

# Pacific Frontlines



2013

## Pacific Partnership



**6:** NHG staff deploy:  
Pacific Partnership

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**9:** Sea Cadets: The Value of Mentorship  
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About Staying Healthy

# Pacific Frontlines

**YOU'RE VOICE COUNTS!** Don't like our name? make a suggestion, email the Public Affairs Officer to re-title our publication. Three best choices will be voted on!

Pacific Frontlines  
Official Publication of U.S. Naval Hospital Guam  
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Surgeon General of the Navy  
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Frontline Pacific is a professional publication of U.S. Naval Hospital Guam. It's purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

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## Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at [jennifer.zingalie@med.navy.mil](mailto:jennifer.zingalie@med.navy.mil) for deadline of present issue.

## Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)  
**NO BADGES**

## Subjects considered:

Feature articles (shipmates and civilians)  
Quality of Care  
R&D/Innovations  
Missions/Significant Events  
Community Outreach

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## On the cover:

The dock landing ship USS Pearl Harbor (LSD 52) transits the Pacific Ocean off the shores of Oahu, Hawaii. The Pearl Harbor will be the lead in this year's Pacific Partnership which is an annual Pacific Fleet humanitarian and civic assistance mission between U.S. military, host and partner nations, non-governmental organizations and international agencies designed to build stronger relationships, and disaster response capabilities in the Asia-Pacific region. *U.S. Navy photo by Journalist 3rd Class Ryan C. McGinley*

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## On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

# ICE

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# Commanding Officer Capt. Jeff Plummer

*We deliver readiness, quality care and health where America's Day begins.*  
**mission**

*We will lead Navy Medicine in quality patient centered care.*  
**vision**

*Enrich the patient's experience of care.*  
**wildly important goal**

**June is going to be a busy month** for U.S. Naval Hospital Guam. Early in the month comes an important week in the life-cycle of our command, as every three years we get the opportunity to tell our command's story, the unique mission we have, and the quality healthcare we deliver. The Joint Commission and Navy Medical Inspector General will review our delivery systems of care, speak to us about our quality improvement efforts, and bring a wealth of experience from around our system to advise and teach about ways to get even better.

June also kicks off our summer Permanent Change of Station (PCS) season. Many of our experienced staff members will be departing the island with valuable corporate knowledge as they head out for new and exciting adventures. As we say goodbye to each of them in our own way, remember to also welcome our new staff as they arrive with the same energy and enthusiasm. First impressions last the longest, and get paid forward and pay back, the fastest.

We also bid farewell this month to several deployers bound for the 2013 Pacific Partner-

ship humanitarian mission. Keep those shipmates and their families in your thoughts as they head out for over four months on a vital global engagement mission for our Navy and our nation.

Lastly, we also celebrate two historical milestones in June. First, June 6th marks the 69th anniversary of the Normandy landings of WWII, and we will show another lunch-n-learn movie in the auditorium entitled "Navy Medicine At War: Normandy" - look for an email with start time.

Second, we will gather on the 21st at the Nikko Hotel in Tumon Bay to honor the 115th birthday of the Navy Hospital Corps. Hopefully you anticipate as I do remembering the past, celebrating our present and shaping our future, in a way only the U.S. Navy can do.

All-in-all we have a busy June ahead of us. I look forward to seeing each of you around the command as we "get after it!" Thank you for what you do every day to make our command a leader in Navy Medicine, and a stabilizing force in the heart of the Pacific.



# Executive Officer Capt. Mike McGinnis

## Hafa adai U.S. Naval Hospital Guam dream team!

Hope everyone is doing well and enjoying another fine edition of our command's newsletter. This is a big month as we reach the halfway point to the year. We're fully engaged in the Joint Commission/Medical Inspector General visit at the beginning of this month. Skipper, CMC and I are fully confident that the excellence you deliver in rendering high quality patient centered care will be appreciated by our survey team.

June is important for other reasons. School's out for summer! Many families can now plan on taking well deserved time off for vacation and travel. I fully encourage you to spend the time with your family and friends. Maintaining calibration in the work-life balance can be tough. I know that you all have been working hard, so please enjoy some quality time with your loved ones.

June also opens the big summer season for transition of staff. We'll bid many of our current shipmates farewell and "until next time" as well as welcome newly arrived shipmates. The big turnover in personnel emphasizes the

importance of focusing on sustainment of processes so that our high performing organization continues to fire on all cylinders despite having new personnel. Let's build on our current solid foundation so that we continue to move forward instead of dedicating time "reinventing the wheel" to maintain the status quo.

Speaking of transition, as we pass the JC/MEDIG milestone, our attention will pivot to moving in to the new hospital. Do you have all that you need? Keep tight comms with your departmental transition representative. When we take the keys to the facility just before Christmas, we will have a finite amount of time to verify full mission capability and welcome patients aboard in January 2014.

We currently lead all OCONUS MTFs in population health metrics and we are a close second for all of Navy Medicine.

Thanks for all that you do for our patients and our team. You're making a difference! Your dedication and commitment has made our hospital a recognized leader in Navy Medicine.

