



Robert E. Bush  
Naval Hospital

## 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.

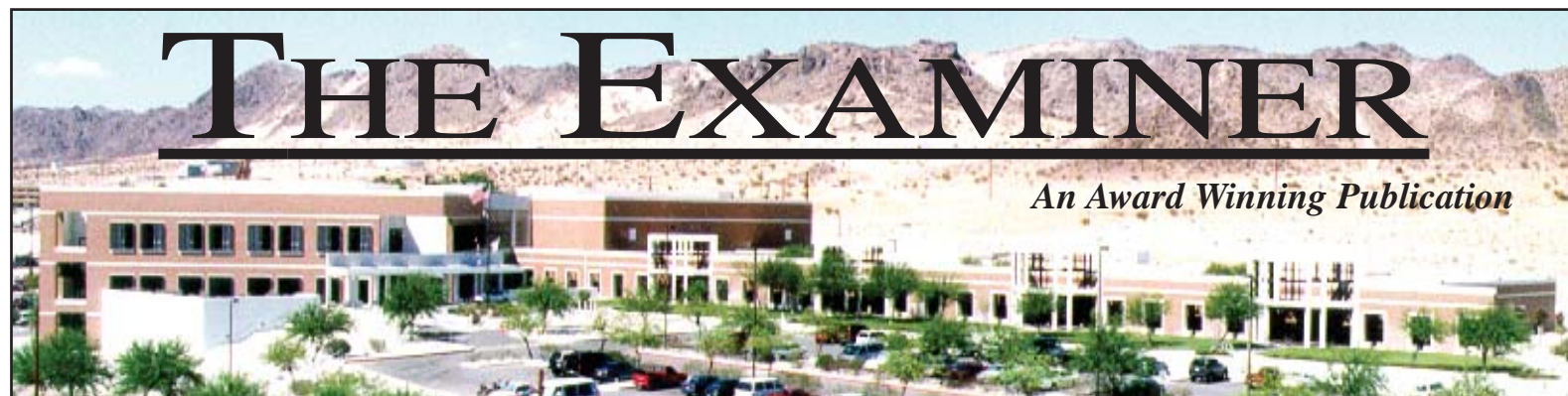
Or Directly to the Joint Commission via:

E-mail at [complaint@jointcomission.org](mailto:complaint@jointcomission.org)

Fax:  
Office of Quality Monitoring  
630-792-5636

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

Commanding Officer  
Naval Hospital Public Affairs Office  
Box 788250 MAGTF/TC  
Twentynine Palms, CA 92278-8250



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

# The Heat of the Summer is Here

By Dan Barber  
Public Affairs Officer  
Robert E. Bush Naval Hospital

Just in case you haven't noticed, we are in the summer season here... it's important to pay attention to your environment to prevent heat stroke.

The Heat Condition Flag Warning System, determined by the Wet Bulb Globe Temperature Index (WBGT) reading, on the Combat Center is set up to help you determine your safe daily outdoor activities in the summer months. The Robert E. Bush Naval Hospital also constantly monitors the 'Mainside' WBGT in real time making it available on the hospital's internet at

<https://www.med.navy.mil/sites/nhttp/Pages/FlagCondition.aspx>

The WBGT index consists of a combination of readings from thermometers, providing temperatures for dry, humid and radiant heat. These three temperatures are combined in a standard formula providing a more accurate reading of heat stress intensity, known as the WBGT Index.

Safety concerns with heat and Physical Training are very real, especially in a desert environment. Dehydration is a constant threat when exercising in the heat. Since thirst occurs too late to be a good indicator of excessive water loss from the body, be sure to weigh yourself regularly during hot weather, especially if you're doing a lot of

intense physical activity.

There is no specific temperature beyond which you should not exercise. People have become heat casualties even in subfreezing temperatures because they were overdressed. Any circumstances that cause your body's heat production to exceed its capability to cool off will often result in heat stress.

To alert Combat Center members of hazardous heat conditions, the following flags are flown to indicate readings and control physical activity:

Green Flag -- WBGT Index Temperatures range from 80-84.9 -- Unrestricted physical activity may be carried out.

Yellow Flag -- WBGT Index Temperatures range from 85-87.9 -- Physical activity should be limited to those people who have been exercising in similar heat for a minimum of 10 days or more.

