



NHCP Receives New Skipper

Captain Richard R. Jeffries began his naval career in 1976 through the Armed Forces Health Professional's Scholarship Program. His preparation for medicine included a Bachelor of Arts degree from Coe College in Cedar Rapids, Iowa and graduate studies at the University of Colorado in secondary education with a teaching certificate from the State of Colorado. He graduated from the College of Osteopathic Medicine and Surgery in Des Moines, Iowa



in 1979.

He completed an internship and Family Medicine residency at Naval Hospital Pensacola Florida in 1982 and immediately attained Board Certification from the American Board of Family Practice. His first staff assignment was to Branch Naval Hospital Twenty-nine Palms, California. He received appointments as Head, Family Practice Department, Acting Director, Clinical Services, and Chairman, Medical Staff.

In August 1984 Captain Jeffries was transferred to the Department of Family Medicine at Naval Hospital Camp Pendleton. He first served as a Staff Family Physician, Residency Faculty and eventually Clinic Director. In 1986 he was promoted to Director, Residency Training. During this

period, he attained Board Certification in Family Practice from the American Osteopathic Board of General Practice and Fellow, American Academy of Family Physicians. In 1990 he challenged and passed Board Certification for a CAQ in Geriatric Medicine.

Special appointments have included Subject Matter Expert to the Navy Surgeon General on Osteopathic Medicine and Continuing Medical Education (CME). Elected to the positions of Program Chairman, Secretary/Treasurer, Vice President, President Elect, and President of the Association of Military Osteopathic Physicians and Surgeons (AMOPS). He represented military Osteopathic Physicians for 11 straight years as a military delegate to the American Osteopathic Association (AOA) House of Delegates. AOA appointments included member, AOA Continuing Medical Education Council, Vice-Chairman 1991-92, Chairman 1993-94 and liaison to the AOA Bureau of Professional Education.

In August of 1990 he became an Operation Desert Shield augmentee from Naval Hospital Camp Pendleton. He was assigned to the 1st Marine Division as the Regimental Surgeon for the 11th Marines (Artillery Regiment). His

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Customer Relations Success Stories and Patient Appreciation Letters



Graphic By JO1 Robert M. Dylewski

NHCP Staff In Action

By HM2 Julie Andino
Customer Relations

HM2 Reese D. Ritter,
HM2 Leonel V. Ortega:

On June 24, 2002, HM2 Ritter and HM2 Ortega came upon a group of Marines aiding a fallen runner who appeared to be a possible heat casualty. The patient was in and out of consciousness and in obvious need of further medical attention. Ritter and Ortega immediately transported the patient to the Emergency Room, (ER), at Naval Hospital Camp Pendleton. For many of us, this is where the story would end. However, once they arrived they both continued to assist in the treatment of the patient. They connected monitoring equipment for vital signs, helped in setting up IVs and drew blood samples. Together

they worked with the Emergency Room staff in the extensive cooling-down process, utilizing ice packs and other successful techniques.

If it hadn't been for Ritter and Ortega's quick, skilled response, this situation could have ended in tragedy. The young runner is currently receiving training at Marine Corps Recruit Depot, San Diego, California and has learned first hand why, for 104 years, the Hospital Corpsman is called "Doc."

Ms. Staci Willbarger:

Recently, a newborn family member was diagnosed with a potentially fatal metabolic disorder. The physicians tried special formulas to counteract this disorder. When the correct formula was identified, keeping adequate supplies in the Pharmacy became an issue. Staci recognized the severity of this situation and intervened with the vendor and manufacturer to ensure that the formula was delivered regularly and in a timely

manner. When an expired batch arrived to the Pharmacy, Staci went the extra step at contact the manufacturer to ensure focus on quality control. Now the retired Marine and his family coordinate with Staci whenever a new order needs to be placed and she always makes herself available for accommodating pickup times.

The family of this newborn child wanted to express their deepest appreciation for the ongoing assistance that Staci has provided to them during such a trying time. The Commanding Officer received a beautifully written, personal letter from the family, expressing their endless gratitude. Staci Willbarger continues to make herself available to this family and hundreds of our other valued customers. She has consistently proven herself to be the epitome of what Customer Service is all about.

Mr. Steven W. Capiello:

"Wayne" Capiello is by far one of the most dedicated staff members here at Naval Hospital Camp Pendleton. On a regular basis, the Customer Relations Office receives letters acknowledging Wayne's extra effort in the care of our valued customers and staff members. Recently, a staff physician requested Wayne's services after two domestic violence situations had been identified. These types of cases are always labor intensive, but Wayne's prompt and enthusiastic response helped to reassure the patients and aided in their immediate treatment.

These are only a couple ex-

See "Action" on page 6.



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JO1 Robert M. Dylewski

Administrative Assistants
HM2 Deborah L. Royster
HR William T. McMillanGrello

Medical Photographers
HM3 Hitalia McCree
HM3 Joseph Rawson

New Skipper from page 1.

performance earned him an appointment as deputy and eventually the acting Division Surgeon. In 1991 he was permanently assigned to the 1st Marine Division as the Division Surgeon. In December 1992 he was appointed MARFORCENT and I MEF (Forward) Force Surgeon for Operation Restore Hope, Somalia, responsible for U.S. portion of Coalition health care for the first 50 days of the operation. In the summer of 1993 he was reassigned to Naval Hospital Camp Pendleton as Family Practice Department Head and Program Director for the Family Practice Residency. In 1996 he was appointed Chairman, Executive Committee of the Medical Staff, and he completed his tour as the Director for Medical Services. In October 1998 he reported to Marine Forces Pacific, Camp Smith, Hawaii as the Force Surgeon. There he received appointments as a member of the TRICARE Pacific Executive Council and a military liaison to Hawaii State Chapter American Red Cross Board of Directors. In April 2000 he assumed duties as the Deputy Commander for Clinical Services at Tripler Army Medical Center. His new assignment is Commanding Officer, Naval Hospital Camp Pendleton.

His personal decorations included the Legion of Merit (2), Meritorious Service Medal (2), Bronze Star, Combat Action Medal, Order of Military Medical Merit, and Order of Saint Barbara. ❁

NHCP Welcomes New Senior Nurse Executive Onboard

A native of Kaukauna, Wisconsin, Captain Lou Heindel enlisted in the Navy in August 1974. He completed a 2 1/2 year tour of duty as a Hospital Corpsman at Naval Hospital, Newport, RI. Upon discharge Captain Heindel completed studies at the University of Wisconsin, Madison earning a bachelor of science degree in nursing. He then attended St. Francis School of Nurse Anesthesia, La Crosse, WI where he prepared for his role as a Certified Registered Nurse Anesthetist (CRNA). As a newly commissioned officer, in October 1982 he served as a staff CRNA at Naval Medical Center, San Diego. He was then reassigned to the following positions: Sole anesthesia provider, Naval Hospital, Keflavik, Iceland; Head, Medical Programs Recruiting, Washington, DC; Staff CRNA-Clinical Instructor, National Naval Medical Center, Bethesda; Staff CRNA, Naval Hospital, Beaufort, SC; Department Head-Clinical and Research Coordinator, Naval School of Health Sciences, San

Diego; Deputy Director Navy Nurse Corps Anesthesia Program, (NNCAP), Naval School of Health Sciences, Bethesda. He is reporting from the newly formed Naval Medical Education and Training Command, Bethesda, where he served as Director of NNCAP for the past four years.

