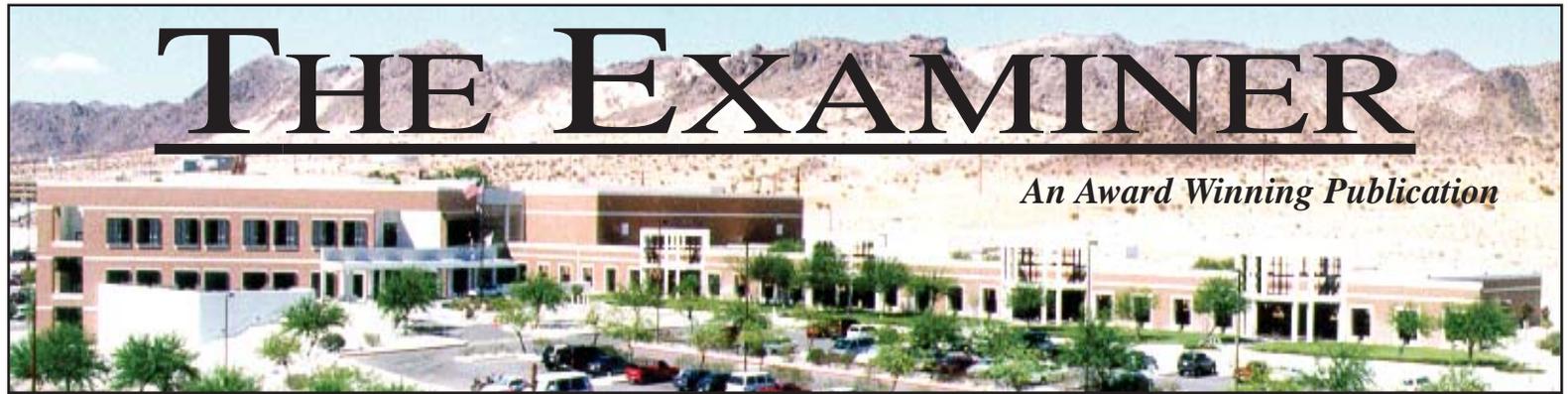




Robert E. Bush  
Naval Hospital



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

*Did you know?...*

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- \* Through the ICE website.
- \* Through the Naval Hospital Customer Comment Cards.
- \* The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

Or Directly to the Joint Commission via:

E-mail at [complaint@jointcomission.org](mailto:complaint@jointcomission.org)

Fax:  
Office of Quality Monitoring  
630-792-5636

Mail:  
Office of Quality Monitoring  
The Joint Commission  
Oak Renaissance Boulevard  
Oakbrook Terrace, IL 60181

Hospital Honors Officer, Sailors and Civilians of the Quarter



*Lt.j.g. Leah Granson is the Officer of the Quarter.*



*HM2 Seth Byan is the Senior Sailor of the Quarter.*



*Virginia Ward is the Senior Civilian of the Quarter.*



*HM3 Kameryn Goodrow is the Junior Sailor of the Quarter.*

Navy Medicine West Visit



*During her recent trip to Naval Hospital Twentynine Palms, Rear Admiral Christine M. Bruzek-Kohler, left, Commander Navy Medicine West, Commander Naval Medical Center San Diego and Director the Navy Nurse Corps visits with Lt. Cmdr Mark Anderson, center, and Lt. Cmdr. Francis Slonski, right, both of the Main Operating Room. The Admiral was able to visit with many other staff members at the command.*



*Junior Civilian of the Quarter is Steve Crowder*



*Blue Jacket of the Quarter is CSSR Renato Batallones.*

Commanding Officer  
Naval Hospital Public Affairs Office  
Box 788250 MAGTFTC  
Twentynine Palms, CA 92278-8250

Here's to your health...

# It's Back to School Time...Protect Your Kids from School Bullies

By *Martha Hunt, M.A. Health Promotions Coordinator*  
*Robert E. Bush Naval Hospital*

One in seven kids in American schools are the constant victims of bullying and nearly seventy five percent of kids report that they are sometimes the victims of bullies.

