

# PACIFIC PULSE

## Healthcare and



***Hospital  
Project  
Update:***

A "Day in the  
Life" Drill

Information technology

***HM3  
Ahmed***

One Salior's story of  
resiliency and victory

***The cost of  
smoking.***

Being a quitter helps  
you live longer

November  
**Native  
American  
Heritage  
Month**

# Pacific Pulse

Pacific Pulse  
Official Publication of U.S. Naval Hospital Guam  
Vol. 1 Issue 2  
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. Its 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:

## Inside this Issue:

- 6. Thanksgivings Origins
- 7. Spotlight: HM3 Ahmed
- 10. ARC Volunteer: Amanda Mitchell
- 12. Hospital Update
- 15. Star Trek: Secret to Long Life
- 18. Veterans Day Tribute
- 23. Patient Advisory
- 24. The True Cost of Smoking
- 25. Dietary Supplements 101
- 28. Native American Heritage

## 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

## Readiness

**Welcome to November!** It seems like just yesterday that we were managing summer turnover and orienting new staff, and now we find ourselves approaching the holiday period. How time flies by when we're busy!

4DX roll out continues as we work toward our goal to "Enrich our Patients' Experience." Valuable training was conducted over the last eight weeks, and many of you earned a Franklin Covey "Execution Manager" certification for your resume. More importantly, the leadership training that came out of that course will serve us very well by understanding the value of a disciplined approach to execution. A big thanks goes out to all staff who jumped in feet first to engage, while ensuring that your department goals and lead measures make sense. Keep it up!

Our focus area this month involves technology, which has had a dramatic impact in recent years on our lives, and consequently on medicine. Last year, I had the opportunity to hear Dr. Eric Topol speak at the Navy Medicine West annual meeting of COs and CMCs. Although dated 2009, this TEDMED video (<http://www.tedmed.com/talks/show?id=7171>) was the exact same presentation he gave us, and will truly open your eyes to simple wireless technology that can have an impact on today's medical practice.

In our own command, we have experimented over the last year with a transformation of our SharePoint-based intranet to a combined SharePoint/database driven intranet. The Personnel Data Warehouse (PDW) continues to evolve, and

new programs are being supported with the database from recall organization to the white pages . . . from a muster tool to training management. Additionally, the command's WiFi capability was expanded to ensure inpatients and key waiting rooms have access to WiFi. Wireless technology will play a big role in our new hospital where the entire building will be a HotSpot with both Navy (CHCS/AHLTA) and commercial WiFi access. Our biggest clinically-based technology advancements were the introduction of CRRT last summer (see CDR Quast's story in our July newsletter) and the preparation for our new hospital's state-of-the-art equipment suite. See more on both topics by viewing this recently released AFN video update: <http://www.youtube.com/watch?v=AzZCO27-o9s>.

I want to wrap this month with a thought about the Great American Smoke-Out on November 15th. If you are a smoker, you can do your part to improve fleet readiness by taking advantage of the many resources available and making a commitment to quit. If you don't smoke, but know a smoker, your help for their habit might just be what the doctor ordered. Great resources are available at <http://www.ucanquit2.org/> so check it out and be the solution!

Finally, remember those things that we should be thankful for, and reach out to those that you know who may need a hand. What am I thankful for? My family, my faith, my freedom, our Navy and each and every one of YOU - have a great month!



# *Executive Officer* **Capt. Mike McGinnis** *Jointness*

## **USNH Guam Dream Team,**

Shipmates, the holiday season is nearly upon us and it is a time to reflect on transition. Although we don't have the cues that our CONUS-based colleagues do of changing leaves, college football tail-gater weekends, and a chill in the air, all one needs to do is to check the calendar and realize that we are less than three weeks away from Thanksgiving. Many of us will be traveling either during this time or in the weeks to come. Many will be "making merry" with friends and family. Please, have fun but be safe! Be smart! Be a good shipmate and make sure your colleagues are making good decisions as we celebrate these holidays.

Along the theme of transition, we are nearing the double-digit days mark of when we move into our new facility - 104 days at the time of my writing this. We will be entering "warp-speed" at about the time many of us will be taking leave for the holidays. Now is the time to ensure your transition planning is up to snuff. CDR Fitzpatrick, our Transition Coordinator, kicked off our first "Red Zone" meeting last week to initiate our transition end-game. First and goal shipmates, put your game faces on!

In the ramp-up for Thanksgiving and the December holidays, do not forget that we also honor those who have gone before us on this Veteran's Day, November 11th. This holiday should be much more than just "a day off of

work" for some of us. Nearly 70 years ago over 1700 Americans gave their lives in the liberation of Guam. The battles of Peleliu and Iwo Jima, two of the bloodiest battles of the War of the Pacific, were fought not far from where our hospital stands. During Vietnam, Naval Hospital Guam's wards were filled to the brim daily with Vietnam veterans. We here on Guam should be cognizant more than most of the significance of Veteran's Day.

In this month's Pacific Pulse you will read about one of our local heroes, HM3 Reyed Ahmed, who figuratively fought his way out of the mean streets of Somalia to become a Hospital Corpsman. I know you will enjoy this story of triumph over adversity as much as I did.

Stay safe and have a Happy Thanksgiving!



# Command Master Chief Robert Burton

## *Value*

**Medical Technology is the topic this month.** It is amazing how much technology has changed our lives, even as Sailors. Let me explain a bit about how life was back in 1986 when I joined under President Ronald Reagan and there was a drive to a 600 ship Navy.

The Fleet Broadcast, which was how most messages got to units, moved at 300 baud or words per minute. That was up from 75. The equipment to decrypt the broadcast still had tubes in the circuitry. The newly commissioned guided missile cruiser, on which I was fortunate enough to be stationed for my first tour, had a small library of paperbacks of perhaps 125 titles. Mail came in when we got to port or via underway replenishment. A call home while underway was done via HAM radio. The ship TV station would play one movie per night. Our berthing area had managed to collect a small fortune of \$200 to buy a VHS player so we could watch movies outside the 2000-2200 time frame. Most music was stored on cassette, but CD's were starting to become popular.

Now we have telephone, email, text and other web services connecting us home for a generally low price. We have portable entertainment systems and can store movies and music on portable storage devices smaller than a VHS tape. We have systems that talk to each other and track data for us to use or ignore. We have

ebook readers the size of a paperback book that can carry your virtual library of books.

These are just some changes that have occurred in the last 25 years. Technology allows us to stay connected and improve our life. However, we have to use the technology in a smart way. This means we have to review what is out there and determine how it can improve our life. We have to determine those items that empower our interest, improve our health and connect us to family and friends. Just as importantly we have to exercise discretion and reject those items that perform a function that does not interest or empower us to accomplish more or improve our quality of life.

So how do I apply this in my life? After trying video game machines once or twice, I have determined that they do not interest me and will collect dust from lack of use. On the other hand, my ebook reader has 153 titles and should reach 160 by Christmas. In the store I bypass the game section and hit the book section to see what peaks my interest. My point is, consider this when you look at the flyers for sales and consider the upcoming holiday purchases. See what technology out there can improve your life and empower your areas of interest and practice discretion against those that do not.

Stay safe and have a great Thanks Giving.