Red Flag -- WBGT Index Temperatures range from 88-89.9 -- Physical activity is advised only for members who have been working out in similar heat conditions for a period of 12 weeks for more.

Black Flag -- WBGT Index Temperatures range 90 and above -- Vigorous outdoor exercise, regardless of conditioning or heat acclimatization, is not advisable.

Combat Center members should be advised to note the flag, which is indicated on the hospital's web site before beginning outdoor workouts on Main side in the summer months. For Camp Wilson and Ranges, check with Marine Wing Support Squadron -- 374 (MWSS-374) Weather Office at 830-7809, as geographic locations on the base cause the WBGT Index to vary.

Although you do not have a choice about the characteristics of work clothing or gear, do not use a vapor barrier (rubber) suit as an aide for weight reduction while exercising. Exercising in a rubberized suit may result in severe dehydration and elevate your core body temperature. Wearing these suits also will not help you with your weight reduction program since the decrease in weight is due to a very temporary loss of fluid, not fat loss. If you are required to wear NBC gear or body armor you should add 10 points to the WBGT Index to determine your training activities.

For more information on the WBGT Index call the Hospital's Preventive Medicine Department at 830-2029.

## Timely Immunizations Help Protect Children and Community

FALLS CHURCH, Va. -- Vaccines are one of the most important medical breakthroughs in history and protect children from diseases that, in the past and around the world today, caused serious illness and often death. Infant immunizations give children a healthy start in life.

Along with protecting a child from preventable diseases, vaccines also protect communities. While vaccine-preventable disease rates are very low in the United States, the diseases still exist in other parts of the world. Continued vaccination is the best way to protect everyone from potential outbreaks.

Vaccine-preventable diseases include Hepatitis A and B, diphtheria, tetanus, pertussis (whooping cough), bacterial meningitis, pneumonia, polio, rotavirus, influenza, measles, mumps, rubella and varicella (chicken pox).

TRICARE covers the age-appropriate vaccines recommended by the Centers for Disease Control and Prevention (CDC) and administered by a primary care provider. The current vaccine schedule recommends that infants be protected against 14 diseases before the age of 2. The CDC works with the American Academy of Pediatrics to create the vaccine schedule, and recommends vaccines at ages when children's bodies will best accept the vaccine and give them the most protection.

*Continued on page 7*

## Clinic Appointment Stats...

Patient's seen in April -- 10,419  
Appointment No Shows in April -- 1,089

If you need an appointment call -- 760-830-2752  
To cancel an appointment call -- 760-830-2369

# The Global Costs of Tobacco

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

The cost of tobacco is not in just the pack or can, it is a global cost of pain and suffering borne by those countries least able to support the costs.

Since 1960 the global production of tobacco has doubled. It has been estimated that by 2010, 71 percent of all tobacco will be consumed by developing countries unable to meet the health care needs of their tobacco users. Also estimated to occur this year is that 87 percent of the world's tobacco will be grown in developing countries

thereby reducing their production of food crops. This will then increase their famine and starvation rates.

Other costs include tobacco and deforestation. One in eight trees cut down worldwide goes toward the production of tobacco in the form to wrapping, packaging, media advertising, drying of the leaves, etc. This means that 9 million acres of forest are destroyed every year simply for tobacco production.

In some developing countries, as much as 80 percent of their deforestation is due simply to tobacco curing processes. This deforestation then leads to: desertification, land erosion, loss of even more food crops, an

increase in green house gasses and famine.

A Yale University School of Medicine study has shown that in developing nations, if tobacco growers grew food crops instead of tobacco - half of the world's undernourished could be fed adequate diets.

Another cost of tobacco is due to tobacco and trash. Over 4.5 trillion cigarette butts find their way into the environment each year making cigarette butts a major component of trash worldwide.

Butts are made of plastic fibers that are not biodegradable and can take up to 15 years to break down.

In California, butts are the leading component of litter and a major cause of forest fires. They were also a major compo-

ment of the fire on the USS George Washington.

Other environmental costs are due to tobacco and pesticides. Tobacco cultivation can require up to 16 applications of pesticides for each 3 month growing period. Many of these pesticides are banned in the US but find their way into the US via imported tobacco and tobacco products. In the developing nations where tobacco is grown, pesticide run off poisons food crops, tobacco workers, live-stock, waterways and aquifers.