Why is this important you ask? It is important because bullying leaves lifelong health and emotional scars for everyone involved in bullying.

This includes the bully, the victim and those kids who watch others being bullied and are too afraid to speak out or stop it. It is also important because it is the primary cause of school violence, class disruption and chronic low learning levels for many kids.

Bullying can take many forms including physical, verbal, relational and sexual bullying.

Physical bullying involves a usually larger child hitting or kicking another child. It also involves the theft or damaging of another child's property or money. Over time, the magnitude of the physical assaults grow and the bully becomes more aggressive in all aspects of their life.

Verbal bullying involves name calling, racist, religious based or sexist slurs, insults, and constant verbal teasing. Verbal bullying tends to be quick and efficient at hurting the victim and in many ways is more painful than physical bullying as the damage is targeted to the victims self esteem.

While physical or verbal bullies tend to be boys, relational bullies tend more often to be girls. Relational bullies manipulate their peers to exclude or reject certain individuals from the social group. Relational bullying is usually achieved by brute force peer pressure from the bully or by more subtler means such as spreading rumors and lies about the victim so that they are ostracized from the larger group.

Sexual bullying is a form of bullying that is being reported in growing numbers. Included in sexual bullying is everything from sexual assault to sexual jokes and rumors about the vic-

tim, rumors about the victims' sexual preferences, graffiti on walls (especially bathrooms), and uninvited touching and physical attention. In one study of girls and boys ages 13 to 17, 85 percent of girls and 75 percent of boys said that they had been the victims of sexual bullying. The same study also found that 25 of all girls skip school or stay home 'sick' because they are the victims of sexual bullying.

Who are the bullies, who are the victims, and who are the kids in the middle? Kids who are bullies tend to be physically larger or stronger than the victims and tend to have power over a group so that the victim can be isolated from the group, making it easier to prey on the victim.

Bullies can usually be identified as early as pre-school since bullying personalities are set by age eight. Bullies have unusually strong needs to control social situations as well as individuals, have no sense of remorse for hurting others, do not take responsibility for hurting others, and very often are the victims of bullying by one or more of their parents. Also, by their early 20's, over 60 percent of all bullies have a criminal record of some sort.

Children who are bullies also grow up to experience more substance abuse, alcoholism, mental illness problems and to need government social services more. When bullies reach adulthood, they are also more likely to inflict bullying on their spouses, kids and co-workers.

### Who are the victims?

Victims of bullying tend to be physically smaller than their classmates and they tend to stand out in some way by being perceived as 'different.' The victim may also be simply the new kid in school, a common occurrence in a military town.

### Who are the kids in the middle?

The kids in the middle tend to fall into two groups. One group consists of kids who are never bullied but who see it taking place and are too afraid to tell some one or to stop it themselves. The second group of kids in the middle are the kids who have been bullied themselves, and who then resort to becom-

ing a bully to defend themselves. They see that violence is the only option open to them to resolve the social problems they face.

What to do when bullying is suspected? If you think that your child is either a bully or being bullied, don't ignore it! If your child is being bullied, his or her emotional and physical health is at risk as well as their learning potential in school. Kids who are being bullied can't escape the bully. Children do not have the ability to guarantee their own safety, they rely on adults for that.

If you are told that your child has been bullying another, don't ignore it! Remember, a child who bullies will remain a bully

through life and may very possibly end up with a criminal record or worse if not given help to curb his or her anger issues. Also remember that a child's bullying patterns are usually well set by the age of eight, so early anger and social skills management can help to curb these behavior patterns.

Leave the lines of communication open between you, the school and your kids. Ask them who are the bullies in their school since kids are always aware of who is the bully, even if they are not bullied themselves. If your child is accused of bullying or is the victim of bullying, investigate the situation with your child's school so that the situation can be

resolved.

