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CHILD ABUSE PREVENTION MONTH PROMOTES INTERVENTION

By 2nd Lt. Allanna Jones
81st Training Wing Public Affairs

KEESLER AIR FORCE BASE, Miss. — For the past 30 years, April has been observed as National Child Abuse Prevention Month. Despite the increased amount of attention and focus on child abuse prevention, the problem has been gradually increasing over the years.

“The current debate is if the cases are actually increasing or if there is an increase in reporting,” said Paula Spooner, family advocacy outreach manager.

Statistically speaking, most abuse occurs before the age of 3, with children under age 1 at most risk. The biggest factor is that parents aren’t properly bonding with their infants.

“If people bond with their children, then they are less likely to hurt them,” said Spooner.

No one can really just pinpoint the exact cause of abuse but research points towards, “Events like increased joblessness, the economy and economic stress,” said Spooner. These tend to lead parents to inappropriate disciplinary action toward their children.

Neglect is the No. 1 type of reported child abuse, followed by physical and sexual. Children who are abused tend to suffer from depression, anxiety, withdrawal and aggression later in life.

“It is often myth that abused children become abusers,” said Captain Julianna Petrone, the family advocacy officer. “They can be at risk to fall into a cycle of abuse as adult victims. Many adult survivors of child abuse have a strong motivation to protect their children against what they went through and become excellent parents.”

Children who have been abused often have:

- Difficulty trusting
- Sense of shame or guilt
- Feeling as though they are “no good”
- Relationship problems
- Substance abuse
- School or occupational struggles
- Higher likelihood of chronic health problems such as migraines, gastrointestinal issues, temporomandibular joint disorder, immune disorders
- Mental health issues such as depression, anxiety, post traumatic stress disorder and personality disorders

The true focus is to promote prevention and intervention, where a program is set in place to keep children and pregnant women safe.

“When we meet with new parents, we don’t give them the flawless version of parenting,” said Spooner. “We open their eyes to the facts: babies cry, you will not get sleep and all it takes is a shake to hurt your baby.”

For more information, call family advocacy, 228-376-3457.



(U.S. Navy photo by Chief Mass Communication Specialist William Clark/Released)

Yoga exercises

Naval Medical Center San Diego (NMCS) wounded, ill and injured service members participate in an early-morning yoga clinic at San Diego’s Del Mar beach. Following the yoga clinic, participants engaged in a weekly surfing lesson hosted by NMCS’s Health and Wellness Department. The lesson introduces service members to the fundamentals of surfing, kayaking and other water skills, while improving their mobility and restoring their confidence in themselves following injury.

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(U.S. Navy photo by Mass Communication Specialist 2nd Class Jessica L. Tounzen/Released)

Raise The Flag

Hospitalman John Alexis Villegas (left) and Hospital Corpsman 3rd Class Kelvin Cabacungan (right), members of Naval Medical Center San Diego's (NMCS) command color guard, prepare to raise the flag during a monthly awards ceremony coinciding with morning colors at NMCS's flag pole. During the ceremony, 24 civilian and military personnel received a total of 11 Navy and Marine Corps Achievement Medals, six Navy and Marine Corps Commendation Medals, one Meritorious Service Medal, and two Letters of Commendation. Additionally, NMCS's Senior, Junior and Bluejacket Sailors of the Year were recognized, and four NMCS clinics were acknowledged for their superior performance.



Military Medical News

P.O. Box 3234
Oak Brook, IL 60521

Phones: (630) 655-6099
(312) 368-4860
Fax: (630) 655-6076

Peter R. Bourjaily, Editor-in-Chief

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NMCS provides pre-deployment trauma training to Fleet Surgical Team Five

By Mass Communication Specialist
Seaman Pyoung K. Yi
Naval Medical Center San Diego
Public Affairs

SAN DIEGO — Naval Medical Center San Diego's (NMCS) Medical & Surgical Simulation Center/Bioskills Training Center (MSSC/BTC) provided operational trauma training for Expeditionary Strike Group 5's Fleet Surgical Team (FST) 5 Apr. 11.

This inaugural two-week fleet surgical team pre-deployment trauma training course is designed for participants to learn to work together as a unit when treating patients in a high-stress, traumatic situation, such as a Sailor blinded by a flight deck explosion, or a Marine who, moments earlier, had a leg blown off by a land mine.

"This training mirrors the exact training we do with Marines and Individual Augmentees," said Don Raymundo, NMCS's MSSC/BTC clinical educator. "What's unique about this training is that it's ship-specific. It's the first of its kind [for a ship's platform]."

