

# Lowcountry Beacon



## It's Heating Up in the Lowcountry!

On the Cover

*The Cool Room at Branch Health Clinic Parris Island  
(photo courtesy of HM2 Christopher Walker)*

### Inside:

- Commanding Officer's Message, p. 3
- It's Heating Up in the Lowcountry, p. 7
- Department in the Spotlight: SMART Clinic, p. 10
- Health Promotions & Wellness: Barefoot Running, p. 12
- Safety: Break the Grip of the Rip, p. 13
- Veterinarian Viewpoint: Heat Injuries in Pets, p. 16
- Historic Highlights: Golf, p. 18



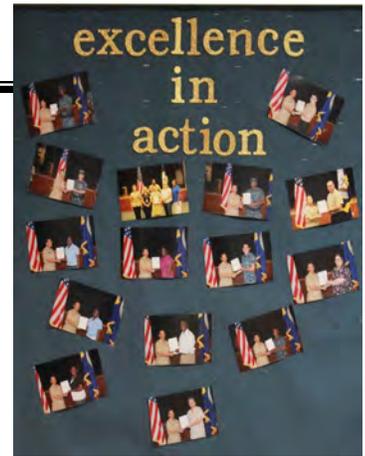
# Excellence in Action

## March, April, May

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 Mr. Paul Askew  
 Mr. James Benac  
 Ms. Ava Bostick  
 HM3 Danielle Brown  
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 HM2 Kelly Wimberly  
 Emergency Medicine  
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Excellence in Action is an employee recognition program designed to recognize a staff member who has excelled in performance or attitude. To recognize a staff member for the Excellence in Action (EIA) program, fill out an EIA card

## Table of Contents

A Message from the CO.....	3	Health Promotions & Wellness.....	12
A Note from the XO.....	4	Safety.....	13
From the Desk of the CMC.....	5	DAPA Debrief.....	14
Chaplain's Corner.....	6	Command Career Counselor Corner.....	14
It's Getting Hot in the Lowcountry.....	7	Overseas Screening & EFMP.....	15
Staff of the Quarter.....	9	Preventing Musculoskeletal Injuries.....	15
Patient Safety.....	9	Veterinarian Viewpoint.....	16
Department in the Spotlight: SMART Clinic.....	10	Uniformed Business Office.....	17
Command in the Community.....	10	Historic Highlights.....	18
Sailor in the Spotlight.....	11	NHB on the Move.....	19
Civilian in the Spotlight.....	11	Ombudsman's Corner.....	20

<p><b>Lowcountry Beacon</b></p> <p><i>An authorized publication of U.S. Naval Hospital Beaufort</i></p> <p>CAPT Joan R. Queen, MSC, USN <i>Commanding Officer</i></p> <p>CAPT Edward D. Simmer, MC, USN <i>Executive Officer</i></p> <p>CMDCM (SS/SW/AW) Matthew Simpson <i>Command Master Chief</i></p> <p>Ms. Regena Kowitz <i>Public Affairs Officer</i></p>	<p><i>Contributors:</i></p> <p><i>Lt. Jennifer Dolder</i>  <i>Lt. j.g. Kerry Miller</i>  <i>Lt. Jodi Phillips</i>  <i>Capt. Brianne Gustafson</i>  <i>HMC Amanda Hughes</i>  <i>HMC Thomas Gerfy</i>  <i>HM1 Windy Ballinger</i>  <i>HM1 Crystal Clark</i>  <i>HM1 Adam Morris</i>  <i>HM2 Martha Bailey</i>  <i>HM2 Anthony Frazier</i>  <i>HM2 Anika Miller</i>  <i>HM2 Brandon Phelps</i>  <i>HM2 Christopher Walker</i>  <i>HN Edinson Rosales</i>  <i>Ms. Mae Armstrong</i>  <i>Ms. Susan Hollingsworth</i>  <i>Ms. Triena Johnson</i></p>	<p><i>Ms. Ivette Moore</i>  <i>Mr. Dennis Smith</i>  <i>Mr. James Weiss</i></p> <p><i>The Lowcountry Beacon is published by the U.S. Naval Hospital Beaufort Public Affairs Office and is an authorized publication for our patients, members of the military service and staff. Contents and views expressed in the Lowcountry Beacon are not necessarily endorsed by the United States Government, Department of Defense or the United States Navy.</i></p> <p>U.S. Naval Hospital Beaufort          Public Affairs Office          1 Pinckney Boulevard,          Beaufort, South Carolina 29902</p>
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Capt. Joan R. Queen  
Commanding Officer

# A Message from the CO

## Making Safe Choices

According to the *Merriam-Webster* dictionary, safety is “the condition of being safe from undergoing or causing hurt, injury, or loss.” Most people tend to think of their physical well-being when they hear the word “safety,” but it is a topic that can apply to almost any aspect of our lives. Anyone could suffer hurt, injury, or loss not only on a personal and physical level, but also professionally or even in their community. With summer just around the corner, a time when many people are participating in outdoor activities and celebrating holidays like the Fourth of July, I would like to remind everyone of the importance of making safe choices personally, professionally, and communally.

When it comes to maintaining good health, Naval Hospital Beaufort is your partner in safeguarding your health. The goal of our Medical Home Port, where patients receive their primary care, is to provide every beneficiary with proactive rather than reactive health care. This means we work to ensure that all patients have access to preventative screenings that can head off potential health-related problems. For those with chronic medical conditions, it means we are helping to effectively manage their diseases. But to make this partnership work, we need our patients to make good choices that include scheduling regular check-ups, following up with screenings and procedures as recommend by your provider, and actively engaging in your health care by asking questions and living a healthy lifestyle. For those who need a little extra support in this area, our Health Promotions Department has many tools, resources, and classes at your disposal.

What about making safe choices for your career? Every day, our choices have the potential to impact us professionally, but one choice that I have seen have a devastating impact on the careers of active duty military is that of drinking and driving. Summer is a time when people enjoy spending time with friends, barbecuing, and going to the beach. Often, these activities include alcoholic beverages. As long as drinking is done responsibly and a driver has been designated ahead of time, there shouldn't be any problems. Unfortunately, that doesn't always happen. Make no mistake, when someone consumes alcohol and gets behind the wheel of a vehicle, it is a choice. And that choice can have a tremendously negative impact on anyone's professional life, but especially a service member's career. From reduction in rank and loss of pay to being administratively separated, there is nothing career-enhancing about drinking and driving. This summer, I urge everyone to consider the ramifications of a DUI. Making the right choice does not need to be hard. If you or someone you know has a drinking problem, the Command Drug and Alcohol Programs Advisor (DAPA) is available to help whether you need information or assistance finding professional counseling. You can also seek support from your chain of command, the chaplain, MCCS, or the mental health department. Every leader at Naval Hospital Beaufort wants you to excel in your naval career and we are here to support you when it comes to making safe choices.

