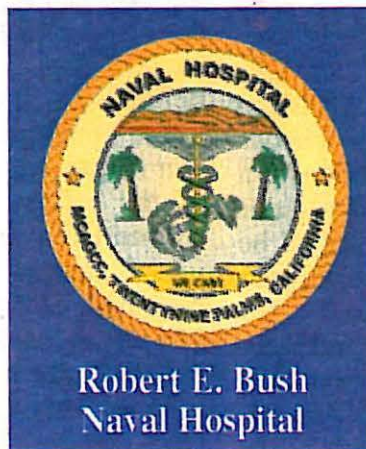




The Naval Hospital's Comptroller, Lt. Donald Campbell recently retired from the United States Navy after serving more than 20 years of honorable service.



Robert E. Bush
Naval Hospital

Nurse Corps est. on June 17, 1898

**Happy Birthday
Hospital Corps!**



www.nhtp.med.navy.mil

Introducing the New Senior Nurse Executive



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

The Robert E. Bush Naval Hospital now has a new Senior Nurse Executive (SNE), Commander, (soon to be Captain) David Norman, NC, USN. Norman reported to the hospital last month from a stint as the Clinical Coordinator and staff Certified Registered Nurse Anesthetist (CRNA) at Portsmouth Naval Medical Center. Prior to this he was the Clinical Site Director at Portsmouth.

Norman grew up in Bryn Athyn, Pa., where he graduated high school at the Academy of the New Church in 1973. While in high school, Norman played Football and competed in Wrestling. Currently Norman considers San Antonio, Texas as home.

Following high school Norman attended numerous educational institutions, even continuing educational opportunities while serving as a Naval Reserve Officer an active duty Air Force Officer and as an active duty Navy Nurse Corps Officer. He earned diplomas at the Episcopal Hospital School of Nursing and School of Anesthesia, in Philadelphia, attending from September 1973 through September 1978. He also earned a BA in education from Ottawa

University in Ottawa, Kan., in 1984, a MS in management from Chapman University in Orange Calif., in 1991 and an MSN in 1997 as well as a Doctorate in Nursing in 2004, from the Frances Payne Bolton School of Nursing at Case Western Reserve University. At college, Norman played Basketball and Boxed.

The sight of Navy ships and the pride shown by the officers and Sailors of the Navy were instrumental in Norman's initial choice of joining their ranks. He was commissioned a Lieutenant, Nurse Corps officer, in the Navy Reserves one month before he graduated from the University of Ottawa in December 1984.

While in the reserves, Norman served as the Officer in Charge of the 2nd Drill Team for one year; served as his unit's Training Officer and served as the Executive Officer of

Please see NURSE EXECUTIVE on page 11

People of the Quarter Honored at Hospital

The Officer, Civilians, and Sailors of the Quarter for the period of January 1 to March 31, for the Robert E. Bush Naval Hospital were recently selected.

Lieutenant Troy Henderson, MSC, USNR, the hospital's Environmental Health Officer was named Officer of the Quarter.

His citation reads in part, "As Environmental Health Officer, you provided a full spectrum of public health support to the base and its tenant commands. You conducted inspections and surveys of food and childcare service facilities, recreational areas, and waste disposal sites with meticulous attention to pertinent detail. In addition, you supervised epidemiological investigations, sexually transmitted disease and tuberculosis interviews. A role model for physical

Please see PEOPLE on page 10

Inside...

On this 106th anniversary of the Hospital Corps I wish to extend my congratulations and thanks to you who choose to serve as a Hospital Corpsman. You are members of a venerable corps, with a strong tradition of service, valor and sacrifice... *page 2*

It has been estimated that 70 to 100 million Americans suffer from sleep deprivation and that the health care costs related to sleep deprivation add \$16 billion a year to the national health care budget. . . *page 3*

June is Men's Health Month and a commonly asked question among men is "Do I need prostate cancer screening?" Here is some important information to think about-and as always, discuss your decision to screen with your primary care provider! *page 5*

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Hospital Corps Birthday Message from the CO

On this 106th anniversary of the Hospital Corps I wish to extend my congratulations and thanks to you who choose to serve as a Hospital Corpsman. You are members of a venerable corps, with a strong tradition of service, valor and sacrifice, and by every measure, you should all be proud of your achievements, your accomplishments, your history and your service as a Hospital Corpsman.

The Hospital Corps... your Hospital Corps... is steeped in history and heroism, and we are reminded of that history as depicted on the walls of our hospital. As I walk around the hospital and pass the wall of heroes, it reminds me that each and every one of you may face the same grave dangers as the heroes on that wall. And whether you go into harm's way, and whether the circumstances dictate heroism, you will always deserve the thanks of a nation and its many Sailors and Marines whose lives you have saved.

The recent Memorial Day celebrated those who made the ultimate sacrifice defending our country in past wars and conflicts... and Hospital Corpsmen were present on those battlefields. Hospital Corpsmen are still on those bat-

tlefields as the Navy and Marine Corps continues to serve our nation. Our nation will thrive forever because of the efforts of young men and women like you... Hospital Corpsman in the greatest Navy in the greatest Nation on earth.

I'd like to thank you for your willingness to do the many tasks that need to be done every day to treat our patients, tasks that are so important to our mission success and to those we serve. Thank you for serving with Honor, Courage and Commitment to make our Navy and our Nation safer. Thank you for living the Hospital Corpman's pledge. Thank you for committing yourself to a cause and mission greater than yourselves. And thank you for being good shipmates.

You are Superstars.

I and many others stand in awe of your accomplishments.

Congratulations on your 106th anniversary... and thank you. BZ.



Letters...

FBI Expresses Appreciation

Dear Captain Engelhart,

On behalf of the Los Angeles Field Office of the Federal Bureau of Investigation, I would like to commend the courtesy and professionalism displayed by the staff of the Marine Corps Air Ground Combat Center, Twentynine Palms Naval Hospital during their assistance to a student of an FBI class hosted at the base in April 2004.

Each year, FBI Los Angeles, in cooperation with a small number of military bases in the Southern California area, hosts a series of Advanced Post Blast Investigations courses attended by civilian Bomb Technicians from across the nation and the world. The course includes both classroom instruction and substantial time on the range. During the period April 12 through April 16, 2004, this course was hosted by the EOD Unit at MCAGCC Twentynine Palms.

Late on Wednesday night, April 14, 2004, one of our students staying on base contacted one of the FBI Special Agents hosting the course, Special Agent Robinovitz, to notify him that she had been feeling ill earlier that evening and was now very sick. He visited her and found that she was seriously dehydrated and unable to hold down any food or liquids. By 0130 on Thursday morning, she was in need of medical assistance.

SA Rabinovitz contacted the Base Hospital, the telephone number for which he located in the handbook provided in each of the rooms. He reached the hospital and spoke with one of your staff who in turn contacted the Emergency Room to get a recommended course of action. Based on this information and the student's worsening condition, SA Rabinovitz transported her to the hospital.

