



# The Journal

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September 8, 2011



## WE WILL NEVER FORGET...

On September 11, 2001, acts of terrorism took the lives of thousands at the World Trade Center in New York City, in a grassy field in Shanksville, Pennsylvania and here at the Pentagon.

We will forever remember our loved ones, friends and colleagues.

- 1964 - Paul R. Johnson
- 1973 - SPT Craig S. Anderson, WA
- 1973 - SGT Robert Bruce Brown, WA
- 1977 - MSG Mike J. Butler, WA, Retired
- 1986 - Kenneth Johns
- 1973 - SGT Mike Thomas, Retired, WA
- 1973 - Curtis R. Hughes
- 1966 - CSM Carlisle E. Brown, WA
- 1976 - Mary Jane Smith
- 1978 - James H. Jones
- 1979 - Alan P. Boyle
- 1986 - Bernard J. Jones, I
- 1971 - CSM Donald L. Jankov, WA
- 1969 - SPT Charles F. Robinson II, WA, Retired
- 1976 - CSM David R. Edelman, WA
- 1967 - SPT John B. Collins, Retired, WA
- 1977 - Suzanne M. Salyer
- 1977 - Stephen T. Lane
- 1978 - Sharon L. Case
- 1971 - William T. Casper
- 1967 - SPT John L. Clark, WA, Retired
- 1965 - Nina Maria Chapp
- 1974 - David H. Christie

(graphic illustration by Sarah Fortney)

## Chief of Staff for Integration & Transition

Over the past months, together we have done amazing things as we have completed the physical transition and integration of patients, staff, and equipment from Walter Reed Army Medical Center (WRAMC) to the National Naval Medical Center (NNMC) and we have formed the Walter Reed National Military Medical Center (WRNMMC), Bethesda, Maryland. In this week's article, I'd like to discuss what is still to come.



lion renovation.

Late last year, the Command Suite relocated from the Eagle Zone, Building 10, 2nd floor, to the President's Zone, Building 1, and 5th Floor, in order to make room for additional required clinical functions. Currently scheduled to begin next month, Assisted Reproductive Care, Stem Cell lab and Inpatient Clinical Nutrition will relocate to those newly renovated areas in the Eagle Zone.

Next month, following an extensive renovation and expansion of their previously existing

The physical integration and transition is certainly over, but we have work to do as we develop the best practices and policies in our jointly staffed environment. As RADM Nathan says "... We have the opportunity to develop the greatest hits album" for the way of the future that best serves our patients, their families, and our staff. You are the innovators who will forge these processes and practices. It is a big responsibility, but more importantly, it is a huge opportunity.

With the completion of the total renovation of Buildings 3 and 5, located in the Heroes Zone, staff will be relocated from temporary locations, and these moves are just around the corner. Later this month, Graduate Professional Education classrooms, Health Professions Education, Staff Education and Training, and the Simulation Center will relocate to the third and fourth floors of the Heroes Zone. In October, Biomedical Repair, Equipment Management, Outpatient Medical Records, Personal Property and Visual Information (Naval Medical Support Command) will relocate to the first and second floors of the Heroes Zone. Following the relocation of Staff and Faculty Development (previously known as Staff Education and Training Department), the President Zone's Building 1, 5th floor will begin a phased renovation scheduled for completion in 2013. The renovation will modify the Command Suite area to include offices for all Deputy Commanders and Assistant Chiefs of Staff, as well as a Commander's Conference Room.

With the completion of the America Zone early this year, the Heroes Zone is not only an important connection to the remainder of the Medical Center, but is a main entrance to the facility from the America Garage. Buildings 3 and 5 have essentially maintained their original design, but were completely gutted internally in order to facilitate the necessary facility upgrades and better utilize the prime central location. Both buildings also received replacement of outdated utilities as a part of the over \$15 mil-

lion renovation. Executive Medicine will relocate back to the Liberty Zone, Building 7, 1st floor. For the past year, Executive Medicine has been temporarily residing in Building 57A, the Medical Swing Space. Once vacated, following the permanent moves into Buildings 3, 5, and 7, Building 57A will be removed in order to make way for the continued construction and expansion of the new Navy Exchange and associated parking structure.

Psychiatry Continuity Service, presently temporarily located in building 10A, the former Pediatric Swing Space, will relocate to the Liberty Zone, Building 8, 4th floor, sometime before the end of the year. This renovation was completed to better accommodate the necessary flow and function of this Service in order to better serve our patients. Once vacated, Building 10A will be removed, and the original layout of Building 10 east side, 1st floor, and the associated green space will be restored to its original appearance.

