained is both tangible and intangible.

"The tangibles are clinical knowledge and practical application to the science principles they learned in Phase I. These led to passing the National Certification Exam," said U.S. Navy Cmdr. David Bennett. "The intangibles are learning how to become a naval officer and leader – some of those lessons are only captured through experience and time."

Immediately following presentation of certificates, officer candidates were sworn in as the newest members of the Navy Medical Service Corps. Following graduation and commissioning, the newly-minted officers will go on to serve as PA's at both Marine and Navy commands.

According to Doll, Class 19-3 is ready for next challenge. "IPAP really is designed to make outstanding PA's. I feel I am ready and empowered to go out and be a good PA based on the education IPAP provided."

NMCCL was originally chosen as a pilot site for Phase II. Due to the success of the program, the Navy has chosen NMCCL to be a permanent training site for IPAP.

"Find someone who has completed this journey and seek them out as a mentor and advisor. The reward is very much worth the work and time to get to the end," Bennett said.

Through a partnership with the U.S. Army Medical Center of Excellence, each graduate received a Master of Physician Assistant Studies degree through the University of Nebraska. Lt. j.g. Maxwell Hargrove was recognized as the class honor graduate for NMCCL.

To read more about the IPAP Phase II evolution at NMCCL, please visit this link: www.dvidshub.net/news/388527/nmccl-fulfills-need-pilot-site-physician-assistant-training-program.



Left: Lt. j.g. Brandon Martin-Frazier's family assists with the Officer's shoulder boards and cover as Martin-Frazier is commissioned into the U.S. Navy Medical Service Corps. Right: Lt. j.g. Xin Du's family assists with the Officer's shoulder boards and cover as Du is also commissioned. Martin-Frazier and Du both graduated from the IPAP during a combined graduation and commissioning ceremony.

• Razo (Continued from front page)

Program,” explained Razo, a Forest High School 2017 graduate who is working towards her Bachelors in Sports and Health Sciences at American Military University.

Her interest in pursuing a commission in the Navy Nurse Corps is directly related to her son.

“My son was born prematurely. The respect and compassion shown to my family during the time that he was in the newborn intensive care unit lit a fire inside that made me want to be a nurse,” said Razo, acknowledging that her original career path was not Navy medicine.

“But after exploring all of my avenues and speaking to many of the nurses here at NMRTC Bremerton I decided it was the best route for me,” added Razo.

After she joined the Navy fresh out of high school she was ready and motivated to be a Sailor. Her master-at-arms training included learning about law enforcement techniques, anti-terrorism tactics and policies. Her first duty station was Strategic Weapons Facility Pacific, working with Marine Corps Security Force Battalion Bangor.

There were professional trials and personnel ordeals. Razo struggled with traditional obstacles experienced by many pregnant women in the military; stereotypical perceptions from coworkers about her abilities, suspicions of trying to avoid duty,

Such obstacles did not dissuade her. If anything, it did manage to add fuel to her inner fire.

“I chose not to let the words get



Official Navy photo by Hospital Corpsman 3rd Class Kai Vincent
A show of support...flanked by Chief Master-at-Arms Shannon Schwartz and retired Senior Chief Master-at-Arms James Carroll, Master-at-Arms 2nd Class Mackenzie D. Razo is meritoriously advanced at Navy Medicine Readiness Training Command Bremerton, March 4.

to me and pushed through the negativity. I made my time at NMRTC Bremerton count by getting involved in the command and my community, learning more about the Navy, furthering my education, and taking on collaterals in my workspace to grow my leadership skills and responsibility,” Razo said. “My goal is to be successful for my family and be an example to other young female sailors that pregnancy does not mean a dead end career. Women are often told this as soon as a pregnancy is announced.”

“My current chain of command has been instrumental in my success with their support and recognition,” continued Razo. “I am grateful to be a part of a command where teamwork, respect and support is understood and reciprocated regardless of rank/race/gender. I am proud of what I have accomplished so far and look forward to what I will accomplish in the future alongside my shipmates.”

Razo and the rest of the command’s Security Department daily support and safeguard the Navy surgeon general priority of operational readiness.

