

Lowcountry Beacon

Change is Good



David Estep, radiology technician, prepares a patient for an MRI scan in Naval Hospital Beaufort's new mobile MRI, a shared resource with the VA.

Hospital Gets Mobile MRI

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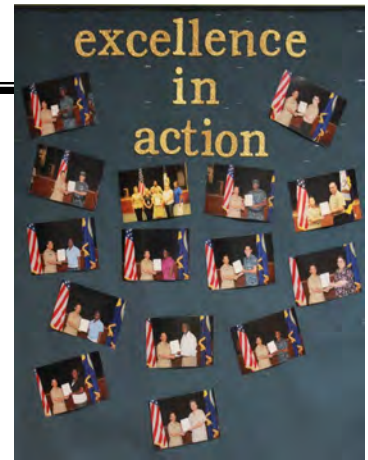
Excellence in Action

June, July, August

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 Ms. Procesa Black
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 Ms. Ava Bostick
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Excellence in Action is an employee recognition program designed to recognize a staff member who has excelled in performance or attitude. To recognize a staff member for the Excellence in Action (EIA) program, fill out an EIA card

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Lowcountry Beacon

An authorized publication of
 U.S. Naval Hospital Beaufort

CAPT Joan R. Queen, MSC, USN
 Commanding Officer

CAPT Melanie J. Merrick, MC, USN
 Executive Officer

HMCM (SW/AW/FMF/SCW) Brad Kowitz
 Command Master Chief

Ms. Regena Kowitz
 Public Affairs Officer

Contributors:

Lt. Cmdr. Francisco Wonpat
 Lt. Jennifer Dolder
 Lt. Jodi Phillips
 Capt. Brianne Gustafson
 Lt. j.g. Kerry Miller
 HMC Amanda Hughes
 MAC Gary Warren
 HM1 Windy Ballinger
 HM2 Roberto Songco
 Ms. Mae Armstrong
 Ms. Susan Beasley
 Mr. David Estep
 Ms. Susan Hollingsworth
 Ms. Triena Johnson
 Ms. Amy Luce
 Ms. Ivette Moore
 Ms. Jennifer Russo
 Mr. James Weiss

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U.S. Naval Hospital Beaufort
 Public Affairs Office
 1 Pinckney Boulevard,
 Beaufort, South Carolina 29902



*Capt. Joan R. Queen
Commanding Officer*

A Message from the CO

Change is Good

One of the constants in military life is that things are always changing. It's quite the paradox, but almost like clockwork, every 2-3 years we find ourselves completely uprooted from all that's familiar and placed in a new job, a new house, and a new location. For those of us who have served in the military for an extended period of time, this is completely normal. But no matter how much you may enjoy the adventure of a new duty station, change can be a challenge. Fortunately, for those of us who are part of the military family, in addition to the resiliency we acquire over the years, there are numerous resources to help us navigate the many transitions that we will face throughout our careers.

One of the first things our military and their family members should do when transitioning to Beaufort, or any new area, is to make sure they get their medical care squared away. Here in the Lowcountry, all newly arriving personnel with families should stop by the TRICARE Service

Center, located on our first floor, to ensure that all family members are enrolled in the TRICARE Southeast Region and that they have chosen a primary care manager. By doing this upon arrival, you can focus on settling in knowing that should anyone in your family become ill, you know where to go for care and how your TRICARE benefit works.

Besides moving, there are many other changes military personnel all go through. Personally, I am on track for one of the biggest transitions of my career: retirement. Next year, after having served in the Navy for 30 years, I will embark on the next phase of my life as a civilian. Like it or not, all good things must come to an end. And it's time for my military career to end and for me to start the next chapter in my life. The first chapter has been very rewarding and challenging and I'm sure the next chapter will be just as exciting and maybe more so. I haven't decided what I want to do next, but for the first three to six months I plan on taking it easy and just resting and reflecting on what I have learned these last 30 years in the Navy. It's scary and exciting at the same time, but I'm ready and looking forward to seeing what's next for me. Wish me luck!

For those who still have more years and many moves ahead of them, there are many programs and services available to help with those transitions, whether you are a single service member or you have a sea bag filled with family members. Here in the Tri-Command area, we are fortunate to have a robust Marine Corps Community Services (MCCS), that provides many services to help those new to the area settle in and enjoy this tour. These programs include:

- **Relocation Assistance** can help you learn more about your new duty station or, if you're getting ready to leave Beaufort, they can help you learn more about where you're headed. They also have a lending locker where you can borrow much needed supplies such as coffee makers, pack and plays, air mattresses, and more until your shipment arrives.
- The **Career Resource Management Center** is a valuable resource if you're looking for a job. They can help you with your search, prepare your resume, and even hone your interview skills.
- The **Single Marine and Sailor Program** not only offers excellent opportunities to take trips and enjoy the local area, but also opportunities to meet new people.
- **Marine Corps Family Team Building** offers countless classes and workshops to help families whether you want to learn how to build stronger families or the basics of preparing for a hurricane. It's also a great way to connect with other military families.
- **Child, Youth, and Teen Programs** provide quality child care and offer opportunities for children to engage in their new community and make new friends.

The programs that I've mentioned are just a sampling of what MCCS has to offer. They truly do have something for everyone and provide wonderful opportunities for recreation, friendship, and just enjoying your local community.

Aside from programs and resources, one of the most crucial ways to effectively manage change is something that you have complete power over – a good attitude. When you look at change as an opportunity and when you fully embrace new experiences, you just might discover – that change can be a good thing. Change has given me the opportunity to meet new people and make new friends. Change has allowed me to embrace new experiences. Change has kept me from becoming stagnant and helped me to learn and grow both professionally and as a person. Change has prepared me for the next adventure my life has waiting for me.

Our Mission

To be a committed partner in the delivery of quality and compassionate patient and family centered health care while maintaining operational readiness.



A Note from the XO



*Capt. Melanie J. Merrick
Executive Officer*

Transferring from a Foreign Country to the Lowcountry

When I got the call that I would be coming to Beaufort, SC to assume the duties as the Naval Hospital Executive Officer, I was excited to be returning to the States and to South Carolina. I had spent the previous eighteen months in Sicily at the Naval Hospital in Sigonella, at the foot of an active volcano, Mount Etna. Life in a foreign country has had both its adventures and its frustrations, and I was ready to return to a familiar life in America. When asked what I thought about transferring to South Carolina, I announced to my family and friends that I could sum up my feelings with two words: “Piggly Wiggly,” “Waffle House,” “fried chicken,” and “sweet tea.” (OK, so I came up with multiple sets of two words.)

My other eager anticipations were for compelling reality television (watching dubbed episodes of the Jersey Shore gang terrorizing Florence can only go so far), the freedom of the open road on U.S. highways, understanding the language of sales clerks and waiters, and not having to make my way through customs when traveling. Now don’t get me wrong, doing a tour in Sicily is in no way a hardship nor arduous duty. However, prior to moving overseas, I did deploy for seven months with the BATAAN Amphibious Readiness Group so I have not spent much time in the States over the past few years. While coming home may sound like an easy transition, there were several new habits I had picked up overseas that I needed to overcome.

