

PACIFIC PULSE

Fall 2015

Sailor Spotlight:
HM3 Figueroa Plays Middleman



Staff Redeploy to Welcoming Arms

Mercy Me

Pacific Pulse

Official Publication of U.S. Naval Hospital Guam
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**Surgeon General of the Navy
Chief, BUMED**

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Deputy Chief, BUMED**

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Commanding Officer
Capt. Jeannie B. Comlish

Executive Officer
Capt. J. C. Nicholson

Command Master Chief
Robert Burton

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 also draws upon a rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community. Finally, it aims 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.

Guidelines for Submissions:

This publication is currently published electronically each quarter. Please contact the Office of the PAO for deadline of present issue and submission details:

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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) and without hospital badges.

Subjects considered:

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

This Month

Since the last edition of the Pacific Pulse, U.S. Naval Hospital Guam has undergone many changes during the summer months. The command has welcomed aboard our new Executive Officer, Capt. J. C. Nicholson, as Capt. Mike McGinnis transferred to Naval Health Clinic Annapolis as their new Commanding Officer. We also said goodbye to various shipmates, whether active duty or civilian, and welcomed many new faces. The command continued to participate in multiple outreach events around the island and hosted multiple observances, such as the Medical Service Corps and Dental Corps Birthdays, as well as this year's Navy Birthday Ball. Our USNH Guam soccer team won first place in the Naval Base Guam MWR soccer league. We also held a talent show, welcomed back deployers from the USNS Mercy, and hosted our command picnic. At the end of the day, sailors and civilians at USNH Guam are working hard to deliver readiness, quality care, and health where America's day begins!

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On the Web



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<http://www.med.navy.mil/sites/usnhguam/Pages/default.aspx>

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http://ice.disa.mil/index.cfmfa=site&site_id=169&dep=DoD



Commanding Officer

Capt. Jeannie Comlish

Hafa Adai, U.S. Naval Hospital Guam Team!

Happy New Year—that is fiscal New Year, of course. Looking back over this past year, I thank all of you for your dedication to the mission and passion for family centered patient care. Our team in the Directorates for Administration and Resource Management did a wonderful job closing out all financial commitments, which is no small feat for a facility this large. Bravo Zulu!

Last year, your Executive Steering Council (ESC) articulated a vision of leading Navy Medicine, choosing five areas in which to focus our efforts. Aligned to Navy Medicine's goals of Readiness, Value, and Jointness, we were consistently in the top three commands for our Readiness, which included our own medical readiness and that of our operational forces and tenant commands. For our Healthcare Effectiveness Data and Information Set (HEDIS), we were consistently in the top five, and with the exception of our PCS months, we were in the top three! This means our efforts to improve our population's health continue to be successful. In our Access to Care metric, we ranked in the top ten, and most recently we ranked number one! We did

well in decreasing network costs of care, consistently staying in the top five percent of all Navy Medicine commands. While we did not quite reach our goal of enrolling at least 50% of our patients in the asynchronous messaging program (Relay Health), we made steady progress from 30% to 44%—great work, but room to succeed. Finally, we added the goal of improving our Culture of Safety, as measured by a six-question staff survey. Although we were near the bottom when we started, we have steadily trended upward. This is why our focus will remain in FY 16 on enriching our culture of safety by robust process improvement and engaged leadership—pillars of a High Reliability Organization.

This past year was notable for numerous assist visits and inspections—over 20! Often these visits are a source of stress as everyone prepares to do their best and worries about the outcome. Assist visits help us identify focus areas prior to an actual inspection. I am so proud of the work you put into planning and preparing. We had remarkable success in the Safety and Occupational Health Management Evaluation (SOHME), Radiation Safety Audit, American Association of Blood Banking (AABB) and College of American Pathologists (CAP) inspection, Procurement Performance Measurement and Assessment Program (PPMAP) audit, and we were one program away from receiving a

full Authority to Operate (ATO), as opposed to an "interim" ATO, for our cybersecurity programs, which would have marked us the first facility to do so in Navy Medicine. In addition, we achieved Gold Star level for the Navy Surgeon General's Health Promotion and Wellness Award, which recognizes excellence in clinical primary prevention, community health promotion, and medical staff health in Navy Medicine. This is our fifth year in a row earning the highest level that can be achieved. These are amazing accomplishments, and I am so proud of all you have done! This coming summer 2016 we will undergo our Joint Commission and Inspector General Inspections. I am confident with the work we are doing and our laser focus on process improvement and continued inspection readiness, we will be successful in these endeavors as well.

Finally, October 13 marks the 240th birthday of the U.S. Navy. I extend my deepest gratitude to Sailors, civilians, and family members who serve or have served our great Navy. The Navy remains rich in diversity, opportunities and innovations. We can look back at our accomplishments and be proud knowing we are a part of the Navy's history and heritage. To all our Sailors and Navy families, Happy Birthday!