During the training, 15 participants learned, as a unit, how to effectively treat patients involved in emergency

medical situations. The training also included a cut suit surgery exercise, which gave FST-5 members an opportunity to practice their operating room skills.

The cut suit was worn by a volunteer contracted employee as he lay on an operating table. The training allowed participants to find out what happened if they made a wrong cut on the simulated patient.

The curriculum was authored and designed by Cmdr. (Dr.) Tuan N. Hoang, senior course director from Naval Hospital Camp Pendleton.

"The training employs a team-based approach to educate personnel from corpsmen to physicians on how to effectively triage, stabilize, treat, and disposition a critically-injured patient, to multiple victims and mass casualty scenarios," said Hoang.

Various naval operations require interdependence among personnel; Navy medical teams are no different.

For more information on Naval Medical Center San Diego, visit www.med.navy.mil/sites/nmcsd, www.facebook.com/nmcsd, or www.twitter.com/NMC_SD.

Keesler member uses buddy care in emergency

By Steve Pivnick

81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. — Self-aid and buddy care training proved useful for Senior Airman Paul Calica when he came upon a traffic accident April 4.

The 81st Aerospace Medicine Squadron bioenvironmental engineering technician was returning to Keesler around 9:30 a.m. after dropping off his wife at home following an appointment. He was on Cedar Lake Road near the I-10 on-ramp when he saw a multi-vehicle accident had occurred just yards away.

"I saw the accident about 15 feet in front of me and slammed on the brakes," said Calica. "I thought I was going to hit them."

A pickup truck had apparently hit a sedan and was just off the road. Two other vehicles appeared to have been involved as well.

"I ran up to the truck to check on the driver," said Calica. "He seemed traumatized. I asked if he was OK and he said he was fine. Then, I noticed gas leaking from the vehicle and told him he needed to get out immediately. I guided him to a grassy area and he seemed ready to fall."

Calica was the first person to come to the truck driver's aid, but soon a woman stopped to assist.

"He had said he was OK and I didn't notice immediately, but when the woman got there she saw blood on his feet," said Calica. "That's when I saw a

laceration on his left leg - you could see bone. I told him to keep seated so I could put pressure on the leg. I tried to find a cloth to use but couldn't. The woman went back to her car and got one. She seemed nervous and stepped back while I wrapped the leg and applied pressure. I knew through self-aid and buddy care training I needed to elevate his leg.

"After a few minutes, someone came over and identified himself as a former Air Force medic," said Calica. "He lifted the driver's leg while I applied pressure."

Although there had been a multi-vehicle accident, only one ambulance was on scene at the outset. Calica believes at least one other person had been injured, but the other vehicles were some distance away. As the first responders awaited a second ambulance, an emergency medical technician asked Calica to assist and provided him with protective gloves.

Calica said he had reacted quickly when he saw what had happened and knew he had to assist the driver. He credits his SABC training for allowing him to react and provide care when it was needed.

His involvement in the incident took about 30 minutes. After providing information to a Biloxi police officer and receiving a "thank you" from the EMT, he went home to change - he had blood on his boots and uniform - and returned to his duty section. He still has a "souvenir" from the event: a couple of blood drops on his boot.



(U.S. Air Force photo by Steve Pivnick)

Senior Airman Paul Calica, 81st Aerospace Medicine Squadron bioenvironmental engineering technician, simulates fit-testing a gas mask on fellow bioenvironmental engineering technician Airman 1st Class Julian Turner April 5, 2013, at Keesler Medical Center, Miss. Calica recently made use of self-aid and buddy care training to assist EMTs at a traffic accident off of Cedar Lake Road.

NMCS D provides pre-deployment trauma training to Fleet Surgical Team Five

By Mass Communication Specialist
Seaman Pyoung K. Yi
Naval Medical Center San Diego Public
Affairs

SAN DIEGO — Naval Medical Center San Diego's (NMCS D) Medical & Surgical Simulation Center/Bioskills Training Center (MSSC/BTC) provided operational trauma training for Expeditionary Strike Group 5's Fleet Surgical Team (FST) 5 Apr. 11.

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"This training mirrors the exact training we do with Marines and Individual Augmentees," said Don Raymundo, NMCS D's MSSC/BTC clinical educator. "What's unique about this training is that it's ship-specific. It's the first of its kind [for a ship's platform]."

During the training, 15 participants learned, as a unit, how to effectively treat patients involved in emergency medical situations. The training also

included a cut suit surgery exercise, which gave FST-5 members an opportunity to practice their operating room skills.

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"The training employs a team-based approach to educate personnel from corpsmen to physicians on how to effectively triage, stabilize, treat, and disposition a critically-injured patient, to multiple victims and mass casualty scenarios," said Hoang.