*Got News? Know an outstanding Medical Staff member? Please let us know. If you would like to write a story or you have written a story and would like to have it printed please send it our way! If you have a story idea for the *months theme* please let us know. There are two themes for the month of **July--Jointness and Human Performance Optimization**, if you have an article or idea please submit to [jennifer.zingalie@med.navy.mil](mailto:jennifer.zingalie@med.navy.mil). See inside the front cover for submission guidelines. **Staff--** There should be no departmental/association Facebook pages. Question? Please use the email in this note.*

# Command Master Chief Robert Burton

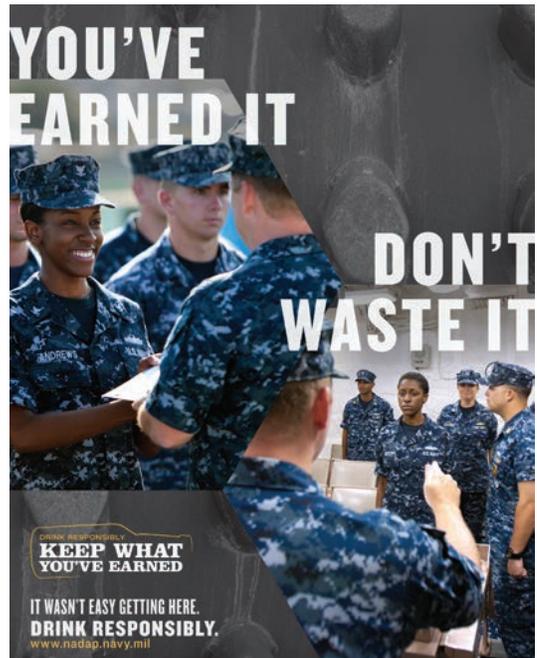


**In October of 2012** when I assumed the CMC position of Naval Hospital Guam, there were calls for a Coalition of Sailors Against Destructive Decisions (CSADD) chapter. After appointing some Petty Officer First Class's to get the ball rolling and some re-writes of the charter, the chapter finally got underway on April 2nd, with an official cake cutting ceremony to commemorate the event.

After supporting the Joint Region CSADD event at the Naval Base Guam theater, our CSADD chapter held a talent show on May 17. By all accounts it was a great success. The Program featured ten acts, with prizes and a concession stand for the audience. A big BRAVO ZULU to all for a fun Friday night.

Read more about the Naval Hospital Guam's CSADD chapter introductory event on *page 8*.

Whether Enlisted, Officer or family member, people surprise you when they demonstrate a talent and passion which you did not know or had not previously observed.



The Hospital CSADD chapter is planning their next function. My job as a leader is to provide them with support to succeed. To that end, I would ask that if at all possible, please support their efforts. CSADD's efforts coincide with the new Navy program of "keep what you have earned", by helping Sailors to avoid those bad choices that reduce what they have worked so hard to achieve.

A Navy career can last a few years to more than 20. However, that life of a Sailor in the greatest Navy in the world will eventually end for each of us. Length and success of that journey is greatly affected by key decisions along the way.

No matter if you are junior or senior in the Navy, a bad decision can end a career and tarnish the memory of all those things that you have achieved.

To good decisions.



*pictured* Sailors and a non-governmental organization volunteer sort medication for distribution during Pacific Partnership 2013 aboard the amphibious dock landing ship USS Pearl Harbor (LSD 52). Pacific Partnership is the largest humanitarian and disaster response-preparation mission in the Indo-Asia-Pacific region. U.S. Navy photo by Mass Communication Specialist 3rd Class Carlos M. Vazquez II

## U.S. Naval Hospital Guam staff deploy for Pacific Partnership 2013

**In late May**, several members of U.S. Naval Hospital Guam deployed with the eighth iteration of the U.S. Pacific Fleet's annual Pacific Partnership mission. This four-month mission will take place in the Oceania region

Host nations will include Samoa, Tonga, Republic of the Marshall Islands, Papua New Guinea, Kiribati and the Solomon Islands.

"This deployment is important because it has the possibility of uniting countries and nations in accomplishing one goal- which as I see it, is to provide basic, compassionate, world class care anytime, anywhere," said NHG nurse, Lt. Susan Vidaurre, of Mother-Baby Unit (MBU).

Working at the invitation of each host nation, U.S. Navy forces will be joined by non-governmental organizations (NGOs) and regional partners that include Australia, Canada, France, Japan, Malaysia and New Zealand to improve maritime security, conduct humanitarian assistance, and strengthen disaster response preparedness.

Born out of the devastation wrought by the 2004 tsunami that swept through parts of Southeast Asia, Pacific Partnership began as a military-led humanitarian response to one of the world's most catastrophic natural disasters. Building on the success and goodwill of this operation, the hospital ship USNS

Mercy returned to the region in 2006 for the inaugural Pacific Partnership mission. The mission staff expanded to include partner nation militaries and NGOs working to increase the disaster relief capabilities of Bangladesh, Indonesia, the Philippines and East Timor.

"I feel excited, nervous, grateful, and lucky to be given the opportunity to help others on a non-traditional platform, getting out of the hospital setting and becoming more involved in the surrounding communities, hopefully making a difference," said Vidaurre.

Pacific Partnership has grown in scope and size. From eight partner nations and eight NGOs in 2006, last

**As a boy**, Hospital Corpsmen 2nd Class Petty Officer Harry Nanpei often listened to his grandfather tell stories about the liberation of his island, Pohnpei and the role Marines and Sailors played. It was these stories that inspired him to join the military.

When Nanpei met with the Marine recruiter and was asked what he wanted to do, his answer was solid, "I want to be a Corpsman".

"My grandfather was a dentist, so I always wanted to work in the medical field. He always took me to his work," said Nanpei. "Seeing the staff in their lab coats made an impression on me and the fact people were always thanking them for helping them and for what they do."

The recruiter kindly walked Nanpei to the Navy recruiting office and told him, "If you want to be a Corpsmen, sign up with them, then you will be with us." The recruiter was right; Nanpei has served on a destroyer, in a Navy clinic, and also with a Medical Battalion working with Marines.

