PACIFIC PULSE

October 2014

Women's Health Edition

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Sarah Quast
U.S. Naval Hospital Ombudsman
Cancer Survivor

Pacific Pulse

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

The opinions and assertations herein are the personal views of the authors and do not neccessarily 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:

This October, U.S. Naval Hospital Guam celebrates Women's Health Month. Heart disease and breast cancer remain the top causes of death among women. It is important for women to be aware of preventative measures as well as understand their benefits provided through TRICARE from cancer screening to reproductive care. Although this issue of Pacific Pulse covers a wide variety of topics you can also go to: http://www.health.mil/News/ to learn more.

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Commanding Officer
Capt. Jeannie Comlish

Readiness

Hafa Adai NH Guam Team, Happy New Year! That is, fiscal new year of course. In this issue of the Pacific Pulse, I would like to share my strategic priorities and plan as we move forward with becoming a high reliability organization. We will continue to be aligned to the Navy Medicine goals of Readiness, Value, and Jointness, and with Navy Medicine's additional focus toward patient safety. A strategic plan charts the course for our organization's priorities now and in the future. It provides us the framework to improve our overall effectiveness and efficiency because it helps us identify both long term and short term goals. Previously we implemented the Four Disciplines of Execution (4DX) as a process improvement tool or "operating system" in order to help us execute those goals, and although we will continue to enjoy 4DX as a viable tool, I want you to feel free to choose whatever tools you may need in order to accomplish these goals. Whether you use a Lean 6 Sigma Project, Project Management, Team Stepps and so on, our vision is to lead Navy Medicine and I have no doubt the leadership and each of you will be instrumental in achieving this goal.

Although our previous goal was to enrich the patient's experience of care, this can often be hard to measure aside from utilizing a patient satisfaction score . Because of this, the Executive Steering Council (ESC) has decided to help redirect our focus to five categories in which we can raise our current bar to lead Navy Medicine: HEDIS measures, Access to care, Secure Messaging (Relay Health), Medical Readiness, and decreasing Network Costs. It is up to each directorate, division, and department to help us lead Navy Medicine in one or all of these five categories. The leadership team believes that these particular focus areas will provide the best return on investment regarding the BUMED strategy map where Readiness, Value and Jointness are top priorities. I am so proud of all you have done during our last fiscal year and I look forward to working together the next couple of years to bring this organization to the next level.

Secondly, October 13 marks the 239th birthday of the U.S. Navy. I am extending my deepest gratitude to Sailors, civilians, and family members who serve or have served our great Navy. The Navy is full of rich history which guides our course into the future. Within the Navy we are rich in diversity, opportunities and innovations; it is a wonderful organization to be a part of, it truly is a place where presence matters. We can all be proud knowing we are a part of this history and heritage. We are leading the future, and leaving a legacy for those who will step up and step in behind us. To all our Sailors and Navy families happy birthday!

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

Executive Officer
Capt. Mike McGinnis

Value

Hafa adai to the finest Navy Medicine team there is! It was great seeing so many of you attend the command picnic. We've been very busy clinically and it's always good to take a pause and recharge, even if it's with a burger and a hot dog. We also have a well-timed 96 this month, enjoy it with you friends and loved ones and come back recharged.

Recently the VA has been under fire for delays in access to care. The resultant public outcry has raised questions about our country's other federal healthcare delivery system, the DoD's Military Health System (MHS). SECDEF Chuck Hagel ordered a review of the MHS on 28 May 2014 focused on quality, access and patient safety (a slight variation of the classic healthcare triad of quality, access and cost). The MHS review conducted on site surveys at institutions of variable size across the three services and centrally reviewed data for all MTFs.

The MHS review was released just last week. You may read the report and associated documents at the following site: http://www.defense.gov/home/features/2014/0614_healthreview/

The report demonstrates that the MHS does deliver safe, timely and high quality care overall, comparable to care delivered in the civilian sector. The review did note that variation exists within the MHS as far as meeting various national benchmarks. Our opportunity is to take the feedback from the review and further refine our processes and improve them, consistent with the principles of a high reliability organization.

USNH Guam leadership is reviewing feedback as it pertains to us and there are no unanticipated concerns. Your dedicated patient care results in high quality care. We have areas where we can improve outcomes, as do all treatment facilities, and you and your leadership teams are already at work to make our healthcare delivery better. For all of your hard work, I say a heart-felt thank you! Be proud of the care you deliver and the team you represent. Your passion and commitment make our hospital the star performer that it is.

We're in a special place with a special mission on a very special team.

Command Master Chief
Robert Burton

Jointness

On Friday, October 13th 1775, the Continental Congress called for the formation of a Navy. This October marks the 239th birthday of the U.S. Navy. In school we learn about the Boston Tea Party (Dec. 19, 1773) and the battles of Lexington and Concord (April 19, 1775). However, historian James Fenimore Cooper documents an a chain of events in Narragansett bay where the first British blood drawn by colonials was the result of a boarding action off Providence Rhode Island on the night of June 17, 1772.

Cooper served in the U.S. Navy as a midshipman prior to the war of 1812. He served on Lake Ontario, Lake Champlain and finally aboard USS Wasp under Lieutenant James Lawrence. In "*A History of the Navy of the United States of America*," published in 1839, Cooper recounts how Britian had stationed a Navy schooner off Providence to enforce British laws. The schooner was the HMS Gaspe (27 men) and it chased a Providence packet between New York and Rhode Island named Hannah. The Hannah led the Gaspe to run aground on a Shoal as the tide was falling.

The citizens of Providence were excited by the incident and while gathered in town a man disguised as an Indian stood atop a building and asked all interested men to return at 9 p.m. disguised as he was for an expedition to the Gaspe, A total of 64 men in disguise, thought to be under the command of Captain Whipple (later commissioned by Continental Congress) set off in 8 launches for the Gaspe.

The boarding started around 2 a.m. when the lookout challenged them, only to be driven below by rocks thrown from the launches. The Captain of the Gaspe came deck, warned them off and shot a pistol at the launches. A musket was fired in return with the ball passing through the Captains leg. Fire was returned from a musket passing through the Captains leg. The men boarded and quickly subdued the crew. The crew was removed and Gaspe was set ablaze. Gape blew up shortly before dawn. The British offered a reward of £1000 sterling for the leader and £500 for members of the boarding party, with amnesty for the informant if they were an accomplice. No reward was ever collected.

Happy Birthday Navy!

Sarah's Story

by: Sarah Quast, U.S. Naval Hospital Guam Ombudsman

U.S. Naval Hospital Guam Ombudsman, Sarah Quast, never dreamed a pregnancy would save her life. During her pregnancy she she was diagnosed with cancer and is now a firm believer that early detection saves lives. ***(Pictured right)*** *Sarah's husband Cmdr. Tim Quast , and Intensivist at the hospital, shaved his head in solidarity during her treatment and kept it shaved until her hair came back.)*

So, I'm a cancer survivor at my ten-year cancer-free point. It's been ten years since I had my mastectomy. I have a lot to reflect on—and to be grateful for: Number one, I am alive, and so is Zoe, the daughter I was pregnant with when I received my diagnosis.

In July of 2004, I was 42 years old, and trying to get pregnant with our third child. I had a health "to do" list from my doctor, and for the first time it included a mammogram because I was over 40. I feel sure had I not been trying to get pregnant and gotten the "to do's" from my doctor, I would have waited at least a few years to get a mammogram—I was really busy with my two small girls. But I went ahead and scheduled a mammogram, and then found I was pregnant in the meantime. I asked the Breast Care Center receptionist at the then-Bethesda Naval Hospital if I should still go ahead with the mammogram since I was newly pregnant. Her answer "yes" saved my life. Not to be dramatic—but to be honest, it *is* dramatic: if I had not had my mammogram *then,* my husband, Tim, would be raising three daughters on his own.

The hormones in pregnancy super-charge a hormone-receptor positive cancer (which mine was). When I went for my mammogram, the radiologist took a very long time looking over my films, and then he called me in to see them. He showed me what looked like the Nile Delta—a whitish triangle. He said that it was probably nothing, but he wanted to be sure. He also did a sonogram, which showed nothing. There was also nothing I (or the doctor) could feel in a breast exam. Still, the radiologist did not like the look of the mammo film, so he scheduled a punch biopsy. Yes, like a cookie cutter. I had my cookie cutter treatment on a Friday and was told I should hear the results by the next Tuesday. That weekend, it happens, was our tenth anniversary, and my husband and I left our daughters, four and one, with Grandma and went to Maryland's Eastern Shore to celebrate.

While we enjoyed the weekend, the gears were turning in my mind about how I would run my family's lives from beyond the grave. I went through my mental rolodex of nice, single, or divorced women who could marry my husband and help raise our daughters. I thought about all the information I was going to have to leave them. I thought about the career paths my husband should take so that he could be a present single dad. These things were all in my own mind—I was not yet discussing them with Tim.