# Happy Thanksgiving!

**In November 1775**, the Boston Gazette and Country Journal published a proclamation for a public thanksgiving, asking citizens "...to offer up humble and fervent Prayers to Almighty GOD, for the whole British Empire; especially for the UNITED AMERICAN COLONIES ..."

Two years later, the Continental Congress recommended that the colonies observe a day of thanksgiving after the colonists' October victory over British forces in the Battle of Saratoga. The commander-in-chief of the Continental forces, George Washington, set aside Thursday, December 18 "for Solemn Thanksgiving and Praise."

Two years later, the president of the United States, George Wash-

ington proclaimed November 26 a day of national thanksgiving and prayer, but Thanksgiving failed to become an annual tradition at this time. Only Presidents Washington, Adams, and Madison declared national days of thanks. Thomas Jefferson and John Quincy Adams considered the practice to infringe upon the separation of church and state.

It wasn't until President Abraham Lincoln's 1863 Proclamation that Thanksgiving was regularly commemorated each year on the last Thursday of November. You can learn more by going to: <http://1.usa.gov/1dGCTmN>

**Resources:** *Library of Congress, National Archives*

**Under the golden sunlight a boy of seven is running.** Although his feet are small he moves them quickly. He is not playing a children's game but rather leaving behind the sadness he has endured, the murder of his father and elder brother.

Reyed Ahmed left Somalia, a country at war, in 1991 with his mother and 8 surviving siblings. They migrated to a refugee camp, known as Dadaab, one of the largest in the world, located in northern Kenya. Although within the camp, his family was granted assistance and asylum through the Kenyan government and United Nations (U.N.), it did not offer peace.

"Inside the refugee camp there is no guarantee of safety," said Ahmed. "There is no real security. There are guerrillas that come and steal young boys for use as child soldiers and women would get raped," he said. In fact, his only sister was raped and impregnated while inside the camp. Aside from fear of kidnapping or physical harm, the over populated camp also brought with it deadly diseases and seasonal flooding.

Although the refugee camp was meant to be temporary, with the ongoing crisis in Somalia, many people have made it their home. According to one article, the camp now houses grandchildren of some of the earliest refugees. Today there are some 493,000 registered refugees that live there.

After living in the camp for five years, Ahmed endured all he could, including the terrorizing memories of what happened to his sister. Again, the boy was running, not knowing where he would go, he simply let his feet take him as far as they could. He ran into the dawn of the day and wound up in Nairobi, a child, in the darkness, alone, without family, shelter or food.

"In Africa people don't take in children. There are no child protective services or shelters for

runaways. Often in third world country's you will see a lot of children on the streets," said Ahmed. "Because there are many dogs in the streets of Nairobi, my first night there, I remember I slept in a tree."

"I thought, it's ok if I die. I used to say that when I was a kid. Everybody I knew was dead or something bad happened to them. I felt I had lived enough to accept if something were to happen to me. I was just living a life like that."

In the morning, the boy slipped down from the tree and into a world far different than that of the refugee camp. Nairobi is Kenya's capital city. It is a large city with a British feel, full of

*continued* on page 8



# HM3 Ahmed: This Life I Live



***Above left: taken recently, a landscape view of the Dadaab refugee camp where Reyed Ahmed lived for five years. Pictured on the next page is a photograph of downtown Nairobi where at the young age of 12, Ahmed had fled, alone, to begin a new life. (photos are courtesy of cdc.gov and Thinkstock)***

***Ahmed*** continued from page 7

bustling traffic, shops, and crowds of people going about their day.

It was early morning, shops were beginning to open and his stomach was beginning to growl. He could guess by peoples facial features where they might be from. Because he speaks some broken Arabic, those shop keepers he thought would understand him, he began asking if he could help them out to make money to buy food.

Some days he would go to restaurants and pick food out of the trash. “In Nairobi they cannot hand you food. The government does not allow that, people have to put it on the floor,” said Ahmed. “If you were to visit there, and see children, if you try to give them food they will run away because they would get beaten for taking it. But if you put it on the floor they will come and get it.”

After four months of living on the streets he was taken in by a man named Kassim, who was getting up in years and offered Ahmed food and board for permanent help around his shop. It wasn’t so simple at first. Ahmed was given a challenge, “Kassim would give me a full sentence and would make me say it the next day in Swahili in order to get breakfast. I used to be mad about it but I understand why he did it now,” he said. The challenge was really a survival tactic. In Nairobi the people speak Swahili, the national language, which if he could not speak it, could be paralyzing to Ahmed and limit his opportunities.

Although at last the boy seemed to find a

home, there were still challenges. In Africa, because of the tensions of the civil war, along with language, skin color also matters. “When I was a teenager and would walk on the street, people would stop you because they know that your skin color is different and would ask for your identification,” he said. According to Ahmed, those without their I.D. would get arrested and put into a fifthly jail cell. Money would have to be paid in order to be released.

Twelve years after he left Somalia, the boy, now a man, was taking tourists on Safari’s through Kenya. One morning he left for work. It seemed like an ordinary day. There is no telling if it was wind or tide or if the stars were all aligned but in all actuality the day was less than ordinary. “A musician from Somalia visited and I was asked to be his guide on the safari because I could speak his language,” said Ahmed.

Several weeks after the tour, in a small town in Minnesota, another man was planning a trip. He wanted to visit Africa, his birthplace. His friend, a musician, who had recently been there, told him of a young man who gave tours that could speak their Somalian language and passed on his name. When the man saw it, his heart leapt for joy!

Shortly after that, Ahmed received a call. When he answered the phone, the voice on the other end, although not familiar, turned out to be one of his older brothers. After many years, the boy’s family, who had feared the worst that Ahmed was dead or had been recruited as a boy soldier; but he was neither. His brother

***continued*** on next page

*Ahmed* continued from page 8

asked if he would like to join him in America.

“When I saw my brother I felt like I was rescued,” said Ahmed. “I was living a life of ‘when am I going to die?’ ‘What is going to happen to me?’ Every day I woke up wondering ‘what am I going to eat?’ ‘Is it my turn today to die?’ Oh yeah, I lived a lot of extra life by now.

Ahmed arrived in America, August 31, 2005, although it was a happy reunion, all of his brothers had been reunited; he also learned his mother had died in the refugee camp and his sister still remained there with her daughter. His sister had surpassed the age of getting approval to leave and security had tightened after the events of September 11th making leaving the camp difficult as well.

Ahmed quickly integrated himself into American life, remembering the words of Kassim who had once told him ‘a man’s strengths and power is in the pen.’ Kassim had helped him go to night school when he was still living in Nairobi. “When I was working I would feel jealous of the kids in school. As soon as I got a

chance I put all my energy into learning everything I could. Up to now, I can’t, just not learn, I have to do something --because I missed a lot when I was younger,” he said.

His drive and ambition lead him to his acceptance into the Bio-Medical program at the University of Minnesota. However, while he was attending school, he was struck by another memory when a U.S. Navy recruiter visited the school.

It was dark and loud the first time he saw them in a night club back in Africa. He recognized their uniforms, the U.S. Sailors, on shore patrol, who proudly wore them. “I remember thinking, ‘I wish I could be in the Navy so I could go around the world and help people,’” said Ahmed.

