



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.

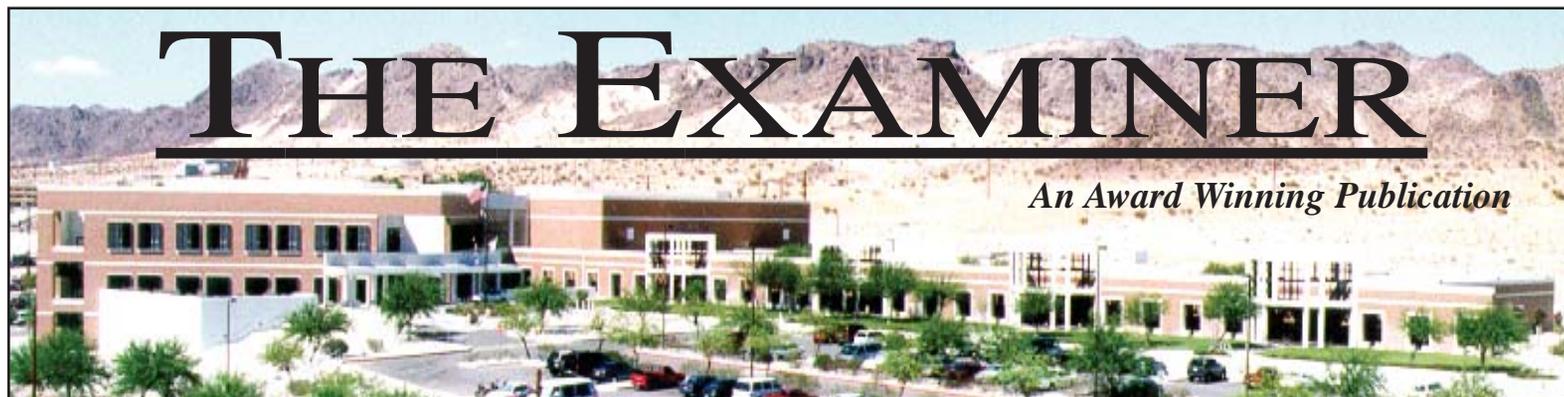
* The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

Or Directly to the Joint Commission via:

E-mail at
complaint@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



THE EXAMINER

An Award Winning Publication

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

Appointment 'No Shows' Continue to Challenge Hospital

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

Showing up late or not showing up at all for medical appointments is an ongoing challenge for Naval Hospital Twentynine Palms in trying to manage a productive clinic schedule and serve our population.

The hospital is not a walk in clinic. The clinics are run on an

appointment basis, and they try to stay on schedule. According to the hospital's latest figures, in August there were 825 'no shows' for appointments at the hospital.

These 825 appointment slots were productively used, however it could keep 825 potential beneficiaries from receiving treatment in a timely manner. Maybe more importantly, these missed appointments could mean that some Marines or Sailors may not be 100 percent

ready for deployment because they may need glasses or have an undiagnosed medical issue, leading to a serious problem for the member and their command.

Occasional emergencies arise, or a procedure takes longer than anticipated which delays some

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Military Progresses in Identifying, Treating Brain, Mental Injuries

By Donna Miles
American Forces Press Service

WASHINGTON, Sept. 22, 2010 ñ Nine years of conflict has revolutionized the way the military treats its combat wounded, Vice Adm. Adam M. Robinson Jr., the Navy surgeon general, told American Forces Press Service.

The past years of conflict have witnessed improved battlefield care and well-oiled medical evacuation and trauma-care networks that are saving lives that in past wars would have been lost. There've also been huge advances in treating amputations and spinal-cord injuries.

Just as dramatic, Robinson said, are the cutting-edge developments in identifying and treating brain injuries, including the mental and psychological effects of war.

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Flu Shot Exercise Success...



Patients seen in August -- 9,689
Appointment No Shows in August -- 825

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



The first to get flu shots this year are, left, Captain Ann Bobeck, Commanding Officer and, above, Captain Mike Moeller, Executive Officer both of the Robert E. Bush Naval Hospital. This was done as part of the Navy-Wide Flu Shot Exercise to test how to distribute the flu vaccine as soon as possible to first responders and health care workers in case of a flu pandemic. The hospital managed to get 98 percent of staff inoculated with 24 hours.

October is Domestic Violence Awareness Month

Is it really love? How to tell the difference between a healthy or abusive relationship

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

Sometimes we find ourselves in relationships that are not emotionally healthy. When that happens, we are at risk of being in a relationship that can turn abusive -- either emotionally or physically. What are some of the questions to ask yourself to see if you are in an unhealthy relationship?