You could say that my husband and I had a head start on the mortality discussions, as he had survived two cancers, the second one metastatic. He had surgeries and a very tough course of chemo during which he dropped 20 pounds off his already slim frame. In a supreme example of "Life's not fair," the chemo regimen for breast cancer somehow makes you gain weight—I have 30 pounds that I didn't have pre-cancer that I've never been

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able to shed. Even my "cancer friends" who barfed way more often than I did during chemo gained a lot of weight.

Anyway, even though in the past we had been discussing Tim's mortality, and now I was thinking about mine, it helped to have gone through the process. I got the call first thing on Monday morning, my day off; the radiologist told me that my hunk of flesh had tested positive; I would be put in contact with a hospital social worker who would coordinate all of the facets of my care—and even if, had I not been pregnant, there would have been many. Then

I called Tim at work and told him that I had a positive result. He was stunned. Whereas I had subconsciously assumed the worst since my ugly mammogram, he had assumed that it was nothing.

My caseworker, Barbara Ganster, told me that given my diagnosis (infiltrating ductal carcinoma, hormone-receptor positive, smallish tumor, 1-2 cm, but grade 3—the angriest of the three tumor grades), I would have many treatment options, but delaying treatment was not one of them. Everybody's path through cancer is very different; Tim and I and an army of different specialists did mountains of research and study on my particular case (can baby and I both survive this, chemo then c-section then lumpectomy, mastectomy then chemo, how early would we need to take the baby…) Tim and I had to make several decisions; one we made, against most doctors' advice, was "no chemo while the baby's in the oven."

Most doctors recommended chemotherapy immediately, during pregnancy. As soon as I got that ugly mammogram, my gut had said, "Take it all off." After doing our due diligence, that is what we did. At 18 weeks pregnant, I had a radical mastectomy. Baby and I both woke up after the surgery, so all was good. My two small girls, Sophia and Helen, went to "Grandma Camp" for the next five days, and my husband took leave to take care of me. This was a blessing, since I was left with lots of tubes and drains attached to my body and I wasn't supposed to do any lifting at all. I spent my days watching TV—a big thrill since I don't otherwise have time for that, and Tim worked out his stress by doing a massive masonry project outside. Digging ditches and breaking rocks for several hours a day--was his way of coping; the result is a path from the front to the back of our house in Maryland we call the "Mastectomy Walk."

Now, ten years later, is the first time I've really written about my whole path, and it's proving difficult. It's hard to boil down a very intense 18 months or so into a compact summary. After the mastectomy, Tim and I decided I would begin chemotherapy six months from that point. That allowed the baby to be born full term and a few weeks of breastfeeding before I started. Sounds so simple—but it was the result of consultations with specialists from Bethesda Naval Hospital, NIH, and Johns Hopkins, as well as our own research and soul-searching talks. And it was against the advice of most doctors.

The mastectomy went pretty well, as mastectomies go, I guess. When I was wheeled into the operating room, I was very surprised by its huge size—and the large circle of large view-

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the NATIONAL BREAST and CERVICAL CANCER EARLY DETECTION PROGRAM

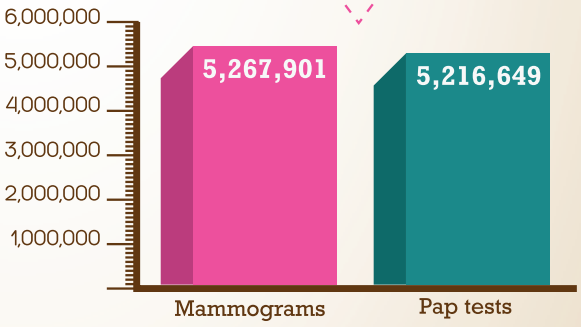
2014 is the 23rd Anniversary of the Division of Cancer Prevention and Control's National Breast and Cervical Cancer Early Detection program (NBCCEDP), the only nationally organized cancer screening program for underserved women in the United States.

From 1991-2011, NBCCEDP-funded programs have....

Served more than
4.3 million
underserved women
in the United States

Provided more than
10.7 million
breast and cervical cancer screening examinations

10.7 million breaks down to 5,267,901 mammograms and 5,216,649 Pap tests



Diagnosed more than
56,000
breast cancers

Diagnosed more than
3,200
cervical cancers

Learn more about
Division of Cancer Prevention and Control (DCPC)
National Breast and Cervical Cancer Early Detection Program
(NBCCEDP) by visiting:
http://www.cdc.gov/cancer/nbccedp

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

He is the all-around American kid who grew up in Chicago, ran cross-country in high school, and studied programming in college. Yet, Hospital Corpsman 3rd Class Brandon Booker said it was through concentrated prayer that led him to join the United States Navy. “I feel like it was destiny and I am just following where I have been led. I take pride serving after those that have gone before me and sacrificed their life to better our country and protect our future,” he said.

Although he is a Fleet Marine Force (FMF) trained Corpsman, Booker has not yet been embedded with the Marines. It was through the knowledge of the upcoming surge of Marines to Guam that led him here with hopes of becoming a part of the history in the making.

Currently, he is working in the Operation Management Department (OMD) of U.S. Naval Hospital Guam, a department responsible for things like security and Anti-Terrorism Force Protection for the hospital. According to Booker, it also provides him an opportunity to understand hospital administration. “In order to be successful with the Marines or Navy, you need to understand administration. I look at my position as an opportunity and training to be a better leader,” said Booker. He also said OMD provides him ongoing opportunity to utilize critical thinking skills, something crucial to anyone who works in medicine.

Although he is not serving with the Marines or in a medical clinic, Booker feels being a Corpsman involves more than just worrying about himself. “Sometimes you have to be a silent leader or lead by example and look at how you can make things better,” he said. “A Corpsman is instilled with the responsibility of people’s lives. People have depended on Corpsman for so many things, from medical, to spiritual advice, and family advice—it is important we take pride in that and carry on that tradition.”

As a Third Class Petty Officer Booker feels it is important to learn what type of leader he is and how to provide for his junior Sailors. He also feels it is important to lead by example, not only through education and attitude but military bearing as well. “I am trying to be a silent leader and motivate others do their best regardless of what they have been dealt. It is all about how to make the best out of any situation-- that is our job, not only as Corpsman but as Sailors,” he said.

Booker’s goal is to put in an officer package and he said he would be content to go wherever the Navy needed him. “I came in the Navy to be a Sailor—I want to do great things and be part of a long standing history of those who have commanded their ‘own ships’ and instilled greatness in others,” he said. Most importantly, he feels the greatest thing a Sailor can do, whether on the front line or not, is to be there for the person next to them. “When you are having your hardest day or see a shipmate having their hardest day, you need to pick your shipmate up and let them lean on you because you never know when you are going to need to lean on them,” he said.

Spotlight:

Hospital Corpsman 3rd Class Petty Officer Brandon Booker

Corpsman Up!

Top 10 Things Lesbians Should Discuss with their Healthcare Provider

GLMA Health Professionals Advancing LGBT Equality

Following are the health issues GLMA's healthcare providers have identified as most commonly of concern for Lesbians. While not all of these items apply to everyone, it's wise to be aware of these issues.

1 Breast Cancer

Lesbians are more likely to have risk factors for breast cancer yet less likely to get screening exams. This combination means that lesbians may not be diagnosed early when the disease is most curable.

2 Depression/Anxiety

Lesbians may experience chronic stress from discrimination. This stress is worse for women who need to hide their orientation as well as for lesbians who have lost important emotional support because of their orientation. Living with this stress can cause depression and anxiety.

3 Heart Health

Heart disease is the leading cause of death for women. Smoking and obesity are the biggest risk factors for heart disease among lesbians. All lesbians need yearly medical exams for high blood pressure, cholesterol problems, and diabetes. Health care providers can also offer tips on quitting smoking, increasing physical activity, and controlling weight.

4 Gynecological Cancer

Lesbians have higher risks for certain types of gynecological (GYN) cancers compared to straight women. Having regular pelvic exams and pap tests can find cancers early and offer the best chance of cure.

5 Fitness

Research shows that lesbians are more likely to be overweight or obese compared to heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death. Lesbians need competent and supportive advice about healthy living and healthy eating, as well as healthy exercise.

6 Tobacco

Research also shows that lesbians use tobacco more often than heterosexual women do. It is easy to get addicted to smoking, even if smoking if it's only done socially. Smoking has been associated with higher rates of cancers, heart disease, and emphysema – three major causes of death among women.

7 Alcohol

Heavy drinking and binge drinking are more common among lesbians compared to other women. While one drink a day may be good for the heart, more than that can be raise your risk of cancer, liver disease and other health problems.

8 Substance Use

Lesbians may use drugs more often than heterosexual women. This can be due to stress from homophobia, sexism, and/or discrimination. Lesbians need support to find healthy ways to cope and reduce stress.