When it comes to making safe choices communally, it's really about being aware of how your actions impact those around you. Even though Sexual Assault Prevention Awareness Month is over, we need to remain vigilant and look out for those around us. We are all members of the military community and, truly, what “hurts one, affects all.” A safe choice you can make for your community is to be an active bystander. If you are aware of someone who may become the target of an assault, it's imperative to take steps to keep them from becoming a victim. If you can safely do so, remove them from the situation. If you are concerned about your safety and the potential victim's, call the police. Here at Naval Hospital Beaufort, we have a robust Sexual Assault Prevention Response Program with several victim advocates who can help you understand how to look out for your shipmates by being an active bystander. You can always call 1-877-995-5247 to learn more about how you can help.

This summer, while you are out enjoying your friends and family and all the fun the Lowcountry has to offer, I encourage everyone to be mindful of making safe choices and reaping the benefits of good health, a successful career, and a vibrant community.

### Our Mission

*To be a committed partner in the delivery of quality and compassionate patient and family centered health care while maintaining operational readiness.*



# A Note from the XO

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*Capt. Edward D. Simmer  
Executive Officer*

## A Fond Farewell

If there is one thing that is certain for those of us on active duty, it is that we will move a lot. So it should be no surprise that this will be my last article for the newsletter. Next month my wife Peggy and I will be transferring to Naval Hospital, Oak Harbor, Washington, our 8<sup>th</sup> PCS transfer. Capt. Melanie Merrick, a family practice physician, who is going to be a great Executive Officer, will be my relief.

We are looking forward to serving in Washington, an area where we have never lived before, but we leave Beaufort with more than a little sadness. We can easily say that this has been the best duty station in our 22 years in the Navy.

Naval Hospital Beaufort's motto is "Always Caring," and this is certainly shown by the people that make us this great command. Never before have I been at a command where people cared so much about each other, and truly looked out for their colleagues and their patients. Whether it is helping someone find their way, working to improve the health of recruits, volunteering in the community, or writing an "Excellence in Action" for a colleague who helped out, people here really take the time to care.

Of course this is also a place infused with history, from Native American sites, to 1730's Fort Frederick, to Civil War Camp Saxton, to the Emancipation Oak where the Emancipation Proclamation was proclaimed for the first time on Confederate territory. Then there is the hospital itself, now the oldest building in Navy Medicine still being used for patient care; still in superb shape and standing proud.

In addition to a great command, this is also a great community. Indeed my wife and I have fallen in love with Beaufort to the point that we purchased and restored a historic home in downtown; a home we plan to make our retirement home when the time comes. Beaufort is a place where people take the time to talk and get to know their neighbors, and where history is treasured and preserved. It is a place that takes very good care of its military members and their families. I am proud to say the Naval Hospital Beaufort team is, and I am convinced will remain, a vital part of that community, returning the great support that we are shown.

As much as I would like to recognize the many individuals who have been particularly important to Peggy and I during our time here, doing so would likely take up the entire newsletter, so I will have to thank everyone as group. To the entire crew of Naval Hospital Beaufort, the many Marines and their families who have supported us, and the community in which we live, THANK YOU! You make this place what it is, the best hospital in the Navy!

# From the Desk of the CMC

## Unnecessary Risks

Safety—to me that means not taking unnecessary risks! Do YOU take unnecessary risks? How can we prevent taking unnecessary risks? Assess the situation, weigh the factors, look at the pro's and con's, and determine if the risk is actually worth the end result. Two particular things come to mind that are risky and should be avoided (because they both can kill you DEAD!); texting while driving and ignoring a hurricane.

The National Safety Council estimates that about one-quarter of all crashes involve cell phones or texting – about 1.2 million auto accidents each year involve the use of a cell phone! That neat little communication device has become our modern-day "widow maker" and it unknowingly causes you to take your eyes off the road to type with one hand! Each time you text (type), you look down. That's pretty dangerous – wouldn't you agree? Instead of texting, how about just shutting your eyes for 5 seconds at time! That sounds pretty dangerous too! So, if you wouldn't shut your eyes while driving, then why in the world would you text while driving? Is that worth the risk? You can spot someone texting; it's that guy in front of you driving like he/she is drunk. So, please take my advice and just pretend that you're back in the 1980's without that cell phone and keep your eyes on the road ahead! Be patient; you can chat when you pull over.

Hurricanes are also a big killer, but we now have plenty of forewarning! During hurricane season (Jun. 1-Nov. 30), you must check out the weather at least once a day! Storms come up suddenly (for example, the first storm of the 2012 Atlantic hurricane season, "Alberto," came early this year due to warmer waters). A tropical depression can rapidly increase to Hurricane Category 2 or 3 status easily within 24 hours over open waters! So, do you know your hurricane evacuation route inland? A hurricane will easily put Parris Island, Port Royal, and most of Beaufort under water, so you must seriously consider evacuating inland! The winds literally push water ashore (called a "storm surge") and this water is above-and-beyond normal high tide level. Hurricane Katrina in 2005 had a 25-30 foot storm surge! Besides the flying debris, those flood waters are what will kill you! You might not drown initially, but you probably will be killed when flood waters cover the road preventing escape and eventually batter your house apart!

Have you heard of the Galveston, TX hurricane of Sep. 8, 1900? We didn't have weather satellites back then; just some rudimentary meteorology forecasting. After that storm had passed, it had destroyed the entire island and killed more than 10,000 citizens! They didn't even see it coming and they didn't even try to escape early enough! That storm is still referred to as the deadliest natural disaster to strike the United States. Please note that all hurricanes, from Category 1 to Category 5, are considered dangerous. Do not ignore the warnings and be prepared to evacuate when the order comes. The Lowcountry is long over-due for a big storm, so please make plans now and prepare for the worst. Preparation is always the key to success! Take care and stay safe!

Very Respectfully,  
Matt Simpson  
Command Master Chief  
CMDCM (SS/SW/AW)



*CMDCM(SS/SW/AW)  
Mathew Simpson*

# Chaplain's Corner



What comes to mind when you think of the words be still? Maybe you think of standing still in a quiet place or sitting in a quiet room. The word be is defined as to exist or live and the word still is defined as remaining in a place, motionless and/or stationary. Just by living we are able to be. However, existing seems to be determined more by what we do rather than who we are.

In today's world, we have very busy schedules filled with work, activities, commitments and social events. Even though we have improved our communication technology in hopes of saving time and effort, what do you do with the time saved? Do you take the saved time to take a break or do you schedule another appointment, project or activity for the time you now have available? How often in the past week have you taken the time to be still? How often have you actually slowed down and taken a moment to not be involved in an activity, but rather sit still and reflect,

## Be Still

By Lt. Jennifer Dolder

meditate or even just be quiet?

Mentally, emotionally, physically and spiritually it is very healthy to take the time to be still.

Learning to schedule a "Be Still time" can provide a healthy break from the rush of any given day.

To be still requires a place that has little or no distractions in the way of sight and sound. It is a place that is comfortable and non-threatening. It allows one to slow down, take a breath, and just be. Being still in the moment is hard for a society that always has the option for music, noise, conversation, Facebook and Twitter.

Many faith traditions value the concept of being still. In a place of solitude and in our silence we can renew our body, mind and soul. We can use this time to meditate on nature, prayer, encouraging words and our own faith. It is in these times of being still that we can find strength for our busy days, renewal and peace.