Ahmed listened to the recruiter’s speech and could hardly contain himself. When it was finished he went to the recruiter and told him his story and how he would very much like to join the Navy. The recruiter explained the

*continued* on page 23





American Red Cross

# Volunteer profile

Name: :Amanda Mitchell

Hometown: New Roads, LA

Status: Pet Therapy Program initiator

### When did you first know you wanted to be a Red Cross Volunteer?

Most of my life I've lived in Louisiana. When hurricanes hit, the Red Cross is always there to help put us back together. I hoped to one day be a part of an organization that has given so much.

### What do you love most about volunteering?

For me, in working on initiating a pet therapy program, I love excited people are already at the prospect of having a program like this.

### What does a day of volunteering include for you?

Right now, it involves me working with some

outstanding people to start the program, which mostly involves calling, emailing, and researching and then some more calling, emailing, and researching. One day, hopefully soon, it will be my dog Luna and I walking though the hospital visiting patients and staff.

### Although it is not yet approved, what would the Pet Therapy Program look like?

What I hope to help establish is a pet visitation program, which is centered on one simple goal: to make your day. Volunteers and their pets will travel the hospital halls visiting patients, their families and staff. We hope to leave people happier and make their hospital experience more enjoyable.

### How did this idea come about?

My husband and I were adopted by this boonie dog. Her name is Luna, and despite her slightly traumatic beginnings in life, she adores people. People seem drawn to her as well. After having her for only a few weeks, I realized with a little training she would make an excellent therapy dog, but there wasn't a program established.

### Why would you like to implement it?

Animals have an innate ability to inspire happiness. A hospital can be a stressful environment for patients, their families, and those who care for them. We will bring cheerful smiles and wagging tails to help relieve some of that stress. A personal goal of mine is also to educate people about the plight of the stray animals on Guam. I hope Luna will inspire people to become more involved.



This holiday season  
*give yourself a gift.*



Become a volunteer.



**American  
Red Cross**

**Contact Jody Sergienko**, volunteer coordinator,  
for more information and volunteer options. Ages  
16 and older are eligible to apply: 671-344-9040  
or [jody.sergienko@med.navy.mil](mailto:jody.sergienko@med.navy.mil)



# Hospital Transf

## 80% Complete and Counting

**From the cornerstone to 80% complete**, the construction site located on Nimitz Hill is now a building and is slowly but surely transforming into a hospital. According to Lt. Cmdr. Patrick Fitzpatrick, transition coordinator, most of the building is now air conditioned and the contractors are working on finishing up the terrazzo flooring which is a good sign equipment and furniture will soon find its way inside.

Fitzpatrick and his transition team, including Emergency Room Physician Capt. Eric Sergienko, are also in the initial planning phase of an exercise known as “*a day in the life*.” This exercise will take place a few days before the staff transition permanently into the new building. “I am not worried about the transition. I think we are going to plan and practice it so much that it is going to be second nature to us. But the day after--the open for business date, when things come up, the “day in the life” is a large scale exercise that will help us practice our normal operating routines,” said Fitzpatrick.

The “day in the life” exercise will begin in the auditorium with briefings from departments such as Facilities and Materials Management regarding new hospital processes. They will also brief

on such things as emergency and safety issues like knowing where to locate fire exits.

Following the brief, departments will head over to the new hospital in groups and receive an orientation tour of the new building. This will be to familiarize them with where things are located and how to make their way around the building. After the hospital wide tour, staff will report to their respective departments to then orient them with their space and equipment as well as scenarios they may come across during the “day in the life” exercise.

“Departments will need to familiarize themselves with their concept of operations. For example, when they check patients in, how they will do it, how long will it take?” Explained Fitzpatrick. Meanwhile patients (role players) will begin to arrive in every department at various stages of their visit, from check up, to prescription refill, to sick visits. “What we want them (the departments) to do is practice normal every day things. The point initially, is not to throw them off guard, but to orient them to the new building and the way they will cond it because the very next day, they are going to be doing it for real.”

Fitzpatrick said he will be relying on depart-

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**The groundbreaking for the \$158 million Naval Hospital Guam replacement facility took place Jan. 14, 2011 aboard the installation in Agana Heights. This past October, the construction exceeded the 80 percent completion mark and will soon be ready to take in equipment and furniture.**

**hospital update** continued from page 12

ment managers, clinical nurse specialists, quality managers, safety managers, and risk managers to help him plan and choreograph the exercise in order to effectively carry it out. Eventually the exercise will escalate with the addition of some low volume high risk exercises the hospital performs on a regular basis. For example, the hospital performs a code purple drill or Obstetrician/Gynecologist (OB) emergency drill once a month, drills like this will be a part of the “day in the life” exercise.

“We all know how to do our jobs well we just need to fine tune the procedures. We won’t be talking things through; we will be doing things through--such as turning on machines, opening packages, spiking the IV bag, and seeing how long doing things like that takes,” said Fitzpatrick. “Basically we are ‘turning on’ the hospital for a day and everyone has an immediate role to play from turning on the lights to checking in patients to treating patients, transfers and discharges.”

In October the Naval hospital also began Red Zone meetings with key players, or the movers

and shakers of the hospital, for the transition. The meeting includes a master tracker or a master plan of action and milestones, known as a POAM. This master tracker includes an itemized list of things needed to be done and when they need to be accomplished.

According to Fitzpatrick, the next major milestone of the new hospital is moving in the Magnetic Resonance Imaging (MRI) magnet. Significant he says, because it symbolizes the first major piece of medical equipment being installed. The MRI magnet requires a number of systems to support it including cold running water. It will also allow the construction team to close a section of the wall that hasn’t been done yet because the machine is so large it required a large hole to be put into its place. “Once that is in there then they will begin to outfit the rest of radiology,” he said. “In my opinion, the building will not be so much be just a building under construction anymore, but it will really begin evolving into a hospital.

Be sure to check our Facebook page for the latest updates <https://www.facebook.com/USNHGUAM>



21 NOVEMBER 2013

# ONE DAY STARTS TODAY!

How many times have you started a sentence with “One day...?” “One day I’ll go back to school.” “One day I’ll take that vacation.” “One day I’ll run a marathon.” Or how about, “One day I’ll quit smoking.” It’s time to turn that one day into TODAY!

Join **Quit Tobacco – Make Everyone Proud** for the **Great American Smokeout** on **Thursday, Nov. 21** and make it THE day you don’t use tobacco. Become one of the millions of smokers nationwide who put down their lighters and smokes to be tobacco-free for 24-hours.

If you’re thinking about quitting tobacco, but still not sure you’re ready to take on that non-smoker title, GASO is the perfect time to see what it’s like to not smoke for one day. You survived basic training, right? You can definitely go 24-hours without tobacco! But being prepared will make Nov. 21 a lot easier. Sign up today for SmokefreeMIL, a free 24/7 text messaging program that provides quit support right to your phone. Also, check out the timeline below on ways to gear up for GASO:

**Monday, Nov. 18:** If you’re feeling a little nervous at the thought of being smoke-free in three days, it’s okay! Understanding why you’re so dependent on cigarettes to get through the day is a big part of wanting to start quitting. Spend a few minutes looking at our fact sheets about nicotine and the impact it has on your body. You might want to consider using a nicotine patch or gum to lessen your nicotine withdrawal and reduce your urge to smoke.

**Tuesday, Nov 19:** Tell your family and friends you’re going to participate in this year’s GASO, and watch how excited they get. You thought they were proud when you joined the service? Find out how proud they are when they know you’re trying to quit tobacco. You can also log onto Facebook and Twitter and let your social media family know. Watch how many ‘likes’ you get in just one day.