At the hospital, Rabinovitz and the student were greeted by Navy Lt. Semonik and directed into the Emergency Room. Assisted by HM3 Vanschaik, HN, Benitez and Cpl. Buchman (USMC), Lieutenants Semonik and Toler immediately began working with the ill student to both comfort and treat her. Their swift action and professionalism were enormously confidence inspiring for a student who was extremely ill and a long way from home, not to mention the FBI Agents responsible for her safety during the class.

Throughout the night, your staff continually treated and cared for her until her release from the Hospital the following morning. She eventually recovered from her illness -- either food or sun related -- over the next 48 hours as a result of their care.

The Los Angeles Division of the FBI greatly appreciates the efforts of HM3 Vanschaik, HN Benitez, Cpl. Buchman, and Lieutenants Semonik and Toler, and commends them for their courtesy, professionalism and swift action on the morning of April 15, 2004, as well as their continued efforts to provide for the care of our students, our staff and our soldiers, both at home and abroad. We look forward to our continuing work with you and others at the Base.

Sincerely,
Richard T. Garcia
Assistant Director in Charge

Please see more letters on page 8

Captain Robert J. Engelhart
Commanding Officer

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Commanding Officer
Captain Robert J. Engelhart, MSC, USN

Executive Officer
Captain Alan R. Rowley, MC, USN

Public Affairs Officer/Editor
Dan Barber

Public Affairs Assistant
HM1 Kenneth Florence

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Here's to Your Health...

The Chance to Sleep, and Perchance to Dream

Martha Hunt, MA, Health Promotions Coordinator
Robert E. Bush Naval Hospital

It has been estimated that 70 to 100 million Americans suffer from sleep deprivation and that the health care costs related to sleep deprivation add \$16 billion a year to the national health care budget. Currently, Americans sleep 20 percent less than we did 100 years ago and actually lead lives that require more sleep, not less, to cope with the demands of a busy life. As a society, Americans de-value sleep. We label people who need more sleep as lazy or slovenly individuals who allow their bodies the sleep they require.

A prime example of sleep deprivation problems is the toll taken on our national roads. The U.S. Department of Transportation estimates that there are over 56,000 crashes per year due to sleepy driving. This calculates to one sleep induced crash every ten minutes in the U.S. These 56,000 crashes result in over 40,000 injuries and 1,550 fatalities. Death rates for sleepy driver crashes are second only to death rates for crashes involving drivers under the influence of alcohol.

Those at greatest risk of sleepy driving are males ages 16 to 29 (the age of most enlisted on base and in the hospital), shift workers (many of the doctors, nurses and lab people), and people with sleep disorders such as apnea, narcolepsy, insomnia or restless leg syndrome.

One national study of night shift hospital workers reported that, in the past year, 25 percent of workers had been in an auto accident while driving home from work and 40 percent had encountered near misses. A smaller study at the University of North Carolina reported that 95.5 percent of hospital night workers experienced either accidents or near misses while driving home from work.

The average, healthy adult requires seven to nine hours of sleep per night. Normal circadian rhythms dictate that the majority of sleep is taken at night, mirrored by a normal rise in sleepiness in mid-afternoon. Auto accidents related to sleepy drivers follow these circadian rhythms with the majority of crashes occurring after midnight and before 7 a.m. and during the mid-afternoon drowsiness peak for the elderly.

The younger a person is, i.e. under the age of 20 or so, the more sleep that is required. Teens don't sleep all the time because they are lazy, they sleep because their body requires ten or more hours of sleep per night. However, it is myth that the elderly require less sleep as they age. What happens is that the elderly loose sleep due to illnesses such as depression, arthritis, and changing hormone and chemical levels and are therefore unable to get quality sleep time at night. The elderly then tend to fall asleep during the day to make up for loss of quality sleep at night.

Chronic loss of sleep results in a sleep "debt" which can only be remedied by replenishing your sleep. Sleepiness is defined as the need or urge to fall asleep. The longer one stays awake, the more this urge to sleep grows. The body is seeking balance. Quality wakefulness requires quality sleep. If you do not sleep properly, you will not be fully awake and functional. If you lose one hour of sleep each night for a week, this amounts to the loss of a full nights sleep by the end of the week.

Indicators of problem sleepiness include poor quality sleep, falling asleep while driving, watching TV, or reading, difficulty concentrating, performance problems at work or school, friends tell you that you look tired, memory problems, slowed response time, emotional outbursts or a need for a daily nap. Other indicators are lack of initiative, weariness, fatigue, drop in immune functioning, and lethargy.

Causes of poor sleep include depression, stress, too much environmental noise or light, temperature extremes in your sleep environment, side effects from medications, sleep fragmentation or disruption, sleep disorders due to apnea, narcolepsy, insomnia or restless leg syndrome, and use of alcohol or caffeine too close to bed time. Probably the greatest cause of sleepiness however, is simply not getting enough sleep due to personal behavior choices. Personal behavior choices include the decision to work, study or socialize rather than sleep, job demands for night shift work or on call status, and the person's view of sleep as a luxury or as incompatible with success.

The only cure for sleepiness is to sleep! You need to spend more quality time in bed. Your best quality sleep will always be at night and you should strive to ensure that night sleep is

accorded the priority it requires. Improve the quality of your sleep area by diminishing light and noise as much as you can. If you sleep during the day, educate family and friends to respect your sleep needs. Set your alarm clock out of view as this will prevent you from constantly checking it during the night and obsessing about the time. Establish regular sleep patterns including both times to bed and times to rise. Keep your room cool, dark and quiet as this will help induce sleep. Keeping your hands and feet warm also induces sleep. Sleep in a comfortable bed as beds that are lumpy or uncomfortable will be difficult to sleep in.

Nap wisely; nap if you need to but for more than 15 minutes and less than one hour at a time. Research conducted by National Institute of Health suggests that "power naps" of 15 to 20 minutes are of minimal value to alleviating sleepiness as you never complete a sleep cycle. Also, do not nap closer than four hours to your normal sleep time as this will interfere with your night time sleep.

Deal with stressful tasks or issues early in the evening. This allows your mind and body time to relax before attempting to sleep. Engage in yoga, meditation, or other forms of mindfulness to reduce your stress before bed. While exercise helps the body cope with sleep deprivation to a point, in the long run you still need to sleep. The energy boost you get from exercise is only temporary and you still need to replenish your sleep debt in the end. Expose yourself to natural sunlight for at least 30 minutes a day. Individuals who have no sun exposure during the day sleep more poorly.

Watch what you consume before bed. Avoid not only alcohol and caffeine, but also fat or calorie laden foods or heavily spiced dishes as they will interfere with digestion and may cause acid reflux disorders. Avoid sleeping remedies that are either prescription or over the counter. They certainly have their place as short term sleep aids, but long term their effectiveness diminishes over time.

