

FAM

A US FAMILY HEALTH PLAN MAGAZINE

Summer 2018



***Combating
College
Freshman
Depression***

**IMPORTANT
Member Updates**

**Golf gives kids
a jumpstart
on life!**

**Making the
Vaccine
Decision**

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 **FAM HEALTH**



 **WELL-BEING**



 **COMMUNITY**



- 5 Colorectal screening guidelines
- 6 Colorectal cancer quiz
- 7 Army captain defeats cancer
- 8 August is National Immunization Month
- 14 Answers to quiz

- 4 Fight college freshman depression
- 10 Summer fun... children and golf
- 12 Are you sluggish after a workout?

- 3 Spotlight on CMDCM (SW/SS) Rafael Perez
- 11 Member updates
- 13 Spotlight on Marie Durling
- 15 FAM CAM... Out and About
See if we captured your smile.
- 16 Apple arugula quesadilla



Who We Are

The Uniformed Services Family Health Plan (USFHP) @ Saint Vincents is a TRICARE® Prime military health plan sponsored by the Department of Defense (DoD). We've been providing comprehensive care for military families and retirees for over 35 years. We provide the full TRICARE® Prime benefit including routine doctor visits, specialty care, hospitalization, urgent and emergent care, preventative health care services and prescription coverage—plus extras such as \$0 to low cost eyeglass benefit, annual physical exams and discounts to fitness clubs. USFHP members have access to some of the best hospitals and physicians in the nation.

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A US FAMILY HEALTH PLAN
MAGAZINE

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vaccine-decision/index.html

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Jeff Bloom addresses committee members at NJANG Business meeting

From the Executive Director

One of my roles as the Executive Director of US Family Health Plan is to work with representatives on “the hill” to ensure that the National Defense Authorization Act appropriates and sets forth policies addressing the healthcare needs of our TRICARE beneficiaries. In addition to policies regarding the Defense Health Program the bill authorizes appropriations to DOD for compensation, personnel benefits, and various other critical defense expenditures.

Mac Thornberry, Chairman of the House Armed Service Committee recently stated “For the 58th straight year, the House has passed the NDAA with overwhelming bipartisan support. The key focus of this bill is restoring readiness to ensure that when our men and women in uniform go out on mission, they have the best equipment, the best training and the best support our nation can provide.

This bill also takes crucial steps toward rebuilding our military and reforming the Pentagon. I know that we are in a political business, but there is a time to leave politics at the door. There is also a time to come together to tell allies and adversaries alike that we are serious about defending this country. And most of all, there is a time to come together to support the men and women who risk their lives to defend our country and protect our freedoms”.

The United States is faced with challenging times and we must ensure that our armed forces have the tools and resources needed to defend and protect our country. It’s time to modernize our forces and focus on readiness. Our men and women in uniform and their families not only need our support, but the full support of Congress and the current administration. It’s time to band together and do, not only what’s right for our heroes, but what’s right for our country.

Jeff Bloom



CMDCM (SW/SS) RAFAEL PEREZ

Interviewed by Wil Acosta

Q: Where did you grow up?

A: I grew up in the Castle Hill section of the Bronx in New York City. I spent two years at Aviation High School before transferring to Herbert H. Lehman High School in my neighborhood. I played football my Senior year with current Jacksonville Jaguars coach, Doug Marrone. After graduating, I attended Southern Connecticut State University for one year.

Q: What sports or hobbies did you have?

A: I am an avid New York sports fan and have been a subscriber to Sports Illustrated for over 30 years. I love to bicycle ride and love to work around the house on my landscaping.

Q: What made you decide to join the Navy? What was your military job?

A: I joined the Navy in 1987 after watching the movie Top Gun. I knew I couldn't be a pilot, but I was extremely impressed with the scenes of working on the flight deck. After talking with my Mom, I walked into the Recruiting Office at 23 years old, where the recruiter introduced me to Submarine Duty. I joined the Navy as a Navigation Electronics Technician in submarines and reported to USS Hammerhead (SSN-663) in 1988. One of the biggest thrills of my life was walking into that same Recruiting Station 27 years later as the Command Master Chief of the Recruiting District.

Q: What was your favorite duty station?

A: My favorite Duty Station was Pearl Harbor, Hawaii. Hawaii is the most beautiful place on earth. I cherish the five years that I spent there particularly with the beautiful Hawaiian people. I was stationed on USS Santa Fe (SSN-763) as the Chief of the Boat (Top Senior Enlisted Leader). Being a part of the command element on a Naval vessel is the biggest honor and privilege that you can attain in service. Also, while I was the COB on Santa Fe, we surfaced at the North Pole in July of 2006. It was an incredible experience breaking through 5 feet of ice.

Q: What were your favorite military experiences?

A: I have been blessed to have had a ton of incredible experiences in service. One in particular was as the Command Master Chief of USS New York

Who says you can't come home? This month's US Family Health Plan member spotlight is about a native New Yorker, who traveled the globe while serving, only to return home to head the very recruiting district that enlisted him as a young recruit.

During his three decades in the Navy, Perez seemed to have served in every clime and place from the arctic, to the tropics. He was stationed in foreign lands, on ships that sailed the ocean, and on subs that dove deep below the sea. But, there's no place like home.

