

# PACIFIC PULSE

February 2015

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*Three officers meet at "Rocky Top", swear an oath, and wind up where America's day begins*

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**Physical Therapy:  
Keeping Members Ready**

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**Austin: More Than an OB/GYN**  
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# Pacific Pulse

Pacific Pulse  
Official Publication of U.S. Naval Hospital Guam  
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Pacific Pulse is a professional publication of U.S. Naval Hospital Guam. Its purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

## Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at [jennifer.zingalie@med.navy.mil](mailto:jennifer.zingalie@med.navy.mil) for deadline of present issue.

## Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)  
**NO BADGES**

## Subjects considered:

Feature articles (shipmates and civilians)  
Quality of Care  
R&D/Innovations  
Missions/Significant Events  
Community Outreach

# This Month:

Physical inactivity, unhealthy eating, and smoking increase the risk of heart disease and, for Sailors and Marines, can negatively impact their career and compromise mission readiness. Alarming, according to the 2013 Fleet and Marine Corps Health Risk Assessment, 24 percent of active duty Navy respondents and 32 percent of active duty Marine Corps respondents indicate smoking as a lifestyle habit, and 40 percent of both Navy and Marine Corps active duty respondents report consuming a diet of high fat foods. While heart disease is often viewed as something to worry about when you get older, an estimated six in 10 preventable heart disease and stroke deaths happen to people under age 65.3

Heart health can be improved at any age through healthy eating, active living, and a tobacco free lifestyle and it is critical to get Sailors and Marines on track with these healthy habits. See some of the helpful handouts in this edition of Pacific Pulse to be on your way to better heart health.

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# On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

# ICE

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# Commanding Officer Capt. Jeannie Comlish

## Readiness

### Hafa Adai Naval Hospital Guam Team!

I trust everyone had a happy holiday and is well settled into the new year 2015! I confess I finally took down my Christmas tree!

February 's focus is Heart Health, aptly assigned in the month we celebrate Valentine's Day, and as we observe hearts and symbols of love around us. The word love is often used to describe an extremely positive emotion. You may hear someone say, "I loved that new restaurant" or "You're going to love the diving here on Guam." Wouldn't it be great to consistently hear our patients say, "I love the care I receive at Naval Hospital Guam" or our staff say, "I love working here?" With our focus on becoming a High Reliability Organization, this is exactly what we are striving for. We want our patients to consistently say they love the care they receive, that each and every time they interact with our staff, in primary care, pharmacy, immunizations, dental, or specialty services,

they ALWAYS have a great experience. We want our staff to consistently say they love coming to work and that they would recommend to anyone considering orders, Naval Hospital Guam, THE BEST place to work in Navy Medicine. This issue of Pacific Pulse highlights several of our staff members and why they enjoy the work they do. Their stories and smiles say everything!

This month is also noteworthy for CSI- no, not the TV Show. It's our hospital's Cyber Security Inspection. The high tech world has created high tech hackers and we must be very diligent in protecting our patients' and our information. As a reminder, we never plug in unauthorized devices, such as iPods, Tablets, and USBs or "jump drives" and we certainly don't go to unauthorized websites. This is one case where "Big Brother is Watching" and we run scans which detect unauthorized activity. I am certain no one wants to open our hospital up to vulnerabilities which threaten our security and our patients' information.

Your leadership, represented by the Board of Directors, Chiefs, Civilians, and junior enlisted sailors will be conducting a strategic offsite later this month. We will take a look at last year's mission, vision, and goals, our alignment with Navy Medicine and the Department of Defense goals, and reevaluate our priorities. Absolutely integral to our success is our journey to becoming a High Reliability Organization. I've used those words a lot lately, but what do they mean? There are three key areas: *Leadership engagement or commitment, a culture of safety, and robust process improvement.* We're going to ask everyone to answer a survey on how we're doing in each of these. Please help us to identify our areas to improve as we roll out more on this subject.

Si Yu'us ma'ase' for the incredible dedication and achievements in 2014! I look forward to working together as we continue our successes in 2015. As always, it is an honor and blessing to serve with you!



# *Executive Officer* **Capt. Mike McGinnis** *Value*

**Shipmates, happy February!** 2015 is in full gear. I don't know about you, but I'm amazed how fast time is passing. I hope you all have had more success than I've had in developing your new year's resolutions. I think I'm still working on 2014.

In thinking about personal resolutions, our command is in a similar state of mind – reviewing our priorities and ensuring we have a road map for successful realization of goals that we've identified as command priorities. You can see the success we've enjoyed from actions started in 2014. We are currently in the top 3 in three of the five strategic priorities we identified last year. This impressive feat is the result your collective hard work and focus. By using our performance improvement tools, including 4DX, we've moved mountains and can proudly say that we are leaders in Navy Medicine!

For 2015 we look to sustain and build on our current successes. The Executive Steering Council, the Chief's mess, and select enlisted leaders will conduct a strategic offsite and evaluate our progress in the greater context of imperatives from our military and Navy Medicine leadership.

It's clear that several themes will become increasingly prominent this year. While we're committed to readiness, value and jointness, VALUE will be the yard stick in which Navy

Medicine is measured when it comes to highlighting our relevance to DoD, Health Affairs, and Congress. The Surgeon General defines value as (QUALITY x CAPABILITY) divided by COST. Navy Medicine and the Military Health System must demonstrate we bring value to the war fighter and to our beneficiaries.

Another mandate will be to ensure we're on course for becoming a high reliability organization (HRO). The CO and I discussed this during the command's holiday safety stand down and we'll continue to emphasize key themes of high reliability. Healthcare HROs are built upon three foundational strengths – *engaged leadership, a culture of patient safety, and continuous performance improvement.*

The great news is that you and your leadership have placed this command on course already, demonstrating high value care and high reliability. Let's collectively build on the success of this past year and maintain our focus on safe high quality (and high value) care. Stay engaged and continue to look for opportunities to improve our organization. Look out for each other to avoid potential mistakes. Collectively, Team USNH Guam has no limits in what we can achieve. I'm confident that together we'll continue to lead Navy Medicine on the journey of high reliability, and high value care.

Thanks for all that you do for our patients, our command, and Guam!



# Command Master Chief Robert Burton

## *Jointness*

### February is a short month before March and the Navy Wide Advancement Exams.

Navy Medicine has found that we have too many Corpsmen in year groups 2010, 2011 and 2012. So what does that mean?

The active duty Navy stands at over 320,000 people, which requires management by groups and numbers. Congress limits the Navy on how many Sailors can be on active duty. Each year the Navy attempts to make that exact number on 30 September, the end of the Fiscal year. This means that when a Sailor enters active duty is determined by the Fiscal year vice calendar year. So an HM who entered active duty in October 2009 is part of the over manned 2010 year group.

If a Sailor can't remain a Corpsman, they either must to convert to another rate, choose to join the SELRES (Reserves) or separate from the Navy. Conversion to another rate means "A" school or rate training, which requires they have an appropriate ASVAB score to qualify for that school. So how does the Navy use the results of the ASVAB score?