The worst thing to do in cases of bullying is for the school and parents to ignore it. In the past bullying was seen as a natural part of growing up, of children simply learning social skills and jockeying for social status. We now know that bullying leaves lifelong scars and that kids who grow up bullying others will carry that behavior with them to adulthood, inflicting it on their family, kids, and coworkers. Parents and schools that proactively foster self esteem and conflict resolution in children, are enabling kids to go to safe schools, to develop healthy relationships with their peers and to grow to their fullest potential in life.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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# New Hospital Phone Menu Will Lead to Increased Satisfaction For Patients

The new appointment line phone menu has changed. It was designed to decrease your phone wait time and swiftly direct your healthcare concern to the right qualified staff member after calling the Call Center Line at 830-2752... your options are to dial:

- '1' If sick and need an appointment;
- '2' Need to schedule or change an appointment in Family Medicine, Internal Medicine, Pediatrics, or Nutritional Services;
- '3' Need to leave a message with your provider;
- '4' Family Medicine Nurse Run Clinics for patients 18 years or older with these conditions or needs - yeast infections, urinary tract infections, walk in pregnancy test results, Class B or emergency contraception;
- '5' Appointment Verification;
- '6' Appointment Cancellation;
- '7' Prescription refills, lab results, or all other non-booking appointment concerns;
- '8' The 'all other clinics' option will immediately direct you to that clinic or Department like TRICARE, or Pharmacy. For example, an appointment needed in OB/GYN can only be booked by that clinic not the Call Center. The Call Center menu offers you phone access to the clinics or hospital departments in the event you don't have a direct telephone number.

Additional Hospital Telephone Numbers for your Convenience  
Pharmacy: 830-2448  
Quarterdeck: 1-760-830-2190

Physical Therapy: 830-2140  
Audiology: 830-2002  
TRICARE: 1-888-874-9378  
Chiropractor/General Surgery/Orthopedics/Cast Clinic: 830-2070  
DEERS: 830-7326  
Dietitian: 830-2274  
Deployment Health: 830-2948  
Mental Health: 830-2724  
OB/GYN: 830-2227  
Optometry: 830-2458

Your walk-in requests will be handled at the appropriate Primary Care clinics from 7:30 to 10 a.m. and from 3 to 3:45 p.m. As always, you may utilize the Walk-In Appointment Desk on the 1st Floor near the TRICARE Service Center which is now available from 10 a.m. to 3 p.m. The Customer Relations Officer is also available during normal working hours from 830-2475. The Customer Relations Officer, whose office is located opposite the Quarterdeck on the 1st Floor, is available to listen and address your concerns regarding any issue you may have.

TRICARE on Line [www.tricareonline.com](http://www.tricareonline.com) is another appointment option. Mr. Bob Knight, Template Manager, can be reached at 830-2590 for registration difficulties. You also have the option of contacting the Clinic Business Manager, Commander Sharon Kingsberry at 830-2942 if you have not received a return call.

# Parents Are Counting Down to the Start of School



## Ombudsman Corner

It's already that time -- new clothes, back pack, binders, notebooks, pens and pencils...

### School's In!

If you are looking for good deals on back-to-school clothes, the Cabazon Outlet Mall is a

good place to start. You may even find the back pack and shoes your child wants while you're there?

Just keep in mind the proper way for back packs to be carried before you buy to save your child pain and discomfort as they carry around pounds of books throughout the year.

They should fit snug against the upper back, not slouching around the waist and lower back.

A safety suggestion to start the new school year would be to discuss with your child after school arrangements. As children get older, they become involved in more activities. Most of them happen after school, i.e. sports

and other practices.

If you have a plan set up before hand of where your child should go after practice, phone numbers they should call to contact you, and alternatives to each, you may save yourself time, gas and worry throughout the year.

Finally, keep your kids well fed! This may sound a little strange, but keeping your children fed on a healthy diet including fruits and vegetables and limiting pop and candy will keep their brains fed as well as their stomachs. And providing supplies for them to make a snack for themselves gives them the independence they seek.

Here is an example of a healthy,

easy, 'kid-friendly' recipe for kids of any age to try from [kraft.com](http://kraft.com):

#### Treat Toss Recipe

4 cups honeycomb-shaped sweetened corn and oat cereal  
2 cups *Teddy Grahams*  
*Chocolate Graham Snacks*  
1-1/2 cups *Jet-Puffed Miniature Marshmallows*  
1 cup *Planters Cocktail Peanuts*  
Mix all ingredients. store in tightly covered container at room temperature.  
Substitute *Mini Oreo Bite Size Chocolate Sandwich Cookies* for *Teddy Grahams Chocolate Graham Snacks*.

