



Robert E. Bush  
Naval Hospital

### 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.

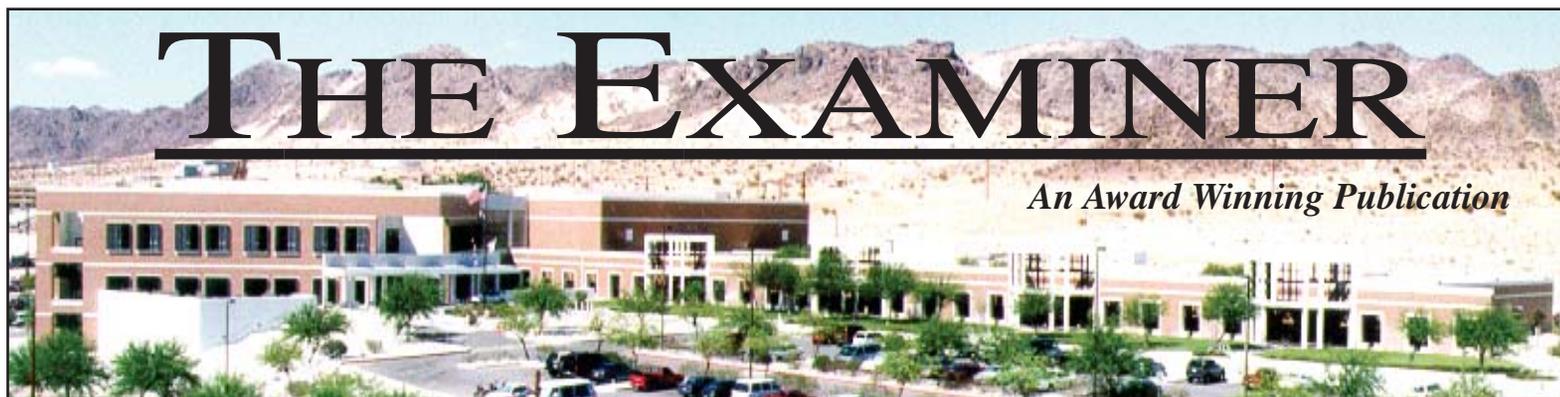
Or Directly to the Joint Commission via:

E-mail at  
complaint@jointcommission.org

Fax:  
Office of Quality Monitoring  
630-792-5636

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

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



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

## Do you Know what your Medical Care Options Are?

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

Anytime you have an immediate life-threatening medical problem you should call 911.

Our medical staff here at the Robert E. Bush Naval Hospital would rather have the patients err on the side of caution with the realization that when they arrive at our Emergency Medicine Department (EMD) that our professional staff will assess the medical condition with a process called Triage. If your condition warrants it, immediate medical attention will be given. However, if the medical staff determines that your condition is not life-threatening you may have to wait before treatment is rendered, while patients with unstable illnesses or injury are taken care of first. On occasion you may have to wait for several hours to be taken care of. This process is necessary in every emergency room where medical care is never given on a first-come first-served basis.

The hospital's EMD is not designed to be a walk-in clinic, in most cases, patients seeking care for an illness in the EMD, may be better cared for by their Primary Care Provider.

