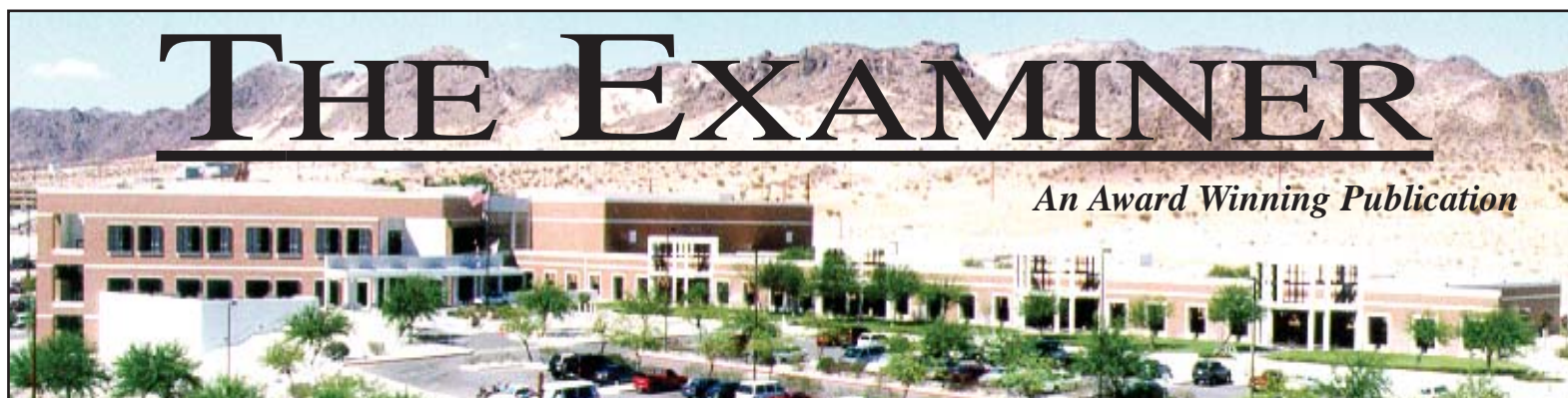




Robert E. Bush
Naval Hospital



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE website.

- * Through the Naval Hospital Customer Comment Cards.

- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

Or Directly to the Joint Commission via:

E-mail at complaint@jointcommission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

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U.S. POSTAGE
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CA 92284
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Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTFTC
Twentynine Palms, CA 92278-8250

Naval Hospital Twentynine Palms Awarded Accreditation

By demonstrating compliance with The Joint Commission's national standards for health care quality and safety, Naval Hospital Twentynine Palms has earned The Joint Commission's Gold Seal of Approval™.

Founded in 1951, The Joint Commission seeks to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations. The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the United States, including more than 8,000 hospitals and home care organizations, and more than 6,800 other health care organizations that provide long term care, assisted living, behavioral health care, laboratory and ambulatory care services. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and accrediting body in health care.

Captain Don C. B. Albia, Commanding Officer, Naval Hospital Twentynine Palms, stated, "By going through the Joint Commission accreditation, we are actually saying that we're willing to do more than the minimum to meet government regulations and that the extra step we take ensures quality and a safe patient environment. The recent attainment of this accreditation validates the high quality and safe patient care we are delivering to our beneficiaries and it sets us apart from other community hospitals



in terms of status and excellence."

"Above all, the national standards are intended to stimulate continuous, systematic and organization-wide improvement in an organization's performance and the outcomes of care," says Mark Pelletier, R.N., M.S., executive director, Hospital

Programs, Accreditation and Certification Services, The Joint Commission. "The community should be proud that Naval Hospital Twentynine Palms is focusing on the most challenging goal -- to continuously raise quality and safety to higher levels."

The Joint Commission con-

ducted an unannounced, on-site evaluation of Naval Hospital Twentynine Palms 12 through 16 January 2009. The accreditation award recognizes Naval Hospital Twentynine Palms' dedication in complying with the Joint Commission's state-of-the-art standards on a continuous basis.

"We sought accreditation for our organization because we want to demonstrate our commitment to our patients safety and quality care," says Commander Ramona Nixon, Joint Commission Coordinator for the Naval Hospital. "We view obtaining Joint Commission accreditation as another step toward achieving excellence."