As always, it's an honor to serve with you and for you!

Si Yu'us Må'åse'!

Executive Officer

Capt. J. C. Nicholson

Buenas yan hafa adai, USNH Guam!

Over the last year or so, we have heard a lot about high reliability. We are, after all, on a journey with the rest of Navy Medicine to become a high reliability organization (HRO). We have been primped, prodded and quizzed during leadership rounds and other venues about the three pillars of an HRO: 1) engaged leadership, 2) culture of safety, and 3) robust process improvement. But what does it really mean to be an HRO? What are the key features of an HRO? There are some pretty straightforward answers to these and other questions regarding high reliability that can be found in a book entitled *Managing the Unexpected* by Karl Weick and Kathleen Sutcliffe. I like to think of this book as Rear Adm. Gillingham's "HRO Bible," as he refers to it on a regular basis. Many of the concepts of high reliability are nicely laid out using some pretty good stories, and it's actually a fairly short and good read. The book starts out retelling the events surrounding the devastating Cerro Grande wild fire that occurred in New Mexico during the summer of 2000. What was supposed to be a controlled burn to address some dead trees and debris quickly burned out of control for over two weeks, resulting in the loss of 48,000 acres, 200 homes, and over \$1 billion in damages. The folks that planned the controlled burn were not incompetent; they were all well-trained professionals who had the knowledge, the experi-

ence, and the skills to execute the mission. Unfortunately, they committed many small errors that went unnoticed, simple explanations for what was occurring were accepted, what was happening on the front lines was taken for granted, and the experts deferred to the authorities. The same could be said for the wrong-site surgery or the retained sponge that occurs in an operating room. Nobody scrubs into a case planning to have this happen. There is a tendency to make poor decisions usually because the support systems we have in place are not working as designed or they were just simply designed wrong.

High reliability organizations respond to situations and crises with flexibility and alertness. They learn from their mistakes and are less concerned with blame (i.e., process improvement). They also promote effective communication (i.e., TeamSTEPPS). To create an HRO, our command and its leaders must follow some basic principles. First, we must become preoccupied with failure. We must treat mistakes as a symptom of an underlying problem. When things do happen, we need to report them via a PSR so that we can begin to identify the trends and processes that need to be addressed. Second, we need to become interested in every little detail of what we are doing and how we are doing it. This helps us to see how little problems could turn into big ones. Third, we need to develop sensitivity to our operations. Leaders need to get out of their cubicles and spend more time with the folks actually doing the job. The



book likes to call this becoming "more situational and less strategic." Fourth, leaders need to really listen to those at the deckplate. We need to pay attention to what the "experts" say, regardless of where that expertise may be found. For this to work, however, the experts need to speak up. When they see something that isn't quite right, they say something; they let someone know what's up. Lastly, the hallmark of an HRO is not that it is error-free, but that errors don't disable it. This is a commitment to resilience. While some organizations may want to hide mistakes or even refuse to acknowledge them, an HRO confronts their errors head-on and takes the necessary steps to correct them. These five principles are the elements of what the book calls "mindful management." Leaders who run their organization mindfully are better positioned to recognize problems, notice the unexpected, and take steps to correct errors before they turn catastrophic.

If we all can commit to these basic principles, USNH Guam will become the HRO that we want it to be. We will be able to truly achieve the goal of delivering high quality care in an environment that supports the patient and the provider, and that is always on the lookout for the potential pitfalls that could trip us up and cause harm to those that we care for. I am all in... are you?



Command Master Chief Robert Burton



Fall is here and the leaves are changing colors. This is always my favorite time of year as the temperature is mild and the trees take on bright red and yellow colors. Well, not here in Guam, but in the United States and many other non-tropical places, they are changing color.

Fall is also when we mark the Navy birthday, on October 13. People often get the year wrong, forgetting that the Navy was established the year prior to the country declaring independence, 1775.

The first flag flown by our Navy has been lost as no one at the time realized it would be important later. U.S. Navy ships fly the American Ensign on the mast or fantail when in port. Until 2002, the Jack of the United States (the flag flown on the bow of the ship in port) was a blue field with 50 white stars. As a nod to tradition and history, the oldest active commissioned Navy ship flew the traditional First Navy Jack (7 red and 6 white stripes with a rattle snake and "Don't tread on me") as their Jack flag. I can remember being on the

USS Independence (CV-62) in Japan back in 1995 when she became the oldest ship on active service. The ship took great pride in raising the First Navy Jack. However, in 2002 this was changed by order of the Secretary of the Navy. All Navy warships and auxiliary ships now fly the First Navy Jack during the Global War on Terrorism.