The questions below may help you decide.

Can I be myself?

Someone who loves you will listen to you, support you and let you be yourself. If you can feel at home with someone and relaxed, then that is a sign of a healthy relationship. That doesn't mean that you accept someone as they are if they are abusive. "You knew I was this way when you married me" is simply an excuse someone will use to not get the help they need for their own emotional problems.

What do I believe?

Everyone has an idea of how people in a loving relationship should treat each other. However, sometimes those beliefs may clash with what you believe and you will have to decide if those differences are unhealthy or not.

Can your spouse tell you who to talk to?

Does your spouse always decide what activities to do on your free time? You should always obey what your spouse tells you to do regardless of whether it is right or wrong? Is it ok for your spouse to pressure you to give up your friends, hobbies, etc. for them? All of

these statements are false!

If you don't want to drink or engage in other unhealthy behaviors, your spouse should respect that? You should be able to go out with your friends? You can say no to intimacy? You should have time to yourself? The answer to these questions is true.

Is it power or respect?

In a healthy relationship, one person should not have more power than the other. Both of you have feelings and opinions that are important. Respect goes both ways in any relationship. Love is about caring for and supporting each other. Abuse is about controlling and having power over the other person.

Pay attention if your spouse pressures you to have sex when you aren't ready or tries to get you to use alcohol or drugs. There are control issues if your spouse wants to control your friends and free time or doesn't listen to your thoughts and opinions. These are all signs of abuse.

What do I want?

Take time to think about what you want in a relationship. What would your ideal relationship be like? What do you look for in a spouse? What comes to your mind when you think of a healthy relationship? What comes to mind when you think of someone who is abusive?

People need and want love. When it is love, you trust each other and respect each other's feelings and opinions. When it is love, you make decisions together and are honest with each other.

When it is abuse, your spouse may put you down, tell you what to do, break your stuff, threaten you, your children or pets or act jealous for no reason. An abusive spouse may also emotionally or physically hurt you or force you to have sex.

When it is love, you are in it together and you have each other's backs. When it is abuse, you may feel alone and afraid. So is it love or isn't it? You have to weigh the overall relationship and you have to listen to your instincts that tell you when something is wrong.

Danger signs of abuse

Does your spouse blame you when they lose their temper? Does your spouse accuse you of lying to them? Are you afraid of

doing something to anger your spouse? Does your spouse always have to be right? If so, these are danger signs that you are in an abusive relationship. Get help.

What can you do if you feel you are in a relationship that may turn dangerous?

Keep yourself safe. If you think you are being abused, make plans to be safe. Tell someone you trust what is going on and have somewhere safe to go. Keep a list of important phone numbers with you at all times. Get the help you need even if your spouse won't go with you.

How can you help a friend who is in an abusive relationship?

Don't ignore the warning signs that your friend is being abused. Listen to your friend and believe them. Don't judge or blame that person for staying as sometimes people will stay to protect children or animals. Tell them it is not their fault and don't give up on your friend. Be there when they need you.

Who can you turn to?

If you are in immediate danger, call 911 immediately. You may also call the Family Advocacy Victim Advocates at (760) 799-0273. The victim advocates are trained to help you get to safety if need be and to help you get counseling or other services that will help you be safe.

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Whooping Cough Vaccine Available

The incidence of Whooping Cough or Pertussis is on the rise in California. One key preventive measure is to be immunized with the Tdap vaccine.

This is a one-time booster for individuals over the age of 7 years.

The Naval Hospital has vaccine available in the Immunization Clinic for children and adults on a walk-in basis Monday through Friday from 9 to 11:30 a.m. and 1 to 4 p.m.

Suicide Prevention -- Family Members First to Notice Signs of Distress

By Shari Lopatin
TriWest Healthcare Alliance

Your service member recently returned from a deployment. And you noticed some changes.

Some may be part of the "new normal." But others you wonder about: bursts of anger, withdrawal from friends and family, trouble sleeping or sleeping too much.

Should you brush it off as just a phase?

Absolutely not. Family members are often the first to recognize symptoms of stress, depression or post-traumatic stress. They can be the help for a loved one...before it's too late.

But where can you turn if you're not sure what to do? Many resources are here to help, even online, through TriWest Healthcare Alliance, the company which administers your TRICARE benefit throughout 21 western states.

