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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-31)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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(940252)-HM1 Saunders Selected as NAS Petty Officer of the Month
(940253)-Iwakuni Hospital Corpsman has 'Nerves of Steel'
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HEADLINE: Navy Medical Personnel Deploy to Zagreb
BUMED Washington (NSMN) -- On the same day an activation ceremony for Fleet Hospital 5 took place at Naval Medical Center Portsmouth, VA -- 17 August -- a farewell reception was held at Naval Hospital Orlando, FL, for personnel from that facility who will join their Portsmouth shipmates and others in Zagreb, Croatia, for a six-month tour providing medical support for the ongoing United Nations peacekeeping mission there.

The Fleet Hospital 5 unit of about 200 medical and support personnel includes 11 people from Naval Hospital Orlando, 67 from NMC Portsmouth, additional medical personnel from other Navy Medical commands in the Eastern United States, a SeaBee contingent and a Marine security detachment. They will relieve Fleet Hospital 6 personnel, who have operated the U.N. hospital since March.

Operation of the 60-bed, Level III hospital at Camp Pleso, the United Nations Protection Force's support center for the

Balkan region, rotates among the services. A U.S. Army field hospital, it has been in place for two years, with an Army staff initially, followed by the Air Force and now getting its second shift of Navy personnel. Contingents from 38 different U.N. countries receive their health care at the hospital. Level III hospitals provide intensive care and specialty care as well as basic primary care services.

-USN-

HEADLINE: HM1 Saunders Selected as NAS Petty Officer of the Month
NAS Norfolk, VA (NSMN) -- "I hold the care of the sick and injured to be a privilege and a sacred trust and will assist the medical officer with loyalty and honesty."

As part of the hospital corps' pledge, the phrase is a principle that all Navy corpsmen swear to uphold in the performance of their duties. For Naval Air Station Norfolk's HM1(NAC) Debra R. Saunders, it's more than a phrase -- it's a personal commitment.

"It may sound corny," Saunders said, "but I think about the pledge and what it means a lot. Helping people is something I've known I wanted to do since I was a kid."

Saunders was recently selected as NAS Norfolk's Petty Officer of the Month. She competed against all first class petty officers at the air station for the selection, and competition was intense.

Saunders serves as NAS Norfolk's limited duty program coordinator, providing counseling to about 150 personnel; she manages NAS Norfolk's physical readiness test program; and she is responsible for verifying and maintaining the active duty health records of approximately 1,500 air station personnel. Saunders also serves as special assistant to the executive officer, providing confidential assistance to all assigned members with special medical needs.

In addition to a demanding schedule at work, Saunders has earned an associate's degree and completed 70 semester hours toward a bachelor's in business administration and health services management. Her long-range goals are all Navy. She is hopeful about her first chance at chief petty officer in January 1995 and also is planning to pursue a commission. "I'm working very hard to get into the medical service corps' health care administration program," she said. "I couldn't apply for the program until becoming a first class. It's been quite a motivator."

Saunders is as dedicated to the community as she is at work and to her career goals. She is a regular volunteer in the air station's Partnership for Excellence program with Willoughby Elementary School and Special Olympics.

"I have a first cousin who has Downs Syndrome," Saunders said. "I know from personal experience how important activities like Special Olympics are to individuals and their families. I guess it's the corpsman in me. We all try to make people's lives better.

"The pledge really gets into your blood," Saunders continued. "I have a rewarding career and responsibilities that

allow me to make a real difference. It's great."

Story by Gayle Lemieux

Condensed from her article in The Flagship, 11 August 1994

-USN-

HEADLINE: Iwakuni Hospital Corpsman has 'Nerves of Steel'

USNH Yokosuka, Japan (NSMN) -- You need nerves of steel when leaning out of a helicopter, hanging onto a cable. At the other end, someone's life -- literally -- in your hands.

HM3 Cindy Cruzan proved she has what it takes recently at Marine Corps Air Station Iwakuni when she was awarded her "Wings of Gold" as the only qualified female Search and Rescue (SAR) crewman at the air station.

As a SAR in-flight medical technician, Cruzan comes to work in her flight suit, often with the SAR beeper. "Whenever the horn goes off or the beeper goes off, you're ready. Every nerve in your body is heightened to react."