9 Intimate Partner Violence

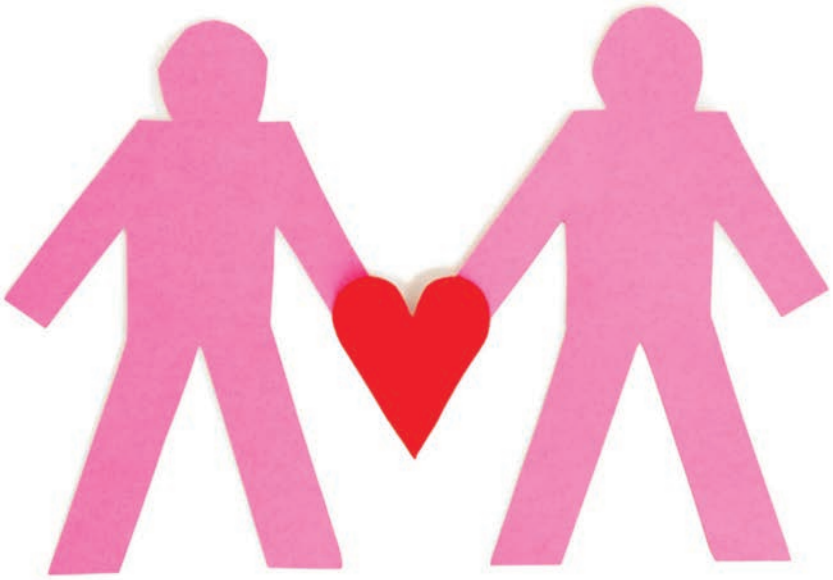
Contrary to stereotypes, some lesbians experience violence in their intimate relationships. However, health care providers do not ask lesbians about intimate partner violence as often as they ask heterosexual women. Lesbians need to be asked about violence and have access to welcoming counseling and shelters when needed.

10 Sexual Health

Lesbians can get the same sexually transmitted infections (STDs) as heterosexual women. Lesbians can give each other STDs by skin-to-skin contact, mucus membrane contact, vaginal fluids, and menstrual blood. It is important for sexually active lesbians to be screened for STDs by a health care provider.

Author: Tonia Poteat, MMSc, PA-C, MPH, PhD. Revised May 2012.

In Love and Health:



Health Concerns for Lesbian and Bisexual Women

As a woman, health can be complicated. Navigating through the seasons of life brings different health concerns, and sometimes a few curve balls are thrown in, such as unexpected pregnancies or illness. Because of this, it is important a woman understand her body and is comfortable asking questions when meeting with her provider.

Since the military has lifted the ban on homosexuals this is especially true for lesbian and bisexual women. According to U.S. Naval Hospital (USNH) Guam, Obstetrician and Gynecologist, Lt. Cmdr. Stephanie Stratton, one of her biggest concerns for these women has been their barrier to care. According to the American Congress of Obstetricians and Gynecologists, many of the barriers encountered are due to concerns about confidentiality and disclosure, discriminatory attitudes and treatment, and limited access to health care and health insurance.

"I remember being a resident and people would come into my office and vaguely talk about what was going on with them. I could tell from their undertone it involved a same sex situation," she said. "I knew they didn't want to disclose everything because they were scared of the consequences and repercussions of being in the military."

Health concerns that lesbians and bisexuals face are similar to those faced by heterosexual women. They include cardiac disease, stroke, diabetes, cancer, substance abuse, sexually transmitted infections, domestic violence, and issues with mental health. Some studies indicate that there are indeed higher rates of depression, general anxiety, and substance abuse among lesbian and gay demographics—some believe to be caused by discrimination, rejection, and social stigma.

"When people can't be open and honest about their health it then becomes a patient-safety issue," said Stratton. "And even with the repeal of 'Don't Ask, Don't Tell,' there are still barriers. There are still people that are not comfortable or open about their sexual orientation because they are afraid of what their friends may think or what their family may say."

This, she said, can trigger depression or thoughts of suicide. For Stratton, this issue is personal because she can identify with her patients. She has been married to her wife since 2007, and was only able to seal it legally recently in Washington D.C. "I know how it feels to have to come out to the people you love, or to just fight to be yourself, or have to fight for certain rights that other people have that you don't have because you are homosexual," she said. "But I have always been open. However, I have known people that were scared and so they suffered mentally with depression and suicide attempts—I think that is still present—

Continued on page 13

Ten Things Bisexuals Should Discuss with Their Healthcare Provider

GLMA Health Professionals Advancing LGBT Equality

The following are health issues are identified as most commonly of concern for people who are bisexual. While not all of these items apply to everyone, it's wise to be aware of these issues. The other factsheets in this series may also be helpful depending on your gender.

1 Come Out to your Healthcare Provider

In order to provide you with the best care possible, your clinician should know you are bisexual. It should prompt him/her to ask specific questions about you and offer appropriate testing. Many providers are less familiar with bisexuality and may make assumptions about your behavior. Be honest and you will get better care. Remind your provider each time you see them about who your current partners are–it may change the screening tests they offer you. If your provider does not seem comfortable with your sexual orientation, find another provider.

2 HIV/AIDS, Safe Sex

Many men who have sex with men are at an increased risk of HIV infection, but the effectiveness of safe sex in reducing the rate of HIV infection is one of the LGBT community's great success stories. If you are HIV positive, you need to be in care with a good HIV provider. Safe sex is proven to reduce the risk of receiving or transmitting HIV. You should also discuss and be aware of what to do in the event that you are exposed to HIV (Post-Exposure-Prophylaxis)–contacting your provider IMMEDIATELY following an exposure to explore your options. If you are in a relationship where one of you is positive, you should discuss options for prevention with your provider as well. Although women who have sex with women have lower rates of HIV, if you have sex with a gay or bi man (who have increased rates) it is important to understand their HIV status and how to protect yourself.

3 Hepatitis Immunization and Screening

If you have sex with multiple partners (of any gender) you are at an increased risk of sexually transmitted infection with the viruses that cause the serious condition of the liver known as hepatitis. These infections can be potentially fatal, and can lead to very serious long-term issues such as liver failure and liver cancer. Immunizations are available to prevent two of the three most serious viruses. Universal immunization for Hepatitis A Virus and Hepatitis B Virus is recommended for all sexually active people. Safe sex is effective at reducing the risk of viral hepatitis, and is currently the only means of prevention for the very serious Hepatitis C Virus. If you have Hepatitis C there are new, more effective treatments for that infection.

4 Fitness (Diet and Exercise)

Problems with body image are more common among bisexuals and bisexuals are much more likely to experience an eating disorder such as bulimia or anorexia nervosa. While regular exercise is very good for your health too much of a good thing can be harmful. The use of substances such as anabolic steroids and certain supplements can be dangerous. Being overweight or obesity are problems that also affect many bisexuals. These can lead a number of health problems, including diabetes, high blood pressure, and heart disease and breast cancer.

5 Substance Use/Alcohol

Bisexuals may use substances at a higher rate than the general population, and not just in larger communities such as New York, San Francisco, and Los Angeles. These include a number of substances ranging from amyl nitrate ("poppers"), to marijuana, Ecstasy, and amphetamines. The long-term effects of many of these substances are unknown; however current wisdom suggests potentially serious consequences as we age. If your drug use is interfering with work, school or relationships, your healthcare provider can connect you to help.

6 Depression/Anxiety

Depression and anxiety appear to affect bisexuals at a higher rate than in the general population. The likelihood of depression or anxiety may be greater, and the problem may be more severe for those men who remain in the closet or who do not have adequate social supports. Many bisexuals keep their orientation and sexual behavior a secret from their providers. Adolescents and young adults may be at particularly high risk of suicide because of these concerns. Culturally sensitive mental health services targeted specifically at gay men may be more effective in the prevention, early detection, and treatment of these conditions.

7 STDs

Sexually transmitted diseases (STDs) occur in sexually active bisexuals at a high rate. These include STD infections for which effective treatment is available (syphilis, gonorrhea, chlamydia, pubic lice, and others), and for which no cure is available (HIV, Hepatitis, Human Papilloma Virus, herpes, etc). There is absolutely no doubt that safe sex reduces the risk of sexually transmitted diseases, and prevention of these infections through safe sex is key. The more partners you have in a year, the more often you should be screened. You can have an STD without symptoms, but are still able to give that to others.

8 Prostate, Testicular, Breast, Cervical and Colon Cancer

Bisexuals may be at risk for death by these cancers. Screening for these cancers occurs at different times across the life cycle, and access to screening services may be harder for bisexuals because of not getting culturally sensitive care. All bisexuals should undergo these screenings routinely as recommended for the general population.

9 Tobacco

Recent studies seem to support the notion that bisexuals use tobacco at much higher rates than heterosexuals, reaching nearly 50 percent in several studies. Tobacco-related health problems include lung disease and lung cancer, heart disease, high blood pressure, and a whole host of other serious problems. All gay men should be screened for and offered culturally sensitive prevention and cessation programs for tobacco use.