Captain Heindel earned a master's degree in business from Webster University, a master of science degree and a doctor of nursing degree from Rush Univer-



Photo By HM3 Hiddalia McCre

sity in Chicago. He has authored and coauthored over a dozen articles and one book chapter in nurse anesthesia literature and is associate faculty at Georgetown University and USUHS. Captain Heindel has served on several national professional boards and is a frequent speaker at national and state professional meetings. He is the recipient of the Navy Meritorious Service Medal and the Navy Commendation Medal. ❁



Technology Helps Psychology Program Reach Patients

*By CDR Dennis L. Reeves
Head of Mental Health Dept.*

“ We provide ‘skills not pills’ in our health psychology program. Big screens and hi-speed tele-video technology help us effectively treat patients who may be in a desert clinic 100 miles away. Our patients like being on TV and we get good compliance.” As a clinical and research neuropsychologist with the U.S. Navy, Commander Dennis Reeves heads up the Mental Health Department at Camp Pendleton Naval Hospital.

The department’s Combat Stress Management Team is operating close to the front lines and providing interventions to keep troops mentally intact and able to fight. Fortunately, military personnel respond to the same behavioral treatment techniques in the combat zone that are used in the more sterile doctor’s office. Reeves and his staff teach progressive relaxation and self-hypnosis to reduce stress, and set up safe areas where soldiers can get something hot to eat and drink and defuse. They return to combat revitalized and headache free.

More than 15 years ago, Commander Reeves began research and

development of a major computer-based neuropsychological testing system. A frequent author, presenter, researcher and award-winner, Reeves received a Ph.D. from University of Kansas and participated in several post-doctoral programs in clinical and neuropsychology including those at George Washington University and Georgetown University.

Reeves helped Primary Care network, design and implement behavioral health concepts and didactics to augment the medical focus. He also helped develop the Migraine Early Warning Tool (MEWT) that is now a PCN poster presentation.

Camp Pendleton is the country’s largest Marine Corps training base and its troops are first responders when hostilities breakout anywhere in the world. “Although I have been in safe clinical settings most of my twenty years,” said Reeves, “I’m trained to serve in a military or operations setting, wherever I am needed.” ❁

USD Honors Navy Captain

*By Liz Harman
USD News Bureau*

A Navy health care administrator, who has done important research on breast cancer and led a program to improve the health of local active duty and retired military personnel and their families, were honored by the University of San Diego Saturday, May 3rd.

Capt. Sandra C. Garmon Bibb will receive the Author E. Hughes Career Achievement Award. Named for USD's former president, the award is given to alumni who have achieved outstanding success in their field. Bibb earned her bachelor's, master's and doctor-

ate degrees at USD's Hahn School of Nursing and Health Science.

Bibb's doctoral dissertation at USD in 1999 looked at the higher mortality rates among African-American women who develop breast cancer, compared with Caucasian women. Using women in the military who have the same economic access to care, her study suggested that African-American women tend to develop breast cancer at younger ages and that their tumors are further along when they seek treatment.

"Health care needs to be appropriate to a person's age, race and cultural beliefs," says Bibb whose findings were published in military and civilian health care journals. "One size doesn't fit all."

At Camp Pendleton three years ago, Bibb was put in charge of starting the Navy's first Population Health Department to improve the health of military personnel and their families. The program has become a model for Navy hospitals. Health professionals have come from as far away as Okinawa to study the approach of the department that looks at the health risks associated with a certain population and develops prevention and treatment plans for them. Military retirees, for example, are often at risk for diabetes, and the health care delivery approach has increased yearly blood sugar testing for those who have the disease.

"Capt. Bibb is a wonderful leader and mentor," says Lt. Commander Cynthia Gantt. After the success of Camp Pendleton's population health facility, Bibb helped open a similar department at the Balboa Naval Medical Center last year.

"She symbolizes the proud tradition of excellence and service that we try to instill in our graduates," says Jack Kelly, USD alumni relations director. "Our alumni are making a difference in the world."

Bibb has earned numerous awards, including the Defense Meritorious Service Medal, Navy Commendation Medal with gold star, and Navy Achievement Medal. She is also an assistant pastor at the Seedtime and Harvest Church in San Diego. ❁



“Action” from page 2.

amples of his superior performance. Wayne’s commitment to achieving the hospital’s mission has made Naval Hospital Camp Pendleton the preferred source for quality customer-focused healthcare. His “getting to yes” attitude has greatly impacted the physical and mental well being of our customers and staff alike. Wayne has proven himself to be the epitome of Customer Service. He is truly one of the Naval Hospital’s most valuable assets.

Mr. David Huffman:

Mr. David Huffman, like many of our other staff members here at Naval Hospital Camp Pendleton, has consistently displayed exceptional customer service skills for his internal customers. When the Urology Clinic received an expired product, Mr. Huffman stepped in immediately to resolve the problem. Within 24 hours, the mission essential product had been replaced without any added expense or negative impact on the daily operations of the clinic. This command was able to achieve its mission of quality, customer-focused healthcare because of Mr. Huffman’s dedication and outstanding service to its valued staff.

Mr. Alex Bannester:

Mr. Alex Bannester has been a dedicated member of the Naval Hospital Camp Pendleton staff for many years. He continuously receives accolades from pleased internal customers, peers, and supervisors. Recently, the Customer Relations Office received a letter noting Mr. Bannester’s exceptional service to others.

“I just had to take a moment and share a special deed. It makes me smile just to think of it again. I had been having a really frustrating day when a visitor appeared to change it. Mr. Alex Bannester, one of our housekeepers, came to my door to speak with me.

He explained that on Friday, while emptying my trash, he found

some money in it. He fished the money out (all in coins amounting to \$2.40). He put it in an envelope and saved it for me. It makes me want to cry just to think about his kindness in bringing the envelope to me. He wanted me to know that he took pride in working with us and that he felt it important to do good for others. I will save this envelope unopened to remind me of the many simple kindnesses people do every day for each other here at Camp Pendleton.”

Mr. Bannester has shown us all that excellence is not a single act, but a habit.

ENS Elizabeth Shaubell:

Ensign Elizabeth Shaubell is a new nurse in the Maternal/Infant Services Directorate. When one of her fellow nurses called in sick for the night shift, she volunteered to cover. Upon arriving to the shift at 1900, ENS Shaubell was made aware of yet another staffing issue. One of her corpsmen was being pulled to cover a shift the following evening for another corpsman that had been placed on limited duty. The corpsman being pulled for the shift had planned a surprise birthday party for her mother with several family members coming into town to attend. ENS Shaubell’s team spirit and dedication to her crew came shining through when she again volunteered to cover the shift, but this time for one of her corpsmen. Her selfless commitment and “can do” attitude have shown us all what an invaluable asset we have in ENS Shaubell. Our team progress is a reflection of her remarkable contributions.