**Wednesday, Nov. 20:** Start to notice how often and when you smoke a cigarette during one day. Do you smoke when you wake up, after a meal, while you’re driving or during work? These are common smoking triggers, and it’s when you’ll be the most tempted to smoke during GASO. If you smoke in the morning – put out running clothes and go for a jog as soon as you wake up. If you smoke after a meal – brush your teeth right after eating. If you smoke while driving – crank up your favorite music and use your lips for singing, not smoking. If you smoke at work – bring healthy snacks like grapes and carrots to eat throughout the day.

**Thursday, Nov. 21:** Today is the one day you’ve been building towards! You got this, just 24-hours without smoking. Remember the reason you’re having a craving is because you’re suffering from nicotine withdrawal, a substance that changes your brain the same way as heroine, and it will pass in 3-5 minutes. Think of your family and friends who are rooting for you to make it through the day without lighting up, and stay smoke-free by avoiding your normal triggers.

**Friday, Nov. 22:** Even if you use tobacco again, you’re one day closer to being smoke-free.

When you are ready to quit, Quit Tobacco – Make Everyone Proud is here for you. Visit [UCanQuit2.org](http://UCanQuit2.org) to chat with trained smoking cessation coaches, develop your own quit plan and learn all you need to know to make one day tobacco-free last forever.

To access any of the campaign resources or order free materials, visit [www.ucanquit2.org](http://www.ucanquit2.org).



**QUIT TOBACCO.**  
make everyone proud



# STAR TREK:

## Secret to a Long Life

By: Luis Martinez, U.S. Naval Hospital Guam, Health Promotion and Wellness

**Back in the '60's when the original Star Trek series was on TV** there was an episode where the Enterprise was sent to a planet to investigate why its inhabitants aged so slowly it seemed they could live forever. It was hoped if the Enterprise's crew could figure out the "secret" of the planet that knowledge might be used to extend the lifespan of everyone in the galactic Federation.

Unfortunately, Kirk, Spock and "Bones" McCoy (the starship's doctor) eventually discovered whatever was extending life worked only for people who were on the planet; there was no way to extend the lifespan of anyone who left the planet or lived anywhere else. As the show concluded "Bones" said to Kirk something like "Jim, don't feel too bad, there really isn't a secret to long life. Heck, if we could just get people to eat better and exercise more, we'd have a lot more people living longer."

Well, "Bones" was right, but he was not completely right. What he should have said was "If we could just get more people to stop using tobacco, eat better, and exercise more, we'd have a lot more people living longer. Remember, the original Star Trek aired in the late sixties, only a few years after the devastating effects of tobacco use started to become known.

The "common knowledge" of the sixties did not include what we now know, i.e. tobacco use is strongly associated with more days of sickness than non-smokers, increased chances

for heart attacks, strokes, cancer, bronchitis, dental problems, and ultimately higher death rates. In simple terms, we now know what McCoy did not mention: tobacco use is the largest cause of preventable premature death in the world.

So seriously consider the Great American Smoke-out which occurs on Nov. 21. It's a day when tobacco users are asked to quit for just one day in the hope if they can make it through that day, maybe they can continue to stay tobacco free for longer, maybe forever.

Our command wants to help tobacco users make this effort: we provide over-the-phone help, tobacco cessation classes, individual counseling, and presentations to commands and other organizations. Call 344-9124 for assistance with any of these services.

Taking the Great American Smoke-out challenge (or helping a friend to so) is about as close as we can realistically get to life on the planet the Enterprise encountered. That's because for those who quit: *lung functioning increases up to 30% within three months or less, less fatigue occurs within one to nine months, excess risk of coronary heart disease drops by half within a year, stroke risk reduces to that of a non-smoker within five to fifteen years, the lung cancer death rate drops by half ten years later, and the risk of coronary heart disease becomes that of a non-smoker's in fifteen years.*

# Information Management Department



**Information Technology (IT) is a crucial component of U.S. Naval Hospital Guam.** It allows providers access to care through IT systems such as *Essentris*® an inpatient tool, as well as AHLTA (electronic medical record (EMR) system) and Composite Health Care System (CHCS) which are both outpatient tools. The pharmacy in the hospital also relies on IT, to prevent medical error in medication distribution. Ultimately, IT helps facilitate care for patients and makes the job easier for providers, nurses, and Corpsmen.

“It is important to us that we are able to address peoples IT issues and maintain the systems continuity in the hospital,” said Ens. Michael Conejo, Chief Information Officer of the USNH Guam Information Management Department (IMD).

For example, departments such as the Emergency Room (ER) depend on the Electronic Medical Record for ordering labs or x-rays. Medications are documented through *Essentris*® which is also used as a monitoring system

**Pictured: (Above left)** Aris Mendoza works on the U.S. Naval Hospital Guam’s Windows 7 project as the hospital is set to be updated to that version of the programing software in the near future. **(Above right)** Jonathan Reyes works on “imaging” a computer. This method keeps the Information Management Department from having to “build” each computer seperately and saves them approximately 60 minutes per computer. Imaging is similar to cloning in that it places basic software on up to 8 computers in about three minutes.

*continued* on page 20

# 01 tier

U.S. Naval Hospital Guam Offers Tiered technical support. The end-user's technical requirement encompasses many things. These may range from assistance in handling simple problems to more complex system issues. Most queries are addressed by a *Tier 1* technician. Many times a *Tier 1* technician can remotely log into the end users computer to fix or diagnose the problem without the user ever needing to leave their desk.

# 02 tier

*Tier 2* comes into play when the Tier 1 technician is unable to solve the query remotely. This escalation may arise out of the product/device requiring more technically complex service therefore requiring the intervention at *Tier 2*. In this case a scheduled appointment in collaboration with the end user will be established. Most issues are resolved the same day or a technician will continue to work on the problem until it is mitigated.

# 03 tier

If an issue is escalated to *Tier-3* level support it means many end users are affected and will require System Administrator support. In this instance the Information Management Department will communicate the issue and continue to work on it until it is resolved.

## Help Desk OPTIONS

- Call the IT Help Desk at 344-9369.
- PDW trouble ticket (located under Online Tools) *Preferred for tracking purposes.*
- Email the help desk at [imd-nh-guam@med.navy.mil](mailto:imd-nh-guam@med.navy.mil). Be sure to include a name, contact number and brief description of the need or issue. Also include your computers ECN (located on the white sticker with a barcode typically found on your computer's tower).
- **Walk-ins** are always welcome.