The benefits of better sleep will be almost instant. You will feel better physically and have better brain function and memory. Your immune system will function better and you will reduce your overall stress level. Maintaining proper sleep levels will improve the overall quality of your life, increase your productivity at daily tasks, and reduce your risk of accidents and injury. There is no way to know that you are sleep deprived other than by listening to your own body. You must use your own judgment as to the degree of your sleep deprivation. But remember, sleep deprivation, even low levels of deprivation, impairs your judgment and could put you or those around you at risk of accident, injury or worse.

It has been estimated that 70 to 100 million Americans suffer from sleep deprivation and that the health care costs related to sleep deprivation add \$16 billion a year to the national health care budget.

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Medical Minute...

Men's Health Month: 'Do I Need Prostate Cancer Screening?'

By Lt. Catherine O. Durham, MSN, FNP
Robert E. Bush Naval Hospital

June is Men's Health Month and a commonly asked question among men is "Do I need prostate cancer screening?" Here is some important information to think about-and as always, discuss your decision to screen with your primary care provider!

Prostate Cancer: What You Need to Know

What is the prostate gland?

The prostate gland is part of the male reproductive system (see the picture below). The prostate makes a fluid that mixes with sperm and other fluids during ejaculation. A normal prostate is about the size of a walnut.

What is prostate cancer?

Cancer is when cells in the body grow out of control. Prostate cancer is a group of abnormal cells in the prostate.

Prostate cancer can be aggressive, which means it grows quickly and spreads to other parts of the body. (When cancer spreads, doctors say the cancer has "metastasized.") Or it may be slow growing and stay in the prostate, causing few if any problems. Three out of four cases of prostate cancer are of the slow-growing type that is relatively harmless.

Who is at risk for prostate cancer?

Prostate cancer is the most common type of cancer found in American men, other than skin cancer. The American Cancer Society estimates that there will be about 179,300 new cases of prostate cancer in the United States this year, and about 37,000 men will die of this disease. For an American man, the lifetime risk of dying from prostate cancer is 3.4%.

Although men of any age can get prostate cancer, it is found most often in men over age 50. In fact, more than 8 of 10 men with prostate cancer are over the age of 65.

African-American men are at higher risk than Caucasian men. Men with a family history of prostate cancer are at higher risk too. Family history means that your father or a brother had prostate cancer.

Possible Symptoms of Prostate Cancer

Call your doctor if you have any of these symptoms:

- * Difficulty starting to urinate
- * Less force to the stream of urine
- * Dribbling after you finish urinating
- * Frequent urination
- * Blood or pus in the urine
- * Pain or burning feeling while urinating
- * Pain with ejaculation
- * Hip or back pain that does not go away over time

What if I have one of these symptoms?

Your doctor may examine your prostate by putting a gloved, lubricated finger a few inches into your rectum to feel your prostate gland. This is called a digital rectal exam. A normal prostate feels firm. If there are hard spots on the prostate, your doctor may suspect an abnormality.

What is the PSA test and do I need one?

Another way to check for prostate cancer is with a blood test called the PSA test. PSA is short for prostate-specific antigen. Men who have prostate cancer may have a higher level of PSA in their blood. However, the PSA level can also be high because of other, less serious causes such as infection.

Routine screening with a PSA test is not universally recommended for men over age 50 or for younger men at increased risk of prostate cancer. The National Cancer Institute, the U. S. Preventive Services Task Force and the American Academy of Family Physicians believe the choice should be made by the patient and provider after a discussion about the risks and benefits of PSA screening, and by taking the patient preferences into consideration.

What are the disadvantages of screening?

Screening for prostate cancer finds many cases of cancer, but may also find conditions that aren't cancer. This means that some men may have to go through unneeded tests and worry to make sure that they don't have cancer.

In addition, PSA screening detects many cases of slow-growing cancers that cause few

if any problems. Although these cancers can be treated, there's no proof that treatment helps men live longer. And treatment may be worse than the cancer itself. Treatment can cause serious problems, such as impotence (inability to get or keep an erection) and incontinence (loss of urine).

How do I decide whether to be screened?

Talk to your primary Care Provider!

What are the treatment options for prostate cancer?

One option is "watchful waiting." Watchful waiting means leaving the cancer alone and seeing your doctor regularly so he or she can track the cancer. This may be a good option for older men and those with slow-growing cancer. Even without treatment, these men typically can expect to live as long as men who don't have prostate cancer. At any time during watchful waiting, you can choose to switch to another treatment.

Surgery, radiation and drugs are other treatment options. They can cure prostate cancer if it's caught early. However, these treatments can cause serious problems, such as impotence and incontinence. Surgery or radiation may help treat the more aggressive cancers that are most often found in middle-aged men.

Please see *MEN'S HEALTH* on page 11

Infant/Child CPR Class Scheduled for June 26

As part of this hospital's Family Centered Care initiative, an Infant/Child CPR class is being offered to all military families.

This free class will be held Saturday, June 26, in the hospital's classrooms 4 and 5, from 9 a.m. to 1 p.m. "You never know when you might need to use this useful lifesaving measure," said Lt. Cmdr. Meggan McGraw, proud parent and Nurse Manager of the hospital's Desert Beginnings Maternity Unit.

Parents or caregivers with children of any age are encouraged to take this class. The American Academy of Pediatrics indicates that every parent should be prepared to deal with a child in need of emergency medical services. Part of this preparation includes learning CPR and basic first aid.

For more information about this free Class, or to register for the class, please call HM1 Ubaldo Llanos at 830-2336 or 830-2944.



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Healthwatch...

Summer Heat Can Bring Health Risks

By Hospital Corpsman 1st Class Christopher Marin
Naval Hospital Pensacola, Florida

PENSACOLA, Fla. -- The summer season brings warmer weather and an increased chance of heat injury.

It is important to learn the signs and symptoms of heat injury, and how to prevent them. The three main heat-related injuries are heat cramps, heat exhaustion, and heat stroke.

Heat cramps occur when a person loses too much water and salt through excessive sweating. The result is a muscular soreness in the body, especially in the arms, legs, and stomach. The best treatment for heat cramps is to place the affected person in a cool, shaded area, if possible. Rub the affected muscle areas and give "sips" of water with a small amount of table salt.

Heat exhaustion results from dehydration and over-exertion during physical activities. The symptoms include excessive sweating, cold and clammy skin, headaches, and occasionally, nausea and vomiting.

The best treatment is to place the person in a shaded area. Fan the body and apply a light spray of water. If a person is conscious, provide sips of water. However, never give anything by mouth to an unconscious person.

Heat stroke is a "severe" medical emergency associated with a potentially high fatality rate. A person suffering from heat stroke cannot cool himself or herself through perspiration. Symptoms include hot, dry skin. Call for medical help immediately. Place the patient in a cool, shaded area. Remove the patient's outer clothing. Fan the patient with air and pour water over their body. Rub the arms and legs until medical assistance arrives.