Various naval operations require interdependence among personnel; Navy medical teams are no different.

Capt. Lloyd G. Burgess, FST-5 officer in charge, elaborated on this all-for-one mentality that was an essential piece of the training.

"The course is a tremendous team builder," Burgess said. "Everyone on the team finding out what niche every-

one else on the team has in-play as we work together. Putting the whole team together is like putting a whole bunch of strangers together, and is really helpful to practice first before going into a live environment."

Raymundo, who assisted Hoang in developing the curriculum, emphasized the significance of FST-5 learning to operate as a unit.

"The main benefit is the 'team' concept," said Raymundo. "We train them as a team, so they're always working together. Not only are they being trained on their skills, but they're learning to work together through communication."

The overarching theme of FST-5's training was to learn the intricacies of operating fluidly as a group, and for the members to get acclimated with each other in critical medical situations.

"It was about getting us integrated, and getting us working together," added Hospital Corpsman 2nd Class Alejandro Medina, FST-5 surgical technician. "To actually get an experience like this where we are all interacting with each other, it's great training. We needed to build that

bond between all of us to understand how we were going to do things, how things were going to flow. We don't get this experience ever, unless we're at war."

Another aspect of FST-5's onboard casualty training was the mock scenarios they faced. These situations would not have been possible without NMCS D's MSSC/BTC, which allowed FST-5 to apply their skills in an almost identical environment as a trauma ship.



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(U.S. Navy photo by Mass Communication Specialist Seaman Pyoung K. Yi/Released)

28th Annual Academic Research Competition

Lt. Cmdr. (Dr.) Travis Deaton, Emergency department resident at Naval Medical Center San Diego (NMCS), gives a presentation on the equivalence of inhaled fentanyl citrate and intravenous morphine sulfate in the treatment of abdominal pain during Navy Medicine West's 28th Annual Academic Research Competition in the NMCSD auditorium. Research projects and case reports were presented in either podium or poster format and included qualitative, quantitative, and mixed-method research from a variety of disciplines and specialties. The competition included three categories and 25 presenters.



Pentagon struggles with high cost of health care

By Donna Cassata
The Associated Press

WASHINGTON — The loud, insistent calls in Washington to rein in the rising costs of Social Security and Medicare ignore a major and expensive entitlement program - the military's health care system.

Despite dire warnings from three defense secretaries about the uncontrollable cost, Congress has repeatedly rebuffed Pentagon efforts to establish higher out-of-pocket fees and enrollment costs for military family and retiree health care as an initial step in addressing a harsh fiscal reality. The cost of military health care has almost tripled since 2001, from \$19 billion to \$53 billion in 2012, and stands at 10 percent of the entire defense budget.

Even more daunting, the Congressional Budget Office estimates that military health care costs could reach \$65 billion by 2017 and \$95 billion by 2030.

On Wednesday, when President Barack Obama submits his fiscal 2014 budget, the Pentagon blueprint is expected to include several congressionally unpopular proposals - requests for two rounds of domestic base closings in 2015 and 2017, a pay raise of only 1 percent for military personnel and a revival of last year's plan to increase health care fees and implement new ones, according to several defense analysts.

Defense Secretary Chuck Hagel insisted this past week that the military has no choice as it faces a \$487 billion reduction in projected spending over the next decade and possibly tens of billions more as tea partiers and other fiscal conservatives embrace automatic spending cuts as the best means to reduce the government's trillion-dollar deficit.

The greatest fiscal threat to the mili-

tary is not declining budgets, Hagel warned, but rather "the growing imbalance in where that money is being spent internally." In other words, money dedicated to health care or benefits is money that's not spent on preparing troops for battle or pilots for missions.

Hagel echoed his predecessors, Leon Panetta, who said personnel costs had put the Pentagon on an "unsustainable course," and former Pentagon chief Robert Gates, who bluntly said in 2009 that "health care is eating the department alive."

In his speech last past week, Hagel quoted retired Adm. Gary Roughead, the former Navy chief, who offered a devastating assessment of the future Pentagon.

Without changes, Roughead said, the department could be transformed from "an agency protecting the nation to an agency administering benefit programs, capable of buying only limited quantities of irrelevant and overpriced equipment."

The military's health care program, known as TRICARE, provides health coverage to nearly 10 million active duty personnel, retirees, reservists and their families. Currently, retirees and their dependents outnumber active duty members and their families - 5.5 million to 3.3 million.

Powerful veterans groups, retired military officer associations and other opponents of shifting more costs to beneficiaries argue that members of the armed forces make extraordinary sacrifices and endure hardships unique to the services, ones even more pronounced after a decade-plus of wars in Iraq and Afghanistan.