For instance, there is no such thing as waiting politely in line, or a queue, in Italy and I had become accustomed to shuffling my way up to the counter and then paying for my purchase when the clerk rang it up. This technique did not go over very well at a gift shop in the Newark airport recently — shocking since I was in New York, but apparently the other customers who had lined up before me felt they were entitled to quicker service than I was. Fortunately, I have not made this mistake in the commissary on a Saturday afternoon as I am sure I would get an earful from the other patrons.

Another habit I have had to break is my horrendous Italian-style driving. Apparently, in the States, the Law actually expects us to abide by the traffic and parking rules. Not the case in much of Sicily. I lived in a town with no traffic lights and I truly think the stop signs were simply suggestions because the only time anyone stopped was to avoid striking a horse-drawn carriage or a herd of sheep. Parking is allowed on the sidewalks and alongside other parked cars, the only requirement is that you come out and move your car if the other drivers blow their horns loud enough. My ability to parallel park is ruined forever and I will never recover.

The more I travel and see the world, the more I appreciate that these life experiences make us who we are. I am continually thankful that I serve in the U.S. Navy and have had these opportunities to not only live in Europe but also serve in many parts of the United States. Each transfer requires an incredible amount of work but the move is always worth it in the end. Just like each new duty station influences our personal transition, we also bring our unique qualities to each new command and this combination of change and transition keeps Navy Medicine moving forward.

From the Desk of the CMC

Embrace Change

One of the great things about being in the Navy is the amazing experience of working with new people, learning new ideas from them, and fostering their opportunity to identify new ways of doing things. Change is a good thing and when new people report to a command, they bring with them a fresh set of eyes with which to view processes and they aren't stuck behind the old adage, "that's the way we've always done it."

It doesn't matter how old or young, what rank they may be, or where they are from, every new person who arrives at the hospital makes it a better place to work by bringing their new ideas. I tell Sailors all the time that every day they should come to work and find a way to make it better than the day before. This task is easily accomplished when you get to a new duty station, but after you've been at a command for a while and get into a routine, it's human nature to go with the flow and avoid change. Doing the same thing day in and day out is not progress; it's being stagnant and it's boring. We should always be evolving and not only working to do things better, but also to be better – better Sailors, better Corpsmen, better people.

Steve Jobs, the former CEO of Apple Inc. said, "quality is more important than quantity, a home run is better than a double." This quote should really hit a chord with those of us in the business of health care. Providing the best care for one patient is better than providing mediocre care for two. The only way we achieve the best care for each patient who walks through our doors is to continually innovate, educate, improve, and change our processes when we need to. Every leader here should create an environment that allows for new ideas to be brought up and every employee should feel like they can express their ideas and help improve our business. Being a Master Chief with 21 years in the Navy, I know that there are some Sailors with much less time in than I who have some great ideas, ideas that I may have never even thought of and I want to hear about them.

All of us here at the command should come to work every day with the goal of making Naval Hospital Beaufort better than it was yesterday. We should embrace new ideas and welcome new ways of doing business to make things better for our patients and staff. Change is a good thing!



*HMCM Brad Kowitz
Command Master Chief*

Chaplain's Corner



*Lt. Jennifer A. Dolder
Chaplain*

Change for many of us can be either invited or uncomfortable. Being in the military one soon realizes that transition and change are more present than it was as a civilian. Regardless of what others might tell you change for many can be difficult or at least

uncomfortable. How do you handle change? Is it something you invite or dread? When you know a change is inevitable, are you proactive in planning for it or do you deny it and wait till the last minute to get ready for the change?

Think of deployments. How many transitions occur in one deployment for the service member and family members? We can identify at least three transitional points in a given deployment: pre-deployment, during deployment and post-deployment. Never mind all the individual transitions a service member might experience with his/her family.

It is wrong to assume we all handle change or transition in the same way. Personalities, the age of the family members and the presences or absences of a support system can have a huge impact on a service members personal acceptance and ability to make healthy transitions through deployment with his/her family.

Life Changes

Some personalities thrive in moments of change while others do not welcome it as much. Some would argue that change is easier when you are younger because one's life is all about change. However, for many children deployments can be very difficult. They are forced to temporarily do without their father or mother for a set time.

This is why it is critical to create and maintain a support system at home prior to deployments. This might involve other spouses of deployed service members, getting involved with a local community or church that can provide consistency for the family, and/or inviting extended family members to be more interactive with your family during deployment time.

Change is part of life and in the military it seems to occur more often. How will you prepare for upcoming change and transitions for you and your family members? Allowing family members to openly communicate their thoughts and feelings towards a transition, proactively planning for the change, and creating a support system can help provide a valuable set of tools to weather deployments, transitions and changes in your family members' lives.

Tri-Command Chapel Services

The following religious ministry services are available:

NHB Chapel

- Prayer Chapel open 24/7

MCRD Parris Island

- Roman Catholic
 - Sunday Mass, 0930
 - Weekly Mass, 1115, Tuesday, Wednesday, and Thursday
- Kairos (Religious Ministry Center)
 - Church Service, 0930
 - For more information, call 228-2882
- Protestant (Depot Chapel)
 - Protestant Church School, 0945

- Protestant Sunday Worship, 1100
- Other Faith Groups
 - For Jewish, Mormon and Islamic support, contact the Chaplain's Office at 228-7775

MCAS Chapel (all services held on Sunday)

- Roman Catholic Mass (St. Anthony's Catholic Community), 0930
- Catholic Religious Education, 1030
- Protestant Sunday School (adults/children), 0930
- Protestant Worship, 1100
- For more information, contact the MCAS Chapel at 228-7775

Shared Services, Enhanced Patient Care

By David Estep, BSHS, ARRT RT(R)(CT)(MR)

Over a decade ago, Naval Hospital Beaufort (NHB) entered into a partnership with the Ralph H. Johnson VA Medical Center (VAMC) in Charleston, S.C., to open a VA community based outpatient clinic inside of the naval hospital. Since 2001, the Beaufort Primary Care Clinic has been serving military veterans by offering quality health care through the cost-effective sharing of resources with NHB to include laboratory, radiology, and podiatry services.

Now, thanks to this partnership and joint incentive funds (JIF), which allow Department of Defense (DoD) and VA partners to purchase shared resources, NHB and the VAMC will also be sharing a new mobile Magnetic Resonance Imaging (MRI) scanner that will be open for business at the naval hospital this September.

“Both NHB and the VAMC have long recognized the importance of having access to MRI services,” said Lt. Cmdr. Brent Libby, staff radiologist at Naval Hospital Beaufort.

“An MRI scan with its much better contrast resolution, can provide a more detailed image of the soft tissues than an x-ray. While an x-ray

is still the appropriate test in many cases, there are often instances where an MRI is the better choice. This is particularly true in the evaluation of neurological and musculoskeletal injuries and disease.”

