

# VITAL SIGNS

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Naval Hospital, Orlando, Florida

February 1993

## Black Heritage Month Kickoff

Naval Hospital, Orlando's Black Heritage Committee, conducted the opening ceremony commemorating Black Heritage Month on 1 February. HM2 Amy L. Davis-Payne, USN, Physical Therapy Department, served as Master of Ceremonies and made the opening remarks. The Invocation was delivered by CDR John L. Diaz, CHC, USN, Director of Pastoral Care. CAPT Raymond read the Black Heritage Month message from the Secretary of the Navy and was followed by CAPT Shirley Lewis-Brown, NC, USN, Associate Director, Family Health Nursing Department, who was the guest speaker for the ceremony.

CAPT Lewis-Brown presented a brief biography of Dr. Carter G. Woodson who was the Father of Afro-American History. Dr. Woodson was born in Virginia in 1875 and pursued his education the hard way -- working and studying. His diligence led to a Masters Degree from the College of West Virginia and a PhD from Harvard in 1912. Dr. Woodson felt strongly that the history of the Negro in America and the World was misrepresented or ignored. He authored numerous books and articles about the Negroes and started his own publishing company. He started Negro History Week in the 1930's. Dr. Woodson felt that history should be recorded without racial or national bias -- he said there was no need for a separate history of the Negro.

Following CAPT Lewis-Brown's speech, RADM F. Lee Tillotson, USN, Commander, Naval Training Center, Orlando, made a few remarks. The ceremony concluded with the Benediction by Chaplain Diaz. The Black Heritage Month Committee then hosted a continental breakfast for all hands.



HM2 Davis-Payne



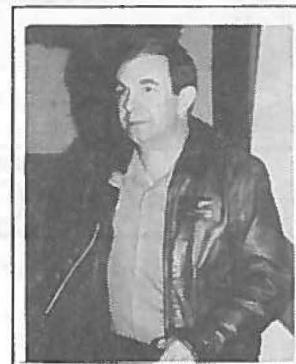
CAPT Raymond



Chaplain Diaz



CAPT Lewis-Brown



RADM Tillotson

What's a "griot?"

A "griot" is someone who practices storytelling which is an ancient African Art. A griot "keeps the people's history, sings the praise songs, tells the stories and shares everything that is good."

Linda Smith, the official griot of Baltimore and Linda Goss, Philadelphia's official griot, started the National Association of Black Storytellers 10 years ago so African-American griots could get together and share with each other. Last year's festival was held in Baltimore in November and was called "10th Annual National Black Storytelling Festival -- Still Talkin' That Talk."

Fellisco Keeling, a Baltimore librarian, is a storyteller and a festival organizer. She said storytelling is important to help keep the families strong. She also said, "We should encourage our elders to tell about their lives. We get so much when we give respect to our elders -- they have so much to teach us, about love, history, and strength."

Most members of the National Association of Black Storytellers tell stories in schools and libraries, at folk festivals and on public television and radio stations. Storytelling was one of the events held at NHO in the observance of Black History Month. Valada Flewelyn was the guest storyteller on the 11th of February.

**NIT-PIK-SIX**



**ELECTRONIC** gadgetry means there are now more ways to compromise security than ever before. However, old enemies still exist, like "moles" and phone bugs, so be on guard. Before you call for a security sweep, search for the six differences in these seemingly identical drawings.



1. Woman's eye moved down on right.
2. Eraser shortened on pencil.
3. SECRET misspelled on paper.
4. Window reduced on 3rd document.
5. Mole's shoelace shortened.
6. Mole's fingernail missing.

**ANSWERS**



Don't forget your **VALENTINE**

**American Red Cross**

Total 84 Active Volunteer

hours for

January - 1,549



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## Staff Pulse Beat

Awards Ceremony of 13 January  
CAPT L. F. Raymond presenting



HM3 Jeffrey B. Siegler, USN, Operating Room Department, received his First Good Conduct Award.



HM2 Patricia M. Dubose, USN, Optometry Department, received her Second Good Conduct Award.



RM1 Kristin B. Hayden, USN, Operating Management Department, received her Third Good Conduct Award.



HM3 Michael A. Vasquez, USN, Operating Room Department, received his Second Good Conduct Award.



LT Nancy G. Hight, MSC, USNR, Audiology Division, received a Certificate of Commendation from the Commander in Chief, United States Pacific Command, for her professional achievement while serving as a member of the Joint Task Force Marianas Crisis Action Team during Operation Fiery Vigil in June 1991.