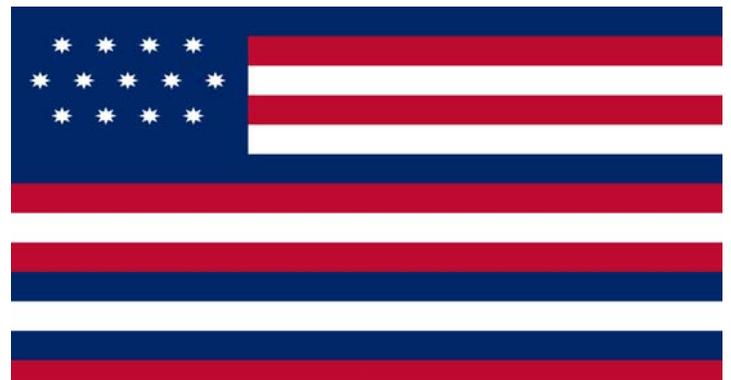
Although we are not certain what flags actually flew on the first ship that went to sea under U.S. Navy command, we are certain about the flag flown by the man considered to be the Father of the U.S. Navy, John Paul Jones. The flag, known as the "Serapis" flag, had a little more blue than some other flags—it had 13 stripes (4 blue, 5 red and 4 white)

and a blue field with 13 stars. However, the stars had 8 points instead of the more common five we see today.

Flags communicate information, mark territory, and represent organizations or governments. They can elicit powerful feelings. So be mindful of your remarks and your company.

As a Sailor, being at sea is a great and natural thing. Being on a warship at sea and witnessing the battle flags flying in the sun makes one swell with pride.

Have a great fall, stay safe, and Happy 240th birthday U.S. Navy!



SAILOR IN THE SPOTLIGHT

FIGUEROA: FLEET LIAISON

PROVIDING SERVICES IN SUPPORT OF OUR OPERATIONAL FORCES
by Lt. Veronica White

Ensuring that the crew aboard a United States Naval vessel is in the top ten percent of the Navy in regards to medical and dental readiness falls upon the responsibility of the Senior Medical Officer (SMO). However, when the SMO is out at sea and needs to fulfill this requirement, what resources does the SMO utilize to meet this objective?

Enter the Operational Forces/Fleet Liaison Services. In the Marianas, USNH Guam's Fleet Liaison, Hospitalman Third Class Adam Figueroa, meets ships pier-side upon their arrival to provide details and coordination of medical logistic requests. He works with ship's medical department representatives to arrange medical supply replenishments, healthcare consultation appointments, and transportation to and from USNH Guam. In the past fiscal year, USNH Guam's Fleet Liaison has arranged over 208 medical and dental appointments, biomedical equipment preventative maintenances, and environmental health services with 30 different Command Ships transiting the Region.

As a process improvement initiative, HM3 Figueroa has reached out and provided open lines of communication to every vessel in our area of operation and implemented surveys to capture feedback on ways to provide better health care services in support of the fleet and shore activities.

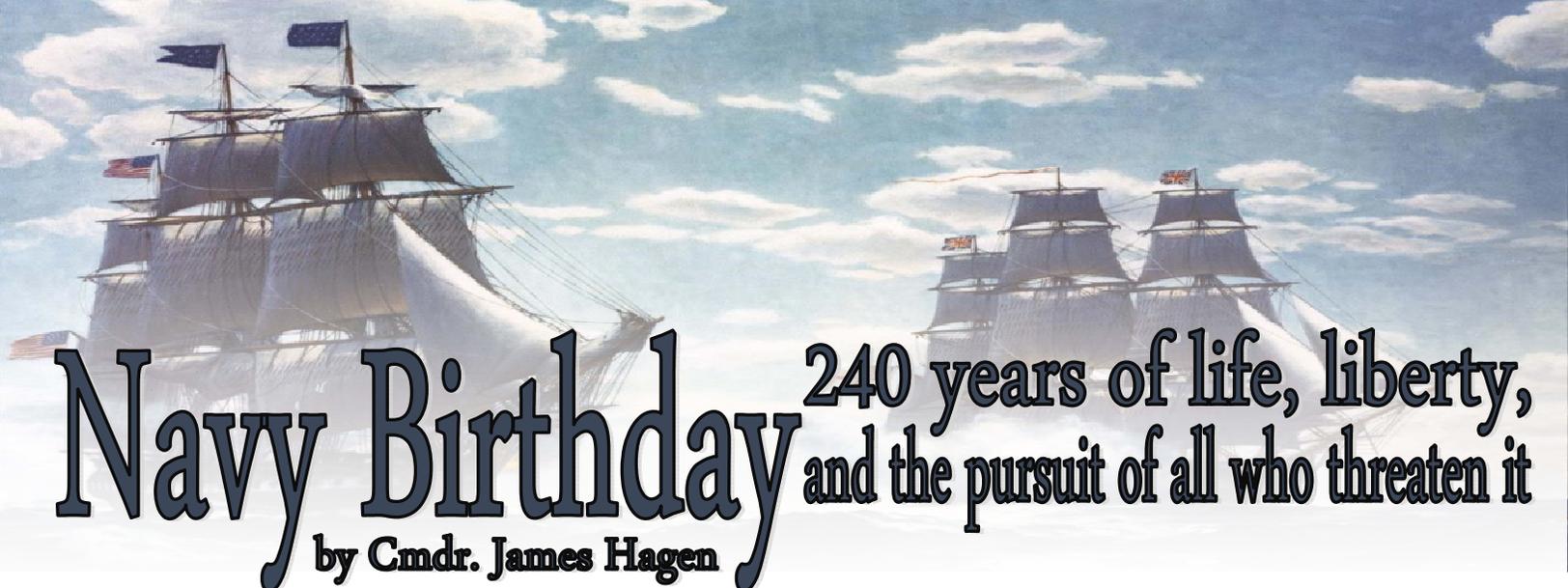
To reach USNH Guam Operational Forces/Fleet Liaison services, please email:

usn.nh-guam.navmed-w.mesg.Fleet-Liaison@mail.mil



"Knowing what I am supporting and how my part supports the Fleet is a great and eye opening feeling. As days pass and stress builds, it is very easy to feel that the job may be "miniscule" or not that important, but by seeing how what I do affects just this one immediate ship and impacts an entire Strike Group, it really puts things into perspective."

Hospitalman Third Class Adam Figueroa
on his recent visit aboard the USNS Washington Chambers



Navy Birthday

240 years of life, liberty, and the pursuit of all who threaten it

by **Cmdr. James Hagen**

On October 3, 2015, the Navy family on Guam celebrated the U.S. Navy's 240th Birthday at the Pacific Star Hotel. This event sold out weeks ahead of time with approximately 430 personnel in attendance from all commands and communities across the island. Special guests included Maj. Gen. Roderick R. Leon Guerrero, Guam U.S. Army National Guard and Rear Adm. Babette Bolivar, Commander, Joint Region Marianas who served as guest speaker.

The U.S. Navy traces its roots back to the privateers that were employed to attack British commerce in the early days of the revolution. On October 13, 1775, the Continental Congress established a small naval force hoping that a small navy would be able to offset the uncontested exercise of British sea power.

The Navy saw its humblest beginning with heroes such as John Paul Jones, who when in command of the USS Bon Homme Richard chased down the British 50-gun warship HMS Serapis. Later, the Navy saw its Great White Fleet complete a circumnavigation of the globe from December 16, 1907 to February 22, 1909. The U.S. Navy has played a major role in the protection of the U.S. over the past 240 years, and today there are currently 328,186 active duty sailors, 110,987 ready reserve sailors, and 271 deployable battle force ships performing multiple missions across the world.

This year's Guam Navy Ball Committee was no exception to the outstanding support Navy Sailors provide each and every day. U.S. Naval Hospital Guam's own Chief Hospitalman Virginia

Mayo was in charge of planning this year's event in addition to 26 other committee members, with ten coming from USNH Guam. Planning for the event began in April 2015, almost seven months prior to the ball. A total of 150 combined hours of planning, organizing and conducting events went into this year's Navy Ball from multiple fun runs to a golf tournament. These were just a few of the fundraisers that made this year's event possible.

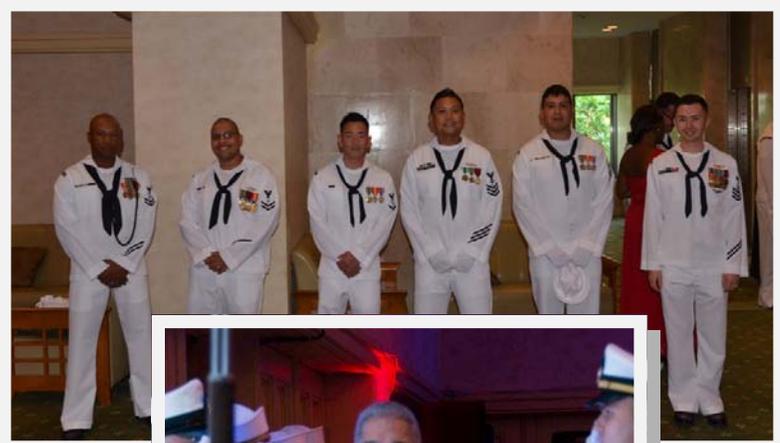
If you were in attendance, you realized that Naval Hospital played a major part in the success of this event, as the Naval Hospital Color Guard paraded the Colors and the Naval Hospital Guam Choir performed the National Anthem and Guam Hymn. Other highlights of the event included a re-enlistment ceremony, and of course the guest speaker Rear Adm. Bolivar discussing the successes and role the Navy plays on Guam.

continued on next page



Upon conclusion of the ceremony, dinner was served with the dance floor being opened up later in the evening.

