

PACIFIC PULSE

September 2014

REACH OUT
&
HOLD ON



Every Sailor, Every Day

September is Suicide Awareness Month

A.C.T. *pg. 6* 3 Ways to Be There
pg. 12

Suicide Prevention:
A Personal Issue *pg. 9*

Pacific Pulse

Pacific Pulse
Official Publication of U.S. Naval Hospital Guam
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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.

Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at 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

On the cover:

A photo illustration produced by the U.S. Navy supporting the Suicide Prevention program urging Sailors to speak up and seek guidance. Sailors throughout the fleet are encouraged to work together as commands, units, installations or other groups to recognize suicidal tendencies and behavior and act to prevent it. (U.S. Navy photo illustration by Mass Communication Specialist 3rd Class Diana Quinlan/Released)

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- 20. What You Should Know Before You Eat

On the Web:

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

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Commanding Officer Capt. Jeannie Comlish

Readiness

Hafa Adai Naval Hospital Guam

Team, September is a time for reflection on a number of somber themes. Thirteen years ago, our nation was brutally attacked. Thousands of people lost their lives on September 11th, but the event galvanized our nation's resolve to come together and fight terrorism. Many people remember where they were on that day, much as the generation before us remembers where they were when President Kennedy was assassinated. I remember the day well. I was on board the USS Carl Vinson (CVN-70) aircraft carrier, serving as the ship's nurse. We had just navigated around India and were in the Northern Arabian Sea, en route for a routine WESTPAC. I walked out of my office in the ICU to the Corpsmen telling me a plane had just hit the World Trade Center. Seeing the clear skies in New York on TV, I asked, "Oh, like a Cessna?" "No," they replied, "like a large commercial plane." As I stood there watching CNN, I watched the second plane hit. It was then we knew something catastrophic had occurred. Perhaps the radar at the local airport's control tower had gone down. But then the Pentagon was hit with another plane and we knew. As we all stood in shock an announcement came over the ship's 1MC, "Stand by for a word from the Commanding Officer..." and then "On board Carl Vinson: This is the Commanding Officer. The United States has just been attacked. We are going to war. We are ready. That is all."

Today, we in Navy medicine are READY. We

support the CNO's tenets: Warfighting First, Operate Forward and Be Ready. Our role is to keep clinically proficient and ensure our Sailors, Marines, Airmen, Soldiers, and Coast Guardsmen are ready to address a wide range of threats and contingencies. I couldn't be prouder of the team we have here in Guam.

September is also National Suicide Prevention Awareness month. This issue of the Pacific Pulse contains articles on how bystanders can A-C-T (Ask, Care, Treat). We are a great team at Naval Hospital Guam. Our people are amazing professionals. I know there are a lot of stressors in life- being stationed far from home, financial concerns, relationship issues, even exciting things like leave and travel can bring stress- it seems everyone has something going on in their lives. But I encourage you to take care of yourselves, reach out to each other, and watch out for one another.

Finally, a year ago in September, Naval Hospital Guam lost one of our own. HM3 Andrew Sanders left us way too early. His tragic loss has been felt by many. Today we should reflect on the fact that life is precious and worth living. Check in with your shipmates when times get tough, when stress mounts. Don't be afraid to seek help or lean on others. Take advice from this anonymous quote: "Laugh when you can, apologize when you should, and let go of what you can't change. Life is too short to be anything but happy."

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



Executive Officer **Capt. Mike McGinnis** *Value*

Hafa adai Shipmates! September is here and it's hard to believe football is back (how did I make it this long?). We are settling in to a new battle rhythm, welcoming new shipmates on board with the summer transition behind us and school in full swing for our kids. It's great to see and welcome so many new faces to the command.

September is a special time of year for us as a service as well. 200 years ago, on September 13th, the British bombardment of Fort McHenry in Baltimore inspired Francis Scott Key to pen lyrics for what would become our national anthem. 75 years ago this month, France and England declared war on Germany, leading to World War II. And on September 11th, 2001, our lives changed forever as Americans. This event may be the reason why you're currently wearing the uniform of the world's greatest Navy. This event reaffirmed my commitment to serve my country and I can't imagine doing anything more rewarding than caring for most deserving patient population as we do in Navy Medicine.

Speaking of service, while we execute our duties, we're reminded by our Surgeon General, VADM Nathan, to think of ship, shipmate, and self. While we're focused on our mission, we must also keep a watchful eye and a ready helping hand for our fellow shipmates who may be in need. Take care of each other and act if you see something amiss. This issue of the Pacific Pulse highlights this topic and the central theme of bystander intervention. If you see something wrong, act. We're accountable to ourselves and each other. It's your opportunity to help a shipmate, do something positive and prevent potentially disastrous outcomes. Bystander intervention is an important component for prevention for not just suicides, but sexual assault, driving while impaired, or any scenario where negative outcomes can be averted. "Every Sailor, Every Day!"

Thanks so much team for your hard work – we've been exceptionally busy of late and your dedication and professionalism are evident to our patients, the chain of command and the triad!



Command Master Chief Robert Burton

Jointness

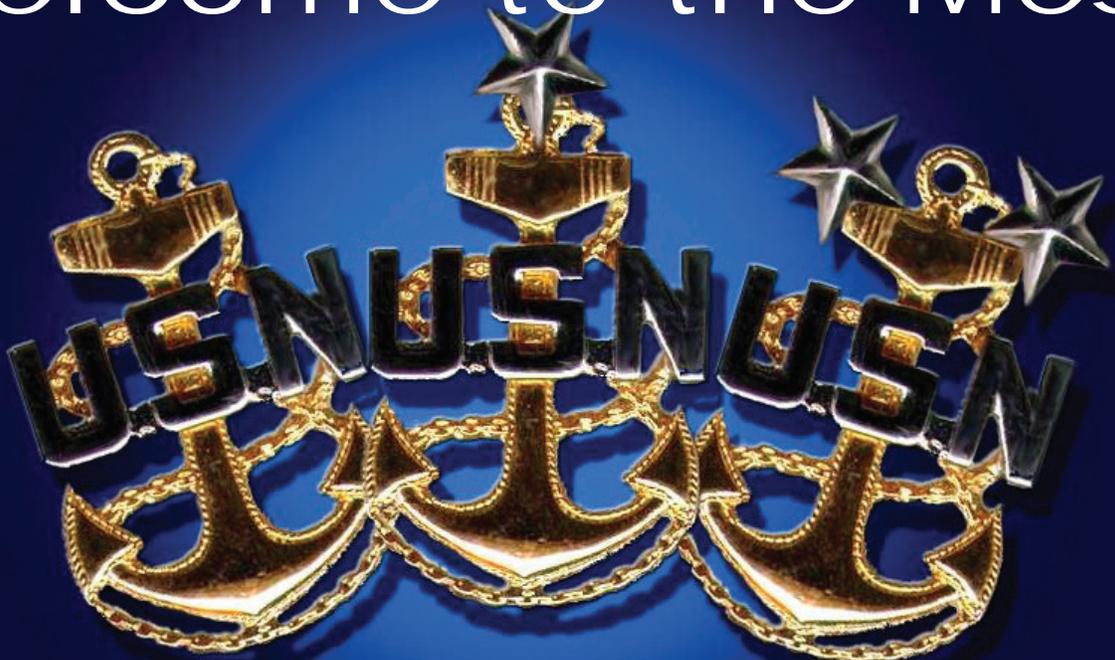
In the Navy, September is the month that we pin new Chief Petty Officers. Over the years, the process leading up to the pinning of the Chiefs has changed names and evolved from an initiation heavy on character development that resembled hazing, into our current CPO365 Phase II.