"Joining the Navy--I enjoy it more than I ever expected. I never thought I'd be doing surgery or cleaning teeth; I have done these things on the field," he said. Nanpei understands the significance of his job and the role he plays to those in his care, especially after an experienced he encountered during his time with the Marines.

After several months of working and developing a relationship with his battalion one of the Marines, who refused to do so before, referred to Nanpei as "doc", an endearing term from Marine to Navy Corpsmen, and told Nanpei he trusted him with his life. "Unfortunately, a couple of hours after he said this to me he was killed."

This experience inspired him to want to mentor, prepare and train junior Corpsmen, through his example and experience. "I know they may be the ones out there someday and I want them to be ready for anything," he said.

Currently, Nanpei is the Leading petty Officer for the Medical Service Unit (MSU), of over

42 personnel. He has also taken on several collateral duties, some of which include Directorate Career Counselor and Flagship Coordinator for the volunteer program for Personal Excellence. He also serves as a Command Training Team Instructor teaching enlisted and officer alike.

In addition, he has assisted the Army National Guard in training Combat Life Support and Tactical Combat Casualty Care Under fire to 68 Filipino soldiers during a joint training exercise in the Philippines. Nanpei also dedicates his time to coordinating team-building recreational events for his Sailors which focus on an active and healthy life style. These are only a few ways Nanpei mentors and trains those around him.

"I am a hands-on type of person," he said, and aspires to leave a legacy similar to his grandfather for those around him. "I always tell my Sailors to keep striving for better things. I try to let them know they are doing a good job and to keep a positive attitude."

Nanpei said he will also continue to strive and hopes to one day put on Chief Petty Officer. He believes he can best mentor Sailors in the enlisted community. His next set of orders will once again put him out in front with the Marines. When deciding on orders he chose

Cherry Point North Carolina, because he said, "I am an island boy, I have got to be close to the ocean."



## **HM2 Nanpei: Out in Front**

# CSADD

**pictured** Hospital Corpsmen 2nd Class Petty Officer Delyn Scott of Human Resources earned a standing ovation after her rendition of *If I Ain't Got You*, by Alicia Keys, she sang at the NHG's Coalition of Sailors against Destructive Decisions chapter, talent show. Also seen in the photo (**right**) Senior Chief Hospital Corpsmen Matthew Fox who served as the talent show Disc Jockey. Photo by HM3 Catherine Ricci

## Naval Hospital Guam CSADD chapter hosts "NHG Got Talent" by: HM3 Catherine Ricci, Mother Baby Unit

**In late May**, Naval Hospital Guam's newly founded Coalition of Sailors against Destructive Decisions (CSADD) chapter held their first event, "NHG Got Talent"; which included ten acts ranging from instrumentals, dances, solos and more. The event attracted up to 60 audience members and was held in the hospital's auditorium.

CSADD is a program designed as a resource for active and reserve Sailors, Reserve Officers Training Corps (ROTC) candidates and Junior Reserve Officers Training Corps (JROTC) programs to promote good decision making processes. This in turn enables leadership development and influence among peer's at the most junior levels.

Master of Ceremonies for the event, Hospital Corpsmen 3rd Class Petty Officer Crystal Cunningham of Security kicked off the event by saying, "We want to show there are ways to have fun on a Friday night that are healthy. You don't have to drink to have fun," she said.

The talent show showcased the programs ideals that a Sailor is more than just the uniform they put on; everyone is unique and has something to offer their shipmates, including a positive influence.

It would seem positive decisions had everyone excited--by the second to last act of the night audience members were dancing in the aisle to a Chief's Mess Gangnum Style duet. The duet had Chief Hospital Corpsmen Jeffrey Jarrett on the drums and the Disc Jockey styles of Senior Chief Hospital Corpsmen Matthew "DJ Gunz" Fox.

The shows winner was selected by audience applause, and was the 9-year old daughter of Operation's Management's, Lt. Richard Fail. Her talent consisted of drumming cups while at the same time singing "The Cup Song", a song made popular by the 2012 movie, Pitch Perfect.

Fail was a close runner up to Hospital Corpsmen 2nd Class Petty Officer Delyn Scott of Human Resources who earned a standing ovation for a solo she sang, "If I Ain't Got You" by Alicia Keys, that she said was dedicated to her faith.

To find out more about how to get involved contact CSADD president Hospital Corpsmen 2nd Class Petty Officer Christopher Schaffer at [Christopher.Schaffer@med.navy.mil](mailto:Christopher.Schaffer@med.navy.mil) or CSADD vice president Hospital Corpsmen 2nd Class Petty Officer Christopher Ratcliff at [Christopher.Ratcliff@med.navy.mil](mailto:Christopher.Ratcliff@med.navy.mil).



*pictured* Cmdr. William C. McCool Elementary/Middle School's Sea Cadet division participate in weekend training. *photo by Lt. Sherwin Valdez*

# U.S. Naval Sea Cadet Corps

## The Value of Mentorship

**If someone said** an 11-year old son or daughter could become self-reliant, self-disciplined and achieve a high level of responsibility, could it be true?

Many parents of children involved in the U.S. Naval Sea Cadet Corps have seen this become a reality in their lives. The program was established at the request of the U.S. Navy in 1962 for children ages 13 to 17. Under the umbrella of the Sea Cadets is the Navy League Cadet Corps for children ages 11 to 13.

Both were established with the goal of giving youth mental, moral and physical training through the medium of naval and other instruction. The objective is to develop patriotism and good citizenship and also instill a sense of duty, discipline, self respect, self-confidence and respect for others. In addition it encourages youth to pursue a drug-free, alcohol-free and gang-free lifestyle.