If you have older or multiple

aged children, this might be a good one to try from [kraft.com](http://kraft.com) also:

#### Apple and Cheese Snack

24 *Ritz Reduced Fat Crackers*  
6 Kraft 2% Milk Singles, cut into quarters  
12 thin apple slices, cut into quarters  
Ground cinnamon  
Top crackers with Singles and apples. Sprinkle with cinnamon.  
Serve with an 8-oz. glass of fat-free milk or fruit juice or Serve It Hot... assemble as directed; place on microwaveable plate. Microwave on HIGH 20 sec. or until Singles are slightly melted.

## Happy Birthday...

**Medical Service Corps!**  
est. Aug. 4, 1947

**Dental Corps**  
est. Aug. 22, 1912

**Bureau of Medicine and Surgery**  
est. Aug. 31, 1842

# Super Stars...



*Captain Bruce Laverty, former Executive Officer, Naval Hospital Twentynine Palms receives a Gold Star in Lieu of his fifth Meritorious Service Medal.*



*HMI (FMF) Douglas Ayala, Command Career Counselor, receives a Navy and Marine Corps Commendation Medal.*



*Lt. Rauol Archambault, IV, Pharmasist receives a Navy and Marine Corps Commendation Medal.*



*CSC Jennifer Baisden, Nutrition Management Dept., receives a Certificate of Appreciation from the Navy-Marine Corps Relief Society.*



*Lt. Tawanna Birdsong Blanche, Head Patient Administration, receives a Gold Star in Lieu of her Fourth Navy and Marine Corps Commendation Medal.*



*HM2 Brandon Carrillo, Laboratory, receives his third Good Conduct Award.*



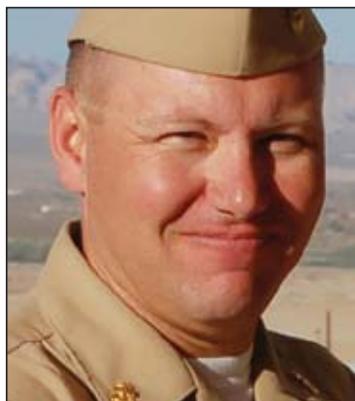
*CSCS (SW) Aurelio Garcia, Nutrition Management Dept., receives a Gold Star in Lieu of his second Navy and Marine Corps Commendation Medal.*



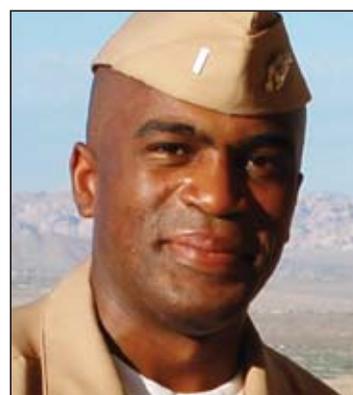
*Martha Hunt, Health Promotions, receives a Letter of Appreciation.*



*HM3 Sonny Lemerande, Physical Therapy, receives an Army Commendation Medal.*



*HMC Gil McGillivray, Material Management, receives a Certificate of Appreciation from the Navy-Marine Corps Relief Society.*



*Lt.j.g. Alistair McLean, Head Information Management, receives a Gold Star in Lieu of his fifth Navy and Marine Corps Achievement Medal.*



*HM3 Ralph Monzon, Pharmacy, receives his first Good Conduct Award.*



*Cmdr. Timothy Rooney, Radiologist, receives a Navy and Marine Corps Commendation Medal.*



*HM3 Rigoberto Vargas, Laboratory, receives his second Good Conduct Award.*



*Ms. Lacy Richey, Ombudsman, receives a Letter of Appreciation for her exceptional service to the command.*



*Lt Kirsten Vesey, Audiologist, receives a Letter of Appreciation.*



*HM2 Christopher White, Physical Therapy, receives a Navy and Marine Corps Achievement Medal.*

# Have you heard the buzz about West Nile virus?

Just because this is the Mojave Desert with little apparent water about, doesn't mean that there are no mosquitoes flying around.