10 HPV (virus that causes warts and can lead to anal & cervical cancer)

Of all the sexually transmitted infections bisexuals are at risk for, human papilloma virus (HPV) – which cause anal and genital warts – is often thought to be little more than an unsightly inconvenience. However, these infections may play a role in the increased rates of anal cancers in bisexual men. Some health professionals now recommend routine screening with anal Pap Smears, similar to the test done for women to detect early cancers. Safe sex should be emphasized. Treatments for HPV do exist, but recurrences of the warts are very common, and the rate at which the infection can be spread between partners is very high. Individuals with a cervix should get routine pap smears as instructed by their clinician.

Author: Robert J Winn, MD AAHIVMS. Medical Director, Mazzoni Center. Philadelphia, PA. Revised May 2012.

Lesbian and Bi-Sexual cont'd from page 9

no one can take that away with added benefits."

One of the fears of her immediate family was whether or not she would be able to have children. Stratton however, never worried about that, she always knew having a family was something she wanted. Even before the military began offering full benefits for same sex couples, through her own benefits, Stratton and her wife had two children through the intrauterine insemination (IUI) process, which is the injection of washed sperm into the uterus. Although her spouse had hoped to carry the second child, at the time, because benefits were not available the couple made the decision that best suited their family. "We have thought about having another under coverage," said Stratton with a smile.

As the military has come to recognize same sex marriages the questions on TRICARE coverage and expanding families are being asked. Today, family planning for all military couples has become a little easier. According to Stratton, TRICARE does in fact cover fertility treatments, from In Vitro fertilization (IVF) to fertility drugs, and procedures for couples, with some items that will still come out of pocket, regardless of sexual orientation.

The USNH. Guam OB/GYN clinic offers an array of services to all women including women's preventative health, cervical cancer screening, fertility and family planning classes and services, contraceptive classes, gynecological procedures, and obstetrical care. According to Stratton although the hospital does not offer certain fertility procedures and treatments, they can refer couples to a specialist. "Unfortunately, there isn't an infertility specialist on Guam—if someone is interested they would have to go to a bigger hospital like Tripler or San Diego—and that is paid out of pocket," she said. The hospital also offers a Preconception and Fertility class that is available to all couples.

When it comes to overall health, Stratton encourages all women to take the proper precautions whether it is eating healthier, exercising more or using protection against sexually transmitted infections. She also encourages women, including those in monogamous relationships, to get vaccinated against the Human papillomavirus (HPV) which is the most common sexually transmitted infection. HPV, when left untreated can cause genital warts and cervical cancer. She suggests women (and girls beginning at age 11) speak with their OB/GYN and primary care physicians about receiving the three-series vaccine, which can best protect them from HPV. This vaccine is also available to males.

Ultimately, Stratton emphasizes that regardless of race, religion or sexual orientation, the health of a woman is important. "In our clinic all women can be assured that their encounters will be met with confidentiality and non-judgment so that we may provide the best quality care the military has to offer." What Stratton hopes for all women, is they will feel comfortable discussing their health with their doctor, openly, and without worry of discrimination so that all women will have the opportunity to live their life to the fullest.

Fertility and Pre-Conspetion Classes available for all couples.

Classes Offered via consult with Primary Care Physician

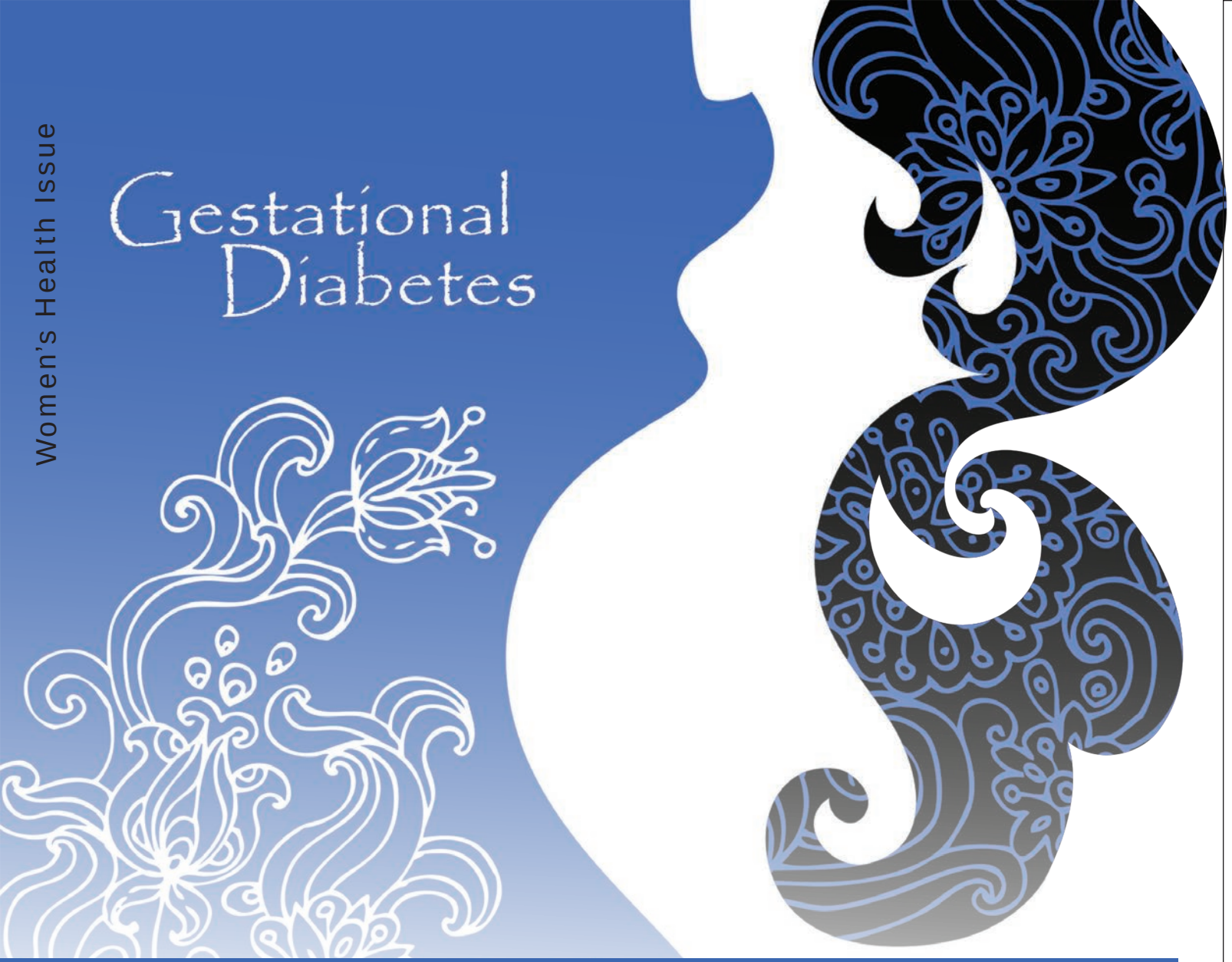
Classes are given once a month on Fridays at 2 p.m.

Located in the OB/GYN Clinic

Class must be taken prior to scheduling an individual appointment regarding fertility and treatment.

Call 344-9775/6 to register.

Gestational Diabetes



Written by: Kelly O. Elmore,MD, MBA, Board Certified OBGYN

I got a text from a friend today, "My 1 hour sugar test is elevated. What does that mean?" After we discussed expectations, the next week she texts again, "my 3 hour test is normal, do I need to do anything different for the rest of my pregnancy?"

Although there are many great books and websites out there to tell you what to expect during pregnancy, until it happens to you- sometimes you do not get to that chapter. Then once you get to your appointment, it may be all about logistics and you miss 85% of the conversation your provider had with you.

Here's what you need to know- short and sweet so you can remember. Don't worry I'll give you references at the end too.

Diabetes occurs when your blood sugar level in the blood is not regulated. If you have been diagnosed with diabetes prior to pregnancy this is called **Pre-gestational** diabetes. It is crucial to have this controlled prior to pregnancy to reduce major defects and risk of death in the early growth phases of your baby. If you are diagnosed with diabetes during your pregnancy then you have gestational (during pregnancy) diabetes. If it is very early in your pregnancy then you probably had it prior to pregnancy too.

Why did this happen to me? You naturally make a hormone called insulin that regulates

Continued on page 16

HEALTH TiPS

WHAT YOU CAN DO

http://foundation.acponline.org

Women's Health Issue

Diabetes

People with diabetes have high levels of sugar in the blood that can hurt parts of the body. They are often too heavy and have high blood pressure and high cholesterol.

Eat less sweets.

Try to exercise every day.

Your doctor can help you manage your diabetes.

Here's what you can do to keep your diabetes under control.