Orthopedic injuries are common among the hospital’s young active duty service members, particularly those



David Estep, radiology technician, with the hospital’s new mobile MRI.

in recruit training, and in the VA’s more aged population. For these patients, having access to MRI scans is vital to providing quality health care.

After both NHB and the VAMC had made unsuccessful attempts to purchase MRI’s on their own, the hospital’s commanding officer, Capt. Joan Queen,

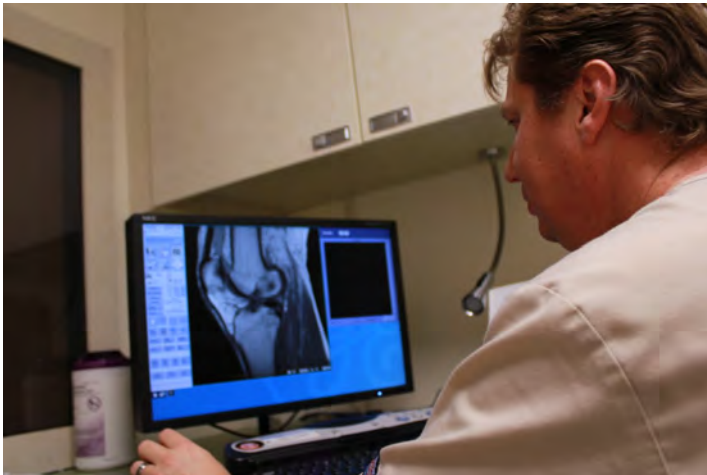
Libby and another staff radiologist, Cmdr. Mark Travis, met with Mr. Paul Peart and Mr. Stafford Stinson from the VAMC in early 2011 to discuss the possibility of purchasing an

MRI they could share. The hospital and the VA agreed that they had a better chance of gaining funding approval with a joint proposal that included a solid business plan focusing on how a shared MRI would improve patient care and produce cost savings. And they were right.

“An MRI scan with its much better contrast resolution, can provide a more detailed image of the soft tissues than an x-ray. While an x-ray is still the appropriate test in many cases, there are often instances where an MRI is the better choice....” — Lt. Cmdr Brent Libby, staff radiologist

(Continued on page 8)

Shared Services, Enhanced Patient Care



Reviewing a recent scan of a patient's knee.

On Nov. 17, 2011, the Health Executive Council for Veterans Affairs and the Department of Defense (DoD) approved the JIF request in the amount of \$2.27 million dollars to cover equipment, staffing, and supplies.

Once the funding was granted, the work began in earnest to secure the MRI and a joint committee was established in Dec. 2011, to plan and coordinate the project. Members from the VAMC and NHB joined forces with the goal of selecting the equipment and a site for the MRI that would best meet the needs of both DoD and VA patients.

The committee decided on a GE Signa HD Excite 1.5 Tesla Magnet, a mobile MRI, and when Naval Medical Logistics Command (NMLC) solicited bids to purchase the equipment, that was the model that was chosen. One of the primary reasons this particular model was selected was because it was mo-

bile, an important factor due to the major storm activity that the Lowcountry often experiences. Should a hurricane head for Beaufort, the MRI can easily be disconnected from its pad and transported out of state to a safe location until the storm passes.

Additionally, given the weight of the magnet as well as the structure and age of the hospital, which was originally constructed in 1949, building an addition was not an option. A site was selected that was close to both the VA outpatient clinic and the hospital's emergency room.

With the bulk of planning and preparation now completed, patients can expect to reap the benefits of having an onsite MRI at NHB by mid-September. The new mobile MRI will allow health care providers at the VAMC's Beaufort Primary Care Clinic and

With the bulk of planning and preparation now completed, patients can expect to reap the benefits of having an onsite MRI at NHB by mid-September.

naval hospital to review results faster than the current system, which involves sending patients out to either the VAMC in Charleston or TRICARE network MRI services in the Beaufort area and awaiting results via

mail or fax. Expediting results means patients will receive a diagnosis faster and appropriate treatment sooner. In addition to improving access to care, the new MRI will save money and increase patient satisfaction.

“The benefits of having an onsite MRI are infinite,” said Jennifer Stokes, nurse manager and administrative officer for the VA outpa-

(Continued on page 9)



Estep, a member of the DoD/VA joint committee, briefs Capt. Melanie Merrick, NHB executive officer, on the progress of the site prep for the MRI pad.

Shared Services, Enhanced Patient Care

(Continued from page 8)

tient clinic. “The most significant contribution will be veterans no longer incurring the cost or the pain of traveling to have this essential diagnostic procedure. Our patients will be seen and treated where they live, which is one of the essential goals of the VA.”

Currently, all of the naval hospital’s patients requiring an MRI use civilian services in the Beaufort area. For VA patients, if there is capacity at the VAMC, they are required to travel to Charleston for services, which means a 53 mile trip for Beaufort residents and over 80 miles for VA patients who live in Savannah, Ga. In those cases, the VA reimburses patients for travel. When the VAMC does not have enough capacity at their facility, their patients are also sent to the network for MRI’s. By providing MRI services at the naval hospital, those referrals to the network by both the VA and DoD will be reduced, generating an estimated

cost savings of over \$500,000 for NHB and approximately \$435,000 for the VAMC annually.

“As the commanding officer of Naval Hospital Beaufort, it is my job to ensure that not only do we provide our patients with the very best care possible, but also that I am a prudent manager of the hospital and DoD resources that have been entrusted to me,” said Queen. “The mobile MRI project allows me to easily do both.”



Lt. Cmdr. Mark Bomia, Lt Cmdr. Brent Libby, David Estep, and Capt. Merrick discuss the possible patient routes from different care areas within NHB to the mobile MRI, which will be located outside the VA Clinic and emergency department.

For more than a decade, Naval Hospital Beaufort and the Ralph H. Johnson VAMC have been building a solid partnership in the South Carolina Lowcountry, ensuring that active duty service

members and their families, retirees, and veterans receive the best health care possible. This enduring partnership is a testament to how sharing services and resources leads to enhanced patient care.

Lowcountry Federal Healthcare Alliance

The partnership between NHB and the Charleston VAMC was made possible by the National Defense Authorization Act 2003, Section 721, which authorized the Department of Defense (DoD) and the VA Health Care Sharing Incentive Fund. The purpose of this Act was to provide funding that allowed various local, regional and national entities to coordinate and share health care resources. The ultimate goal of this joint venture is improving access to quality and cost-effective health care for beneficiaries of both departments.

Out of this initiative came the Lowcountry Federal Health Care Alliance, which is comprised of multi-service federal health care organizations across the Lowcountry all committed to offering shared services to improve access to care for DoD and VA patients. Current alliance members include Naval Hospital Beaufort, the Ralph H. Johnson VA Medical Center, Naval Health Clinic Charleston, and the 628th Medical Group.

Department in the Spotlight: Radiology

By HM2 Roberto Songco



Naval Hospital Beaufort Radiology Staff

scans, ultrasound, fluoroscopy, mammography, and now MRI.