Nixon spoke of her pride in a staff whose members ask what needs to be done to be accredited by The Joint Commission. "In addition, they appreciate the educational aspect of the survey and the opportunity to interact with the team of surveyors."

She called the accreditation, "proof of an organization-wide commitment to provide quality care on an ongoing basis."

What's New on www.triwest.com

By Tyler Patterson
TriWest Healthcare Alliance

Today's net-savvy TRICARE beneficiaries use the Internet to manage their health care more than ever, but it doesn't take a computer wiz to navigate the convenient features on www.triwest.com.

And the best part is that users get to pick the time and place that's convenient. Here are just a few of the tools available online to make managing your health care even easier:

Online Account Registration

West Region beneficiaries who register for a secure www.triwest.com account can update other health insurance information, access copies of claims explanations of benefits (EOB)...especially helpful during tax season... change address information and more. Visit www.triwest.com/beneficiary and click the "Register Today" button to get started. TriWest does not share your information with outside parties.

Continued on page 7

Tobacco and Metabolic Syndrome Risk Factors Explained

*By Martha Hunt, MA, CAMF
Health Promotion and Wellness
Robert E. Bush Naval Hospital*

Metabolic syndrome is defined as: a group of risk factors linked to being overweight or obese that increase your chance for heart disease and other health problems such as diabetes and stroke.

The five conditions listed below are metabolic risk factors

for heart disease. A person can develop any one of these risk factors by itself, but they tend to occur together. Metabolic syndrome is diagnosed when a person has at least three of these heart disease risk factors:

1. A large waistline. This is also called abdominal obesity or "having an apple shape."
2. A higher than normal

triglyceride level in the blood (or you're on medicine to treat high triglycerides -- or bad cholesterol). Triglycerides are a type of fat found in the blood.

3. A lower than normal level of HDL cholesterol (high-density lipoprotein cholesterol or good cholesterol) in the blood (or you're on medicine to treat low HDL).

4. Higher than normal blood pressure (or you're on medicine to treat high blood pressure).

5. Higher than normal fasting blood sugar (glucose) (or you're on medicine to treat high blood sugar). Mildly high blood sugar can be an early warning sign of diabetes.

Other factors that can contribute to metabolic syndrome

are diets high in meat, fried food and diet sodas. Diet sodas make you crave calories from other sources and can cause over eating rather than help you cut calories. Also, people who suffer high levels of stress are twice as likely to develop metabolic syndrome for many reasons including the fact that stress causes changes to your blood sugar levels.

Tobacco use also increases your risk of metabolic syndrome.

Tobacco use

1. Makes you crave starch and fat - a large waistline.
2. Raises your triglyceride levels - a higher than normal triglyceride level in the blood.

3. Lowers your HDL level - a lower than normal level of HDL cholesterol.

4. Gives you high blood pressure - higher than normal blood pressure (or you're on medicine to treat high blood pressure).

5. Doubles your risk of diabetes and blocks the release of insulin - higher than normal fasting blood sugar (glucose) (or you're on medicine to treat high blood sugar).

Call Health Promotion and Wellness at 830-2814 for more information on tobacco cessation. If you are interested in medications to help you quit tobacco, contact your primary care provider.

Here's To Your Health...

Skin Cancer and Sun Screen

Your skin is the largest organ of your body and it is constantly renewing itself throughout your life. Skin protects us from heat, light, injury, and infection and stores water and fat. It keeps itself moist and intact to the best of its ability but sun, heat, dryness and chemical exposure works against your skin to damage it and dry it out.

We need some exposure to sunlight for Vitamin D production, however, over exposure to the sun leads to skin cancer, premature aging of the skin and wrinkling. Also, over the age of 50 our skin doesn't make as much vitamin D as it used to, putting us at risk for vitamin D deficiency.

Skin cancer is the most common form of cancer with over one million Americans every year being diagnosed with skin cancer and almost 10,000 dying from it. Half of all Americans who live to age 65 will be diagnosed with some form of skin cancer. UVA and B radiation from the sun is the leading cause of skin cancer, however UVC radiation from sun lamps and tanning booths also cause skin cancer. Cases of skin cancers are more likely to occur where there is brighter and stronger sunlight such as nearer the equator or at high altitudes. In other words, here in the high desert!