HM3 Allison Endsley:

It was at the close of a long twelve-hour shift when a call came in to the Emergency Room notifying them of a gunshot victim inbound to the hospital. The Intensive Care Unit was contacted to assist with the fallen Marine and to aid in the care of other acutely ill patients already present in the Emergency Room. The day nurses had finished report and gone home for

the night but HM3 Endsley remained from the previous shift and quickly responded to aid in any way possible. HM3 Endsley was recognized by the Nurse of the Day for her outstanding efforts and her initiative to learn life saving skills in emergency situations. By her actions, HM3 Endsley has proven herself to be an outstanding example of the great nursing care that is provided at Naval Hospital Camp Pendleton on a daily basis.

HM3 Carly A. Porter:

A retired U.S. Air Force officer called the Audiology Department seeking assistance in replacing a lost hearing aid. Having never dealt with Naval Hospital Camp Pendleton before, he was expecting the usual military red tape. He spoke with HM3 Porter who politely and professionally verified his enrollment information and summarized the new replacement procedures. It was at this point that the retiree was asked, for the first time in his extensive association with military medicine...“what time of day would be most convenient for your appointment?” This was the patient’s first interaction with Naval Hospital Camp Pendleton. After he recovered from the initial shock, he asked HM3 Porter for directions to the hospital. HM3 Porter went far above simply giving verbal directions over the phone. She wrote down the driving directions, faxed them to the patient, and called to verify he had received them. HM3 Porter’s outstanding performance reflected great credit upon herself, her department, and this highly esteemed organization as a whole.

“Action” continues on page 9.

Military Health System Notice Of Privacy Practices

By *HIPAA Committee*

The Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act, (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a TRICARE contractor who provides service to you. We may disclose your protected health information from time-to-time to another military treatment facility, (MTF), physician, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided infor-

mation on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a “designated record set” for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the MTF uses for making decisions about you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the MTF Privacy Officer where you wish the restriction instituted. Restrictions are not transferable across MTFs. If the restriction is to be throughout the MHS, the request may be made to the TMA Privacy Officer. In your request, you must tell us (1) what information you want restricted;

(2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If the MTF believes that the

restriction is not in the best interest of either party, or the MTF cannot reasonably accommodate the request, the MTF is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

For more information or to view HIPAA requirements in their entirety, please visit our website at www.enhcp.com and click on “Patient of Rights” then “Notice of Privacy Practices.”

You can also go directly to the document with the following url: http://www.cpen.med.navy.mil/data/policy/notice_of_privacy_practice.pdf ❁



Career Counselor Hotline



*HMCS (SW/AW/FMF)
William D. Suyat, Command
Career Counselor*

It's been a productive 2002 and a challenging 2003 is in front of us. We will continue to overcome, prevail, and win in keeping our finest Sailors here at Naval Hospital Camp Pendleton to "Stay Navy." Our forward-deployed NHCP staff members are well trained to meet those challenges confidently and will come back with outstanding accomplishments from "Operation Enduring Freedom" and "Operation Iraqi Freedom."

"Perform To Serve" is a program created to maintain balance within our Navy focusing on the undermanned ratings in CREO-3. First term Sailors will have to request reenlistment and be approved by the Naval Personnel Command to centralize the system. The process will properly shape the manpower skills mix to support the Navy's combat readiness. It also provides career advancement opportunities to our top performers

and improves manning, especially in the undermanned Navy Enlisted Codes, (NEC), and ratings. First-term extensions may be authorized in the following cases, provided the extension does not carry the Sailor to six or more years of service: awaiting advancement exam results, awaiting officer programs selection, accepting orders overseas or extending overseas, accepting orders or extending at a sea command and/or to an accelerated advancement. Implementation of the program is anticipated to start in March.

Hospital Corpsman "C" School: Starting October 1, 2003, board schools will only be implemented for the following NECs: 8467: Occupational therapy tech, 8434: Hemodialysis tech, & 8472 Biomedical Photography technician. Package acceptance for the above listed NEC school starts from 01 Jan - 15 Apr 2003. Selection Board convenes the second week of May 2003. Selection process for NEC prior board school will still be very selective. We must make sure packages are accurate based on the CANTRAC requirements before mailing them to PERS 407 (not faxed). Check the PERS 407 Web page:

www.persnet.navy.mil/pers407/index.html for information updates on "C" schools. Sailors completing their minimum activity tour with our command will be highly considered for authorization and selection for the "C" school program. No "stop loss program" has been implemented and all existing programs, to include "C" Schools and officer programs, will continue.

If you're within 12 months of your PRD and/or EAOS, please see the Command Career Counselors to negotiate for orders. ❁

MPMD Corner



Deployment Readiness

By HMCS (FMF) Willie L. Seraspe, MPMD

“Health in garrison, readiness in deployment...”—this is the slogan of Naval Hospital Camp Pendleton. We, in the Military Personnel Management Department, (MPMD), consistently do our best to support this endeavor.

Verification of the service record Page Two or the Record of Emergency Data is vitally important in each individual service member's readiness. This document provides an immediately accessible, up-to-date record of emergency data.

In view of the recent world events, the importance of having an accurate and updated Page Two cannot be overemphasized. In the event of an emergency, this is the single, most important document used by the Navy.

Another service record document of significant importance is the Servicemember's Group Life Insurance, otherwise known as the SGLI. The individual service member is eligible for a maximum coverage of \$250,000. Family

coverage is also available for the spouses and children of active duty service members and members of the Ready Reserve. The maximum amount of coverage for spouses is \$100,000, or the amount of the service member's SGLI, whichever is less. The member may elect to insure his or her spouse for amounts less than \$100,000 (in increments of \$10,000). Coverage for children is free.

The NAVHOSP CAMPEN Instruction 1740.6A delineates the requirements and procedures for Family Care Plans. This document is required for Naval personnel who are single parents, dual military couples, or have custodial responsibility for family members or other dependents.

The nature of naval service dictates that we, as Sailors, must be ready to deploy throughout the world on short notice and be able to fully execute military and professional duties.

Our team in MPMD is eager to support our staff members in ensuring that deployment readiness remains a top priority.

Charlie Papa—steaming to assist! ☸



SARS: What It Means To You

By CDR Ted J. Robinson
Clinical Epidemiologist, NHCP

SARS, Severe Acute Respiratory Syndrome, is a viral respiratory illness caused by a new 'cold' virus that is spread in the same manner as the common cold. First seen in the Guangdong province of China in November of 2002, SARS has now spread to many other countries. Like other upper respiratory viruses, it is spread by people who expel droplets containing virus by coughing, sneezing or even speaking. Contaminated hands are a very good transfer medium. This new strain of virus may be more serious than a cold and can be deadly. It has killed about 4 percent or 1 in 25 of those that become infected, usually the elderly or previously ill individuals. Only a few previously relatively healthy people have succumbed. Most people who become infected do not become severely ill and do not need hospitalization.