U.S. Naval Hospital Guam, Intensive Care Unit Nurse, Lt. Cmdr. Sherwin Valdez, who is currently the Sea Cadet volunteer coordinator inside the hospital, began his involvement with the Sea Cadets, which is sponsored by the Navy League of the United States, Guam Council, as a

parent. Later he was asked to assist in providing medical coverage and first aid intervention for program events.

Valdez highly encouraged Hospital Corpsmen to volunteer and get involved with the program. As more people volunteered, the program grew, allowing more opportunities for mentorship. Now, corpsmen not only provide medical assistance but military training as well.

One of the Sea Cadet volunteers is Hospital Corpsmen 3rd Class Petty Officer Terry Robinson of Ophthalmology who volunteered because he wanted to be involved in something he could enjoy. "I was a product of people coming into the community and giving back and always said when I get the opportunity to give back I will," explained the North Carolina native. "I know the influence it had on me in steering me toward the right path."

In Guam, the Sea Cadets are split into three divisions, Peredo, McCool and Marianas. Robinson works with the Marianas division which consists mainly of local children. "This program adds value to the community because it helps build stronger bonds between the military and the island

*Continued on page 13*



**American  
Red Cross**

# Volunteer profile

**Name:** Priscilla Caprio

**Hometown:** Syracuse, N.Y.

**Status:** Intensive Care Unit  
(ICU) Nurse Volunteer

### What does an ICU Nurse volunteer do?

We work with and care for critically ill patients.

### What inspired you to become an ICU Nurse?

It was a choice, nursing has so many different options. When I went through nursing school I wanted to be a Labor and Delivery Nurse because my own Labor and Delivery nurse was fantastic, so that is what made me want to do that. Then I wanted to be a midwife. But when I did my clinicals in Labor and Delivery I decided it wasn't for me. Then I went into the ICU and just fell in love with it. I love the challenge, you have to, with the patients, consider all the body systems whether you are giving a medication or performing a procedure.

### You are prior active duty, were you an ICU nurse then as well?

No, I was a Hospital Corpsman. I worked in Family Practice at Bethesda and Indian Head and then I went to Camp Lejeune and worked in the Emergency Room, Family Practice, Multi-Service Ward and then Pediatrics.

### How did you become a nurse?

I separated from the Navy and went to school in North Carolina and I also received my Bachelor of Science in Nursing degree. After that I worked in a civilian Facility in a 12 bed ICU, that had an average of 150 to 200 vents a year (a vent assists in breathing of patient and is a lifesaving measure). Our acuity was similar to what we see at Naval Hospital Guam.

### When did you start volunteering with the U.S. Naval Hospital American Red Cross program? Is it a valuable opportunity for nurses?

I began volunteering in March. It is valuable; it allows me to keep up my credentials. When I see patients they have to be confident that I am trained correctly. The hospital can also provide volunteers with a letter that shows their value to the command and what they have done, so if or when that person PCS's, and looks for work as a nurse, at their next duty station, it is clear there was not a huge gap in work or skill sustainment.

### What does your husband do?

He is an active duty, Navy nurse, he works in the MSU. He went through a commissioning program as he was also a prior Corpsmen; we actually met in boot camp. Actually, I became a nurse and then he wanted to be like me so he had to go ahead and do that, we graduated with our Bachelor of Science in Nursing degree together, side-by-side.

### If someone came up to you today and offered you any job in the world, what would it be?

An ICU Nurse; I love the family interaction in the ICU. When a person's loved one is critically ill, it is a touch and go situation. You really have to be there with the family, it isn't just your patient in the bed--it is your patients that are in the room.

**If you would like to volunteer contact:** Jody Sergienko, Volunteer Coordinator (jody.sergienko@med.navy.mil) or come to the hospital right inside the main entrance to the left. Hours: M/W/F by appointment



# Readiness



**In Guam, tropical storms and typhoons** can occur anytime of the year. A typical typhoon season runs from late June through December with the peak of the typhoon season occurring between late August through mid-November.

## What causes a Typhoon?

A catalyst and energy source for tropical cyclone formation is warm ocean water (typically 81 degrees Fahrenheit and greater).

## TCOR (Typhoon Condition of Readiness) Postures

In Guam, due to their unpredictable nature, some tropical storms or typhoons could develop giving up to a 72-hour notice before the onset of destructive winds (in excess of 56 mph or 49 knots). Typically, Guam remains in TCOR 4 year-round.

**More information:** <http://www.prh.noaa.gov/pr/guam/>



Mobile Dial **“\*\*REDCROSS”** (\*\*73327677) for a link to download the hurricane tracking app to your iPhone or Android device or download directly from the iTunes or Google Play app stores.

## Storm preparedness check list:

[http://www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4340160\\_Hurricane.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4340160_Hurricane.pdf)

**Fun fact:** there are no physical differences between a hurricane and a typhoon - just where they form and exist



## Coping with Power Outages

If a power outage is two hours or less, don't be concerned about losing your perishable foods. For prolonged power outages, there are steps you can take to minimize food loss and to keep all members of your household as comfortable as possible.

## Energy Conservation Recommendations

- Turn off lights/computers not in use.
- Wash clothes in cold water; wash only full loads/ clean dryer lint trap after each use.
- Wash full loads in dishwasher, use light cycle and rinse only cycle (turn off high temperature rinse option)
- After wash, open dishwasher door to air dry the dishes.
- Replace incandescent light bulbs with energy efficient compact fluorescent lights.

**More information:** <http://www.guampowerauthority.com/custservice/outages.html>



**LIGHT BULB FINDER** is a free mobile phone application that makes it easy to switch from conventional light bulbs to energy-saving equivalents with the right fit, style and light quality.