This year's event was an enormous success due to the leadership from Chief Mayo and the Naval Hospital team. If you have never attended a Navy Ball on Guam or while stationed elsewhere, it is one "must" that you should do during your Naval Career. Thank you Chief Mayo and Navy Ball Committee team for organizing such a wonderful program.



Life Floating By You?

Anonymous Screening and Help is Available

by Luis Martinez

Military life, including the stress of deployments or mobilizations, can present challenges to service members and their families that are both unique and difficult. Some are manageable, some are not, especially during the upcoming holiday season. Many times we can successfully deal with them on our own. However, in some instances, matters get worse and one problem can trigger other more serious issues. At such times, it is wise to check things out and see what is really happening. That's the purpose of an anonymous and voluntary on-line self-assessment which can be accessed through the website:

http://screening.mentalhealthscreening.org/#/Military_NDSD.

The questions in this anonymous assessment are designed to review your situation with regard to some of the more common mental health issues, including depression, anxiety, alcohol problems, post-traumatic stress disorder (PTSD) and more. The screening will not provide a diagnosis: for that you need to see a

professional. But it will tell you whether or not you have symptoms that are consistent with a condition or concern that would benefit from further evaluation or treatment. This website also provides an extensive assortment of articles on a wide range of mental health issues. To access this screening, go to the website and click on "Take a Screening".

The mental health department of U.S. Naval Hospital Guam welcomes self-referrals from all TRICARE beneficiaries who wish to seek assistance for any issues which may be identified through the use of the website above. Simply call 344-9401 for assistance; it is not necessary to obtain a referral to get help. All calls will be treated confidentially, as we realize the reluctance which might be felt in seeking help for mental health concerns.

We are here to help with all health issues. We offer these resources because your emotional and mental health is just as important as physical health. That help is just a few clicks or phone call away.



CgOSC

Caregiver Occupational Stress Control

Where CgOSC's Day Begins

by Lt. Kyle Bandermann

Since its development in 2010, the Caregiver Occupational Stress Control Program (CgOSC, *see-jee-OSK*), a venture of the Naval Center for Combat and Operational Stress Control (NCCOSC), has been utilized at several medical commands to assist hospital staff in navigating the unique stressors that accompany healing and caring for others. While occupational stress can occur in any career, professions in medicine often involve patient grief, sadness from being surrounded by illness, compassion fatigue, burnout, and frustration with an ultimate lack of control over others' health. Combine these with routine military stressors, endless training, concern for promotion, and stacks of administrative paperwork, and it's clear that military medicine can be a stressful workplace.

This is no different at U.S. Naval Hospital Guam. Guam is known as "where America's day begins" due to its location just west of the International Date Line. It is also where many Navy Medicine officers and corpsmen begin their careers. The stressors facing the staff at USNH Guam can also make this tour a challenging one. Geographic separation from loved ones, a grueling time differential from that of the mainland, and living on a rather small, remote

<p>Ready</p> <p>Adaptive coping Optimal functioning Wellness</p> <p>Stressors</p> <p>Features</p> <ul style="list-style-type: none"> Well trained and prepared Fit and focused In control Optimally effective Behaving ethically 	<p>Reacting</p> <p>Mild and transient distress or loss of optimal functioning Temporary & reversible Low risk for illness</p> <p>Features</p> <ul style="list-style-type: none"> Irritability, anger Anxiety or depression Physically too pumped-up or tired Reduced self-control Poor focus Poor sleep 	<p>Injured</p> <p>More severe and persistent distress or loss Higher risk for illness</p> <p>Causes</p> <p>Life threat, Loss, Inner conflict, Wear and tear</p> <p>Features</p> <ul style="list-style-type: none"> Panic or rage Loss of control of body/ mind Recurrent nightmares/ bad memories Persistent shame, guilt or blame Loss of moral values and beliefs 	<p>III</p> <p>Persistent and disabling distress or loss of function Unhealed stress injuries Mental disorders</p> <p>Types</p> <p>PTSD Major Depression Anxiety Disorders Substance Abuse</p> <p>Features</p> <ul style="list-style-type: none"> Symptoms and disability persist over many weeks Symptoms and disability get worse over time
Unit Leader Responsibility	Individual, Peer, and Family Responsibility		Medical Responsibility

island are distinctive costs of military service on Guam. In addition, the hospital command faces its own unique stressors. Our patient population is remarkable among Navy Medicine. This contributes to relatively high acuity in our Emergency Department and inpatient units. While this provides an opportunity for our staff to observe and treat rare conditions, the relentlessly high pace has the potential to be grueling rather than motivating for our medical and nursing staff. These stressors are serious challenges for staff who lack the typical supports found in stateside hospitals, as well as normal family support, and who must also deal with more typical challenges of military service.