In the past years there have been cases of West Nile virus (WNV) reported in the lower desert of the Coachella Valley and this summer season there will no doubt be more cases reported.

According to the Center for Disease Control (CDC), "People over the age of 50 and people who have ever received a solid organ transplant are more likely to develop serious symptoms of WNV." However, the CDC points out that a small number of people (about 1 in 150) who get infected with West Nile virus (WNV) can develop a severe disease called West Nile encephalitis or West Nile meningitis. While 80 percent of people who become

infected with WNV have no symptoms or illness, up to 20 percent develop symptoms that may include headache, high fever, stiff neck, mental confusion, muscle weakness, tremors, convulsions, coma and paralysis. These symptoms may last for several weeks and neurological effects may be permanent. Contact your Primary Care Provider if you develop any of these symptoms. "Most people who get West Nile virus don't feel sick, but it can lead to a serious illness," said Lieutenant Junior Grade Shelley Griffith, Public Health Officer at the Robert E. Bush Naval Hospital. "It is important that you contact your health care provider if you develop any symptoms," she added. However, the CDC points out that WNV improves on its own, and people do not necessarily need to seek medical attention.

"You can protect yourself and your family from West Nile virus infected mosquitoes by removing any standing water," Griffith said. "Mosquito larva can survive anywhere water may be pooled, such as un-kept swimming pools at vacant properties, old tires or from around the leaking sprinkler system in your yard," she added. Additional protection occurs when wearing long pants and long sleeved shirts and using insect repellants while outdoors. Also, avoiding exposure to mosquitoes when they are most active at dusk and dawn. Prevent mosquitoes from entering your home by checking screens and making appropriate repairs and caulking openings around doors and windows. "Prevention is the best way to keep from getting sick." Griffith said.

## Tips for Older Adults to Combat Heat-Related Illnesses

As we age, our ability to adequately respond to summer heat can become a serious problem.

The National Institute on Aging (NIA), part of the National Institutes of Health, has some advice for helping older people avoid heat-related illnesses, known collectively as hyperthermia, during the summer months. Hyperthermia can include heat stroke, heat fatigue, heat syncope (sudden dizziness after exercising in the heat), heat cramps and heat exhaustion. The risk for hyperthermia is a combination of the outside temperature along with the general health and lifestyle of the individual. Health-related factors that may increase risk include:

- \* Age-related changes to the skin such as poor blood circulation and inefficient sweat glands
- \* Heart, lung and kidney diseases, as well as any illness that causes general weakness or fever
- \* High blood pressure or other conditions that require changes in diet. For example, people on salt-restricted diets may increase their risk. However, salt pills should not be used without first consulting a doctor.
- \* The inability to perspire, caused by medications

such as diuretics, sedatives, tranquilizers and certain heart and blood pressure drugs

\* Taking several drugs for various conditions. It is important, however, to continue to take prescribed medication and discuss possible problems with a physician.

- \* Being substantially overweight or underweight
- \* Drinking alcoholic beverages
- \* Being dehydrated

Lifestyle factors can also increase risk, including extremely hot living quarters, lack of transportation, overdressing, visiting overcrowded places and not understanding how to respond to weather conditions. Older people, particularly those at special risk, should stay indoors on particularly hot and humid days, especially when there is an air pollution alert in effect. People without fans or air conditioners should go to places such as shopping malls, movie theaters, libraries or cooling centers which are often provided by government agencies, religious groups, and social service organizations in many communities.

### *Risk of Heat-Related Problems*

#### *Increases with Age*

Heat stroke is an advanced form of hyperthermia that occurs, often suddenly, when the body is overwhelmed by heat and unable to control its temperature. Someone with a body temperature above 104 degrees is at greater likelihood of suffering from heat stroke and may have symptoms of confusion, combativeness, strong rapid pulse, lack of sweating, dry

flushed skin, faintness, staggering, possible delirium or coma. Seek immediate medical attention for a person with any of these symptoms, especially an older adult.