Follow these tips to preventing heat-related injuries:

- Avoid direct sun as much as possible. Schedule outside activities for the early morning or evening hours.
- Drink plenty of water, especially if you are working outside during the day.
- Avoid drinks and supplements containing caffeine, such as soda or coffee.
- Avoid alcohol, which can dehydrate you and impair your judgment.
- Wear loose fitting clothing.

DoD Standardizes HIV Test Interval Across All Services

By Gerry J. Gilmore
American Forces Press Service

WASHINGTON (NNS) — Military members are now required to be tested for HIV every two years, according to a Defense Department health policy change implemented March 29.

The Armed Forces Epidemiological Board recommended the change, which standardizes the HIV testing interval across the services, according to Dr. David N. Tornberg, deputy assistant secretary of defense for clinical and program policy, during a May 20 interview.

DoD requires HIV testing, Tornberg explained, because it is responsible for maintaining the health and well-being of all service members.

Previously, Tornberg noted, HIV testing intervals varied among the armed services. The military began testing service members for HIV, he said, in the mid-1980s.

Today, "we're optimizing testing," Tornberg explained, citing medical studies that show very few people with HIV become sick with AIDS within two years of being infected.

Therefore, service members who test HIV positive under the new two-year interval, he noted, are most likely to bene-

fit from anti-viral drugs and other treatments that help keep the disease at bay.

"We're looking to protect the individual," Tornberg said, noting that HIV-positive service members are not automatically discharged and may continue on with their military careers.

The two-year interval also enables DoD to consolidate HIV testing for deployments. For example, he noted, Guard and Reserve members are now to have been tested for HIV within two years of a mobilization of more than 30 days.

Tornberg pointed out that both male and female service members could acquire HIV, which can be transmitted sexually, through intravenous drug use or via blood transfusions.

People can help protect themselves from being infected with HIV, Tornberg observed, by employing safe sexual practices, including having monogamous relationships, and by not engaging in drug abuse practices.

The HIV infection rate across the military is about 2 out of every 10,000 service members, Tornberg said, which is equal to or lower than the civilian population in the United States for the same age and gender.

"Our service people can avoid HIV infection, as can all individuals," he concluded.

Life's Lessons...

Don't be irreplaceable; if you can't be replaced, you can't be promoted.

Doctor Thomas and Associates are pleased to welcome:

Dr. Bernard Cohen-Pediatrician

Dr. Herman Musch-Pediatrician



- Board certified pediatricians on staff at Hi-Desert Medical Center (Joshua Tree) and at Desert Regional Medical Center (Palm Springs)
- Exclusive providers of pediatric care in the new Birthing Center at HDMC
- Specialist pediatric healthcare by medical doctors, including: check-ups, vaccinations, behavioral evaluations and treatment and more for kids all ages (newborns to teens)
- Dr. Cohen has served the medical needs of children in Orange County for many years. Now in the Hi-Desert for over 1 year, he enjoys this area immensely.
- Dr. Musch and his wife have made their home here after moving from rural Wisconsin last summer. He had his own private practice for more than 20 years and continues to enjoy being a 'kid-doctor' in our warmer climate. Dr. Musch speaks Spanish fluently.

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Employment inquires: Dr. Thomas, Box 984
Yucca Valley, 92286





Super Stars and Hard Chargers...



Lt. Mark Anderson received a Navy and Marine Corps Achievement Medal.



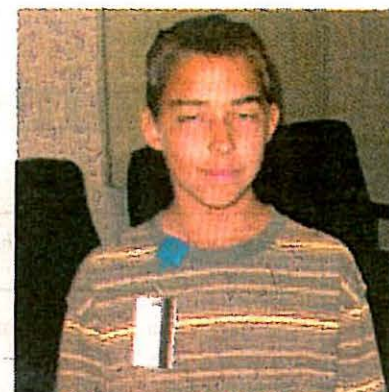
Lt. Randall Bohanon received a Navy and Marine Corps Achievement Medal.



Kelly Pigo, Red Cross Volunteer was honored at the recent Volunteer Appreciation Day.



Cmdr. John Rothacker received the Military Outstanding Volunteer Service Medal.



Adam Grossman, Red Cross Volunteer was honored at the recent Volunteer Appreciation Day.



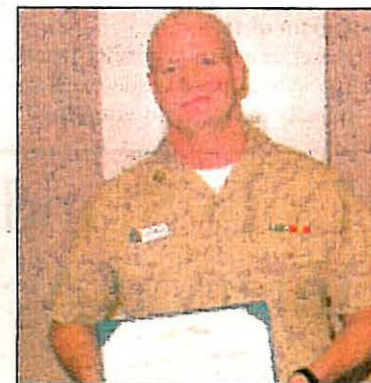
HM3 David Baumbach received a Navy and Marine Corps Achievement Medal.



Lt.j.g. Diane Kulehua and Cmdr. Stephen Lindsey cut the Nurse Corps Birthday cake.



Lt. Cynthia Christian receives an Honorary Desert Rat Certificate.



Lt. John Eckenrode received a Navy and Marine Corps Commendation Medal.



Lt. Charles Toler received a Navy and Marine Corps Achievement Medal.



Lt. Patricia Lovato received the Navy and Marine Corps Achievement Medal.



SK2 James Herford received his 5th Good Conduct Medal.



Lt. Cmdr. Lynnett Schindler takes the oath at her recent promotion ceremony.



Lt. Kimberly Gullickson received a Navy and Marine Corps Commendation Medal.



Lt. Michael Chester, Chaplain, received a Volunteer Appreciation Certificate.



Cmdr. Rita Sullivan presents Lt. Cmdr. Marjorie Alexander with the Nursing Excellence Award.



Cmdr. Rita Sullivan presents Lt. Andrew Wilson with the Nursing Excellence Award.



HM1 Michael Riddle received a Navy and Marine Corps Achievement Medal.



HM2 Ferran Mora received his 2nd Good Conduct Medal.



HN Cody Girard received a Navy and Marine Corps Achievement Medal.



HN Steven Hendrix receives his 1st Good Conduct Medal.



Lt. Cmdr. Michael Allanson pins on a new collar device for Lt. Cmdr. Terrance Pyles at his recent promotion ceremony.



HM2 Greg Hulbert receives his 3rd Good Conduct Medal.



HN Kris Gonzalez receives her first Good Conduct Medal.



Julie McClay received her 20 Years of Service Award.