Online Care

For life issues such as stress management, relationship

problems and self-esteem, you can connect with a counselor 24 hours a day 7 days a week 365 days a year using chat and Web video from your home or any Internet connection. As part of TriWest Online Care, you may have access to the TRICARE Assistance Program, or TRIAP.

TRIAP offers non-medical, non-reportable video counseling sessions. To be eligible for TRIAP, you must meet one of the following criteria:

- * An active duty service member (includes Guard/Reserve members who've been activated)
- * An active duty service member's spouse
- * An active duty family member 18 years or older
- * Guard/Reserve members who've purchased coverage under TRICARE Reserve Select
- * Eligible for TRICARE benefits under the Transitional Assistance Management Program (TAMP)

Want more information?

Curious to see what kind of help a counselor offers, even if it's guidance for you to help your spouse? Visit www.triwest.com/OnlineCare to get started.

Other TriWest Resources

TriWest and TRICARE have many other resources available to support you and your spouse: pre-deployment, post-deployment, and during deployment.

* Behavioral Health Crisis Line, 1-866-284-3743: Having a stress crisis? Not sure what to do and need to talk? Call us here, anytime.

* Behavioral Health Contact Center, 1-888 TRIWEST (874-9378): Information about your behavioral health benefit and help finding a counselor.

* TriWest Behavioral Health Portal: www.triwest.com/BH: This portal is filled with a number of resources, from literature on coping with stress and parenting problems, to a map of national support organizations.

* "Help from Home" video series: www.triwest.com/HelpFromHome: Watch "Help From Home," a free series of online videos (also available as a free DVD set) that offers advice from other families and experts who've lived through it, firsthand.

Navy Suicide Prevention -- It's an All-Hands Effort

By Navy Petty Officer 3rd Class Mikelle D. Smith
Emerging Media, Defense Media Activity

WASHINGTON, Sept. 1, 2010 - Balancing military and personal life involves sacrifices. At times, this balancing act can cause sailors to become extremely overwhelmed and even depressed.

Some Sailors might seek guidance from shipmates while others can let feelings fester. Unresolved emotions can become unbearable and, like a pot of boiling water, the Sailor overflows. Seeing no way out, 46 Sailors took their lives last year.

Suicide is the third-leading

cause of death in the Navy, accounting for 13 percent of fatalities in 2009, officials said. Any loss of a Sailor's life can be devastating for a family and command. It's important that Sailors are familiar with the signs and symptoms of suicide so identifying a shipmate contemplating suicide is easier.

The Navy recognizes the seriousness of suicide and has developed additional training methods to help Sailors acknowledge they are front line supporters of suicide prevention efforts. Sailors, from pay grades

E-1 to O-10, are key players in the suicide prevention process, something that begins with the chain of command, with coworkers and with friends of the Sailor experiencing negative thoughts.

"One big thing that people neglect about suicide is the

power of little things," said Capt. Paul S. Hammer, director of the Naval Center for Combat and Operational Stress Control. "So often we see that many people were dissuaded from hurting themselves by someone who made a very minor gesture that turned out to be huge."

The NCCOSC developed a suicide prevention kit called Front Line Supervisor Training that was mostly written by Todd Pickel, a retired Navy Corpsman and neuropsychiatry specialist. The kit is geared toward Sailors'

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Super Stars...



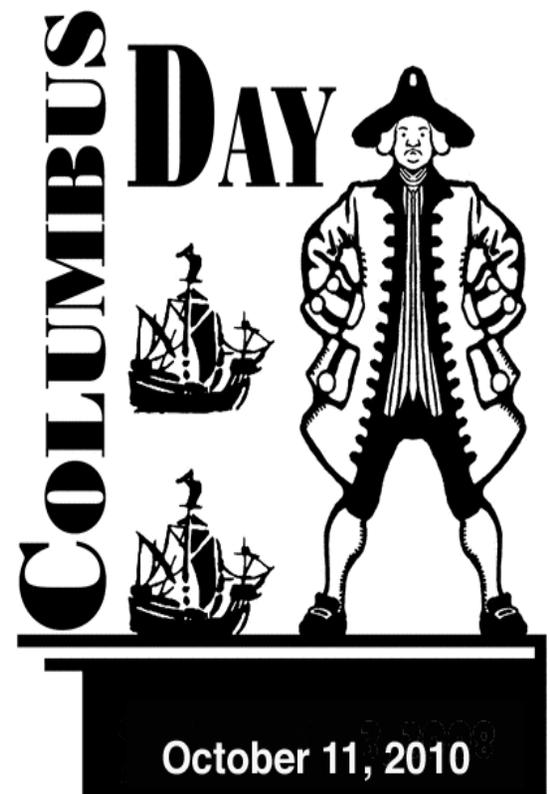
HM2 Kameryn Hughes, Leading Petty Officer in Staff Education and Training receives a Navy and Marine Corps Commendation Medal from Captain Ann Bobeck, Commanding Officer, Naval Hospital Twentynine Palms.