Members of the military have faced repeated deployments, had to uproot their families for constant moves and deal with limits on buying a home or

a spouse establishing a career because of their transient life. Retirement pay and low health care costs are vital to attracting members of the all-volunteer military.

"If you don't take care of people, they're not going to enlist, they're not going to re-enlist," said Joe Davis, a spokesman for the Veterans of Foreign Wars.

Resistance in Congress to health care changes was evident in the recently passed spending bill to keep the government running through Sept. 30. Tucked into the sweeping bill was a single provision stating emphatically that "none of the funds made available by this act may be used by the secretary of defense to implement an enrollment fee for the TRICARE for Life program."

The program provides no-fee supplemental insurance to retirees 65 and older who are eligible for Medicare. The Pentagon repeatedly has pushed for establishment of a fee, only to face congressional opposition.

The provision in the spending bill blocking an enrollment fee had widespread support among Republicans and Democrats, according to congressional aides. The Pentagon, nonetheless, is expected to ask again in the 2014 budget for an enrollment fee.

The department also is likely to seek increases in fees and deductibles for working-age retirees and try again to peg increases in them to rising costs as measured by the national health care expenditure index produced by the Centers for Medicare and Medicaid Services. That index rose 4.2 percent in 2012 and is projected rise by 3.8 percent this year.

In recent years, Congress has agreed to tie any future increases to the typically smaller percentage increase in military retirees' cost-of-living adjust-

ment, which this year is 1.7 percent.

Either way, a military retiree under age 65 and their family members pay a far smaller annual enrollment fee than the average federal worker or civilian - \$230 a year for an individual, \$460 for a family. There is no deductible.

Lawmakers' other response was to establish the Military Compensation and Retirement Modernization Commission to study the issue of benefits and offer recommendations on how the Pentagon can address the problem. The commission was created in this year's defense authorization bill.

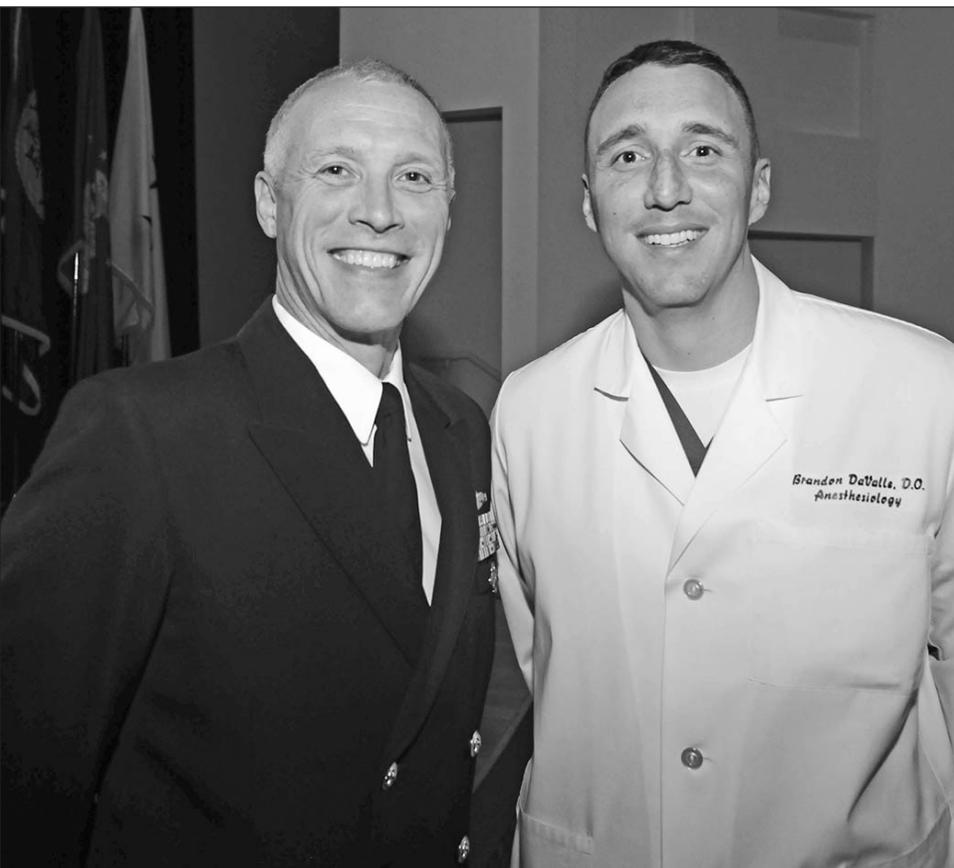
"Nobody wants to touch it because people are confused about who it impacts," said Lawrence Korb, a former assistant defense secretary and now a senior fellow at the liberal-leaning Center for American Progress. "It's not going to impact people on active duty. It's not going to impact veterans because they're taken care of by the VA. Basically (it's) working-age retirees."