There are 25 million pesticide poisonings per year in the developing world due totally to tobacco production. Also, as many as 41 percent of tobacco workers get 'green tobacco sickness.' This is when the tobacco picker absorbs toxic levels of nicotine through their skin as they pick the tobacco.

Tobacco growing also requires

a huge amount of time to grow. It takes 3,000 hours of work per year per hectare (2.471 acres) to produce a tobacco crop. It takes 265 hours of work per year per hectare to produce maize. In other words, it takes over 11 times more work to grow tobacco than it does to grow corn.

What about child labor and tobacco? In sub-Saharan Africa, 78 percent of the children of tobacco workers who are ages 10-14 work either full or part time in the tobacco fields. This means less time for school for these children. Placing them at disadvantage economically for the rest of their lives.

Quitting tobacco is the right thing to do for so many reasons in addition to your health. Call Health Promotions at (760) 830-2814 or talk to your provider for more information on quitting tobacco.

## Officials Warn of 'Phishing' Scams Targeting Troops

By Lisa Daniel  
American Forces Press Service

WASHINGTON, May 10, 2010 - U.S. Strategic Command officials are urging renewed vigilance against Internet-based identity theft after detecting a widespread 'phishing' expedition against servicemembers.

Phishing is a term used to describe deceiving people into divulging personal information such as passwords or account numbers over the Internet.

Beginning as early as May 2009 and lasting as late as March 2010, numerous fraudulent e-mails were sent to financial customers of USAA and Navy Federal Credit Union, Stratcom officials said in a recent news release.

The e-mails, which appear to originate from USAA and the credit union, ask the recipient to provide or verify personal information such as name and rank, account numbers, date of birth, mother's maiden name, address and phone numbers, online account user name and password, credit card numbers, personal identification numbers for automated tellers, and Social Security numbers.

"While these e-mails may appear to be legitimate, it's important to remember USAA and Navy Federal Credit Union will never ask for (personal identification) or to verify financial institution data via e-mail," the Stratcom release says.

Although the e-mails have official-looking logos, headers and signature blocks, "these are all common cyber espionage 'spear-phishing' tactics used to trick recipients," it says.

USAA posted a notice on its website May 4 warning of the phishing attempt.

Phishing scams can reach servicemembers not only through personal e-mail accounts, but also through their official e-mail. Air Force Gen. Kevin P. Chilton, Stratcom commander, told the House Armed Services Committee in March that every commander needs to focus on keeping networks secure.

"It should be the focus of every commander in the field, the health and status of their networks, just as they're focused on the health and status of their people, their tanks, their airplanes, their ships, because the networks are so critical," he said. "So, changing their conduct, training them and then holding people accountable for their behavior on the network is important."

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# After Retirement Hang Up the Uniform, but Keep TRICARE

FALLS CHURCH, Va. -- Retiring from an active duty career in the military offers a lot of choices that were not available while serving in uniform. Along with choices about where to live and what to wear, there are also choices to be made regarding health care.

While active duty service members must use TRICARE Prime or Prime Remote, retirees who are not eligible for Medicare may be eligible for TRICARE Prime or choose TRICARE Standard or Extra. Each program has advantages pertaining to cost, location and convenience.

If space is available, continuing care in a military treatment facility (MTF) with a primary care manager through TRICARE Prime requires re-enrolling and paying annual fees of \$230 for an individual and \$460 for a family. Retirees who choose to enroll in TRICARE Prime at an MTF will receive care based on the same access-to-care standards as all other

Prime beneficiaries.

Retirees who move to a location that is not near an MTF, or where Prime is not offered, may find TRICARE Standard or Extra to be the best options. TRICARE Standard is a flexible, affordable plan that gives beneficiaries and their eligible family members a greater choice of providers, no enrollment fees, waiver of cost shares for most preventive health care services and the same low catastrophic cap as TRICARE Prime.

TRICARE Extra offers even lower out of pocket expense if beneficiaries use network providers. Although there is no enrollment fee for TRICARE Standard and Extra, a deductible of \$150 for individuals and \$300 for a family must be met before cost-sharing begins.

Under TRICARE Standard and Extra, most beneficiaries retain the same access to pharmacy benefits through a local MTF or the TRICARE Mail Order Pharmacy, as well the option to use the TRICARE retail phar-

macy network.