Staff Sergeant Matthew Foust, Operational Forces Medical Liaison Office, was promoted to his current rank.



HMC Mark Mulick, Command Career Counselor is piped ashore at his recent retirement ceremony at the Robert E. Bush Naval Hospital.



Military Progresses in Identifying, Treating Brain, Mental Injuries...

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"We have finally, as a military and as a medical service -- Army, Navy and Air Force -- come to grips with the fact that war creates injuries that are not seen, injuries that are just as life-changing and as devastating as amputations and other physical injuries that come back," Robinson said in a sun-lit conference room here at his Navy Bureau of Medicine and Surgery headquarters.

"And we have done tremendous work in assessing and treating and giving stability and a context to men and women who have been injured in the war and suffered these unseen injuries -- the ones you can't make out, the ones the X-rays don't show, the ones for which the blood work doesn't show the differences, but that certainly are there," he said.

Exposure to roadside bombs and other blasts causes physical changes in the brain, and as a result, how it functions, Robinson said.

"When you are in a blast, there are actually neuron-cognitive changes that occur in how the brain and the synapses and the brain connections -- the wiring of the brain -- actually work," he explained.

Robinson said hormone and chemical levels fluctuate as well, often resulting in emotional and behavioral changes.

"This is not just about being disoriented," he said. "You are not just disoriented from the blast. You are disoriented because you are in the blast, and then the blast causes a change in how your brain functions. People have been very, very slow to come to that conclusion, but it's true."

But except in the case of severe traumatic brain injury -- defined as a penetrating head wound -- these wounds can be difficult to diagnose, and symptoms often aren't immediate.

"When you break your arm, I can do an X-ray and can show you the break," Robinson said. But for troops with moderate or mild TBI, "we are finding that there may be changes in the neural psychological and neural cognitive pathways that we are just beginning to learn and understand." Robinson touted tremendous strides in addressing severe TBIs, with life-saving

physiological, chemical and operative advancements. "All of that has come together... [so that] many of the severe traumatic brain-injured patients who heretofore we did not think were capable of surviving have, in fact, come back and are now leading productive lives," he said.

Dr. David Williamson is on the front line of these advances as director of the psychological health and traumatic brain injury team at the National Naval Medical Center in Bethesda, Md.

"This is a dedicated team of professionals who have a mission to serve just one category of medical disorder," he said. "Instead of breaking the staff up by medical specialties, we are a team broken into the category of a clinical problem: the psychological health and brain-injury effects of combat."

Operating from within a wing of the National Naval Medical Center known as "7 East," the team includes a combination of brain specialists: Williamson, a neuropsychiatrist; as well as a neuropsychologist who conducts highly detailed memory, speech, calculation, concentration and other cognitive tests.

Specialists in psychology and social work round out the team, which works hand-in-hand with trauma surgeons to assess every single wounded warrior treated at the hospital, and intervene immediately when they diagnose brain injuries or mental-health complications.

Williamson cited the increase in craniectomies -- surgical procedures to remove part or all of the skull to allow the brain room to swell without being squeezed -- as one of the biggest game-changers in treating traumatic brain injuries.

Historically, many people with brain injuries ended up dying because their brain got squeezed when it swelled, ultimately killing the brain tissue, he explained. Now, forward-deployed surgical services often can prevent this through life-saving craniectomies.

"That means we have more severe brain injury patients that are surviving," Williamson said. "So the challenge for us is treating more severely brain-injured patients through rehabilitation

and later phases of care."

As it works with the hospital's trauma team to identify brain injuries in combat casualties and determine their severity, the PHTBI team increasingly relies on vestibular testing to flag problems within the part of the inner ear that controls balance, Williamson said.

This semi-circular canal system, made of three fluid-filled donut-shaped voids of bone, can get damaged by blast waves, he explained. "Nothing physically hits your head, but a pressure wave through the skull can rupture these fluid-filled sacs inside bones in the skull," he said. "It causes dizziness, coordination and balance problems and sometimes, double vision. And all that leads to headache and slows rehabilitation."

Patients diagnosed with vestibular problems work closely with physical therapists to "reset the equilibrium of those systems and get them working properly" through exercises focused on head movements, balance and hand-eye coordination, Williamson said.