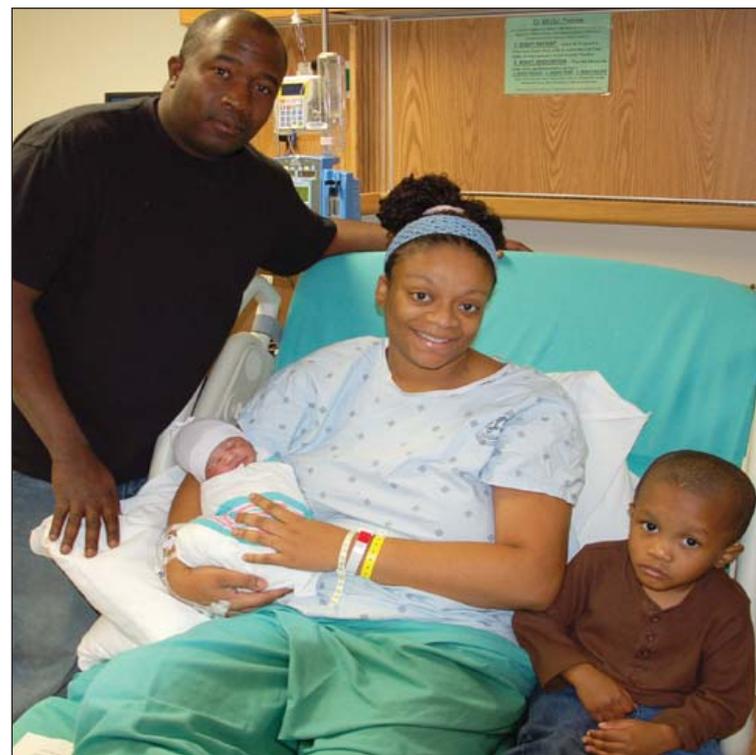
With this in mind and in the interest of providing the best possible care for patients presenting for care in the EMD, the Emergency Room Triage Nurse has the ability of contacting Central Appointments or the Clinic Registered Nurse (during normal business

***The hospital's EMD is not designed to be a walk-in clinic, in most cases, patients seeking care for an illness in the EMD, may be better cared for by their Primary Care Provider.***

hours) so an appropriate health care provider can better assess treatment for an illness and allow the patient to avoid a potentially long wait in the EMD. "We want to make sure that all of our patients coming into the EMD for treatment are given the care they need. If they choose to wait in the EMD to see a doctor, they will be allowed that

*Continued on page 7*

### Family Welcomes first Baby of Year



The first baby at the Marine Corps Air Ground Combat Center was born to a Marine Corps family at the hospital's Desert Beginnings at 2:18 p.m., Jan 1, 2011.

Proud parents, Sharhonda and Walter Roc-Kall Richardson, a Sergeant with MWSS 374 Motor Transport here welcomed the newest addition to their family, D-Monte Benjamin Richardson. Their new son weighed 6 pounds and 15 ounces.

Also present to welcome in the newest family member was big brother, 3-year old D-Andre.

D-Monte is the family's second child, both mother and baby are doing well.

Commander Michael Cardenas delivered the baby. Sharhonda stated that Dr. Cardenas was really good. She added, "Everybody here was really nice and very patient with me, my experience here at the hospital was really great."

**Patients seen in December -- 8,960**  
**Appointment No Shows in December -- 769**

**One in ten patients do not show up for their appointments at this hospital. If an appointment is no longer needed, please call so another patient can be seen.**

**To make an appointment call -- 760-830-2752**  
**To cancel an appointment call -- 760-830-2369**

# Why do women need to be screened for cervical cancer?

By *Martha Hunt, MA*  
*Health Promotion and Wellness*  
*Robert E. Bush Naval Hospital*

January is Cervical Cancer Awareness Month. There are two reasons why women need to be screened for cervical cancer.

First and foremost, you should be screened for cervical cancer for your health.

Like all cancers, the earlier you catch them the easier they are to treat and the greater your chance of survival. Secondly, because your Naval Hospital's funding is partly based on patient compliance to routine annual screenings -- if you aren't using the services here for annual health screenings, Navy Medicine gives the funds to other hospitals. This causes a ripple effect whereby funds lost here then create a reduction of staffing and services available to the hospital community as a whole. Remember, there is no

free lunch -- the more you use the services here for routine screening visits, the more services the hospital can offer to the community as a whole. Or in other words, use it or lose it funding.

## **What is cervical cancer?**

Cancer is a disease in which certain body cells don't function right, divide very fast, and produce too much tissue that forms a tumor. Cervical cancer is cancer in the cervix, the lower, narrow part of the uterus (womb). The uterus is the hollow, pear-shaped organ where a baby grows during a woman's pregnancy. The cervix forms a canal that opens into the vagina (birth canal), which leads to the outside of the body.

There are several risk factors for developing cervical cancer. Some of the factors can be changed and some cannot. The leading risk factor for cervical cancer is infection with the HPV virus.

HPV viruses are transmitted sexually (passed from one person to another by sexual contact) and can infect the cervix. There are several types of HPV viruses, just like there are many types of viruses that cause the flu every year.