SARS has now spread to numerous countries. Transmission to others has occurred in China; Hong Kong; Hanoi, Vietnam; Singapore; Canada; United Kingdom and the United States. A few other countries have had isolated cases. Due to the threat of transmission, the Centers for Disease Control (CDC) has recommended that nonessential travel to China, Hong Kong, Singapore and Hanoi be postponed.

Worldwide, as of April 15, there are over 3200 cases. Although most of these are concentrated in China and Hong Kong, the United States has almost 200 cases and over 40 are in California. One case has been identified in San Diego County.

The symptoms of SARS are very nonspecific. Fever and some respiratory symptoms that may range from coughing to shortness of breath or even severe respiratory distress.

This disease is of concern because of its potential to cause death and to spread rapidly. However, it must be noted that fairly close contact is usually required in order to become infected. Most cases have either been household members or medical care providers for a known case. People exposed to a case must be extremely careful for 10 days after exposure ends and report any respiratory symptoms or fever to medical authorities immediately. Anyone in this situation should be careful not to expose others, if they become ill. Wearing a mask, covering all coughs and sneezes and notifying the medical provider that they have been exposed to SARS are critical. These possible cases must not sit in waiting rooms where many others may be exposed. They should be triaged immediately to an isolated office and evaluated.

Therefore anyone caring for a suspected case, regardless of its severity, must frequently wash their hands or use an alcohol-based hand sanitizer. Any known case must avoid going to work, school or daycare and should limit interaction outside the home for 10 days after resolution of the fever. Household contacts of cases must be monitored for symptoms. Towels, bedding, eating utensils, drinking glasses and straws should not be shared. Personal items used by a person with SARS should be cleaned with hot soapy water.

SARS awareness is necessary for all and more information may be obtained at www.cdc.gov/ncidod/sars/ or by looking on the NHCP Internet for SARS link. ☸

Accolades



NHCP



Photo By HM3 Hidalia McCre

CDR Holman, Meritorious Service Medal
HM2 Hawkins, Navy Marine Corps Achievement Medal
HM1 Saenz, Navy Marine Corps Achievement Medal
HM3 Masey, Navy Marine Corps Achievement Medal
HM3 DeLaRoca, Navy Marine Corps Achievement Medal
HM3 Douglas, Good Conduct Medal

HM3 Nino, Good Conduct Medal
HN Kelly, Good Conduct Medal
HN Haefele, Good Conduct Medal
HM2 Hendrix, Certificate of Commendation
HM2 DeLacruz, Certificate of Commendation
HM3 Carbonell, Certificate of Commendation



Photo By HM2 Sean F. Farrell

CDR Eric Kuncir, Meritorious Service Medal
HM2 Robert Ripps, Navy Marine Corps Achievement Medal
HM3 Jeffrey Ebiya, Navy Marine Corps Achievement Medal
HM2 Deidre Arroyo, Good Conduct Medal
HM3 Westley Delossantos, Good Conduct Medal

HM3 Teresa Villanueva, Good Conduct Medal
HM3 Zarra Liermann, Good Conduct Medal
HM3 Phillip Woods, Good Conduct Medal
Steven Cappiello, Command Coin Award
Alex Bannister, Command Coin Award

Accolades



NHCP



Photos By HM2 Sean F. Farrell

Left to right back row:
CDR David Daugherty, Meritorious Service Medal
HM2 Julie Andino, Navy Marine Corps Achievement Medal
LT Mary Stewart, Navy Marine Corps Achievement Medal
HM3 Jeffrey Hamlin, Navy Marine Corps Achievement Medal
LT Daynan Rigg, Certificate of Commendation
HM1 John Garn, Certificate of Commendation
HM2 Khashayar Mohandespour, Certificate of Commendation
HM2 Justin Davies, Certificate of Commendation
HM3 Ke Sneller, Certificate of Commendation
HM3 Michael Best, Certificate of Commendation

Left to right front row:
HM3 Larry Deleon, Certificate of Commendation
HN Christian Flohr, Certificate of Commendation
HM2 Norman Delacruz, Certificate of Commendation
HM3 Micharl Perez, Certificate of Commendation
HN Sandra Lwee, Certificate of Commendation
ENS Elizabeth Shaubell, Command Coin Award
Staci Willbarger, Command Coin Award



CAPT Catherine Costin, Meritorious Service Medal
HM1 Nazarene Sazon, Navy Commendation
HM2 Lucia Foshe, Navy Marine Corps Achievement Medal
SH2 Jeffrey Espinosa, Navy Marine Corps Achievement Medal
SH2 Adrian Garcia, Navy Marine Corps Achievement Medal
HM3 Jennifer Torres, Navy Marine Corps Achievement Medal

HN Samuel Salas, Good Conduct Achievement Medal
HM3 Guillermo Herrera, Fleet Marine Force Pin
HM3 Allison Endsley, Command Coin Award
HM3 Carly Porter, Command Coin Award
David Huffman, Command Coin Award

Accolades



NHCP



Photos By HM3 Hidalia McCre

HM3 Oskar Leyva, Frocking
CAPT Lawrence Wood, Legion of Merit
HM1 Rolando Blanco, Navy Commendation Medal
DK1 Alberto Picafrente, Navy Marine Corps Achievement Medal
HM1 Richard Barnett, Navy Marine Corps Achievement Medal
HM3 Phillip Woods, Navy Marine Corps Achievement Medal

HN Dustin Palermo, Good Conduct Medal
RP3 Delaine Bennett-Ramirez, Certificate of Commendation
HM1 Arturo Jimenez, Certificate of Commendation
SH2 Ronald Umali, Certificate of Commendation
HM3 James Barlow, Certificate of Commendation
HM3 Dindo Deguzman, Certificate of Commendation
Bonnie Kerlew, Civilian of the Quarter



CDR Karl Treffinger, Navy Commendation Medal
SH2 Roberto Ednave, Navy Marine Corps Achievement Medal
ET2 Efren Villaluna, Navy Marine Corps Achievement Medal
HM2 Scott Krasovetz, Navy Marine Corps Achievement Medal

Joanni Tolzmann, Command Coin Award
Florencio Silva, 35 Year Service Award
Dorothy Foster, 25 Year Service Award
Christ Noblit, 20 Year Service Award



HM2 Macedonio Herrera reenlists for two years. He is staying Navy.



HM2 Colette Gorby reenlists for three years. She is staying Navy.



HM3 David Moreno reenlists for four years. He is staying Navy.



HM2 Jennifer Murphy reenlists for six years. She is staying Navy.



RP3 Tina Deremiah reenlists for two years. She is staying Navy.