Korb said he wished Hagel has been more explicit in his warning about the impact of benefit costs.

"He did lay it out that we're going to have to do something or we're going to end up like General Motors and spending everything on people not working for us anymore."

Gordon Adams, a professor at American University who was a senior official at the Office of Management and Budget, said limited savings in the short term from changes in retirement rules or other benefits present a challenge in making the case for change.

"The savings are downstream, but you only get downstream if you get in the boat now," Adams said. "Otherwise you never get downstream, you're just waiting at the dock all the time because you don't think it'll save you money up front."



*Naval Medical Center San Diego (NMCS D) Deputy Commander Capt. (Dr.) Mark A. Kobelja presents Lt. Cmdr. (Dr.) Brandon DaValle, resident assigned to Naval Medical Center San Diego's Directorate of Surgical Services, with a first-place award for his poster, "Lung Collapse in Freely Diving California Sea Lions (*Zalophus Californianus*) Inferred From Continuous Arterial Oxygen Measurement," at Navy Medicine West's 28th Annual Academic Research Competition.*



(U.S. Navy photos by Mass Communication Specialist Seaman Pyoung K. Yi/Released) Naval Medical Center San Diego (NMCS D) Deputy Commander Capt. (Dr.) Mark A. Kobelja presents Cmdr. (Dr.) Steven Romero, staff assigned to Naval Medical Center San Diego's Cardiology department, with a first-place award for his poster, "Referrals for Cardiac Radionuclide Imaging: Time for a Novel Radiation Sparing Approach," at Navy Medicine West's 28th Annual Academic Research Competition. Research projects and case reports were presented in either podium or poster format and included qualitative, quantitative, and mixed-method research from a variety of disciplines and specialties. The competition included three categories and 25 presenters.



Naval Medical Center San Diego (NMCS D) Deputy Commander Capt. (Dr.) Mark A. Kobelja presents Lt. (Dr.) Lindsey Prescher, resident assigned to Naval Medical Center San Diego's General Surgery department, with a first-place award for her presentation, "Vagal Nerve Stimulation Alters the Inflammatory 'Set Point' of the Gut," at Navy Medicine West's 28th Annual Academic Research Competition.



Naval Medical Center San Diego (NMCS D) Deputy Commander Capt. (Dr.) Mark A. Kobelja presents Lt. (Dr.) David Aurigemma, from Naval Medical Center San Diego's Pediatrics department, with a first-place award for his presentation, "Case Report of a Congenital Myofibrillar Myopathy Secondary to Mutations in the CRYAB Gene," at Navy Medicine West's 28th Annual Academic Research Competition.

Military Health Care Reform included in Obama's Budget

By Kedar Pavgi
GovExec.Com

President Obama proposed military health care reforms on Wednesday in his 2014 budget, including higher fees and new enrollment fees for some TRICARE plans.

New fees and deductibles would be "phased in over a five year period" and would be indexed to increases in the retiree cost-of-living adjustment, according to an overview of the proposal from the Pentagon. The White House also wants to implement enrollment fees for TRICARE-for-Life beneficiaries, who are aged 65 and older. The changes would affect retirees who are in TRICARE.

For TRICARE Standard and Extra plans--Defense's fee-for-service options--program enrollment fees for fiscal 2014 would be set at \$70 for individuals and \$140 for families, under Obama's proposed budget.

Deductibles would rise to \$160 for individuals and \$320 for families, up from \$150 and \$300 for fiscal 2013, respectively, the department said.

TRICARE Prime--similar to a health maintenance organization or HMO plan--would include an increase in the current annual fee, from \$539 to \$548, and would charge a percentage of gross retired pay, under the White House proposal. In fiscal 2014, that number would be set at 2.95 percent of gross retired pay, rising to 4 percent in fiscal 2018. The fee ceiling for most TRICARE Prime enrollees in fiscal 2014 would be \$750, with flag officers facing a \$900 ceiling, both up from \$539 in fis-

cal 2013.

The budget also proposes increasing co-pays for pharmaceutical drugs, except for active-duty service members, and raising the co-pay for a TRICARE Prime non-mental health office visit for retirees and families from \$12 to \$16.