- Eat less and don't eat too many sweets and starches.
- Try to exercise every day.
- Check your blood sugar levels and write them down to show your doctor.
- Take good care of your feet.
- Take your medicines.

During your visit to the doctor's office or clinic, ask about:

- The best way to diet, exercise and lose weight.
- An A1c test and urine protein test.
- Your blood pressure and cholesterol level.
- A flu shot and pneumonia shot.
- An eye exam and foot care.

If you are taking diabetes medicine and you feel shaky, sweaty or confused, eat some candy, check your blood sugar, and call the doctor right away.

Ask your doctor or nurse to help you fill in the following:

- I should check my sugar level at_____
- My goal weight is_____
- My hemoglobin A1c level should be_____
- My cholesterol level should be_____
- My blood pressure should be_____
- My next eye exam is due on_____
- My next foot exam is due on_____
- My next flu shot is due on_____
- My next doctor's visit is on_____

Supported by a grant from **sanofi-aventis U.S.**

To order *Living With Diabetes*: An Everyday Guide for You and Your Family, go to http://www.acpfoundation.org/materials-and-guides

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American College of Physicians FOUNDATION

Gestational Diabetes cont'd from page 12

your blood sugar levels. It is thought that the placenta carries hormones that alter your body's ability to stay balanced in order to provide nutrients to your baby.[1] Some people's bodies respond well to this and others don't, especially if you are at higher risk prior to pregnancy.

When and how do I get diagnosed? Typically, between 24-28 weeks of pregnancy, your provider will ask you to drink a sugary drink (you don't have to fast) and wait one hour for a blood test. If you have risk factors: over the age of 30, African American, Hispanic, Native American heritage, elevated BMI (body mass index based on your height and weight), prior history of abnormal glucose testing, prior history of a large baby at delivery, you may have to do this test twice- once in the early 2nd trimester and again in the late 2nd trimester. Depending on the scale that is used, if your 1hr test if >140 (some clinics use 135), then you are at risk for GDM and a 2nd confirmation test will need to be done. For this test, you should fast for at least 8 hours. You will get blood drawn 4 times, once fasting (prior to eating), then you will drink more of the sugary drink, then drawn again at 1, 2, and 3hrs after drinking. Some people do vomit and have to try again another day or do an alternative method of testing, but most women tolerate the test very well. Once again depending on the scale used if two or more of the blood tests are abnormal or one blood level is significantly high, you are diagnosed with Gestational Diabetes.

If my 1 hour is abnormal and my 3 hour is normal am I free and clear? Absolutely not. Although you do not have to go through the steps explained below, research shows that you could potentially have insulin resistance and like everyone during their pregnancy (barring other medical concerns) daily exercise of at least 30 minutes and monitoring your eating choices is very important.

If my 3 hour is abnormal then what's next? Your provider should order you a set of supplies to check your blood sugar 4-6 times a day. Your provider will review goals of glucose level management, I recommend fasting glucose <95 and 2 hours after meals < 120 or <140 if 1 hour after a meal. If levels are not controlled within 2-3 weeks with diet and exercise then medication therapy is recommended. Medications may either be oral or through an injection.

Will I get delivered early? Do I need additional testing? This is all dependent on how well our body responds to your change in exercise and eating habits. You may undergo fetal testing (monitoring the fetal heart rate and measuring the fluid levels around your baby) during the latter part of your 3rd trimester, you may need a growth ultrasound to help calculate the baby's weight, and/or delivery prior to your due date. But remember, the goal is to have a healthy baby so do your best and your provider will do the same to help you reach your goal.

I'm delivered, what next? If you are well controlled most providers stop checking your blood sugars after delivery but this does not mean you should change your healthy eating habits. Also, as soon are you are able to return

Continued on next page

Super-Foods

THIS INFOGRAPHIC IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT MEANT TO TREAT, DIAGNOSE, OR PROVIDE MEDICAL ADVICE.

Gestational Diabetes cont'd from page 14

to working out you should do so. By the way, breastfeeding is a great way to reduce you and your newborns risk for developing diabetes in the future. Around your 5-6th week postpartum, you will need to do another fasting sugar test but this one takes 2 hours. This is to make sure your diabetes has resolved. If it has not, you will need to see your provider and continue with the nutritionist to get your levels controlled and help prevent major complications from diabetes in the future. You should also continue annual visits with your primary care provider and check at least every 2-3 years for the development of Type II Diabetes. You should also inform your baby's physician that you had diabetes during pregnancy because your child is at risk for childhood diabetes as well. Always continue to eat healthy and exercise.

The above information is for educational purposes only. Please discuss in depth with your OB provider.

References:

- ACOG bulletin FAQ 177 obtained September 2014 http://www.acog.org/Patients/FAQs/Gestational-Diabetes
- American College of Obstetricians and Gynecologists Committee on Practice Bulletins—Obstetrics. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologists. Number 30, September 2001 (replaces Technical Bulletin Number 200, December 1994). Gestational diabetes. *Obstet Gynecol.* 2001;98(3):525-538.

Women's Health Issue

Overweight, Obesity, and Weight Loss

Over 60 percent of U.S. women are overweight. Just over one-third of these women are obese. Being overweight or obese can increase your risk of many health problems. These include heart disease, diabetes, and certain cancers.

- If you need to know if you're overweight or obese, find out your body mass index (BMI) by using the calculator at www.nhlbisupport.com/bmi/bmicalc.htm or the chart at www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm.
- The best way to lose weight is to use more calories than you take in. You can do this by eating healthy and being more active.
- To eat healthy, focus on fruits, vary your veggies, get your calcium-rich foods, make half your grains whole, choose lean protein and fish, and limit saturated fats and salt.
- You gain health benefits from doing the following each week:
  - 2.5 hours of moderate intensity aerobic physical activity

    or
  - 1 hour and 15 minutes of vigorous-intensity aerobic physical activity

    or
  - A combination of moderate and vigorous-intensity aerobic physical activity

    and
  - Muscle strengthening activities on 2 or more days
- There are drugs and surgery options for people who are very obese. But, healthy eating and physical activity are still important for those who have surgery.

FOR MORE INFORMATION

Steps to a HealthierUS, U.S. Department of Health and Human Services
Phone number: (800) 336-4797
Internet address: http://www.healthierus.gov

Weight Control Information Network, National Institute of Diabetes and Digestive and Kidney Diseases
Phone number: (877) 946-4627
Internet address: http://win.niddk.nih.gov

Food and Nutrition Information Center, U.S. Department of Agriculture
Internet address: http://www.nutrition.gov

MyPyramid.gov, U.S. Department of Agriculture
Phone number: (888) 779-7264
Internet address: http://www.mypyramid.gov

The President's Council on Physical Fitness and Sports
Phone number: (202) 690-9000
Internet address: http://www.fitness.gov

National Heart, Lung, and Blood Institute Information Center
Phone number: (301) 592-8573
Internet address: http://www.nhlbi.nih.gov

U.S. Food and Drug Administration
Phone number: (888) 463-6332 (consumer information)
Internet address: http://www.fda.gov

For an in-depth look at overweight and obesity, visit womenshealth.gov at http://www.womenshealth.gov/faq/overweight-weight-loss.cfm.

womenshealth.gov
1-800-994-9662 • TDD: 1-888-220-5446

HPV

also known as *Human Papillomavirus*

Women's Health Issue

As parents, you do everything you can to protect your children's health for now and for the future. Today, there is a strong weapon to prevent several types of cancer in our kids: the HPV vaccine.

HPV and Cancer

HPV is short for Human Papillomavirus, a common virus. In the United States each year, there are about 17,500 women and 9,300 men affected by HPV-related cancers. Many of these cancers **could be prevented with vaccination.** In both women and men, HPV can cause anal cancer and mouth/throat (oropharyngeal) cancer. It can also cause cancers of the cervix, vulva and vagina in women; and cancer of the penis in men.

For women, screening is available to detect most cases of cervical cancer with a Pap smear. Unfortunately, there is no routine screening for other HPV-related cancers for women or men, and these cancers can cause pain, suffering, or even death. **That is why a vaccine that prevents most of these types of cancers is so important.**

More about HPV

HPV is a virus passed from one person to another during skin-to-skin sexual contact, including vaginal, oral, and anal sex. HPV is most common in people in their late teens and early 20s. Almost all sexually active people will get HPV at some time in their lives, though most will never even know it.

Most of the time, the body naturally fights off HPV, before HPV causes any health problems. But in some cases, the body does not fight off HPV, and HPV can cause health problems, like cancer and genital warts. Genital warts are not a life-threatening disease, but they can cause emotional stress, and their treatment can be very uncomfortable. About 1 in 100 sexually active adults in the United States have genital warts at any given time.

HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years

HPV vaccine is also recommended for girls ages 13 through 26 years and for boys ages 13 through 21 years, who have not yet been vaccinated. So if your son or daughter hasn't started or finished the HPV vaccine series—**it's not too late!** Talk to their doctor about getting it for them now.