## From the Pharmacist: Acetaminophen Usage

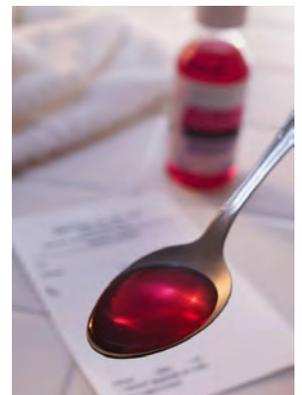
Acetaminophen is an ingredient in more than 600 over-the-counter and prescription medicines, including pain relievers, fever reducers, and sleep aids as well as cough, cold, and allergy medicines. It is the most commonly used drug ingredient in the U.S.

It appears in over-the-counter medicines like Tylenol and NyQuil and prescription drugs like Vicodin and Percocet. On prescription labels, acetaminophen may be listed as "APAP," "acetam," or others shortened versions of the word. Because it's in so many different medicines, people may be taking more than the recommended amount without realizing it.

Acetaminophen is safe and effective when used as directed, but there is a limit to how much you can take in one day. Taking more than directed is an overdose and can lead to liver damage. You should always read and follow the label of any medicine you are taking. And you should never take two medicines that contain acetaminophen at the same time unless directed by your health care provider.

If you have questions about dosing instructions or the medicines that contain acetaminophen, ask your health care professional.

You can also learn more about acetaminophen at [KnowYourDose.org](http://KnowYourDose.org), where you can get tips on reading over-the-counter and prescription labels and view a list of common medicines that contain acetaminophen.



# It's Getting Hot in the Lowcountry!

By Regena Kowitz, HM1 Crystal Clark, HM2 Anthony Frazier, HM2 Anika Miller, and HM2 Brandon Phelps

When it comes to summer time in the Lowcountry, the temperature isn't the only thing that goes up; the number of recruits who head to Marine Corps Recruit Depot (MCRD) Parris Island also soars. As young men and women graduate from high school, they board buses and planes to begin their journey to become United States Marines. This increase in recruits means that staff at Branch Health Clinic (BHC) MCRD Parris Island enters HOT Standard Operating Procedure, a phase affectionately known as "HOT SOP."

"HOT SOP represents the largest influx of recruits," said Hospital Corpsman 2<sup>nd</sup> Class Anthony Frazier, leading petty officer for general dentistry. The platoons, which roughly have 40-50 recruits during the rest of the year, increase to 80-90 recruits per platoon.

For the Sailors who work at the BHC and the Battalion Aid Stations (BAS), HOT SOP also means long hours and longer days due to increased patient load. More recruits means more in-processing, which includes creating medical and dental records, conducting initial exams, administering vaccinations, and more. There are also more patients to take care of as the number of sick or injured recruits increases, which is a given due to communal living spaces and increased physical activity. Additionally, summer in the Lowcountry brings its own unique set of challenges.

"There is a greater concern for heat injuries due to the strenuous training regimen and Beaufort's smoldering heat," said Hospital Corpsman 2<sup>nd</sup> Class Anika Miller, who works at the 4<sup>th</sup> Recruit Training Battalion Aid Station.

In addition to longer hours



*The Cool Room (Photo courtesy of HM2 Christopher Walker)*

injury or illness.

In the clinic's Acute Care Area (ACA), the day begins at 5:45 a.m. and doesn't end until the last patient is off deck and all coverages have wrapped up. On Saturdays, the coverages begin an hour earlier, 5:30 a.m. instead of 6:30

***HOT SOP represents the largest influx of recruits....The platoons, which roughly have 40-50 recruits during the rest of the year, increase to 80-90 recruits per platoon.***

— Hospital Corpsman 2<sup>nd</sup> Class Anthony Frazier

a.m., to accommodate the drill instructors' need to complete training evolutions before temperatures get too hot for the recruits to safely train.

"The ACA is the central hub for all acute and emergent issues," said Hospital Corpsman 2<sup>nd</sup> Class Brandon Phelps, assistant leading petty officer for the Crucible Aid Station (CAS). "During HOT SOP, the cool room becomes fully operational, meaning that all the beds are up and running."



*Corpsmen at BHC MCRD Parris Island practice offloading a patient from an ambulance. (Photo courtesy of HM2 Christopher Walker)*

The cool room is an area of the ACA designed specifically to care for heat casualties. The room is equipped with three ice

*(Continued on page 8)*

# It's Getting Hot in the Lowcountry!

beds that maintain a temperature of 70-76 degrees, a hurricane fan, a shower, and an ice bath.

A heat casualty is any patient with a core temperature above 102.5 degrees. Once the patient arrives at the ACA, medical staff will work to get their temp below 102.5 by placing ice at specific points on the patient's body. Once the patient's temperature is down, the staff will place the patient in a tepid shower then administer IV fluids and oxygen.

Staff in the ACA prepare for HOT SOP by running drills to make sure that when an emergency happens, everyone is ready to spring into action. In addition to code blue drills, where staff practice resuscitating patients in cardiac arrest, they also run cool room drills. These drills consist of an ambulance bringing a mock heat casualty patient to the ACA and having staff conducting a complete work up on the patient, with the exception of getting an actual core (rectal) temperature or starting intravenous (IV) fluids.

The CAS, which provides acute care to any personnel who becomes ill or injured during a Crucible event, is the only aid station where medical staff perform minor procedures, blood draws, and IV therapy, according to Phelps. During HOT SOP, when the number of recruits seen in the aid station nearly doubles, additional Corpsmen are assigned to provide coverage and the number of shifts in the aid station itself increases.

In order to keep up with this demanding schedule during Beaufort's long hot summers, it's vital for the Corpsmen to remain fit and healthy themselves.



*HMC Thomas Gerfy ensures the ice bath is ready for HOT SOP.*

*(Photo courtesy of HM2 Christopher Walker)*

“We conduct physical training on a regular basis,” said Phelps.

“During the summer months, when the temp is above 85 degrees and the

Corpsmen have to respond to a recruit, that

Corpsman has to be ready to perform. We cannot be falling out on coverages or hikes because if we go down, there's no one to respond.”



*Sailors ensuring they stay in peak physical condition.*

*(Photo courtesy of HMC Thomas Gerfy)*

***To protect your health when temperatures are extremely high, remember to keep cool and use common sense....Increase your fluid intake, regardless of your activity level.***

*— Hospital Corpsman 2nd Class Anika Miller*

Corpsmen at Parris Island have great advice for safeguarding your health when it gets hot in the Lowcountry.

“To protect your health when temperatures are extremely high, remember to keep cool and use common sense,” says Miller. “Increase your fluid intake, regardless of your activity level. Don't wait until you're thirsty to drink. Replace salt and minerals because heavy sweating removes electrolytes from the body. Hydrating without replacement of salt and minerals can leave you at risk for heat injuries. And, wear sunscreen. A sunburn affects your body's ability to cool itself and can cause a loss of body fluids.”

Hospital Corpsman 1<sup>st</sup> Class Crystal Clark, the leading petty officer for the clinic's recruit-in-processing facility dental department, reminds everyone to practice constant hand hygiene, drink plenty of water, get adequate rest, maintain a healthy diet, and exercise.