Having entered the CPO community after experiencing initiation and participating in the evolution of the process, I can say with full faith and confidence that the system of training and accepting new Chiefs has improved. The change required to bring this about has been

difficult because we have to change our behavior. In the past our training was behind closed doors and not to be shared. Now our training includes nothing that can't be witnessed for fear of brining discredit upon the service.

We train our selects, "USN" on their newly pinned on anchors stands for Unity, Service & Navigation. Although the training and acceptance of Chiefs has changed and will no doubt continue to evolve, the important thing is that the new Chief works with fellow Chiefs for the good of those they lead, those they serve and the good of the Navy.

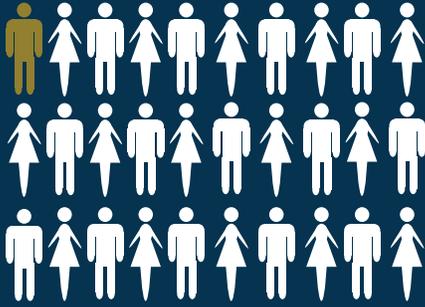
Welcome to the Mess!



Suicide At A Glance

Suicide (su·i·cide) - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

For every **1 Suicide Death**, there are at least **30 Suicide Attempts**.



In 2010 in the U.S.

10th leading cause of death in all populations.

2nd leading cause of death for the 25-34 age group.

3rd leading cause of death for the 15-24 age group.

FACT: **Military suicides** have increased over the past several years.

DID YOU KNOW?

Firearms are the most commonly used method of suicide among males

Suicidal Behaviors: Behaviors related to suicide, including preparatory acts, as well as suicide attempts and deaths.

Suicidal Ideation: Thinking about, considering, or planning for suicide.

Suicide Attempt: A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

The Truth Can Empower You to Ask Care Treat

Submitted by the U.S. Naval Hospital Guam Health Promotion Officer

Several myths exist about suicide and suicide prevention...wouldn't you rather know the truth? Below are facts that counter common misconceptions about suicidal ideation and intervention. By knowing the truth, you can empower yourself to A-C-T!

TRUTH: Discussing the subject of suicide openly promotes help-seeking behavior.

One of the many reasons Sailors do not speak up about their feelings of hopelessness is because they fear negative perceptions. By starting a discussion, you are not giving a suicidal person morbid ideas or increasing risk. The opposite is true – bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

TRUTH: Outreach from a Sailor's support network can help curtail the impulse to end his/her life.

Even the most severely depressed person has

mixed feelings about death, wavering until the very last moment. Getting them to see, through helpful intervention, that their circumstances will not last forever can help them see alternative solutions. Loved ones, trusted peers, friends, and shipmates have an obligation to ACT (Ask Care Treat). Most suicidal people are open to a helpful intervention and sometimes even a forced one can help them see that Life Counts.

TRUTH: Sailors who talk about suicide aren't just joking around.

Most people who attempt or die by suicide have given some warning. No matter how jokingly it's said, statements like "you'll be sorry when I'm dead" or "I can't see any way out" may indicate serious suicidal feelings that shouldn't be ignored. It's likely that you're not the only person in the Sailor's life who has noticed these com-

Continued on page 8

Risk Factors: These factors have been found to be associated with suicide and increase the risk of suicidal behaviors. Risk factors DO NOT cause or predict suicide.

History of depression and other mood disorders



Past suicide attempts; Family history of suicide



Alcohol and other substance use disorders



Lack of social support and sense of isolation



Major physical illnesses



Loss of relationship or significant personal loss



Severe, prolonged, or perceived unmanageable stress and/or anxiety

Feeling like a burden to others, helplessness



Easy access to lethal means



History of trauma or abuse



Impulsive and/or aggressive tendencies



Hopelessness



Job, financial, school or legal problems



Life transitions such as retirement, permanent change of station (PCS) or change in job or work duties

A.C.T. NOW

Take all talk about suicide seriously and know the warning signs.

Ask

- Ask if they are thinking of hurting themselves.
- Actively listen.
- Acknowledge their talk, behavior and feelings.



Care

- Listen and let the person know they are not alone.
- Let the individual know you care and understand.
- Discuss and care about what is troubling them.



Treat

- Get help as quickly as possible such as the duty officer, chaplain, friend, medical personnel, or others who can help.
- Do not leave the person alone.



If you or someone you know is in need of immediate assistance:

1. Call the Military Crisis Line at **1-800-273-8255** and press **1**
2. Text the Military Crisis Line at **838255**
3. Chat live online at <http://www.veteranscrisisline.net/ActiveDuty.aspx>.

Additional Resources

1. Military OneSource provides a variety of non-medical counseling services and resources. Contact Military OneSource at 1-800-342-9647 or visit their website at www.militaryonesource.mil.
2. Contact your local Navy Fleet and Family Support Center which can assist you during times of transition or stress.
3. Navy Suicide Prevention Program: http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/default.aspx
4. Marine Suicide Prevention Program: https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/G_Behavioral%20Health/BH_Community%20Counseling%20and%20Prevention
5. Navy and Marine Corps Public Health Center (NMCPHC) Health Promotion and Wellness (HPW) Psychological and Emotional Well-Being webpage at: http://www.med.navy.mil/sites/nmcphc/health_promotion/psychological-emotional-wellbeing/Pages/psychological-emotional-wellbeing.aspx.

Reasons Sailors and Marines won't seek help:

Worried about job or career

Stigma and Judgment

Cannot see a way out or do not know where to turn

Feeling disconnected and isolated

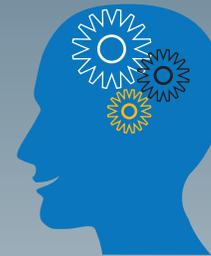
Hopelessness

Protective Factors Against Suicide

Resources and aspects of our lives that promote healthy stress navigation and build resilience. During times of extreme stress or crises, protective factors can counterbalance risks for suicidal behavior.



Biological



Psychological



Social

Sources:

- <http://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf>
http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/psychological-emotional-wellbeing/Suicide_Terminology_SP_Webpage.pdf
<http://www.sprc.org/basics/about-suicide>
<http://www.sprc.org/sites/sprc.org/files/library/RandPPrimer.pdf>
<http://www.suicidepreventionlifeline.org/Learn/RiskFactors>
<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/overview.pdf>



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

Truth Empowers You cont'd from page 6

ments or changes in behavior. The signs may be different but if you speak up and come forward you may find others have the same concerns. Early intervention works and together you can often facilitate the appropriate course of life-saving action.