The CgOSC Team at USNH Guam seeks to assist staff in navigating stress through three levels of prevention programming: Universal, Selected, and Indicated. The team recruits members from every directorate and staff level in the hospital and plans "de-stress" activities that enhance morale, esprit de corps, and place value on every staff member's job. This Universal Prevention programming includes weekly guitar and ukulele lessons, a command-wide talent show, and facilitating department-wide resiliency days spent on beautiful beaches or diving Guam's pristine waters. Regarding Selected Prevention programming, CgOSC Team members visit departments who have experienced a known stressful

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event recently, check-up on staff, and ensure everyone is coping adaptively. Data from the "Stressometer" (*stress-AH-muh-ter*) are collected continually via the command's intranet to identify specific units in need and plan Indicated Interventions. Department Heads and Directors are briefed on their respective units' stress scores and are given resources to disseminate to their staff. In this vein, the team enables these leaders to identify their own staff's stressors, whether personal or occupational, and address them accordingly. Under the Pay-it-Forward program, departments identified as "in the red" are provided breakfast or lunch by another department within the command that is relatively "in the green" to enhance inter-departmental support. The team discusses reactions to stress, offers handouts on coping skills, and provides easy access to further resources, such as our Provider Wellness counseling program, Fleet & Family Support Center, command chaplain, and mental health. Further, the team facilitates unit assessments and process groups for departments that have suffered a recent unexpected stressor or appear to be experiencing chronic high stress. All the information is compiled into after-action reports, which are used to brief the command triad.

CgOSC is undergoing a revitalization focused on a standardized, tailored program with tenants of other Combat and Operational Stress Control programs, such as the Combat and Operational Stress First Aid model (COSFA). Our leadership team recently attended the CgOSC Regional Training in Okinawa, Japan, where we were educated on the new program and certified as instructors for the new training. The first round of this training was carried forward to our own CgOSC Team members at the end of September. In addition, we will be training all of our current and future team members in CgOSC's Buddy Care—an initiative to train general staff in lay counseling skills to assist fellow staff members in navigating stressors and "getting back in the green." Finally, our command's Stressometer on the intranet will soon be revitalized with clearer information and more functions. A pending BUMED instruction will help solidify the program at each Naval medical facility.

While CgOSC has been a valuable part of our command for several years, other MTFs will be renewing their focus on staff care through this revitalization program. As our USNH Guam CgOSC program continues to grow, we will be assisting other commands in getting their programs off the ground by utilizing the same principles. As such, USNH Guam continues to have its programs lead Navy Medicine from the tip of the spear.





TAKE CHARGE OF YOUR HEALTH

Take these steps to stay healthy in between health care provider visits:



Follow up

- ▶ Keep a list of instructions that your health care provider gave you during your last visit
- ▶ Make sure you follow the instructions completely



Keep a list for your health provider

in between visits and bring it to your next visit. Include:

- ▶ Concerns that you may be experiencing
- ▶ Symptoms: How often they occur, when you experience them, what makes you feel better or worse
- ▶ Medications that you take, including prescription medications; over-the-counter medications, such as pain relievers; and health maintenance medications, such as multivitamins and dietary supplements
- ▶ Questions that you think of between visits



Get your blood pressure checked¹

- ▶ Reduces your risk of heart disease, stroke, and kidney failure
- ▶ High blood pressure has no signs or symptoms
- ▶ Frequency: Every time you visit your health professional, or at a minimum, every two years for adults²



Get your cholesterol checked³

- ▶ High cholesterol can cause a heart attack or stroke
- ▶ High cholesterol has no signs or symptoms
- ▶ Frequency: Generally every five years; some may need to check more or less frequently based on your health professional's recommendation

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NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
PREVENTION AND PROTECTION START HERE



Get consistent physical activity and do it without sustaining injury

- ▶ Engage in at least 150 minutes of moderate-intensity, or 75 minutes of vigorous-intensity aerobic physical activity per week¹
- ▶ Engage in muscle strengthening that involves all major muscle groups at least two days per week¹

Monitor and manage your weight

- ▶ Eat a variety of nutrient dense foods, engage in regular physical activity, and maintain a positive mindset
- ▶ Weight management can help you avoid developing heart disease, diabetes, stroke, and some types of cancer²

Eat healthy

- ▶ Limit high fat foods and eat the recommended number of servings from the five food groups (fruits, vegetables, grains, dairy, and protein)
- ▶ The benefits of eating fruits and vegetables include disease prevention, weight loss, and workout recovery³