“Working in hospital security means that helping ensure smooth operations every day by keeping the peace and finding resolutions to problems that involve security personnel when they arise. My job is to keep our staff and patients safe which ensures a ready medical force.

When asked to sum up her experience with Navy Medicine in one sentence, Razo replied, “This is a period of my life that I can, without a doubt, be proud of.”

• Acupuncture (Continued from front page)

full-time physician acupuncturist in the military after having been a radiation oncologist.

Leggit and Pock are part of the team that now teach BFA to military medical students, doctors, nurses, and others across the MHS.

The course lasts up to four hours. It includes lectures and hands-on practice, said Leggit.

In March, Leggit and Pock taught a BFA course to graduate military nursing students at USU. The course trained providers who are not physicians nor acupuncturists, such as advanced practice nurses, to provide BFA to patients for pain management.

“USU recognized the importance of giving its graduates training in BFA as a valuable tool in their analgesic ‘toolbox’, regardless of which specialty they decide to pursue,” said Pock. “Being able to effectively treat pain is something every physician needs to be able to do.”

How does it work?

The BFA protocol involves placing a single, tiny, gold, needle into one or more of five key points on the external ear, Leggit said.

Providers insert the needles one at a time. “Patients are typically asked to take a short walk after the insertion of each needle,” said Pock. “This activity seems to activate the neural pathways associated with the alleviation of pain.”

After inserting a needle, the acupunc-

turist assesses the patient’s pain level. If the patient is satisfied or their pain has decreased to a level of zero or one on a 10-point scale, the provider pauses the treatment. The needles remain in place for three to four days before falling out on their own, said Pock.

The acupuncturists can continue treatments for as long as needed.

“In some situations, depending on the underlying condition, one or two treatments may be all that’s needed,” said Leggit. “Other patients with more chronic conditions may require long-term treatment on a regular or recurring basis. Some may only need periodic maintenance treatments, say, one to two times a month.”

Benefits

BFA can treat almost any type of acute or chronic pain. It works very quickly – usually within seconds or minutes, said Pock.

“The one caveat is that a conventional diagnosis must be made first, so that the attending clinician understands the underlying source of the pain,” said Leggit. “In other words, it’s important to treat the underlying cause as well as manage symptoms such as pain.”

According to these experts, BFA can be particularly valuable for providing care in austere environments.

Demand for BFA has been steadily increasing, Pock added.

For more information, talk to your health care provider.

• Future (Continued from page 4)

intelligence and machine learning.” Those technologies are never going to replace physicians. But they are going to augment physicians’ abilities to do their job, he said.

“They’re going to help make decisions for me. They’re going to advise me on the best recommendations that are out there based upon gathering of millions upon millions of data points that I may not even be aware of as the provider taking care of a patient,” he said.

“Now, that doesn’t mean that we should ever take away the face-to-face encounters with our patients,” Lein said. “As a provider, I can tell you, I pick up on a lot of things when I have patients in the office, so we can never take that away.”

But for most visits that only require medication refills and routine checks, he said, increasing the use of virtual encounters might be better for everyone involved.

Recalling his experience as a surgeon, Lein said he would operate on someone and send them home, but need to see them again soon afterward to make sure they were progressing as expected.

“Often their spouse had to put them in the car. They were uncomfort-

able riding in the backseat of the car because the seatbelt hurts. And then they get in to see me and all I do is look at them and say: ‘Hey, you’re good to go. Come back and see me in a couple of weeks.’”

Doctors don’t need to do that anymore, he said. “We’ve learned over the course of COVID that a lot of the consultations that we need don’t necessarily need to be face-to-face.”

However, “what will never change in the military [hospitals and clinics] is our responsibility for readiness, the readiness of the soldiers, sailors, airmen, Marines and guardians on the installations that we support, and the readiness of the medical force that works in those military [hospitals and clinics],” he said. “That’s been a hallmark of military [hospitals and clinics] since they were first established.”

As he looks toward the future, Lein said the Military Health System will make sure that the core functions of the military hospitals prioritize the readiness of individuals.