## power outage preparedness check list:

[http://www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4340180\\_PowerOutage.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4340180_PowerOutage.pdf)

# Pediatrics



*pictured* Lt. Mara Hegel of Pediatrics sees Edward Cristostomo for an acute five-month visit and speaks to his mother about any concerns she may have. *Photo by: Jennifer Zingalie, NHG Public Affairs*

**The mission** of the U.S. Naval Hospital Guam (NHG) Pediatric department is to care for the physical, mental and social well being of the pediatric population from birth to young adulthood (18 years of age). Pediatric care includes a broad spectrum from preventative healthcare, to diagnosis and treatment of acute diseases. Because of Guam’s unique location, some chronic diseases may also be diagnosed and treated as the staff works closely with Tripler Army Medical Center located in Honolulu, HI.

According to Cmdr. John Moree, Pediatrics Department Head, the number one admitting diagnosis to NHG is undelivered pregnancy, making the number two diagnosis--a baby! In fact, NHG delivers up to 30 to 45 babies per month. “The pediatric population is an extensive part of any military community, anywhere you go, you are going to have babies being born,” he said.

Navy pediatricians are unique because of their familiarity with deployments and the issues that may be follow. During deployments

children and parents alike face many stressors. “Anyone deploying, and has a family, wants to know they are being taken care of. Since most families have at least one child, that is a big portion of their concern. Having pediatrics in the hospital can help alleviate their fears and assure them their child is getting the care they need,” said Moree.

With the onset of the new Medical Homeport System, Pediatrics also collaborates as

*continued on page 14*

*Sea Cadets continued from page 9*

of Guam,” said Robinson. “It allows the military to get into the community and give back and it gives us the privilege of mentoring their youth.”

Although the Sea Cadets is not a recruiting program for the military, according to Valdez, it can be very valuable to those who decide to eventually join because they will be more familiar with the culture. Robinson agreed and said, “Early on, it instills the Navy core values of honor, courage and commitment.”

“I believe if they [the children] do decide to eventually cross over into active duty it will make them better Sailors. We are literally shaping the future fleet.”

Sea Cadet Volunteer, Hospital Corpsmen 3rd Class Petty Officer Justin Joco, who works closely with the McCool Division, said the program helps him to strive to be a better Sailor. “This program helps me make better decisions. It makes me step back and weigh the consequences of my choices. I feel like these kids look up to me.”

Said Robinson, “Sea Cadets is a great way for me to hone my own skills and build my confidence as a leader. It helps me in mentoring other junior Sailors and gives me the skills I need in dealing with the variety of things I see as an

active duty member.”

According to Valdez, it is important that volunteers be good role models. Volunteers are typically civilians, active duty, reservists or retired military. Each volunteer must pass a screening process before they can become a part of the program. The volunteers must then go through orientation and a professional development series before they can lead the Cadets.

After children enroll, they must attend recruit training; in Guam this will take place over a two-week period in July. The curriculum is provided by the Navy. Once the children have completed this training, the Cadets have the opportunity to choose from a variety of other training opportunities through their local program.

Cadets are also involved in numerous activities, from class room training to hands on training, field trips and visits to military commands and installations. They are subject to year round training and are expected to pass a physical fitness standard tests as well as uniform inspections which are appropriate for their respective age group. There is also opportunity for promotion through achieving these standards in addi-

*continued on page 19*



**pictured** Sea Cadets of the Marianas Division in their dress white uniforms. The Sea Cadets provides American youth with a drug and alcohol free environment to foster their leadership abilities, broaden their horizons through hands-on training and guide them to becoming mature young adults. *Photo by: HM3 Terry Robinson*

**pictured** Hospitalman, Katherine Davis performs measurements, which include height, head, and body weight of Brianne Stiers for her six-month well-baby check up. These measurements help assess proper growth and development in babies. *Photo by: Jennifer Zingalie, NHG Public Affairs*



***Pediatrics*** continued from page 12

a directorate with Family Medicine. Medical Homeport is a standardized primary care team model, which provides better access, continuity, wellness, and disease management for patients. Those enrolled in TRICARE prime are automatically assigned a Medical Homeport Team. Pediatric patients can be assigned to the Family Medicine or Pediatrics Department.

“Pediatrics is working to enhance the number of well child visits in the first 15 months of life. We believe those visits help us establish a rapport with the family, leading into continuing care through the Medical Homeport. This further creates consistency and builds trust,” said Moree and went on to say, “Parents can choose a doctor they feel comfortable with and feel good about the care they receive. Our Corpsmen also perform a pre-visit screening to further support consistency as well as see if any other issue can be addressed during the visit.”

When young patients need to be admitted to the hospital and they are outside the neonatal

period, Pediatrics admits under the age of 12; children between ages of 12 to 18, Pediatrics will collaborate with Family Medicine. “If the patient belongs to Family Medicine and it is more of an adult related reason for admission then we let them stay in the unit they are on (e.g. an orthodontics case) if they are primarily a pediatric patient then we would admit those too,” said Moree.

Pediatrics also works closely with other branches of the military as well as surrounding medical facilities. Every three months the Andersen Airforce Base pediatrician works at NHG for a week, a pediatric cardiologist from Tripler Army Medical Center, (recently here in April), comes twice a year and a pediatric development specialist, (recently here in May) comes once a year.

NHG also accepts direct trauma from the community and if it is a pediatric patient, the team is ready to support. The hospital also currently has an available psychologist. Because of this, NHG Pediatrics can see children for such things as stress, attention deficit-hyperactivity

disorder (ADHD), and emotional issues such as depression. If further attention or medication is needed NHG will reach out to the psychiatrist in Okinawa.