Photo By HM3 Hiddalia McCre

Staying Navy



NHCP

Welcome Aboard

HN Cedric Marks
HN Earl Crayton
HR Devine Sanchez
HN Denise Negron
HN Ginell Mcdonough
HN Anthony Colon
HN Jorraine Forge
HA Russell Vinson
HN Yolander Thomas
ENS Orestes Gutierrez
ENS Thomas Bahnam
LT Matthew Patterson
HN Casey Elliott
HA Sergio Gonzalez-meza
HR Romeo Hadap Iii
HN Ernani Lindain
LT Donald Green
HA Gorge Monge
HA Gus Moreno Ii
HM2 Roddy Robinson
HM3 Luis Ochoa
HN Matthew Smith
HA Bobby Harris
HN Kenneth Dougherty
HR Patrick Andre'
HR Jeffrey Ramirez, Jr
HA Dana Woodard
HR Kenneth Cisneros
HA Timothy Emery
HR David Noel
HM3 Huu Tran
HN Julie Johnson
HN Emil Alvarado
HA Manuel Olivares, Jr
LT Aleander Lesko
HM2 Chris Adatao
HN Cristal Leslie
HM3 Jose Ortiz
HM3 Larry Brown
HN Emmanuel Vizcocho
HN Christina Strom
HN Christina Mosher
HR Michael Buenafior
HR Nathan Buckman
HR Darrius Cooley

HN Marvin Collins
HA Wilson Ospina
HN Elizabeth Renehan
HN James Pell
HN Quincy Mata
HA Brian Gresh
HMC Severio Costillo
HM2 Deborah Royster
HM2 Victoria Tomat
LT Victoria Hayward
LT Paul Ofeharik
LT Boyd Padfield
LT Michael Howe
LT Claire Sampson
HM1 Rolando Balnco
HA Molly Hemphill
HA Paul Elder
HN Peter Fantini, Jr
DA Sharon Pante
HA April Stubbs
HM3 Kleinne Lapid
LCDR Thomas Nelson
GS12 John Baldwin
GS04 Carmen Taylor
GS04 Marcia Soto
GS07 Melissa Ingram
GS07 Harold Walker
GS08 Claudia Wascom
GS04 Eric Billet
GS07 Colleen Melton
GS09 Christine Mathews
GS11 Gregory Baker
RP3 Tina Marie Deremiah
HR Roberto Cardona
HN Jason Hanash
HM2 Lindsey Hayes
HM3 Tammy Fuentez
HA Kurt Monington
HN Katrinka Reider
HM2 Maria Reinoso
HM3 Andres Luque
HM1 Daiel Klembara
HMC Paul Fitzsimmons
HM1 Patrick Rogers
ITCS Richard Kesterson
HN Vincent Licavoli
HM1 Fledora Prince
DT2 Recsy Manambu
HM3 Timothy Harvey
HM3 Mark Barber

HM3 Angela Calalo
SHSA Yulin Hsing
HM3 Jason Fechner
HN Reggie Lacosta
HM2 Michael Valverde
SHSN Alexis Hodges
HN Peter Spelina
HM2 Elmer Reyes
HMC Rodolfo Yolango
RP1 Johnny Mccall
HM3 Phillip Woods
HM3 Joy Tuman
HM2 Jaime Cadang
HA Brian Avery
HM1 Timothy Beeler
HM2 Sean Lane
MS3 Brian Simerll
HMC Emilio Quiboloy
HM2 Dennis Somics
SH3 Suzette Flores
HM1 Damon Sanders
DTC Arleli Oviso
HN Brandy Williams
HMC Gabriel Montoya, Jr
HN Chester Lapicto
HM3 Cherwyne Mendoza
LCDR Joell Lowther
LCDR Cynthia Turner
LT Nathan Gelder
LCDR Samuel Tsang
LT James West
LCDR Dennis Lew
ENS Brandon Limtiaco
LT Michael Lecheminant
ENS Bradley Sullivan
LTJG Georgina Zuniga
LCDR Margaret Dupree
ENS Kender Surin
LT William Shih
LT Melita Williams
LT Robb Larson
LT Laura Heil
LT Davin Lundquist
LT Peter Airel
LCDR David Oliver
LT Won Moon
LCDR Lowell Chambers
LCDR Quyen Nguyen
LT Guy Lund
LCDR Kristin Montalvo

LTJG Kellie Kline
ENS Heidi Baldonado
LT James Harris
LT Jonathon Herbst
CDR Robert Izenberg
ENS Joanna Castillo
CDR Louis Orosz
CDR Brendon Gelford
LT Curtis Lehman
ENS Regin Baysa
CDR Karl Treffinger
LCDR Kathleen Pollock
LT Jasen Christensen
LT Renee Larosa
OTH Dolores Oco
OTH Jennifer Abatti
OTH De-bra Jackson
OTH Garyn Casement
OTH Sandra Moran
OTH Kim Campeau
OTRH Jenifer Angeles
OTH Tracy Williamson
OTH Dewanda Bogin
OTH Stephanie Shaffer
OTH Tess Fickas
CON Mary Ann Murphy
CON Wendy Mclemore
CON Michael Greeley
CON Deborah Fulk
CON Martha Castillo
CON Tena Dinnen
CON Felicia Dyson
CON Esther Sumitra
CON Jane Bebar
CON Tawfik Shabana

Farewell

LCDR Mathias Kill
HR Jamison Lindsay
HM3 David Harrison
HM3 Cedric Odom
PC3 Jesus Solorio
LT Laura Heil
LT David Whitley
LTJG Camile Lucier
LT Juanita Beliso
LCDR John Hughes
HM3 Todd Smith
HA Jacob Aberercombie

HN Byron Alexander
HR Andre' Alfred
HR Orlando Amador
HA Dante Amelotti
HA Adolphin Angervil
HR William Ayisi
DN Rolando Bandola
HA Remenick Bautista
HN Ekaterina Beliaevsky
HR David Bonilla
HR Anthony Brown
HM3 Larry Brown
HR Andres Cardona
HR Elizabeth Carrillo
DA Zara Castilleja
HN Angelo Catindig
HA Paul Champion
HN Salvador Chavez
HN Nicole Chester
HN Bron Cryer
HN John Compton
DR Uladimyr Damas
HA Jose Delgado
DA Sokchantha Din
HR Timothy Foote
HR Enrique Gomez, Jr
DR Barbara Gossett
HR Travis Griffin
HA Allison Gunwall
HA Damien Gutierrez
HR David Herbert
HA James Howeth
HR Tc Hulburd
HN Andrea Johnson
HA Derek Jump
HA Nathaniel Koloniar
HA Kimberly Lui
HN Crespín Maldonado
HR Serafin Maldonado
HN Jeffrey Manalansan
HN Kelley Mccallister
HM3 Christopher Meitzen
HN Victor Melendez

HA Michael Messina
HR Timothy Montalbo
HR Jesse Moore
HN Raphael Moreno
DR Leonardo Murillo
HA Joshua Nadeau
HN Olubusayo Ogunlade
HA Arthur Patnelli
HN Richard Rapp
HN Daniel Reeves
HR Edwardo Rodriguez
HA Edward Ronquillo
HN Vincent Scalabrino
HA Russell Short
HR Humberto Silva
HN Aaron Simmons
HN Charles Stewart
DA Leslie Ann Toledo
HR Jeremy Usher
HA Justin Vincler
HN Dallin Williams
HN Brian Wilson
HR Yeeleng Xiong
HN Tanya Zamarripa
HM3 Brandon Hendricks
MAC Yadira Phillips
HM3 Amor Lumby
HA Brian Lynch
AN Gregrick Turner
HN Kerchman Elliot
HR Nicholas Cowry
HN Lam Navarro
HN Indalsingh Valmiki
HR Epafara Vattautolu
HN Rachel Botnen
HR B. Courtland
HR Dante Espejo
HA Otero Herman Jr
HA Gieheru James
HN Don Smith
HN Franklin Weaver
HR Benjamin Scriven Iii