The ASVAB measures skills in certain areas in a timed format. The Navy then takes these scores and makes an educated deduction if a Sailor can learn quickly enough to keep pace with the associated technical school for a rating. The ASVAB measures mental ability to learn, which if you have been

out of school for a while, your skills may have suffered from atrophy. If you don't do math problems on a regular basis, basic math takes longer than when you did them regularly in high school. Most people take the ASVAB in or right out of high school. It is not uncommon for an ASVAB score to go down if you have not been practicing or going to school before you retake the ASVAB test.

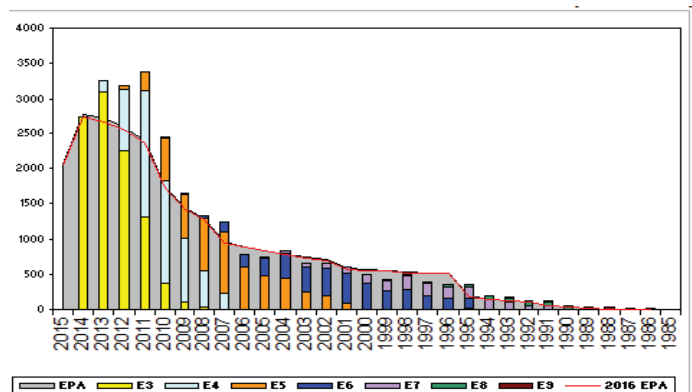
Last but not least, a Sailor must not only qualify for a new rates ASVAB score, but also color vision requirements, security clearance requirements and so on. The Sailor must also attempt to convert to another rate that is not over manned and, hopefully is undermanned. A Sailor may find their first choice for another rate they qualify for is not available due to being appropriately or over manned. The final decision comes down to how bad do you want to be a Sailor? Enough to work in a rate you had not previously considered? If the goal above all others is to remain a Sailor, then choosing a rate becomes a whole lot easier.

The economy and other factors make retention go up or down. The Navy expects some to get out of the rate in a variety of ways at

a general rate. The goal is make sure the number does not get to low or high as member progress towards 30 years, the maximum amount of time in service. Due to economy and other factors, we have too many Corpsmen to allow them all to stay and we will have to get some of them to either be Sailors in a different rate or become Veterans. The Navy has offered an early out option for these year groups. This should ease the problem, but may not completely fix the problem. As a result, C-way approval for reenlistments and extensions has dropped to perhaps 10% for Sailors in these year groups.

We don't know how long it will last and Navy leaders don't like telling Sailors who want to stay that they must convert or go home. However, if we don't do this, advancements will lock up and other negative effects will happen. We are hoping that the problem will clear up in the near future.

Information from the BUPERS Community Manager



# February Is American Heart Month: Are You at Risk for Heart Disease?

**D**uring the month of February, Americans see the human heart as the symbol of love. February is American Heart Month, a time to show yourself the love. Learn about your risks for heart disease and stroke and stay “heart healthy” for yourself and your loved ones.

Cardiovascular disease (CVD)—including heart disease, stroke, and high blood pressure—is the number 1 killer of women and men in the United States. It is a leading cause of disability, preventing Americans from working and enjoying family activities.<sup>1</sup> CVD costs the United States over \$300 billion each year, including the cost of health care services, medications, and lost productivity. Learn more by going to <http://www.thecommunityguide.org/cvd/>

## Plan for Prevention

Try out these strategies for better heart health. You'll be surprised how many of them can become lifelong habits!

### Work with your health care team.

Get a checkup at least once a year, even if you feel healthy.

**Take your medicine.** If you're taking medication to treat high blood pressure, high cholesterol, diabetes, or another condition, follow the instructions carefully.

Ask when you don't understand

### Monitor your blood pressure.

High blood pressure often has no symptoms, so be sure to have it checked regularly.

### Don't smoke.

Cigarette smoking greatly increases your risk for CVD. Your health care team can suggest ways to help you quit.

**Maintain a healthy weight.** Being overweight or obese can increase your risk for CVD. **Eat a healthy diet.** Limit sodium to lower blood pressure.

Eat plenty of fresh fruits and veggies—adults should have at least 5 servings/day.

Eat foods low in saturated and trans fat, and cholesterol and high in fiber.

### Get your cholesterol checked.

Do so once every 5 years. Talk with your health care professional about this simple blood test.

### Manage your diabetes.

If you have diabetes, monitor your blood sugar levels closely, and talk with your health care team about treatment options.

### Exercise regularly.

Physical activity can help you maintain a healthy weight and lower cholesterol and blood pressure. The Surgeon General recommends adults engage in moderate-intensity activity for at least 150 minutes per week.

### Limit alcohol use.

Too much alcohol can increase blood pressure. Men should stick to no more than two drinks per day, and women no more than one.

# Spotlight:

## HM2 Pederson

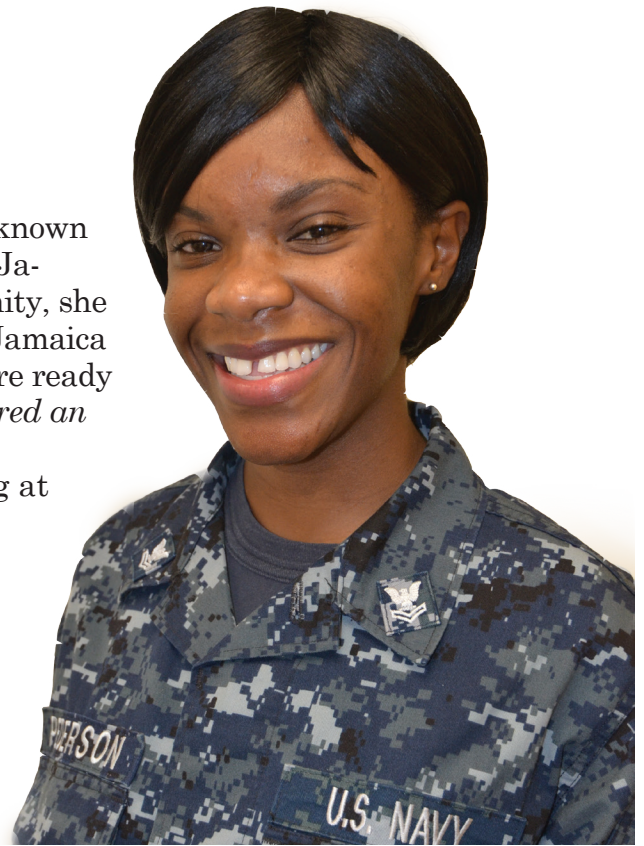
Hospital Corpsman 2<sup>nd</sup> Class Shauna Gay-Pederson has known her share of challenges. At the age of 18 she moved from Jamaica to the US and although excited about the opportunity, she quickly realized it a lot harder than she anticipated. “In Jamaica you are allowed to stay in your parents’ home until you are ready to leave. In the states it’s like, ‘*you are 18 you are considered an adult you need to act like an adult,*” she said.