A SAR crew must always be standing by to take off in a rescue helicopter within minutes, go to an accident site immediately and make lightning fast decisions while evaluating many variables -- on the spot.

"We go over scenarios in training," said Cruzan, "so in case of a real situation we know exactly what to do." Training helps.

"I learned to be patient and think before I react. They throw scenarios at you. You need to react quickly but correctly."

The hardest part of the process for Cruzan was the waiting. That was the toughest -- waiting and the anticipation. For me this was an important milestone."

Cruzan said her success is due in great measure to the staff at the medical clinic and to the squadron. "It takes a lot of crew cooperation," she added. "The crew was great. They'll ask your advice and after we hoist up a patient say, 'OK Doc, we'll go wherever you tell us to go.'

"Fortunately, here in Iwakuni, we don't have too many mishaps," she said. "We don't want anything to happen, but it's good to know we're ready in case it does."

In the meantime, continuous training is the name of the game. "You have to constantly be on top of all your qualifications and constantly be aware."

As for the training ... "It's not a stroll in the park, that's for sure. By the time you get off the helicopter, every nerve is on end."

In addition to making the SAR crew, the 26-year-old native of Bethlehem, NC, was recently selected as Iwakuni's Junior Sailor of the Quarter.

Story by Bill Doughty, U.S. Naval Hospital Yokosuka

-USN-

HEADLINE: USS Saipan Sailors Show Off Smiles

USS SAIPAN (NSMN) -- Normally, the cleaning, cavity-filing, teeth-pulling job the dental department performs on board the Norfolk-based amphibious assault ship USS Saipan (LHA 2) goes without much notice, except for the hundreds of happy smiles seen

daily around the ship.

But that all changed during an awards ceremony on Saipan's flight deck 15 July.

Saipan dental received a letter of commendation from Commander in Chief U.S. Atlantic Fleet for able and active support of the U.S. Navy's dental readiness program from January 1993 to April 1994.

During that period, DT2(SW) Wayne Nadia, dental's leading petty officer, estimates the ship maintained a dental readiness of 91 percent of the crew. The Navy standard is 80 percent.

Saipan also participated in a Mediterranean deployment during that timeframe. Throughout the cruise and into the yard period, with the help of teamwork, the dental department has been able to maintain its high state of efficiency and readiness.

"DT3 Steve McGettigan and DN Armetrius Terry have been a great help doing cleanings and assisting me," said LT Vincent Lapointe, DC, ship's dental officer.

"Everyone really relies on one another here, especially when we can be doing anywhere from 90 to 150 exams in a week. That's when you really need the departmental cohesion," said Nadia.

"If dental needs are taken care of, it's one less thing crew members have to worry about during their workday aboard Saipan," Nadia pointed out.

Once again a small division pitches in to keep the mighty Saipan rolling on its mission according to the ship's motto, "We do it all."

Story by JO3 Dave Wells, reprinted from The Flagship, 11 AUG 94

-USN-

HEADLINE: CHAMPUS Continuation to Replace U.S. VIP

AFIS Washington (NSMN) -- The Continued Health Care Benefit Program will become separating service members' optional temporary health insurance plan starting 1 October.

The new plan replaces Mutual of Omaha's U.S. VIP and provides medical care through standard CHAMPUS, using CHAMPUS provider networks. Enrollees will pay the entire premium, which will be equal to a comparable plan for former federal employees under the Federal Employees Health Benefit Program. Officials expect the 90-day premium to be about \$450 for self-only coverage and \$900 for a family. There are no adjustments for age or size of family.

The Continued Health Care Benefit Program will be open to an expanded population. Eligible to enroll are members of the armed forces discharged or released from active duty and their dependents, unremarried former spouses and unmarried children under age 21 if not in school or 23 if in school.

Former members can buy coverage for up to 18 months. Unremarried former spouses will be able to buy coverage for 36 months. The program is open to all unremarried former spouses regardless of the length of the marriage to a service member. Emancipated children can be covered up to 36 months as well.

The new program covers pre-existing conditions for all enrollees.

No U.S. VIP policy will be sold after 30 September 1994.

Policies sold before then will remain in effect their full length. Beneficiaries enrolled in U.S. VIP have the option of converting their policies; those eligible will have 60 days from the loss of their entitlement to military health care to elect coverage in the new program.