Hail &
Farewell

HA April Cihon
HR Jason Houston
GS11 Patricia Baer
GS08 Catherine Tully
GS04 Judy Hughes
GS07 Stephen Mccombs
GS04 Jacqueline Flores
GS04 Cathy Lantz
GS07 Betty Huber
GS09 Vibha Shah
GS05 Regina Walker
GS09 Mark Wolford
GS11 Diana Webb
GS04 Stephen Schoolcraft
WG02 Donald Dewey
ET3 Alan Garrison
HM2 Gabriel Baguyos
DT2 Tonya Hall
DT1 Elijah Williams
HM2 William Janic Jr.
HN Jonathon Cuevas
HM2 Dale Lyons
HM3 Kang Kim
HM3 Ronald Detten
HM3 Walter Gammel
HM3 Terrence Weaver
SH2 Jeffrey Mcwilliams
HMC William Perry
HM3 Daquiri Tofte
HM3 Jason Nelson
HM3 Antonio Clement
HM1 Lamont Butler
HM1 Steven Leong
HM3 Robert Cooley
HM2 Evelin Abrego
HM3 Christopher Nojadera
HM3 Eric Jefferson
HM2 John Armstrong
HM3 Jeremy Paskett
HN Robert Pagcaliwagan
HM3 Ruth Martinez De Cunha
HM2 Joseluis Sanchez
HN Nathaniel Edwards
HM3 Derek Arredondo
HN Dennis Bautista
HM2 Harrold Terry
HM3 Shannon Gomez
HM2 Brian Pennington
DT3 James Sanford
HM2 Lance Armstrong

HM1 Harold Catolico
HM3 Wendy Mclemore
HN Michael Tovar
HA Wendy Bryson
HM3 Dinh Cao
HM3 Manuel Lozada
HM3 Jerry Ocampo
HM2 Todd Rubio
HM2 Edwin Reyes
HN Derick Wilson
HM3 Antonio Magdelano, Jr.
HM3 Sabrina Malone
HM2 Donald Love
HM3 Corey Edge
HM3 Andrew King
HM3 Femi Bamgboye
HM3 Ramiro Martinez
HM1 Joseph Johnson
HM2 Elizabeth Keglovits
HM3 Leonardo Tan
HM3 Christopher Rosario
HM3 Camile Cornish
HM2 Jose Montanez
HM2 Jennifer Simmons
HN Brian Alaniz
HM3 Armando Armenta
HM3 Robert Kirk
HM1 Harlan Patawaran
HN Spencer Cromwell
LCDR Laura Taller
LT Steven Meister
LT Alexis Epperly
LCDR Lori Martinelli
LCDR Bryan Schumacher
LT Sandra Kimmer
CDR William Goodman
CAPT John Boone
LCDR Michael Gauron
LT Chad Betz
LT Fernando Leyva
LT Mark Woodbridge
LT David Duncan
LT Jessica Taylor
LT David Jones
LT Maria Gamboa
LCDR Marlin Christianson
LT Matthew Eastman
LT Paul Langevin
LCDR Soraya Villacis
LCDR Renee' Kilmer

LT Marlene Sanchez
LT Samira Meymand
LTJG Karen Andersen
LT Gregory Hohl
CDR John Burgess
LCDR Perry Willette
LT Susan Bass
LCDR Michael Akin
CDR Josie Gil
LCDR Edna Whitmore
CDR Andrew Breiterman
LT Wilson Wineman
LT Elizabeth Britton
LT Han Bui
LTJG Anna Browning
LCDR Jeanette Matthews
LT Joanne Galano
LT Deveonne Hamilton
LTJG Michael Overton
LCDR Chunjai Clarkson
LT Monica Csuja
LT Eve Currie
LT Timothy Phillips
CDR Brent Watson
LT Lenora Young
LT Laura Koniver
LT Michelle Arnold
LTJG Cheyenne Baker
LCDR Sara Saltzstein
CDR Kriste Grau
LT Catherine Serrano
LTJG Richard Schulz
LT Patricia Wiese
LT Lesli Adams
OTH Cortleigh Muhls
OTH Judith Orias
OTH Lorri Halenkamp
OTH Muriel Ryan
OTH Vivanne Wersel
OTH Corrine Hart
OTH Eunice Pina-murillo

Hail &
Farewell

**Hospital Clinics at Camp Pendleton Sailors Of the Year
Calendar Year 2002**

Senior Sailor of the Year- HM1 James Jones, Preventive Medicine

Junior Sailor of the Year - HM3 Yvonne Marengo, CMC's Office

**Hospital Clinics at Camp Pendleton Sailors Of the Year
Calendar Year 2002**

Senior Sailor of the Year - HM2 James Hendrix 52 ABMC

Junior Sailor of the Year - HM3 James Barlow, 52 ABMC

**Naval Hospital Camp Pendleton Sailors Of the Quarter
Fourth Quarter Calendar Year 2002**

Senior Sailor of the Quarter - HM2 Lindsey Hayes, Respiratory Therapy

Junior Sailor of the Quarter - HM3 Joshua Martin, Physical Therapy

**Hospital Clinics at Camp Pendleton Sailors Of the Quarter
Fourth Quarter Calendar Year 2002**

Senior Sailor of the Quarter - HM1 (FMF) Robert L. Schmitt, BMC, Yuma AZ

Junior Sailor of the Quarter - HM3 Philippe Manrique, 52 ABMC



Photo by JO1 Robert M. Dylewski

Captain's Cup Award Recipients

The Captain's Cup is given to the clinic or department teams or groups who go above and beyond their normal duty. The award symbolizes the Commanding Officer's appreciation for a job well done.

Recipients July 2002 to March 2003

Nutrition Management Department

Four North

Maternity Infant Services

Financial Management

Breast Care Clinic

Port Hueneme

Health Care Contracting

Pastoral Care

Family Medicine

Management Information Department

Medical Mobility Department

31 Area Branch Medical Clinic

52 Area Branch Medical Clinic

SmallPox Team

Facilities

Access to Care

SHOWDOWN WITH IRAQ

'Devil Docs' would follow front lines Mobile units' goal is to provide care near combat

By Juan O. Tamayo

Knight Ridder Newspapers

U.S. troops punched so deeply into Iraq in the 1991 gulf war that it took an average of two hours to get a casualty to a hospital. That was four times longer than in Vietnam.

But if it comes to another war with Iraq, the Marine Corps' "Devil Docs" will chase the front lines on trucks and helicopters in a first-ever effort to persistently push top-flight medical care close to combat.

"As the battlefield stretches out, we'll move up," said Navy Cmdr. Peter Mishky, 40, of San Diego, a trauma doctor who heads Combat Service Support Company 117, the Marines' equivalent of a six-bed emergency room.

Tested in Afghanistan, the concept of sending mobile but well equipped medical units to the edge of combat has been embraced by the 7th Marine Regiment, with 10 emergency rooms and six resuscitation-surgery units.