LT Lynne R. Kueck, NC, USNR, Emergency Nursing Division, received the Joint Service Commendation Medal from the Commander in Chief, U. S. Atlantic Command. LT Kueck was cited for her outstanding meritorious service as Emergency Room Nurse, Medical Clinic, Medical Detachment, Joint Task Force, Guantanamo Bay from July to October 1992.



Staff Pulse Beat (Continued)

DT2 Gregory A. Ewing, USN, Dental Department, received a Letter of Commendation from the Commanding Officer, U.S. Dental Center, Rota, Spain for his wholehearted support of mission accomplishment and his commitment to excellence in all endeavors.



HM3 Genyi M. Lott, USN, Branch Medical Clinic, received a Letter of Commendation from the Commanding Officer, Recruit Training Command, Orlando for her professional achievement while serving as an Emergency Medical Technician. Petty Officer Lott provided medical evaluations daily on recruits prior to live fire-fighting and live CS gas training.

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### Worth Repeating

**"The quality of a person's life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor."**

—Vince Lombardi,  
U.S. football coach



HMC Clayton L. Dempsey, USN, Patient Contact Officer, received a Letter of Appreciation from the Commanding Officer, Fleet Hospital Operations and Training Command, Camp Pendleton for his outstanding performance while serving as student Operations Chief from 14 to 23 October.



LCDR Russell S. Thacker, MSC, USN, Head, Material Management Department, received the Navy Achievement Medal for his superior performance of duties while serving as Chairman, Inspector General Task Force.



LT Janell D. Millman, NC, USN, Nursing Services, received the Navy Achievement Medal for her professional achievement while serving as Staff Nurse, Joint Task Force, U.S. Naval Hospital, Guantanamo Bay, Cuba from May 1992 to August 1992.



SH2 Charles L. Fields, USN, Material Management Department, re-enlisted on 15 January. LT Garth H. Gibson, MSC, USNR, Assistant Head of Material Management Department, served as reenlistment officer.



The MSC fund raisers drew a crowd on 21 January with their 20+ pot chili contest. For a nominal fee you could taste and taste and taste ... and then vote for the chili you liked the best. For another small fee you could get a delicious hot dog to go with your chili! The number one chili maker and winner of the grand prize was HMCS William Robles, USN, Head, Inpatient Administration Division. Couldn't help but wonder why the location of the contest was right outside the ER!



During the retirement ceremony of CAPT Daniel E. Miller, NC, USN, Administrative Assistant to the Director for Nursing Services, on 15 January, he was presented with his National Ensign. CAPT Carol A. Peterson, NC, USN, Director for Nursing Services, presented the flag which had been flown over Naval Hospital, Orlando, especially for CAPT Miller, on two different occasions. The first was on the 15th of June, commemorating his first day of enlisted service, and the 26th of December, commemorating his first day of commissioned service.



HMC Procopio B. Bardeloza, USN, Laboratory Department, reenlisted on 25 January. LCDR Keith A. Swogger, MSC, USN, Laboratory Officer, served as the reenlistment officer.

**Awards Ceremony of 27 January**  
**CAPT L. F. Raymond presenting**



HMC Rodel O. Maristela, USN, Laboratory Department, received the Navy Commendation Medal (Gold Star in lieu of second award) for his meritorious service while assigned as Leading Chief Petty Officer, Laboratory Department, U.S. Naval Hospital, Subic Bay, RP.



HM3 Frank S. Leone, USN, Physical Therapy Department, received the Army Achievement Medal for his outstanding achievement while assigned as the Administrative Assistant in the Navy Liaison Office, U.S. Army MEDDAC, Fort Dix, New Jersey.



HM3 Kenneth R. Decker, USN, General Surgery Department, received a Letter of Commendation from the Commanding Officer, Naval Medical Clinic, Quantico for his professional achievement in support of Operation Bulldog from May - August 1991.



Tessie M. Martin, Housekeeping Division, received her twenty-year Career Service Award.



Brenda L. Repp, Orthopedic Department, received her fifteen-year Career Service Award.



HMC Charles N. Hardenstein, USN, Medical Equipment Division, received his certificate proclaiming that he had met all the requirements, passed the Certification Examination, and is now authorized to use the Title of Certified Biomedical Equipment Technician (CBET). The certificate was issued by the International Certification Commission for Clinical Engineering and Biomedical Technology.

Good Conduct Awards



SK2 Jessica D. Sanford, USN, Material Management Department, First Award.



HN David J. Kell, USN, Nursing Service, First Award.



HM3 Lance A. Beahm, USN, Operating Room Department, First Award.