"That's an injury that's frequently been missed," he said. "This therapy has proven very helpful."

Meanwhile cognitive rehabilitation is helping patients restore brain function. "If you train brain systems that are only partially functioning, you can build up their strength and efficiency just like a weakened arm if you do weight training on it," Williamson explained.

Cognitive therapy consists of a series of drills -- memory tasks, reading tasks, analytical reasoning tasks -- all focused on retraining the brain, he said.

"In addition, brain injury treatment programs are using the virtual environment to extend what we can challenge brains with," Williamson said. Specialized video games and other computer-based programs provide visual, spatial, language and coordination tasks. A driving simulator enables them to hone their driving skills under the watchful eyes of a trained therapist.

The PHTBI team also uses specialized equipment to monitor electrical activity within the brain and identify a frequent complication of brain injuries:



Dr. David Williamson, medical director for the Inpatient Psychological Health and Traumatic Brain Injury program at the National Naval Medical Center in Bethesda, Md., and his staff are breaking new ground in identifying and treating traumatic brain injuries and mental-health issues.

U.S. Navy photo by Seaman Alexandra Snow

seizures.

"Everyone recognizes when seizures make you go unconscious or you are convulsing," Williamson said. "But you can have partial seizures where you have changes in your ability to think or your emotional regulation or your general level of alertness, caused by a little area of electrical abnormality."

So the team conducts electroencephalography, continuously over the course of five days, to test for those abnormalities. Patients who exhibit them typically are treated through medication.

But the PHTBI team hasn't limited its efforts to drugs and conventional medicine. "Our physical medicine rehabilitation team is open to all holistic therapies and alternative therapies as well," he said. "We refer people for acupuncture for pain management. We do various types of non-medical pain interventions, nerve stimulation, nerve blocks and so on."

The biggest challenge in treating moderate and mild TBI, Robinson said, is that there's typically no outward sign of injury, making it difficult to identify.

"With mild TBI, you know you are different. You feel different, but you look absolutely the same to those around you," he said. "You may act different-

ly to those who know you really well, but you can take tests and do all sorts of different objective instruments and you don't necessarily see the differences."

Often it's a family member or loved one who picks up on personality or behavioral changes and sends up the red flag. "We've had spouses come in and say, "...The person I sent to Iraq or Afghanistan is not the person who came back..." Robinson said.

Robinson said he believes that nobody returns home from combat without at least some degree of post-traumatic stress.

"If you are involved in combat and combat operations, you have post-traumatic stress," he said.

Even those not physically involved in combat, but operating within the combat theater, are at risk, he said. "If you are exposed to the tension and to the stress of a deployment, you are a candidate to develop post-traumatic stress," he said.

"I did not say you have a disorder," Robinson emphasized. So when I talk about PTSD, I don't add the 'D' for ...disorder." Because we know that if we treat it and treat it effectively, we can actually obviate the disorder. If we can stave off the 'D', we are ahead of the game."

Don't Take a Chance, Get a Flu Shot!

By Shari Lopatin
TriWest Healthcare Alliance

If nine out of 10 people who played the lottery actually won, who wouldn't want to try their chances?

When it comes to flu shots, it's the same odds. Nine out of 10 healthy people who get a seasonal flu shot, don't get the flu, according to the Centers for Disease Control and Prevention (CDC).

With flu season right around the corner, trying that 'lottery' could keep you from getting sick. Seasonal flu vaccinations are available as a shot or nasal spray and are a TRICARE-covered benefit.

The flu shot this year, according to the CDC, will protect against the three most common forms of flu, including the headline-hogging H1N1 virus from last year.

Active duty service members will need to visit their assigned military clinic to receive a flu shot. The shot will be at no cost to them. Additionally, a TRICARE beneficiary may visit his or her military clinic for a flu shot at no cost; however, they should call the facility first to find out when the shots are available.

All individuals with TRICARE Prime who choose not to receive a shot from their military clinic will need to visit a TRICARE network provider...such as their primary care manager or a pharmacy...to have the shot at no cost. Some network doctors' offices may still charge a small co-pay for the visit, though.

The same rules apply for those using TRICARE Standard and Extra, or enrolled in TRICARE Prime Remote, as long as the vaccine is administered by a

TRICARE-authorized provider. Everyone, 6 months or older, should receive a flu shot the moment it's available, as recommended by the CDC.