“What we considered ready versus non-ready 10 years ago has markedly changed based upon health care delivery, health care options, and innovations,” he said.

“We’ve got to change with the times.”

Nurses

Summer Nurse
To Join Our Team!

Do you love working with children in a fun and fast paced environment? Timber Lake Camp is the perfect place for you! Competitive salary with full room/board available for RNs THIS summer! Join our staff of 6 nurses and 2 Doctors working with children ranging from the ages of 7-16! \$1,500.00/wk, 8 hr night shift. Req’s.: Nursing: 3 years (RN) All our staff must be vaccinated, & we follow all CDC and state guidelines. COVID-19 Precaution(s): Remote interview process. Sanitizing, disinfecting, or cleaning procedures in place. www.Timberlakecamp.com

Camp Nurse & NP

Come experience Fresh Air & Fun in Maine this summer. Traditional, active co-ed sleep-away camp. Two (2) hours North of Boston & near Portland. Positive professional environment. Great compensation package. Children of camper age can attend. 9, 5 or 4 week options.
Call: 978 486 8236 or Visit:
www.CampNashoba.com Sarah@CampNashoba.com

Spend Summer in Maine! Camp Agawam is looking for Summer Camp Nurses!

Be a part of our residential boys' camp community. We're looking for RNs to live at camp for all or part of our summer season (6/9/22-8/17/22). **Prim Quals. incl:** current RN cert., licensed in ME or a licensure from compact state, current CPR/AED cert., valid D.L., 21+ yrs of age. Salary is negotiable includes room/board, internet, recreational opportunities, & laundry. If you have a camp-aged daughter or son, we would be happy to discuss scholarship opportunities at Agawam and/or a nearby girls' camp. Contact: Karen Malm 207-627-4780 mander@campagawam.org / www.campagawam.org



Veterans Transition


DRIVERS - JOIN OUR DEDICATED TEAM AND TAKE CONTROL OF YOUR CAREER!

HAVE YOU BEEN TOLD YOU HAVE TO "PAY YOUR DUES?"
WE KNOW YOU'VE ALREADY DONE THAT!
THANK YOU!

DO YOU WANT TO BE HOME DAILY?

CONTACT ARMY VETERAN,
JOHN HEARE AT 419-790-3626

Physicians


Physician Practice Opportunities

We have Physician Practice opportunities available in Rural Family Medicine; Emergency Medicine; Psychiatry and Neurology in the Saint John area of Horizon Health Network. Horizon is one of the largest health-care organizations in Atlantic Canada, operating 12 hospitals and more than 100 medical facilities, clinics and offices providing a variety of medical services. It has academic affiliations with both Dalhousie and Memorial University. For more info or to apply, please visit NBHealthJobs.com or contact **Hope Kelly**, Physician Recruitment Advisor. 506-648-6286 or Email: Hope.Kelly@HorizonNB.ca


Psychiatrist

Systems of Care Development for SPMI

Excellent opportunity for
Full-Time Psychiatrist

**RI Department of Behavioral Health
Eleanor Slater Hospital**

Direct inpatient psychiatric services. Work with community providers and judicial system. Must be board eligible or certified in psychiatry. Forensic fellowship or experience desired. For More Information Contact the office of the CMO.

401-462-1525

Mary.ruggieri@bhddh.ri.gov

Mental Health



AUGUSTA UNIVERSITY

**MEDICAL COLLEGE
OF GEORGIA**
Academic Mental Health Positions at the Medical College of Georgia

The Department of Psychiatry and Health Behavior with the Medical College of Georgia (MCG) at Augusta University (AU) is seeking applications for Assistant and Associate Professors in General Psychiatry, Child and Adolescent Psychiatry, and General Psychology. As the state's only academic health sciences center, MCG at AU is in an exciting period of growth in fulfilling its mission of providing state-of-the-art patient care, education, and research.

We are recruiting at the **assistant and associate professor** rank and seeking board-certified candidates in general psychiatry, child and adolescent psychiatry, and obtaining licensure in Georgia is required. The(se) position(s) offer an opportunity to foster engagement across the tripartite mission areas.