# IT Help Desk

*How may we assist you?*

## Some of U.S. Naval Hospital Guam Veterans



**Kirk Harold**, Secretary to the Executive Officer

United States Navy

Served as a Yeoman First Class

*“What I appreciate the most from my military experience was the opportunity to follow in the footsteps of my grandfather. And, serving our great country as well as going places and meeting new friends.”*



**Broderick Morris**, Deputy Comptroller/Budget Officer

United States Marine Corps

Served as a Personnel Financial Records Clerk (Disbursing)

*“What I gained from my military experience is the “Mind over Matter” concept i.e. If you don’t mind, it doesn’t matter. If you think you can do, you can do it.”*



**Tiana Duenes**, Facilities Project Support Assistant

U.S. Air Force Reserve

Serves as a Aerospace Medical Technician (Medic)

*“What I appreciate the most from my military experience is that I am involved in the healing process for injured service members.”*

*Thank-you!*

Happy **D** Veterans **Day**  
November 11

## GOOD NEWS

With TRICARE®, you have minimum essential coverage under the Affordable Care Act



## ALL YOU HAVE TO DO IS MAINTAIN YOUR TRICARE PROGRAM OPTION

- TRICARE Prime®
- TRICARE Prime Remote
- TRICARE Standard®
- TRICARE For Life
- TRICARE Young Adult
- TRICARE Reserve Select®
- TRICARE Retired Reserve®
- US Family Health Plan
- Continued Health Care Benefit Program
- TRICARE Overseas Program options

*For premium-based plans, remember to stay up to date on your payments to meet your minimum essential coverage health care requirement.*

### January 1, 2014

#### Minimum Essential Coverage Deadline

Minimum essential coverage must be in place by January 1, 2014. This is the type of health care coverage needed to meet the individual responsibility requirement under the Affordable Care Act. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. This fee will be collected with 2014 tax returns.

### Keep Your DEERS Information Up to Date

[www.tricare.mil/deers](http://www.tricare.mil/deers)

The Internal Revenue Service will use information from the Defense Enrollment Eligibility Reporting System (DEERS) to verify your coverage. It is important for sponsors to keep their information and their family members' information up to date in DEERS. It is also important to update DEERS when personal eligibility information changes including military career status and family status (e.g., *marriage, divorce, birth, adoption*).

For more information, visit [www.tricare.mil/aca](http://www.tricare.mil/aca) or [www.tricare.mil/contacts](http://www.tricare.mil/contacts).





Log into TRICARE online and use the Blue Button to Securely view, download, or print your lab results, allergy profile, medication profile and more.



IT security requirements.”

With the ease and speed of technology, IT security is more important than ever. One of the newer programs being implemented across military medicine is something called HAIMS (The Health Artifact and Image Management Solution) which originated from the Wounded Warrior Program. Although the AHLTA system is regional, HAIMS allows global visibility on artifacts, images and the EMR to maintain consistency in the healthcare process. This system will be used for active duty, beneficiary and veterans alike.

As USNH Guam gears up to move into the new hospital sometime this winter, IMD has a huge task ahead of them. Said Conejo, “One of our biggest concerns is that we are able to begin setting up our IT infrastructure in the new hospital, while still maintaining services in the old.” IMD will be working consecutively utilizing two crews, in both hospitals, until the transition is complete.

In the new hospital staff and beneficiaries will experience some new IT benefits such as greater Wifi coverage. According to Conejo the coverage will be faster and span more of the hospital. The hospital will also have the Navy’s Bureau of Medicine & Surgery (BUMED) network for the provider’s laptops and tablets which will enable them to access medical information they need via BUMED.

Along with ongoing IT support IMD is also planning to provide systems training in the new hospital on the programs mentioned earlier. The goal is to ensure staff is fully aware of the capabilities of these programs. “We are united with the end user making sure they are able to do their jobs. Our job is to facilitate operations for everyone in the hospital from administration to clinical,” said Conejo.

### ***IT terminology explained:*** **Composite Health Care System (CHCS)**

A system that provides the ability to order and look up lab results, radiology reports, and medication summaries. It allows providers the ability to book appointments, manage referrals, register and check in patients.

### ***Information Management*** cont’d from page 16

that is centralized and monitors all ER patient beds. Another example is the radiology system which uses IT to store images on a secured server. In turn these images can be viewed by other Naval hospitals in order to assist USNH Guam radiologists.

Because of Guam’s location it has IT infrastructure dependencies in other parts of the world. Things such as adverse weather in those areas can affect or interrupt USNH Guam’s IT services. Although the hospital has back-up capabilities, according to Deputy Chief Information Officer, Joseph Millares, each department is expected to have a contingency plan.

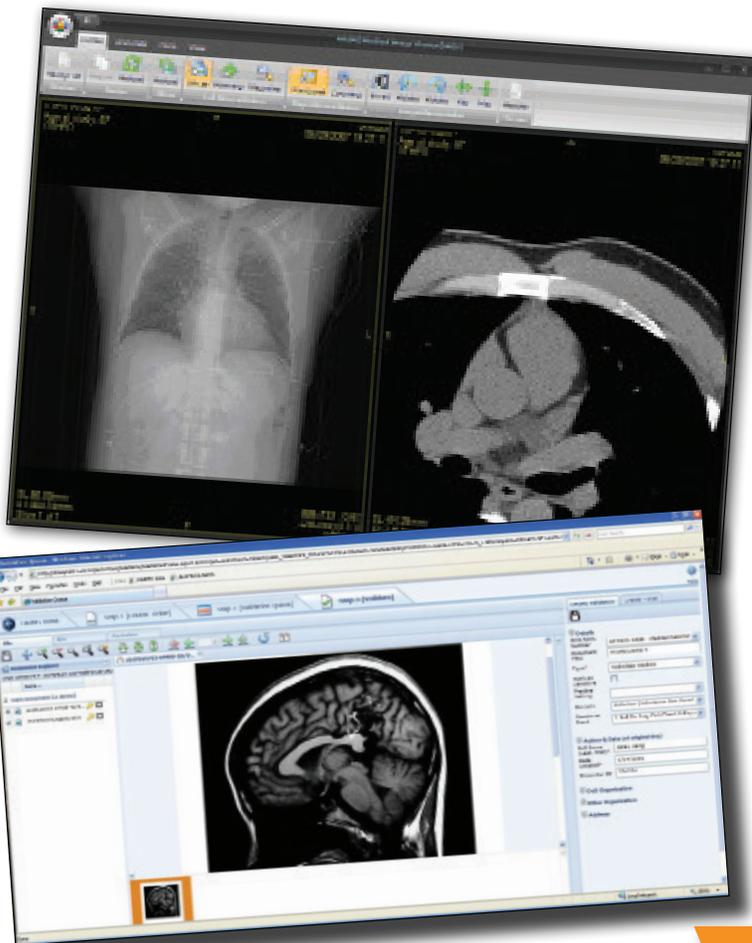
“A lot of medical systems use IT,” said Millares. “The departments set up their own plan because they must know what they have to do if their computers or equipment goes down.” He also said it is easier for some departments to cope with the downed systems than others but the IMD department works hard to ensure proactive and continuous communication regarding the system outages so they can be prepared. The hospital also performs drills on IT outages that allow departments to practice their day-to-day activities without the support of the IT systems.

Along with outages, IT works diligently everyday to protect sensitive patient information as well as fight off cyber attacks. “This is why there is a lot of education and training pushed out to the users,” said Millares. According to him, the cyber enemy is ruthless and will even try to attack through things such as a networked computer. Said Millares, “This is why everything we purchase has to go through request process, so we can review what is being bought and make sure it is in compliance with



### The Health Artifact and Image Management Solution will provide Department of Defense and Department of Veterans Affairs health care providers global visibility and access to artifacts (documents) and images generated during the health care delivery process.

HAIMS is a Wounded Warrior strategic project that will provide a single enterprise-wide data sharing capability for all types of artifacts and images (also known as A&I), including radiographs, clinical photographs, electrocardiograph, waveforms, audio files, video and scanned documents.