Retirees may also be eligible for certain medical and pharmacy benefits from the Department of Veterans Affairs in addition to TRICARE retiree health care benefits. If eligible, members can receive care under either program. For more information, go to <http://www.va.gov/health>.

The U.S. Family Health Plan (USFHP) is available in six areas of the country for those who enjoyed TRICARE Prime while on active duty. Beneficiaries enrolled in USFHP may not receive care at an MTF or participate in TRICARE pharmacy options, but pharmacy options are a part of USFHP. For more information about USFHP and locations where it is offered, go to <http://www.usfhp.com>.

The TRICARE Overseas Program (TOP) Standard option is available to retirees planning to live outside the United States. Retirees and family members must meet a deductible before cost-sharing begins and file their

own claims for reimbursement for covered health services.

TRICARE recommends beneficiaries consider all available options and plan well in advance to ensure a smooth transition post-retirement. When choosing TRICARE Prime, be sure to have an enrollment package to the appropriate regional contractor by the 20th of the month before the retirement date or Prime coverage could be delayed.

Always remember to update the Defense Enrollment Eligibility Reporting System (DEERS) with any new personal information, including a new address. Automatic coverage by TRICARE Standard and Extra or TOP Standard occurs after retirement as long as DEERS information is current. It's easy to do online at <https://www.dmdc.osd.mil/appj/bwe/>.

Learn more about retiree health care options, including the retiree dental program, online at

<http://tricare.mil/mybenefit>, or visit a TRICARE Service Center. Contact information and other beneficiary assistance locations can be found at <http://www.tricare.mil/contactus>.

About TRICARE Management Activity and the Military Health System

TRICARE Management Activity, the Defense Department activity that administers the health care plan for the uniformed services, retirees and their families, serves more than 9.5 million eligible beneficiaries worldwide in the Military Health System (MHS). The mission of the MHS is to enhance Department of Defense and national security by providing health support for the full range of military operations.

The MHS provides quality medical care through a network of providers, military treatment facilities, medical clinics and dental clinics worldwide. For more about the MHS go to [www.health.mil](http://www.health.mil).

## Blood Pressure: What's Your Number?

By *Gabrielle Kirk*  
TRICARE Management Activity

It's a familiar process that begins most visits to a health care provider. An inflatable cuff is fastened around the patient's upper arm. A nurse or technician inflates the cuff until blood flow is momentarily blocked at that point and places a stethoscope over the cuff. The nurse listens as the cuff deflates, allowing

blood to flow again, determining the patient's blood pressure.

It only takes a minute to measure, but blood pressure is an important indicator of heart health. The measurement around the upper arm tells how much pressure blood flow places on arteries while the heart is pumping.

Since there are often no signs or symptoms of high blood pressure, it should be checked regularly by a health care provider. Getting blood pressure checks may feel routine and unimportant, but these numbers provide insight into the health of one's heart. High blood pressure

increases a person's risk for heart disease and stroke, two leading causes of death for men and women in the United States.

High blood pressure or hypertension is the result of the heart working too hard to pump blood. Over time the heart is damaged, along with the arteries. Blood pressure can be affected by heart rate, how much blood is in the body and any buildup in the arteries.

Blood pressure readings consist of two numbers, the systolic and diastolic levels, which describe the pressure during and in between heart beats. Systolic is the top number and diastolic

is the bottom number in a blood pressure reading.

A normal blood pressure reading is below 120/80. Prehypertension is a systolic reading between 120 and 139 and a diastolic reading between 80 and 89. Blood pressure above 140/90 is called hypertension.

Maintaining a healthy lifestyle through regular exercise and healthy diet, losing excess

weight, abstaining from smoking and limiting alcohol consumption can keep blood pressure within the normal range. Some people may also need prescription medication to control their high blood pressure.

Periodic blood pressure screening is one of many preventive care services available to TRICARE beneficiaries without cost shares. Learn more about preventive care services covered by TRICARE at [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit).

### Life's Mysteries...

How can a two pound box of candy make a person gain five pounds?