Two vaccines—Cervarix and Gardasil—are available to prevent the HPV types that cause most cervical cancers and anal cancers. One of the HPV vaccines, Gardasil, also prevents vulvar and vaginal cancers in women and genital warts in both women and men. Only Gardasil has been tested and licensed for use in males. Both vaccines are given in a series of 3 shots over 6 months. The best way to remember to get your child all three shots is to make an appointment for the second and third shot before you leave the doctor's office after the first shot.

Is the HPV vaccine safe?

Yes. Both HPV vaccines were studied in tens of thousands of people around the world. More than 57 million doses have been distributed to date, and there have been no serious safety concerns. Vaccine safety continues to be monitored by CDC and the Food and Drug Administration (FDA). **These studies continue to show that HPV vaccines are safe.**

The most common side effects reported are mild. They include: pain where the shot was given (usually the arm), fever, dizziness, and nausea.

Why does my child need this now?

HPV vaccines offer the best protection to girls and boys who receive all three vaccine doses and have time to develop an immune response **before** they begin sexual activity with another person. This is not to say that your preteen is ready to have sex. In fact, it's just the opposite—it's important to get your child protected before you or your child have to think about this issue. The immune response to this vaccine is better in preteens, and this could mean better protection for your child.

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U.S. Naval Hospital Guam

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AUG 2014

Sarah cont'd from page 7

ing windows high above me. I was at Bethesda Naval Hospital, after all, the hospital where the President would have surgery, if he ever did. Since he was not having surgery that day, I got the room. I told the nurse before they put me out that had I known I'd get that room, I'd have invited all my friends to watch. The most important thing, was baby and I both had heartbeats after the procedure. The anesthesia did not agree with me too well, and I vomited for ten hours straight after waking up—obviously long after there was anything left in my stomach.

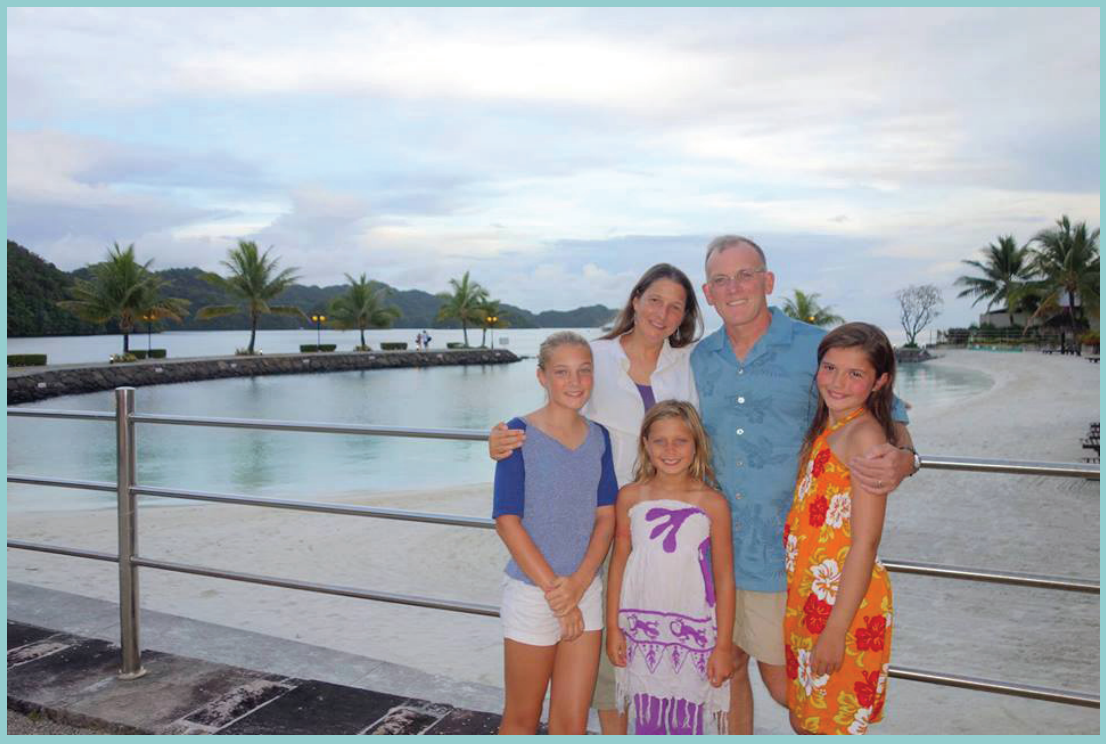
Another thing I found distressing was that I no longer had control of my right arm; I would try to lift it up and it would sort of fly all over the place. Very scary. I had expected weakness; not lack of control. I did what I needed to do with my left hand for the time being. Eventually I regained control, and I had a few months of intensive physical therapy to follow. We decided on the name Zoe, for our daughter, the Greek word for "life," because she saved my life. Had we not decided to try for baby number three, and thus gotten our medical "to do" list, that aggressive tumor would have had at least a few more years to grow before I got a mammogram.

Zoe was born Jan. 22, 2005, induced only two weeks early. I was able to breastfeed (with one breast!) for five weeks, and then quit cold turkey the morning I began chemotherapy. This was extremely painful.

A few weeks into the chemo I was to lose my hair, so I gave 14 inches of hair to Locks of Love and had my hair cut short; my friends and I also planned a head-shaving party for when it was expected to go. We explained to my oldest daughter, Sophia I was taking medicine that would make my hair fall out so we were going to shave my head on our back deck. But we made a big mistake, it turns out.

Everyone came over with drinks and snacks, and my friend Gail began to shave my head. My younger daughter, Helen, who had just turned two, stomped over to Gail and said very firmly, "*What are you doing to my mommy!?*" Oops. Assuming only five-year-old Sophia would understand, we forgot to prepare little Helen for the event. When we explained what we were doing, she was ok with it. (And as a side note I'm proud to say only three years later I was able to give 11 inches to Locks of Love!)

TRICARE paid for a custom, $1300 wig and fitting for me—very generous. It was never quite right, though. Wearing it I really looked like Austin Powers (for those of you old enough to remember the Austin Powers movies). So I had the choice between looking like Austin Powers wearing it and Dr. Evil without it. Being less concerned than I generally should be with my appearance, I would generally go "Dr. Evil" or wear a baseball cap. I actually enjoyed being bald—so clean and easy. For



Continued on next page

Sarah cont'd from page 20

some of my "cancer friends," losing their hair was the worst thing about chemo for them. As I said, everyone takes her own path through the cancer experience.

Another woman I know was completely fixated on the potential ten pounds she would gain when she went on Tamoxifen. Another kept her makeup perfect and dressed beautifully almost to the very last moments of her life. Some kept their medical conditions a secret, like the Army Colonel JAG who would suddenly be soaked with sweat from Tamoxifen hot flashes, but wouldn't explain it to the lawyers she negotiated with. I would put myself on the other end of the spectrum: "Hi, I'm Sarah Jones, and I have Cancer!"

I didn't talk about it all the time, but I never avoided talking about it, either. I owe my sanity to my funny and supportive friends, family, and cancer sisters—some of whom I'm still very close with, and some who have passed away. I was very blessed that my daughters, the oldest being in preschool, knew I was sick and had to take medicine that made me bald, made me tired, and sometime made me puke, but we could generally joke about it—they had no sense of the connection between cancer and mortality. And there is certainly nothing like kids to keep you from feeling sorry for yourself. They kept me going—crazy kids' needs don't change or lessen just because Mom has cancer!

I had only three rounds of chemotherapy, and for many reasons—including the wars in Iraq and Afghanistan—waited a year and a half for reconstructive surgery (and I'd never suggest that I should be in line ahead of war wounded!). But that's its own entire story. After reconstruction and the months of physical therapy following that, life started to more closely resemble normal—or as normal as life can be with three little girls running around!

My very unexpected "I might actually survive this" moment came on Zoe's fifth birthday. We had a fun little party at a local gym, and without knowing why, I became very emotional; it took me a long time to realize that Zoe's fifth birthday represented the "five year" point to me—official remission, and the longer I stayed healthy after that, the more likely I'd actually beaten this thing! Zoe's tenth birthday approaches in January, and I am grateful for every moment I have with more blessings than anyone deserves.

A moral that might be obvious from my story, but still should be stated: *Get your mammogram*! Even if you can't feel it, there might be something there. If you are getting pregnant over the age of 35, the mammogram is even more important—you *do* want to know right away.

Photos: ***(Page 6)*** Sarah, Tim, and month-old Zoe at Disneyland standing near Dr. Evil. ***(Page 7)*** Sarah, Helen, and Zoe after her chemotherapy treatments and hair loss. ***(Page 20)*** The whole family together, Sarah, Tim, Helen, Zoe, and Sophia. ***(Page 21)*** Sarah in Guam, 10 years later and in remission, swimming in Agat.