At first it was culture shock, finding a job and looking at schools was overwhelming. She had previously started college in Jamaica but felt she had to start over in the states. This was because in Jamaica she was perusing a degree in Mass Communication, but when she tried to enroll in a similar program in America, she was told having a gap in her teeth could make that particular field challenging for her. Feeling discouraged she began to look at other options.

Finally, with the encouragement of her father she decided to pursue a nursing degree. Yet the challenges of working, schoolwork and trying to pay the bills quickly became a struggle for Pederson. “I had taken out one loan, but I did not want to be in debt. I soon learned that the Navy provided education and training so I went to talk to the recruiter,” she said. The recruiter explained different options available to her but it was the job of ‘Corpsman’ that sounded the most appealing.

Once inside the Navy Pederson has had the opportunity to work in different wards and clinics. Currently, she works in the administrative department at U.S. Naval Hospital (USNH) Guam. “I prefer patient care,” she said. “But no matter what job you give me I will do my best.” Her job entails checking in members new to the command, and checking out members transferring from the command. “I am the first face people see when they arrive. I know it can be a long process. Some are just off the plane and they haven’t had much time to get around so I try to take the time to teach them about the island,” she said.

For those checking out she also works hard to make that transition as smooth as possible. “When I was told I was going to be working in admin I decided I wanted to make it a simple process, moving is overwhelming enough,” she



said. “At one time most of the documents were just given to the member to sort through and complete on their own. At my last command I remember this happened to me and it was so overwhelming. I feel like no one should ever have to go through that,” she explained. According to Pederson when members receive their paper work she requires them to go through it, make sure everything is correct, and then sign.

“I look at admin as a people issue. I treat people how I want to be treated and try to be patient and if I can provide some of the leg work for them I do,” she said. Pederson feels her work ethic comes from her mother who raised her and her siblings as a single parent. “My mom raised me to always do my best no matter what the situation is,” she said.

She also encourages her peers, when they are doing their jobs, to consider the outcome and to remember they never know where they will end up or who they may come across again. “You never know what the situation might be. Many times the small things we are put in charge of are often those things setting us up

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## IT'S A SMALL WORLD AFTER ALL

*In life, decisions can lead people down many paths. For three Naval Officers, their life decisions, lead them down different paths but ultimately towards the same place—three times. The first place was the University of Tennessee's Health Science Center (UTHSC) College of Nursing, the second was the U.S. Navy, and the third, a tiny island in the middle of the Pacific Ocean called Guam. In a candid interview, Lt. Stacie Groves, Division Officer for U.S. Naval Hospital Guam's Mother Baby Unit (MBU), Lt. Caitlin Workman, a bedside nurse in the Intensive Care Unit (ICU), and Lt. Sean Hutchison, ICU Division Officer discuss how they ended up where they are and where else military medicine might be leading them.*

### **What lead you to the UTHSC?**

**Workman:** I started my schooling for nursing in Ohio (Franciscan University of Steubenville) and then I spent two years, on what I like to call my life's hiatus, just taking classes and doing other things. Eventually I moved to TN

and applied to their nursing program. I liked it because they offered a 16 month, accelerated program, either you came in with a previous degree, or you came in with X amount of credits and you graduated with a Bachelors.

*Continued on next page*



## *Small World Continued from*

**Groves:** I was already living in Memphis, because I had completed another undergraduate program there. I had a really great restaurant job with flexible hours. For a college student, I made good money and got to eat filet mignon every night. One day, I was waiting on the Dean of the UT program and I mentioned I was thinking about going to nursing school. She encouraged me to look into UT, so I looked online—everything looked great so I applied and got accepted.

**Hutchison:** I was in my pre-medicine degree at Oregon State University but wasn't set on going to medical school. I graduate in 2006 with a Bachelors of Science and then I did a lot of soul searching. I decided I wanted to go into anesthesia but I was not sure if I wanted to do so as a medical doctor or a Certified Registered Nurse Anesthetist (CRNA). I did a query on the internet, and I thought UT sounded awesome so I went into their second degree program and graduated 2008.

### **What caused you to be interested in joining the Navy?**

**Workman:** I had always wanted to be in the Navy in fact I actually applied to the Naval Academy right around Sept 11<sup>th</sup> 2001. After the event, I decided if something like that ever happened again I wanted to be able to help people in a different way. I wanted to be a nurse—so I pulled my application to the Naval Academy. But while I was in nursing school, as I got closer to getting my degree I called the recruiter and told him I wanted to join. I also worked for a year as a civilian nurse before being commissioned.

**Groves:** I met Caitlyn (Workman) at UT and we quickly became close friends. It's funny because my dad kept telling me to talk to the Navy recruiter but I was always hesitant. Once I found out Caitlyn was going to talk to a recruiter I asked if I could tag along. The recruiter took us both to Portsmouth Medical Center in VA to see what a military hospital is like and what Navy nursing is like. I highly recom-



mend all recruiters use that tactic [*laughing*]—we had a good time.

**Hutchison:** There was a Medical Officer recruiter, a retired Chief Hospital Corpsman (then active duty, now retired), who came and spoke to our class about medical options inside the military. I actually come from a family with grandparents in both the Army and Air Force so it sounded good to me. He talked about the different programs and the opportunity to serve your country, and things like deploying with the Marines. I felt like I should give it a shot--it sounded like a good experience. I swore into oath the day I graduated in 2008.

*(All three of the officers came into the Navy through the Navy's Direct Accession Program. In this program candidates will already have their nursing degree and will receive a commission as a Navy Ensign upon graduation. They must also attend a five-week Navy indoctrination course at the Officer Development School (ODS) located in Newport, Rhode Island prior to reporting to their first duty assignment.)*

### **How did you come to be stationed in Guam?**

**Workman:** I was looking for an ICU with a high acuity (level of severity of an illness). Most of our naval hospitals don't take high acuity patients because, in most locations,

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there are civilian hospitals that care for these patients. However, my detailer told me USNH Guam, which is one of two hospitals on the island, accepts direct trauma from the community, on our end of the island. Because of this, the hospital can treat all the more complex patients and in turn provides experience to staff. That was something I was looking for, from variety of patients to procedures and diagnosis here you might not see at other Naval Hospital's.

**Groves:** My husband is also active duty and when he spoke to his specialty leader, he was offered Guam. We both wanted to be stationed overseas, so I called my detailer right away. She said there was a need for Labor and Delivery nurse, so here I am. I was very excited to be able to go overseas and stay in the field I wanted.