Whether you're a recruit, Sailor, Marine, retiree, or family member, don't forget to keep your cool this summer.

# Sailors of the Quarter



Senior Sailor of the Quarter  
HM1 Flaherty



Junior Sailor of the Quarter  
HM3 Allen



Blue Jacket of the Quarter  
HN Sheppard

# Civilians of the Quarter



Senior Civilian  
Ms. Bernardita Field  
Business Office



Civilian  
Ms. Angela Torinese  
Credentialing



Contractor  
Ms. Pamela Harmon  
MCRD Preventive Medicine

# Patient Safety: Medication Safety Tips

*By Jim Weiss*

What you don't know CAN hurt you. The more you know about any medications you use, the better you can be certain that you are using it properly.

1. Take all medications exactly as your provider has instructed.
2. Ensure that your provider knows about all prescribed and over-the-counter medications you take to include vitamins, supplements, and herbals.
3. If possible, try to use the same pharmacy to fill all your prescriptions.
4. Keep all medications out of the reach of children.
5. Keep the old medication container until you receive your next refill so that you can compare the new medication with the old. Notify the pharmacy immediately if they are different.
6. Do not take medications prescribed for someone else.
7. Do not take medications that have expired.
8. Store your medications in locations that do not have extreme heat or cold and not in direct sunlight.
9. If you take a lot of different medications, consider a medication dispenser to assist in ensuring that you take the correct medication, at the correct time, and correct dose.
10. Keep a list of all medications, supplements, herbals, and over-the-counter medications by name, dose, and how often you take them.
11. Dispose of old medications properly.
12. If the Naval Hospital Beaufort pharmacy does not have your desired medication, primary consideration should be to use the online TRICARE mail order system through "Express Scripts" found at [www.express-scripts.com](http://www.express-scripts.com).

Remember that the more you know, the better advocate we can be for your family and yourself.



*(Photo courtesy of HMC Gerfy)*

# Department in the Spotlight: SMART Clinic

By HM2 (FMF) Christopher Walker



Branch Health Clinic Parris Island's SMART Clinic  
(photo courtesy of HM2 Christopher Walker)

The Sport Medicine and Rehabilitative Therapy (SMART) Clinic, located at the Branch Health Clinic Parris Island, provides services to both permanent party personnel and recruits alike. The largest operation in the clinic by far is its physical therapy department. Staffed by a military and civilian physical therapist and three Corpsmen, they work to meet the vital mission of rehabilitating post surgical patients and those with sports related injuries in order to return them back to full

duty or training, in the case of a recruit patient. A day is also set aside specifically for the purpose of orthopedic consults. Acupuncture has also recently been added to the list of offered services.

The Sports Medical Clinic is staffed by a sports medicine physician, an orthopedic physician assistant, and four Corpsmen. They treat injuries ranging from sprains, strains, stress fractures, and orthopedic care of acute fractures. The clinic has a cast room where different types of casts and splints are provided. Podiatry service is also provided to treat a variety of foot injuries, and provides same day care for ingrown toenails.

Last year, the SMART Clinic saw 21,000 patients. These injuries are primarily lower extremity injuries such as sprained ankles, knee problems, and stress fractures.

With the warmer months comes an increase in these types of injuries. The number of patients seen in the SMART Clinic increases by 20 percent during the time of year known as "HOT SOP" (from the second week of April to the second week of October) because of an increase in the recruit population due to the influx of recent high school graduates.

## By the Numbers

- Total Patient Visits — 21,448
- Total Physical Therapy Patients — 16,777
- Total Sports Medicine Patients — 4,310
  - Total Podiatry Patients — 361

Totals for SMART Clinic Services in 2011

## Command in the Community



Sailors from NHB march in the City of Beaufort's annual Memorial Day Parade, May 28, 2012.  
(photo courtesy of AT3 Chosnel Raymond)

On Monday, May 28, Sailors from Naval Hospital Beaufort took part in the City of Beaufort's annual Memorial Day Parade. Nearly 100 Sailors, all dressed up in their summer whites, proudly marched behind the hospital's honor guard down the city streets.

Following the parade, Capt. Joan Queen, the hospital's commanding officer, delivered remarks as the guest speaker during a ceremony at the Beaufort National Cemetery. While speaking about the importance of remembering those who gave the ultimate sacrifice, Queen urged the audience to remember their families, who have also sacrificed, as well.

# Sailor in the Spotlight: HN Shaun Daniels

By HMC Thomas Gerfy



**Hometown:** Grove City, Ohio

**Years of Naval Service:** 2 years 7 months

**Time onboard:** 1 year 10 months

**Work Center:** MCRD SMART Clinic

**Favorite Food:** Chicken Alfredo

**Share something interesting about yourself :** I have run in 12 demolition derbies and placed in the top 3 in 8 of them.



*Branch Health Clinic Parris Island's SMART Clinic.  
(photos courtesy of HM2 Christopher Walker)*

**What do you enjoy most about your job:** The people I work with and the hands on experiences with patient care.

**What do you do in your off duty time:** In my off time I enjoy going to the beach, fishing and the indoor shooting range.

**Favorite Movie:** Gone in 60 Seconds

# Civilian in the Spotlight: Mr. Malcolm McDougall, PT

By HMC Thomas Gerfy

**Hometown:** Titusville, Fla.

**Time onboard:** August 2009

**Work Center:** BHC MRCD, SMART Clinic, Physical Therapy

**What do you most enjoy about your job:** I became a physical therapist because I enjoyed working with people, improving their quality of life, and helping them return to their previous level of function after an injury or operation. I especially like working here at Parris Island and with the active duty Marines and Sailors because of my prior 20 years of service in the Navy and relating to their lifestyle and the physical demands of being a service member. My permanent party members are motivated patients who are eager to get better, work hard at their rehab, and are a pleasure to work with.

**What do you do in your off duty time:** I enjoy spending

time out on our boat with my family, golfing and fishing.

**Favorite movies:** Almost all John Wayne and Clint Eastwood movies, and the original Three Stooges with Curly.

**Favorite food:** Filet Mignon (rare), lobster tail and crab legs.

**Share something interesting about yourself:** While in the Navy, flying combat missions in support of the Grenada Operation "Urgent Fury." I had to eject from my aircraft into the ocean at midnight (it sure is dark out there). I was also a member of the All Navy Softball team for 10 years. I'm currently happily married to Debbie McDougall, father of four and grandfather of four. I hope to work here at Parris Island until I completely retire, then really focus on my golf, it needs a lot of work.



# Health Promotions & Wellness: Barefoot Running

By Ivette Moore

In recent years, more and more people are saying goodbye to the typical shod or running shoe and switching to barefoot footwear. Researchers and runners are claiming that running barefoot is more natural for humans; barefoot runners land on the ball of the foot, taking advantage of the flexible human arch and ankle resulting in fewer injuries.

