USNH Yokosuka hosts Perinatal Care Conference

Story and photo by MC2 Josh Curtis, USNH Yokosuka Public Affairs

United States Naval Hospital (USNH) Yokosuka hosted its seventh annual Perinatal Care Conference at the Admiral Arleigh A. Burke Officers' Club Sept. 17.

Attendees included health care workers from Japanese civilian facilities, Japanese Self-Defense Force and U.S. military medical treatment facilities throughout Japan. The group discussed how perinatal providers from both nations can work together to enhance neonatal medical services for mothers and babies receiving care at USNH Yokosuka.

"The goal of the conference is for us to meet and interact with our host nation collogues to help develop stronger relationships," said the conference's master of ceremonies Cmdr. Anthony Silvetti.

"These Japanese doctors, nurses and administrators help us on a daily basis take care of our high-risk mothers and babies."

Pediatrician Lt. Cmdr Quoc Nguyen fields a question from a Japanese healthcare professional after concluding his presentation at U.S. Naval Hospital Yokosuka's seventh annual Perinatal Care Symposium at the Admiral Arleigh A. Burke Officers' Club.

The day-long conference kicked off with opening remarks from USNH Yokosuka Commanding Officer Capt. Mark Turner and then moved into presentations given by American and Japanese medical professionals from across Japan. Real-time translation services allowed for an open, two-way communication between the U.S. attendees and their Japanese counterparts.

During breaks in the presentations medical staff from the two countries engaged in conversation about the state of healthcare in Japan as well as inside the Navy medical system.

This open dialogue plays a vital role in not only strengthening the bond between the two but also ensuring that when an emergency happens both medical teams can work together to provide top medical care to the patient.

"They are our backbone right now," said Lt. Cmdr Sherri Lammerding, USNH Yokosuka Maternal Infant Unit department head. "We have our specialties in our units, but we also rely on the specialties of our host nation to help us stabilize some of our neonates and mothers that need intensive care. With this conference we are able to network and build friendships that in turn help us get those patients to the hospital where they can be provided the special care they need," she said.

The hospital plans to continue hosting the annual conference between to the two medical communities.

"It has evolved over the years and become a better more attended event," said Lt. Cmdr. Laura Bennett, USNH Yokosuka OB/GYN department head. "It has ensured we can continue to provide the safest, highest quality medical care to our beneficiaries which is our top priority."

Suicide Prevention Awareness Month:
reduce barriers, stigma of seeking support counseling

From CFAY FFSC, FAST Office

Editors note: This is part four of a four-part series.

The final week of Suicide Prevention Awareness Month focuses on reducing barriers for seeking advice and support through counseling.

We need to work together to reduce the stigma of seeking help. "Stigma" is a commonly used judgmental word encouraging feelings of shame and weakness. The word "stigma", by definition, supports these kinds of feelings; "a mark of disgrace or infamy; a stain or reproach, as on one's reputation."

There are three main barriers to stigma: Self image, public image, and career. Knowing the truths about suicide and outcomes after someone seeks help can reduce these barriers.

Self Image:

A Sailor considers suicide as an alternative to make the pain stop, not because he or she actually wants to die.

Seeking help is not a deficiency or a sign of weakness. Very few people who consider suicide are absolutely determined or completely decided about ending their life. Most suicidal people do not want death; they want the pain to stop.

Traumatic life events or jolting changes may be beyond someone's own ability to cope, causing him or her to suffer through hopelessness alone.

However, the majority of those who consider suicide at some time in their life find a way to continue living.

You are not expected to be completely self-reliant and endure your own load as well as the load of others.

Everyone struggles through life's challenges, and none of us can do it completely alone. When you feel alone and at your wit's end, that is the most critical time to reach out and accept the help of others.

The same is true for those that you know. Most suicidal people are open to a helpful intervention, sometimes even a forced one, to show them that their circumstances will not last forever and that life is worth living.

Public Image:

Suicidal thoughts do not mean that someone is mentally ill or "crazy".

Most suicidal people are not psychotic or insane. They might be upset, grief-stricken, depressed or despairing. Extreme distress and emotional pain are not necessarily signs of mental illness.

More common are disorders related to substance abuse, which may exacerbate any untreated symptoms related to depression and lead to suicidal ideation.

Suicidal thoughts do not indicate a deficiency in that person or their mental capabilities. People making such judgments often derive from their own fears, because they are unsure how to address or cope with such a huge life altering event.

You can't change the way other people think, feel or judge, but you can change the way you choose to view others.

It's up to you to decide if you will allow fear and judgment to drive your decisions to help others.

Career:

In most situations, seeking help or treatment is an indicator of good reliability and judgement.

In the military, less than two percent of revoked or denied clearances are for psychological problems. Failure to seek help and allowing problems to get worse and start to impact performance, conduct, and finances are more likely to lead to clearance loss.

With changes in April 2008, marital, family, or grief counseling (not related to violence by the applicant and unless the treatment was court-ordered) and any counseling for post-combat deployment concerns are not required to be reported on the security clearance form SF 86.

While other counseling or psychological treatment is reported by the applicant on the SF 86 form and leads to an extra step in the clearance process, this very rarely results in denial or revocation of clearance.

Many Sailors and civilians alike have engaged in prior counseling with little to no negative effect on their career. Don't allow worries over yours or someone's career to prevent you from seeking help you might need to save your own or someone's life.

*See **SUICIDE** page 12*