### Key Features

- ▶ Access to A&I
- ▶ Repository to store A&I (non-Picture Archiving and Communication System sources)
- ▶ Global database for registered A&I metadata
- ▶ Access to radiographic images in DOD PACS
- ▶ Common graphical user interface
- ▶ Common Access Card authentication
- ▶ Accessible as a stand alone system or within AHLTA

### Key Benefits

- ▶ Population health and medical research for Wounded Warriors
- ▶ Defense Centers of Excellence (Vision, Hearing, Limb and Amputee and Traumatic Brain Injury)
- ▶ Mass scanning for VA compensation and pension benefits determination
- ▶ DOD/VA electronic health record initiative is dependent on HAIMS functionality
- ▶ Key enabler to achieve president's vision of the Virtual Lifetime Electronic Record
- ▶ Mass ingestion capability to external repositories

### HAIMS Release I

Release I provided core functionality of patient search, scanning and uploading of documents, and sharing of radiological Digital Imaging and Communications in Medicine images for visibility and access to A&I. Release I will be sustained and integrated into the Release II functionality.

### Key Activities

- ▶ Commenced HAIMS II hardware installations September 29, 2011

### HAIMS Release II

Release II will integrate HAIMS into the AHLTA workflow by making it accessible within AHLTA. It will provide mass ingestion capability for awareness and access to external A&I repositories; bulk scanning capability with Quality Assurance workflow; ability to associate Garrison and Theater A&I to the EHR; ability to provide or retrieve A&I with the VA; and access to global DOD PACS radiographic images.

Go to the Web for the latest tips and tricks!  
<http://dhims.health.mil>





# ESSENTRIS®

## MILITARY'S INPATIENT DOCUMENTATION SOLUTION

**Essentris® is used in acute hospital environments, providing point-of-care data capture at the patient's bedside for physiological devices, fetal/uterine devices, ventilators and other patient care machines.**

Essentris® allows worldwide documentation of inpatient records for all service members and beneficiaries. Essentris® is also used to assist injured service members returning from Theater to Landstuhl Regional Medical Center in Germany for acute care. Information captured in Essentris® is accessible to other providers in the continuum of care, ensuring continuity of care for service members returning to the U.S. for additional care in Department of Defense and Department of Veterans Affairs facilities. Essentris® helps reduce the majority of paper-based inpatient documentation at DOD military treatment facilities. The use of this solution allows for standardization of processes and sharing of documentation across DOD and VA treatment facilities.

### Key Features

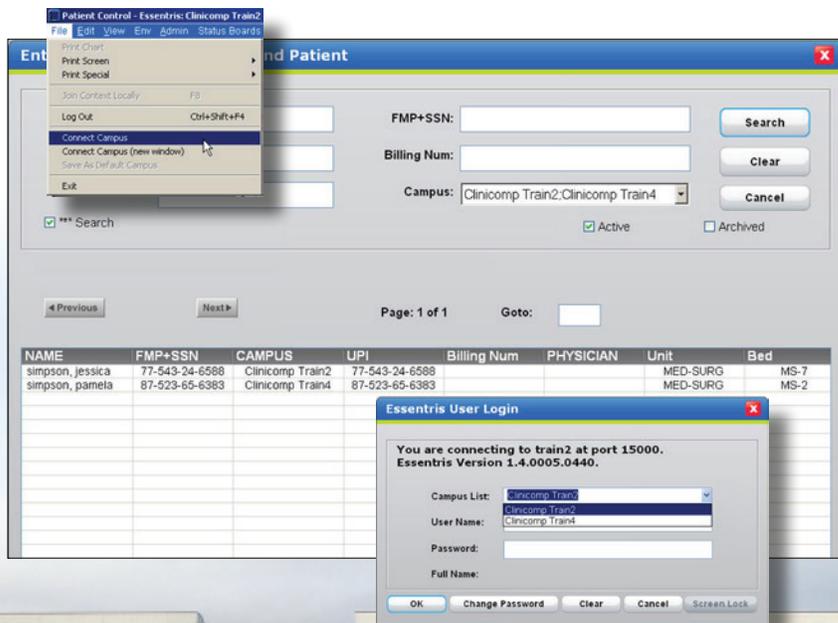
- ▶ Allows real-time monitoring of heart, fetal and other critical data
- ▶ Shares data with AHLTA and VistA users via BHIE
- ▶ Interfaces with the Composite Health Care System
- ▶ Includes HL7 inbound ADT (Admission, Discharge, Transfer), Laboratory/Microbiology results and Radiology text interpretation from CHCS
- ▶ Allows real-time data back up for every single transaction through the Essentris® server
- ▶ Provides enhanced order entry workflow as well as task lists, notifications and user preferences

### Key Benefits

- ▶ Enhances the provision of care to ill and injured service members
- ▶ Enhances the delivery of patient care interoperability with the VA
- ▶ Ensures continuity of care to ill and injured service members
- ▶ Enhances medical readiness
- ▶ Increases clinical and administrative efficiency

### Did You Know?

Clinical data captured in Essentris® is stored in the Global Data Repository—a local relational database of all data elements that may be analyzed to manage care for a single patient or for an entire MTF patient population.



# IT Terminology explained

Go to the Web for the latest tips and tricks!  
<http://dhims.health.mil>



*Ahmed* continued from page 9

process and soon, Ahmed left the Bio-Medical program to swear in.”I went back home thinking, ‘I was a refugee, I was in the streets; now look--I am in one of the greatest organizations that helps people like me,’” he said.

At the very first opportunity, he jumped on the chance to deploy. “I know what is happening to the world that is torn with war. The civilians suffer, the kids, I was one of those kids,” he said. Ahmed was deployed to Afghanistan something that filled him with immense satisfaction. “My department head once asked me ‘why are you always smiling?’ I told him, ‘Because today I am on this side and helping the helpless!’” He said.

Ahmed said that his experience in Afghanistan provided closure to all of his own negative experiences. “I was so happy because I saw the kids and would feed them. They were very young. Then the casualties would come in. Just sitting next to them and taking care of people like that, and presenting this side and helping, it made me really happy. I am always happy I always talk about it even to my brothers,” he said.

“People don’t always know exactly what it means to get deployed and to help. For many people it is just a job, but it is more than that. You are actually making a big difference,” he said and went on, “To me being a Sailor is more than going to fight war it is responding to peoples need. A person that needs us, that is what the U.S. military is doing and I am very happy that I am in it.”

When passing him on the street, his story may not be evident. Ahmed is known by his peers and colleagues to carry a positive attitude and often wear a smile. “A lot of people ask how I can stay hopeful. There was a time I needed help and I didn’t have help, and the world became so ugly. You are a kid and nobody is helping you, everyone is passing you, people hit you for no reason. It could make you bitter but I feel like if I become bitter, why am I complaining about people when I am just like one of those doing the bad things? So I changed the way I think completely,” he said and went on, “When you see things many other people do not then your thoughts become bigger. So now I am in a position that I cannot judge anything

or anybody so for me it is a lesson of life.”

Currently, Ahmed serves as a surgical technician at U.S. Naval Hospital Guam. He plans to transfer to the Reserves while attending Physician Assistant School. When he finishes school he plans to either go back on active duty or apply to the U.N. medical program so he can go around the world and help people. The boy who once ran in fear is now a man who has conquered it.