There is a vaccine available in the OB/GYN clinic of the Naval Hospital that can help to prevent cervical cancer by protecting against some of the different types of HPV viruses.

Another risk factor for cervical cancer is the number of sexual partners a person has had. The more sexual partners a person has had, then the greater the risk of all sexually transmitted diseases, not just HPV.

Other risk factors include having a high number of full-term pregnancies (7 or more) increases the risk of cervical cancer. Long-term use of oral contraceptives (5 years or more)

increases the risk of cervical cancer. Cigarette smoking is associated with an increased risk of cervical cancer. Several studies have suggested that certain micronutrients (vitamins and minerals) may reduce the risk of cervical cancer, but this has not been proven.

Now, back to that free lunch discussion - receiving regular gynecological exams and Pap tests helps to prevent cervical cancer. Abnormal changes in the cervix can be found early by the Pap test and treated before cancer develops. Women who do not regularly have Pap tests have an increased risk of cervical cancer and an increased risk of dying from it.

In the United States, only 2.5 percent of cancer deaths in women are due to cervical cancer. However, in poor countries where access to routine annual screenings and the cervical can-

cer vaccine are unavailable, deaths among women due to cervical cancer can total as much as 50 percent of all cancer deaths in women.

Knowing the risk factors for cervical cancer can help you avoid them. Accessing the wonderful care available to you at the Robert E. Bush Naval Hospital can not only ensure your health but it helps to ensure the health of the community as a whole by increasing funding from Navy Medicine.

For more information on cervical cancer prevention and screening visit [www.womenhealth.gov](http://www.womenhealth.gov) and click on "health topics." If you need to schedule your annual Pap test or wish to access the HPV vaccine, contact central appointments at 760-830-2752 and schedule an appointment with your provider.

## Pay TRICARE Prime Enrollment Fees Online

By *Tyler Patterson*  
*TriWest Healthcare Alliance*

Would you like to set up online, automatic payments for your TRICARE enrollment fees and never worry about a late or missed payment? Need to make a one-time, last-minute TRICARE enrollment fee payment?

Either way, the tools you need are online at TriWest's ePay site, [www.triwest.com/ePay](http://www.triwest.com/ePay).

"ePay," TriWest's electronic payment system, makes it easy for registered TriWest.com users to set up ongoing, automatic payments in just a few minutes. You'll have the option of establishing an allotment from your retired military pay, or creating an electronic funds transfer from the financial institution of your choice.

To sign up for ePay, just visit [www.triwest.com/epay](http://www.triwest.com/epay) and either sign up online, or print the ePay form and send it in.

### Sign Up Online

Register on TriWest.com to get started right away. Account creation takes only a few minutes and gives you access to many other convenient options like paperless statements, secure webmail, QuickAlert e-mail updates for important account information, and electronic referral and authorization letters. Once you're registered, just log in, choose 'Make a Payment' and fill in your information. Select whether it is a one-time or recurring payment and you're finished!

### Sign Up by Mail

Click 'Find A Form' from the Quick Links section to download an allotment or electronic funds transfer authorization form. Print it, fill it out, sign it and mail it with your initial fee payment to:

TriWest Healthcare Alliance Corp  
 P.O. Box 43590  
 Phoenix, AZ 85080-3590

Learn more about ePay and electronic payments by visiting [www.triwest.com/epay](http://www.triwest.com/epay) or calling 1-888-TRIWEST (874-9378).

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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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# Navy Program Increases Operational Stress Awareness

By Navy Lt. Jennifer Cragg  
Emerging Media, Defense Media Activity

WASHINGTON, Dec. 2, 2010 - While high operational tempo and manning issues continue to remain in the forefront for deployed sailors, the Navy's Operational Stress Control program is having success in helping sailors and their families deal with related stresses, the program's coordinator said yesterday.

In a "DOD Live" bloggers roundtable, Navy Capt. Lori Laraway discussed the program, its success in increasing awareness of operational stress, and the need to build psychological resilience.

"Feedback from our 2010 behavioral health quick poll, [a] Naval Personnel Command poll, other surveys and focus groups indicated growing awareness of the Navy's stress continuum model and the importance of

leaders and individuals recognizing stress at work and home," Laraway said. "However, while awareness and stress issues are improving, this year's quick poll respondents also indicated that longer deployments and manning issues continue to contribute to increasing levels of their stress."