Dr. Daniel Lieberman, professor of human evolutionary biology at Harvard University, states the human body was designed to run barefoot. His research shows that habitually barefoot or minimally shod people strike the ground in a way that leads to very low collision forces, even on hard surfaces. The regular running shoe forces the runner to land on their heels leading to imbalance and an increase in the force of heel strike. At the same time shoes with extra heel cushioning interferes with landing patterns and stability in forefoot strikers.

How do you determine if barefoot running is good for you? Let's take a look at some of the advantages and disadvantages of barefoot running.

***Researchers and runners are claiming that running barefoot is more natural for humans; barefoot runners land on the ball of the foot, taking advantage of the flexible human arch and ankle resulting in fewer injuries.***



*Barefoot running shoes  
(photo courtesy of HM2 Christopher Walker)*

## ***Advantages of Barefoot Shoes***

- Landing on the mid-foot or forefoot recruits the muscles in the arch and also the calf, assisting in the foot to ground impact, stability, propulsion and energy return.
- Ground reaction forces are measurably decreased at the ankle, knee and hip during forefoot strike.
- The foot can accurately sense the ground which allows a gentler landing.
  - It strengthens the muscles in your foot, especially in the arch.
  - It may cost less energy to forefoot strike because you use the natural springs in your foot and calf muscles more to store and release energy.

## ***Disadvantages of Barefoot Running***

- Thick-soled shoes are much more forgiving when running over glass, sharp objects, ice and so on.
- If you have been a heel striker, it takes some time and much work to train your body to forefoot or mid-foot strike. Build up slowly!

Contraindications: diabetes, neuropathy, poor circulation in the lower extremities, arthritis, weakened immune system, foot deformities, obesity, plantar fasciitis, Achilles tendinitis.

Switching to barefoot running or barefoot footwear is a personal choice and anyone who decides to go barefoot should consult with their health care provider first.

Barefoot running is about technique; learn the basics before making that transition from conventional running shoes. Start slow, doing it in stages, and engaging in exercises to specifically strengthen muscles in the feet and calves.

# Safety: Break the Grip of the Rip!

By Sue Hollingsworth

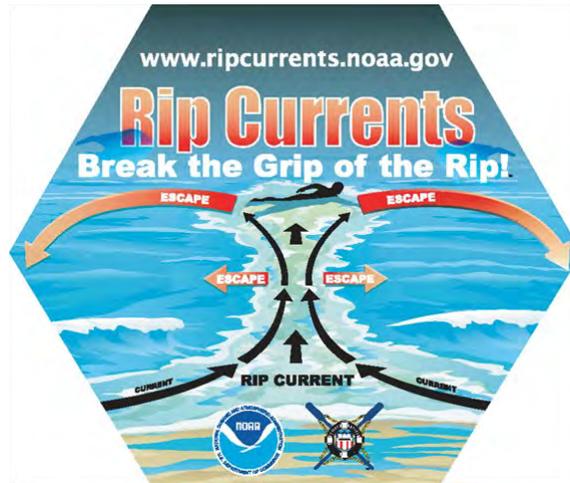
Rip currents are sometimes mistakenly called "rip tides" or "undertows." These are misnomers. Rip currents are not directly associated with tides, nor do they pull people under, however they are one of the most threatening natural hazards along our Atlantic coastline. In fact, rip currents can be found on any coastline with breaking waves including large lakes.

What is a rip current? Defined by the National Weather Service, a rip current is a relatively small-scale surf-zone current moving away from the beach. Rip currents form as waves disperse along the beach causing water to become trapped between the beach and a sandbar or other underwater feature. The water converges into a narrow, river-like channel moving away from the shore at high speed.

Rip currents may form in areas where the strength of the waves is weakened by objects such as rock jetties, piers, natural reefs, and even large groups of bathers – all of which are commonly found along the South Carolina coast. Rip currents often look like muddy rivers flowing away from shore, another ordinary sighting at our local beaches.

Rip current fatalities are not limited to inexperienced swimmers. The sensation of being trapped in a rip current is frightening causing even an experienced swimmer to panic as they are pulled swiftly out to sea. As victims are pulled further out, they often attempt to swim against the current, become exhausted, disoriented, and ultimately incapable of self-preservation.

If you become caught in a rip current, stay calm, and do not swim directly against it. Swim parallel to the shore until the pull stops and then swim back to shore. If you are unable to return to the beach, tread water and wave for assistance. Stay at least 100 feet away from piers and jetties as rip currents often exist along the side of fixed objects in the water.



Be aware of ocean conditions. If you're lucky enough to have a lifeguard present at your beach-of-choice, ask about conditions before entering the water, or familiarize yourself with warning flags that may be used to alert beach-goers of hazardous conditions.

The key to survival is education on the science and characteristics of rip currents, and secondly, the knowledge of escape tactics. Remaining as calm as possible is crucial in a successful escape.

The National Weather Service website is a terrific source of information including kids' pages, medical concerns, real-life rip current stories, beach safety tips, a "Jeopardy" game, and a very enlightening **30-second** instructional video on how to escape if caught in a rip current. *30 seconds?* That's less time than the average TV commercial or "YouTube" clip. Sounds like a pretty good use of time to potentially save your life. The web address is: <http://ripcurrents.noaa.gov/>. The video was easily accessible on my smart phone!

June 3-9 2012 is "Rip Currents: Break the Grip of the Rip! Awareness Week." Remember, "*When in Doubt – Don't Go Out!*"



*Hunting Island*  
(photo courtesy of Ms. Sue Hollingsworth)

# DAPA Debrief: Alcohol Is Not a Thirst Quencher!

By HM1 (FMF) Adam Morris

Summertime is finally here. This is the time when we get to celebrate Memorial Day, Independence Day and Labor Day. These holidays are important for many obvious reasons. One reason that these may stand out is that they are usually celebrated outdoors with friends and family.

Beaufort is a great place to live during the summer months due to the many festivals and activities that are provided. Boating, fishing, sports and BBQ's are just a few things that the Lowcountry has to offer to get out and enjoy the weather. With all of these great activities, there are also some things you need to keep in mind. That is, the irresponsible use of alcohol.

Alcohol is plentiful and available at many of the summer events. Therefore, when it's hot outside and the wetness on the skin begins to increase, it could be easy to believe that drinking that ice cold beer or mixed drink will cool you down. However, alcohol increases thirst which leads to more drinking in an effort to quench the thirst. Before you know it, heat illness sets in. This is only one of the many ways you could put your life in danger from over consumption during summer. Also, many people do not drink until the summertime

and all of the sudden the temperature goes up and the bottle tops pop off. Their tolerance is lower than they realize and this could cause an alcohol related incident or worse.

Coordination is a much needed asset to have. Many people don't realize how vital it is until they have lost it. Boating and fishing are some of the most popular things to do during the summer in Beaufort. Unless you know a secret, both of those involve water. Many people don't realize the danger they put themselves, and those around them, when they go boating and drink too much. Boating involves a lot of coordination, focus and a sense of direction.

There are a number of scenarios that could take place when you mix boating and alcohol together. Colliding with another boat, falling overboard and lack of attention to the tides are just scratching the surface of potential dangers.