Additionally, receiving a flu shot is especially important for certain high-risk groups to decrease their risk for severe flu illness. These groups are:

- * Young children
- * Pregnant women
- * People with chronic health conditions, such as asthma, diabetes or heart disease
- * People 65 years and older
- * Health care workers
- * Caretakers who live with people at high risk (such as those listed above)

One of the best methods to prevent the spread of flu is adequate hand-washing. Individuals should wash their hands often with soap and water, properly scrubbing their hands together. A quick, fast rinse will not do

the trick. Additionally, covering one's nose and mouth with a tissue when sneezing or coughing, then throwing the tissue away will help keep others from getting sick.

A few other tips from the CDC are:

- * Avoid touching eyes, nose and mouth
- * Avoid close contact with sick people
- * If sick, remain home for at least 24 hours after the fever has stopped, except to receive medical care
- * If sick, limit contact with others as much as possible.

For more information on the flu and TRICARE-covered flu shots, visit

www.triwest.com/flu. You can also follow TriWest on Facebook and Twitter for updates on flu shots at www.facebook.com/triwest or www.twitter.com/triwest.

TRICARE Retired Reserve: Health Care for Retirees

Brian P. Smith
TriWest Healthcare Alliance

Members of the Retired Reserves and their families have a new TRICARE healthcare option.

TRICARE Retired Reserve (TRR) is a new, premium-based healthcare plan available to eligible retired members of the Guard and Reserve, their families and qualified survivors. TRR offers coverage similar to TRICARE Standard for retirees, and includes a monthly premium, annual deductible, cost-shares and an annual catastrophic cap (cost information at triwest.com/ngr).

TRR features:

- * Member-only or member-and-family coverage
 - * Coverage regardless of pre-existing conditions
 - * Access covered services from any TRICARE-authorized provider or hospital...no referrals are required.
 - * Access to TRICARE's prescription drug program
- Eligibility is reflected in the Defense Enrollment Eligibility Reporting System (DEERS) record. It is important to keep DEERS records updated for you and your family members.
- Members of the Retired Reserve of a Reserve Component are eligible for TRR when they are:
- * Not yet age 60
 - * Are qualified for non-regular retirement
 - * Not eligible for, or covered by, a Federal Employees Health Benefits (FEHB) program.

Eligible beneficiaries who lose other TRICARE eligibility can purchase TRR coverage within 30 days for continuous coverage. Otherwise, coverage can be purchased at any time to start on the first of the next month or the month after.

Premiums

For coverage during October,

Continued on page 8

Whooping Cough Outbreak in Calif. -- Vaccinate to Protect

By Shari Lopatin
TriWest Healthcare Alliance

An outbreak of whooping cough has swept across California, according to the Centers for Disease Control and Prevention (CDC). But, you can take action to protect yourself and your families.

Whooping cough, also known as 'Pertussis,' is an upper-respiratory infection. It's extremely contagious and can be deadly to infants, according to the CDC. It can also cause adults to become very sick.

For the first eight months of

2010, the CDC reported more than 3,000 cases of whooping cough in California, including eight infant deaths. This is a seven-fold increase from the same time period in 2009...where only 434 cases were reported across California.

Get vaccinated... TRICARE covers it...

A vaccine does exist for whooping cough, as does a booster shot for adults who received the vaccine as children. According to the CDC, the best way to prevent whooping cough is to immunize against it.

Whooping cough is most dan-

gerous to infants. More than half of infected babies younger than 1 year old must be hospitalized, according to the CDC. Therefore, getting vaccinated is especially important for families with infants, to prevent spreading the disease to their child. Additionally, caregivers working around babies and young children should get the immunization.

Because the immunity provided by the vaccine for whooping cough fades with time, a booster shot is available for pre-teens, teens and adults.

The whooping cough immunization is a TRICARE-covered benefit. Military families should talk to their doctors about it.

What are the symptoms?

According to the CDC, whooping cough usually begins

with cold-like symptoms, followed by severe coughing one to two weeks later. These coughing fits may continue for 10 weeks or more.

Early symptoms include:

- * Runny nose
- * Low-grade fever
- * Mild, occasional cough
- * In infants, 'apnea'...a pause in breathing

However, as the disease progresses, the traditional symptoms of whooping cough will develop and include:

- * Many fits of rapid coughs followed by a high-pitched 'whoop'
- * Throwing up
- * Exhaustion and fatigue after coughing fits

Should you believe you or

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Navy Suicide Prevention...

Continued from page 3

awareness of behavior leading to suicide through interactive situational training.