Ninety percent of all skin cancers develop on the face, neck and arms where sun exposure is the greatest. Those individuals at highest risk for skin cancer are those who have light skin, hair and eyes, a family history of skin cancer, chronic exposure to the sun, a history of bad sunburns early in life, or have lots of moles or freckles. However, everyone is at risk of skin cancer, no matter how dark ones' skin or hair.

Skin cancer growths occur when normally dividing skin cells begin to grow abnormally. UV rays damage the DNA of skin cells and causes them to reproduce abnormally. Once a cells' DNA is damaged, the damage is permanent and is replicated over and over until an abnormal patch of cells is seen on the surface of the skin. There are over 100 different types of skin cancer, depending on what layer of the skin they are found and what types of skin cells are affected.

In fact, the damage to your skin only needs to be 1 mm deep or the size of this "-" to cause damaged cells which then find their way into your blood stream. Once these skin cancer cells find their way to your blood stream you can develop skin cancers in any organ of your body.

What to look for -

- * Patches of skin that tend to bleed or ooze,
- * Open sores that don't heal,
- * Patches that have an irregular shape or edges to them,
- * Patches that have varied colors in their pigmentation,
- * Growths larger than the width of a pencil eraser,
- * Patches that have a scaly, crusty or bumpy appearance to the sur-

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Depression in Men and Women: What's the Difference?

By Kristen Ward
TriWest Healthcare Alliance

Depression can strike anyone, but the symptoms can be dramatically different between men and women.

Signs and Symptoms

According to the National Institute of Mental Health, nearly 20 million people are currently dealing with depression. Service members who may have been exposed to traumatic events during their deployment have a higher risk for developing depression or post-traumatic stress disorder (PTSD).

Common symptoms for men and women include feelings of sadness and hopelessness, sleeping problems, weight gain or loss, having trouble thinking clearly, isolation or feelings of guilt.

Differences may include:

Men...

- * More willing to acknowledge the physical symptoms of depression such as fatigue, irritability, sleeplessness
- * May engage in more risky behaviors such as driving recklessly or getting in fights
- * Are more irritable and angry, especially in relationships
- * Abuse alcohol or other substances
- * Are more likely to complete suicide

Women...

- * More willing to acknowledge feelings related to depression such as sadness, worthlessness, and excessive guilt
- * More likely to have an anxiety disorder

ety disorder

- * More willing to admit to problems and seek help
- * Are more likely to attempt suicide, but less likely to complete it

Treatment is Available

The good news is that there are effective treatments for depression. Women tend to seek help for depression, while men are more likely to deny their symptoms or not even recognize them. However, help is available for everyone through TRICARE.

The first step is to take a self-assessment questionnaire of depression symptoms. This is available at www.triwest.com>Beneficiaries >Behavioral Health>Depression>Patient Health Questionnaire.

For scores greater than 10, or if these symptoms have made normal activities very difficult, it may be a good idea to schedule an appointment with your doctor.

Active duty service members (ADSMs) should always seek care first at a military treatment facility, when available. ADSMs must have a referral from their primary care manager and have prior authorization from TriWest before seeking behavioral healthcare services outside the base clinic. ADSMs enrolled in TRICARE Prime Remote may call TriWest at 1-888-TRIWEST (874-9378) to help obtain authorization for civilian behavioral health care.

Family members are eligible for eight behavioral health care visits each fiscal year (Oct. 1-

Sept. 30) without pre-authorization from TriWest. If a family member receives care beyond the original eight visits, they will need authorization from TriWest. Beneficiaries can find at a network provider at www.triwest.com>Beneficiaries >Provider Directory.

Help at Home

In addition to the self-assessment questionnaire and additional benefits information, TriWest's Web site www.triwest.com has numerous self-help resources. Available at no cost via streaming video or as a 2-DVD set, this series offers advice from behavioral health experts who are also combat veterans and military families that have coped with effects of PTSD. Find it at www.triwest.com>beneficiary services>behavioral health>Help From Home.

While you're there, find articles, brochures and links to additional resources on a variety of topics spanning from children's behavioral issues to dealing with depression or suicide. Find it at www.triwest.com>beneficiary>behavioral health>Depression>Self Help Resources.

Additional sites to visit include:

- * Military OneSource www.MilitaryOneSource.com
- * National Institute of Mental Health www.nimh.nih.gov
- * National Foundation for Depressive Illness www.depression.org
- * After Deployment www.afterdeployment.org

Ombudsman Corner

Welcome Aboard to our new Ombudsman Ms. Tina Ruth!