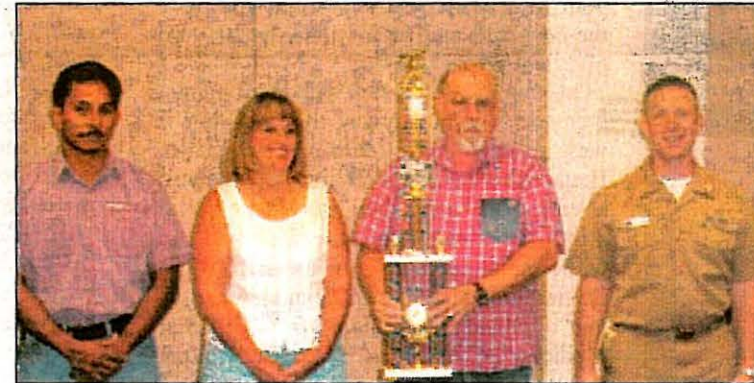
Lt. Joseph Bacon was recognized for his volunteer work for the Navy Nurse Corps birthday.



HM3 Alteasheridan Pangan receives her 1st Good Conduct Medal.



HN Meta Mitchell receives her 1st Good Conduct Medal.



Champion Bowlers from left to right are Tony Strong, Julie McClay, Bob Mantlo and SKCS Dean Anderson



HM3 Leona Elzy receives her 1st Good Conduct Medal.



HN Monica Murphy receives her 1st Good Conduct Medal.



Ridgerun Champs from left to right are Lt.j.g. Craig Pettit, Lt. Andrew Romelhardt, and Cmdr. Jay Erickson.

Outpatient Medical Records is Property of U.S. Government

The Surgeon General of the Navy confirmed that the Outpatient Medical Record is the property of the Government and has directed all Military Treatment Facilities to implement a "closed medical record system".

In March of 2003, Robert E. Bush Naval Hospital implemented its closed medical record system.

"Your military outpatient medical record is the property of the Government and its maintenance here at the hospital is essential to providing you with appropriate medical care and legal and administrative proceedings if you should ever have the need" said Mari Jo Mitchell, Supervisor of Outpatient Records. This doesn't mean that you can't have access to the information in your record. The Outpatient Records Division will be happy to make you a copy of your record which can be used while you are in transition to a new duty station or for a referral appointment with a civilian provider. All they ask is you give them 10 business days to process the copy request. To obtain a copy of your outpatient record, visit the Outpatient Records Division in the hospital located adjacent to the Quarterdeck or main entrance to the hospital.

"Maintenance of your record at the hospital allows the Outpatient Records staff to pre-deliver the record to your scheduled appointment and pick it up afterwards," said Mitchell. "This means your provider will have the opportunity to review your medical history before your arrival and eliminates the need for you to pickup or return your record," she added. "Without your medical record in our custody, it becomes more difficult to ensure that cur-



The Robert E. Bush Naval Hospital Outpatient Records department has a crew of trained professionals dedicated to accurately maintaining and safeguarding your medical records. They are from left to right, Lorraine Chamberlain, Brian Barber, Dwanah "Dee" Tajalle, Mari Jo Mitchell, Conrad Consul, and Tiffany Clements.

More Letters...

Continued from page 2 Professional Health Care Givers

Dear Captain Engelhart,

I would like to take just a moment of your time to let you know that you have the best staff and professional health care givers in your command.

On March 4, I was sick with chest pains. I came to work anyway thinking that it was nothing bad. I told the nurse RN Hagans that I was not feeling well and was having chest pains. She instructed me to go to one of the beds and wait while she made arrangements for an EKG. Dr. Davies conducted the EKG and after reading it called Dr. Roldan from Internal Medicine to read the EKG. Dr. Roldan dropped what he was doing and came to the Emergency Room to study the EKG. Dr. Roldan has been my heart doctor. He read the EKG and recommended that I see Dr. Gupta.

I have also recently been diagnosed with Diabetes. Lt. Cmdr. Lundstad has taken a great deal of time teaching me how to live with Diabetes. She works in Family Practice. March 28, I again had chest pains and checked into the ER where Dr. Brown conducted a number of tests. After looking at the results, he had me transported to Desert Hospital. Lt. j.g. Wade, Lt. Semonik and HM3 Vanshaik have been taking excellent care of me during all these times.

All these people I mentioned are excellent health care professionals and take excellent care of the patients in their care, not just me. They have warm hearts and have saved so many lives they should be recognized. They are professional in every way.

Som C. Harz

rent information such as lab and x-ray reports, medications and treatment plans are recorded in the record" said Mitchell.

Benefits of the closed medical record system for your family

* **IMPROVES HEALTHCARE QUALITY:** The medical record contains your health information. When it is not kept at the MTF, important documentation of your health conditions and provider visits might not be properly filed. When documents are missing, your provider might not have all of the information he/she needs to provide you the highest quality of care. This reduces the likelihood of your receiving duplicative tests and procedures.

* **IMPROVES ACCOUNTABILITY:** The MTF Commander is the official custodian of the medical record. When the record is kept at the MTF, it is bar-coded and marked properly according to Service regulations. The bar-codes and markings help keep track of the record and provide an automated audit trail which facilitates the record accountability processes.

* **JUSTIFIES RESOURCES:** Population served and workload performed are the key factors that help determine resources at your MTF. The key to justifying the workload performed is the documentation in the medical record. If the record and documentation are not available, the workload performed cannot be substantiated. This will result in reduced resources for your MTF, especially personnel and dollars.

* **PRIMARY CARE MANAGEMENT:** Under TRICARE, the Primary Care Manager is responsible for assessing the health needs of a patient and scheduling the patient for appropriate appointments with a primary health care provider within the local MHS network. The medical record is essential for providing continuity of care and delivering preventive services.

* **HOSPITAL ACCREDITATION:** The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits the performance of private sector and government hospitals. The JCAHO is the nation's preeminent standards-setting and accrediting body in healthcare. JCAHO requires the MTF to protect the record from loss, destruction, and tampering.

* **INCREASES INSURANCE COLLECTION:** The Third Party Collection Program is an important source of revenue that provide needed external revenues used to improve the quality of care for the beneficiaries. The medical record provides the information used to ensure that your MTF receives the right reimbursement from third party insurers.

* **IT'S THE LAW:** The medical records of the Department of Defense beneficiaries are the property of the U.S. Government. "The maximum penalty for whoever willfully and unlawfully conceals, removes, mutilates, obliterates, or destroys, or attempts to do so, shall be fined \$2,000, or imprisoned not more than 3 years, or both (18 United States code 2071)."

Remember, all family members who receive primary care at Robert E. Bush Naval Hospital are required to turn over custody of their medical record to the Outpatient Records Division prior to their scheduled appointment. Additionally, if you receive permanent change of station (PCS) orders, it is vital that your report to Outpatient Records with a copy of your PCS orders and arrange for your families records to be transferred to your new duty station. All Outpatient records are sent via certified mail to your new duty station. If you have any questions or need additional information, call the Outpatient Records Division at 830-2322.

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Life's Lesson...