Live tobacco free

- ▶ Tobacco use is dangerous to your health and seriously impacts readiness
- ▶ If you use tobacco, take steps to quit
- ▶ Avoid alternative tobacco products too – they can cause some of the same negative health effects as smoking cigarettes



Decrease alcohol consumption

- ▶ Alcohol use can hinder judgment and lead to harmful risk-taking behavior
- ▶ Excessive alcohol use includes heavy drinking, binge drinking (five or more drinks in one sitting for men or four or more drinks in one sitting for women), underage drinking, and drinking while pregnant⁴

Practice safe sexual health

- ▶ Establish and be faithful in a long-term, mutually-monogamous relationship
- ▶ Talk with your doctor about the most effective contraception options for your lifestyle and needs
- ▶ Use your chosen birth control correctly
- ▶ Use condoms correctly and every time

Take care of your psychological and emotional well-being

- ▶ Behaviors that can improve your psychological and emotional well-being include sleep, relaxation, anger management, and stress management
- ▶ Building resilience can help maintain and strengthen your readiness

Healthy living supports your physical, mental, and social well-being

- ▶ Increases fitness and performance
- ▶ Increases readiness
- ▶ Increases resilience
- ▶ Saves money
- ▶ Improves quality of life

¹ Get Your Blood Pressure Checked. U.S. Department of Health and Human Services. http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-blood-pressure-checked#the-basics_1. Updated August 2015. Accessed August 2015.

² Blood Pressure Screening. TRICARE. <http://www.tricare.mil/CoveredServices/IsItCovered/BloodPressureScreening.aspx>. Updated February 2015. Accessed August 2015.

³ Get Your Cholesterol Checked. U.S. Department of Health and Human Services. http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-cholesterol-checked#the-basics_1. Updated August 2015. Accessed August 2015.

⁴ U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. <http://www.health.gov/paguidelines/pdf/paguide.pdf>. Published October 2008. Accessed August 2015.

⁵ The Health Effects of Overweight and Obesity. Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyweight/effects/index.html>. Updated June 2015. Accessed August 2015.

⁶ Why is it important to eat fruit? United States Department of Agriculture. <http://www.choosemyplate.gov/food-groups/fruits-why.html>. Accessed August 2015.

⁷ What is Excessive Alcohol Use? Centers for Disease Control and Prevention. http://www.cdc.gov/alcohol/pdfs/excessive_alcohol_use.pdf. Updated March 2014. Accessed August 2015.

USNS Mercy (T-AH-19) Pacific Partnership 2015

by Lt. Monique
Overfield

From May to September of 2015, USNH Guam deployed nine sailors in support of Pacific Partnership 2015. Staff deployed included: Cmdr. Protegenie Reed, Lt. Janelle Kringle, Lt. Monique Overfield, Lt. Kristine Ryan, Lt. Ryan Walter, Lt. Denise Pietrzyk, Lt. Timothy Bui, Chief Hospitalman Ernani Lindain, and Information Systems Technician Second Class Anquanette Sterling.

The USNS Mercy is a converted supertanker with a length of 894 feet. The hospital ship can carry over 1,000 medical personnel providing a fully functional floating hospital that includes surgery, radiology, optometry, dermatology, physical therapy, dialysis, a pharmacy, blood bank, and dental services. On its tenth mission, the USNS Mercy is the largest annual multifaceted humanitarian assistance mission conducted in the Pacific region.

During this time, the USNS Mercy carried military personnel from the United States, Australia,



New Zealand, and Canada. Included with the staff were residents and two Non-governmental Organizations: Project Hope and Operation Smile. On its voyage, the Mercy visited Fiji, Papua New Guinea, Philippines, and Vietnam to provide healthcare to more than 22,000 patients ranging from surgical procedures to community health engagements (minor treatment or preventative treatment). Dental providers conducted an additional 11,000 procedures ranging from exams, extractions and restorations. A typical day in the life of the Mercy included seeing over 1000 patients in the local community at the community Health Engagements, performing approximately 10 surgeries, and providing two-to-three side by side training evolutions with local medical personnel.

Welcome home, USNH Guam family!

<http://www.cpf.navy.mil/pacific-partnership/2015/news/>



20 SECONDS OF WORK 10 SECONDS OF REST 4 MINUTES TO FITNESS

by Lt. Matthew Gallagher

As the Command Fitness Leader (CFL), it is my job to ensure our staff complete two Physical Fitness Assessments (PFAs) per year and stay in top-notch shape. The PFA consists of two events: Body Composition Assessment (BCA) and the Physical Readiness Test (PRT). The BCA can be conducted 45 days to 24 hours in advance of the PRT. This time period is given so personnel have adequate enough time to meet BCA standards safely, yet have enough time to reenergize their bodies. The PRT is a three event evolution in the following order: curl-ups, push-ups and cardio. Members receive an overall PFA score once the BCA and PRT have been completed.