Even shore fishing have dangers if you drink too much. I have heard of someone fishing on a pier and jumping in the water to cool off. The problem was that he didn't realize how shallow the water was and

ended up breaking his leg. Of course, alcohol was involved. Why else would someone jump in water that they have been catching sharks and sting-rays in just to cool off?

People who operate boats sometimes don't realize that they could get arrested for boating under the influence. This is a real law with very real consequences. Finding the way back to the dock, loading the vessel on the trailer and driving home are all things that require coordination. After just a few drinks, these tasks could become impossible and dangerously unsafe.

So, next time you are at a party, on the water or just watching your kids play on a slip-and-slide, think twice before believing that that several cold alcoholic drinks will make things much better. If you find that you cannot get your head wrapped around that idea, just imagine your family out there having all the fun during the summer while you are stuck on base having to continuously muster due to irresponsible drinking.



*For information on the Navy's drug and alcohol policies and programs, please contact your Command DAPAs HM1 Adam Morris at (843)228-5006 and HM1 Carlos Aguilar at (843)228-5499.*

## Command Career Counselors' Corner

We are revitalizing our program to assist the Sailors checking on board Naval Hospital Beaufort as well as those currently stationed here in the Lowcountry. We have now implemented a new streamlined check in process effective May 4. All new enlisted staff will meet with the Command Career Counselor (CCC) after leaving the Military Human Resource office.

During this visit, the CCC will have all new enlisted staff members complete a Perform to Serve Application if they are under 14 years of service. If members are dual military, they may complete a Spouse Co-Location request, a reenlistment request will also be generated for the Sailor for a future reenlistment. The CCC will ensure the members are educated about the Perform to Serve process and how it affects their career. Both the United States Military Apprenticeship Program and The Thrift Saving Plan will also be introduced. Essentially, this is, for some, their first Career Development Board prior to meeting the Command Master Chief. This process should take no longer than 30 minutes.

We have a great crew of Command Development Team members within each directorate standing by to assist our Sailors' needs.

- DFA: HM1 Knuth, MA1 Buckhanan
- DMH: HM1 McDaniel
- DNS: HM1 Dominguez
- DSS: HM1 Morris, HM1 Woodson
- DMS: HM1 Tucker
- DCSS: HM1 Aguilar, HM1 Esquibel, HM1 Corwin, HM2 Lanier
- DBC: HM1 Jordan, HM1 Bunmeema, HM1 Bundrick, HM1 Bercide, HM1 Wolfinger, HM1 Medrano, HM1 Rabang, HM1 McFadden, HM2 Frazier,

For more information, contact either HM1 Ballinger at 228-5579, or HM1 Patrick at 228-4124.

# Overseas Screening & EFMP

## Overseas/Operational Duty Screening

All military personnel selected for remote duty, operational/sea duty, and overseas assignments must complete suitability screening within receipt of orders. Active duty members shall report to the Overseas Screening Department located on the 3<sup>rd</sup> deck at Patient Administration to receive pre-screening of all necessary documents and schedule an appointment. Suitability screenings are a timely and thorough process. At your appointment you will need to bring your completed DD2807 and 1300/1 and any additional/supplemental information. These forms are required to expedite the screening process. Screening will be delayed without complete information. Ensure eligible family members with special needs, whether it is medical, educational or both are enrolled in the Exceptional Family Member Program (EFMP). Waiting to complete this process could ultimately delay your scheduled detachment.

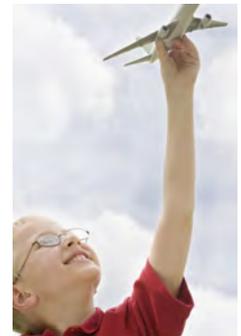
## Exceptional Family Member Program (EFMP)

The Exceptional Family Member Program (EFMP) supports military families with special needs. The EFMP is a multidisciplinary assignment tool that interfaces with other military and civilian agencies to provide comprehensive and coordinated medical, educational, community and per-

sonnel support to military families with special needs. The EFMP documents long-term medical needs (including physical and mental health) and special education needs of Exceptional Family Members (EFM) as mandated by OP-NAVINST 1754.2C. Enrollment in the EFMP ensures consideration of the needs of family members in the detailing process. The EFMP module is deployed within the Navy Family Accountability and Assessment Systems (NFAAS) to support the basic EFMP enrollment processing workflow, from initial request for enrollment by candidate EFM sponsors. The request may be initiated by MTF, service, and family member.

HM1(EXW/FMF) Jennifer Knuth is currently assigned as the Overseas Screener and EFM Coordinator for the Tri-Command, however, HM2(FMF) Cynthia McCann, will soon be replacing her as the Overseas Screening and EFM Coordinator. If you have any questions or concerns, please feel free to contact:

HM2 (FMF) McCann, Cynthia  
Overseas Screening Department  
Located at: Patient Administration 3<sup>rd</sup> deck  
Tel: 228-5900  
DSN: 335-5900  
FAX: 228-5129  
Email: [Cynthia.mccann@med.navy.mil](mailto:Cynthia.mccann@med.navy.mil)  
Email: [NHBeaufort-OverseasScreening@med.navy.mil](mailto:NHBeaufort-OverseasScreening@med.navy.mil)



## SMART Tips: Preventing Musculoskeletal Injuries

*By HN Edinson Rosales (BHC MCRD Parris Island, SMART Clinic)*

Musculoskeletal injuries are one of the most common injuries seen at Branch Health Clinic (BHC) MCRD Parris Island due to the very strenuous training that recruits at MCRD go through. Muscle injuries can be categorized into three different levels; mild, moderate or severe. Most muscle injuries can be immediately treated with the “RICE: Rest, Ice, Compression, Elevation” protocol.

Preventing musculoskeletal injuries, whether you’re a recruit, active duty, or civilian, is not difficult if these three steps are followed:

1. Warm Up
2. Stretch
3. Hydrate

### *Warm Up*

A warm up routine should consist of mild to moderate cardiovascular exercise, until the individual’s heart rate is elevated. The warm up should last for 5-10 minutes. The purpose of the warm up is to slightly raise the temperature of the muscles and tendons of the body, allowing and improving extensibility of muscle and tendons, which, in turn, improves muscle function and decreases the risk of injury.



*(photo courtesy of HMC Thomas Gerfy)*

*(Continued on page 16—INJURIES)*

# Veterinarian Viewpoint: Heat Injuries in Pets

By Capt. Brianne Gustafson, USA, DVM

Each summer, heat injuries claim many victims among our dog and cat populations. Heat injuries range from heat stress (body temperature greater than 106 degrees F) to heat stroke (body temperature greater than 108 degrees F). This set of diseases may have many causes, but most importantly, they are almost always preventable. Most often, heat injuries occur when owners over-exercise poorly conditioned pets, leave their pets in an enclosed, parked car, or leave pets outside without access to shade and water.

As we all know, much of the U.S. gets very hot in the summer, and the heat index can rise to well over 100 degrees any day. Temperatures inside a hot, parked car can reach lethal levels within minutes. Pets cannot perspire like humans and can overheat very quickly. This can also happen when pets exercise too much in the heat, and are denied shade and fresh water to help keep them cool. Additionally, if you and your pet recently moved to warmer climates, ensure that pets slowly get acclimated to the extreme summer heat. Finally, it is important to remember that brachycephalic (flat faced) breeds often have airway problems which further exacerbate these risk factors.