Congress modestly increased the prescription drug co-pays for some TRICARE beneficiaries in the fiscal 2013 Defense Authorization Act, but not as much as the administration would have liked. That law also caps pharmacy co-pays beginning in 2014 so that such fees are in line with the annual retiree cost-of-living adjustment.

Survivors of military members who died on active duty and medically retired members would be excluded from the new cost increases.

"Despite these changes, DoD will continue to offer the most comprehensive health benefit, at lower cost to those it serves than most health plans in the nation," the budget proposal said.

The rising cost of TRICARE has become a major policy concern, with the program now consuming \$53 billion, or 10 percent of the Pentagon's non-war budget. Last year, Sens. Frank Lautenberg D-N.J. and Marco Rubio R-Fla. proposed the Military Health Care Protection Act to bring greater predictability to TRICARE cost increases for users.

Requiring TRICARE beneficiaries to pay more for their health care is a politically sensitive topic. No one wants to be seen as breaking faith with troops, their families or retirees, and military service organizations are a powerful lobby in Washington.



(U.S. Navy photo by Mass Communication Specialist 2nd Class Zachary Bell/Released)

Government of the District of Columbia Department of Mental Health Chief Clinical Officer and Institute of Medicine Committee member, Dr. Elspeth Cameron Ritchie (left), speaks with Naval Medical Center San Diego (NMCS) Comprehensive Combat and Complex Casualty Care (C5) Program Director Jennifer Town (right), during a tour of the C5 facility. Ritchie and other members from the Institute of Medicine Committee were shown a virtual reality lab, C5 prosthetics and NMCS's Mental Health department, all that help in the recovery of wounded ill and injured at NMCS.



(U.S. Navy photos by Mass Communication Specialist 2nd Class Sean P. Lenahan/Released)

Above left and right: Eduardo Medina, operations manager at Naval Medical Center San Diego (NMCS) bioskills simulation laboratory, explains to a tour group the uses of interactive medical practices through the use of simulation and mannequins. The tour consisted of medical professionals from across the U.S. as part of the Interactive Patient Care Get Well Network (ICP GWN) GetConnected tour and conference at NMCS, highlighting military medicine with the integration of interactive patient care.



Left: Cindy Gunner, a nurse assigned to Naval Medical Center San Diego's (NMCS) inpatient cardiology ward, explains to a tour group the medical uses of the interactive GetWell Network.



(U.S. Navy photos by Mass Communication Specialist 2nd Class Jessica L. Tounzen/Released) **Naval Medical Center San Diego (NMCSO) staff display medical research presentations detailing continuous process improvement (CPI) suggestions during NMCSO's annual CPI Fair. Sixty-two projects were submitted, with four winning presentations and four honorable mentions selected by NMCSO judges in four categories: Just Do It, Low-Hanging Fruit, Plan-Do-Check-Act, and Lean Six Sigma. Active duty officers, enlisted personnel and civilians worked together to come up with ideas, present them for judging, and showcase them during the event.**

Above left: Naval Medical Center San Diego (NMCSO) Deputy Commander Capt. Mark A. Kobelja announces the winning medical research presentations detailing continuous process improvement (CPI) suggestions during the command's annual CPI Fair.



Naval Medical Center San Diego (NMCSO) Deputy Commander Capt. Mark A. Kobelja recognizes NMCSO staff for medical research presentations submitted detailing continuous process improvement (CPI) suggestions during the command's annual CPI Fair.



Naval Medical Center San Diego (NMCSO) staff members discuss a medical research presentation detailing continuous process improvement (CPI) suggestions for glucose control in patients with diabetes during the command's annual CPI Fair.



Naval Medical Center San Diego (NMCSO) staff listen as Deputy Commander Capt. Mark A. Kobelja announces the winning medical research presentations detailing continuous process improvement (CPI) suggestions during the command's annual CPI Fair.

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Parental protective factors help prevent child abuse

Commentary by Paula Spooner
81st Medical Operations Squadron

KEESLER AIR FORCE BASE, Miss. — Recently I returned home from a very special road trip. My daughter, grandson and I all traveled to Ohio to welcome the newest member of our extended family -- a gorgeous, healthy 7- week-old baby girl.

Her proud parents marveled at her tiny fingers and toes, pointed out features resembling specific family members and described milestones already accomplished despite her brief tenure on earth. As we all admired her, she lay happily propped on a Boppy, smiling at a world she clearly deemed friendly, warm and pretty darned fascinating. Watching my step-daughter so tenderly care for her newborn, I had tears in my eyes. It was perfect. It was just...right.