TRUTH: Very few suicides occur without some sort of warning.

Most people communicate how they are reacting to or feeling about stressful events in their lives. Problems with a significant other, family member, best friend, supervisor, financial matters, or legal issues can become overwhelming. The resulting warning signs may present themselves as direct statements, physical signs, emotional reactions, or behaviors such as withdrawing from friends. When stressors and warning signs are present, the person may wrongly consider suicide as the option to escape pain, relieve tension, maintain control, or cope with stress. Help them see alternatives.

TRUTH: A non-fatal suicide attempt should be taken seriously, not downplayed as an attention-seeking act or the result.

A non-fatal attempt by a Sailor is an opportunity to help him/her live. Offer help and alternatives rather than punishing or reprimanding someone who has acted on suicidal thoughts. Get them to talk to a Chaplain or counselor. Suicidal behaviors must be taken seriously. Addressing them can prevent a future attempt or successful act of suicide.

TRUTH: A Sailor considers suicide as an alternative to make the pain, not because he/she actually wants to die.

Very few people who consider suicide are determined to end their life. Most suicidal people do not want death; they want the pain to stop. Traumatic life events or jolting changes may surpass a Sailor's ability to cope and cause him/her to suffer feelings of helplessness. While the majority of those who consider suicide at some time in their life find a way to continue living, offering them help and alternatives can relieve feelings of isolation and hopelessness.

TRUTH: Suicidal thoughts do not mean that someone is mentally ill or "crazy."

Most suicidal people are not psychotic or insane. They might be upset, grief-stricken, depressed, or despairing. Extreme distress and emotional pain are not necessarily signs of mental illness. Other disorders related to depression, such as substance abuse, may worsen symptoms related to depression and lead to thoughts of suicide.

TRUTH: In most insitutions, seeking help or treatment is an indicator of the good reliability and judgement required for security clearance.

Less than 2% of revoked or denied clearances are for psychological problems. Failure to seek help and allowing problems to get worse impacting performance, conduct, and finances are more likely to lead to clearance loss. With changes in April 2008, marital, family, or grief counseling (not related to violence by the applicant and unless the treatment was court-ordered) and any counseling for post combat deployment concerns are not required to be reported on the security clearance form SF 86. While other counseling or psychological treatment is reported by the applicant on the SF 86 form and leads to an extra step in the clearance process, this very rarely results in denial or revocation of clearance.

TRUTH: While long term care should be handled by the professional, immediate recognition of someone who needs help is up to you.

By paying attention to what the person is saying, taking their concerns seriously, offering support, and getting them help, you can prevent a potential tragedy. The first step in getting a suicidal person the proper professional treatment during his/her time of despair begins with a peer or loved one recognizing warning signs. Many are lost to suicide because immediate support wasn't offered. Suicide Prevention is an All Hands Evolution. Ask Care Treat



An Intensely Personal Issue

Written by: Lt. Mark Peugeot, Ph.D., a Licensed Clinical Psychologist at U.S. Naval Hospital Guam

September is Suicide Prevention Month, but what does that mean for us? Will it mean more training on suicide prevention? For some suicide prevention is a very sensitive issue. Others who have not been impacted by suicide, please don't roll your eyes just yet. Suicide prevention is an intensely personal issue for those who believe that barriers to care are what led to the loss of their loved one, friend, battle buddy, or member of their unit. It is entirely possible that if someone had realized the distress the person was experiencing and acted on it that death was preventable. This is where you are needed! You can help prevent death from suicide and you are the front line in the battle against suicide.

Some may not be convinced to read further, but I challenge you to continue reading and understand the importance of the problem we face as service members together. According to the Veterans Administration, in 2010 we lost 105 people each day to suicide, making suicide the third largest cause of death in the United States for persons under the age of 25. Of the suicides in the United States, roughly 1 in 5 persons who complete suicide is a veteran. This means we lose nearly 18-22 veterans a day to suicide or as many as 8,000 of our brothers and sisters who have served this country each year. In the past, active duty military service members were significantly less likely to complete suicide and exhibited rates far below that of the general population (VA/DoD, 2013). Department of Defense data from 2012 however indicates that active duty member suicide rates have peaked significantly

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Personal Issue cont'd from page 9

above the general population (DoD, 2013). If this doesn't show that the fight against suicide is at our front door, I don't know what will.

As a clinical psychologist, I know that psychologists, psychiatrists, and other allied health care providers can make a difference when caring for an actively suicidal person. Unfortunately, many times health care providers do not ever get the opportunity to intervene because we were not aware of the need. As a clinical psychologist, one of the greatest hurdles to preventing suicide I see is getting the person to walk through our door. The perceived stigma associated with seeking mental health care is one of the most often cited reasons by my patients when I ask why they have delayed seeking treatment. Often times, after seeking and receiving care, my patients adopt a radically different view of mental health treatment, mental health stigma, and what mental health care means to them.

Many of my patients express concern during our initial meetings regarding the long term impact of seeking mental health care. I have heard people tell me that if they go to mental health that it will be the "end of my career", "limit my ability to pursue specific jobs/assignments", and "will prevent me from attaining future success." Frankly, there is always the possibility that mental illness or a specific mental condition might result in any of those outcomes. In practice, however, that is not often the case for the majority of patients. In my experience, many of the patients that are seen in mental health are able to achieve symptom resolution/management and are able to continue their careers without significant adverse impact. This includes depression, anxiety, and a wide variety of other conditions. In other cases, mental health care has prevented the premature ending of careers by providing the support and treatment needed to return service members to full duty. So, while it is true that some conditions are service disqualifying or limiting, many can be successfully treated with the final result being the return of the service member to full duty.

Accurately identifying those who are suicidal can often be more difficult than identifying persons who are experiencing psychological or emotional distress. Should you be aware of a person experiencing emotional or psychological distress, share your concern with them and encourage them to seek professional care. Ask if they are feeling suicidal or have a desire to harm themselves or others, and if they do, stay with them until you can get additional help.

There are three direct warning signs that should never be ignored regarding suicide:

1. Suicidal communications (talking, writing, etc.)
2. Preparations (divesting of responsibility or assets)
3. Seeking access to lethal means (firearms, medications, or dangerous/isolated areas)

If you observe these warning signs: Don't think; act to ensure the safety of the individual.

In closing, I hope to have achieved two goals in this article. First provide information about how to identify and protect those in need of care. Second, to dispel misinformation surrounding mental health care and reduce the stigma that serves as a boundary to seeking care. Both issues are critical to preventing suicide amongst service members. Seeking help for emotional or psychological problems is important. Seeking help for suicidal thoughts, plans, intent, or behavior is critical! Simply seeking help for emotional or psychological problems will not automatically end your career. Seeking help is not a sign of weakness, but a sign of strength and resilience. Take care of yourself and the sailors around you and don't let stigma get in the way of your health. Together we can prevent suicide.