“Our overall goal is to create a positive environment where individuals feel comfortable asking for help and where positive leadership and availability of resources are understood,” Pickel said.

Two hundred upper echelon and installation suicide prevention coordinators recently received front-line supervisor training by program creators that included Lt. Cmdr. Bonnie Chavez, a behavioral health program manager.

“The Navy suicide prevention program builds on sailor and leader caring, by supporting command-level efforts with policy, information and tools,” Chavez said. “Sailors and leaders genuinely care and have shown it in the way they vigorously engage in focus groups, put forth tremendous creativity to develop posters and enthusiastically embrace new hands-on training materials.”

Front-line supervisor training incorporates videos and music, pocket-sized reference cards, information for plan-of-the-day messages and posters ideas and resources created to raise Sailors’ awareness of suicide-prevention tactics.

According to Hammer, the first step in suicide prevention is identifying subtle warning signs, some of which may include but are not restricted to: withdrawal from family and friends, abuse of drugs or alcohol, poor performance at work and engaging in reckless acts by a usually cautious person. Noticing a trend of abnormalities in a shipmate can help sailors recognize subtle changes in that individual’s behavior. Sailors then can take necessary steps to help shipmates target the root of negative feelings before suicide thoughts are reached.

The suicide prevention kit entered the fleet in April and it includes the new video, “A Message from Suicide,” along with interactive, peer-to-peer facilitated training.

“What’s different is we take the audience through a case study,” Hammer explained. “We turn it into a discussion that the audience can be involved in. This gives them the ability to

see from start to finish what really goes on in the mind of a person dealing with suicidal thoughts. We ultimately are preparing them to handle encounters and giving effective ways to be firsthand responders.”

According to Chavez, the suicide prevention kit advises sailors who come face-to-face with someone in a suicidal situation to visualize the acronym ACT: Ask, Care and Treat.

Ask involves recognizing sailors with problems and staying engaged. Too often, Sailors are overly involved with their own day-to-day happenings. Recognizing a shipmate dealing with stress that can lead to visions of suicide is important. Start off with a simple question, “What’s bothering you?” Encourage troubled sailors to talk about what they are feeling and ask if they are thinking of taking their life. Most importantly, don’t judge.

Care involves listening thoroughly. Having a 20-minute conversation or accepting an early-morning phone call can save the life of a sailor contemplating suicide. Let them know there is hope and they’re not alone by giving them your undivided attention and having an open heart.

Treat means taking the Sailor to get help. Do not leave them alone until professional help has arrived. Continue offering support for that shipmate through treatment and after. Something

as simple as inviting the Sailors over for dinner on Sunday nights can show them that their presence is appreciated. Over time, this simple act can encourage them to seek help in dealing with suicidal thoughts.

In three words: be a friend.

Some Sailors may feel overwhelmed with the thought of encountering a shipmate on the verge of causing self-harm. If they believe they are unable to provide adequate assistance, they should contact someone who can.

“For most Sailors, suicide prevention is more than a general military training topic,” Chavez said. “Nearly half of sailors in the Navy have personally known someone in their lives who was lost to suicide. Suicide prevention is not about numbers. Every person lost is taken very seriously and we are focusing our efforts on providing tools to save lives.”

The Navy provides Sailors with a variety of options to combat suicidal thoughts such as command chaplains, Fleet and Family Service Centers and command medical facilities available to assist and direct in times of need.

Suicide intervention services like the National Suicide Prevention Lifeline and the American Foundation for Suicide Prevention also are available to sailors. Obtain more information and resources at www.suicide.navy.mil or the Operational Stress Control continuum at <http://navstress.navy.dodlive.mil>

Vaccinate to Protect...

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your child has become infected with whooping cough, seek treatment immediately. Early treatment is very important, according to the CDC.

Where can I get more information?

The CDC has some of the most up-to-date information on the whooping cough outbreaks. Find tips on prevention, treatment, symptoms and statistics at www.cdc.gov/pertussis/about/in dex.html.

Additionally, follow TriWest Healthcare Alliance on Facebook and Twitter for updates on the whooping cough outbreaks. TriWest is the regional contractor responsible for administering the TRICARE health benefit in 21 western states, including California. Follow TriWest at:

www.facebook.com/triwest
and
www.twitter.com/triwest

Appointment ‘No Shows’...

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appointments. However, over the years, it has been shown that when patients are kept waiting beyond their appointed time, it is usually because a previous patient showed up late. If this happens the clinics can see the late patient and keep everyone after them waiting, rush through the appointment (which we will not do), or reschedule the appointment for another time.