Tina brings an exciting future for the Robert E. Bush Naval Hospital Ombudsman Program. She has 8 years of volunteering experience and her time as volunteer for Naval Medical Center Newport, RI and the USS PORTER (DDG-78) will be very beneficial to our Naval Hospital Twentynine Palms families.

Tina has been a military spouse for 20 years and has been stationed here in Twentynine Palms for the last 2 years. According to her, the most exciting aspect of being an Ombudsman is the opportunity to help families new to the area to find the information they need. Also, more importantly is the privilege of supporting the needs of families of deployed and non-deployed Sailors.

For anyone new to the area, or in need of contacting the Naval Hospital Ombudsmen for any reason, please see how you can do so below.

- * Leave a message on the Careline at 760.830.2716.
- If you have a question or concern that is not an emergency.

* Cell phones
Lacy Richey 760-910-2050
Tina Ruth 760-910-2046

For questions or concerns that are more urgent or for a quick reply.
* Send an email to lacy.richey@med.navy.mil or valatina.ruth@med.navy.mil

For resource requests, local information, or questions.

As your Ombudsmen, we are here for you and have direct and immediate access to the Commanding Officer and the Command Master Chief, Naval Hospital, Twentynine Palms for matters requiring their involvement or help.

We are confidential resources for you, and are obligated to report life-threatening situations to the Command. Rest assured, though, no information shared with us is ever made public.

Life's Lesson...

It's frustrating when you know all the answers, but nobody bothers to ask you the questions!

Super Stars...



Melinda Carlisle, a civilian RN in the OB/GYN Dept., receives a 5-year Federal Length of Service Award.



LT. CMDR. Jessica Colwill, Physician in the OB/GYN Dept., receives a Navy and Marine Corps Commendation Medal.



Lt. Murat Grigorov, Physician at the Adult Medical Care Clinic, receives a Navy and Marine Corps Achievement Medal.



Lt.j.g. Shelley Griffith, Public Health Officer in the Preventive Medicine Dept., takes the oath during her recent promotion ceremony to her current rank.



Cmdr. John Crabill, Physician in the Family Medicine Clinic, receives his Qualification as Fleet Marine Force Officer from MAJGEN T. D. Waldhauser, Commanding General First Marine Division.



CS1 Leonardo Deguzman, Nutrition Management Dept., receives his fifth Good Conduct Award.



HN Anita Guanucocalixto, Pediatrics Dept., receives a Flag Letter of Commendation and her first Good Conduct Award.



HMI Alex Escobal, Laboratory Dept., takes the oath during his recent reenlistment ceremony.



CS3 Matthew Delarosa, Nutrition Management Dept., receives his first Good Conduct Award.



Lt. Matthew Green, a Nurse in Family Practice, receives a Navy and Marine Corps Achievement Medal.



Lt. Randy Heninger, Nurse Midwife, receives a Navy and Marine Corps Commendation Medal.



Lt. Cmdr. Marion Henry General Surgery Physician receives a Navy and Marine Corps Achievement Medal.



Fawn Morocco, TAD Clerk, receives a Federal Length of Service Award for five years.



Lt.j.g. Allistair McLean, Head, Information Management Dept., gets new collar devices pinned by Cmdr. Jeanmarie Jonston, Director for Administration, left, and Capt. Don C. B. Albia, Commanding Officer, right. McLean recently transferred to the Medical Service Corps from Surface Warfare.



Lt. Cmdr. William Warner, Physician in the OB/GYN Dept., receives a Navy and Marine Corps Commendation Medal.



Lt. Rivka Weiss, Pediatrics Clinic, was selected for the Junior Nursing Excellence Award by her peers in celebration of Nurses Week held last month.



Lt. Cmdr. Dondria Smith-Hollies, Primary Care Clinic, was selected for the Senior Nursing Excellence Award by her peers in celebration of Nurses Week held last month.



Rear Admiral William Roberts, Medical Corps Director in the Chief of Naval Operations Office administers the oath during the recent promotion ceremonies for Lt.j.g. Gregory Abernathy and Lt.j.g. Jim Francisco. Both Nurses who serve in the hospital's Emergency Medicine Department were promoted to their current rank last month. Rear Admiral Roberts was on a visit to the hospital here.