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Transitional Assistance Management Program

A Transitional Health Care Benefit For Service Members and Their Families

The Transitional Assistance Management Program (TAMP) offers transitional TRICARE coverage to certain separating active duty members and their eligible family members. Care is available for a limited time.

Certain sponsors who have served fewer than six years and their family members are eligible to receive TRICARE benefits for 60 days after the sponsor's separation date. Certain sponsors who have served six years or more and their family members are eligible to receive TRICARE benefits for 120 days after the sponsor's separation date. Under the temporary extension, these members and their families are eligible for health care for 180 days. The four eligible categories for TAMP are:

- * Members involuntarily separated from active duty and their eligible family members
- * Reserve Component members separated from active duty after being called up or ordered in support of a contingency operation for an active duty period of more than 30 days and their family members
- * Members separated from active duty after being involuntarily retained in support of a contingency operation and their family members
- * Members separated from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency mission and their family members

Active duty sponsors and family members enrolled in TRICARE Prime who desire to continue their enrollment upon the sponsor's separation from active duty status are required to reenroll. To reenroll in TRICARE Prime, the sponsor or family member must complete and submit a TRICARE Prime enrollment application. Under TAMP, former active duty sponsors, former activated reservists, and family members of both are not eligible to enroll or reenroll in TRICARE Prime Remote or in TRICARE Prime Remote for Active Duty Family Members because both programs require the sponsor to be on active duty. Under the TAMP, the sponsor is no longer on active duty and is treated as an active duty family member for benefits and cost sharing.

TRICARE Prime Enrollment and Reenrollment

Initial enrollment in TRICARE Prime occurs during the TAMP period? Family members whose applications are received through the 20th of the month are enrolled the first day of the next month. Family members whose applications are received after the 20th of the month are enrolled the month that follows. For example, if the application is received June 20, TRICARE Prime coverage for the family member begins July 1. If the application is

Hearing Aids for Retirees at Manufacturer's Cost

Over 25 million Americans have hearing loss, including many of our military retirees. Those retirees who seek help for their hearing loss by using hearing aids have options as to where to obtain them.

Although neither Medicare nor Tricare cover the cost of hearing aids for retirees, many may be eligible for hearing aids from the Veterans Administration (VA), including those who have a service connected disability for hearing loss, ear disease or tinnitus (ringing in the ear), are service connected for any medical problem at a rating of 10 percent or more, are a former Prisoner of War, or are a WWI veteran.

For those who do not qualify for hearing aids from the VA, there's the Retiree-At-Cost-Hearing Aid Program (RACHAP). This program is offered at many military treatment facilities, including at Naval Hospital Twentynine Palms since September 2001.

The program provides retirees the opportunity to purchase hearing aids at government cost. The hearing aids are purchased directly from the manufacturer at substantial savings over the cost for the same hearing aids sold and fitted in the civilian community.

Although not all makes and models of hearing aids may be available, there is a wide range to choose from. As part of the hearing aid evaluation, a complete diagnostic hearing test is done by a certified audiologist. If it is determined that hearing aids would be of benefit, the audiologist will recommend a specific hearing aid(s) and prescription, along with the total cost.

The retiree is asked to provide payment at the time the hearing aid is ordered. When the hearing aids arrive, the retiree will be scheduled for a hearing aid fitting appointment. There is no fee for the hearing test and no obligation to order hearing aids through RACHAP.

For more information on the RACHAP, contact the Audiology clinic at 830-2002.

Kick the Habit and Learn to Become Tobacco Free

The Robert E. Bush Naval Hospital Health Promotions Program offers tobacco cessation classes in the Naval Hospital. Classes are offered at two convenient times of noon and 5:30 p.m.

To sign up, call Health Promotions at 830-2814.

The next set of tobacco cessation classes will start June 29. Call now before it all goes up in smoke!

received June 21, coverage for the family member begins Aug. 1.

Reenrollment in TRICARE Prime during the TAMP period? Members and their eligible family members who want to retain TRICARE Prime, must complete an application to reenroll in TRICARE Prime. This reenrollment form will ensure that TRICARE Prime coverage continues with no break in coverage.

Eligibility for the TAMP for sponsors and family members is determined by the sponsor's Service branch and information in the Defense Enrollment Eligibility Reporting System. Sponsors may verify eligibility for themselves and their family members by visiting or contacting the nearest military identification card issuing facility or contacting the Defense Manpower Data Center Support Office toll free at (800) 538-9552. For additional TRICARE benefit information, sponsors and family members may visit the TRICARE Web site at www.tricare.osd.mil. They also may contact their regional managed care support contractor or TRICARE Service Center representative. A list of the regional toll-free numbers is available on the TRICARE Web site at www.tricare.osd.mil/regionalinfo/.

Continued Health Care Benefit Program (CHCBP)

After the TAMP eligibility expires, members and eligible family members may choose to enroll in CHCBP. CHCBP provides a conversion health plan similar to TRICARE Standard for a specific time (18 months) to former service members and their families who pay quarterly premiums. Eligible persons must enroll in the CHCBP within 60 days after separation from active duty or loss of eligibility for military health care under TAMP.

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<p>Yucca Inn AND SUITES</p>	<p>Williams Insurance Service Inc.</p>	<p>Spin and Mania's DESERT HIDE-A-WAY</p>	<p>AFC REALTY The Morongo Basin Real Estate Experts</p>	<p>Joshua Springs CALVEY CARE</p>

PEOPLE...

Continued from page 1

fitness, you served as the command's Physical Readiness Program Coordinator, providing educational tools and support for



Lt. Troy Henderson, MSC, USNR

fitness and nutrition. You ensured your shipmates met Navy physical readiness requirements by implementing the "Ship Shape" Program and the "Crews into Shape" Challenge. You also organized the successful 2004 Ridge Run 2004, a challenging race that promoted fitness and camaraderie for over 300 participants."

Petty Officer 1st Class (SW) Timothy



FC1 Timothy Hicks

Hicks, Leading Petty Officer and Master-at-Arms in the Security Division was selected as the Senior Sailor of the Quarter for both the Naval Hospital and the Marine Corps Air Ground Combat Center.

His citation reads in part, "As Leading Petty Officer and Master-at-Arms, Security Division, Operating Management Department, you demonstrated exceptional leadership and professionalism. Utilizing your meticulous organizations skills, you ensured the highest level of hospital security at all times. You skillfully processed

eight Disciplinary Review Boards, six Executive Officer Inquiries, and four Non-Judicial Punishments, adhering to proper legal regulations. In addition, you expertly managed an OPTAR of over \$15,000 for the Security and Linen Divisions. Active in command and community activities, you served as Boatswain's Mate for retirement ceremonies, facilitated Navy Rights and Responsibilities for Command Indoctrination, designed and implemented a Power Point Presentation for child abduction, and volunteered for "Adopt a Highway Program"."