Back at work in family advocacy, I reviewed articles on recent child abuse incidents reported in the local paper. Given last week's visit, I couldn't help but be especially saddened as I considered the sharply contrasting lives of these children. Still later, preparing for the annual Keesler Medical Center "Pinwheels for Prevention" display, I researched the number of kids in the surrounding community substantiated last year for child abuse or neglect. For the display "garden," the family advocacy program plants one pinwheel to represent each of these kids - a total number that has risen by a whopping 30 percent since last year's display. This year we will be placing nearly 1,300 pinwheels.

Thirty years ago this month our president dedicated April as National Child Abuse Prevention Month. Although we all have a responsibility to children year-round, this is a time during which individuals and organizations are encouraged to dig a little deeper, to play a more active role in making our community a better, safer place for children and families. By ensuring that parents possess the knowledge, skills and resources they need to care for their kids, we can boost their social and emotional well-being and prevent maltreatment within families and communities.

Research shows that when parents possess six main protective factors the risk for neglect and abuse diminish, and optimal outcomes for children, youth and families are promoted. The six protective factors are:

Nurturing and attachment: Simply put, this is just good, old fashioned bonding. There is no shortcut through this one. Hold and cuddle your babies and spend time with your kids! A few years ago, I wrote an article about the importance of putting down your smart phones, I-pads and laptops, curtailing the texting, tweeting and gaming and giving your babies and children face to face contact. There is simply no substitute for time spent together. When your child calls out, "Mommy, watch me!" for what seems like the hundredth time, stop and watch! The quality and amount of the time that you invest in your children now will determine what they invest in you later on. When life passes by so quickly it leaves you breathless.

Knowledge of parenting and of child and youth development: What's normal? When should you seek outside support? Parents tend to worry and kids are full of surprises. The more parenting skills and tools we all have in our back pockets to manage concerning behaviors the more likely we are to react calmly and appropriately in a tense situation. So take parenting classes or enroll in FAP's new parent support program, not because you think you are a "bad parent," but because you want to prepare - because you choose to become the best parent you can be. By the way, I have consistently found that it's the invested, curious, open-minded parents who most frequently register for classes!

Parental resilience: How can we expect military parents to raise resilient kids if they cannot model those qualities at home themselves? Answer: We

can't! This is where the comprehensive Airmen fitness modules come in handy. The more our master resilience trainers educate base personnel to effectively use the mental, physical, social and spiritual interventions to manage work demands, the more likely they will be to implement them 24/7. This will create a ripple effect. At home, partners and kids will be exposed to and learn these skills, creating a healthier family environment. Just envision neighborhoods and schools in which all the citizens know and practice the life management skills taught in these resiliency classes!

Social connections: Just as research has shown inadequate bonding to increase risk for shaken baby syndrome, it has also revealed social isolation to be a primary contributor for families at risk for violence. A close, caring, supportive relationship is the best protective factor against depression, PTSD, anxiety, physical illness, adjustment to unwanted change - the list goes on and on. Ironically, even as we have continually added to our options for electronic connection with others - Twitter, Facebook, Skype, LinkedIn, text messages - many of us report feeling more alone than ever. The Air Force has real-world opportunities for social networking and support, so let's use them. If you are a spouse, sign up to attend Heart Link and support the Key Spouse program. Active duty members should educate themselves about base resources and consider volunteering as victim advocates, mentors or peer trainers. The Exceptional Family Member Program provides support to families of kids with special needs and the base FOCUS program helps families adjust to all phases of deployment. Single parenthood is challenging; who can relate better than another single parent? Team Keesler, reach out!

Concrete supports for parents: Child abuse is more likely to occur when parental stress and worry reaches an unmanageable level, at which time even a minor event can trigger a loss of control. So when parents are overwhelmed about kids' unmet needs or what seems to be an unsolvable life situation, that's when concrete, or tangible services, can keep a family on an even keel. All parents need an occasional respite from the constant demands of parenting to relax, recharge and regroup. "Parents Night Out," held the first Saturday of each month at the child development center and youth center, is a wonderful opportunity for base parents to do just that. Register your kids and give it a try! Or when monthly bills threaten to overwhelm your budget, don't stress and worry in isolation - call the airman and family readiness center and discuss your options with a financial counselor. They are savvy, professional and responsive. This base is full of personnel whom, if they cannot help, know who can. From tax assistance to food stamps, to WIC to durable medical equipment, there is a solution to every need. If you are worrying or could use some support, talk to your leadership!