“They say the more you live, the more you learn. I learned something. This made me mature and I have a soft heart for people, I care about people. Actually I care more than I ever cared about people. I appreciate life. I am happy that I am alive and I want to help people in need no matter who that person is. If I can help, I will help,” he said.”I am happy when I can help.”

## Patient Advisory: OxyELITE Pro and VERSA-1

The Department of Defense is advising all Service members and their families to follow Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) guidance to stop using any dietary supplement labeled OxyELITE Pro and VERSA-1.

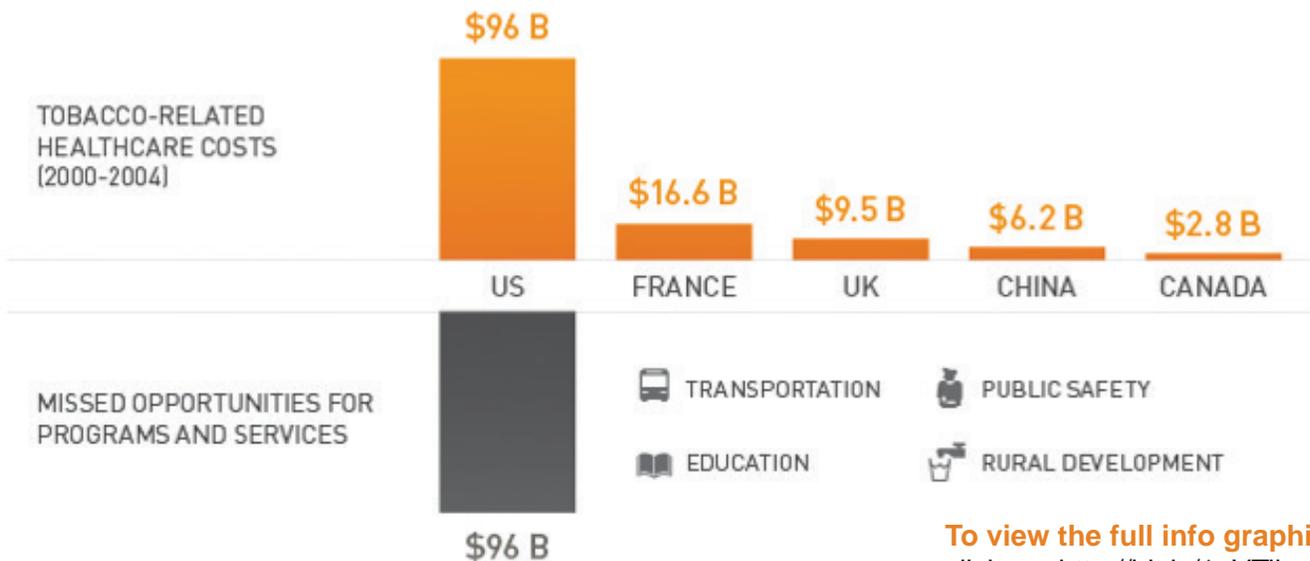
The Department is participating in an investigation with the CDC, FDA and Hawaii Department of Health on the acute hepatitis and liver failure of individuals who may have taken these dietary supplements. As a precaution, the Department has ordered the removal of all OxyELITE Pro and VERSA-1 products from military facilities.

Service members and their families who believe they have been harmed by the use of this product should contact their health care provider. Health care providers are asked to report any adverse events related to the use of OxyELITE Pro and VERSA-1 to “U.S. Naval Hospital Guam’s Preventive Medicine Department and” the FDA’s MedWatch Safety Information and Adverse Reporting Program at [www.fda.gov/MedWatch/report.htm](http://www.fda.gov/MedWatch/report.htm).

# American Cancer Society 2012 THE TRUE COST OF SMOKING

## DOLLARS ARE WASTED

Every society gives up the opportunity to buy something important when valuable resources are spent treating tobacco-related illnesses.



To view the full info graphic above click on: <http://bit.ly/1aVTikr>

### Quitting Tobacco Quiz

Test your knowledge about tobacco and the benefits of quitting. You just may see why there's never been a better time to quit.

- Currently, \_\_\_ US states have enacted strong smoke-free laws that include restaurants and bars.
  - 30
  - 18
  - 23
  - 42
- True or False? Each year, about 3,400 non-smoking adults die of lung cancer as a result of breathing secondhand smoke.
- Within \_\_\_ hours after quitting smoking, the carbon monoxide level in your blood drops to normal.
  - 12
  - 24
  - 36
  - 48
- True or False? In 47 states, the majority of adults who ever smoked have now quit smoking.
- In the US, tobacco use is responsible for nearly \_\_\_\_\_ deaths.
  - 1 in 5
  - 2 in 5
  - 1 in 3
  - 1 in 2
- True or False? Smoking-related diseases remain the world's most preventable cause of death.
- True or False? A smoker who quits at age 30 can expect to live about 5 years longer than a 30 year old who continues to smoke.
- More than 7,000 chemicals have been identified in tobacco and tobacco smoke. Among those 7,000 individual ingredients, more than \_\_\_\_\_ compounds are known carcinogens (cancer-causing agents).
  - 60
  - 90
  - 120
  - 400
- True or False? Experts estimate that the 2009 cigarette tax increase led to an 8% increase in cigarettes sales that year.
- What is the average cost of a pack of cigarettes in the US?
  - \$3
  - \$5
  - \$7
  - \$10

To get help quitting, call the American Cancer Society, day or night, at 1-800-227-2345, or visit [cancer.org/smokeout](http://cancer.org/smokeout).

Need help? Print out the cards (below) and give them to a trusted friend or family member who you believe can help support you on your journey to becoming tobacco free!

You can help me stay quit by

Find out other ways to help at [www.cancer.org/GreatAmericans](http://www.cancer.org/GreatAmericans).



You can help me stay quit by

Find out other ways to help at [www.cancer.org/GreatAmericans](http://www.cancer.org/GreatAmericans).



# FDA 101: Dietary Supplements

**T**he law defines dietary supplements in part as products taken by mouth that contain a “dietary ingredient.” Dietary ingredients include vitamins, minerals, amino acids, and herbs or botanicals, as well as other substances that can be used to supplement the diet.



Dietary supplements come in many forms, including tablets, capsules, powders, energy bars, and liquids. These products are available in stores throughout the United States, as well as on the Internet. They are labeled as dietary supplements and include among others

- vitamin and mineral products
- “botanical” or herbal products— These come in many forms and may include plant materials, algae, macroscopic fungi, or a combination of these materials.
- amino acid products—Amino acids are known as the building blocks of proteins and play a role in metabolism.

- enzyme supplements—Enzymes are complex proteins that speed up biochemical reactions.

People use dietary supplements for a wide assortment of reasons. Some seek to compensate for diets, medical conditions, or eating habits that limit the intake of essential vitamins and nutrients. Other people look to them to boost energy or to get a good night’s sleep. Postmenopausal women consider using them to counter a sudden drop in estrogen levels.

**Talk with a Health Care Professional**

The Food and Drug Administration (FDA) suggests that you consult with

a health care professional before using any dietary supplement. Many supplements contain ingredients that have strong biological effects, and such products may not be safe in all people.