Symptoms of heat injuries include heavy panting, weakness, excessive drooling, vomiting and/or diarrhea, and can rapidly progress to collapse, coma, and death. Pets that are not acclimated to hot, humid environments are especially susceptible to heat injuries. If your pet is experiencing these symptoms, you must quickly reduce the body temperature by soaking the animal with cool water (tap water, not ice water) and immediately seeking veterinary treatment.

Without treatment, body temperatures can continue to rise to 109 degrees or greater, at which point irreversible brain damage and organ failure can occur.

Tips for keeping your pet safe from this potentially lethal disease are as follows.

1. *Never* leave your pet in a parked car!
2. Only exercise your pet during the coolest times of the day.
3. Provide plenty of clean, cool water and shade for outdoor pets.
4. Provide adequate ventilation with screened, open windows, air conditioning, or fans for indoor pets.
5. Gradually acclimate your pet to the outdoor heat. As with humans, this is especially important for very young, very old, obese and sick or debilitated animals.



(Photo courtesy of HMC Thomas Gerfy)

(INJURIES—Continued from page 15)

## Stretch

Stretching should always follow the warm up. Stretching a cold muscle may in fact, increase, rather than decrease, the risk of injury. After the 5-10 minute warm up, all major muscle groups (neck, chest, back, arms and legs) should be stretched. Technique is paramount; stretches should be performed using slow, gradual movements. At the SMART Clinic and during coverages, we advise and educate recruits on proper techniques and the importance of stretching. Everyone, not just recruits should practice stretching before any activity.

## Hydrate

HYDRATE, HYDRATE, HYDRATE! Prolonged periods of exercise, which recruits are often exposed to, can lead to depletion of water. This leaves the muscles at risk for injury secondary to fatigue. Proper hydration will help rapidly replenish the body's store of liquid, since the body is 80% water. This allows for continued optimized muscle function. Hydration not only helps with replenishing the muscle's fuel, it also helps with the body's ability to cool itself and keeps the body balanced and healthy overall.

Following these simple steps can prevent muscle injuries and improve your overall performance. Remember; warm up before every event, stretch after a warm up or during any free time, and hydrate!

# Uniformed Business Office: Working for You!

## A New Tool to Enhance Health Care Resources

By Lt. Jodi Phillips

On May 7, Naval Hospital Beaufort began issuing the Other Health Insurance (OHI) Compliance Card to all beneficiaries. The card is a new tool for collecting information from patients who have health insurance other than TRICARE, allowing the hospital to bill private insurance carriers when patients covered under their plans receive care and treatment at the hospital.

“Ultimately, the OHI card, means less paperwork for patients,” said Lt. Jodi Phillips, director for resource management at Naval Hospital Beaufort. “It will improve the Third Party Collection (TPC) Program that was legislated by Congress in 1986.”

According to Phillips, the program requires Department of Defense (DoD) Military Treatment Facilities (MTF’s) to bill private health insurance carriers such as Blue Cross/Blue Shield for the cost of medical care furnished to retirees and family members covered by private health insurance policies. This includes all medical benefits such as inpatient care, outpatient care, and ancillary services such as pharmacy items. Naval Hospital Beaufort is required to comply with this law.

“Monies collected under the TPC program go directly to the Naval Hospital budget” said Phillips. “In fiscal year 2011, the hospital collected over \$480,000 under this program. These funds were used to replace medical equipment with current cutting edge technology. The ultimate goal is to optimize our available resources by implementing tools such as the OHI cards, to provide enhanced health care services for all of our patients.”

At every visit and point of service at Naval Hospital Beaufort, patients will be asked if their OHI information on file is current. All non-active duty beneficiaries are required to fill out a DD Form 2569, “Third Party Collection Program Record of Other Health Insurance,” whether or not they have OHI. This month,

the naval hospital began issuing an OHI Compliance Card to every patient when they complete the DD Form 2569.



The OHI card will be issued by either the TPC Representative in the Pharmacy waiting area or by a front desk clerk. The OHI card will be valid for one year as long as the information remains the same. Patients are asked to present their OHI card at

every visit. This lets hospital staff know that the DD Form 2569 has been completed and eliminates the need for patients to fill out a new form every time they visit the hospital.

The obligation to pay medical care costs applies only to the insurance carrier. The insurance companies will pay benefits directly to the Naval Hospital. Patients will neither be billed nor held responsible for any uncollected charges. In most cases, the Naval Hospital is no different than civilian health care providers who need insurance information at each visit.

The benefits to patients include no co-pay, deductible, or any patient responsibility charges indicated in the

***Ultimately, the OHI card, means less paperwork for patients***

Explanation of Benefits received from the insurance company. Patients

will pay less out of pocket expenses when later seeking health care through a civilian provider.

For further assistance with the TPC program, beneficiaries may visit the representative in the Pharmacy waiting area, stop by the TPC office located on the hospital’s first floor, room 1W120, or call the toll-free hotline at 1-800-355-3785 Monday-Friday, from 7:30 a.m. to 4:30 p.m. (CST).

# Historic Highlights: Golf!

*By HMC Amanda Hughes  
Command Historian*

Summer time is right around the corner, and one of this wonderful season's most popular sports is a Lowcountry favorite – golf! What, you may be wondering, does that have to do with history here at Naval Hospital Beaufort? A lot, actually.

There used to be an 18-hole putting green right here on hospital grounds. Situated on the lawn between the main building and the front gate, where the current loading dock and government vehicle parking lot is located, the putting green was an added feature of the recreation program. The personnel who were eligible to use the 10,000 square foot green included hospital staff, family members, patients, and personnel from Parris Island and their family members.

The kidney shaped green had a gentle southward slope and offered putting hazards such as a ridge running north and south across the entire width and a 12-inch mound on the eastern portion. It was open from noon – sunset, Monday thru Friday, and 0800 – sunset, on the weekends and holidays.



*View of the Naval Hospital Beaufort putting green—1950*

So, now you are probably asking yourself, “Why did Naval Hospital Beaufort need a putting green?” That’s a good question and the answer has to do with how patients were convalesced and discharged decades ago. It’s important to remember that 60 years ago, military patients weren’t normally discharged as quickly as they were in private hospitals. A greater part of the convalescent period was required to be spent in the hospital due to most active military patients living on the base in the barracks. The patients were discharged only when fit for active duty or when the convalescence had progressed enough for them to return to a full civilian life.

I’ve talked to a couple of people about this putting green, avid golfers both of them. They want to petition the CO to recreate the facility – do you think she’ll go for it?