Once a week, a Pediatrician will stand duty as the hospital ward attendant and is responsible for any pediatric admissions. However, Pediatrics is present for all high risk deliveries (under 37 weeks) and for babies born with meconium aspiration (when baby breathes in amniotic fluid containing baby's first stool). If it is after hours a pediatrician will arrive at the hospital in less than 30 minutes.

When the hospital is aware of a potentially sick baby or a complication the Pediatrics Department is notified and are available to assist as needed. Baby's who require incubation may be sent off island for care dependent upon equipment and staff availability to efficiently care for the baby. Said Moree, "Any delivery between 32 to 35 weeks we generally get off the island. We typically consult with the doctor in Okinawa and the decision often depends on how the baby is doing."

According to Moree Pediatrics most common admission is newborns recovering from various issues such as jaundice. They also see asthma, diabetics, new onset diabetes, and respiratory distress. "For trauma or children that come in very sick we admit them to the ICU (Intensive

Care Unit) which will temporarily become a PICU (Pediatric-Intensive Care Unit)," said Moree.

Moree also mentioned children with issues that are not compatible with staying on island. "We are in a unique situation here because we deal with a lot of TRICARE Reserve Select and Air National Guard. Some of these members are from Guam but their children may not meet the criteria for staying on the island, so we still have to manage them as best we can. We work closely with Tripler Army Medical Center," he said.

For those not originally from the island Morree emphasized how important medical screening and command sponsorship is before arrival to island. During these stages, children can be identified who may need to be enrolled in the Exceptional Family Member Program (EFMP). The EFMP program assists military whose family members may have special needs such as medical, dental, mental health, developmental or educational requirements, wheelchair accessibility, adaptive equipment or assistive technology devices and services.

According to Morree, Pediatrics may see up to 62 patients a day, knowing their patients is key. "It is important we build that relationship early, it helps us make sure we can best meet the unique needs of our patient's."

## What is the



For more information on EFMP go to: <http://www.public.navy.mil/bupers-npc/support/efm/Pages/default.aspx>

The Exceptional Family Member Program (EFMP), is designed to provide support to military family members with special needs both medical and educational. Their goal is to make sure the family members are moving to a location where the duty stations can meet their medical and special needs.

EFMP is broken down into 6 categories. Guam only has the capabilities to handle

categories 1 and 2. A category of 3 and above will disqualify the member's dependent's from transferring to Guam. If the dependent is given a category of 3 or above, they will have to go through a re-screening process and get an ERD (early return of dependents). Normally it is the doctor, EDIS or school counselor who determines whether or not a dependent needs to be enrolled into EFMP.

For a list of medical conditions that generally can not be adequately cared for on Guam due to limited resources go to: [http://www.med.navy.mil/sites/usnhguam/incomingpersonnel/Pages/medical\\_conditions.aspx](http://www.med.navy.mil/sites/usnhguam/incomingpersonnel/Pages/medical_conditions.aspx)

# June

is

## Men's Health Month



### What should I talk about with my doctor?

Talk to your doctor about your diet, exercise, and risk factors for diseases and cancer. You can talk about ways to keep yourself healthy, and make sure you are up to date on vaccinations and screening tests. Keep your doctor updated on your family and personal health history.



### Where can I get more information?

#### **American Heart Association**

[http://www.heart.org/HEARTORG/Conditions/HeartAttack/HeartAttackToolsResources/Heart-Attack-Risk-Assessment\\_UCM\\_303944\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/HeartAttack/HeartAttackToolsResources/Heart-Attack-Risk-Assessment_UCM_303944_Article.jsp)

#### **Centers for Disease Control and Prevention**

<http://www.cdc.gov/alcohol/faqs.htm>

#### **U.S. Department of Health and Human Services**

<http://www.hhs.gov/safety/> and <http://www.health.gov/paguidelines/adultguide/activeguide.aspx>

#### **U.S. Department of Agriculture**

<http://www.dietaryguidelines.gov>

### What can I do to have a healthy diet?

- Enjoy your food, but eat less.
- Avoid large portions.
- Fill about half of your plate with fruit and vegetables.
- Drink skim or low-fat (1 percent) milk.
- Compare the amounts of sodium in foods like soup, bread, and frozen meals. Choose foods with lower amounts.
- Drink water instead of sugary drinks.



### How much exercise should I get?

Adults need at least 150 minutes (two hours and 30 minutes) of exercise each week. It's fine to break it up into intervals as short as 10 minutes. Any type of activity counts, as long as it gets your heart rate up.

### How much alcohol can I drink?

If you choose to drink alcohol, drink in moderation. This means no more than two drinks per day or 14 drinks per week. A drink is defined as 12 oz of beer, 5 oz of wine, or 1.5 oz (one shot) of liquor.



### What tests do I need?

You can create a customized list of recommended tests based on your age and other risk factors at Healthfinder.gov (<http://healthfinder.gov/prevention/myHealthfinder.aspx>).





Guard, arranged for the blood drive to be conducted on the job site. “Giving blood is the right thing to do. It supports our troops,” she said. Freddie Burgos, Watts Warehouse Manager and former Navy Machinists Mate, agreed. “When they asked me, I knew it was the right thing to do and I encouraged my crew to give today.”