# Super Stars...



*HM2 Noemi Coler, Patient Administration Department, takes the oath at her reenlistment ceremony.*



*Ensign Joseph Shannon, Anesthesia/PACU, was selected by fellow Nurses for the 2010 Junior Nurse Excellence Award.*



*Lt. Cmdr. Allyson Watson, of Family Medicine, left, and Therese Weseman, of Health Care Ops, right, tied for the 2010 Senior Nurse Excellence Award.*



*HM3 David Elizardo, Anesthesia/PACU, takes the oath at his reenlistment ceremony.*



*Lt.j.g. Brian Duenas, Maternal Infant Nursing Department, was recently promoted to his current rank.*



*Margarita Samaniego, Fiscal Department is honored at her recent retirement ceremony.*



*Lt.j.g. Charles Kinard, Emergency Medicine Department, takes the oath at his recent promotion ceremony.*



*Lt.j.g. Daniel Garcia, Emergency Medicine Department takes the oath at his recent promotion ceremony.*

An advertisement for motorcycle safety. The top half features eight different styles of motorcycle helmets arranged in two rows of four against a blue background. The helmets vary in color and design, including solid black, tiger stripes, American flag, red, and multi-colored patterns. Below the helmets, the text "CHOOSE ONE TO RIDE WITH." is written in large, bold, yellow letters. The bottom half of the advertisement shows two motorcycles: a silver cruiser-style motorcycle on the left and a red and black sport-style motorcycle on the right. The text "No matter what style you choose to wear, just making the decision to wear a helmet can save your life." is written in yellow at the bottom. A small vertical text on the left side reads "Layout by MC2 Washington Calcedo".

**CHOOSE ONE  
TO RIDE WITH.**



No matter what style you choose to wear,  
just making the decision to wear a helmet can save your life.

Layout by MC2 Washington Calcedo

# Battle of Midway -- Overview

The Battle of Midway, fought over and near the tiny U.S. mid-Pacific base at Midway atoll, represents the strategic high water mark of Japan's Pacific Ocean war. Prior to this action, Japan possessed general naval superiority over the United States and could usually choose where and when to attack. After Midway, the two opposing fleets were essentially equals, and the United States soon took the offensive.

Japanese Combined Fleet commander Admiral Isoroku Yamamoto moved on Midway in an effort to draw out and destroy the U.S. Pacific Fleet's aircraft carrier striking forces, which had embarrassed the Japanese Navy in the mid-April Doolittle Raid on Japan's home islands and at the Battle of Coral Sea in early May. He planned to quickly knock down Midway's defenses, follow up with an invasion of the atoll's two small islands and establish a Japanese air base there. He expected the U.S. carriers to come out and fight, but to arrive too late to save Midway and in insufficient strength to avoid defeat by his own well-tested carrier air power.

Yamamoto's intended surprise was thwarted by superior American communications intelligence, which deduced his scheme well before battle was joined. This allowed Admiral Chester W. Nimitz, the U.S. Pacific Fleet commander, to establish an ambush by having his carriers ready and waiting for the Japanese. On 4 June 1942, in the second of the Pacific War's great carrier battles, the trap was sprung.

The perseverance, sacrifice and skill of U.S. Navy aviators, plus a great deal of good luck on the American side, cost Japan four irreplaceable fleet carriers, while only one of the three U.S. carriers present was lost. The base at Midway, though damaged by Japanese air attack, remained operational and later became a vital component in the American trans-Pacific offensive.



## Preparations for Battle, March to June 1942

By March 1942, Japanese Navy strategists had achieved their initial war goals much more easily than expected. They had therefore abandoned the prewar plan to then transition to a strategic defensive posture, but there was still dispute on how to maintain the offensive.

Moving further south in the Pacific would isolate Australia, and possibly remove that nation as a threat to the freshly-expanded Japanese Empire.

However, the American island base at Midway was also an attractive target, and the Doolittle Raid on Japan prompted a decision to attack there as the next major offensive goal. Midway was a vital 'sentry for

Hawaii,' and a serious assault on it would almost certainly produce a major naval battle, a battle that the Japanese confidently expected to win. That victory would eliminate the U.S. Pacific fleet as an important threat, perhaps leading to the negotiated peace that was Japan's 'exit strategy.'