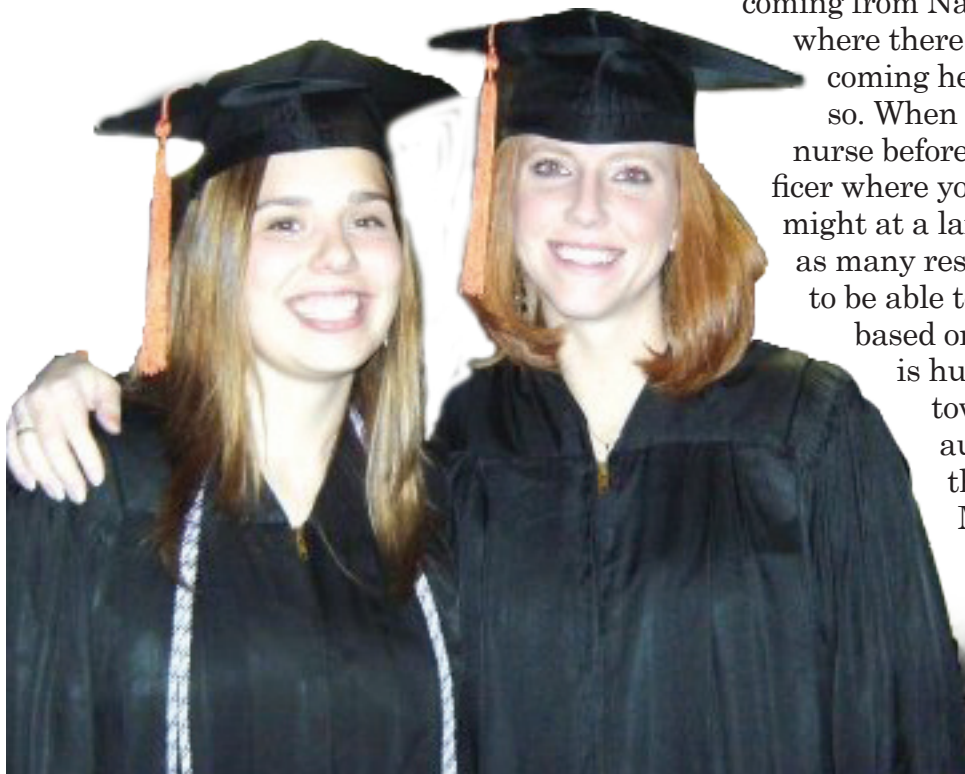
**Hutchison:** Like Workman, when I was looking at orders I was looking for a command with a high acuity ICU to help me generate more experience for my Duty Under Instruction (DUINS) application for nurse anesthesia. My detailer informed me Guam had one of the highest acuity ICUs.

**What unique experiences have you gained from being stationed in Guam?**

**Workman:** Because Guam is a smaller command, it has provided me the opportunity to focus on the things I need to strengthen because there is a vast opportunity regarding clinical experience and dealing with complex patients. I got a AEROVAC (Aeromedical Evacuation) my first week here during the holidays. I wasn't oriented to the floor yet, but I know how to take care of a patient and I was able to be available over the holidays.

**Groves:** I have gotten a lot from Guam. The Mother Baby Unit is a combined unit; we are Labor and Delivery, postpartum, and nursery—it has broadened my horizons and introduced me to other clinical skills. I learn something new every day from the labor stand point. Here, very rarely do people ask for an epidural; they want to go natural. My experiences here actually inspired me to go natural for my own delivery. I have also seen a lot from the neonatal side, where we can't just call a NICU (Neonatal Intensive Care Unit) nurse and ask for help. We always have to be prepared for what comes along. Now as the Division Officer, I have the opportunity to learn about myself, my leadership style and how to supervise people while helping them obtain their goals.

**Hutchison:** I have had a great experience here coming from Naval Medical Center San Diego, where there is a sick patient population, but coming here the patient population is more so. When I first came here I was a bedside nurse before taking over as the Division Officer where you have more autonomy than you might at a larger command. Here there is not as many residents and providers so you have to be able to make more clinical decisions based on your own judgment. For me this is huge in bridging the gap working towards becoming a CRNA where autonomy is required. I also had the opportunity to deploy with the Marines (back in 2013).



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*Small World Continued from page 10*

**Why would you encourage/challenge others to pursue Navy Nursing?**

**Workman:** I absolutely love Navy Nursing! I am passionate about it. As a nurse in Navy Medicine you are always teaching. We work with Corpsman so those are our guys and girls that will be forward deployed, taking care of our Soldiers and Sailors. Teaching solidifies your own skills and you are learning continuously. In the past 6 years I have had so many opportunities from Pediatrics, hospital ship, ambulatory care, treatment room, to IV conscious sedation, clinical nurse specialist, and bedside ICU nurse. Navy nursing expects you to take what you know and continuously grow and excel.

**Groves:** The Navy also gives you the tools to excel. It provides you with a ton of education and opportunity, from your basic to more advanced courses (when available).The oppor-

tunity to do those things on the Navy's dime inspires a lot of people to continue their education. People ask if the Navy is going to make me go to specific places or do specific things, and yes, the Navy does expect that of you. But they also ask for your input, and if they can provide you with the opportunity you want, they will try to get you there.

**Hutchison:** Navy nursing is an excellent opportunity. You can get continuing education or an advanced degree in the future and you get to travel the world. So many people are content staying home but there are just so many places in the world to live- it is just amazing! If you join the Navy, you have to be willing to be flexible and try new things.

**What other career goals have you pursued/ or are you pursuing?**

**Workman:** I recently completed my Masters

*Continued on page 20*

- Are you, or have you been, in the Armed Forces of the United States of America?
- Have you ever worked for a female?
- Has a female ever worked for you?
- Have you ever had female coworkers?
- Are you a female?

If you checked any of the boxes above, the 2015 Guam Joint Military Women's Leadership Symposium is for you!

**2015**

## **Guam Joint Military Women's Leadership Symposium**

### **One Uniform, Two Perspectives: The Female Insight on Military Success**

This symposium serves as the only training event on Guam dedicated to providing our service members professional development through networking, education, and mentorship from all five branches of the Armed Forces.

**Cost of Lunch: \$30**



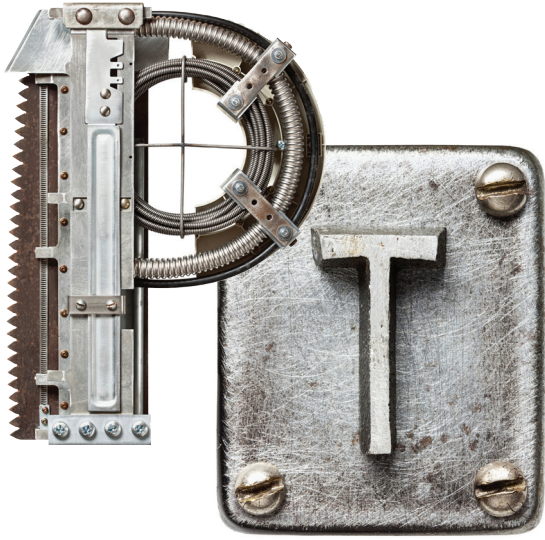
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# PHYSICAL THERAPY

Keeping any machine running at optimal performance requires ongoing maintenance. The human body is no different. Often times the body has been injured severely or to the point that it requires rehabilitation to work properly. This is where Physical Therapy (PT) steps in. PT focuses on restoring and optimizing human functional mobility.

According to Lt. David Groves, a Physical Therapist who works at U.S. Naval Hospital (USNH) Guam, the job of the PT is to help restore function or movement, where that ability had been lost, regardless of the joint or region. As a military PT, Groves understands that loss of mobility in his patients not only hinders their readiness or ability to perform their job, but overall, it affects the military mission as well. But how serious is it?