As work continues on the hospital, the time, dedication and craftsmanship of those on the project ultimately support the gift of life. Through their sweat, the Navy will be able to more effectively support readiness through care, of active duty and their families in the new facility for years to come. As Kinden Elec-

## WWO Contractors Put their Sweat and Blood into the New Naval Hospital

**In a famous speech**, Sir Winston Churchill once said, “I have nothing to offer but blood, toil, tears and sweat.”

Employees of Watts, Webcor, and Obayashi (WWO), a joint venture between three large commercial and government general contractors, who construct major facilities on the Island of Guam, including the new naval hospital, have taken this to heart. In early May, many of them took time out of their day to donate blood to the Armed Service Blood Program (ASBP) located at Naval Hospital Guam.

“This is a great way for us to give something back. This whole job feels like we are giving back,” said Project Director, John Beccaria, of Webcor. “The hospital is something that, 50 years from now, some Soldier is going to appreciate, so it makes you want to give back.”

According to the ASBP website, one donation of blood has the ability to save up to three lives. ASBP plays a key role in providing quality blood products for Service members and their families in both peace and war. Donators in Guam help the program to be self sustaining and not have to rely on outside sources for blood. Their donations support blood requirements for various commands and their operations as well as field operations for local Marines and ships forward deployed in the area.

Catherine Taylor, of Webcor and the onsite ASBP coordinator, who is also in the National

tronic Quality Control Manager, George Chambers put it, “We are helping people, with a whole lot of sweat and now a little bit of blood.”

To find out more about the Armed Forces Services Blood Program or to schedule an appointment, please go online to [www.militaryblood.did.mil](http://www.militaryblood.did.mil). You can also get more information on the Armed Services Blood Program through their Facebook Page at <https://www.facebook.com/militaryblood>. 

**pictured** George Chambers of Kinden Electric (top left) and Joseph Sanchez, WWO Laborer Foreman (bottom right) are two of up to 50 contractors, working on the new hospital project, that took time to donate blood to the ASBP late May. *Photos by: Jennifer Zingalie, NHG Public Affairs*



## ***Pacific Partnership*** Continued from page 6

year's mission included 13 partner nations, 28 NGOs, four U.S. agencies and a joint effort across the Department of Defense.

U.S. Navy Capt. Wallace Lovely, commander of Hawaii-based Destroyer Squadron 31, will lead this year's mission from the amphibious dock landing ship USS Pearl Harbor (LSD 52). The Australian ship HMAS Tobruk and the New Zealand ship HMNZS Canterbury will also serve as command platforms. According to Lovely, Pacific Partnership 2013 will be the first mission where partner nations lead individual phases. Australia will lead in Papua New Guinea, New Zealand will lead in both Kiribati and Solomon Islands, while the United States leads in Samoa, Tonga, and the Marshall Islands.

 Follow their mission on Facebook: <https://www.facebook.com/pacificpartnership?fref=ts>

Said Lovely, "I am proud to be leading a mission where military and civilian professionals will be working side-by-side to make a real difference for the people of our Pacific Island host nations."

## Deployed from U.S. Naval Hospital Guam:

Lt. Dustin Smith - Family Medicine

Lt. Susan Vidaurre - MBU

Lt. j.g. Michael Lanthorn - MSU

HM2 Taylor Fabrygel - Pharmacy

HM2 Jeffrey Garciarivera - Med Repair

HM3 Olga Carpenter - PrevMed

HN Joseph Randleman - Family Medicine

## To find out more contact

### ***Training Ship Cmdr. W. C. McCOOL***

Lt. j.g. Charles McJohn, NSCC  
[charles.mcjohn@pac.dodea.edu](mailto:charles.mcjohn@pac.dodea.edu)

### ***Marianas Division***

INST Charlita Harper, NSCC  
[marianas.division@yahoo.com](mailto:marianas.division@yahoo.com)

### ***Peredo Battalion***

Lt. j.g. Paul Willoughby, NSCC

<http://www.seacadets.org/public/mission/>

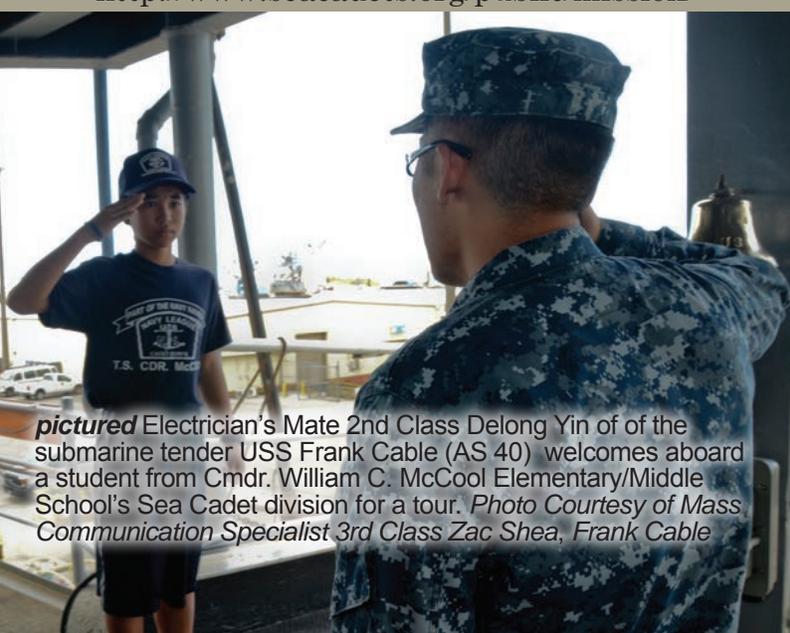
## ***Sea Cadets*** continued from page 13

tion to written examinations.