Laraway said the quick poll revealed a larger percentage of Sailors reporting positive ways they are coping with stress in their day-to-day lives. The survey indicated they are talking to family, friends, shipmates, counselors at fleet and family support centers and chaplains, and they're using their chain of command to constructively solve problems, she said.

While awareness of stress issues is improving, Laraway added, the Operational Stress

Control program supports an aggressive education, training and communication campaign that integrates policies and initiatives under one overarching umbrella.

"Training has expanded this past year to include eight new e-learning courses designed for Navy leaders," Laraway said. These Web-based offerings are part of the Navy's effort to embed Operational Stress Control program concepts across all education and training programs, she explained. This new curriculum builds on courses already taught to 176,000 sailors, family members and health care providers to navigate stress for day-to-day operations, she added.

While the program is about helping commands, sailors and families to become more resilient by increasing their ability to prepare for, recover from and adjust to life in the face of stress, adversity, trauma or

tragedy, Laraway said, the expanded curriculum also helps families cope with stress.

"A mission-ready sailor incorporates a mission-ready family," she said. "When things are going on in the home or in the family that are causing stress, it has an impact on the sailor's ability to perform the mission."

Working with the fleet and family support centers, Laraway added, Operational Stress Control program officials developed training and a formal curriculum tailored for families that would complement and support existing programs and have found other ways to get the vital information to family members.

"Our curriculum has been translated into Spanish and American sign language, recognizing that English is not only the primary language to get information out to families," she said.

Program officials also are working with the Navy Medicine Focus program to develop relationships with families who deploy more frequently. By doing so, Laraway explained, Operational Stress Control training components can better define stress zones for Sailors, Marines and their family members in the same, common language, which she said is vital to helping them understand those stress points.

"What we are teaching or presenting to Sailors and Marines is the same language that family members use here at the fleet and family support centers," she said. "That common language is very important when looking to change our culture."

Operational Stress Control program officials have developed four color-coded categories to assist in classifying and recognizing stress: green indicates a "ready" status, yellow indicates a "reacting" status, orange indicates an "injured" status, and red indicates an "ill" status.

"We recognize that for the most part, our sailors and families are in the green zone," Laraway said. "They are physically fit, they have had good training, they have good communication skills, [and] they know what to do and how to go about doing it."

Laraway added that if Sailors and their families facing difficulty have resilience and life experience, as well as the training and knowledge, they can move back into the green zone. Occasionally, she added, something happens to shift the stress in the family, and it is perfectly normal to move across the continuum.

An important ingredient of the Operational Stress Control program's success, Laraway said, is increasing the acceptance of seeking help for stress-related injuries and illnesses.

"Our work to change attitudes has begun with promoting Navy leadership's belief that asking for assistance and guidance is a sign of strength, and not weakness," she said.

She added that they are dedicated to using humor as a method to teach leaders and sailors to recognize their stress zones, and established a social media presence with their blog and Facebook accounts.

## Emergency Dental Assistance with TRICARE

FALLS CHURCH, Va. -- While dental emergencies occur far less often than other health-related traumas, it is wise for TRICARE beneficiaries to be prepared and know their dental options.

Beneficiaries fit into one of three programs for care: the TRICARE Dental Program (TDP), the Active Duty Dental Program (ADDP) or the TRICARE Retiree Dental Program (TRDP).

TDP allows beneficiaries traveling within the 50 United States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands to visit any participating network dentist for emergencies. Beneficiaries can find a participating dentist online or call United Concordia at 1-800-866-8499. If traveling outside the United States, beneficiaries can select a dentist using the Overseas Host Nation Provider Directory Search Tool ([www.tricare-dentalprogram.com/tdptws/enrollees/hnp/hnp\\_search.jsp](http://www.tricare-dentalprogram.com/tdptws/enrollees/hnp/hnp_search.jsp)). Beneficiaries may have to pay up-front for care and file a claim with United Concordia for reimbursement.