Injuries are currently the leading health problem for the US Military, resulting in over 1.8 million medical encounters among more than 800,000 service members annually (US-AMSA 2006). According to one source, nonbattle injuries (NBIs) have become a major cause



**(top)** Hospital Corpsman 2nd Class Matthew Brown, a Physical Therapy Technician, provides a guided therapy session with a patient that includes a weighted core stabilization exercise. **(next page, bottom right)** Hospitalman Adrian Noceda, a Physical Therapy Technician, places electrical stimulation pads on a patient's quadriceps in order to perform what is known as Russian Stimulation which helps to strengthen a muscle which has atrophied (decline).

of morbidity and mortality during combat operations. Whereas infectious disease was the leading cause of nonbattle hospitalizations in World Wars I and II and the Korean War (Hauret et al / Am J Prev Med 2010;38(1S):S94-S107 S95).

“As a PT in the military you get to work with tactical warfare athletes. All of these people are functioning at a high level and you have to

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## *PT Continued from page 12*

help return them to that high level, which is often one of the most challenging things to do,” said Groves. “Here in Guam, in our outpatient setting, we typically see injuries from sports or work related trauma, or specific injuries such as a stabilized fractures, torn muscle, tendons, ligaments, and overtraining injuries.”

In order to maintain this high level of functionality and readiness, members must care for themselves. Maintaining optimal health which is a result of physical exercise and balanced nutrition is the ideal way to do this. Although many military members do so injuries may still occur. When this happens recognizing there may be an injury early on and getting help for it is important.

If basic remedies, such as rest, ice, compression, elevation, do not work for an injury, the members should see their Primary Care Manager (PCM) or consult a Physical Therapist. “We will evaluate you to see if there is something structurally wrong that is impairing the improvement—we would evaluate the total extent of the injury and then develop a plan,” explained Groves

According to Groves, working inside a hospital provides him a great advantage. When a plan is developed he and his team are able to stay connected to the members PCM, sharing with them the patient’s diagnosis and care plan. If the evaluation proves that rehabilitation is not the best route for the member to take, Groves and his team will help establish additional diagnostic appointments for the member with their PCM or other appropriate physicians such as the Orthopedist. If the member requires continued medication use, Groves would refer them back to their PCM for medicinal prescription and management.

According to Groves, the best way to support his patients is not to just focus on the big picture goal, military readiness, but to focus on the patient centered goal. “Two people may perform the same job, but one person’s goal may be different from someone else’s. For example one person may want to simply get back to riding their bike and another may want to go hike a mountain. Our job really entails

finding out the patient’s functional goals and trying to get them back to those so they can participate and function fully in society,” he said.

USNH Guam PT Department also provides inpatient therapy services for people that may have suffered such things as a stroke, or traumatic brain injury. “We see people who have lost function on their upper or lower extremities, they can’t do simple things like roll over, and they can’t do any of the activities of daily living. But as their medical management helps them improve, rehab is there to guide them into their functional recovery whatever that may be,” said Groves.

Although this is true, he also said not every injury or disorder can expect full recovery. If this is so, he explained the rehabilitation team helps guide the patient towards adaptation. “You work around whatever that person’s limitations are to still provide them the oppor-

*Continued on page 14*





**(top left)** Hospitalman Ashton Anthony, a Physical Therapy Technician, performs scar massage and finger mobilization on a patient in the Physical Therapy Clinic. **(bottom right)** Hospital Corpsman 2nd Class Dominique Lemons, a Physical Therapy Technician assists a patient in the performing of the knee extension stabilization exercise during inclined squats with the Shuttle MVP leg press machine.

***PT Continued from page 13***

tunity to live independently as much as possible. We help them adapt to their situation, their environment, and their home needs,” he said. Some patients with extensive injuries will further go on to require in home services, something that is offered separately from the hospital.

“Sometimes we are the coach,” said Groves. “Sometimes a person doesn’t acknowledge they can push past their present limitations. But knowing the medical history behind their limitation helps us to get them past it safely, and that is a key portion of what rehab is.”

Those who receive regular treatment services within the hospital are usually seen by a PT Technician. These technicians will help patients carry out the Physical Therapist directed plan of care. Plans are prescribed by the PT and can be as simple as independent exercises done at home to more skilled and guided hands on care within the clinic. Groves also provides onsite evaluations for the Special Warfare Units as well as tenant commands who may

request it.

Although Groves is passionate about what he does, he stresses the importance of injury prevention from good conditioning related to sound nutrition and exercise. Yet even for those who maintain high levels of fitness he understands the demands of military life, from physical activity, to on the job requirements may still cause injury. This in turn may result in loss of training and decreased military readiness.

“When you get someone who has an injury, it can be difficult to return them back to a very high level of performance,” explained Groves. “That is what we do.” Although, PT supports the warfighter and the military mission, it also supports injured family members and the aims to meet the specific needs of each individual. “The reward-

ing part of being in the medical field, and specifically the rehab profession, is the fact you are helping people and getting them back to doing the things they love.”



# GET THE FACTS:

## Sodium Reduction Tips

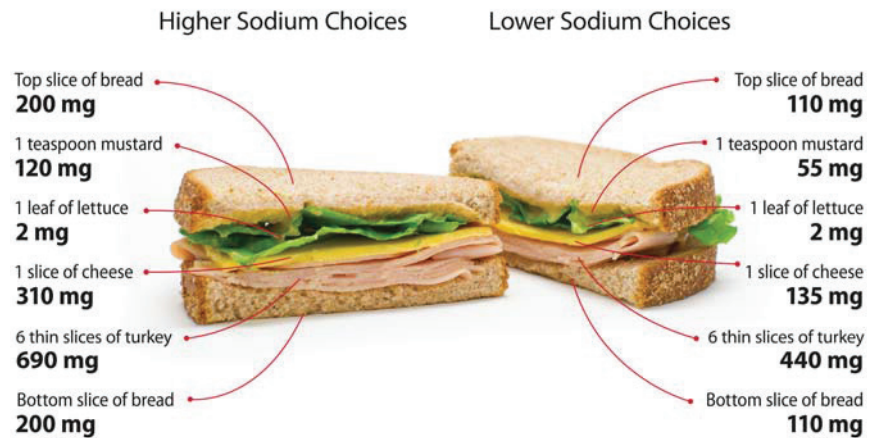


### Tips for Reducing Sodium

- Buy fresh, frozen (no sauce), or no-salt-added canned vegetables.
- Use fresh poultry,\* fish, pork,\* and lean meat, rather than canned or processed meats.
- When available, buy low-sodium, lower-sodium, reduced-sodium, or no-salt-added versions of products.
- Limit sauces, mixes, and “instant” products, including flavored rice and ready-made pasta.
- Compare Nutrition Facts labels on food packages for percent Daily Value or amount of sodium in milligrams.

\* Check to see if saline or salt solution has been added—if so, choose another brand.