Bibliography

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2. VA/DoD. (2013, June). Assessment and Management of Patients at Risk for Suicide (2013). Retrieved August 17, 2014, from U.S. Department of Veterans Affairs: http://www.healthquality.va.gov/guidelines/MH/srb/VADODCP_SuicideRisk_Full.pdf

Many times, people choose a career in the medical field because they hope to help others.

But Hospital Corpsman Amanda Odegard, a Behavioral Health Technician, who currently works in the U.S. Naval Hospital Mental Health Department, never would have dreamed it would be her career that would help her in one of her darkest hours.

It's a story that begins like many others, a home town girl meets a home town boy and they quickly fall in love. But in this case, although the two are from the same state (North Carolina) they didn't meet until after they had both joined the Navy and were stationed in the heart of the Pacific, on the remote island of Guam. The two became inseparable, spending a good deal of their time together doing what many young couples do, hitting local restaurants, site seeing and just hanging out.

However, the couple didn't do everything together, Hospital Corpsman 3rd Class Petty Officer Andrew Sanders would often go on local hikes, known as Boonie Stomps and participate in many of the local races that take place on



the island. In fact, it was at one of these races that Odegard would receive the last message from her boyfriend, a simple text that read, “done with the race.”

The plan was to meet up after the race. Odegard had volunteered at one of the water stations. She had finished her work later than Sanders and when she was through text messaged him to let him know-- but she didn't hear back from him. Several hours passed and she tried to call him but still no response.

Tragically, between the time her volunteer efforts had finished and the time she messaged him, Sanders had lost consciousness. When his peers noticed his unresponsiveness they immediately called for help and began performing lifesaving efforts. He was taken to the hospital where resuscitative efforts continued to take place but ultimately was unsuccessful and he was pronounced dead Sept. 29 at 2:15 p.m.

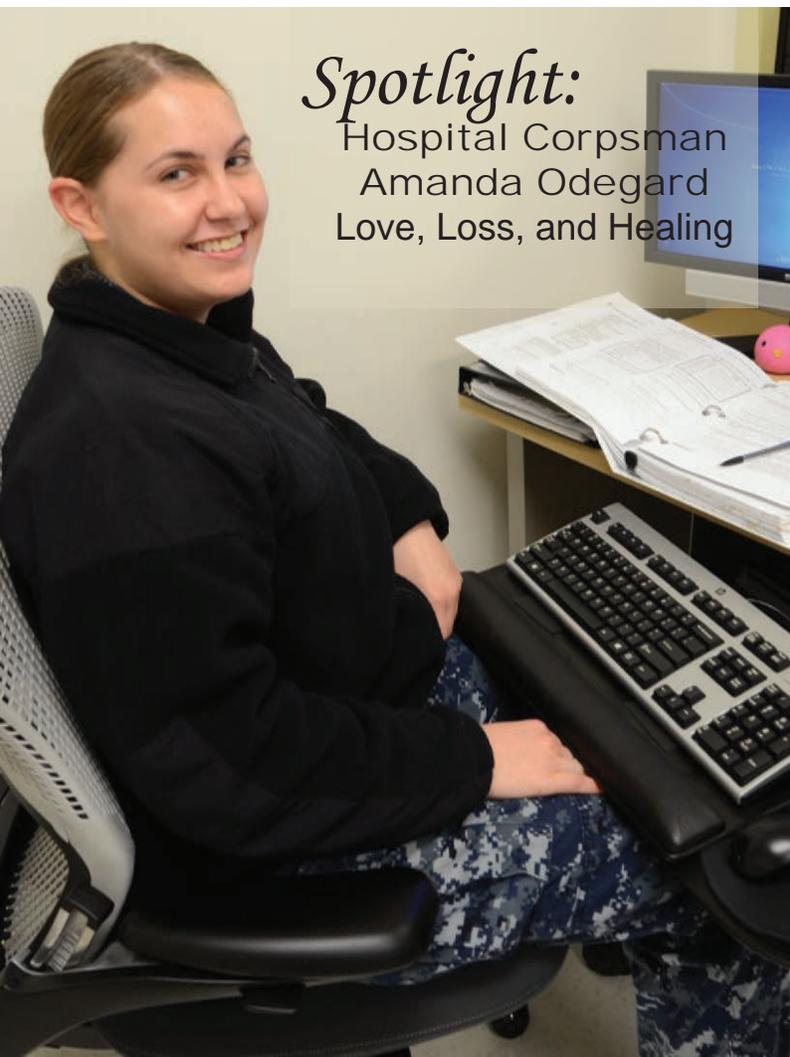
The next morning Odegard headed into work for what she thought would be a normal day. When she arrived her Chief Petty Officer called her into an office to tell her the news. “I immediately burst into tears—and I tried to get an idea of what had happened and I sat in there for a little while,” she said. “It didn't feel real, I couldn't believe it was happening.”

Thoughts and questions raced through her mind. “Why didn't anyone tell me?” “Why didn't I suspect anything when I saw the ambulance drive by my barracks?” “What hap-

Continued on page 20

Spotlight:

Hospital Corpsman
Amanda Odegard
Love, Loss, and Healing





3 Things You Can Do To Be There For Every Sailor, Every Day

From Chief of Naval Personnel Public Affairs

Many Sailors have recently moved, or better known in the military as Personal Change of Station (PCS'd), this summer. This transition can bring about as much stress as it does excitement.

Transitions can mean disruption to daily routines and separation from one's social and support networks (think exhausting and isolating cross-country drives for a PCS move, or transferring as a geobachelor).

Even for experienced PCS pros who are eagerly awaiting the next chapter in their careers and lives, moves can be tough—particularly when they're occurring during otherwise stressful times. The likelihood of making a bad or irrational decision is higher during transition periods, so identifying resources early is

vital to keeping a shipmate healthy and mission-ready. Building resilience and preventing suicide requires each of us to be actively engaged and communicate with each other. Here are three things you can do to help your shipmates thrive through life's unpredictable moments, not just survive:

1. Get involved. You may know bits and pieces about your shipmate's life outside of the work center but may feel as though you don't know enough to make a difference. Even though your buddy may casually dismiss his or her problems, or may not discuss them at length, take a moment to ask how he or she is doing and actively listen. If he or she indicates

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... When Sailors feel as though they're out of the "inner circle" (their network of friends, peers, or colleagues) it can have a detrimental effect on their sense of purpose and belonging. No matter where your shipmate is, they should never feel alone ...

that there are other issues going on (relationship or family tension, financial worries, apprehension about career changes, feelings of hopelessness, etc.), don't be afraid to reach out and offer your support. Encourage him or her to speak with someone, perhaps a chaplain or trusted leader, before the situation becomes overwhelming. Getting assistance early is vital to ensuring that stressors don't turn into crises, especially when a Sailor is starting a new chapter in life.

2. Don't hesitate to reach out to others to "connect the dots." While a shipmate may seem to have it all under control on the outside, it's important to remain vigilant and pay attention to even the smallest signals that something isn't right, particularly as a buddy is leaving a familiar environment and is heading to a new one. You may not be able to tell if a shipmate is or isn't in crisis. If you notice anything out of the norm for a shipmate-whether it's something he or she said jokingly or seriously, changes in attitude or daily behaviors and

routines-break the silence and speak with others who know him or her well (a unit leader, roommate, family member or friend). They may have noticed the same cues or observed some that you weren't aware of. Be the first to step up and start the conversation. By openly communicating to piece things together, you're helping to "connect the dots" and facilitate the intervention process if a potentially serious situation is evolving.