With so much having been accomplished over the past few months, I ask all staff to please seek out information about what is ahead. Always remember, above all else, safe quality patient and family centered care comes first. Your good ideas and experience are one of our greatest assets and resources, so please get involved in assisting your respective area prepare for and execute their mission, today and in the future. Share the excitement with your fellow staff and visitors, and invite those working alongside you to link arms with us as we move ahead. The uniting of the WRAMC and NNMC powerhouse institutions provides us the foundation on which to build. Our work will continue together to set the course for the way ahead for the Military Health System (MHS).

Please address any correspondence to [NNM-CDCIT@med.navy.mil](mailto:NNM-CDCIT@med.navy.mil).

Chief of Staff for Integration and Transition sends

## Bethesda Notebook

### FFSC Offers Financial Management and Education Program

The Fleet and Family Support Center (FFSC) offers a Personal Financial Management and Education (PFME) Program, with certified financial counselors who can help with household budgeting, forming strategies for purchasing a home or car, and planning for retirement. Financial counselors are also available to provide classes and workshops on various financial topics. Workshops are offered on an ongoing basis at the FFSC, and they can come to you. Workshops are tailored to your specific needs and offered on-site at your location.

PFME financial services are available to service members, wounded warriors, federal civilian employees and military retirees, and respective families. For more information, stop by the FFSC in Building 11, first floor, room 109. You may also call 301-319-4372 or 301-295-5081, or email [brian.pampuro@med.navy.mil](mailto:brian.pampuro@med.navy.mil), or [lee.acker@med.navy.mil](mailto:lee.acker@med.navy.mil).

### Subscription Bus Service

The Subscription Bus Service offers a guaranteed seat on a coach bus, which can be subsidized by the Mass Transit Fringe Benefit program. Routes come from the following locations:

- Route 1: Columbia, Burtonsville
- Route 2: Annapolis, Bowie
- Route 3: Sykesville, Clarksville, Colesville

For more information, visit [www.emrtransit.org/bethesdaroute.html](http://www.emrtransit.org/bethesdaroute.html). The Bethesda drop off/pick up location will be in the shuttle bus drop off area along Md. 355 in front of the Medical Center Metro. To apply for Transit Benefits, visit [www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm](http://www.whs.mil/DFD/Info/NCRTransitSubsidy.cfm). For more information, contact NSAB's Transportation Program Coordinator, [ryan.emery@med.navy.mil](mailto:ryan.emery@med.navy.mil).

### New Dining Facility Hours

To better serve patients, visitors and staff, the Nutrition Service Department has expanded the Galley/Dining Facility hours. The new hours are as follows:

- Dining Room**
- Breakfast: 6 to 10 a.m.
- Lunch: 11 a.m. to 3 p.m.
- Dinner: 4 to 6:30 p.m.
- Walt's Grab N Go**
- Early: 10 a.m. to 1:30 p.m.
- Late: 6:30 p.m. to 12:30 a.m.

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# WRNMMC to Celebrate Walter Reed's 160th Birthday

By Bernard Little  
Journal staff writer

Walter Reed National Military Medical Center (WRNMMC) will observe the 160th anniversary of the birth of Maj. Walter Reed with a celebration noon Sept. 13 in Memorial Auditorium.

The observance will serve as not only a way to pay tribute to the legacy of Maj. Walter Reed, but also as a "welcoming celebration" for staff coming to WRNMMC from Walter Reed Army Medical Center (WRAMC), explained Cmdr. Timothy Whitman, an organizer for the observation.

The event will include a lecture by retired Army Col. (Dr.) John R. Pierce, medical inspector for the Veterans Health Administration. He is also a fellow in the American Academy of Pediatrics, and historian for the Walter Reed Society.

Along with Jim Writer, Pierce wrote the book "Yellow Jack: How Yellow Fever Ravaged America and Walter Reed Discovered Its Deadly Secrets." Pierce also served on active duty in the U.S. Army Medical Corps for 30 years, 15 of which were at WRAMC where he was chief of the department of pediatrics, director of medical education and deputy commander for clinical services beginning in 1985.

Pierce also co-authored a supplement to Military Medicine on the work of the 1900 U.S. Army Yellow Fever Board led by Maj. Walter Reed. In 2001, he won the Association of Military Surgeons of the United States History of Military Medicine Essay Award for his paper on the U.S.