Active duty service members (ADSMs) should first seek emergency dental care at the nearest military dental clinic. If service members are traveling on leave or duty-related orders, they can get care without a referral. ADSMs can receive emergency treatment from any civilian dentist; however the recommendation is to get care from a network dentist as follow-up care with a non-network dentist is not authorized. ADSMs should contact United Concordia at 1-866-984-2337 to let them know about the treatment.

Retirees enrolled in the TRDP can visit any licensed dentist within the service area for treatment. Selecting a dentist from the dentist network saves money and the dentist will file the claims. If

traveling overseas, beneficiaries should search a list of dentists and dental clinics in every country, provided through Delta Dental's international dentist referral service. For more information, contact Delta Dental, at 1-888-838-8737 or visit the website ([www.trdp.org/](http://www.trdp.org/)).

Some tips TRICARE beneficiaries can use when dealing with dental emergencies include:

- \* Broken Tooth - Rinse mouth with warm water to clean the area surrounding the affected tooth. Apply a cold compress to reduce the swelling. See a dentist as soon as possible.

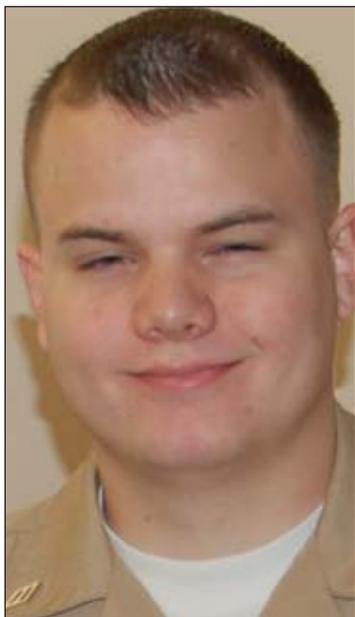
- \* Cut/Bitten Tongue or Lip - Clean the area with a cloth. Apply a cold compress to reduce the swelling. If the affected area continues to bleed or swell, the beneficiary should see a local emergency room physician immediately.

- \* Food/Objects Caught Between Teeth - Use dental floss to try gently removing the object. If this is not successful, the beneficiary should consult a dentist.

- \* Knocked-Out Tooth - Retrieve the tooth, if possible, and hold it by the crown. Do not try to clean the tooth or touch the root. If possible, place the tooth back in its socket. If not, place the tooth in a container of milk or water and immediately see a dentist. Baby teeth (primary teeth) should not be reinserted.

- \* Toothache - When experiencing a toothache, beneficiaries should rinse their mouth with warm water and check to make sure that food or other objects have not become lodged in the area surrounding the affected tooth. Also, be sure not to rub aspirin or painkillers on the area surrounding the toothache as this can result in a burn on the mouth. See a dentist as soon as possible.

# Super Stars...



*HM3 Zachary Golden, PACU/Anesthesia, was recently frocked to his current rank.*



*Ms. Gerry Cottey, Staff Education and Training retired from Federal Service after 35 years.*



*CDR Kristin Klemann, Dietician retired after serving 20 years of honorable service.*



*CSC Jennifer Baisden, Combined Food Operations looks over her reenlistment contact before taking the oath.*



*HM3 Jonathan Randall, Multi-Service Ward is frocked to his current rank.*



*HM3 Brian Graeff, Internal Medicine, is frocked to his current rank.*



*HM3 Richard Bailey, Adult Medical Care Clinic is frocked to his current rank.*



*HM2 Christopher Anderson, Orthopedic/General Surgery, is frocked to his current rank.*



*Ms. Caroline Basler, Central Files, retired after 37 years of Federal Service.*



*HMCN (FMF) Kevin Hughes, the hospital Command Master Chief is piped ashore at his retirement ceremony.*



*HM2 Christopher Anderson, General Surgery Orthopedic Clinic, takes the oath at his recent reenlistment ceremony.*

# Navy Surgeon General Thanks Personnel for Care Provided to Marines

## *From Bureau of Medicine and Surgery Public Affairs*

TWENTY-NINE PALMS, Calif. (NNS) -- The U.S. Navy Surgeon General visited the Robert E. Bush Naval Hospital Dec. 3., during his tour of Navy medical facilities that support the the Marine Corps in southern California.