The clinic is staffed by a dedicated group of active duty and civilian radiologists and technicians who take great pride in delivering outstanding service and care to every patient who walks through their doors.

Whether it's discovering that a breast lump appears to be a cyst or that a bone is broken, the work that staff in the Radiology Department does on a daily basis makes them an invaluable part of the Naval Hospital Beaufort health care team.

The Radiology Department at Naval Hospital Beaufort provides indispensable services to patients and health care providers alike by performing diagnostic tests that help determine the nature and extent of a variety of illnesses and injuries.

Services offered by the Radiology Department include routine x-rays, CT

The Radiology Department serves a vital role in keeping active duty service members, retirees, their families, and veterans healthy. The tests that are performed by the department often provide critical information that is necessary for health care providers to determine a diagnosis and establish a treatment plan for their patients.

By the Numbers

- Total Patient Visits—38, 546
- Total Mammograms — 1,930
- Total CT Scans — 8,580
- Total Ultrasounds — 8,964
- Total X-Rays — 19,072

Totals are for calendar year 2011

Ombudsman's Corner: Meet Your New Ombudsman

Message from the New Command Ombudsman

My name is Jeni Russo, and I am married to HM2 Shaun Russo, a surgical tech and Corpsman here at Naval Hospital Beaufort. We moved here in December 2006, so I know the area fairly well. I have two children, one who is starting kindergarten, and one who is 19 months old.

After taking some time off from school I decided to go back once I realized how much time I had while we are here to complete my education. I graduated from Technical College of the Lowcountry with my Associate's in Paralegal Studies in May 2010, and attended Kaplan for my Bachelor's in the same field, which I completed in November 2011.

Aside from being married to someone in the military, I also grew up as a 'Navy Brat', as my dad is a retired chief petty officer and my baby brother is in the Navy as well, currently stationed in San Diego.

U.S. Navy Ombudsman Program

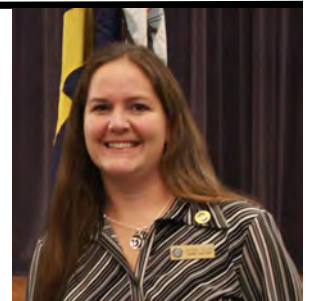
The Ombudsman is a volunteer, appointed by the commanding officer, to serve as an information link between command leadership and Navy families. Ombudsmen are trained to disseminate information both up and down the

chain of command, including official Department of the Navy and command information, command climate issues, local quality of life (QOL) improvement opportunities, and "good deals" around the community.

They also provide resource referrals when needed. They are instrumental in resolving family issues before the issues require extensive command attention. The command ombudsman program is shaped largely by the commanding officer's perceived needs of his/her command. The command ombudsman is appointed by and works under the guidance of the commanding officer who determines the priorities of the program, the roles and relationships of those involved in it, and the type and level of support it will receive.

Contact information

For anyone requiring assistance from the command Ombudsman, Ms. Russo may be reached at either 228-5631 (office) or 263-3284 (cell).



Ms. Jennifer Russo

Sailor in the Spotlight: HM2 Joshua Dale

By HM2 Roberto Songco

Name: HM2 Joshua Daniel Dale R.T. (R) (ARRT)

Hometown: Parkersburg, WV

Years of Naval Service (Yrs/Mo): 7 years, 9 months

Time Onboard (Yrs/Mo): 3 years, 9 months

Work Center: Naval Hospital Beaufort Radiology Department

What Do You Enjoy Most about Your Job? The things I enjoy most about my job are the patient interaction and opportunity to assist in improving a person's well being.

What Do You Do in Your Off Duty Time? I spend most of my time away from work with my dogs or taking my



canoe out fishing, I also like to practice playing the guitar as well as the banjo.

Favorite Movie: "The World's Fastest Indian"

Favorite Food: Just about anything you can throw on the grill.

Share Something Interesting about Yourself: My girlfriend and I share an exact birth date (yes I am from WV, no we are not twins).

What His Supervisor Has to Say: Leading Petty Officer for NHB Radiology Department, HM1 (FMF) Anthony Esquibel, states, "HM2 Dale is efficient on accomplishing and finishing his tasks, in addition to taking on additional responsibilities." Colleagues and trainees for technical assistance and guidance seek him out.

Civilian in the Spotlight: Ms. Teresa Smith, R.T.

By HM2 Roberto Songco

Name: Teresa Ann Smith R.T. (R) (M) (ARRT)

Hometown: Hampton, SC

Time Onboard (Yrs/Mo): 7 years, 3 months

Work Center: Naval Hospital Beaufort Radiology / Mammography Department

What Do You Enjoy Most about Your Job? Seeing some of the same patients year after year, they become like extended family. I really enjoy taking care of them because, although I hate to find cancer I know how important it is to find cancer at the earliest stage possible; it can have a big impact on a patient's prognosis.

people but it's "Dirty Dancing." Dancing has always intrigued me, because I have two left feet and it is a love story that has gotten me through several deployments.

Favorite Food: Spaghetti is my all time favorite food since I was a kid. I also like chicken and dumplings, of course because I am a true southern girl!

Share Something Interesting About Yourself: Some people think it is interesting that I do not have cable TV or satellite. I drive an hour to and from work then take one child to soccer practice, one to boy scouts and I teach a class for teen girls on Wednesday nights at my church while making sure everyone gets a good dinner, really who has time for TV? I have been married for 18 years to the love of my life. I enjoy joking around, as long as it is good clean fun, where no one gets hurt although most people first take me as a serious person.

What Her Supervisor Has to Say: Leading Petty Officer for NHB Radiology Department, HM1 (FMF) Anthony Esquibel, states, "Mrs. Smith consistently demonstrates how excellent customer service has a lasting positive effect on customer relationships. She continuously performs beyond her profession to please her customers.

What Do You Do in Your Off Duty Time? I love spending time with my friends and family. I also like to shop.

Favorite Movie: My favorite movie of all time may surprise some



Health Promotions & Wellness: Tobacco-Free

By Ivette Moore

Two years ago, Naval Hospital Beaufort made an important change with the decision to eliminate the use of tobacco products on hospital grounds because of the associated health risks and to encourage patients and staff to make healthier choices. Complete health care involves strong leadership and a commitment to creating the healthiest environment possible and to promote a safe and healthy community.

The Centers for Disease Control and Prevention (CDC) reports tobacco use as the leading cause of preventable deaths in the United States. An estimated 440,000 Americans die every year from smoking or from exposure to second-hand smoke. And for each person who dies from tobacco use or exposure, about 20 more are living with a smoking-related illness. Naval Hospital Beaufort is working to remove the negative effects of smoking by becoming tobacco-free.

Naval Hospital Beaufort's tobacco-free policy went into effect on Sept. 16, 2010, which prohibits smoking and tobacco use on all Naval Hospital Beaufort properties including the MCAS and MCRD Branch Health Clinics.