MS3 Anthony "T." Crews, USN, Food Service Department, First Award.



HM3 Latrina M. Patrick, USN, Alcohol Rehabilitation Department, First Award.



HM1 Ronald A. Walker, USN, Drug and Alcohol Program Advisor, reenlisted on 29 January in front of the hospital. CAPT Raymond served as reenlistment officer.

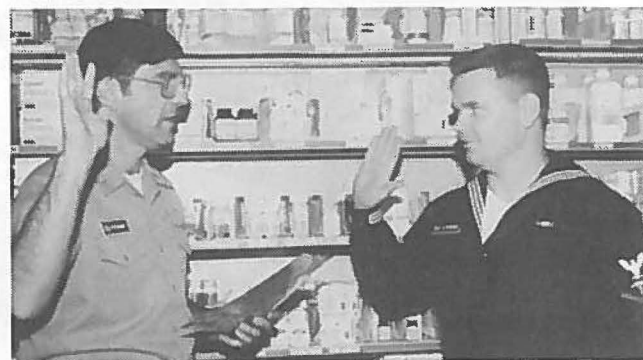




Mr. Rick Tichy, Material Management Department, retired on 29 January. Mr. Tichy received a Letter of Commendation from CAPT Raymond, a Hospital Plaque from Mrs. Christy Shelton, Chairman, Civilian Welfare and Recreation Association, and a hospital picture from LCDR Russell S. Thacker, MSC, USN, Head of Material Management Department.



The Black Heritage Committee sponsored a "Soul Food" luncheon on 29 January. The lines were long and the food was terrific.



HM3 David F. Register, USN, Pharmacy Department, reenlisted on 3 February. CDR Franz R. Peterson, MSC, USN, Assistant Head, Pharmacy Department, served as reenlistment officer.



## CHAPLAIN'S COMMENTS

CDR John L. Diaz, CHC, USN

### Feeding one another in Heaven

A man had just arrived in Heaven, told Peter how grateful he was to be in such a glorious place, and asked Peter to give him one glimpse into Hades in order that he might appreciate his good fortune even more. This Peter did. In Hades he saw a long table extending as far as the eye could see, laden down with the most delicious of all varieties of foods. But everyone around the table was starving to death. When asked for an explanation, Peter said, "Everyone is required to take food from the table only with four-foot-long chopsticks. They are so long that no one can reach the food from the table to his mouth, and therefore, each one is dying of starvation." Quickly they returned to Heaven and behold, the new arrival saw an identical table, laden down with identical foods, but everyone around the table was happy and well-fed. Then he said to Peter, "With what do they take the food from the table?" And Peter answered, "Only with four-foot-long chopsticks." At that the new arrival inquired, "Then why are those in Hades starving to death while all those up here are so well-fed and happy?" Whereupon Peter replied, "In Heaven we feed each other."

We all need each other. There are times in each of our lives when we need someone to help us. We are not self-sufficient or an island unto ourselves. If even in Heaven we will need each other, how much more then will we need to help each other on earth.

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Quoted from Pastoral Life Magazine: "One Sunday morning a pastor got up in the pulpit and apologized for the Band-aid on his face. He said, 'I was thinking about my sermon while shaving and cut my face.' Afterward he found a note in the collection plate, 'Next time, think about your face and cut the sermon.'"



Advancement/Frothing Ceremony of 15 January



New E-6's: On left, HM1 John E. Paschall, USN, who was Advanced, and HM1 Louis J. Pullano, USN.



Of the eight new E-5's, only two were available for the picture: HM2 Alfredo E. Fonseca-Lugo, USN, on left, and HM2 Stephen A. VanGundy, USN.



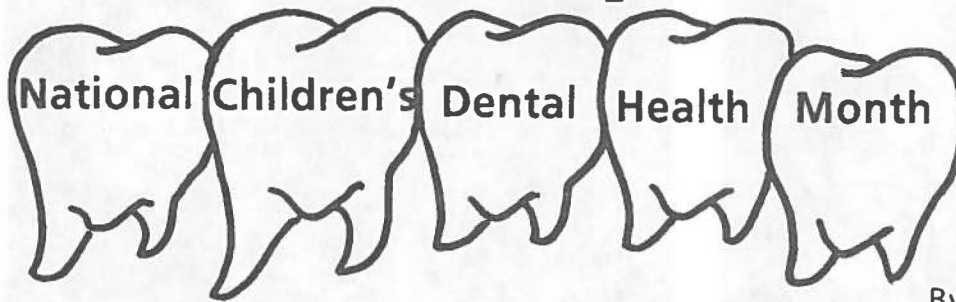
New E-4's: Left to right, front row: HM3 Gregory D. Colton, USN, and HM3 Allen K. Russell, USN. Second row: HM3 Eric A. Price, USN; HM3 Scott D. Berube, USN; MS3 Christina M. Beal, USN; and HM3 Tracee L. Powell, USN. Third row: HM3 Allen D. Franklin, USN; SK3 Jayme M. Sappington, USN; HM3 Troy J. Forcier, USN; HM3 Larry E. Brown, USN; and HM3 Sean J. Cramer, USN.