Vice Adm. Adam M. Robinson, Jr. toured the hospital, participated in a retirement ceremony, and spoke with command leadership where he discussed the history and importance of Navy Medicine's partnership with the Marine Corps. "The bond that Navy Medicine shares with our Marines is like none other - it's sacred and unique," said Robinson. "When our Marines deploy, they know they will be well-cared for, from the battlefield to when they return home. We will follow the Marines into heaven or to the gates of hell."

The Robert E. Bush Naval Hospital, located in the High Desert region of the Mojave Desert, is a tenant command on the Marine Corps Air Ground Combat Center in the city of Twentynine Palms.

The Marine Air Ground Task Force Training Command conducts relevant live-fire combined arms training, urban operations, and joint/coalition level integration training that promotes operational forces readi-

ness. The hospital is a state-of-the-art, 160,000 sq. ft. facility containing 22 beds, an Emergency Medical Department, four operating rooms, a new seven-bed Desert Beginnings Labor Delivery Recovery and Postpartum (LDRP) Unit, and a 15 bed multi-service ward (MSW) for inpatient care. A modern full-service pharmacy, laboratory, radiology departments and a physical therapy clinic are also available to beneficiaries.

Capt. Ann Bobeck, Naval Hospital Twentynine Palms commanding officer, said it is an honor to support the Marines mission.

"I am very proud of our staff here at the Robert E. Bush Naval Hospital," said Bobeck. "They work hard every day to deliver the best possible care to the Marines and their families here at Twentynine Palms, not to mention the many military retirees who live in the area."

During his visit, Robinson also highlighted his commitment to supporting force readiness and the importance of providing quality patient and family centered care.

"When our Sailors and Marines deploy, it is critical that they know their families will be well cared for in their absence," said Robinson. "This commitment by Navy Medicine not only brings peace of mind, but it



*Navy Surgeon General Vice Admiral Adam Robinson, uses the opportunity to speak to the Sailors and Marines gathered at the retirement ceremony of the hospital's Command Master Chief. Vice Admiral Robinson was not the scheduled guest speaker, but was asked to say a few words by the retiring HMCM (FMF) Kevin Hughes.*

supports force readiness as our war fighters can better focus on the job at hand."

During his tour of select Navy medical facilities in the area,

Robinson also participated in the ground breaking ceremonies of the replacement Naval Hospital at Camp Pendleton Dec 2.

For more news from Navy Medicine, visit [www.navy.mil/local/mednews/](http://www.navy.mil/local/mednews/).

## MCPON Rick West addresses Sailors During Visit



*Master Chief Petty Officer of the Navy Rick West paid a visit to the Sailors on board the Marine Corps Air Ground Combat Center and assigned to the Robert E. Bush Naval Hospital during a tour of West Coast Commands.*

# Help for TRICARE Families in Challenging Times

By Gabrielle Kirk  
TRICARE Management  
Activity

Whether dealing with separation anxieties because of long-term deployments or child behavior issues because of frequent moves, military families regularly face unique challenges.

Having a family member injured or even killed while serving can also add a lot of trauma within the family unit.

The Department of Defense (DoD) has a wealth of programs aimed at supporting military families facing both ordinary and extraordinary stressors.

A parent's emotional problem or a child's behavioral problem

can affect an entire family. Having an emotional or behavioral health condition or supporting a loved one's struggle is difficult. There are treatment options available through TRICARE to assist military families.

TRICARE covers family therapy for families facing emotional and or behavioral health challenges. Family therapy may involve all or some members of a family and is used as part of treatment for a diagnosed behavioral health disorder. The family generally includes the spouse of the patient with the diagnosed behavioral health condition and his or her children. In the case of a child patient, it may include the parents, stepparents, guardians and

siblings. Family therapy is intended to improve the functioning of the whole family.

Beneficiaries can see any TRICARE network provider for their first eight outpatient family therapy visits each benefit year (Oct. 1-Sept. 30) without prior authorization. TRICARE covers up to two outpatient therapy sessions each week for individual therapy, family therapy or a combination of the two. All visits beyond the first eight visits require authorization from their regional contractor. Learn more about finding a TRICARE network provider at [www.tricare.mil/mentalhealth](http://www.tricare.mil/mentalhealth).