If you suspect that someone is suffering from a heat-related illness:

- \* Get the person out of the sun and into an air-conditioned or

other cool place.

\* Offer fluids such as water, fruit and vegetable juices, but avoid alcohol and caffeine.

\* Encourage the individual to shower, bathe or sponge off with cool water.

\* Apply a cold, wet cloth to the wrists, neck, armpits, and/or groin, places where blood passes close to the surface and the cold cloths can help cool the blood.

\* Urge the person to lie down and rest, preferably in a cool place.

### Telephone Line Has Now Completed its Testing

Great news, the long promised new appointment telephone system at the hospital has now been installed.

During the previous testing phase, we asked that if you were still having difficulty reaching an appointment clerk at 830-2752, you could still contact the Quarterdeck at 830-2190... this statement still applies. The staff at the hospital hopes to bring you the best possible health care. They want to make sure you can access that care.

If you have to call the Quarterdeck, please be aware that besides receiving external calls, the Quarterdeck responds to many internal hospital issues and on an occasion you may have to wait a few minutes to reach the receptionist.

The Walk-In Appointment Desk on the 1st Floor near the TRICARE Service Center is also still available from 10 a.m. to 3:45 p.m., Monday through Friday. The appointment clerks are available to direct-

ly handle your appointment requests for any clinic.

The Customer Relations Officer is also available during normal working hours from 830-2475. The Customer Relations Officer, whose office is located opposite the Quarterdeck on the 1st Floor, is available to listen and address your concerns regarding any issue you may have.

Tricare on Line [www.tricareonline.com](http://www.tricareonline.com) is another appointment option. Mr. Bob

Knight, Template Manager, can be reached at 830-2590 for registration difficulties.

You also have the option of contacting the Outpatient Business Manager, Commander Sharon Kingsberry at 830-2942, if you have not received a call back from someone in Primary Care. As always, if you are in need of medical care, the Emergency Medicine Department is always open.

Please see the Call Center Menu options on page 3 of this issue of The Examiner.

### Life's Lesson...

Laughing helps...

It's like jogging on the inside

# Time for back-to-school shots: TRICARE has you covered

By Diane Mayer  
TriWest Healthcare Alliance

## Are your children up-to-date on their immunizations?

The Centers for Disease Control and Prevention (CDC) recommends that most children be vaccinated against tetanus, diphtheria, hepatitis B, human papillomavirus (HPV), measles, mumps and rubella.

All of these diseases can cause serious health problems if your

children's shots aren't up-to-date.

TRICARE covers all age and gender-appropriate doses of vaccines as recommended by the CDC. You can view the CDC's guidelines at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). Visit [www.triwest.com/healthyliving](http://www.triwest.com/healthyliving) for additional information.

Did you know that human papillomavirus (HPV) has been found to be the number one cause of cervical cancer? The HPV vaccine can be given at the

same time as other vaccines.

The CDC recommends the vaccine be administered to females ages 11 through 26, although girls as young as 9 may receive it.

So get ahead of the game! By scheduling your child's immunizations now, you'll have one less thing on your back-to-school 'to do' list. And even better, you won't have to stand in that long line of parents seeking last-minute shots for their children.

If you are getting ready to move, be sure to keep immunization and health records handy.

And, by the way, have you had

## Tips to Take the Sting Out of Shots

- \* TRICARE covers all age-appropriate CDC-recommended vaccines.
- \* Tell younger kids that it's OK to cry
- \* Try to be calm yourself
- \* Offer praise after the injection is over
- \* Plan something fun to do afterward

a tetanus shot in the past ten years? Check with your doctor

to determine if you need a diphtheria or pertussis vaccination.

## New Deputy Director Takes the Helm of TRICARE

By Kevin J. Dwyer  
TRICARE Management Activity

Bringing ideas and experience aplenty from the West Coast to the nation's capital, TRICARE's new deputy director can quickly and easily sum up TRICARE's importance to America's uniformed service members, retirees and their families.

"When you join the military you're promised a comprehensive health care benefit," said Navy Rear Adm. Christine Hunter, the new deputy director of the TRICARE Management Activity. "We want to ensure it is available in all locations and over all the periods of life."