Social and emotional competence of children: While all six protective factors are important, this one is particularly critical. For today's children to grow into the socially and emotionally competent adults of tomorrow, they require healthy examples. This calls upon their parents and other adult role models to demonstrate effective communication skills, respect of others and their property, empathy, kindness, social consciousness, emotion regulation and self-discipline. And this is just the beginning! As a grandparent, I firmly believe that children need and benefit from the collective input of many adults, not just their parents. Of course, loving parents will hopefully provide the structural basics, but other caring adults may impart other lessons: the spirit of generosity, the value of hard work or the wisdom of preserving nature. It does indeed take a village.

What might you be able to offer the children in your community? This month, take the opportunity to consider just one way you could make a difference in the lives of the kids in your local school, neighborhood, county or state. It might be dedicating an hour a week to rock babies in a daycare, volunteering as a Big Brother/Sister, teaching a parenting class or offering to help out the family of deployed service member.

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Military Spouse Appreciation Day honors those who support service members

Story by Sgt. Jesse Houk,
139th Mobile Public Affairs Detachment

The U.S. military honors those who do not wear the uniform but who stand beside their service-members everyday: military spouses. May 10, Military Spouse Appreciation Day, was established by Ronald Reagan in 1984 and is celebrated the Friday before Mother's Day each year.

Sgt. 1st Class Sean P. Broderick said his wife, Donna K. Broderick, both of Fisher, has proven herself as a spouse who goes above and beyond to make her husband's service to his country possible. Broderick, along with his daughter, Pfc. Kierstin M. Broderick of Urbana both serve in Company B, 634th Brigade Support Battalion in Champaign.

Just four months after they married, Sean deployed to Afghanistan with the 33rd Infantry Brigade Combat Team in 2008. Donna was left to run the house and take care of their now combined five children.

"I thought deployment, from my perspective, was harder on my wife than it was on me," said Broderick.

Despite the family dynamics, deployment and any other stressors, Sean said Donna held the family together while he was overseas.

"She's pretty awesome," said Sean. "For someone who has never dealt with anything like a deployment, she really held it together. I was really impressed with how she held herself together and



U.S. Army photos by Sgt. Jesse Houk, 139th Mobile Public Affairs Detachment (left to right) Sgt. 1st Class Sean P. Broderick, of Fisher, with Company B, 634th Brigade Support Battalion (BSB) in Champaign, his wife, Donna, Family Readiness Group leader for Co. B, and their daughter, Pfc. Kierstin M. Broderick of Urbana with Co. B stand outside the Champaign Armory in Champaign May 5.

dealt with everything."

Donna said the family transition and the deployment was difficult at first, but over time she adapted.

"It was hard enough with our family dynamics because we were combining families, trying to find boundaries with the older kids, working, not knowing what (Sean) was getting himself into,

especially after what happened in Iraq in 2005," said Donna.

Sean, a purple heart recipient, was injured in a rocket attack during the 2005 deployment that put him in the hospital for several months.

Donna took on even more responsibility when she took charge of the Family Readiness Group (FRG) just

five months ago after the previous leader abruptly stepped down.

"The FRG was so helpful while our Soldiers were gone," said Donna. "It's not like being at a normal military base where your neighbors have Soldiers deployed. You're kind of out there on your own."

Although Military Spouse Appreciation Day has been around for nearly three decades, many service-members are not aware of its existence.

"I think it's incredible," said 2nd Lt. Anastasia M. Flanagan of Danville, acting commander of Co. B, 634th BSB. "I think military spouses, especially on the Guard side, are often overlooked. I think this is an excellent program to get the word out that as an Army, in the National Guard, we do appreciate our spouses and we do think they are an invaluable members of the team."

Donna has made progress to improve the FRG after only five months in the leadership role.

"I was immediately impressed with how she brings her ideas into the FRG meetings and is working outside of the two hours that we have our meetings," said Flanagan. "She's working toward trying to have our meetings run efficiently and bring new and fresh ideas. That's been incredible."

Donna is just one of hundreds of thousands of military spouses being honored on Military Spouse Appreciation Day. But to one unit, one husband, and five children, she's invaluable.



Donna K. Broderick of Fisher, (left) Family Readiness Group (FRG) Company B, 634th Brigade Support Battalion (BSB) in Champaign, husband, Sgt. 1st Class Sean P. Broderick, and Kim S. McCreary of Gibson City (right), the FRG treasurer, listen to a brief during a meeting in Champaign May 5.



Donna K. Broderick of Fisher, Family Readiness Group leader of Company B, 634th Brigade Support Battalion in Champaign, discusses plans with Sgt. 1st Class Megan K. Welch, of Hoopeston, readiness noncommissioned officer Co. B, 634 BSB, as Kim S. McCreary of Gibson City, FRG treasurer of Co. B, 634 BSB types notes at the Park Street Armory in Champaign May 5. The FRG met to plan for future events that support the unit.



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