More new E-4's: Left to right, front row: HM3 Leonardo Fernandez, USN; and HM3 Dawn M. Jones, USN. Second row: HM3 Lorenza L. Wright, USN; HM3 Michael L. Morris, USN; HM3 Miguel A. Santiesteban, USN; and HM3 Raymond T. Fornicola, USN.



## February is . . .



By LT B. L. Weinert, DC, USNR  
Naval Dental Clinic, Bldg. 246

February is National Children's Dental Health Month. Members of the Naval Dental Center will be visiting seventeen schools in the Orlando area to help teach first grade children about the prevention of tooth decay. It is important for parents to be aware of what causes tooth decay and how to prevent it so that their children can be encouraged to develop good habits that will last a lifetime.

Tooth decay is actually a bacterial infection. Bacteria grow and multiply on the surfaces of teeth in the form of white sticky plaque. Your child's mouth is the perfect environment for these bacteria because it is warm, wet, and there is an ample supply of nutrients passing over the teeth. If more sugars are present than the organisms need for growth, they will convert those sugars into acids which cause the teeth to decay. This process of tooth decay can be fought in three ways: first, by reducing the amount of plaque on the teeth; secondly, by reducing the exposure of the teeth to sugars; and thirdly, by increasing the tooth's resistance to decay.

Plaque is controlled by a good routine of daily brushing and flossing. A soft toothbrush should be used after every meal. Its bristles should be directed at the areas where plaque tends to accumulate the most, especially where the gums and the teeth meet. Flossing is used to remove plaque between teeth where a toothbrush cannot reach and should be done at least once a day on permanent teeth. Professional cleanings are important twice a year, but are no replacement for daily home care. A child's intake of sugars should be carefully controlled. It is not the quantity of sugar that is important, but the frequency with which it is ingested that

causes tooth decay. A large amount of candy eaten all at once will cause less decay than the same amount spread over a whole day. Continuously bathing the teeth with sodas or juices will lead rapidly to dental decay. Even infants can be subjected to a devastating syndrome of decay when they are allowed to sleep in their cribs with a baby bottle in their mouth.

Teeth can be made more resistant to decay by using fluoride and sealants. Fluoride incorporates itself into the tooth structure to actually make it stronger. Fluoride is found in a small amount in most tap water. Toothpaste with fluoride should be used routinely, and mouth rinses are also available. In addition, a concentrated application of fluoride can be applied in the dental office. Sealants bond into the grooves of teeth to keep plaque from hiding in these areas where a toothbrush's bristles can't reach. This is especially important on newly erupted permanent teeth.

Visiting the Dentist regularly is essential for keeping a child's teeth healthy. In addition to cleanings, fluoride application and sealants, the dentist will find early decay and treat it before it becomes a big, and painful, problem. Parents who have children who are military dependents are encouraged to sign up for the Delta Dental Plan which provides checkups and cleanings to help prevent major dental problems and expenses.

Parents and their children often spend little time worrying about the prevention of tooth decay. With an increased awareness of dental health issues a child can develop the habits that will help to have teeth that last a lifetime.

TOTAL

QUALITY

LEADERSHIP

By LT M. L. Dasch, MSC, USN



F E B A



HMCM Gary L. Thornhill, USN

### We're on the move!

How many of you have been saying, "I don't see TQL working here," or "When is TQL going to get to my area," or "I'd like to improve things, but my department won't listen," or something similar? TQL is coming to YOUR areas. The Executive Steering Committee (ESC) has just returned from a two-day off-site planning trip. They have begun establishing the plan that will eventually involve everyone in the hospital. As improvement starts it is slow, but like a snowball, it begins to pick up speed. The ESC used the Command Vision, Mission and Guiding Principles to set Goals. Goals that we will all accomplish through using TQL and team efforts. How is that going to get to your work area?