Now that she is back in the

Washington, D.C., area, Hunter said she's ready to get to work delivering on the promise of TRICARE and improving beneficiaries' health and overall satisfaction. She is also excited to take over the helm of TRICARE and face the challenges of her new assignment. To that end, Hunter doesn't see providing health care to 9.4 million people as a challenge to be surmounted; she sees it as an opportunity for innovation.

"We have the chance to set the standard and lead the nation in comprehensive, high-quality health care with universal access," Hunter said. "We can showcase our successes and learn from others."

One of the many possibilities Hunter would like to explore to

improve the TRICARE experience is the 'medical home' concept, emphasizing four primary health care pillars: accessibility, continuity, coordination and comprehensiveness. Medical home would give TRICARE beneficiaries an enhanced relationship with their providers, ensuring access, continuity, preventive care delivery and disease management.

"To implement this concept in our military treatment facilities," Hunter explained, "we'll need to provide the right mix of both military and civilian providers and support staff."

In a patient centered medical home, health care providers and patients work together to set attainable goals and manage the patient's overall health. "If I'm your doctor, and you and I develop a partnership," Hunter said, "you are far more likely to accept my advice to stop smoking, get a mammogram, or have a screening colonoscopy."

With more than 30 years as a physician, Hunter speaks with authority about the importance of the patient-provider relationship. "I treasure what I call the ---sacred space -- between physician and patient," Hunter said. "We are allowed incredible access to an individual in some of life's most private moments."

These moments -- of happiness and joy, grief and sadness, confusion and indecision -- are the

# New TRICARE Regional Managed Care Support Contractors Selected

FALLS CHURCH, VA - The Department of Defense (DoD) announced today the selection of new TRICARE Managed Care Support (MCS) contractors for the North, South and West TRICARE regions in the United States.

This is the third generation (T-3) of TRICARE managed care support contracts. They are worth an estimated \$55.5 billion over the base and five options periods. Transition from the current contracts is scheduled to begin immediately, with the start of health care delivery under the new contracts anticipated to be April 1, 2010. The

transition will occur during the base period and health care delivery will begin with the first option.

The TRICARE West region retains its current contractor, TriWest Healthcare Alliance Corp. The selected contractors in both North and South are new.

Aetna Government Health Plans, Hartford, Conn., is selected for the North Region where Health Net Federal Services is the current contractor. UnitedHealth Military & Veterans Services, Minnetonka, Minn., is selected for the South Region where Humana Military Healthcare Services is the cur-

rent contractor.

States included in each region and other contract information can be found at a special Web page at <http://www.tricare.mil/T3contracts>.

TRICARE Management Activity (TMA) is the Defense Department activity that administers the health care plan for 9.4 million members of the uniformed services, retirees and their families worldwide. MCS contractors provide health, medical and administrative support services to eligible beneficiaries in each of the three TRICARE regions within the United States.

"We expect all of our managed care support contractors to provide top quality health care and the highest possible customer satisfaction," said Ellen Embrey, who is the acting director of TMA, and is also performing the duties of the assistant secretary of defense for health affairs. "Delivering quality health care to our nation's heroes and their families is our number one priority -- with a special emphasis on our wounded warriors."

"Our military hospitals and clinics continue to be at the center of our health care delivery system," said TMA Deputy Director Rear Adm. Christine Hunter. "At TRICARE we are fully committed to augmenting that system with high quality care for all beneficiaries."

Although two new contractors have been selected, the three-region structure in the United States and all of the TRICARE benefit options offered under the current contracts remain the same.

The T-3 contracts feature financial incentives to encourage exceptional customer service; high quality care; detection of fraud, waste, and abuse; increased electronic claims processing; better program management, improved preventive care and cost savings. To apply these incentives fairly, TRICARE has improved methods to measure and assess network provider, beneficiary, and military treatment facility commander satisfaction.