### Choose wisely—sodium content can vary within food categories



**Total = 1,522 mg**  
per whole sandwich

**Total = 852 mg**  
per whole sandwich

### Which of These Sauces Is Lower in Sodium?

Nutrition Facts		Nutrition Facts	
Amount/serving	%DV*	Amount/Serving	% DV*
Total Fat 1.5g	2%	Total Fat 8g	12%
Sodium 360mg	15%	Total Carb. 10g	2%
Sat. Fat 0g	0%	Sat. Fat 1g	5%
Potassium 390mg	11%	Fiber 2g	4%
Trans Fat 0g	0%	Total Carb. 13g	4%
Polyunsat. Fat 0.5g	1%	Fiber 3g	12%
Monounsat. Fat 1g	2%	Sugars 10g	20%
Cholest. 0mg	0%	Cholest. 0mg	0%
Protein 2g	4%	Protein 1g	2%

\*Percent Daily Values (DV) are based on a 2,000 calorie diet.

The majority of sodium in our diets is from packaged food and is a direct result of food processing. Even foods that may not taste salty can be substantial sources of sodium.

**Check the amount of sodium per serving, and don't forget to check the number of servings per container!**

Remember, the 2010 Dietary Guidelines for Americans recommend that Americans aged 2 and up reduce sodium intake to less than 2,300 milligrams (mg) per day. People 51 and older and those of any age who are African Americans or who have high blood pressure, diabetes, or chronic kidney disease—about half the U.S. population and the majority of adults—should reduce sodium intake to 1,500 mg per day. [Learn more at www.cdc.gov/salt](http://www.cdc.gov/salt).

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) • Web: [www.cdc.gov](http://www.cdc.gov)

Publication date: 08/2011

# More Than an OB/GYN

Not all heroes wear a cape. Some might agree that every day heroes include military, police officers, first line responders, doctors and nurses. Cmdr. Katherine Austin is an Obstetrician and Gynecologist (OB/GYN) who works at U.S. Naval Hospital Guam, and although she doesn't consider herself a hero, there are some people in her life who do.

When Austin was only in middle school she knew the medical field was where she wanted to be. The "odd" kid, as she calls herself, who loved to dissect worms, would eventually match her love for children and science. Although, it wouldn't be until her third and fourth year in medical school, when she began her clinical rotations, that she would discover being an OB/GYN is what she wanted to do. This is because the specialty offers her the ability to work directly with patients as well as perform hands on procedures and surgeries.

"I get the best of both worlds. I get to deal with moms and follow them through their pregnancy-- and then I get to help them bring their babies into the world," said Austin.



She also said serving in the military was a "no brainer" as she considers herself being "born into the Navy." Although she initially began college in a bio-medical engineering degree, it was her father, who served 38 years on active duty, as a line officer and a submariner that suggested she consider entering the military. When she made the decision to apply for medical school, she not only applied to civilian schools but also to the Uniformed Services University of the Health Sciences (USUHS) to which she was later accepted.

Those who enter USUHS are commissioned before they enter the medical program at the school. The education provided to them is the same as traditional medical school but students are also trained and prepared to directly support the Military Health System, the National Security and National Defense Strategies of the United States and the readiness of the American Armed Forces. Typically, the education is paid for but students will need to obligate time served back to their respective branch. Prior to beginning USUHS, during officer leadership training, she met her future husband--who was in a different commissioning program. They later married during her fourth year of medical school and his internship as a Pediatrician.

Austin feels, because of her personal experiences, she is not only a physician to her patients, but can relate to them as a de-

*Continued on next page*



## *Austin Continued from page 16*

pendent, an active duty member, and a spouse. In fact, during one of her own pregnancies, her husband was deployed to Iraq and she had concerns he might not make it back for the delivery. During that time, with extended family far away, she had to develop a strong support system amongst other spouses and her peers.

Eventually, after their first child was born, and after serving his four-year obligation, her husband decided to separate from the Navy and become her full-time support system following Austin wherever her career took her. He has been able to continue his career as a civilian pediatrician in many of those places as well whether as a contractor with the Navy or civilian staff in the community such as here in Guam.

Austin believes her military career has been very fulfilling, “being a military OB/GYN allows me to practice within the full scope of the field,” she said. In the civilian sector, in OB/GYN offices, often there are specific specialists such as a general obstetrician, general gynecologist or fertility specialist to name a few—but Austin, and her peers, are able to use all of their skills doing a little bit of everything.

Also, most military OB/GYN’s are located inside of a hospital. “Working in the hospital we get the opportunity to work closely with the other specialties. For example, we have developed excellent working relationships with our Family Medicine colleagues,” she said. “There is a lot of communication that happens behind the scenes. Our Primary Care Managers (PCM) for all of our Medical Home Ports have us as a resource, and consult with us often, and vice versa. We also have resources we can consult with such as specialists on Guam and off the island.”

Within the hospital, Austin is also the Director of Surgical Services. On top of her OB/GYN clinic time, she has many other duties and a day can be very busy for her. From morning meetings, to staff huddles known as Team Stepps, to being on call, inpatient care, Emergency Room admissions, surgeries, and paperwork, balancing it all can be a challenge.

In Guam, Austin said she also sees a variety

of patients including complicated pregnancies. Although military life contains a lot of coming and going, OB/GYN’s are able to establish relationships with many of their patients. And although, unlike larger Medical Treatment Facilities (MTF) where there are larger case loads of surgeries, Austin said she and her peers see enough to keep their skills up to par. Types of surgeries she might perform include C-sections, hysterectomy, and laparoscopies to name a few.

“My favorite aspect of my job is delivering babies. I really enjoy that,” she said. “If only we could get them to come during regular working hours,” she said jokingly. However, although she said the majority of OB/GYN visits are happy there are occasions when circumstances aren’t so happy. “Especially in obstetrics, there can be devastating times—but we get to work with our patients and be there for them at those times too.”

According to Austin, being there for her patients and her family, although it can make life challenging also makes what she does so worth it. “It makes us (medical staff) feel good--when we are able to help somebody. I think that is why many of us got into medicine in the first place, to make a difference and help people I think that is why many of us do what we do,” she said.

Although she has accomplished so much professionally, Austin said there are times she still feels guilty as a mother. “I try not to compare myself against other moms. I try to do those little things, like tuck them in at night or even if they are already in bed, to go in and give them a kiss,” she said. “My husband is a big support. Currently, he is working part time here in Guam so he does a lot of the morning routine with our girls and transports them to their after school activities.”

Yet, even though the demands of life can be overwhelming at times, she said what keeps her going is not only knowing she is making a difference in the lives of others but knowing that her children are watching her, love and admire her. “They tell me I am the best mom in the world,” she said. And perhaps the most telling piece of evidence of how they feel is a picture collage made by her daughter, hanging in her office that reads, “Hero.”

# Guam Food S



The Preventive Medicine Department (Prev Med) of U.S. Naval Hospital (USNH) Guam was busy in 2014. In addition to vaccinating active duty Navy personnel for influenza, teaching a record number of food safety courses and building a strong relationship with the Army Veterinarian Technicians; they rolled out a new military-wide food code.