3. Remind a shipmate that he or she is still a part of the team. Social connectedness, unit cohesion and purpose strengthen resilience and serve as protective factors against suicide during stressful times. Though a shipmate may be detaching from your command-whether to PCS, leave the Navy, or any other reason-let him or her know that you're still there for support and that you care about his/her well-being. Be sure that you have your shipmate's contact information, ask about his or her upcoming plans (travel dates, pit stops/checkpoints, etc.) and then check with them on their progress often. Since your shipmate will be out of your line of sight, it's important to ensure that key players remain engaged with him or her so that your buddy doesn't lose the protection that a sense of community can provide. When Sailors feel as though they're out of the "inner circle" (their network of friends, peers, or colleagues) it can have a detrimental effect on their sense of purpose and belonging. No matter where your shipmate is, they should never feel alone.

Communication shouldn't start when you're concerned about a shipmate or when someone is getting ready to leave for a new duty station. In order to have meaningful communication there must be trust, which is built over time. Remember to take a moment and ask your shipmates how things are going-and actively listen. Through simple acts of kindness, you can be there for "every Sailor, every day."

It's okay to speak up when you're down. Help is always available. Call the Military Crisis Line at 1-800-273-TALK (choose option 1) or visit www.veteranscrisisline.net.

Helping Kids Adjust

Written by: Shallimar Jones, PhD, a Pediatric Psychologist at U.S. Naval Hospital Guam

Back
To
School



Ok it's that time of year again. The relaxing summer vacation is drawing to an end. For parents this usually means a glorious end to finding child care or facilitating summer camps. However for kids this is the dreaded end to freedom!

So to help make this transition, here are some tips to assist parents and kids:

Bedtime: Now is the time to begin moving bedtime back to a set schedule. Let's face it going to bed in the wee hours of the morning is just not conducive to a productive school day for kids! Experts agree that on average, kids need about 10 hours of sleep a night. Therefore, I recommend starting gradually over a 2-3 week period and begin moving bedtime in 30 minute increments to the expected goal. Some kids need to be up by 5 am, so be sure to plan accordingly!

Orientation: Some kiddos are very anxious about the start of school. Especially those children entering school for the first time or in transition such as middle or high school. For elementary kids especially, take a tour of the school and meet the teacher before school starts to help ease this transition.

Perspective: Put it in perspective. Be sure to remind kids of other "firsts" they have overcome such as riding a bike, preschool, or sporting events. Encourage them!!!

Find-a-friend: As many of us know, it is often helpful to know even one person before going to school. So be sure to identify a relative, friend or even staff member the child identify prior to going. If your child is completely new to the school, be sure to know the school psychologist or counselor as they are great resources!

Communication: Talk! Be sure to discuss with kids any fears they may have. Often kids are nervous about making new friends or getting lost. So here would be a great time to share your experience of the first day of school and what it was like adjusting. We all have some funny story or can refer to a book that has dealt with this exact issue to use for reference.

Choices: Allow your child to pick out their outfit and hairstyle. Even if kids wear uniforms, children can still determine what shoes they may want, a specific backpack, or hairdo. Having some control on the first day helps to boost confidence!

Tradition: Decide on your own back to school tradition. Some parents love to snap pictures of the first and last days

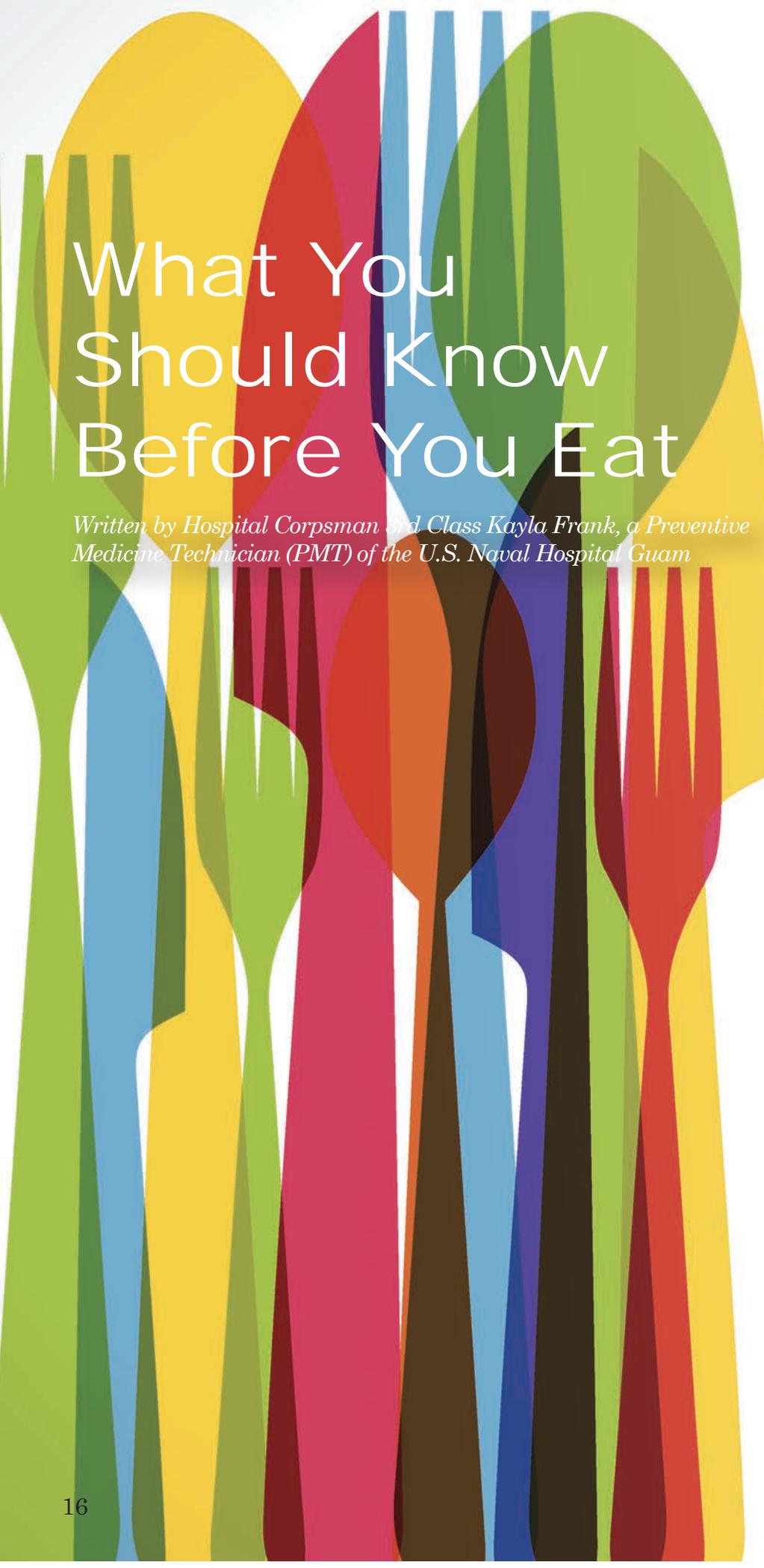
of school to see over time how their children have grown.