To help members achieve their fitness goals, my assistant CFLs (ACFLs) and I execute different fitness plans every week. This may range from a group run to high intensity interval training (H.I.I.T.). H.I.I.T. workouts are great ways to accelerate fat loss and improve aerobic/

anaerobic endurance. In the past, we would do twelve workout stations for one minute each and then have a five minute break in between each round. Exercises for each station would range from sprints, core exercises (crunches), lower body exercises (lunges) and upper body exercises (push-ups). The issue we found was a lot of people could not do the exercises for a full minute. This created a burn-out, which is counter-intuitive to an effective workout.

An answer to this issue presented itself when I came across an exercise video demonstrating a different style of H.I.I.T. workout called Tabata. Tabata is a workout that lasts four minutes with 20 seconds of intense training followed by a 10 second break. Tabata is named after Izumu Tabata, who measured the effectiveness of a training regimen that involved a rotation of short bursts of maximum effort followed by short periods of rest.



According to Izumu Tabata's research, participants of Tabata over a six week period, four times a week saw a 28% increase in their anaerobic capacity and a 15% increase in their VO2 max. This is compared to a control group that did a steady-state of cardiovascular workout (elliptical, running, or bike) lasting one hour, five times a week and only saw an increase of 10% in their VO2 max. No increase was seen anaerobically.

I found this to be the perfect exercise to get USNH Guam sailors to improve their PFA scores and also their overall fitness level. Our workouts begin at 0530 and last until 0620. Sailors are split up into four groups with two ACFLs. The ACFLs take their group to a station on the football field where they will see four exercise placards. The ACFL will demonstrate the exercise to each Sailor and then give the thumbs up to me. Once all exercises have been demonstrated, I start a Tabata mix. A Tabata mix has prompts of when to start exercising and when to rest. The one I am currently using is called "Power Music Workout 40 Tabata Tracks" and can be found on Itunes. We do a total of four exercises two times per round and eight rounds total. Lt. Washington of the Materiels Management Department burned over 750 calories during a 45 minute session. Feedback has been positive overall and I hope to continue to incorporate these workouts into our command's physical training

Command PT is held every Friday at 0530 at the DODEA High School Track.



It's good to reach out for help.

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PRESS 1



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Most reactions to stress are normal and temporary. However, prolonged and intense stress may be slower to improve and address if not taken care of properly. Help is available. Talk to Medical, Chaplains, Mental Health, Fleet and Family Support Centers, Marine Corps Community Counseling Centers or Military OneSource. Learn more on successfully navigating stress: www.med.navy.mil/sites/nmcphc/health-promotion/psychological-emotional-wellbeing.



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10 TIPS FOR SHIP-SHAPE SLEEP

One of the best remedies for stress is a good night's sleep. Unfortunately, one of the most common side effects of any stress disorder is the inability to get a good night's sleep. The following suggestions are collectively known as sleep hygiene. They are the first line of treatment for a restful night.

- 1. Keep a regular schedule.**
Wake up and go to bed at the same time every day, including weekends.
- 2. Create a restful environment.**
Keep the bedroom temperature comfortable and make certain the room is dark enough.
- 3. Use your bed only for sleep and sexual activity.**
If you have a TV in your bedroom, watch it from a chair.
- 4. Set up a "wind-down" period before bedtime to help clear your mind.**
Stop any activity that energizes you 30 to 60 minutes before bed. This includes watching TV, using a computer or playing video games. Instead, try a hot shower or warm bath, reading, listening to mood music, meditation or deep-breathing exercises.
- 5. Avoid caffeine (a stimulant) six hours before bedtime.**
This includes sports drinks, energy drinks, coffee, tea, soda, diet supplements and pain relievers that contain caffeine.
- 6. Don't use alcohol, non-prescribed drugs, or nicotine.**
Alcohol may initially help you get to sleep, but it prevents the healthy, restful stages of sleep we need. Over-the-counter sleep aids lead to grogginess. Smoking can cause light sleep, with early-morning wakeups due to nicotine withdrawal.
- 7. Exercise regularly and stay active during the day.**
But do not exercise three hours or less before bedtime.
- 8. Don't go to bed on a full stomach or hungry.**
If you're hungry near bedtime, try a light snack of cheese, turkey or crackers with a glass of milk.
- 9. Stop watching the clock.**
It will just make you more anxious.
- 10. Get up if you can't sleep.**
After 30 minutes of tossing and turning, get up and go to another room. Try reading to make you drowsy or deep-breathing exercises; concentrate on relaxing your shoulder muscles.

If after one week you still have serious sleeping problems, see your doctor or treatment provider. There may be physical reasons why you are unable to sleep, and these should be discussed with a professional. USNH Guam's Mental Health Department offers evaluations, individual, and group treatment for sleep problems.