Let's use the image of a group of trees. The ESC looks at the whole group of trees (that means the big picture). Then the ESC separates the trees, maybe some are weaker or of different types (that means setting the goals and some objectives). These they give to Quality Management Boards (QMBs). During the planning trip, the ESC decided to start two QMBs. I'm not going to tell you what they are in this column, but I'm very excited that they are going to work on quite a few trees (goals and objectives). This will take an enormous effort on the part of many people (branches, limbs, leaves), from all levels of the command. Keeping in mind the trees (goals) the QMBs each have, they will work to prune, strengthen and develop the trees into a stronger group. The workers doing the work to decide where to prune, strengthen and develop are the new Process Action Teams (PATs) the QMBs will empower. Can you see that now we are down to your work center? As the PATs make recommendations and the QMBs implement, we will grow stronger as our trees become pruned (more effective) and stronger (more efficient). Everyone will have opportunities to help the teams or QMBs, directly or indirectly. This should not be viewed as unnecessary extra work, this is going to improve your "real" work. TQL is not to be an added burden to

### Doing more with less

As each day of this year goes by, I'm seeing people transfer from Naval Hospital, Orlando to operational units, overseas stations, schools, or just finishing up their tour of active duty and getting out of the service. The one thing I'm not seeing is replacements coming in. It doesn't take a rocket scientist to figure out the mathematics. The end result is providing the same functions with fewer people.

This is no surprise to any of us. We have known for a long time that the Navy was going to start to down-size. I can't speak for other hospitals or units, but we're now starting to feel the effects. We have to remember though, our patient population is not getting any smaller. What this means to us, and when I say "us," I mean all ranks, is that this presents a challenge which we have faced before. Doing more with less has been a trademark of Navy medicine for decades. We went through this same reduction shortly after Vietnam and we survived that. I believe each of us will have to do more. As I said earlier, all of us. The junior troops will have to perform more functions and care for more patients. We, as the leaders, are going to have to work harder and smarter than we have ever done before. Looking at the quality and resourcefulness of the leaders in our Navy and the caliber and dedication of our troops, I truly believe that we can do this. Not only do it, but do it better than it has ever been done before. We can, and will do, more with less.

us, it's to help us plan the work we do better, and to improve it. But, it does take an effort and some significant time to change our way of thinking and working. The Commanding Officer will be announcing our TQL Goals and how the QMBs will be starting. Be excited and ready to help make the transition to the new approach to change -- TOTAL QUALITY LEADERSHIP!



VIEW  
FROM  
THE  
FIRST  
FLOOR

CAPT L. F. Raymond, MSC, USN

### Happy patients don't complain

The statement in this heading is not a cliché, not a colloquialism, but, is a truism. That statement should not really surprise any of us because complaints come from our patients' perceptions and perceptions may have no relationship to fact. Well, perhaps not -- but perception is, in fact, reality to the patient who may complain. Perceptions are built upon three things: information, experience or emotion. Using these three factors, whatever people perceive of us constitutes either support or criticism of us as a group.

We must look at ourselves -- "do our own housekeeping," so to speak. For if we do not, it will be done for us by our patients and the commands we support. A fundamental concept which all of us must understand is that when things go wrong, action must be taken. We either understand what went wrong and correct it or ignore the signs and let someone else document it for us. Thus the complaint.

While each of us can usually make a rational response for the first judgmental or system error, a second misadventure for the same cause invites what might be considered as the beginning of a "track record." There is a part of each of us that bristles when we are confronted with criticism. It is then that our "perception" takes over and blinds us to the reality that perhaps, just perhaps, we didn't do the right thing. Sometimes we act or react because we don't have the resources we need to do what is expected of us. Our patients, on the other hand, are not interested in the way it used to be. Our patients' concern is that when they

give their trust to "Navy Medicine," their trust is not betrayed by insensitivity, rudeness, inappropriate action or by plain inaction. I would hope all of us will eventually come to the realization that we truly have an awesome responsibility to ensure that those entrusted to our care will receive the best of which we are capable.

I am going to change the pace and give you ten ways to receive a complaint. It is, of course, done with tongue-in-cheek. But, you'll get the picture!

1. Don't greet patients courteously or warmly. Read the chart before saying hello.
2. Don't appear interested in patients. Avoid eye contact with them.
3. Don't listen. When the patients are talking, interrupt frequently.
4. Don't explain anything to patients. Use great amounts of medical terms or jargon.
5. Use body language that conveys "you don't care" and are not listening. Ask what's wrong numerous times.
6. Don't encourage patients to talk. Ask questions that require very limited response.
7. Disregard patient's need for specific information. If the patient asks a question, be hostile.



**"So OK, you picked up a few side effects from the medication. You don't have your headache anymore, do you?"**