Emotions: It is important for parents to be calm because kids take their cues from you! Sometimes parents have a harder time separating than children, so be sure to appropriately express any emotions you may have. Crying or being sad is ok, but excessive emotions can be harmful. Kids don't need to console you on their first day back!

Routine: Set the routine. For example, do you need a set place for kids to do homework or what about homework that parents need to be check? What will your process be? Make sure these things are set up as it can make for an easier time for kids at school and it teaches organization skills for kids.

Organize: Organize assignments. We all have smart phones or some electronic device, but nothing beats a simple large calendar to write down all upcoming assignments, projects or activities for kids. Be sure to check it at least weekly. It provides a visual for families to reference so there are no surprises.

Love: Enjoy this time! Children grow so fast, be sure to have fun and make the best of each moment.



What You Should Know Before You Eat

Written by Hospital Corpsman and Class Kayla Frank, a Preventive Medicine Technician (PMT) of the U.S. Naval Hospital Guam

The definition of food safety, which is, “the handling, preparation, and storage of food in ways that prevent foodborne illness,” sounds very technical and scientific, as if you have to be a biology nerd to understand how bacteria can grow on foods and transfer from food to food. In all honesty, it’s not as daunting as you’d think.

Before I attended Preventive Medicine Technician (PMT) School, I would eat at just about any restaurant and consume any free food that was thrown my way. I had no idea of the dangers that I was being exposed to by eating food that was left out over a long 12 – hour shift on a pediatric ward in a hospital. Many people who don’t work in my field don’t think twice when someone hands them a plate full of food. Now that I’m a PMT, a million questions run through my head; did they wash their hands before they cooked this? Has this food been stored properly? There are so many more questions that whiz through my brain, but those are three very important ones everyone should consider, not just when they go out to eat, but also when they are cooking for their families and friends.

You might be thinking someone not washing their hands can’t be that dangerous. A study was published in the *International Journal of Environmental Research and Public Health* in 2011, in which they asked 20 subjects to con-

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Food safety cont'd from page 16

taminate their hands by walking around and touching door handles and hand railings in public spaces. The subjects were asked to repeat this exercise 24 times. Of the bacteria found on subjects' hands, 44% of the bacteria were of fecal origin. They might as well have stuck their hands in a toilet! Then, subjects were asked to wash their hands. Of those that washed with regular soap and water, their hands had a reduction of the bacteria of fecal origin to 8%. This study demonstrates the importance of hand-washing. This study also demonstrates just how nasty the items we touch every day may be and why washing our hands and food preparation surfaces before we eat are crucial in preventing foodborne illness.

The fecal bacterium that was found on the hands of the subjects in the study can cause illnesses such as Escherichia coli commonly known as E. coli. The symptoms of E. coli infections vary for each person but often include severe stomach cramps, fever, bloody diarrhea, and vomiting. If that little tid bit of information doesn't make you want to live in a bubble, I don't know what will!

Escherichia coli isn't the only thing you have to worry about. Norovirus, Salmonella, Clostridium perfringens, Campylobacter, and Staphylococcus are the 5 most common food-borne illnesses in the United States. According to

the Center of Disease Control in 2011, Norovirus counted for 58% of the food borne illness cases and 11% of the deaths caused by food borne illnesses in the United States.

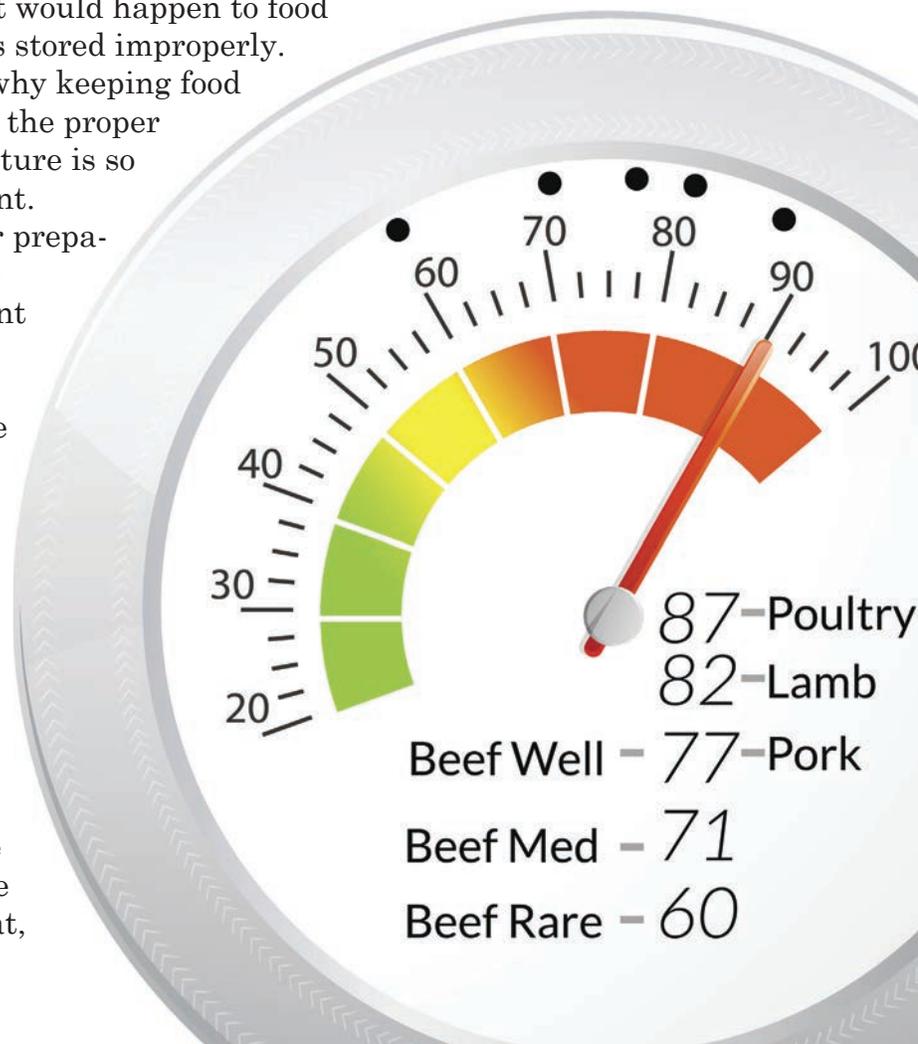
Another important piece of the food safety puzzle is storing and preparing your food properly. You ask yourself, "What is 'proper' food storage and preparation?" There are a few important things to consider when storing food. The most important component is the temperature at which food is stored. Bacteria and mold go crazy here in Guam. The constant warm weather and humidity; it is their paradise. Mold shows no mercy on this island. Recently, my Lieutenant came back from leave to a car full of mold! And that's not even food! So imagine what would happen to food that was stored improperly. This is why keeping food items at the proper temperature is so important.