The policy prohibits cigarettes, cigars, pipes, clove cigarettes, all forms of smokeless tobacco, and any other smoking devices that use tobacco.

Transitioning to a tobacco-free campus was not an easy task. Temporary smoking zones were available for a limited time, 6 months, before the policy went into effect. During the grace period, tobacco users were encouraged to take part in one of the Health Promotion Department's tobacco cessation programs and smoking cessation pharmacotherapy was made available to assist staff members who wanted to quit using tobacco. To

help get the word out, increased signage about the tobacco-free policy was posted around the campus to ensure that everyone who came to the hospital was aware of the policy.

Since then, at least 52% of patients and staff members who attended tobacco cessation counseling have made an attempt to quit or has successfully quit using tobacco products. For most smokers, quitting is a difficult process. Many smokers try to quit repeatedly before they succeed, with some relapsing even after a lengthy period of abstaining.

Naval Hospital Beaufort's Health Promotion Department offers numerous tobacco cessation resources and programs at no cost to eligible beneficiaries. Advice, support and encouragement to quit smoking is available simply by calling Health Promotion, 228-5344.

Dennis Stottlemeyer, a member of the hospital's staff, attended a tobacco cessation course offered by Health Promotion to help him quit smoking.

"The one thing I hadn't tried was the pill," said Stottlemeyer. "I didn't believe it would work but as it turned out, it made it very easy to quit. Even better yet is the fact I haven't craved a cigarette sense I quit. An amazing pill. I have more energy, catch less colds, smell things that I had forgot had smell, and food tastes really good. Best thing I've ever done for myself."

So, what are you waiting for? Everything you need to kick the habit and begin living a healthier, tobacco-free life can be found at Naval Hospital Beaufort!



Safety: ESAMS Is Here!

By Sue Hollingsworth

ESAMS is here! Safety management processes are changing throughout Bureau of Medicine and Surgery (BUMED) as we transition to the Enterprise Safety Applications Management System (ESAMS).

The recently updated BUMED Safety and Occupational Health Program instruction, BUMEDINST 5100.13D, mandates use of ESAMS as *“the standard data management system to record and monitor, assess, and measure safety programs and shall be the safety and emergency management preparedness information system.”*

ESAMS is a web-based management system which has been utilized by many Navy commands and other DoD activities for several years.

Although ESAMS is marketed as a “safety” management system, it is not designed exclusively for safety professionals and, in fact, is totally ineffective without command-wide participation. Our first goal at NHB is to establish accounts for our staff. Everyone in the command (with the exception of non-personal service contract employees) will have a personal ESAMS account.

As of this newsletter’s distribution date, the majority of user accounts will be active. In the upcoming weeks, you will be asked to log into the system and complete ESAMS General User Training. Personnel identified as Supervisors will complete an additional module, ESAMS for Supervisors. These modules will introduce you to the navigation and functionality of ESAMS.

Key Aspects of ESAMS:

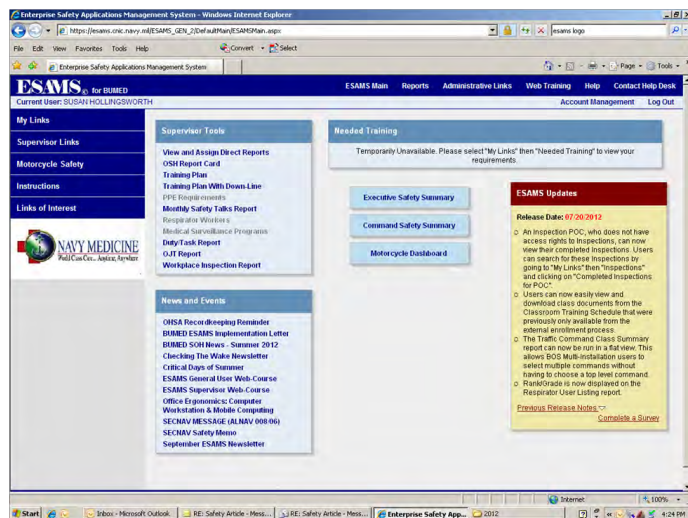
- Sends automated e-mail notifications to employees, supervisors, environmental and safety professionals, and other designated individuals regarding commitments, requirements, physicals, mishaps, inspections, abatement issues, project

assessments, and unsafe or unhealthful reports.

- Provides organizations with integrated components utilizing a central data management system comprised of data from mishaps, training, medical surveillance, metrics, etc.
- Updates trending reports providing a framework for metric calculations and measurements.
 - Provides on-line registration for upcoming classes, web-based training using randomized testing, and automatic updates to safety training records. (ESAMS and NKO communicate.)
- Provides the entire Chain of Command with real-time dashboards of program status.

The recently updated BUMED Safety and Occupational Health Program instruction, BUMEDINST 5100.13D, mandates use of ESAMS

After initial training is well-underway, we will begin introducing and utilizing various ESAMS modules. ESAMS is a powerful safety management tool with impressive features. As with any new system, conversion from our existing methods to ESAMS will be challenging at times. The Safety Staff appreciates your patience and participation, and we will do our best to assist you with this transition.



DAPA Debrief: Alcohol's Negative Changes!

By HMC Amanda Hughes

We all have had it pounded into our heads from the moment we first entered Naval service how an alcohol related incident can affect your career. But what are some of the negative changes that can happen to your mental and physical health?

From the second you take your first sip, alcohol starts affecting your body and mind. After one or two drinks, you may start feeling more sociable, but drink too much and basic human functions, such as walking and talking become much harder.

If you've drunk heavily the night before, you'll almost certainly wake up with a hangover. Alcohol irritates the stomach, so heavy drinking can cause sickness and nausea and sometimes diarrhea. Alcohol also has a dehydrating effect, which is one reason why

excessive drinking can lead to a thumping headache the morning after. If you're trying to watch your waistline, drinking too much alcohol can be disastrous! Research from the Department of Health reveals that a man drinking five pints a week consumes the same number of calories as someone getting through 221 doughnuts a year.

Drinking too much alcohol isn't great news for your skin either. As well as causing bloating and dark circles under your eyes, alcohol dries out your skin and can lead to wrinkles and premature aging. If you drink heavily you may develop acne rosacea, a skin disorder that starts with a tendency to blush and flush easily and can progress to facial disfiguration, a condition known as rhinophyma.

Alcohol alters the brain's chemistry and increases the risk of depression. A recent British survey found that people suffering from anxiety or depression were twice as likely to be heavy or problem drinkers. Extreme levels of drinking (defined as more than 30 units per day for several weeks) can occasionally cause 'psychosis,' a severe mental illness where hallucinations and delusions of persecution develop.

For heavy drinkers who become dependent on alcohol, there can be withdrawal symptoms (nervousness, tremors, palpitations) which resemble severe anxiety, and may even cause phobias, such as a fear of going out. So the next time you think you may want to have "just a few drinks," remember your physical and mental well being can be negatively changed and ask yourself...is it worth it?