(file photo)

**Walter Reed National Military Medical Center will celebrate the birthday of Maj. Walter Reed. Born Sept. 13, 1851, Reed joined the U.S. Army Medical Corps in 1875, and spent much of his Army career until 1893, in the American west on remote outposts. He researched diseases such as cholera, typhoid, malaria, and yellow fever. He was also tapped to lead a board charged with the study of infectious disease in Cuba, which proved yellow fever is transmitted by a particular mosquito species, rather than by direct contact.**

Army yellow fever volunteers.

In 2009, Pierce was the lead editor of the book "Walter Reed Army Medical Center, Centennial, A Pictorial

History, 1909-2009," published by the Borden Institute. He also served as a consultant on PBS American Experience episode "The Great Fever" in

2006, which focused on yellow fever and its devastation until the efforts of Maj. Walter Reed and his team in Cuba during the late 1800s and early 1900s.

The youngest of five children, Walter Reed was born Sept. 13, 1851, in Belroi (Gloucester County), Va. He completed his medical degree at the University of Virginia in 1869, two months before he turned 18. He remains the youngest graduate in the history of the university's medical school. He earned a second M.D. a year later at the Bellevue Hospital Medical College in New York. He joined the U.S. Army Medical Corps in 1875, and spent much of his Army career until 1893, in the American west on remote outposts.

In 1893, Reed returned to the East Coast and joined the faculty of the American Medical School and George Washington University School of Medicine.

In addition to teaching, Reed did medical research projects and served as the curator for the Army Medical Museum, which later became the National Museum of Health and Medicine. He researched diseases such as cholera, typhoid, malaria, and yellow fever. His work inspired Army Surgeon General George Sternberg to tap Reed to lead a board charged with the study of infectious disease in Cuba. The team led by Reed in Cuba proved yellow fever is transmitted by a particular mosquito species, rather than by direct contact. In November 1902, Reed's appendix ruptured and he died as a result of peritonitis at the age of 51. He was buried in Arlington National Cemetery.

## NSAB Assists Commuters as they Seek Alternative Solutions

By Sarah Fortney  
Journal staff writer

Although integration is officially complete, Naval Support Activity Bethesda (NSAB) continues to provide support throughout this time of transition, particularly when it comes to addressing parking and the flow of traffic on base.

With an increase in patients and wounded warriors, NSAB has been, and continues to work towards maintaining a manageable number of people commuting on and off the installation, said Jeff Miller, NSAB's transportation manager. To help in that regard, it was necessary to implement a parking plan, delegating parking spaces to tenants based on their percentage of staff compared to the overall base population, giving priority to patients, wounded warriors, care providers, emergency services, handicapped, lodging and carpool spaces.

"It's critical that we protect patient and wounded warrior parking. We understand that implementation of the parking plan is a significant change for those who have been notified they will no longer be receiving parking privileges on the installation come Sept. 8; [however], people have adapted quite well," said Miller.

He noted the significant rise in the number of staff signing up for and using public transportation and installation carpool privileges.

"We've received countless calls, emails and office visits

requesting information and guidance on signing up for carpools and for Mass Transit, submitting their applications, and assisting with various [alternate] routes that people are looking to identify," he said. "We're pleased with the progress we've made thus far and are happy to see people have made commuting alternative changes that have resulted in an easier commute for everyone, even before the completion of the parking plan."

The base has been promoting commuting alternatives for quite some time, informing staff of the benefits to car or van pooling, bicycling, walking and subscription buses, which service areas throughout the Washington and Baltimore area.

"We've had a program in place for three years, [called] Commuter Solutions," said Ryan Emery, NSAB's transportation coordinator. "We've had significant success with our outreach and education, resulting in an 11 percent reduction in single-occupancy-vehicle commuting over this period of time."

Commuters have also been encouraged to take advantage of public transportation, such as the Washington Metropolitan Area Transit Authority (WMATA) station, Medical Center, across the street from the South Gate. Fares start at \$1.60 and trains run from 5 a.m. to midnight during the week. Department of Defense employees and military members are also eligible for the National Capital Region's (NCR) transit benefits program, affording as much as \$230 per month for public

transportation costs.

NSAB continues to encourage commuters to find commuting alternatives as new renovations and construction continue on base. In the coming months, there will be a loss of an estimated 600-700 spaces in the "E" lot, due to construction for an additional wounded warrior barracks, Sanctuary Hall, as well as in the "T" lot, for construction to expand the Child Development Center (CDC).

During this time of transition, it's necessary to look at ways to mitigate traffic and parking, Miller said, adding, "The installation continues to pursue offsite parking."