If late for an appointment, the hospital clinics will see you if the schedule permits and it does not inconvenience other patients. If the providers feel that seeing you late will cause an inconvenience for other patients, then you will be asked to reschedule.

If unable to keep an appointment, please give the hospital as much notice as possible. This is in consideration of the hospital staff that will attempt to fill the appointment slot with another patient.

Here are some tips that will help you become more punctual; Give yourself extra time, just in case you are delayed by weather, traffic or other circumstances. Keep only one planner; carry it between your home, workplace, or daily appointments. Use a watch, or an electronic organizer with a beeper to provide you with reminders.

Keeping Babies Healthy: TRICARE Promotes Prenatal Care

By Sharon Foster
TRICARE Management Activity

Every parent wants their baby to be healthy. For this to happen, parents need to know how to create a healthy environment even before the baby is born. TRICARE understands, while exciting, this is a crucial moment. During the nine-months of pregnancy, important development occurs that can affect a baby for the rest of his or her life.

It is no secret that unexpected difficulties and challenges can occur during pregnancy. Certain risk factors present at birth can cause real problems for a newborn. These factors may include: exposure to environmental dangers (toxic chemicals, drugs), preexisting maternal conditions (heart disease, diabetes and hypertension), maternal age and pregnancy complications.

September is National Infant Mortality Awareness Month. During this month, TRICARE

reminds expecting mothers to participate in prenatal care and reach out for support if needed. During prenatal care, a health care provider may discuss nutrition and physical activity, what to expect during the birth process and basic skills for caring for an infant during prenatal care.

According to the Department of Health and Human Services', Maternal and Child Health Bureau, babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight and five times more likely to die, than those whose mothers received prenatal care.

Prenatal care is important. Potential problems that may endanger the baby may be identified and corrected before the baby is born.

There are several lifestyle habits expecting mothers can change to reduce their risk of certain problems during pregnancy. They include:

- * Getting at least 400 micrograms of folic acid every day, through food and or supplements.

- * Getting proper immunizations for certain diseases that could harm a developing fetus (such as chicken pox or rubella) before becoming pregnant. TRICARE covers age-appropriate doses of vaccines as recommended by the Centers for Disease Control and Prevention.

- * Having a healthy weight and

getting regular physical activity can help both the mother and the fetus during pregnancy.

- * Avoiding smoking, alcohol or drug use is also important. In addition, certain medications and exposures in the environment can be harmful to your fetus and it is important to avoid them during pregnancy.

- * No one knows exactly why women who get early and regular prenatal care have healthier pregnancies and healthier

babies. But TRICARE does know it works. TRICARE covers maternity care, including prenatal care, delivery and postpartum care. How you access TRICARE's maternity care depends on which health plan option you are using. Go to <http://tricare.mil/MaternityCare> for a detail explanation of benefits or contact your regional health care contractor.

Retired Reserve: Health Care for Retirees...

Continued from page 6

November and December 2010, TRR monthly premiums are:

- * \$388.31 for Member-only coverage

- * \$976.41 for Member and family coverage

The monthly premium amount could change each year on January 1.

Beginning January 1, 2011, TRR coverage will be (each month):

- * \$408.01 for Member-only coverage

- * \$1,020.60 for Member and family coverage

Purchase Coverage

Qualify for and purchase TRR coverage through the online Defense Manpower Data Center (DMDC) Reserve Component Purchase TRICARE Application:

- * Go to <https://www.dmdc.osd.mil/appj/reservetricare>.

- * Log in using Department of Defense Self-Service Logon or Common Access Card (CAC).

- * Choose 'Purchase Coverage'

- * Certify that you are not eligible for or enrolled in a FEHB program.

- * Select a TRR start date and choose your coverage type

Print, sign and submit

- * Print the Reserve Component Health Coverage Request form (DD 2896-1). The form will be filled out based on the information you entered.

- * Sign the form and submit with payment covering two month's premium.

If paying initial premium by check, money order or cashier's

check, mail to: TriWest Healthcare Alliance, PO Box 42030, Phoenix, AZ 85080-2030. If paying by credit card, fax to: 1-866-244-6596.

Ensure that your monthly premiums are paid on-time by signing up for one of the automatic electronic payment options through TriWest. See triwest.com/ngf for directions.

More Information

TRICARE Retired Reserve is healthcare coverage for 'gray area' retirees and their families. Coverage will begin for eligible beneficiaries on October 1, 2010. You can find the latest benefit information, purchasing information and costs at triwest.com/ngf.