According to Valdez, the program does have standards but the children also have fun. "My son loves it, he really loves that he does so much and has the opportunity to be promoted," he said. He explained some of the recent events the children participated in such as a project to build submersible craft (an initiative of the Office of Naval Research), and testing them at the pool on the naval base, followed by an afternoon swim. The groups have also recently visited *USS Frank Cable* (AS-40) and *USS Oklahoma City* (SSN-723).

Robinson pointed out that this year the Marianas Division participated in an event as a joint Color Guard with the Marine equivalent to the Sea Cadets known as the Young Marine Cadet Corps. The event was the annual "Joint Reunion of Honor" trip to Guam and Iwo Jima, and is for the American and Japanese veterans who fought on the two islands during World War II.

"It's very rewarding," said Robinson. "I love working with youth and seeing the kids excel and get excited. I am just a regular guy at work but these kids really look up to me. What I say might resonate more than when mom says it. It matters to them because I am a Petty Officer in the Navy."



**pictured** Electrician's Mate 2nd Class Delong Yin of the submarine tender USS Frank Cable (AS 40) welcomes aboard a student from Cmdr. William C. McCool Elementary/Middle School's Sea Cadet division for a tour. Photo Courtesy of Mass Communication Specialist 3rd Class Zac Shea, Frank Cable

# Caught on Camera

Photo by: Chelsea Williams, Field Officer, Public Health Preparedness and Response



**pictured above** In mid-May, U.S. Naval Hospital Guam (NHG) participated in a two-day joint Mass Casualty Exercise, named Kontra I Peligru, which in the Chamorro language is translated, “Against All Hazards.” The exercise demonstrated the coordinated

efforts of the hospital, Guam Memorial Hospital Authority (GMHA), Andersen Air Force Base, Guam Department of Public Health and Social Services, Guam Homeland Defense, and the Guam National Guard, in emergency planning and response efforts.

The full scale exercise included active shooter scenarios as well as the release of a “dirty bomb,” which typically contains nuclear waste combined with conventional explosives capable of spreading radioactive material over a large area.

Performing Mass Casualty exercises are requirements of The Joint Commission, which is a private non-governmental agency that establishes guidelines for the operation of hospitals.

**picture right** In early May, 15 Department of Education Activity (DoDEA), Guam High School students, were the first class to challenge an exam that granted them a Certified Nurse’s Aide (CNA) license .

The program is a part of the DoDEA’s Career and Technical Education (CTE) academic pathways and offers career-related courses to Middle and High School students. The CTE curriculum is designed to help students identify pathways that may eventually lead to a future career.

The CNA curriculum includes a semester of academic theory and psychomotor skills attainment. Hands-on skills are learned in a classroom lab setting initially then students complete at least 40 hours of clinical work perfecting the skill set specific to the CNA scope of practice. The Health Sciences CNA program was facilitated by a Registered Nurse Instructor, Sonia Siakisini (**far right**), who provided direct bedside supervision of students as they honed their skills.

Lt. Cmdr. Linda Kowalski (**left**), Naval Hospital Guam CNA program liaison and Multi-Service Unit (MSU) Division Officer, played an intricate role in getting the program up and running in the hospital setting. Siakisini and students were welcomed to complete their practicum on the NHG MSU, tending to patients alongside Navy Nurses, Corpsmen, and

Photo by: Jennifer Zingalie, NHG Public Affairs



Doctors.

Upon completion of course requirements, students were tested through both written and practical exams to earn a CNA certification. The certification is granted through the North Carolina Division of Health Service Regulation. According to Guam High School Principal, Philip Keim (**back center**), there are reciprocal agreements making the CNA license transferable in most states when and if students leave the island of Guam.

# FLAG DAY

June 14

Flag Day - the anniversary of the Flag Resolution of 1777 - was officially established by the Proclamation of President Woodrow Wilson on May 30th, 1916



\$301.5 million

Annual dollar value of shipments of fabricated flags, banners and similar emblems by the nation's manufacturers.



95% of U.S. flags are manufactured in the United States

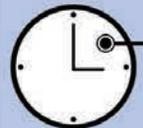


\$920,277

Dollar value of U.S. flags exported in 2009

\$333,882

Mexico was the leading customer



50 flags fly 24 hours a day around the base of the Washington monument



\$25 million  
AMERICAN FLAGS



MADE IN CHINA

\$3.0 million

In 2008, the dollar value of U.S. imports of American flags



The military folds flags with 13 folds, each has a symbolic meaning

## Attention Patients!

*Did you know you can:*

**Choose and stay in touch with your provider (health team)? Click:**



- Email your provider
- Schedule your next appointment
- Check your lab results
- Request a medication renewal for expired prescription or one with 0/3 refills
- Access health information to manage your health
- Create your own personal health record, especially useful for those managing a chronic condition

AND **Manage your care? Click:**



- view or download your personal health data
- quickly schedule, view, or cancel family member appointments that your local MTF makes available online
- order prescription refills, check the status of a prescription, and link directly to the TRICARE mail order pharmacy (TMOP).

*Follows you from base to base*



# Remember D-Day June 6, 1944

During World War II (1939-1945), the Battle of Normandy, which lasted from June 1944 to August 1944, resulted in the Allied liberation of Western Europe from Nazi Germany's control. Codenamed Operation Overlord, the battle began on June 6, 1944, also known as D-Day, when some 156,000

American, British and Canadian forces landed on five beaches along a 50-mile stretch of the heavily fortified coast of France's Normandy region. The invasion was one of the largest amphibious military assaults in history and required extensive planning. Prior to D-Day, the Allies conducted a large-scale

deception campaign designed to mislead the Germans about the intended invasion target. By late August 1944, all of northern France had been liberated, and by the following spring the Allies had defeated the Germans. The Normandy landings have been called the beginning of the end of war in Europe.