Meanwhile, he said, NSAB is making sure patient and wounded warrior parking is protected by having Security patrol and track patient parking garages, such as the America Garage.

"It's necessary to ensure the appropriate people are parking in the patient parking garages," he said.

To continue providing support, and offering commuter information, Emery will hold a Transit Benefit workshop on Sept. 14 at noon in Building 1, room 1643. He will also conduct weekly carpool information sessions and meetings to demonstrate how staff can sign up for a carpool database. For more information about Commuter Solutions, visit the hospital's intranet or public Web site, or email Emery at [ryan.emery@med.navy.mil](mailto:ryan.emery@med.navy.mil).

# USNS Comfort Completes Humanitarian Mission

By Terri Moon Cronk  
American Forces Press Service

Another chapter came to a close Sept. 2 aboard the *USNS Comfort* when it docked at Norfolk, Va., after five months at sea supporting the Continuing Promise 2011 humanitarian assistance mission.

The hulking hospital ship — three football fields long and one wide — delivered medical, dental, veterinary and engineering assistance in the Caribbean Basin, Central America and South America. Thirty-three Sailors from Bethesda were deployed aboard the ship.

"First and foremost [the mission] demonstrates the United States' commitment to the Caribbean Basin and Central and South America," Navy Capt. Brian Nickerson, Continuing Promise mission commander, said.

The deployed hospital ship was there for humanitarian assistance, but also to support U.S. defense strategy in the region.

"This region is inextricably linked to the economic, political, cultural, and security fabric of the United States," Nickerson said. "This deployment also enables us to engage with regional partners and improve interoperability, relationships which could be called upon in the event of a regional crisis."

From April through September, members of Continuing Promise 2011 provided medical services in surgery, neurology, emergency medicine, orthopedics, anesthesiology, dentistry, family medicine, pediatrics, preventive medicine, diagnostics and veterinarian support, ship officials said.

Doctors and staff saw nearly 70,000 patients and performed more than 1,100 surgeries in nine countries — Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, Nicaragua and Peru.

The crew's doctors came from the Navy, Army, Air Force and U.S. Public Health Service. Also onboard were civilian Marines, non-government organization volunteers and partner-nation military members.

The *USNS Comfort*, at 894 feet long, has 250 hospital beds and an 850 person team — from volunteers and linguists to engineers and a large medical staff.

In Jamaica, medical personnel trained practitioners to tell the difference between healthy babies and those who need assistance after birth, and how to provide life-saving care in its "Helping Babies Breathe" training.

"The purpose... is to reduce unnecessary neonatal deaths worldwide," Dr. Tom Dionne, master instructor and American Academy of Pediatrics volunteer, said in an earlier report. He added that many infants die because of their birthing attendant's lack of knowledge and equipment.

Veterinarians treated more than 8,200 animals during the mission, giving vaccines and de-worming medicines in addition to spaying and neutering domestic pets for their owners in nine countries.

*Comfort* arrived at its final mission stop in Port-au-Prince, Haiti, Aug. 18. There, the ship's crew treated about 1,450 patients and performed 15 surgeries before Tropical Storm Irene began to bear down on the island. The hospital ship got under way Aug. 21 and anchored at a safe haven until the storm passed.

While the medical staff was busy caring for patients, the mission's Seabees and Marines undertook 16 engineering projects, mission officials said. They built two classrooms from the ground up in Colombia, and rehabilitated a medical clinic in Nicaragua. They also distilled 8,300,000 gallons of water.

The engineer team also remedied electric and plumbing issues, installed fences and security bars, and added a basketball hoop to a school playground.

"The relationships forged through operations like Continuing Promise fosters trust, collaboration, and cooperation with our friends and allies," Nickerson said, adding the mission "also be characterized as defense support to public diplomacy in that it supports both regional and national objectives as well as the U.S. Global Maritime Strategy."

After it leaves Norfolk, the *USNS Comfort* will return to its berth in Baltimore sometime next week, according to Navy Lt. Stephanie Homick, Continuing Promise 2011 deputy public affairs officer.

(EDITOR'S NOTE: Also contributing to this report was Navy Lt. Stephanie Homick, Continuing Promise 2011 deputy public affairs officer.)



(U.S. Navy photo by Petty Officer 2nd Class Rafael Martie)

Family and friends look on as *USNS Comfort* arrives at Naval Station Norfolk, Va., Sept. 2. *Comfort* deployed as the primary platform for Continuing Promise 2011, a five-month humanitarian assistance mission in Central and South America and the Caribbean.