*View of the former putting green area—2012  
(photo courtesy of HMC Amanda Hughes)*

# NHB on the Move



## Hails

*March, April, May*  
HR Edwin Alamo Diaz  
HR Steven Browning  
HR Joshua Clifton  
HR Divante Davis  
HR Rocquel Galloway  
HR Laurence Stjeanbrisebois  
HR Victoria Wade  
HA Layla Berne  
HA Corbin Felker  
HA Kenneth Hill  
HA Gene Olguin  
HA Elizabeth Risner  
HA Beejay Topacio  
HN David Collier  
HN Jason Cotton  
HN Jamaar Jiles  
HN Crystal Juradoflores  
HN Grant Marcinkowski  
HN Joshua Mata  
HN Kenneth Preudhomme  
HN Daniel Silva  
HN Kristofer Singleton  
HN Travis Strote

HN William Trusty  
HN Michael Weir  
HM3 Ashley Wade  
HM2 Joy Bercide  
HM2 Precious Herndon  
HM2 George Potts  
MA2 Timothy Cravetts  
HM1 Earl Bercide  
HM1 Gregory Hadley  
HMC Michael Decker  
HMC Shawn Kirkpatrick  
LTJG Kathleen DeWolf  
LT Ronald Brouwer  
LT Camia Lasdulce

## Farewells

*March, April, May*  
ASAN Casijo Ross  
HN Andre Jones  
HN Jessica Keene  
HN Erique Lynn  
HN Justin McCrary  
HN Brian Morrison  
HN Michael Norton  
HN Jason Parker

HN Sarah Ramey  
HN Marshall Reis  
HN Harold Rives  
HN James Santoro Jr  
HN Corbin Taylor  
HN Kimberly Tharp  
HN Jonathan Vaughn  
HN Remmi Wallace  
HM3 Arthur Manning  
HM3 Paul Oleson  
HM3 Shannon Ramey  
HM3 Janelle Simmons-Manning  
HM3 Tobin Steffey  
LS3 Brian Snowden  
MA3 Coty Watson  
MA2 Michael Mattocks  
HM2 Tiffany McClellan  
HM2 Raymond Vaclavik  
HM2 Eric Weldon  
HM2 Ruth Williams  
HM1 Anede Patterson  
HM1 Milas Sturdivant  
HM1 Heather Tapp  
HMCS Kelly Richardson  
LTJG Amanda Bush

LT Rhonda Cantu  
LT Adrain Felder  
LT Kristina Mickelson  
LT Matthew Palazzolo  
LT Thomasena Wicker  
LCDR Eric Seybolt  
LCDR Angela Tyner  
LCDR Arcelia Wicker

## Homecomings

*March, April, May*  
MA3 Breau  
LTJG Ault  
LT Labarbera

## Deployments

*June, July, August*  
HN Foster  
HMC Davis

# Preventive Medicine: Preventing Dog Bites

*By HM2 Martha Bailey (BHC MCRD Parris Island, Preventive Medicine)*

Nearly 4.5 million people are bitten by a dog each year, 60% of those being children. Dogs may bite for a variety of reasons: fear, territorial, anger or excitement. Many dog bites occur at home by the family pet due to improper socialization of the animals. Veterinarians suggest that you teach your dog submissive behaviors such as rolling over (exposing their underbelly) or giving up food without growling. Sensational stories of rabid strays make headlines, but most dog bites are more commonplace. Half come from the family's own dog, and another 40% come from a friend or neighbor's dog. A dog will react to situations according to what his instincts tell him unless these instincts are overridden by the consistent training and socialization he needs to receive from his owner.



## Children and Dogs:

1. Never approach a dog without an owner, and always ask before you approach another person's dog.
2. No unsupervised time even with known dogs.
3. Offer hand palm down, the dog makes the first "contact."
4. Let the dog get to know you.
5. Teach children "nice touch."
6. Give the dog a break.
7. Give the dog an escape route.

So what do you do if approached by a dog you don't know? Do not run away screaming. Remain motionless, avoid direct eye contact and do not reach your hand out. **If you're bitten**, cleanse the wound for 15 minutes with soap and water and report to your local emergency room to be screened for rabies prophylactic care. Remember, rabies is potentially carried by all mammals. Stray cats are very high risk due to potential contact with local raccoons, skunks, foxes, and bats. The principle rabies carriers in this region are raccoons.

# Ombudsman's Corner: Hurricane Preparedness



Sunday, May 20, 8:15am. My Sunday morning run is on hold because it is raining. What's unusual about the rain is that it is coming from a feeder band from Tropical Storm Alberto and that storm is not supposed to be here yet. The Atlantic storm season officially starts Jun. 1, but someone forgot to tell Mother Nature.



The whole point here is that weather is unpredictable. The best we can do is to prepare for the worst and hope for the best. This storm, small and uneventful as it may be, certainly has captured my attention. My "I'll get around to it," attitude about getting my hurricane kit ready has officially come to an end. Yours should too!

First and foremost, you need a plan. If we are in the path of a large storm, where are you going to go? A million residents of the Lowcountry fleeing inland will quickly fill every hotel and motel for hundreds of miles along the major highways. You need a plan or you should expect to sleep in your car. That equation gets more complicated if you have pets. What if we don't have to evacuate? That's where your storm kit comes into play. The items in your storm kit are there to make life easier while repairs are being made to the infrastructure that makes modern life what it is.

Checklists to help you prepare are available just about everywhere. Hardware stores, grocery stores, dozens, if not hundreds of websites online, the weekly news email from the NHB Ombudsman... Getting a check list is easy, and I won't go into all of that here, but I will share a few hints about that checklist and the some of the items on it.

- **Water.** You can live without a lot of things - water is not one of them. You should plan on at least one gallon per person per day. Don't forget your pets. A case of ½ liter water bottles is about 3 ½ gallons – just right for one person. If you shop at the commissary, you'll find that a case of bottles cost less per gallon than the 2 ½ gallon containers they sell.
- **Food.** It stands to reason, that if you need water for three days, you'll need food as well. Think non-perishable canned and boxed items. You can probably count on the electricity being out, so buy items that you can eat as is.
- **Communications.** Your cell phone will not work, or if it does, the circuits will be overwhelmed and it will be difficult to make or receive calls. Again, here is where your plan comes in. Should members of your family get separated, you should agree beforehand on a time and place to meet. To keep in touch, my family has a set of waterproof FRS/GRMS radios that have an advertised 36 mile range. Radios of this type are especially helpful if you have to evacuate in separate vehicles, just keep in mind that advertised range is optimistic. No doubt, many other families have the same idea, count on 5-6 miles at best.
- **Batteries.** If you don't have dedicated batteries for your hurricane kit, get some. If you do, cycle out the old ones and put in some fresh batteries. Don't skimp here – spend a few dollars more and get lithium batteries. They have more power and a longer shelf life. Don't put them in the flashlights or portable radio until you need them.
- **Portable radio.** No electricity, no TV, no Internet, limited or no cell service. A portable radio is your link to the outside world. On the website of a large online retailer, I found a highly rated shirt pocket portable radio for \$15.06.

I've just touched on a few items here and I will continue to push hurricane preparedness in my weekly news emails to NHB Families. Not getting that news email? Forward your name and email address and I'll add you to the list. Every week you will receive info on a wide variety of events, happenings and issues of interest to military families in the Tri-Command area.

Dennis  
843-228-5631  
[NHBombudsman@med.navy.mil](mailto:NHBombudsman@med.navy.mil)



Mr. Dennis Smith, Naval Hospital Beaufort Command Ombudsman.