Proper preparation is important as well. Imagine all of the things that we touch in the grocery store: the carts, the vegetables, the cans, the raw meat,

etc. Then, imagine those same people from the hand washing study touching your fruits and vegetables. These are considered ready-to-eat foods because you do not cook them. This is why it is important to wash fruits and vegetables prior to consuming or handling them.

Cross-contamination is also a sure-fire way to spread germs to your food. This is when you spread germs from one food product to another. This is very common when juices from raw meats, seafood and eggs, mingle with each other and Ready to Eat foods. A good way to protect yourself is to separate your meat from your fruits and veggies at all

Continued on next page



Food safety cont'd from page 16

times, including in your cart at the grocery store. In your refrigerator, never store Ready to Eat foods under raw meat and seafood that could drip their juices onto things that will not be cooked prior to consumption. Wash your hands after handling meat, poultry and seafood. Use different cutting boards for meat and vegetables and never place cooked meat on the same surface that held the raw meats.

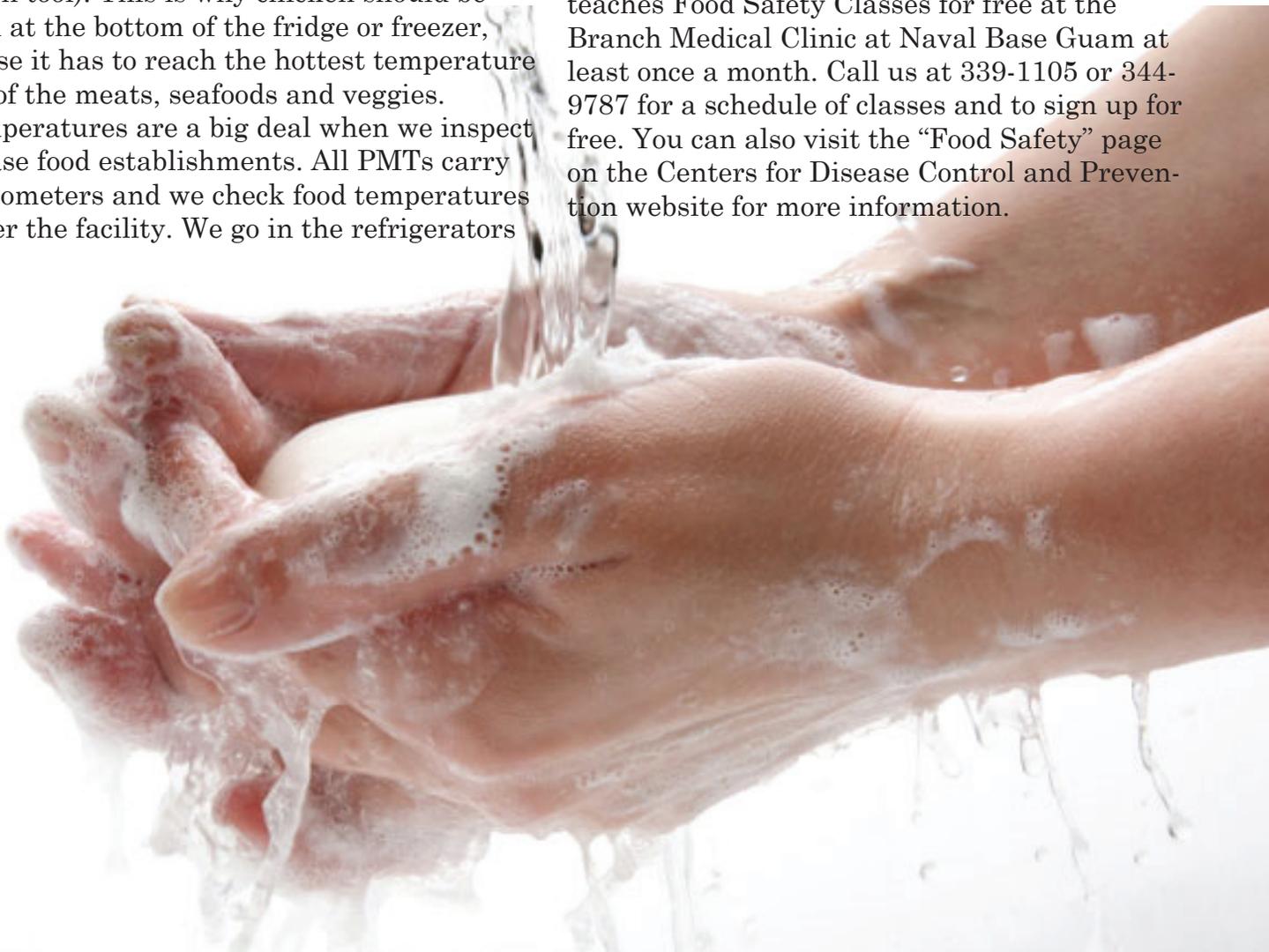
Proper cooking temperatures are also important when preparing food. I'm not saying you have to keep your kitchen or house at 40°F so your food is never out of the temperature zone, but it should not be left out on the counter for long periods of time. If food stays in the temperature danger zone for too long, which is between 41°F- 135°F, then it is not safe to eat. Food, especially meat, should be cooked to the proper temperatures. Fish only needs to be cooked to 145° Fahrenheit but chicken needs to go all the way to 165°F in order to be considered safe to eat (a food thermometer is a handy kitchen tool). This is why chicken should be stored at the bottom of the fridge or freezer, because it has to reach the hottest temperature of all of the meats, seafoods and veggies.

Temperatures are a big deal when we inspect the base food establishments. All PMTs carry thermometers and we check food temperatures all over the facility. We go in the refrigerators

and ensure that it is keeping the food below 41°F. We go to the hot holding areas on the line and ensure that the food that needs to be kept hot is over 135°F. If not, it must be discarded. The bottom line with food temperatures: keep cold food cold (less than 41°F) and keep hot food hot (more than 135°F) and when in doubt, throw it out.

That is just the tip of the iceberg when it comes to food safety. If I went over everything this would be a novel! In 2011, an estimated 47.8 million people in the United States acquired a foodborne illness. What's even more scary is 127,839 of those people were hospitalized and 3,037 people died from their acquired foodborne illness. The key points in the article highlight the fact that most food-borne illnesses can easily be prevented if we just take a little extra time to wash our hands with soap and water, separate raw foods from ready-to-eat foods and that we cook our food thoroughly.

If you'd like to learn more about how to protect yourself and your family from foodborne illnesses, the Preventive Medicine Department teaches Food Safety Classes for free at the Branch Medical Clinic at Naval Base Guam at least once a month. Call us at 339-1105 or 344-9787 for a schedule of classes and to sign up for free. You can also visit the "Food Safety" page on the Centers for Disease Control and Prevention website for more information.



BAC DOWN!