# Community Hospital Opens at Fort Belvoir

By Kristin Ellis  
FBCH Public Affairs

Fort Belvoir Community Hospital officially opened for business this week following the successful transport of the last patient from DeWitt Army Community Hospital.

After more than six years of intricate and comprehensive planning, the new hospital is triple the size of its predecessor and the number of clinics and outpatient services is nearly doubling. Inpatient bed capacity triples from 40 to 120.

The last patient was transferred early Wednesday morning by a comprehensive staff of nurses, pharmacy, ambulance staff, etc. who have been planning and practicing for the transition since February.

"We're here to safeguard the health and well-being of our patients so it's a smooth, swift transition," said Col. Sophia Tillman-Ortiz, inpatient move director.

E.J. Carter, and her husband, retired Army field artillery major, Jeff Carter, arrived at DeWitt Hospital Emergency Room at 12:05 a.m. Wednesday. The couple assumed E.J. would be transferred to the military hospital at Bethesda, where her cardiologist had been assigned. The Carters learned that not only was her doctor now at the new hospital, she would be transported by one of the ambulances that responded to the attack on the Pentagon nearly 10 years ago Sept. 11.

"For me, it was an easier transition knowing my wife's doctor is assigned a half mile down the road in this state-of-the-art building," Carter said. He recounted how FBCH staff met him in the parking lot, directed him to his reserved parking space, and was "wined and dined" by staff and chaplains until he was ushered up to his wife's room.

"This place is beautiful," E.J. said. "A lot different from the old hospital, but I haven't tried the food yet so we'll see."

"This hospital gives us the space to elevate health care to another level," explained Col. Kathleen Ford, deputy commander of nursing.

Over the next four to eight weeks, Fort Belvoir Community Hospital will add new services as staff and equipment become available. Cardiac catheterization, radiation oncology, and hematology oncology will be added in the near future.

"We are still delivering the same high-quality care the same way, it's just a different environment," said Navy Cmdr. Scott Johnson, director of transition.

One big change, however, is the addition of the 12-bed, inpatient behavioral health service at the new hospital. This new mission, not seen before at the DeWitt hospital, opened for day one services this week. The staff charged with providing this service previously ran inpatient behavioral health at the Walter Reed Army Medical Center, which moved all of its inpatients to the National Naval Medical Center at Bethesda, Md., Aug. 27.

"That's an example of a perfect merger between Walter Reed and DeWitt," Johnson said.

For the last few months, staff members diligently trained to become acclimated with the state-of-the-art hospital in preparation for the first day of patient services. More than 2,300 employees received workspace orientation and each area is fully staffed to maintain DeWitt's mission.

"Late last week I walked onto the inpatient ward on the sixth floor and got goosebumps; it smelled like a hospital and was clean, the beds were made with linens, all the equipment was ready. It's no longer a construction site, it's become a hospital. We're breathing life into it," Johnson said.

Last week, President Obama called on the American people to come together in the spirit of service and remembrance as we approach the tenth anniversary of the September 11th attacks ...

*A Decade Has Passed ...  
But We Will  
Never Forget*

“ ... On this 10th anniversary, we still face great challenges ... And we're working to rebuild the foundation of our national strength here at home ... As we saw after 9/11, the strength of America has always been the character and compassion of our people. So as we mark this solemn anniversary, let's summon that spirit once more. And let's show that the sense of common purpose that we need in America doesn't have to be a fleeting moment; it can be a lasting virtue not just on one day, but every day.”



## "Stages of Healing" Promotes Wellness Through Art

By Katie Bradley  
Journal staff writer

To promote healing through the performing arts, Walter Reed National Military Medical Center's (WRNMMC) "Stages of Healing" program is hosting a series of live performances.

The performances, which are free and open to all patients, families and staff, began in April and are scheduled to be held monthly. The next performance in the series will be held Sept. 14, from noon to 1 p.m., in Memorial Auditorium, featuring Grammy-nominated progressive hip-hop artist Christylez Bacon.

"Stages of Healing" was developed to promote a sense of community among patients, families and staff, said Dr. Micah Sickel, a series co-organizer.

"The mission of this hospital is to [provide] world class health care and I think we all have to be on the same page for that mission. In order to be one team, we all have to have shared experiences," said Sickel, who is also a child psychiatrist in WRNMMC's Behavioral Health Department. "We have different cultures coming together and [these performances] build a new community. [Stages of Healing] is a place to enjoy the presence of others and the presence of the artist," he added.