TRICARE beneficiaries also have access to counseling services at home. The TRICARE Assistance Program (TRIAP) uses online video chat to access counseling services for eligible beneficiaries. TRIAP counseling

is ideal for short-term adjustment to life issues including stress management, family difficulties, relationship issues and resolving communication problems.

Confidential TRIAP services are available without referral or prior authorization to active duty service members, their spouses of any age and family members 18 or older. Also, beneficiaries 18 or older who are enrolled in TRICARE Reserve Select and the Transition Assistance Management Program may use TRIAP. Learn how to access TRIAP at [www.tricare.mil/triap](http://www.tricare.mil/triap).

Military OneSource is a free information and referral service available to active duty, National Guard and Reserve service members and their families at 800-342-9647 or [www.militaryonesource.com](http://www.militaryonesource.com).

Military OneSource consultants can help service members and their families with lifestyle issues from emotional to financial difficulties, fitness, education, work life and military life concerns. Military OneSource can also provide referrals to other appropriate DoD resources, including referrals for up to 12 sessions of short-term, confidential counseling. Military OneSource is intended to help with adjustment issues related to stress in daily life. It is not designed to address long-term issues such as child or spouse abuse, suicidal ideation and those diagnosed with mental health conditions. Service members or family members who need long-term care are referred to a military treatment facility or TRICARE for services.

*Continued on page 7*



A black and white photograph of a large group of sailors in uniform, looking towards the camera. The image is overlaid with a large, semi-transparent 'SEA' logo. The text 'DON'T GET LOST IN A SEA OF BLUE' is centered over the image. At the bottom, a dark banner contains the text 'MANAGE YOUR CAREER' and the website 'www.npc.navy.mil'. Below the banner is the 'NAVY PERSONNEL COMMAND' logo, which includes a star and the text 'Bureau of Naval Personnel'. On the far left edge, there is small vertical text: 'Layout by M23 Christopher Newsome'.

## Medical Care Options...

*Continued from page 1*

choice," said HMC (SW/AW) William Monroe, the hospital's Customer Relations Officer.

"It is always in the patient's best interest to call the Appointment line at 830-2752 to obtain a same day appointment. A scheduled appointment minimizes waiting time that would typically be experienced with an emergency room visit. In addition, before you leave the clinic, it is better that you book any necessary follow up appointments with the clerk at the front desk or the clinic nurse you are visiting or by calling 830-2752," he added.

If your symptoms are not severe enough to prompt you to seek an appointment, the Naval Hospital offers an Over-the-Counter (OTC) medication dispensing program for your convenience. OTC medications may be obtained for family members between 2-18 years old and only by a parent or guardian. Patients who are not eligible to receive OTC medications are pregnant or breastfeeding mothers, children less than two years old, and those who are currently in flight status or in the Personal Reliability Program.

All patients must have a valid

military identification card in their possession at the time of dispensing.

Each family member will be eligible to receive a maximum of four different items in a three-month period. These medications will be entered into each person's computer prescription record to screen for allergies, overlapping medications and duplications.

A request form must be completed, which includes a brief question-and-answer assessment of your medical condition(s) and current medication(s) you are taking. You will receive a handout discussing the proper use, dosages, cautions and side effects associated with the medications you request and receive. If your medical condition does not improve or if it worsens within 48 hours, you should seek advice from a medical professional.

This program is designed to offer access to many common cough and cold, sore throat, fever, headache, stomach upset and minor gynecological conditions that are listed below:

- \* Acetaminophen (Tylenol) 325mg tablets & elixir
- \* Ibuprofen (Motrin) 200mg tablets & suspension

- \* Diphenhydramine (Benadryl) capsules & elixir
- \* Pseudoephedrine (Sudafed) tablets & syrup
- \* Triprolidine w/ pseudoephedrine (Actifed) tablets & elixir
- \* Guaifenesin (Robitussin) syrup
- \* Guaifenesin w/ dextromethorphan (Robitussin DM) syrup

- \* Saline nasal spray/drops
- \* Cepacol throat lozenges
- \* Maalox (regular) 5 ounce bottle
- \* Clotrimazole (Gyne-Lotrimin) 1 percent vaginal cream (not for the patient's first yeast infection and only one issue every 6 months)

"Have you ever considered that you, as a patient, have a major impact on the type and quality of care you receive at your Naval Hospital... we are here for you, said Monroe. "Every decision made by the leadership of Navy Medicine is made with you the patient in mind. How can the best possible care be delivered to you with assets available... facilities, money and staff," Monroe added.