If you have certain health conditions and take these products, you may be putting yourself at risk. Your health care professional can discuss with you whether it is safe for you to take a particular product and whether the product is appropriate for your needs. Here is some general advice:

- Dietary supplements are not intended to treat, diagnose, cure, or alleviate the effects of diseases. They cannot completely prevent

*FDA suggests that you consult with a health care professional before using any dietary supplement.*

*Using supplements improperly can be harmful. Taking a combination of supplements, using these products together with medicine, or substituting them in place of prescribed medicines could lead to harmful, even life-threatening, results.*

diseases, as some vaccines can. However, some supplements are useful in reducing the risk of certain diseases and are authorized to make label claims about these uses. For example, folic acid supplements may make a claim about reducing the risk of birth defects of the brain and spinal cord.

- **Using supplements improperly can be harmful.** Taking a combination of supplements, using these products together with medicine, or substituting them in place of prescribed medicines could lead to harmful, even life-threatening, results.
- **Some supplements can have unwanted effects before, during, or after surgery.** For example, bleeding is a potential side effect risk of garlic, ginkgo biloba, ginseng, and Vitamin E. In addition, kava and valerian act as sedatives and can increase the effects of anesthetics and other medications used during surgery. Before surgery, you should inform your health care professional about all the supplements you use.

**How Are Supplements Regulated?**

You should know the following if you are considering using a dietary supplement.

- Federal law requires that every dietary supplement be labeled as such, either with the term “dietary supplement” or with a term that substitutes a description of the

product’s dietary ingredient(s) for the word “dietary” (e.g., “herbal supplement” or “calcium supplement”).

- Federal law does not require dietary supplements to be proven safe to FDA’s satisfaction before they are marketed.
- For most claims made in the labeling of dietary supplements, the law does not require the manufacturer or seller to prove to FDA’s satisfaction that the claim is accurate or truthful before it appears on the product.
- In general, FDA’s role with a dietary supplement product begins after the product enters the marketplace. That is usually the agency’s first opportunity to take action against a product that presents a significant or unreasonable risk of illness or injury, or that is otherwise adulterated or misbranded.
- Dietary supplement advertising, including ads broadcast on radio and television, falls under the jurisdiction of the Federal Trade Commission.
- Once a dietary supplement is on the market, FDA has certain safety monitoring responsibilities. These include monitoring mandatory reporting of serious adverse events by dietary supplement firms and voluntary adverse event reporting by consumers and health care professionals. As its resources permit, FDA also reviews product labels and other product information, such as package inserts, accompa-

nying literature, and Internet promotion.

- Dietary supplement firms must report to FDA any serious adverse events that are reported to them by consumers or health care professionals.
- Dietary supplement manufacturers do not have to get the agency’s approval before producing or selling these products.
- It is not legal to market a dietary supplement product as a treatment or cure for a specific disease, or to alleviate the symptoms of a disease.
- There are limitations to FDA oversight of claims in dietary supplement labeling. For example, FDA reviews substantiation for claims as resources permit.

**Are Supplements Safe?**

Many dietary supplements have clean safety histories. For example, millions of Americans responsibly consume multi-vitamins and experience no ill effects.

Some dietary supplements have been shown to be beneficial for certain health conditions. For example, the use of folic acid supplements by women of childbearing age who may become pregnant reduces the risk of some birth defects.

Another example is the crystalline form of vitamin B12, which is beneficial in people over age 50 who often have a reduced ability to absorb naturally occurring vitamin B12. But further study is needed for some other

## *Some ingredients and products can be harmful when consumed in high amounts, when taken for a long time, or when used in combination with certain other drugs, substances, or foods.*

dietary supplements.

Some supplements have had to be recalled because of proven or potential harmful effects. Reasons for these recalls include

- microbiological, pesticide, and heavy metal contamination
- absence of a dietary ingredient claimed to be in the product
- the presence of more or less than the amount of the dietary ingredient claimed on the label

In addition, unscrupulous manufacturers have tried to sell bogus products that should not be on the market at all.

Before taking a dietary supplement, make sure that the supplement is safe for you and appropriate for the intended purpose.

### **Be a Safe and Informed Consumer**

- Let your health care professional advise you on sorting reliable information from questionable information.
- Contact the manufacturer for information about the product you intend to use.
- Be aware that some supplement ingredients, including nutrients and plant components, can be toxic. Also, some ingredients and products can be harmful when consumed in high amounts, when taken for a long time, or when used in combination with certain other drugs, substances, or foods.
- Do not self-diagnose any health condition. Work with health care

professionals to determine how best to achieve optimal health.

- Do not substitute a dietary supplement for a prescription medicine or therapy, or for the variety of foods important to a healthful diet.
- Do not assume that the term “natural” in relation to a product ensures that the product is wholesome or safe.
- Be wary of hype and headlines. Sound health advice is generally based upon research over time, not a single study.
- Learn to spot false claims. If something sounds too good to be true, it probably is.

### **Report Problems**

Adverse effects with dietary supplements should be reported to FDA as soon as possible. If you experience such an adverse effect, contact or see your health care professional immediately. Both of you are then encouraged to report this problem to FDA. For information on how to do this, go to [www.cfsan.fda.gov/~dms/ds-rept.html](http://www.cfsan.fda.gov/~dms/ds-rept.html).

Adverse effects can also be reported to the product’s manufacturer or distributor through the address or phone number listed on the product’s label. Dietary supplement firms are required to forward reports they receive about serious adverse effects to FDA within 15 days.

For a general, nonserious complaint or concern about dietary supplements, contact your local FDA District Office ([www.cfsan.fda.gov/~dms/district.html](http://www.cfsan.fda.gov/~dms/district.html)).

This article appears on FDA’s Consumer Health Information Web page ([www.fda.gov/consumer](http://www.fda.gov/consumer)), which features the latest updates on FDA-regulated products. Sign up for free e-mail subscriptions at [www.fda.gov/consumer/consumerenews.html](http://www.fda.gov/consumer/consumerenews.html).

### **For More Information**

Protect Your Health  
Joint FDA/WebMD resource  
[www.webmd.com/fda](http://www.webmd.com/fda)

Fortify Your Knowledge About Vitamins  
[www.fda.gov/consumer/updates/vitamins111907.html](http://www.fda.gov/consumer/updates/vitamins111907.html)

Tips for the Savvy Supplement User: Making Informed Decisions  
[www.fda.gov/fdac/features/2002/202\\_supp.html](http://www.fda.gov/fdac/features/2002/202_supp.html)

Overview of Dietary Supplements  
[www.cfsan.fda.gov/~dms/ds-oview.html#what](http://www.cfsan.fda.gov/~dms/ds-oview.html#what)

Food Labeling and Nutrition  
[www.cfsan.fda.gov/label.html](http://www.cfsan.fda.gov/label.html)

Final Rule Promotes Safe Use of Dietary Supplements  
[www.fda.gov/consumer/updates/dietarysupps062207.html](http://www.fda.gov/consumer/updates/dietarysupps062207.html)



# NATIVE AMERICANS

in the UNITED STATES NAVY

*They strengthen the spirit of our Navy every day through their pride, devotion, honor, and wisdom.* —VICE ADMIRAL GERRY HOEWING, CHIEF OF NAVAL PERSONNEL, NOVEMBER 2003

AMERICA'S  
**NAVY**  
A GLOBAL FORCE FOR GOOD.™



## November: National American Indian Heritage Month

Read about their contributions to the Navy at: <http://1.usa.gov/1gX6GKk>