The Japanese planned a three-pronged attack to capture Midway in early June, plus a simultaneous operation in the North Pacific's Aleutian Islands that might provide a useful strategic diversion. In the van of the assault would be Vice Admiral Chuichi Nagumo's aircraft carrier force, which would approach from the northwest, suppress Midway's defenses and

## Japanese Air Attack on Midway, 4 June

At 0430 in the morning of 4 June 1942, while 240 miles northwest of Midway, Vice Admiral Chuichi Nagumo's four carriers began launching 108 planes to attack the U.S. base there. Unknown to the Japanese, three U.S. carriers were steaming 215 miles to the east. The two opposing fleets sent out search planes, the Americans to locate an enemy they knew was there and the Japanese as a matter of operational prudence. Seaplanes from Midway were also patrolling along the expected enemy course. One of these spotted, and reported, the Japanese carrier striking force at about 0530.

That seaplane also reported the incoming Japanese planes, and radar confirmed the approaching attack shortly thereafter. Midway launched its own planes. Navy, Marine and Army bombers headed off to attack the Japanese fleet. Midway's Marine Corps Fighting Squadron 221 (VMF-221) intercepted the enemy formation at about 0615. However, the Marines were immediately engaged by an overwhelming force of the very superior Japanese 'Zero' fighters and were able to shoot down only a few of the enemy bombers, while suffering great losses themselves.

The Japanese planes hit Midway's two inhabited islands at 0630. Twenty minutes of bombing and strafing knocked out some facilities on Eastern Island, but did not disable the airfield there. Sand Island's oil tanks, seaplane hangar and other buildings were set afire or otherwise damaged. As the Japanese flew back toward their carriers the attack commander, Lieutenant Joichi Tomonaga, radioed ahead that another air strike was required to adequately soften up Midway's defenses for invasion.

provide long-range striking power for dealing with American warships. A few hundred miles behind Nagumo would come a battleship force under Admiral Isoroku Yamamoto that would contain most of the operation's heavy gun power. Coming in from the West and Southwest, forces under Vice Admiral Nobutake Kondo would actually capture Midway. Kondo's battleships and cruisers represented additional capabilities for fighting a surface action.

Unfortunately for the Japanese, two things went wrong even before the Midway operation began. Two of Nagumo's six carriers were sent on a mission that resulted in the Battle of Coral Sea. One was badly damaged, and the other suffered heavy casualties to her air group. Neither would be available for Midway.

Even more importantly, thanks to an historic feat of radio communications interception and code-breaking, the United States knew its enemy's plans in detail: his target, his order of battle and his schedule. When the battle opened, the U.S. Pacific fleet would have three carriers waiting, plus a strong air force and reinforced ground defenses at the Midway Base.



Continued from page 6

## U.S. Attacks on the Japanese Carrier Striking Force

While their aviators flew back from Midway, the Japanese carriers received several counterstrikes from Midway's own planes. Faced with overwhelming fighter opposition, these uncoordinated efforts suffered severe losses and hit nothing but sea water. Shortly after 0700, torpedo attacks were made by six Navy TBF-1s and four Army Air Force B-26s. Between 0755 and 0820, two groups of Marine Corps bombers and a formation of Army B-17s came in. The only positive results were photographs of three Japanese carriers taken by the high-flying B-17s, the sole surviving photos of the day's attacks on the Japanese carriers.

Meanwhile, a tardy Japanese scout plane had spotted the U.S. fleet and, just as Midway's counterattacks were ending, reported the presence of a carrier. Japanese commander Vice Admiral Chuichi Nagumo had begun rearming his second group of planes for another strike on Midway. He now had to reorganize that, recover the planes returning from Midway and respot his flight decks to launch an attack on the U.S. ships. Nagumo's force barely missed having enough time.

In the hour after about 0930, U.S. Navy planes from the carriers Hornet (CV-8), Enterprise (CV-6) and Yorktown (CV-5) made a series of attacks, initially by three squadrons of TBD torpedo planes that, despite nearly total losses, made no hits.

The sacrifice of the TBDs did slow Japanese preparations for their own strike and disorganized the defending fighters. Then, at about 1025, everything changed. Three squadrons of SBD scout bombers, two from Enterprise and one from Yorktown, almost simultaneously dove on three of the four Japanese carriers, whose decks were crowded with fully armed and fueled planes that were just starting to take off. In a few minutes, Akagi, Kaga and Soryu were ablaze and out of action.