Rebecca Pinkstaff

Rebecca Pinkstaff, supervisor, Central Files Division, was named as Senior Civilian of the Quarter.

Her citation reads in part, "While assigned as Supervisor, Central Files Division, and Assistant Department Head, Operating Management Department, you performed a full-range of administrative and technical duties. . You maintained 133 local directives, 460 local forms, and managed the Defense Message System traffic system, which includes classified messages. Your outstanding problem-solving skills were instrumental in maintaining effective and efficient departmental operations. Your superb management allowed the Personnel

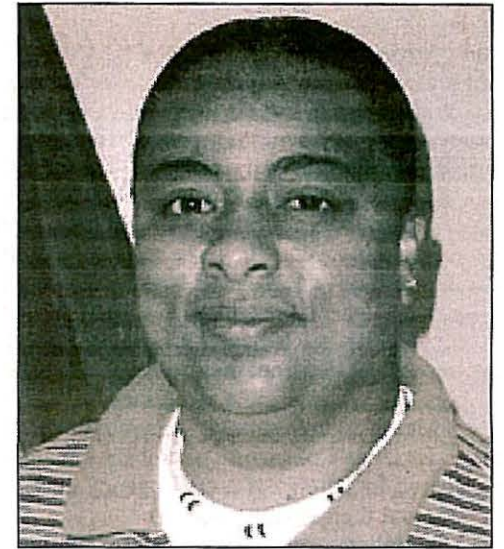


HM3 (SW) Maria Drew

Security Division to process investigations for personnel going overseas and ensured all documents were completed properly and in a timely manner. You saved valuable man-hours and improved patient satisfaction by serving as a Notary. As Command Postal Officer, you ensured all postal regulations were met. Additionally, as Supervisor, Reproduction Traffic, you significantly reduced outgoing reproduction costs by streamlining the process and completing many orders in-house."

Petty Officer 3rd Class (SW) Maria Drew, Leading Petty Officer of the Main Operating Room has been selected as Junior Sailor of the Quarter for both the Naval Hospital and the Marine Corps Air Ground Combat Center.

Her citation reads in part, "As Assistant Leading Petty Officer, Main Operating Room, you exceeded all expectations held by your supervisors and set high standards for your subordinates to emulate. Your commitment to teamwork and desire for professional excellence was evidenced by your outstanding leadership of 12 junior Surgical Technicians and effective manage-



Tiffany Clements

ment of a \$10,000 quarterly budget and a \$120,000 supply and equipment inventory. As Team Leader for the Main Operating Room's Open House, your realistic display of surgical procedures and equipment was

Please see PEOPLE on page 11

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MEN'S HEALTH...

Continued from page 4

Other screening tests for Men:

Annual Blood Pressure, Height, and Weight

Total cholesterol (men aged 35-65 every 5 years) May be performed sooner for any family history of elevated cholesterol, and/or heart problems or vascular problems.

Colon Cancer Screening:

Fecal occult blood test (Every year starting at age 50) plus one of the following: Sigmoidoscopy or Air Contrast Barium Enema (age 50 every 5 years or sooner as appropriate for history) or Colonoscopy (every 10 years starting at age 50)

*See your Primary Care Provider for any rectal bleeding, abdominal pain, family history of colon cancer or polyps, and as always for any concerns! Your Primary Care Manager will give you guidance on which test is appropriate for you.

Dental and Eye health:

Perform regular visits as directed and for any changes.

Immunizations:

Tetanus-diphtheria (Td) booster (every 10 years)
Flu Shot (annually after age 50)
Pneumovax (once at age 65)

Call your Primary Care Provider or team Nurse for any questions or concerns regarding your health!

Also remember to schedule your child's school physical in June and August! The Family Medicine Clinic is having a staff turnover during July and you may have difficulty scheduling a routine school exam during this month! Plan Ahead!

Adapted from the American Academy of Family Physicians
www.aafp.org and Guide to Clinical Preventive Services

Other Websites:

www.cdc.gov
www.ahcpr.gov/clinic/uspstfix.htm

NURSE EXECUTIVE...

Continued from page 1

Reserve Unit, Fleet Hospital 500- Detachment 21. Norman finally attended the Direct Commissioned Officers' School in Pensacola, Fla., graduating in November 1985. He then worked as an Instructor and supervisor CRNA for the Navy's Nurse Anesthesia Program at Naval Medical Center San Diego. Two years later, in 1987, Norman was discharged from the Naval Reserves upon swearing in as an active duty U.S. Air Force Officer.

While serving with the Air Force, Norman saw several duty assignments. He served as a staff CRNA at Kirtland Air Force Base Hospital in Albuquerque, N.M., Clark Air Base Medical Center, Clark Air Base, Republic of the Philippines, and Wiesbaden Medical Center in Wiesbaden, Germany. Norman was the Chief CRNA at Ellsworth Air Force Base Hospital, in South Dakota. His final Air Force assignment before transferring to the Navy was as Staff and Instructor CRNA at Wilford Hall Medical Center in San Antonio, Texas.

Back with the Navy in 1995, Norman became a staff/instructor CRNA at Naval Hospital Charleston, S.C. for two and a half years. He then went to work at the Fleet Surgical Team-4 at Little Creek Amphibious Base, Little Creek, Va. He then reported to Portsmouth Naval Medical Center where he worked until March of this year.

In addition to his military assignments, Norman has worked at Episcopal Hospital and St. Agnes Hospital in Philadelphia, Tucson Anesthesia, PC; Quality Care Nursing Pool in Albuquerque, N.M.; University of New Mexico Medical Center and Lovelace Medical Center both in Albuquerque, N.M.; and Methodist Hospital in San Antonio, Texas.

Norman holds current Nursing Licenses from Texas, New Mexico, South Carolina and Virginia. He was previously licensed

in the states of South Carolina, South Dakota, Arizona and Pennsylvania. His academic appointments include: Affiliate Faculty at Georgetown University, Washington, D.C.; Clinical Faculty at the Uniformed Services University of the Health Sciences at Bethesda, Md.; Clinical Faculty at Old Dominion University, Norfolk, Va.; Affiliate Faculty from October 1995 to February 1998, at Medical University of South Carolina in Charleston; Affiliate Faculty from October 1993 to July 1995, at University of Texas at San Antonio, Texas.

Norman has also been published in the following:

"In the Shadow of Fury" August 1991 Randolph AFB Headquarters Publication
Neuroanesthesia Chapter 1994 USAF Anesthesia Handbook, 1st edition
"Neuroanesthesia Chapter 1996 USAF Anesthesia Handbook, 2nd edition

PEOPLE...

Continued from page 10

well received by staff members and served to generate interest in advanced training by non-designated corpsmen for the Surgical Technician 'C' School. Additionally, your personal commitment to educating Palm Vista Elementary School students on drug awareness and your positive portrayal of the men and women in the Armed Forces made a significant impact on the youth of our community."