The new food code aptly named, The Tri-Service Food Code (TSFC), is now the reference document for the Navy, Army and Air Force. This not only involved training themselves of the new requirements and forms, but it also included training all of the food establishment employees on-base and updating those who are food certified in the new policies and procedures. As one could imagine, this was a very labor intensive, not to mention, confusing process.

Because of this, Prev Med, along with the Army Vet Techs, decided to create a forum where all food establishments that fall under their jurisdictions could meet and discuss food-related issues. This forum is called the Guam Food Safety Coalition (GFSC).

The GFSC meets quarterly to address any concerns that Prev Med and the Army may have with on-base food establishments and vice versa. The inaugural meeting held in October 2014, discussed the changes that would be implemented per the new TSFC along with the new requirements that would be “debatable” on their inspections. There was confusion as to what the Army does and what Prev Med does in food facilities, so each entity presented on their respective roles as it pertains to the base. This also allowed the Food Managers and Employees to ask questions. Attendance of the Air Force, the directors of Morale Welfare and Recreation (MWR), and Navy Exchange (NEX) along with at least one representative from each food establishment on-base, made for a successful and productive meeting that has contributed to the seamless transfer from the old food code to the new TSFC and increased relations between food establishments, Prev Med and Army.

The second meeting held at the beginning of 2015 discussed the progress of the TSFC implementation. Prev Med and the Army wanted to find out how the execution was going and what issues the food establishments were running into. The feedback was positive from both the food managers and the regulatory authorities. Prev Med’s Hospital Corpsman 3rd Class Andrew Sanchez reported on some statistics from

*Continued on next page*

# afety Coalition

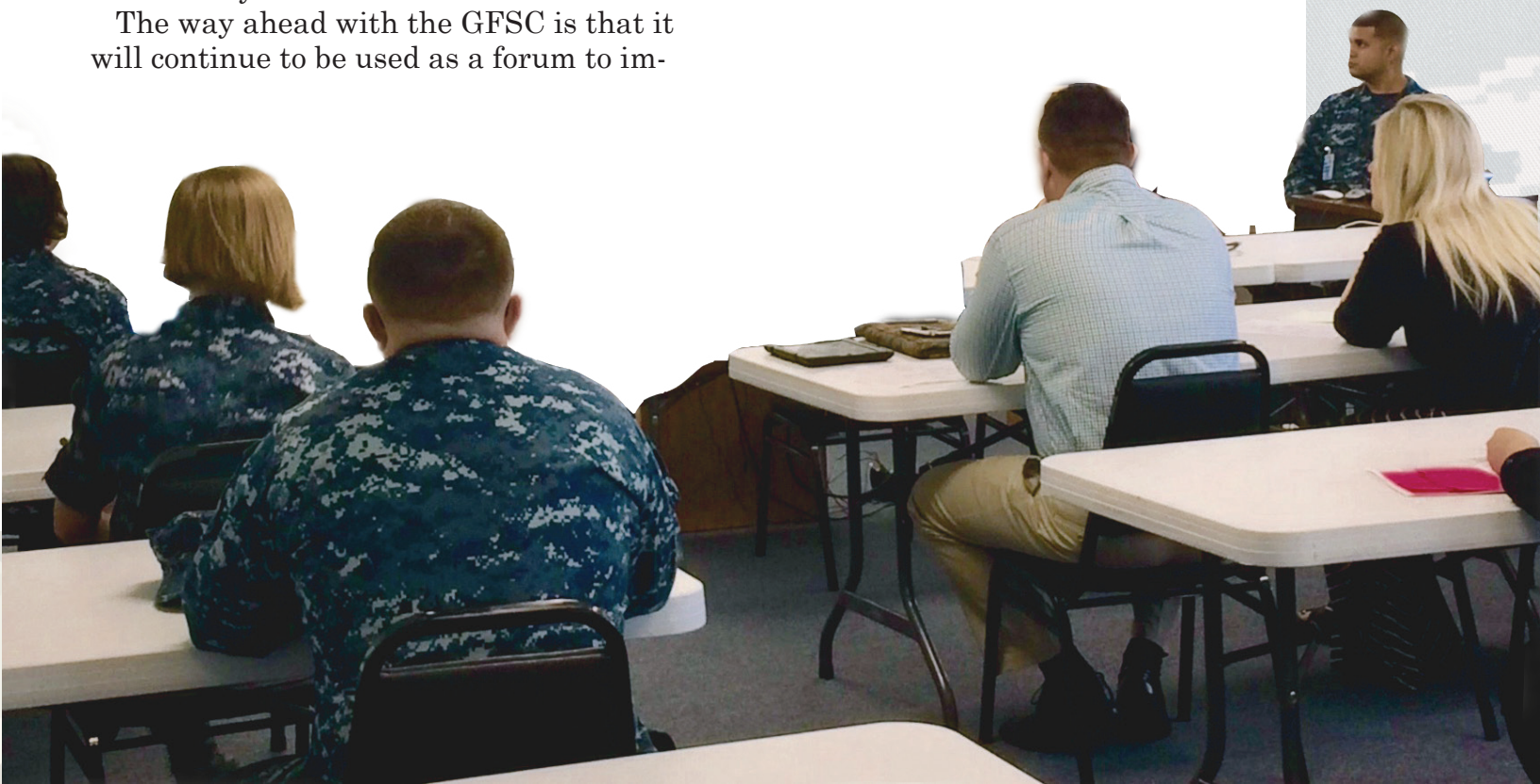
*Continued from page 16*

inspections, such as, the top three most frequent “hits” from last quarter and helpful tools that the facilities could use to remedy them.

The Army spoke to their Approved Sources process. Sergeant First Class Andy Carlson walked the attendees through their website and the procedure of getting a source added to the list. Recognition was given to the food establishment that had the biggest transformation (who saw the most improvement during inspections throughout the quarter), and the food establishment with the least amount of discrepancies on inspections throughout the quarter. These facilities received a certificate that they can choose to display at their facility. Of course, there was a question and answer period where Food Managers could have the floor to voice any concerns.

The way ahead with the GFSC is that it will continue to be used as a forum to im-

prove relationships, educate food establishments and keep everyone current on the most up-to-date food safety issues. Future goals would be to increase attendance and expand membership to include organizations that have food certified members and conduct food sales as fund raising, the Staff Judge Advocate and other policy makers and maybe even the base leadership to increase compliance and awareness of food safety base-wide. Continuity of operations is crucial as military personnel rotate in and out. This gathering has proven to be effective and essential in emphasizing food safety, thereby, increasing force health protection for Naval Base Guam.