Of the once-overwhelming Japanese carrier force, only Hiryu remained operational. A few hours later, her planes crippled USS Yorktown. By the end of the day, though, U.S. carrier planes found and bombed Hiryu. Deprived of useful air cover, and after several hours of shocked indecision, Combined Fleet commander Admiral Isoroku Yamamoto called off the Midway operation and retreated. Six months after it began, the great Japanese Pacific War offensive was over.



Source of articles and photos: U.S. Navy History and Heritage Command

## Phishing...

Continued from page 2

The Defense Department is home to some 7 million computers and more than 15,000 local and regional area networks, Stratcom officials said. The networks are scanned millions of times per day and probed thousands of times per day, with a frequency and sophistication that is increasing exponentially, they said.

The intrusions come from a variety of sources with different intentions, from individual hackers intent on theft and vandalism, to espionage by foreign governments and adversaries, they said. "This is, indeed, our big challenge in U.S. Strategic Command as we think about how we're going to defend and secure the networks," they said.

Stratcom officials offered these suggestions to keep your personal information safe:

- Always protect your personal identification and be cautious whom you provide it to, especially by phone or Internet;
- Be suspicious of any unsolicited e-mail, pop-up, website or phone call in which you are asked to provide personal information;
- Cross-reference information with the official sites, looking for the 'https' secure connection.
- Do not click on any link provided in a suspicious e-mail, and take caution in opening e-mail attachments or downloading files, regardless of who sends them;
- Keep your personal computer's anti-virus, anti-spyware, firewall and other security software running and up to date;
- Regularly review your bank statements for suspicious activity.

## Immunizations...

Continued from page 1

Vaccines are an integral part of TRICARE's well-child benefit that covers all routine care for children up to age 6. Well-child check-ups include comprehensive health promotion and disease prevention exams, and developmental and behavioral appraisals. TRICARE's well-child care also covers eye and vision screenings at birth and 6 months, and two eye exams between the ages of 3 and 6.

Vaccines are thoroughly tested by the U.S. Food and Drug Administration before they are recommended for use. Any out-of-the-ordinary responses to vaccines are reported and monitored by doctors and public health officials.

Parents are encouraged to discuss any concerns about vaccines with their pediatrician. Learn more about the importance of infant immunizations and vaccine schedules at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

## College Students Plan Ahead for Summer Break

FALLS CHURCH, Va. -- With finals ending at colleges and universities across the country, students will soon head home for summer break. Making sure TRICARE health benefits follow them over the summer is a simple process.

Students with TRICARE Prime can easily transfer enrollment. Once a student gets to where he or she is going -- home, internship or the beach, to name a few possibilities -- their sponsor simply submits a 'TRICARE Prime Enrollment and PCM Change Form' to continue coverage. Coverage is effective on the day the form is received.

The sponsor must also update the student's address in the Defense Enrollment Eligibility Reporting System (DEERS). For more information about updating DEERS, go to [www.tricare.mil/DEERS](http://www.tricare.mil/DEERS).

To avoid higher out-of-pocket costs and point-of-service charges, students should get all routine care before heading home or elsewhere for the summer. They should also wait until their primary care manager change is complete.

When using TRICARE Standard, TRICARE's most flexible option, beneficiaries can see any TRICARE-authorized provider. The sponsor of a student covered by TRICARE Standard will still need to update DEERS records.

Students with TRICARE Standard or Prime can use TRICARE's pharmacy benefit anywhere as long as their DEERS information is current and they have a valid ID card.

For more information about TRICARE's choices for college students, go to [www.tricare.mil/lifeevents](http://www.tricare.mil/lifeevents) and select 'College' or visit [www.tricare.mil/collegestudents](http://www.tricare.mil/collegestudents).



Happy 112th Birthday  
Hospital Corps

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Naval Personnel

Layout by MC3 Christopher Newsome

The advertisement features a large group of sailors in blue uniforms and caps, looking down in a somber or reflective mood. The background is a dark blue gradient with light rays emanating from behind the text. The text is in a clean, sans-serif font, with 'BEA' in large, semi-transparent letters at the top. The main headline 'DON'T GET LOST IN A SEA OF BLUE' is centered. Below it, the slogan 'MANAGE YOUR CAREER' is written in a bold, yellow font, followed by the website address. At the bottom, the Navy Personnel Command logo and name are displayed.