## Challenging Times...

*Continued from page 6*

For younger beneficiaries and their families, Sesame Workshop's Talk, Listen, Connect program provides educational materials that aid discussion and understanding of the more difficult aspects of military life. Children ages 2 to 5, and their families who have experienced deployments, multiple separations or injuries may benefit from Talk, Listen, Connect. The videos and materials feature the familiar Sesame Street characters and real-life stories of military families who have overcome challenges. The Talk, Listen, Connect materials are designed to help families understand and cope with challenges and learn to express their feelings and concerns. Visit [www.sesameworkshop.org/tlc](http://www.sesameworkshop.org/tlc) to watch Talk, Listen, Connect videos and access materials.

While most military families and children manage their lives successfully, those that don't can depend on TRICARE and other DoD programs to help get them through some of the most challenging times.

You know where you want to go.

## Sailor Career Toolbox

The tools you need to get there.

<http://www.npc.navy.mil/CareerInfo/CareerToolbox/>

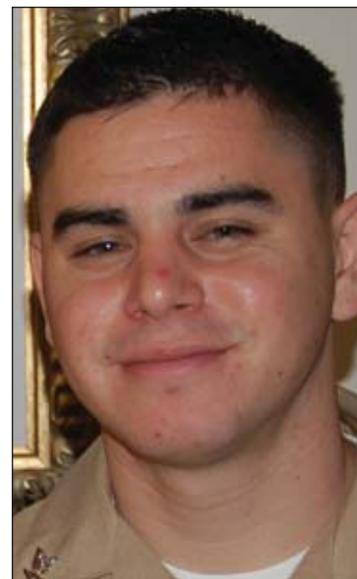


# Super Stars...

*Continued from page 4*



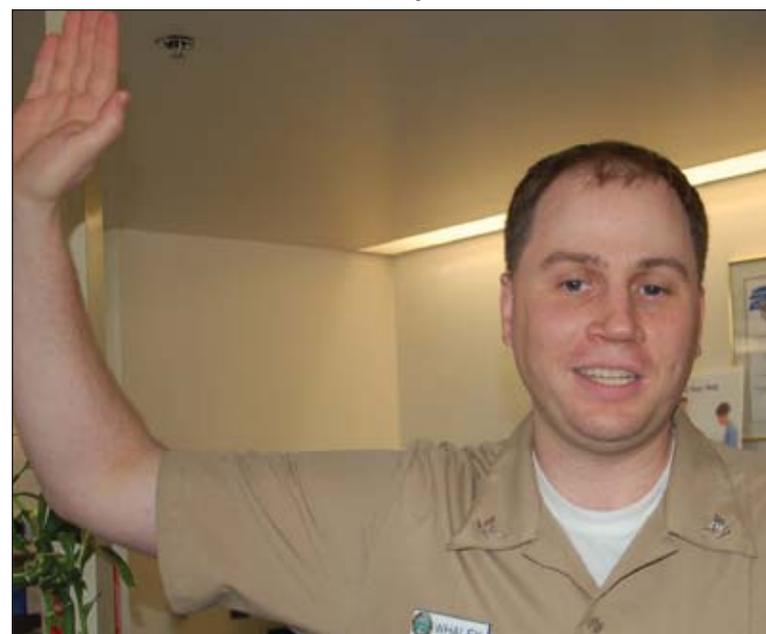
*CS2 Clinton Drewery, Combined Food Operations, takes the oath at his recent reenlistment ceremony.*



*HM3 Andrew Richard, Multi-Service Ward is frocked to his current rank.*



*HM3 Ryan Stephen, Laboratory Department is frocked to his current rank.*



*HM3 Daniel Whaley, Optometry Clinic, takes the oath at his reenlistment ceremony.*