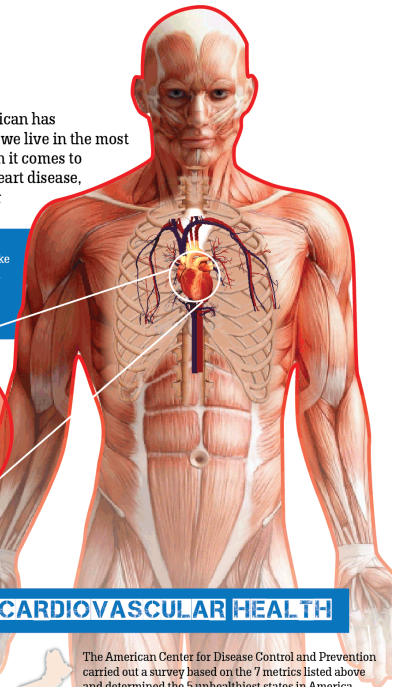
# CARDIOVASCULAR HEALTH

The cardiovascular health of the average American has deteriorated dramatically. Despite the fact that we live in the most advanced period of our history, especially when it comes to medical science, there is a higher instance of heart disease, strokes, heart attacks, and other cardiovascular issues than ever before

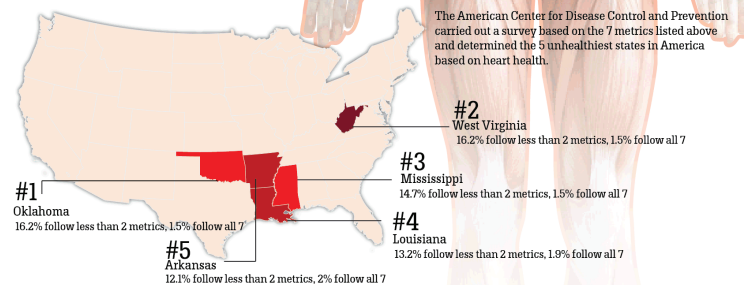
From 1971 to 2004, the average caloric intake of the American male increased by 10%, while the average female's caloric intake increased by a whopping 22%! Add in the greater consumption of processed food, lower intake of vitamins and minerals, plus decreased level of exercise; it is obvious why 67% of adults and over 30% of children are either obese or overweight.

## 7 CARDIOVASCULAR HEALTH FACTORS

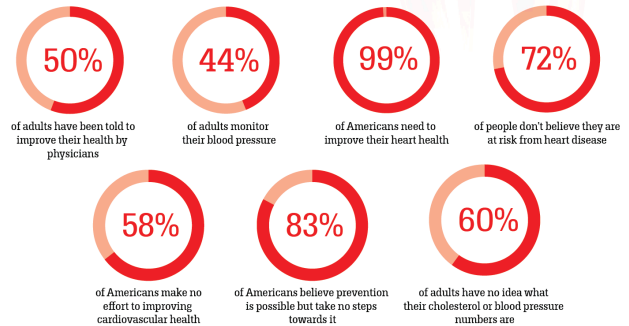
- 1 Smoking
- 2 Weight
- 3 Physical activity
- 4 Diet
- 5 Cholesterol
- 6 Fasting glucose levels
- 7 Blood pressure



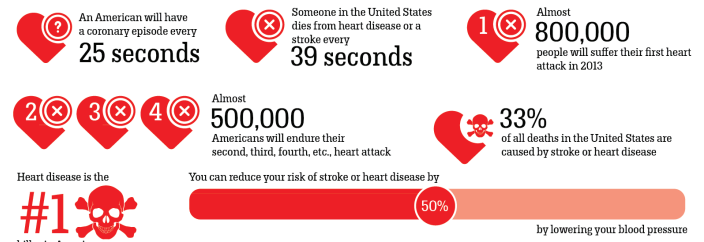
## TOP 5 WORST STATES FOR CARDIOVASCULAR HEALTH



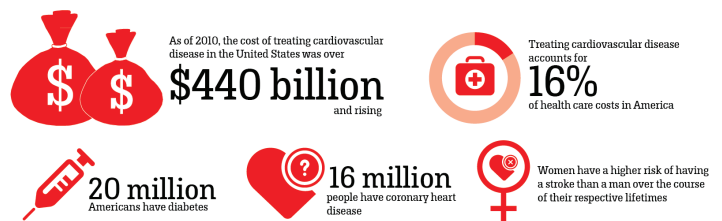
## 7 STARTLING STATISTICS ON LACK OF PREVENTION



## ESSENTIAL FACTS ABOUT CARDIOVASCULAR HEALTH



## COUNTING THE COST



To reduce the risk of cardiovascular disease, you should exercise at least

**150 minutes per week**

This can be split into five 30-minute sessions and one should work their way up to this figure

Cycling or brisk walking counts towards your allowance, so forego television for a short time each week, your heart will thank you!

## Small World Continued from page 11

from the University of Cincinnati as a Clinical Nurse Specialist in Critical Care. Looking back, UT is a great nursing school they really pushed professionalism and I think that coincides with Navy nursing--because as a Navy Nurse you are expected to take on leadership and continue your education.

**Groves:** The paths that you can take in Navy medicine, whether clinical or executive, require higher education. I am looking into a DUINS Program (the opportunity to attend school on a full time basis at no personal cost while maintaining full benefits) for either Clinical Nurse Specialist in Perinatal/Women's Health or Nurse Midwifery. I also believe one of the nice things about UT was that they prepared us to want to get to the next level, just as the Navy does.

**Hutchison:** I start working on my Doctor of Nursing Practice (DNP) with a specialization in nurse anesthesia this May. I was selected for DUINS and will be studying at the Uniformed Services University of the Health Sciences in Bethesda Maryland. It is a 36 month program so I will not graduate until May of 2018. Like the girls mentioned, UT did a really good job setting the course for us. Just looking at myself, currently being in a leadership position, running a high acuity ICU, is a testament to how they prepared us for whatever we'd take on and what would be expected of us.

## Pederson continued from page 7

charge of are often those things setting us up for the greater things in life. Try to do things right the first time so you don't make more work for yourself and leave a clean slate no matter where you go—give it your all so at the end of the day you can say 'I gave it my best,' and only the best is good enough."

Pederson has seen that the fruit of her labor has not gone unnoticed. She will soon be deploying to Afghanistan and has been told by many of her peers she will be greatly missed. "It feels good when people say 'Thanks for your help' or 'I don't know what I am going to do without you,'" She said. "To know others recognize my hard work, really encourages me to want to continue to do a good job and to improve—there is always room for improvement."

LOVE YOUR HEART



HELP YOUR BRAIN™

## New Research: Eating more fruits & vegetables may lower world's stroke risk<sup>1</sup>

### 1. Eat 4-5 servings

The average adult should eat



**4-5 SERVINGS**

of both fruits and vegetables per day based on a 2,000-calorie diet.



### 2. Get important nutrients

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### 3. Improve health

Increased fruit and vegetable consumption may **decrease stroke risk** by lowering blood pressure and improving small vessel function.



### 4. Prevent stroke



Boosting fruit and vegetable consumption worldwide may **reduce the global impact of stroke**.

Learn more at [StrokeAssociation.org/prevent](http://StrokeAssociation.org/prevent)



Together to End Stroke™

<sup>1</sup> Fruits and Vegetables Consumption and Risk of Stroke: A Meta-Analysis of Prospective Cohort Studies, American Heart Association's Journal Stroke – Yan Qu, May 2014

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