Kathleen Mulvihill, Central Appointments, receives a 10-year Federal Length of Service Award.



HM3 William Worthley, Main Operating Room, receives his first Good Conduct Award.

Process Improvement of the Month...

Preventing Shaken Baby Syndrome

What is Shaken Baby Syndrome? How important do you think it is to prevent Shaken Baby Syndrome?

*By Lt. Cmdr. Sharon Yokley
Organizational Performance Improvement Coordinator
Robert E. Bush Naval Hospital*

Babies cry, that is a fact of life. Sometimes caregivers get frustrated when the baby won't quit cry-

ing, sometimes frustrated enough to want to shake the baby.

Shaken baby syndrome is a

type of inflicted traumatic brain injury that happens when a baby is violently shaken.

A baby has weak neck muscles and a large, heavy head. Shaking makes the fragile brain bounce back and forth inside the skull and causes bruising, swelling, and bleeding, which can lead to permanent, severe brain damage or death. The characteristic injuries of shaken baby syndrome are subdural hemorrhages (bleeding in the brain), retinal hemorrhages (bleeding in the retina of the eye), damage to the spinal cord and neck, and fractures of the ribs and bones. These injuries may not be immediately noticeable. Symptoms of shaken baby syndrome include extreme irritability, lethargy, poor feeding, breathing problems, convulsions, vomiting, and pale or bluish skin. Shaken baby injuries usually occur in children younger than 2 years old, but may be seen in children up to the age of 5 (National Institute of Neurologic Disorders and Stroke).

In comparison with accidental

traumatic brain injury in infants, shaken baby injuries have a much worse prognosis. Damage to the retina of the eye can cause blindness. The majority of infants who survive severe shaking will have some form of neurological or mental disability, such as cerebral palsy or mental retardation, which may not be fully apparent before 6 years of age. Children with shaken baby syndrome may require lifelong medical care (National Institute of Neurologic Disorders and Stroke).

As you can see, it's very important to take all measures possible to prevent this form of child abuse. Our Labor and Delivery Deck, Desert Beginnings, has a program that reaches out to mothers, fathers and other close family members and friends to increase awareness and provide coping skills for caregivers.

In order to ensure that as many new parents as possible receive the information, records are reviewed and the number of parents trained is compared to the number of deliveries each

month. If numbers drop, they make positive changes to increase the effectiveness of the program.

This is what Process Improvement is all about. Selecting a program, problem or process that is very important to a particular area and looking at it to make sure it is effective. If flaws are found in the process, the process is revised. Then monitoring ensures that the new changes are effective.

From Oct 08 -- Feb 09, only one mother did not receive Shaken Baby Syndrome Training. The program works.

Process Improvement works when the Unit/Department focuses on identifying and problem solving issues that are important to them. I encourage you, no matter who you are, to look closely at how you do business. If you keep 'stumbling' over processes and have to do double work to get the job done, bring it up with your supervisor. A look at how business is being done now and strategies to smooth out the process can make life a lot easier.

Your TRICARE Hospice Benefit

*By Diane Mayer
TriWest Healthcare Alliance*

If you or a loved one is faced with a terminal illness, hospice

care is available from TRI-CARE.

Hospice is a concept of care designed to provide comfort and support to patients and their families when a life-limiting ill-

ness no longer responds to cure-oriented treatments. All TRI-CARE beneficiaries are eligible for this benefit.

The goal of hospice is to enable patients to continue an alert, pain-free life and to manage other symptoms so that their last days may be spent with dignity and quality, surrounded by their loved ones. Hospice care treats the person rather than the disease; it focuses on quality of life rather than length of life. It provides family-centered care and involves the patient and the family in making decisions. Care is available for the patient and family 24 hours a day, seven days a week. Hospice care can be given in the patient's home, a hospital, nursing home, or private hospice facility. Types of care provided may include

What's New on www.triwest.com...

Continued from page 1

Appointment Reporting

Once registered at www.triwest.com, beneficiaries can report their specialty care appointment dates online. Previously, a beneficiary had to call TriWest to report this information. Now they can simply log in, access their authorization and referral information and enter their appointment date in just a few easy steps.