For information on the Navy's drug and alcohol policies and programs, please contact your Command DAPA HM1 Carlos Aguilar at (843)228-5499.

Command Career Counselors' Corner: CPO Select

As we transition into the fall months, the change in season also brings anticipation for many First Class Petty Officers. Those who are eligible to take the Chief Petty Officer exam did so in January. After those results came out, the Petty Officers who were Selection Board Eligible submitted a package to PERS for the Chief Petty Officer Selection Board. Towards the end of summer, all eligible applicants anxiously awaited the results to find out if their name was on the selection list for promotion to Chief Petty Officer. This year, one of NHB's First Class Petty Officers, HM1 (FMF/SW) Prayot Bunmeema was on that list. Let me introduce you to our newest Chief Select:

How long have you been in the Navy?

14 years as of this July. The Navy has been great for the travel opportunities, going places I'd never be able to see.

What was the first thing you thought when you saw your name on the list?

I was surprised and shocked, and extremely happy.

What is your next goal as a Chief Petty Officer?

I didn't have a positive mentor coming up through the ranks, someone who made sure I know about all the opportunities that were out there, "C" schools, tuition assistance, and officer opportunities. I plan to seek out sailors with rough edges so I can help guide their career and be a good mentor to them.

What do you think of your transition experience? Is it what you expected?

The transition season has been a humbling as well a learning experience. The thing I've learned from this whole process is that I don't have to do everything on my own; I have support and help from the chief's mess now.

Who is your sponsor through this transition?

HMC Turbeville has provided me with guidance, feedback, and answered any questions I have about the transition and my tasks. Most of my tasks

have been based on Navy heritage and traditions, to ensure that I have a sense of who we are and he's made sure I've had a plan for getting things done.

Chief Select Bunmeema will be pinned on September 14, 2012 and will then transfer shortly thereafter to 3rd MLG in Okinawa, Japan.



Security Brief: Naval Support Facility Beaufort, the Newest Command in Town



By MAC (SW) Gary Warren

Some may have noticed, that a few things have changed at Naval Hospital Beaufort; specifically, there's a new command in town. Naval Support Facility (NSF) Beaufort was "born" on Oct. 1, 2011. Actually, it was activated as an official command on that date. NSF Beaufort, as it is commonly known, is the culmination of years of research and planning at all levels of the Navy infrastructure to enhance and align security throughout the Bureau of Medicine and Surgery (BUMED) and the Navy.

What is Naval Support Facility Beaufort? It is everything that is not BUMED here. NSF Beaufort is responsible for the security of the installation, grounds maintenance, barracks and facilities. Our commanding officer, Capt. Joan Queen, is currently wearing two "hats," one as the CO, Naval Hospital Beaufort and one as the CO, Naval Support Facility Beaufort.

What does this mean? It means our command has two chains of command. One is medical and one is operational. Our security force tactical control is governed by Com-

mander, Navy Region Southeast while our medical control is governed by Navy Medicine East. It also means we have more rules and regulations to implement and enforce here in Beaufort.

How does this affect you? Well, as you may have noticed, different security measures are being implemented. You may experience delays when entering the compound due to increased measures. Please abide by the instructions you receive from security personnel in order to decrease the delays. Security Force personnel are only doing what they are instructed to do by higher authority to keep our patients, our staff, and base residents safe from all threats and potential harm. In addition to these measures, you may see an increase in force protection training going on throughout the installation. Not to worry...these are things that have become requirements to improve and enhance your protection.

Security Force personnel are assigned to Naval Support Facility Beaufort. Even though we are a "separate" command, we still answer to the same commanding officer and follow the same motto, "Always Caring." Thank you all for your continued support, patience, and understanding as we move forward with the ultimate goal of protecting you.

Staff Education and Training

By Lt. Cmdr. Francisco Wonpat

NAVY COLLEGE OFFICE

The Navy College Office (NCO) is your primary source of information regarding Tuition Assistance. Some required items are submitting your degree plan, completing the WebTA training and providing this certificate to the NCO.

Location:
NWS Charleston
1661 Redbank Rd.
Ste 140
Goose Creek, SC 29445-6511

Contact:
843-764-4493 (phone)
794-4493 (DSN)
843-764-7076 (fax)

https://www.navycollege.navy.mil/ncp/nco_results.aspx?nco=CHAR

HOSPITAL CORPSMAN SKILLS BASIC PROGRAM

This program assesses the five basic competencies of all corpsmen, which consist of medication administration, IV therapy, venipuncture, patient assessment, hemorrhage and bleeding control. The course is in accordance with BUMEDINST 1510.23C.

Who is required to take it? This program is for all corpsmen E-7 and below, IDCs are not required to complete the course.



(Continued on page 16)

Patient Safety: Be a Good Visitor

By Jim Weiss and Susie Beasley

The visitors of hospitalized patients play an important role in keeping their loved ones safe from infection. Naval Hospital Beaufort recommends these simple tips to be a good visitor.

1. Sanitize your hands before and after visiting

The soap and hand sanitizer in patient rooms are for everyone – wash or sanitize your hands when entering and leaving the room of the person you are visiting to avoid bringing in and carrying out germs. Remind healthcare providers to do the same before caring for your loved one. Clean hands after sneezing/coughing/touching your eyes, nose, or mouth. Wash hands with soap and water after using the restroom/before eating. Cover your cough/sneeze with a tissue or your sleeve. Do not sit on the patient's bed or handle their equipment. Read and follow any instructions posted outside the patient's room.

2. Stay home if you are sick

Do not visit the hospital if you are sick or have had any ill symptoms within the last three days including nausea, vomiting, diarrhea, fever (or feeling feverish), unexplained cough or rash.

3. Check before bringing food, flowers, or the kids to visit

While flowers, young visitors, and food from home spread cheer, they may not be allowed. Check with the nurse first. If you bring youngsters, don't let them play on the floor or bed and have them wash their hands as they enter and leave

the room. Make sure the child is free from symptoms of infection such as a runny nose, sore throat, rash, or cough.

4. Special precautions

If the person you are visiting is on “**Isolation Precautions,**” talk to the nurse before entering the room to find out what steps you will have to take, such as wearing a mask or other protective clothing. Also ask for any educational materials that may be available.

5. Don't contribute to the clutter

Limit the patient's personal items as less clutter eases the critical job of cleaning hospital rooms and keep patient personal items off the floor.

6. Visiting more than one patient

If you are visiting multiple patients sanitize your hands before and after seeing each patient.

7. Discharge home with the patient

Keep the patient healthy back at home. Follow discharge instructions and reduce the spread of germs from the patient's environment by using disinfectant wipes frequently to clean hard surfaces. Ask for special instructions if the patient had a drug-resistant infection.



Staff Education and Training

(Continued from page 15)

Corpsmen who have been stationed at a hospital previously and do not have a certificate of completion or documentation in DMHRSi will be required to attend. Experienced/seasoned HMs, upon check-in, will be enrolled into the class as the standardized process for all HMs requiring HMSB. Their skills will be demonstrated and assessed for competency. This may only require one day in class. If the student does not successfully demonstrate the five basic skills they will be required to attend the full course of HMSB training.