Coverage under the program is in 90-day increments. Initially, interested beneficiaries will submit an application and a check for the first 90-day premium to a third-party administrator. The administrator will verify eligibility, update the Defense Enrollment and Eligibility Reporting System and notify applicants in writing of their acceptance. Beneficiaries will seek care and have bills processed in the same way as do standard CHAMPUS beneficiaries. They should bring their acceptance letters when they seek care as proof of enrollment.

Members of the uniformed services who leave the service before the new program begins have a 60-day enrollment period. They must lose transitional health benefits after 2 August 1994 to enroll during this 60-day window.

DOD is in the process of selecting a contractor to collect premiums, verify eligibility and perform other administrative tasks. The selection process is scheduled to be complete by late August.

Story by Evelyn D. Harris, American Forces Information Service

-USN-

HEADLINE: CHAMPUS Covers Living-Related Donor Liver Transplants
OCHAMPUS Aurora, CO (NSMN) -- CHAMPUS, the Civilian Health and Medical Program of the Uniformed Services, will now share the cost of living-related donor liver transplants for patients who suffer from serious liver disease and whose condition hasn't improved with more conservative treatment.

The effective date for coverage of the transplants is 1 August 1992.

CHAMPUS no longer considers living-related donor liver transplants to be investigational, but patients must meet certain specific CHAMPUS criteria in order for the government to share the cost of the surgery and follow-up. In addition, the surgery must be performed at a liver transplant facility that has received certification for liver transplantation.

CHAMPUS beneficiaries who need additional information concerning living-related donor liver transplants should write to: OCHAMPUS, Benefit Services Branch, Aurora, CO 80045-6900.
Story from 9 August 1994 OCHAMPUS News Release

-USN-

HEADLINE: Easier CHAMPUS Forms to Debut Soon

NAVMEDIACEN Washington (NSMN) -- Officials at OCHAMPUS, the Office of Civilian Health and Medical Program of the Uniformed Services, say a new standard patients' claim form is on the way to simplify the filing of CHAMPUS claims.

The new DD Form 2642, "Patient's Request for Payment," is half the length of the current form and will be used in the United States and Puerto Rico. It will eventually replace DD Form 2520, but will not be used at other overseas locations. The

old form can be used in the United States until it is declared obsolete or until supplies run out.

Officials said patients need only fill in a few blocks of simple information, attach copies of related medical bills and mail the form to the appropriate claims processing contractor.

For more information, contact a CHAMPUS representative at your nearest military medical treatment facility.

Story from Captain's Call Kit, Summer 1994

-USN-

HEADLINE: HEALTHWATCH: Emergency One -- Where to Go

BMC Sewells Point, VA (NSMN) -- All too often we face a medical emergency without knowing what resources are available. Equally important as knowing what to do in an emergency is knowing where to go for treatment. This information can save the patient money and, most importantly, a life. Ask yourself this question: "If I had an emergency right now, would I know where to go for help?" Knowing the levels of care provided by medical facilities in your area is one of your most important resources.

Webster's defines "emergency" as a sudden, unexpected occurrence demanding immediate action. There are several types of emergencies to consider, for example, life-threatening emergencies such as chest pain should receive immediate attention by calling 911 or the emergency number in your area to activate emergency medical services. Other emergencies that are not life threatening but require medical intervention are handled by going to the appropriate facility. Often we assume we can go to the nearest civilian emergency room no matter what the injury and not have to worry about cost.

Emergency care for family members and retirees does not require a non-availability statement. However, there is a cost share, which consists of meeting your CHAMPUS deductible and a percentage of the CHAMPUS allowable charges for the remaining bills. If care is rendered at a military treatment facility, such as an acute care department or an emergency room, there are no costs incurred. If the beneficiary is referred, for example, from an acute care department to the nearest civilian emergency room, there will be a cost share.

----- EDITORS NOTE: THE FOLLOWING IS SPECIFIC FOR -----
----- THE TRICARE TIDEWATER AREA. PLEASE CONTACT -----
----- YOUR NEAREST MEDICAL TREATMENT FACILITY FOR -----
----- INFORMATION ON YOUR AREA. -----

Branch Medical Clinic Sewells Point offers the following urgent services: the acute care clinic is open from 0700 to 2300, 365 days a year. Services include treatment of acute illness and minor trauma such as lacerations and ankle sprains. Pediatric patients (age 18 and under) should go to the pediatric acute care clinic at Naval Medical Center Portsmouth, the emergency room at Portsmouth, or the nearest emergency room if it is a serious emergency.