Breast Cancer: *What You Need to Know*

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called *breast cancer*. Except for skin cancer, breast cancer is the most common cancer in American women.

Breast cancer *screening* means checking a woman's breasts for cancer before she has any symptoms. A *mammogram* is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

Most women who are 50 to 74 years old should have a screening mammogram every two years. If you are 40 to 49 years old, or think you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram.

Some things may increase your risk

If you have *risk factors*, you may be more likely to get breast cancer. Talk to your doctor about ways to lower your risk and about screening.

Reproductive risk factors

- Being younger when you had your first menstrual period.
- Never giving birth, or being older at the birth of your first child.
- Starting menopause at a later age.
- Using hormone replacement therapy for a long time.

Other risk factors

- Getting older.
- A personal history of breast cancer, dense breasts, or some other breast problems.
- A family history of breast cancer (parent, sibling, or child).
- Changes in your breast cancer-related genes (BRCA1 or BRCA2).
- Getting radiation therapy to the breast or chest.
- Being overweight, especially after menopause.

Symptoms

Some warning signs of breast cancer are—

- A lump or pain in the breast.
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin on the breast.
- Pulling in of the nipple or pain in the nipple area.
- Fluid other than breast milk from the nipple, especially blood.
- A change in the size or the shape of the breast.

Other conditions can cause these symptoms. *If you have any signs that worry you, call your doctor right away.*

Can't afford a mammogram?

If you have a low income or do not have insurance and are between the ages of 40 and 64, you may qualify for a free or low-cost mammogram through CDC's National Breast and Cervical Cancer Early Detection Program. To learn more, call (800) CDC-INFO.

More Information

www.cdc.gov/cancer/breast/ • Twitter: @CDC_Cancer
(800) CDC-INFO (800-232-4636) • TTY: (888) 232-6348 • cdcinfo@cdc.gov

National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

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

FOUR TIPS ON TALKING TO YOUR DOCTOR FOR BETTER HEALTH

No one really likes going to the doctor for their annual physical. Sometimes health concerns are embarrassing. Often, when an illness or injury occurs, Sailors and Marines "suck it up" and may avoid seeing a Doc or not bring it up when they do. But if an injury, pain, or a health symptom persists it may suggest something that will not go away on its own or may become a bigger problem if not treated. Plus, the Agency for Health Care Research and Quality (AHRQ) indicates that people who talk to their doctors and take part in their care are more satisfied with their health care and have better results. To get the most out of your visit, follow these tips to help maintain medical readiness and to live the healthy life you want.

✓ Tip 1: Make a list

Make a list of the concerns or questions you have or the topics you want to talk about. Take note of any problems that you are having, the medicines you are taking (both prescription and over-the-counter), and any current medical conditions. It will help you prioritize the points you need to discuss and help you stay on track.

✓ Tip 2: Be detailed

The more information you give on your health history, medications, or concerns you may be experiencing, the better. Talk about your symptoms, how long they have been occurring, when you experience them, and what makes you feel better or worse. With this information, providers can make the best recommendations for your health care, tests, or next steps.

✓ Tip 3: Be honest

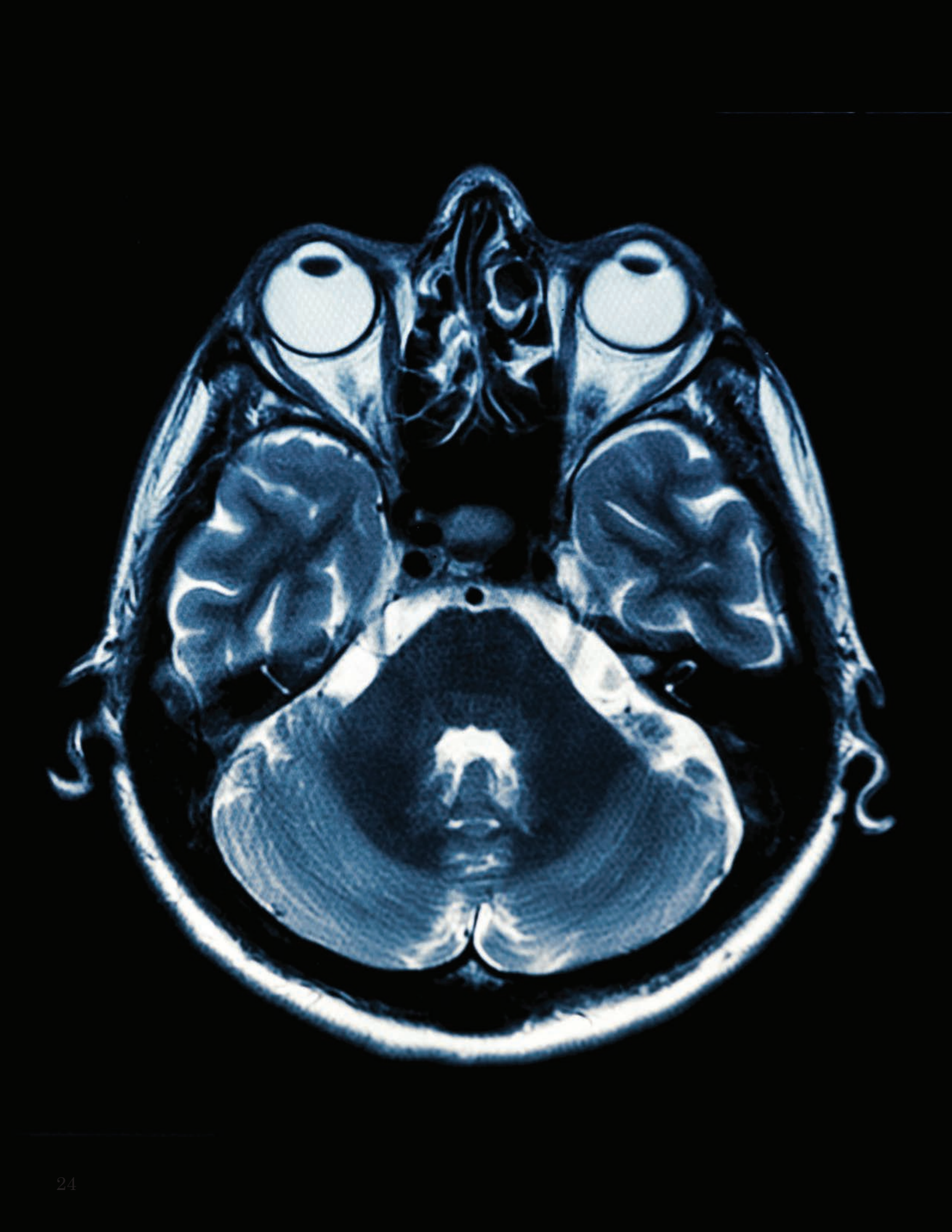
Patients can be reluctant or embarrassed to talk about a health concern, but doctors have heard it all before – if you don't tell them what's up, they can't help. People sometimes fudge the truth on smoking or the amount of exercise, proper use of medications, or if they are really following their doctor's orders. Be honest, this information is important to determine the best care or treatment options for you.

✓ Tip 4: Ask questions

Make sure you really understand what's going on and your doctor's recommendations. Repeat your doctor's recommendations in your own words to make sure you really get it and he or she can correct any misunderstandings. Ask for brochures, videos, websites, or other resources that may help you learn more. If you made a list of questions or concerns before going to your visit, make sure you get answers. If you don't understand, ask more questions or ask the doctor to explain again. The AHRQ suggests the following potential questions:

- ✓ What is my diagnosis?
- ✓ What are my treatment options? What are the benefits? What are the side effects?
- ✓ Will I need a test? What is the test for? What will the results tell me?
- ✓ What will this prescription medication do? How do I take it? Are there any side effects? Will this have an effect with any other medications I am already taking?
- ✓ Why do I need surgery? Are there other ways to treat my condition? How often do you perform this surgery?
- ✓ Do I need to change my daily routine? Do I need to make lifestyle changes?
- ✓ Do I need to come back for a follow-up appointment on this concern? If so, when?

09/22/14



Radiology

U.S. Naval Hospital Guam's Magnetic Resonance Imaging Machine Adds Value

Access to quality health care is extremely important to the members of the United States Military. For U.S. Naval Hospital Guam, obtaining a Magnetic Resonance Imaging (MRI) machine not only provides better access for patients, but it saves the hospital approximately $225 thousand dollars annually as well. The machine was acquired as part of the recent construction of the new hospital facility that was completed this past April.

"In the past, if an MRI procedure was needed, the patients would have to have their imaging performed out in town. In Guam, there are two other imaging facilities that perform this type of imaging exam," said Radiologist Cmdr. Michael Fenton, of the U.S. Naval Hospital (USNH) Guam Radiology Department. "The average cost of an MRI exam is approximately two thousand dollars which adds up over time."