QuickAlert

Registered www.triwest.com users enjoy another perk: QuickAlert, TriWest's notification system for authorizations, referrals and EOBs. QuickAlert can be set to alert you by e-mail or phone when an authorization or referral has been processed for your account. You'll still receive notification by mail in approximately one week, but you can save time and schedule specialty care sooner with QuickAlert!

ePay

Beneficiaries can automate their TRICARE Prime enrollment fee payments with TriWest's ePay. Sign up at www.triwest.com/epay today, choose a payment method (allotment, electronic funds transfer or credit card) and never worry about late payments again.

"TRICARE 2 You" Online Library

The "TRICARE 2 You" Online Library hosts TriWest's all-new streaming TRICARE benefit videos, current and archived articles from the "TRICARE 2 You eNewsletter" and a slew of links and resources to help answer your frequently asked TRICARE questions. Visit it today at www.triwest.com/t2u.

Healing 2gether Online

"Healing 2gether Online" (H2O) is TriWest's comprehensive online resource for wounded, ill or severely injured service members and their families and caregivers. Find information and resources to help you use your benefits at www.triwest.com/h2o.

Don't wait until tomorrow to start saving time by managing your health care online; register at www.triwest.com/beneficiary today and see just how easy, secure and convenient it can be!

Hospice Benefit...

Continued from page 6

nursing care, medical equipment and supplies, medications, counseling, and medical social services. Room and board is not a covered hospice benefit when a patient is in a facility such as a rest home and the care is custodial.

The patient, their primary care manager (PCM), or a family member can initiate care as long as the patient's DEERS information is current. There is no paperwork for the beneficiary to complete to obtain hospice services. It is the responsibility of the hospice to submit the documentation necessary

Skin Cancer and Sun Screen...

Continued from page 2

face of them, or

* Growths that itch or are tender and painful.

Sun screen works by blocking out some, but not all, of the UVA and B rays. Sun screen does not protect against UVC radiation. The higher the SPF value, the greater the protection from burning. Use a sun screen that blocks both UVA and UVB radiation as they both cause skin cancer and burning. UVA rays cause damage deep into the skin while UVB rays damage the surface layers. Exposure to UVA and UVB radiation has also been associated with non-Hodgkin's Lymphoma and with eye cancers, specifically on the cornea and the conjunctiva (the white part).

If you will be in the sun more than 15 minutes, wear sun screen with an SPF value of 20 or greater. Older adults should always use a sun screen with an SPF of 30 or higher. Apply sun screen at least 30 minutes before going out into the sun and re-apply every 2 to 3 hours.

Since sun screen alone is not 100 percent effective against the damage produced by UV rays, take other protective measures as well. When outdoors in the sun, wear hats, sunglasses, light colored, loose fitting clothing, full length pants and socks to reflect the heat and allow your skin to breathe. Check all areas of your skin surfaces regularly for any changes. If you can't see a certain area of your

to obtain authorization for care.

There are four levels of hospice care:

1. Routine home care
2. Continuous home care -- more nursing care than routine home care
3. General inpatient hospice -- care in a hospice facility for symptoms that cannot be controlled at home
4. Inpatient respite care -- up to five days per month to give families a rest from caregiving.

For information on the hospice benefit, please visit www.triwest.com/beneficiary or call 1-888-TRIWEST (874-9378).

skin, use mirrors or get a friend to check for you. Call your doctor if you have patches of skin or growths on your skin that bleed or change shape or color. If you have a family history of skin cancer, alert your doctor and watch your skin carefully for changes.

Drink plenty of water and other replenishing liquids (not alcohol or caffeine) to help your skin sweat and cool itself. Avoid the sun between 10 am and 3 p.m. whenever possible as the sun's rays are the most damaging. You can burn even on a cloudy day as 80 percent of the sun's rays still penetrate through clouds.

Teach your kids early about the dangers of the sun as most skin damage occurs before the age of 20. Never use sun screen on infants less than 6 months of age as the chemicals in sun block are absorbed directly into their body and may irritate their skin. Rather keep them out of direct sun and always make sure they are covered with hats and baby sunglasses.

Damage from the sun is cumulative over your life span and builds up over time. The DNA damage you received from that sun burn when you were a teen is still with you and will never go away. The best protection from skin cancer is to avoid direct exposure of your skin to the sun. When that is not possible, use sun screen to help reduce the absorption of UV rays and the DNA damage that results. You only have one skin, wear it well.