Sewells Point Clinic ambulance service is available for the commands it serves under its purview. Ambulances are not authorized off the compound and therefore cannot make calls to private residences. It's important to remember that ambulance

transports from Sewells Point Clinic do not necessarily go to Naval Medical Center Portsmouth -- you may be referred to the nearest civilian emergency room, where there will be a cost-share. Ambulance service from Sewells Point Clinic can be reached by calling 444-3333, 24 hours a day. All other emergencies can receive ambulance service by calling 911.

Booklets for basic first aid are available from the Community Health Department at Sewells Point Clinic. Personnel interested in attending a basic first aid course should contact LCDR Julia Palmer at 677-6248. First aid courses are also available through the American Red Cross.

The best way to avoid not knowing what to do or where to go in an emergency is to plan ahead. Find out what emergency facilities are closest to you and what services they provide. Remember, in an emergency, remain as calm as possible and use your best judgment. Questions about civilian medical facilities in your area can be addressed to the local police, fire and rescue units.

For information about military medical treatment facilities, call the Tricare Service Center at 677-6000 and ask to speak to a health benefits advisor.

Story by HMCS Dan Bullock

-USN-

HEADLINE: HEALTHWATCH: Emergency Two -- When to Go

NAVHOSP Orlando, FL (NSMN) -- Many people aren't sure what medical problems require a visit to a hospital emergency room. Some people endanger their own lives by not going to an emergency room when they should, while others visit emergency rooms to seek treatment for health problems that aren't really emergencies.

Here are some guidelines to help you decide when to go to an emergency room for your medical care.

-- EMERGENT (life-threatening situations). Call 911 and request emergency assistance if you have an injury or illness that if not treated immediately could result in the loss of life or limb. These may include, but are not limited to, large amounts of 2nd or 3rd degree burns, poisoning, heart attack, open fractures, near drowning and obstetrical problems (with or without bleeding).

-- URGENT (possible life-threatening situations). Go to the nearest emergency room or call 911 if you have an injury or illness that if not treated within two hours could result in loss of limb or excessive pain. These include, but are not limited to, chest pain, shortness of breath, abdominal pain, altered level of consciousness, intestinal bleeding, all multiple trauma, eye trauma, uncontrollable bleeding, spouse or child abuse, sexual assault, rape, suicidal attempts or thoughts, and drug overdose.

If you are in doubt, call 911 or go to the nearest emergency room. If you need CHAMPUS assistance after using a civilian hospital, contact the Naval Hospital's Coordinated Care Department from 0730 to 1600, Monday-Friday, at 643-2000, or visit the department in Building 523 at the hospital.

----- EDITORS NOTE: CONTACT YOUR MTF FOR THE NUMBER -----

----- AND HOURS FOR CHAMPUS ASSISTANCE. -----
Story by LT James D. Baker, NC

-USN-

HEADLINE: HEALTHWATCH: Emergency Three -- Dental Problems
NDC San Diego (NSMN) -- Do you know what you should do if
your child has a dental emergency at home?

Here are some helpful tips to follow that may make a
stressful situation more manageable.

Any blow to the head and neck region strong enough to
fracture or even knock out a tooth may also have done
neurological damage. After any head injury occurs, be sure to
look for signs of head trauma including dizziness, nausea or
changes in your child's normal behavior.

The upper front teeth are the ones most at risk of being
injured by a child. The most common age for injuries are between
two and three years of age, when children are learning to run.
Baby teeth that are fractured can sometimes be restored by a
dentist. However, those that are knocked out completely are not
reimplanted because of potential damage to the underlying
permanent tooth.

If a child knocks out one of their new permanent teeth, a
parent has to act quickly. Usually a tooth that's reimplanted by
a dentist within an hour will have the best chance of survival.

After the injury, wash the tooth gently with tap water and
transport it immersed in milk. Avoid scrubbing the tooth clean,
even one that's been lost outdoors.

Sometimes, a tooth that has been injured will appear intact
but may have suffered damage to its internal tissues. A tooth
that begins to darken in color weeks or months after an injury
may be a sign that the tissue has died within the tooth. This
condition necessitates extraction or root canal treatment.