Tiffany Clements of Outpatient Records was named as the Civilian of the Quarter.

Her citation reads in part, "As Medical Support Assistant, Outpatient Records, you accomplished all phases of your assigned duties in an exceptional manner. The professional knowledge and administrative skills you displayed were evident in your superb management of over 4,000 outpatient records and the filing of over 20,000 medical reports. You set the standard for eagerness to learn and acceptance of additional responsibility, and you have significantly contributed to the accomplishment of the command's mission."

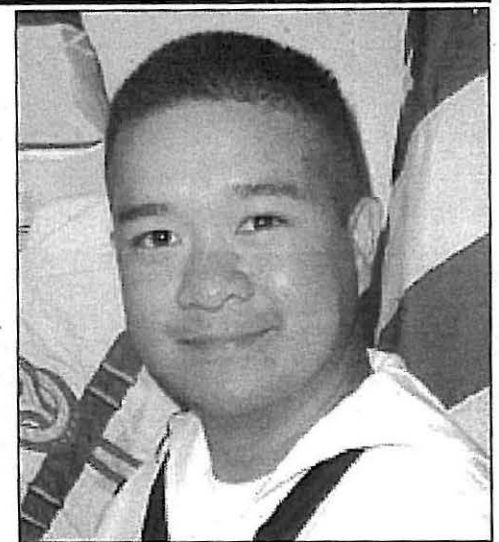
Hospitalman Joseph Teodoro of Military Sick Call has been named Blue Jacket of the Quarter.

His citation reads in part, "You consistently performed your duties with the highest degree of pride and professionalism. As Supply Section Leader, Military Medicine Directorate, you managed a budget of \$11,000 per quarter. Through your superb organizational and managerial skills, you saved the command over \$3,000 by reorganizing and repairing office furniture and non-medical equipment. Your efforts included rebuilding the record's department tabletop, replacing ceiling tiles and lights, remounting of all sharps container to the required height, sealing holes on the walls and installing spill kits in accordance to JCAHO standards. Committed to command and community activities, you participated on the Hospital Corps Birthday Ball Committee, the Women's History Month Presentation Committee, American Red Cross Disaster Action Team, Navy Marine Corps Relief Society Fund Drive, and as an Assistant Scout Master for Boy Scouts of America."

"Need for Operational Nursing" Jan/Feb 2002 Navy Medicine Anesthesia Case Report, Oct 2003, American Association of Nurse Anesthetists Journal Anesthesia Case Report, in April 2003, American Association of Nurse Anesthetists Journal Course, December 2003, American Association of Nurse Anesthetists Journal (for awarding CEU's)

Norman chose to come to Naval Hospital Twentynine Palms, "Twentynine Palms was my first choice, because I love the desert," he said. When not busy with his career, Norman enjoys reading, biking, traveling, scuba diving, flying and spending time with his wife Edie and children Daniel and Dawn.

Norman's philosophy is to, "Work hard, but enjoy that work, and to live and let live and have fun doing it."



HN Joseph Teodoro

Amalia A. Geller, M.D.
CHILD NEUROLOGY

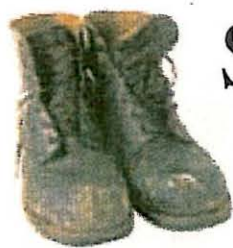


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Super Stars and Hard Chargers...

Lieutenants Campbell, Christian Retire from Active Duty



Lt. Donald Campbell, the hospital's Comptroller retired from the U.S. Navy on April 26, 2004.



Lt. Cynthia Christianson of the Multi-Service Ward retired from the U.S. Navy on May 19, 2004.

Naval Hospital Pharmacy Provides Excellent Service

In its efforts to be a 'patient pleaser,' the Pharmacy staff of the Robert E. Bush studied the feasibility of placing a prescription pickup station at the newly opened Commissary Store.

According to Lt. Andrew Romelhardt, pharmacist at the Naval Hospital, "With the opening of the new commissary, many questions arose as what to do with the existing space. One of the possibilities for utilization of the space was the installation of a refill pick-up station."

Such stations are an integral part of hospital pharmacies such as National Naval Medical Center in Bethesda, Maryland as a convenience to those picking up refills. With this system, refills that are phoned using the automatic refill system would be available for pick-up at the new station the following business day. "While in simplicity this appears to be a convenience, however, serious questions arose as to whether this in fact would be beneficial," said Romelhardt.

The pharmacy's first concern was the potential confusion of having a separate center for refills, especially during the initial implementation. "While refill stations at other Naval Medical Centers are relatively close to the pharmacy, ours would be over 1.5 miles away," said Romelhardt. "Having customers travel back and forth between the two points to track down their refills and or to pick up both a refill and a new prescription would not be much of a convenience," he added. It was thought that this would be particularly burdensome if one did not have adequate transportation to get between the two points.

The second concern was that by opening a refill station a pharmacy technician would have to be removed from the pharmacy to man the station. This reduction in manpower in the pharmacy would likely result in longer turn-around for inpatient orders as well as an increase in the wait time for customers to receive new prescriptions, thus negating any convenience for the refill customers by inconveniencing the new prescription customers.

"Despite our concerns, we still saw some potential benefit for the addition of a refill station, however there would be no benefit at all if this is a service that customers did not want," said Romelhardt.

The Pharmacy conducted a survey in early February in which customers were asked to fill out a short survey asking what kind of prescription they were picking up (new, refill, or both), how long they waited on that day, how they would rate that wait (excellent, good, fair, or poor), and whether they felt a refill station is needed.

The result showed that the average wait time was between 7 to 15 minutes for any pre-

scription for pick-up. Customers rated that as a score of 3.75 with a 4 equating to 'excellent' and a 1 equating as 'poor'.

"The pharmacy customers overwhelming said in the survey that a refill station is not needed, however, we will continue to look for ways to please our customers because patient satisfaction is job number one here at the hospital," said Romelhardt.

Preventive Medicine...

Watch For Upcoming Informative Articles

The Naval Hospital, Twentynine Palms, Preventive Medicine Department will be providing monthly articles to educate military personnel and eligible beneficiaries of informative and healthful facts concerning prevention of disease and illness.

Future topics will include: West Nile virus, Hanta virus, SARS, Influenza, etc. In addition to these articles, we will be selecting an outstanding dining facility to be awarded the "Dining Facility of the Quarter."

Our goal is to be current on all potentially harmful seasonal illnesses, and to provide accurate information as well as to dispel inaccurate facts and rumors. Feedback is always welcome and all recommendations will be considered.

We are located on the lower level of the Naval Hospital, Twentynine Palms, and our hours of operation are Monday through Friday from 7:30 a.m. to 4 p.m.

For recommendations or additional information please contact HMCS Noli at 830-2029 or LT Henderson at 830-2002.

Life's Lesson...

A benefit to getting old is your secrets are safe with your friends because they can't remember them either.