Magnetic Resonance Imaging uses magnetism and radiofrequency waves to visualize the anatomy of the human body; these machines can be useful in identifying disease processes earlier than other medical imaging technologies. According to Fenton, this can result in a more accurate diagnostic work-up prior to definitive care. Currently, MRI is also used in diagnosis and treatment of concussive injuries, traumatic brain injury, and post-traumatic stress disorder.

Radiologists, such as Fenton, have at least 10 years of education and practical training. When passing a radiologists office, the physician will be seen sitting in a dark room staring at numerous computer monitors, evaluating various images of the body. They are trained to distinguish normal human anatomy from abnormal anatomy. "When a Primary Care Manager examines a patient and needs to make a diagnosis, we assist by evaluating the patient's anatomy to help them to make an accurate diagnosis. Often, we are asked to perform image guided biopsies (removal of breast, bone, or soft tissue) as well," said Fenton.

He also explained that the radiology staff members are able to continuously maintain and enhance their skills on the MRI now that the machine is on site. According to him, the radiologists at USNH Guam read approximately 150 imaging studies per day, including X-ray, Computed Tomography (CT), Nuclear Medicine imaging, MRI, and ultrasound.

Being strategically located, USNH Guam is a vital asset to the Pacific in supporting Individual Medical Readiness (IMR). "Having advanced imaging capabilities at USNH Guam provides more accurate and timely diagnoses avoiding the need to send patients state-side or on unnecessary medical evacuations (MEDEVACS). The ability to do more imaging here on Guam translates to better health care access, improved health care delivery, decreased health care costs, and most importantly, high quality patient care," Fenton explained.

With newer and more advanced high-tech equipment Fenton said the challenge the hospital faces is ensuring it is a good steward of using the MRI, which means understanding when an MRI is truly needed. "Having multiple ways of imaging a patient is helpful to make an accurate diagnosis. We strive to use the right imaging tool in order to make the right diagnosis. Ultimately, this leads to the best outcome for the patient," Fenton explained.

New Tri-Service Food Code

ByLt. j.g. Richelle Magalhaes, Preventive Medicine Department

Major changes have come down just in time for Food Safety Month. This change not only affects the Navy, but also the Army and Air Force. It is the Tri-Service Food Code (TSFC)! It was based off of the FDA Food Code and features a lot of changes that will streamline inspections and, hopefully, assist Food Supervisors in better managing their facilities. As the name suggests, all three services will be using this new code for all matters related to food service. Now that the uniformed services have increasingly started moving toward joint basing, this food code has standardized the instruction and taken the guess-work out of the roles each branch plays on a military installation.

Naval Base Guam utilizes both Army and Navy for food-related inspections. The Army and Navy work hand-in-hand to make sure that the food we consume is safe and wholesome. The Army's role ends where the Navy's job begins. The Army evaluates and approves the sources of the food that comes into the base gates. They visit the facilities in which the food is manufactured and ensures that the company producing it is following all of the procedures and processes that would qualify them to supply food for the military. Once the facility passes a vigorous inspection, they are added to the "Approved Sources" list and can be stocked on the shelves in the Commissary or served in the restaurants on base.

The Army Veterinary Food Inspection Specialists also inspect the food as it comes into the base for quality and to verify that it is not spoiled upon delivery. They also take random samples from the Commissary and evaluate packaging, packing and marking requirements. They can even send the food off for testing at their food laboratories all over the world. Additionally, they evaluate food storage for facilities checking for sanitary conditions all over the base.

Once the food hits the restaurant, the Navy Preventive Medicine Technicians (PMTs) take over. All restaurants, galleys, mini marts and schools are inspected by PMTs. If commercial food operations occur at a facility, they will inspect it. Preventive Medicine Techs look at the temperatures of the food before, during and after it is cooked. They inspect the processes the workers are using to store, handle and prepare food to make sure they are following proper procedures. Preventive Medicine Techs also check cleaning processes, refuse procedures and pest management. As one would imagine, this makes life easier on the food facilities. Instead of having to be compliant in two different food codes for two different military branches, they can now refer to one document for all of the rules and regulations that govern their facility's operations.

The Tri-Service Food Code guides the Navy and the Army in each area in which they specialize. It is one comprehensive document from which they now both work. Because they work so closely, and their jobs are so similar, the TSFC allows the separate branches to be on the same page (pun intended). Further, we have also started taking advantage of joint training so as not to duplicate efforts and establish better relationships and communication between the two branches.

Training on the changes of the TSFC will be taking place in October. People who have received their certifications in the Food Safety Manager/Supervisor Course are encouraged to attend. Classes will be held every Wednesday morning in October starting at 0800. The PMTs will be providing training on the new requirements for the Food Manager, the temperature and time requirement updates and the new grading system that will be used to evaluate a facility during an inspection. Additionally, it will be a forum to ask any questions in regards to food safety and the new TSFC.

The Tri-Service Food Code has really embraced "jointness," which has been exemplified by the co-mingling of all branches on bases all over the world. Naval Base Guam is no exception. In fact, all of the military forces on the island of Guam have been seen participating in tasks together. The introduction of this new food code has reinforced the notion that we are fighting one fight, whether it's against foreign enemies threatening our livelihood or the foreign ene-

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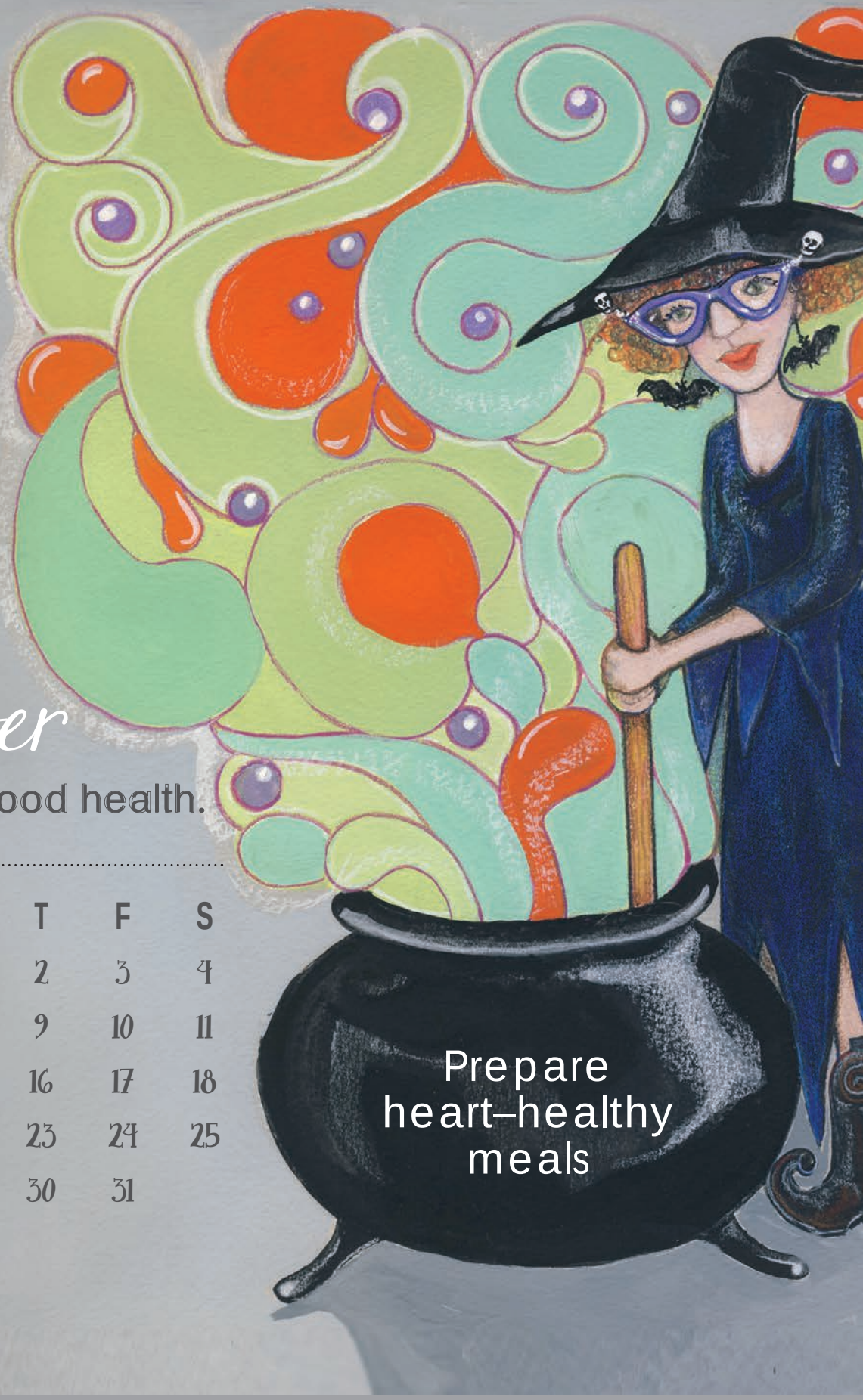

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