The course consists of two days of didactic and two days of hands-on training at various areas of patient care. If they are unsuccessful in demonstrating standardized skills they will not receive credit and have to re-attend the course. The students will be given a set of performance check list (PCLs), one for each of the five basic competencies. In order for the student to receive credit for the course they must bring completed PCL's (signed by approved preceptors) to receive credit via DMHRSi.

RESUSCITATIVE MEDICINE COURSES

The FY13 schedule is now available on the Education and Training share point page. The schedule has been posted to allow for work centers to print and post for easy access to all staff. As a reminder, per the Military Training Network, only Active Duty and GS employees may receive a card for successful completion.

For more information about these or other programs, please contact HM2 Holmes at 228-5222 or HM3 McCowan at 228-5282.

Breast Health Tips: Keeping Your Breasts Healthy

By Amy Luce, Breast Care Coordinator

As the dog days of summer transition to the crisp days of fall, you're bound to see a pink ribbon go up for every leaf that falls to the ground. That's right, it's almost Breast Cancer Awareness Month! During the month of October it's nearly impossible to turn on the news or open a paper without finding an inspiring story of a patient's heroic battle against breast cancer. As the hospital's Breast Care Coordinator, I am inspired by these courageous people every day. It is my mission to educate people regarding breast health not only in October, but every month of the year. Included is a list of simple tips that you can incorporate into daily living to maintain breast health at any age.

Self Check. Oh, the dreaded monthly self breast exam. I can almost hear the grumbles and moans now. I have heard nearly every excuse for avoiding this important task. Most often there are two driving forces for women not adhering to a regular self breast exam schedule: fear of finding something and not knowing what to look for. Quite simply, breasts are lumpy and bumpy. If you are not doing regular exams, you will not know what is normal for you. The old proverb "ignorance is bliss" gets bootied by "knowledge is power" when it comes to breast health. Should you find yourself struggling with your breast exams, please see me. I have plenty of materials that help alleviate fears and put you back in control.

Weight. Being overweight (defined as having a body mass index, BMI, over 25) is associated with many negative health consequences, including an elevated risk of developing breast cancer. The higher risk is because fat cells make estrogen; extra fat cells mean more estrogen in the body. Estrogen can make hormone-receptor-positive breast cancers develop and grow.

Exercise. Skip the elevator and take the stairs. Just 30 minutes of daily physical activity has been shown to help prevent breast cancer. Moderate exercise can cut breast cancer risk by 15-25%. Moderate exercise helps by decreasing circulating levels of estrogen in the body. Take advantage of the many exercise programs offered at the naval hospital's fitness center and through the MCCC Semper Fit program at MCAS or MCRD.

Alcohol. The American Cancer Society says the more a woman drinks, the higher the risk of breast cancer. Two or more alcoholic beverages ingested per day can increase a

woman's risk of developing breast cancer one and one half times more likely. It's time to trade the cocktail for a "mocktail."

Food. Just as an unhealthy diet can increase your risk of developing breast cancer, a healthy diet can lower your risk. Make a diet rich in colorful vegetables, fruits, whole grains, and lean proteins part of your daily lifestyle. Trade those animal fats for vegetable oils and avoid refined carbohydrates, fatty foods, and sugared drinks.

Family History. Breast cancer risk is higher among women with a family history of the disease. Having one first degree relative (mother, sister, or daughter) with breast cancer approximately doubles a woman's risk for developing breast cancer, and if you have two, your risk increases five-fold, although, only about 15% of those diagnosed with breast cancer have a family history. This means 85% of women who develop breast cancer have no family connection. Talk to your family members and collect pertinent information such as age at diagnosis. Be sure to inform your healthcare provider if you do have a family history as your screenings may be different than someone without a family history of the disease.



Just acknowledging breast cancer prevention during one month of the year when the pink ribbons are strewn in every store window and on every box of cereal is not enough to protect you. The most important step is to take action. By incorporating the above into your daily living, you can greatly reduce your risk of developing breast cancer.

Upcoming October events:

- Oct. 1 — Breast Cancer Awareness Month Kick-off
Cake cutting, quarterdeck, 1130
- Oct. 5 — Pink Movie Night, MCAS
- Oct. 9 — PI, Breast Cancer Awareness Walk
- Oct. 19 — National Mammography Day, Breast Cancer Awareness Walk, MCAS
- Oct. 25 — Breast Cancer Awareness Walk, Picnic Pavilion, Naval Hospital, 1200

The Breast Health Initiative at Naval Hospital Beaufort has a wealth of information and resources to assist you in your pursuit of properly caring for your breasts. Please contact the Breast Care Coordinator, Amy Luce, RN, at 228-5231 regarding any questions or concerns you have.

Historic Highlights: Fair Winds and Following Seas!

By HMC Amanda Hughes
Command Historian

In the late 1700's, the U.S. Navy set sail with new ideas, new goals, and a desire to build traditions that would outlast the test of time. The Navy led the way with providing honors for crewmen. The 1800's saw retirements for enlisted men for the first time. The captain would allow the jolly boat to take the enlisted retiree ashore to show the crew that he, and the Navy, recognized the contributions of its enlisted crewmen.

“Boatswain...stand-by to pipe the side!!”

This order has been passed on naval ships from the 1500's through today. Spanish, French, English, Dutch, all navies of the world use the boatswain (a Sailor responsible for ship's preservation and seamanship evolutions, and one of the oldest U.S. Navy ratings) and side boys to call to bring aboard or send ashore all of the ship's company officers, visiting officers, dignitaries, and VIPs.



Naval Hospital Beaufort Chief Petty Officers preparing for a retirement ceremony—1955.

The side boys would haul on the ropes and raise or lower the boarding platform so officers would not have to climb the rat lines (which were hanging over the side and used by the enlisted crew) when going ashore or to get aboard. This honor was extended to visiting officers, dignitaries, and port officials.

It was not uncommon for the commanding officer to order up the jolly boat, a crew of eight strong backs, side boys, and a boatswain to send an old shipmate off to his retirement home, never to sail again.

“All hands on deck,” was passed, speeches were made about great victories, battles fought upon the open sea, raging storms that were weathered, and voyages to distant and strange lands with ports-of-call others could only dream about.

Naval Hospital Beaufort has been the site of a few retirement ceremonies over the past few weeks. The retirement ceremonies of today vary greatly from those of our Navy's earliest history or even those of just 60 years ago when this hospital was first commissioned. However, they are just as important for the retiree, his or her family, and the entire command. They are a way of saying good-bye to a friend and colleague and, maybe even more importantly, they give a sense of closure to the service member as they finish one leg in their Life's journey and begin the next.

To those who have recently retired, Naval Hospital Beaufort wishes you the traditional “Fair Winds and Following Seas.”



Naval Hospital Beaufort Chief Petty Officers say farewell to one of their own as HMC Geter departs his naval career and embarks on a new adventure—2012.