"In '91, the troops were running too far too fast. Now we'll stay 20 miles from the front and cut transport time to 30 to 60 minutes," said Navy Capt. H.R. Bohman, 52, of Camp Pendleton, Calif., who heads a mobile surgery unit.

Mishky's deputy, Lt. Cmdr. Darin Garner, 36, an emergency room doctor at the Navy hospital in San

Diego, said: "It's that critical 'golden hour' that civilian emergency medical teams need to get people to hospitals."

These are not your normal physicians. They are combat doctors, the docs of war, the people that Marines, who like to call themselves "Devil Dogs," count on to save their lives and reverentially call the "Devil Docs."

Bohman served in the gulf war and Somalia in 1992, once treating 34 casualties in 36 hours in the African nation. His eight team members wear pistols in shoulder holsters and surgery caps in desert tan or the "chocolate chip" camouflage pattern.

Mishky packs a pistol and wears a 'flak jacket under his stethoscope. He recently fired light and heavy machine guns and an automatic grenade

launcher during a training trip to a desert firing range.

Bohman expects that the emergency and surgery teams will treat casualties who need immediate treatment to stay alive before they can be sent to more fully equipped hospitals in rear areas. Such patients are about 10 percent to 15 percent of all casualties.

His team of two general surgeons, one anesthesiologist and five nurses and orderlies can perform basic chest and even brain surgery, and can handle 18 casualties in 48 hours without resupply from the rear.

In just one hour, the team can pack up its two tents - one a holding area and the other a surgery room with operating lights -ultraquiet power generators and X-ray and handheld sonogram machines.

Mishky's more basic unit, with two physicians trained in emergency room work, can handle 20 casualties without resupply and will have two Black Hawk medevac helicopters to fly the worst cases to Bohman or hospitals.

The unit can pack its 5,000 pounds of equipment and two canvas tents into two trucks or wrap it in netting and sling it under one helicopter, then set up



and be ready to receive casualties in two hours.

“If they arrive alive, I should be able to keep them alive,” said Mishky, who, like all members of Marine medical units, carries a Navy rank but wears Marine insignias.

Bohman said that because of the Marines’ improved flak jackets - which stop most of the shrapnel that causes 75 percent of war wounds, but not bullets - most of the wounds he may see will be to the limbs, pelvis and head.

His team trained recently for a month at the inner-city Los Angeles County-USC Hospital, which receives about 8,000 cases of gunshot wounds and other violent trauma in an average year.

But Bohman, Mishky and Garner know that war will be different. Eighty percent of the casualties treated by U.S. military doctors in the gulf war were Iraqi prisoners of war, who received the same treatment as friendly troops

under the Geneva Conventions, Bohman said.

Doctors can treat enemy and friendly civilians at their discretion.

Guards pointed their M-16s at make-believe patients in a recent training exercise, from the time their litters were unloaded from ambulances until a security corpsman finished searching them, from hats to boots.

“We don’t want anyone armed here, an Iraqi suicide bomber or some Johnny in shock who starts to hallucinate and wave his gun around,” said one corpsman.

One “casualty” in the exercise was a linebacker-size Marine who fiercely clutched a suspicious bag, despite the efforts of four corpsmen to remove it, until Garner told him to ease up and stop holding up the training.

But all the training in the world may not be enough to prepare the medical units for the mass casualties and frenzy that Cmdr. Bruce Baker, 42, a Fort Lauderdale,

Fla., native and anesthesiologist, saw in Afghanistan in December 2001.

Baker was airlifted to Camp Rhino, the Marines’ combat base in the heart of Taliban country in southern Afghanistan, in the first test of a mobile resuscitationsurgical unit so close to combat

On the next dawn, Rhino helicopters brought in 40 casualties, half of them U.S. special forces and the rest anti-Taliban Afghan warriors, all wounded by a stray 2,000-pound U.S. bomb.

“It was a madhouse,” Baker said, recalling that there were no Pashtun-language translators and that he had to warm IV fluids and blood for transfusions in a microwave oven he had just borrowed from a Navy ship offshore. ❁

Note: Reprinted with permission of Juan Tamayo of Knight Ridder Newspapers

NHCP Honors Returning Marines and Sailors



Naval Hospital Camp Pendleton Transportation Department decorated the Patient Transport Bus in Patriotic regalia to honor the returning Marines and Sailors who were injured supporting Operation Iraqi Freedom.





Flags are lined up in a row displaying the name of a Sailor who has deployed and is not forgotten by his fellow shipmates.

ER Honors Deployed Sailors

By JO1 Robert M. Dylewski, Deputy Public Affairs Officer

Naval Hospital Camp Pendleton Sailors Supporting Operation Enduring Freedom are not forgotten by their shipmates while they are deployed. Outside the Emergency Medicine Department's door you'll find 24 small American Flags displayed in a row, each bearing the name of a Sailor currently deployed or getting ready to ship out.

Senior Chief Petty Officer Anita Y. Sarmiento-Sison, Senior Enlisted Leader for emergency medical service, said the whole idea started with Hospital Corpsman 2nd Class Amanda Kennovin the emergency medicine service's leading petty officer.

Kennovin came up with the idea after a special morning Colors at the command. The event was a

way for Staff and family members to send off deploying service members augmenting and supporting 1st Marine division.

"She saw the flags family members had to remember their loved ones deploying. She thought it would be nice for the emergency

room team members who are left behind to have something to remember their co-workers who are deployed," Sarmiento-Sison said. Kennovin went out and purchased the flags intending to place them by the department's bulletin board when Hospital Corpsman 3rd Class Jeff Hamlin volunteered an idea. "Hamlin, one of the emergency medical

technicians, (EMT), said he could build a wood piece to hold the flags and display them outside the ER entrance," Sarmiento-Sison continued. Currently the ER

included a plaque with the display. ❁

"She thought it would be nice for the emergency room team members who are left behind to have something to remember their co-workers who are deployed," Sarmiento-Sison said.



Hospital Corpsman 3rd Class Jeff Hamlin volunteered his wood working skills to create a stand for the row of flags and a plaque.



Wendy Vanwooten, a clinical dietician here, is pictured providing nutrition information to patients in the pharmacy waiting area.

Obesity In Americans

By Wendy Vanwooten
*Nutrition Management
 Department*

“Obesity is an epidemic and should be taken as seriously as any infectious disease epidemic,” says Jeffrey P. Koplan, director of the Center for Disease Control, (CDC). “Obesity and overweight are linked to the nation’s number one killer — heart disease — as well as diabetes and other chronic conditions.”

During the last 10 years, an obesity epidemic has spread rapidly across the United States. According to recent statistics from the CDC, the prevalence of obesity, defined as 30 pounds over weight and/or a BMI over 30, has been analyzed among the states: 20 states have 15 –19 percent of the

population as obese, 29 states have 20 –24 percent of the population as obese and one state has greater than 25 percent of the population as obese. Based on BMI calculations, 44 million Americans are currently obese.