Since it began earlier this year, the performances have garnered positive feedback from attendees, said Sara Barrett, a series co-organizer. Performances may feature any and all visual arts, such as mu-



(courtesy photo)

**Grammy-nominated progressive hip-hop artist Christylez Bacon will perform Sept. 14 at Walter Reed National Military Medical Center as part of "Stages of Healing," designed to promote healing through visual arts.**

sic, poetry, theater, dance and spoken word, she added.

"It's an opportunity to bring everyone who's a part of this hospital together as a community and bringing [everyone] together helps to promote the healing process," said Barrett, who is also a health educator for the traumatic brain injury inpatient unit and the Resiliency and Psychological Health Service.

Sickel added, "This is a respite, a place where you can rejuvenate, gather with other people and benefit from it."

Upcoming performances include a talk by Patch Adams on Humor and Health, poetry by Linda Pastan, a former Poet Laureate of Maryland as well as a performance by singer and songwriter Ted Garber.

For more information on "Stages of Healing," or to volunteer as an organizer, contact Dr. Micah Sickel at 301-295-2492 or Sara Barrett at 301-295-1083.

## TRICARE Transitions with College-Bound Students

By Kristin Shives  
TRICARE Management Activity

For high-school graduates, the start of college can be an exciting and challenging time. Big decisions are made on the right college to attend, a place to live and academic course load. One thing constant during this transition is TRICARE coverage.

Dependent children continue to be TRICARE eligible as long as they are a full-time student until their 23rd birthday or until they graduate college, whichever comes first. They must remain eligible for TRICARE in the Defense Eligibility and Enrollment System (DEERS).

It's important for beneficiaries to research which TRICARE option is best for them; Prime, Standard or Extra. A beneficiary counseling and assistance coordinator at a military treatment facility or a TRICARE service center representative can help with the process.

Transferring to a new region for school? Follow these steps:

- Sponsors must complete and sign a new enrollment application. This form updates their address and indicates which TRICARE option they will use. The form can be completed online using the Beneficiary Web Enrollment (BWE) at [www.tricare.mil](http://www.tricare.mil) or manually by downloading the form.

- Sponsors must send the completed new or change enrollment applications to the regional managed care support contractor in the student's new region for processing.

- Active duty family members can transfer their TRICARE Prime enrollment by calling the current regional contractor prior to the move or the new regional contractor upon arrival at the new location.

Split enrollment allows beneficiaries to enroll their child in one region while the rest of the family lives and is enrolled in a different region. Students should stay enrolled in their home region until they arrive in their new region. The transfer is effective the date the request is received by the con-

tractor in the new region.

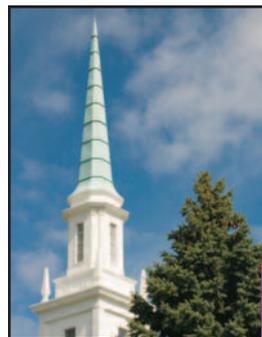
Retirees whose family enrollment fees are current pay no additional fees when their child transfers their enrollment to another region. Students in retired families are allowed two transfers per year between TRICARE regions, as long as the second transfer is back to the region of the original enrollment.

In active duty families, students may transfer their Prime enrollment as often as needed. A child's enrollment in TRICARE Prime is automatically renewed at the end of the one-year enrollment period unless the sponsor declines the renewal offer. TRICARE Prime is only available in prime service areas. Students who move to an area where Prime is not available must disenroll from TRICARE Prime. This should be done immediately to avoid paying higher costs under TRICARE Prime's point-of-service (POS) option. Beneficiaries can incur POS charges when receiving care without proper authorization from their primary care manager.

Many colleges and universities also offer student health plans. Student health plans are considered other health insurance (OHI), making TRICARE the secondary payer to a student health plan. For students interested in using a student health plan, TRICARE Standard is the best option.

For students who age out of regular TRICARE, they may qualify to purchase TRICARE Young Adult (TYA). TYA is a premium-based program that provides TRICARE benefits to beneficiaries up to age 26 who are unmarried and not eligible for their own employer-sponsored health care coverage. For more information on TYA, visit [www.tricare.mil/tya](http://www.tricare.mil/tya).

TRICARE benefits are the same across the TRICARE regions, but may require different authorizations or referral procedures, determined by the TRICARE regional contractors. For more information on taking TRICARE to college, please visit [www.tricare.mil/mybenefit/home/LifeEvents/College](http://www.tricare.mil/mybenefit/home/LifeEvents/College).



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