NHB on the Move



Hails

June, July, August

HR Tiffany Banks
 HR Byron Bates
 HR Katie Brothers
 HR Jumaria Bussell
 HR Michael Collier
 HR Talena Epling
 HR Cody Frost
 HR Zackary Gainer
 HR Landon Garl
 HR Anthony Gray
 HR Justin Harrison
 HR Jasmine Leavell
 HR Nicholas Mitchell
 HA Victoria Austin
 HA Gregory Erickson
 HA Joseph Harris
 HA Xiaodi Mu
 HA Harrison Norris
 HA Phillip Patterson
 HN Alex Bates
 HN Trina Celestine
 HN Charles Golden
 HN Nathan Gray
 HN Ralph Hawker
 HN Joseph Hillyerd
 HN Keyana Jordan
 HN Danielle Orsino
 HN Brandon Way
 HM3 Michael Aaron

HM3 Rusty Fisher
 HM2 Shaquita Fraizer
 HM2 William West
 HMC Gary Tossing
 LTJG Lauren Hayes
 LTJG Kenya Hester
 LTJG Timothy Spainhour
 LTJG Tawanda Wright
 LT Robert Cooper
 LT Jeffrey Draude
 LT Mark Derocher
 LT Jennifer Epstein
 LT Paul Herickhoff
 LT Travis Ludy
 LT Tijuana Milton
 LT Kevin Murawski
 LT Thomas Nelson
 LT Michael Owen
 LT David Sandberg
 LT Chase Thompson
 LT Morgen Young
 LCDR Mark Bomia
 LCDR Melissa Troncoso
 CDR George Dyer
 CAPT Melanie Merrick

Farewells

June, July, August

HN Henok Aseffa
 HN Jerome Bishop
 HN Joshua Callahan
 HN Andrew Chu

HN Joshua Cornell
 HN Shaun Daniels
 HN Marcus Hill
 HN Jessica Hillis
 HN Courtney Kneuss
 HN Timothy Kneuss
 HN Kristopher Krysa
 HN Matthew Lechnir
 HN Zachary Maple
 HN James Matos
 HN Reginald Smalls
 HM3 Brent Bellamy
 HM3 Jason Bush
 HM3 Nadia Dugue
 HM3 Angelic Huckaby
 HM3 Jeremy Jones
 HM3 Daniel Ollis
 HM3 Igor Vershinin
 AME2 Shane Spencer
 AT2 Adam Baker
 AT2 Chosnel Raymond
 CS2 Demarcos Blow
 HM2 Sharmee Anderson
 HM2 Dahlia Dehaney
 HM2 Daniel Doakes
 HM2 Jason Givens
 HM2 Kimberly Jirak
 HM2 Matthew Krebs
 HM2 Troy Smith
 HM2 Harrison Truong
 HM2 Robert Whitehead
 HM1 Crystal Clark

HM1 Steven Kendrick
 HM1 Jennifer Knuth
 HM1 Eleanor Rabang
 MA2 Porsha Williams
 MA1 Eric Bennett
 MA1 William Brower
 MA1 Steven Kile
 HMC Michael Barker
 HMC Christopher Campbell
 HMC Robert Starkey

Homecomings

June, July, August

HN Langley
 HN Wrightsman
 ENS Meier
 MA3 Noble
 LTJG Hippey
 LT Davis
 LCDR Maxwell
 CDR Biggs

Deployments

September

HM2 Torres
 HMC Kirkpatrick

Sailors of the Quarter



Senior Sailor of the Quarter
 HM1 Patrick



Junior Sailor of the Quarter
 HM2 Hahn



Blue Jacket of the Quarter
 HN Kerfoot

Civilians of the Quarter



Senior Civilian
 Mr. James Weiss



Civilian
 Mr. Dave Mobley



Contractor
 Ms. Regena Kowitz

Veterinarian Viewpoint: Is Your Pet Ready for Hurricane Season?

By Capt. Brianne R. Gustafson, USA, DVM

You make sure your two-legged family members are taken care of in an emergency, but what about your four legged ones? Recent national disasters showed that the bond we have with our pets can lead many to refuse to evacuate without them, and not having a plan for your pets in the case of an emergency can lead to heartbreaking decisions. By doing a few simple things, you can ensure that your pets make it through hurricanes and other disasters.



The most important thing you can do to help your pets during a disaster is to be sure that you have prepared appropriate emergency kits for yourself, your human family, and the animals in your care. This should be done well in advance of an emergency.

Be sure to include at least seven days of all medications, food and water, as well as vaccination records, veterinarian information and emergency contact numbers, bedding, collars and leashes, food and water bowls, plastic bags and gloves for waste, a first aid kit, and an appropriate cage or kennel for each animal. Don't forget the kitty litter and a small litter pan.

Your first aid kit should include at a minimum the following items: Bandage materials (square and roll gauze, Telfa pads, bandage tape, Vetwrap or other covering bandage), antibiotic ointment, hydrocortisone ointment, diphenhydramine (Benadryl, for allergic reactions and can also be used as a light sedative), bandage scissors, thermometer, tweezers, hydrogen peroxide, Pepto-Bismol, eye wash, pet first-aid book and latex gloves.

Other helpful items are: doggie booties to protect your pets' pads against broken glass and other debris, hand towels, rope, duct tape, sedatives (good for very anxious pets, ask your veterinarian to recommend one that is right for your pet), large sticker or sign that you can put on your front door to notify rescue workers that your pets are inside, pet toys, and grooming supplies.

Ask your veterinarian to implant a microchip in your pet for positive identification and register the chip number with one of the national organizations available for that purpose. You should also carry that microchip identification number in your wallet along with a picture of yourself with the pet; write the chip number on the back of the photo and slide that photo into a sleeve along with the pictures of your children or grandkids. Many pets are stolen during an emergency and these steps can help you recover your pet.

Evacuate humans and animals in a timely manner. Know what motels, friends, relatives, or pet-friendly shelters might be able to accommodate you and your pets; call as soon as possible to reserve a spot. Have a friend or relative in another area act as a contact for information.

If you must leave your pet at home give them plenty of fresh water and food. In the case of a hurricane confine them to an interior room preferably with no windows. Make sure they have something to climb onto in the case of flooding like a dresser or heavy bookcase. It is also helpful to label the front door with the number and type of pets in the house to alert rescue personnel to the presence of your pet.

FEMA offers some excellent online classes in disaster response. You can access these at <http://training.fema.gov/EMIWeb/IS/crslist.asp>. Other resources are:

- Humane Society of the United States www.humanesociety.org
- HSUS Disaster Animal Response Team (DART) www.NDART.org
- Veterinary Medical Assistance Team (VMAT) www.avma.org/disaster/vmat/default.asp

The Parris Island Veterinary Treatment Facility (VTF) is located at 517 Alaska Blvd, MCRD Parris Island. The VTF is open M-F, 0800-1600. Please call 843-228-3317 to schedule an appointment.