As with the current contracts, the new contracts require prime service areas around Military Treatment Facilities and Base Realignment and Closure (BRAC) sites. Under T-3, some

prime service areas may be discontinued, and as a result some beneficiaries will no longer be offered Prime. These beneficiaries still retain TRICARE coverage under the Standard or Extra plan. TRICARE Standard is the most flexible of the TRICARE options and is available everywhere. TRICARE Extra is a discount given to TRICARE Standard beneficiaries when they use a TRICARE network provider. Officials remind beneficiaries that both TRICARE Prime and Standard are excellent options with high satisfaction rates.

TMA and all the managed care contractors are dedicated to making a smooth transition with minimal impact on beneficiaries," said Hunter. "We will ensure that key information flows to all of our beneficiaries and stakeholders, in particular those affected by the changes in contractors or providers."

## New Deputy Director...

*Continued from page 6*

times when a physician can have the greatest impact on a patient or family member's life, she said.

We're invited to help guide them on what can be a journey to rebuilding their lives, restoring hope or walking a difficult pathway that maybe doesn't

end in restored health, but is a journey every family must travel at some time," Hunter said.

As a Naval officer, Hunter has also served as a leader in the military health system at all levels including hospital commander, fleet surgeon, chief of staff at the Navy Bureau of Medicine and Surgery and most recently, as commander of Navy Medicine West and Naval Medical Center San Diego. As such, she understands the importance of combining good business practices and quality clinical care in military medicine. She is very focused on defining and implementing best business practices with an eye on the future. Consequently, she is a proponent of more wide-spread use of electronic medical records; both within the military health system, and the nation as a whole.

President Obama has emphasized what an electronic medical record can bring in terms of continuity of health care," Hunter said. "If your provider has access to longitudinal information about your health and information about health trends, then we can partner together to improve individual and group health."

"As our nation takes on health care reform in a major way, we in the Military Health System can share our lessons and learn from that debate," Hunter said. "We can get involved with other national lead-

Happy Birthday  
Medical Service  
Corps Officers



# Top SUPERFOODS for all-star heart health

By Shari Lopatin  
TriWest Healthcare Alliance

These top five 'superfoods' from The American Dietetic Association (ADA) and the 'Nutrition Action Health Letter' will not only make you feel good, but will help protect you against heart disease, the top killer of adults in the U.S.

\* Beans -- The ADA says beans are truly a superfood because each tiny bean has a

powerful combination of protein, fiber, vitamins and minerals. Researchers have also found that diets including beans may reduce the risk of heart disease and certain cancers.

\* Wild salmon -- The omega-3 fats in salmon can help reduce the risk of sudden-death heart attacks. Plus, salmon caught in the wild has less PCB contaminants than salmon raised on a farm.

\* Mushrooms -- Stocked full of antioxidants that help protect cells from free radicals, which

can lead to cancer and sometimes heart disease, mushrooms are a great source of potassium, copper and certain B-vitamins.

\* Garlic and onions -- For the full effects, stay away from onion and garlic powders and stick to the whole vegetable. The ADA reports that research shows these two foods may help lower LDL (bad) cholesterol, control blood pressure, prevent blood clotting, act as antioxidants to reduce cancer risk, and even promote immunity. You may need to eat one garlic clove

daily to make a difference.

\* Blueberries -- These fun little berries are bursting with antioxidants, more so than many larger berries. In addition to fighting off heart disease and cancer, blueberries can also fight aging. They're loaded with dietary fiber and vitamins A and C.

\* Surprise superfood dark chocolate -- Eating heart-healthy can be a special treat, too. The ADA reports that recent research shows components of the cocoa bean and dark choco-

late could positively impact the cardiovascular system, kidney function, brain health, immune system, diabetes and blood pressure. In fact, dark chocolate may help limit the build-up of plaque in arteries by lowering LDL (bad) cholesterol, raising levels of HDL (good) cholesterol and reducing blood pressure.

For more healthy tips and TRI-CARE-related information, visit TriWest's Healthy Living Portal at [www.triwest.com/beneficiary/healthy\\_living](http://www.triwest.com/beneficiary/healthy_living).



*Lt. Cmdr. Keith Castleton, Optometrist, takes the oath at his recent promotion ceremony.*



*Lt. Faith Underwood, Nurse Practitioner, in the OB/GYN Clinic, takes the oath at her recent promotion ceremony.*