Primary Responsibilities depending on General psychiatrist, Child and Adolescent psychiatrist, or General psychologist:

- Provide attending physician services and resident/fellow supervision services at either: outpatient clinic, child and adolescent inpatient and residential treatment facility in the community, or outpatient care services at community agencies with which the department contracts
- Provide outpatient clinical services at the Department of Psychiatry and Health Behavior outpatient clinic as requested by department leadership. Clinic duties may include resident/fellow supervision or clinical care with learners present.
- Provide satisfactory outpatient and inpatient care for clinics assigned, as well as clinics requested to participate in while providing coverage, as necessary

A history of grant-funded research is not a requirement for this position. Salary will be competitive based on national norms and commensurate with MCG/AU rank.

Please apply by sending CV and a letter of interest to:

W. Vaughn McCall, MD, MS Chair, Department of Psychiatry and Health Behavior,
Medical College of Georgia (MCG) at Augusta University (AU)
wmccall@augusta.edu

The positions will remain open until filled

Mental Health


**The Earle C. Clements
Job Corps Academy**

seeks **Mental Health Consultants** and **Substance & Abuse Counselors**. We offer a competitive salary, benefits package, & advancement opportunities.

To view current openings and qualifications and to apply, please visit our website:

www.mtcjobs.com

"Building Tomorrow's Futures Today"

MTC is an equal opportunity employer
Minority/Female/Disabled/Veteran


PennState Health

Penn State Health is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 16,800 people systemwide.

The system includes Penn State Health Milton S. Hershey Medical Center, Penn State Children's Hospital, and Penn State Cancer Institute based in Hershey, PA; Penn State Health Holy Spirit Medical Center in Camp Hill, PA; Penn State Health St. Joseph Medical Center in Reading, PA; Penn State Health Hampden Medical Center in Enola, PA, and more than 3,000 physicians and direct care providers at more than 125 medical office locations. Additionally, the system jointly operates various health care providers, including Penn State Health Rehabilitation Hospital, Hershey Outpatient Surgery Center, Hershey Endoscopy Center, Horizon Home Healthcare and Pennsylvania Psychiatric Institute.

To learn more about physician and APP job opportunities, please contact us.

pshdocs@pennstatehealth.psu.edu



First Student

Now Hiring in the Chicago Area

At First Student we value our drivers. It's their dedication to safety and the well-being of our passengers that help make First Student a leader in student transportation. If you're looking for a driving opportunity with a company who will support your success, consider a position on the First Student Team.

WE LOVE OUR DRIVERS AND IT SHOWS!



SCHOOL BUS DRIVERS

Up to \$5,000 SIGN ON BONUS* • TOP INDUSTRY PAY

PAID TRAINING - NO EXP NECESSARY

Let First Student put you in the Driver's Seat.

Apply Today!

Workatfirst.com

*Conditions Apply

EOE

THINK OUTSIDE THE HOSPITAL.

Veteran-recommended healthcare opportunities in 15 states.



centurion™

Continue your mission of public service with an easy transition to correctional healthcare:

- Structured environment with a team approach
- Regular and predictable work schedules
- Competitive, guaranteed salaries and comprehensive benefits
- Company paid malpractice insurance
- Veteran friendly company and corrections clients

Centurion hires the best and brightest:

- Primary Care Physicians
- Psychiatrists
- Dentists
- Advanced Practice Providers
- Psychologists
- Directors of Nursing
- Registered Nurses
- Licensed Practical Nurses
- Certified Nursing Assistants

Whether you are driven by purpose and impact or seek a journey of professional growth, our opportunities can offer both.

NHSC Loan Repayment available at qualifying sites

Contact **Teffany Dowdy** to learn more:
770.594.1444 | teffany@teamcenturion.com
or visit www.teamcenturion.com for more information.

“Correctional Medicine, similar to Military Medicine, provides evidence-based medicine to a unique population within a policy focused framework. My experience as a military physician provided for a smooth transition into a challenging and rewarding second career as a correctional health care physician.”

John Lay, MD
Retired Lt. Col, US Army
Florida Statewide Medical Director,
Centurion