During this seven-year time frame, the prevalence of diabetes across the country has increased by 61 percent resulting in an estimated 17 million Americans with this diagnosis. It is well documented that obesity is closely linked to increased rates of diabetes, high blood pressure, high cholesterol, asthma, and arthritis. “Compared with adults at a healthy weight (BMI values from 18.5 to 24.9), those with a BMI of 40 or higher had an increased risk of being diagnosed with diabetes (7.37 times

greater), high blood pressure (6.38 times greater), high cholesterol levels (1.88 times greater), asthma (2.72 times greater), and arthritis (4.41 times greater)”.

There are numerous factors that contribute to the increase in obesity rates. Increases in caloric intake coupled with decreases in physical activity in all age groups may have had the largest impact. Surveys from 1977 - 1978 and 1994 - 96 clearly show that the daily caloric intake has increased from 2239 to 2455 calories for men and from 1534 to 1646 calories for women. Physical activity has been reduced or even eradicated in schools while television and computer usage has increased over the



last decade. High calorie snack foods have become more prevalent and better marketed to the general population.

The Nutrition Management Department at Naval Hospital Camp Pendleton encourages all providers to stress the importance of healthy diet and exercise. The nutrition clinic offers classes for weight loss, diabetes, hypertension and cholesterol. Please contact the clinic at (760) 725 - 1244.

References: CDC, National Center for Chronic Disease Prevention & Health Promotion, October 26, 1999, www.cdc.gov/nccdphp/dnpa

Naval Hospital Camp Pendleton's Nutritional Management department stresses the importance of a healthy diet and exercise during National nutrition month. National Nutrition Month is designed to focus attention on the importance of making informed food choices and developing sound eating and physical activity habits. On the left is Lt. Cmdr. Alan Siewersten head of the Nutritional Management Department next to Wendy Vanwooten, a clinical dietician.

Interactive TRICARE Handbook Online

By TRICARE Marketing Activity

The new on-line TRICARE handbook now has interactive features that will make it even more user-friendly and offers dynamically updated information.

The on-line version is available at www.tricare.osd.mil and offers a search function that allows either a subject or general search. It also allows users to jump to specific sections of the handbook by using the interactive table of contents.

“The ability to provide real-time updates and the search functions may be two of the best features of the

On-line TRICARE Handbook,” said Cmdr. Ginny Raderstorf, director of Military Treatment Facility and Beneficiary Support Services for the Bureau of Medicine and Surgery in Washington, D.C.

“As TRICARE benefits or processes change, the ability to provide updates to the handbook’s content will ensure our beneficiaries have the most current information. Additionally, the dual search functions makes it much easier to find what you’re looking for.”

The TRICARE handbook may also be downloaded in printer-friendly format by section or in its entirety.

For related news, visit the Navy Medicine Navy Newsstand page at www.news.navy.mil/local/mednews.

Itemized Billing Streamlines TRICARE Outpatient Care Payments

By *TRICARE Management Activity*

Itemized Billing Streamlines TRICARE Outpatient Care Payments

The Department of Defense (DoD) Military Health System (MHS) converted to “itemized billing” a few months ago to streamline the process for billing uniformed services beneficiaries, third-party payers and persons not eligible for TRICARE for outpatient care received at military treatment facilities (MTFs). The new billing approach does not change access to care for TRICARE beneficiaries. It does, however, change the way those who have other health insurance (OHI) are billed for outpatient care received at a MTF.

Previously, outpatient bills were calculated using an all-inclusive or “single rate” per visit. The single rate covered not only the provider’s fees but also fees for laboratory, radiology and pharmacy services received during an outpatient visit. Under itemized billing, each outpatient service or treatment provided is clearly annotated on the claim form (billing statement for non-DoD patients,) along with all associated charges. In addition to the itemization of charges for services received during an outpatient visit, MTFs are now also able to bill-third party payers for prescriptions filled from orders received from physicians within the

MTF.

The move to itemized billing came as a result of the 1996 Health Insurance Portability and Accountability Act (HIPAA) that required the MHS to conform to industry billings standards; the Fiscal Year 2000 National Defense Authorization Act (NDAA) that required DoD apply reasonable charges when billing third-party payers and non-DoD beneficiaries; and from concerns expressed by beneficiaries and third-party payers that the all-inclusive single rate was too ambiguous for use in processing claims.

Overall, the transition to itemized billing is a win-win situation. Beneficiaries who have OHI and receive care at a MTF can now receive an explanation of benefits (EOBs) and bill that clearly identify the health care services received and their associated cost. DoD benefits from the collections received, which can be put toward resources to support medical services and other patient-related initiatives at MTFs. Third-party payers also receive a benefit. Claims submitted by DoD are now similar to claims submitted by civilian providers, which creates assurance for payers third-party payments made to DoD mirror established industry practices. While DoD’s initial efforts have focused exclusively on outpatient care, plans are underway to convert billing practices for inpatient care to itemized billing later this year.

Beneficiaries who have questions or concerns about an itemized bill or EOB from a TRICARE authorized civilian provider should contact their regional managed care support contract claims processor or TRICARE service center representative. A list of local and regional toll-free telephone numbers is available on the TRICARE Web site at www.tricare.osd.mil/regionalinfo/.

Beneficiaries and third-party payers with questions regarding an itemized bill received from an MTF are encouraged to contact the billing office of the MTF submitting the bill. General DoD medical billing information is also available by submitting questions by e-mail to the DoD Uniform Business Office at ubo@tma.osd.mil or by calling (866) STI-4UBO (866) 784-4826. ☎



Nurse Corps Officers Thank Enlisted Sailors

By JO1 Robert M. Dylewski,
Deputy Public Affairs Officer

Sailors know how important teamwork is to meet mission requirements. Just ask any Nurse Corps officer how important their enlisted counterparts are in getting the job done. Naval Hospital Camp Pendleton's Nurse Corps Social Committee showed their appreciation with more than words when they held their Annual Enlisted Appreciation dinner Wednesday, February 12th.

"We hold this event because we want to show our Corps staff and the rest of our enlisted crew how much they are appreciated by all the nurses in the command. None of us could do our job without them," said LT Sara E. Shaffer a nurse from Maternal Infant Services and Co-Chair of the Nursing Social Committee. The event this year is a little different than usual.

"In the past two years, it has taken place in December during the holidays, but we decided that December was too busy a month," Shaffer said. "We chose to rename the event from Corpsman Appreciation to Enlisted Appreciation Dinner, because it is not just the corps staff that we want to honor and recognize," she continued.

LT Detrik F. Harmeyer, a nurse from the main operating room, knows the importance of team work especially with Sailors deploying. "With the day to day work load, especially at a time when everyone is putting in over-time, we do not get a chance to say



Photos By JO1 Robert M. Dylewski

Hospital Corpsman 2nd Class Julie D. Yow takes time out from working in the Radiology Department to enjoy her dinner meal.

thank you enough to our enlisted staff. The enlisted appreciation dinner gives us the opportunity to say thank you, to make time to cook and serve those that make such a difference in our daily operations." ❁



LT Detrik F. Myer, a perioperative nurse from the main operating room, serves a variety of food to enlisted Sailors to show appreciation for their hard work.