Give Bacteria the Cold Shoulder

Keep the Temperature in Your Fridge at 40°F or Below

THE CHILL CHALLENGE

According to both the United States Food and Drug Administration and the United States Department of Agriculture, Food Safety and Inspection Service, refrigeration at 40°F or below is one of the most effective ways to reduce the risk of foodborne illness. Microorganisms grow more rapidly at warmer temperatures, and research shows that keeping a constant refrigerator temperature of 40°F or below helps slow growth of these harmful microbes.

THE CHILL SOLUTION

The best way to make sure your refrigerator is maintaining the recommended temperature of 40°F or below is to check it with a refrigerator thermometer. This type of thermometer is usually a separate tool that stays in the refrigerator and displays the actual temperature. It is not a numbered dial that helps you adjust temperature. Refrigerator thermometers are available at grocery, discount and hardware stores and are recommended for all home refrigerators.

When using a refrigerator thermometer, follow these important tips:

- Always follow thermometer manufacturer instructions for placement of the thermometer inside the refrigerator.

- Make sure your refrigerator thermometer reads 40°F or below. Keep in mind there are normal events that might cause your refrigerator thermometer to temporarily read higher than 40°F. These include:
 - initial placement of the thermometer inside the refrigerator
 - a refrigerator door opened for an extended period of time
 - hot foods recently placed in the refrigerator
 - the refrigerator's automatic defrost cycle
- Your refrigerator cycles on and off. According to NSF International (www.nsf.org), you should check the thermometer at the time your refrigerator compressor just turns on. This is when your refrigerator is at its highest temperature. If the thermometer reads above 40°F, adjust the control dial consistent with the refrigerator manufacturer's instructions.

COOL RULES

USE THIS TOOL TO KEEP IT COOL. Use a refrigerator thermometer to be sure the temperature is consistently 40°F or below.

THE CHILL FACTOR. Refrigerate or freeze perishables, prepared foods and leftovers within two hours of purchase or use. Always marinate foods in the refrigerator.

THE THAW LAW. Never defrost food at room temperature. Thaw food in the refrigerator. For a quick thaw, submerge food in cold water in an airtight package or thaw in the microwave if you will be cooking it immediately.

DIVIDE AND CONQUER. Separate large amounts of leftovers into small, shallow containers for quicker cooling in the refrigerator.

AVOID THE PACK ATTACK. Do not over-stuff the refrigerator. Cold air must circulate to keep food safe.

ROTATE BEFORE IT'S TOO LATE. Use or discard chilled foods on a regular basis. Check the USDA Cold Storage chart available at <http://www.foodsafety.gov/~fsg/f01.chart.html>

DON'T GO TOO LOW. As you approach 32°F ice crystals can begin to form and lower the quality of some foods such as raw fruits, vegetables and eggs. A refrigerator thermometer will help you determine whether you are too close to this zone.

Visit www.fightbac.org today for more tips.



Love, Loss, healing cont'd from page 11

pened?" "How could this happen?" After some time Odegard decided she did not want to be home alone and spent the rest of the day at a friend's house.

As a Behavioral Health Tech, typically when others were facing an adverse situation one of the things Odegard might do would be to help them utilize coping mechanisms. "Everything I had learned, about coping, all of that went out the window when it happened. That night, when I went home, I cried all night, I did not sleep at all. It was probably the worst night I've ever had actually."

Over the next several days Odegard knew people were doing their best to be supportive, but in her heart she felt nothing could be said to take her hurt away. She decided to fly back to the states for Sanders funeral. "Going to the funeral was extremely helpful and I am very glad I went. I don't regret it at all. A lot of the Marines and Sailors he was stationed with at Camp Leguene drove up for the funeral. The whole church was full, it rained that day but everyone was out there anyway," she said.

But time did not heal her wounds and for several months Odegard continued to grieve. "Andrew had a huge personality, he changed my life. Before I met him I was depressed and sad a lot, and would ask myself why I ever joined the military. But he was always optimistic about everything.

"But after he died all I kept thinking was, 'wow, I can't believe he brought me so much joy and now he is gone—it's like I am back or worse than I was before.'"

Odegard realized she didn't want her sorrow to consume her and so she sought out help from one of the providers in her own department.

"They helped me process my emotions a lot. We can often have trouble deciphering our own emotions, thinking 'why does this have to happen?' or 'why do I have to feel this?' it helped me a lot and I don't regret going.

"I didn't even care if going meant I would ruin my career—experiencing a loss like that, I had to talk to someone. He was the friend I would normally talk to, we spent all of our time together and then he wasn't there anymore, I couldn't talk to him—so I found someone else," she said.

Odegard will be the first to tell you that the feelings of hurt did not quickly or easily sub-

side. "It made me angry when some people couldn't understand why I was so upset even a few months later. Some people thought I would be over it in a month or two--but you never get over that. You learn to cope with it, but you never get over it," she said.

Odegard believes, that even in death, just as in life, Sanders, bright smile and positive attitude were there for her. "One night I had a dream and he was in it and the next day I felt like a changed person," she said. "It was pretty amazing. I think it was a message; it was definitely a game changer. After that I started getting out again, doing more stuff, being happier. I feel like I am the happiest I have ever been."

The healing process began slowly; she started doing more things like going to the movies with friends or volunteering. "Making myself go out was challenging but it was helpful," she said. She also found solace in simple, everyday things, like cooking and baking where she was able to focus her thoughts on gathering and measuring ingredients and putting together delicious a recipes.

"I still see his pictures sometimes and I can't believe he is gone. I still have those days where I don't want to get out of bed. I still drive around to the places on the island that we went to and I still get sad—but it isn't like the overwhelming sadness it was before," she explained. "I try to think of the good things, I can't bring him back, but I can't dwell on it even though it is still hard to understand, but I'm still here."

Odegard believes ultimately it was Sanders optimism that had the greatest impact on her life. "Even when things were tough for him he didn't complain, he always came back to work the next day with a big smile. He would do his best; even when he would get frustrated and stressed out he'd come back the next day ready to work again," she explained.

She also believes in the importance of reaching out when faced with a situation or emotions that someone may be having a hard time coping with. "In the Mental Health Department we provide cognitive behavioral therapy, which is about changing the way you think, which will change the way you feel," she said. "I find when people decide to come in to get help, they are usually glad they did."

Every Sailor, Every Day



Every day, each of us has the opportunity to encourage and support fellow Sailors and Marines.

**Military
Crisis Line**



1-800-273-8255
PRESS 1

www.militarycrisisline.net



800-342-9647

www.militaryonesource.mil/

If you or someone you know is in crisis, visit your local Fleet and Family Support Center, or call the Military Crisis Line or Military OneSource.

For more information, visit:

NMCPHC HPW Suicide Awareness and Prevention: www.med.navy.mil/sites/nmcphc/health-promotion/psychological-emotional-wellbeing/Pages/suicide-prevention.aspx

Navy Suicide Prevention Program: www.public.navy.mil/BUPERS-NPC/support/21st_century_sailor/suicide_prevention/Pages/default.aspx

Vets4Warriors: www.vets4warriors.com/



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