An effective way to prevent many dental injuries is to
provide children with a mouth guard since many injuries occur
while playing team sports. Sporting goods stores sell the do-it-
yourself variety, or a dentist can make your child one that's a
custom fit.

Not all dental emergencies deal with broken or knocked out
teeth. Tooth decay is a disease that still exists in many
children. A cavity left untreated could result in severe pain
and can even lead to infection.

A child who cannot sleep because of a toothache is
exhibiting a classic sign of an extensive cavity affecting the
pulp of the tooth.

If swelling is noticed around the gums of a tooth, this is
possibly the result of a cavity causing an infection. Place a
cold compress over the area and see a dentist immediately. Avoid
placing aspirin next to painful teeth; this is actually caustic
to the tissues in your mouth.

Dental accidents can be stressful to both a child and the
parent. Be prepared for those unexpected childhood moments.

Story by LT Eric Ulve, DC

-USN-

3. Changes of Command: Information on new assignments of Navy Medical Department leaders.

HEADLINE: Director, Navy Nurse Corps, Change of Office

BUMED Washington (NSMN) -- After 30 years active service, RADM Mariann Stratton, NC, is retiring. In a 2 September ceremony at the Washington Navy Yard, she will turn over the helm of both the Navy Nurse Corps and BUMED's Personnel Management to RADM (sel) Joan M. Engel, NC, who will be promoted to rear admiral (lower half) in a ceremony on 1 September.

A Change of Office Celebration will be held at Washington's Army and Navy Club on 3 September. For more information contact CDR Betsy Morris, NC, USNR, at (202) 653-1741.

-USN-

HEADLINE: NC Officer Takes Helm of NavHosp Bremerton

NAVHOSP Bremerton, WA (NSMN) -- In a ceremony 11 July, command of Naval Hospital Bremerton passed from CAPT Richard A. Mayo, MC, to CAPT Barbara A. Mencik, NC. Navy Surgeon General VADM Donald F. Hagen, MC, presided over the ceremony and commented on Mayo's many achievements and accomplishments during his two-year tour, for which he was awarded the Legion of Merit. In his remarks, Mayo credited his successes to the staff and their hard work.

-USN-

4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled Meetings:

-- 17-20 September 1994, Hospital Epidemiology Training Course, Chicago. For information, contact SHEA Meetings Department, 875 Kings Highway, Suite 200, Woodbury, NJ 08096-3172; (609) 845-1720.

-- 21-22 September 1994, Fourth Annual Symposium on Health Care Ethics, Naval Air Station Glenview, IL. Sponsored by NavHosp Great Lakes, Bioethics Committee. For information call CDR F.E. Rodriguez, NC, Bioethics Committee Chair, at (708) 688-5929, DSN 792-5929.

-- 1-5 October 1994, the Seventh Annual Surgeon General's Leaders' Conference, Reston Hyatt Town Center Hotel, Reston, VA. BUMED Washington message dtg 031500Z AUG 94 has details.

-- 17-28 October 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

-- 13-18 November 1994, Association of Military Surgeons of the United States' Annual Meeting, "Unity Through Diversity," Orlando, FL, (301) 897-8800.

-- 20-24 March 1995, Shea-Arentzen Nursing Symposium 1995, "Navigating New Frontiers of Nursing Practice: The Challenges of Health Care Reform," La Jolla, CA. "Call for Abstracts" deadline

is 15 September 1994. Contact CDR Chris Laurent, NC, or CDR Bill Aiken, NC, at DSN 522-6412 or (619) 532-6412 for more information.

-USN-

5. Month of September observations and events occurring 28 August - 4 September:

AUGUST

28 August 1994: Armed Forces Voters Week begins

31 August: O-5 Fitness Reports Due

SEPTEMBER

National Sickle Cell Month (213/736-5211)

Women in Medicine Month (312/464-4392)

Baby Safety Awareness Month

Children's Eye Health and Safety Month (1-800-331-2020)

Leukemia Society Month (1-800-955-4LSA)

National Cholesterol Education Month (301/251-1222)

Be Kind to Editors-Writers Month

Courtesy Month

1-7 September: Child Injury Prevention Week

1-8 September: National Oral Hygiene Week

3 September: Vote! Guam Primary

4-5 September: Muscular Dystrophy Association Telethon

-USN-

6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMCOENL@BUMED10.MED.NAVY.MIL//

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