Master Chief Perez returned to his hometown October of 2013 to serve as the Command Master Chief of Navy Recruiting District New York. Poetically, Perez' military career ended right where it had started. His watch ended when he retired after 30 years of faithful service on December 2016.

As a retired Navy Master Chief with 30 brilliant years of service, Rafael Perez is definite proof that you can always come home as long as you never forget who you are, or where you've been.

When asked if he would allow us to interview him about his life pre, post and during his military career Master Chief Perez responded; "I'd be honored".

(LPD-21). A ship that was built from steel of the World Trade Center and riding up the Hudson River toward the city for Fleet Week. I was literally in tears because I was so proud of my ship and of my city.

Q: Where were you on September 11th, 2001?

I was a Senior Chief Petty Officer that had just transferred from USS Newport News (SSN-750) in Norfolk, Virginia to Submarine Group Seven in Yokosuka, Japan. I was in the Navy Lodge with my family, as we were searching for housing, when I was awakened by my sponsor at 11:00PM Japanese Standard Time after the first plane had hit. I remember being down on that street about two weeks prior while on transfer leave with my children showing them the World Trade Center.

Years of Service... Represent Lifetime Rewards

Master Chief Perez is highly decorated after his three decades of naval service. He is entitled to wear the Meritorious Service Medal (four awards), Navy and Marine Corps Commendation Medal (three awards), the Navy Achievement Medal (six awards), as well as various other awards and citations. Despite all of his achievements and fanfare, Perez remains remarkably humble when describing his military services. "My career was filled with good people and great experiences," Perez said. "It was an honor to serve."

During his interview, MC Perez recounted his many years of service with pride and honor.

It's easy to see why this retired Master Chief achieved so much during his career. He worked hard, stayed humble, and he never forgot the love he had for his family and his hometown. Instead of old seas stories, Perez spent most of the time we interviewed him talking about his loved ones. If you're fortunate enough to ever meet him, his children, his wife, and his rescue dog are usually the topics of conversation. But, feel free to ask him about his Yankees too. As they say, "You can take the Bomber out of the Bronx, but the pin stripes remain."

Photos from top to bottom:

- Picture marquee @ Yankee Stadium featuring CMDCM R. Perez.
- CMDCM Rafael Perez being honored at Yankee Stadium
- Rear Admiral Michael E. McLaughlin, Commander, Submarine Group 2, awards CMDCM(SS) Raphael Perez, Command Master Chief, Submarine Group 2, with his end of tour award, a Meritorious Service Medal.
- The Commanding Officer in the middle Captain Steve Perry, and on the left is the Executive Officer Captain Matt Terwilliger and CMDCM Rafael Perez with USS Santa Fe SSN-763 in the background at the North Pole.

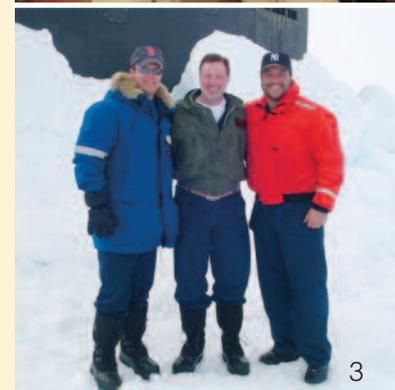


Photo: MC1 Virginia K. Schaefer/GROTON, CT.

[https://commons.wikimedia.org/wiki/File:U.S._Navy_Command_Master_Chief_Rafael_Perez_attends_a_911_remembrance_ceremony_ aboard_the_amphibious_transport_dock_ship_USS_New_York_\(LPD_21\)_Sept_120911-N-NN926-129.jpg](https://commons.wikimedia.org/wiki/File:U.S._Navy_Command_Master_Chief_Rafael_Perez_attends_a_911_remembrance_ceremony_ aboard_the_amphibious_transport_dock_ship_USS_New_York_(LPD_21)_Sept_120911-N-NN926-129.jpg)
http://www.dolphin-news.com/news/a-bittersweet-farewell-for-submarine-group-s-command-master-chief/article_16b10262-2209-5f4a-ad8c-33a512052f3f.html

Six Tools to Help Fight College Freshman Depression

The start of college comes with expectation and excitement, but it also can trigger depression

Making the leap from high school to college is a big deal, no matter how far from home a soon-to-be freshman is headed.

But the positive (yet often hectic) milestone can shake a student's well-being, with unintended effects such as depression.

"It's a huge transition for everyone, whether you have a history of depression or not," said Dayna LePlatte, M.D., a clinical instructor in psychiatry at the University of Michigan Medical School. "You're living on your own, taking on more responsibility and academic demands. "It can be tough."

And it marks a key time for signs of trouble to surface: 75 percent of mental health conditions begin before age 24, according to the National Alliance on Mental Illness. Nor is the scenario uncommon. A 2016 UCLA survey found that 12 percent of college freshmen say they are frequently depressed. Likewise, the number of students seeking mental health services rose nearly 30 percent between 2009 and 2014, a Penn State University survey found.

Although some self-help steps can offer an emotional boost—see a list of tips below—a student showing symptoms of depression shouldn't struggle alone.

"People really need to know it's OK to ask for help," said Dr. LePlatte, a former psychiatrist for U-M student-athletes: She offered advice for freshmen and their families:

Have a support system in place: Having loved ones to call (or text) for regular check-ins offers a vital lifeline, particularly during the first stages of freshman year. Such contact, while comforting, also provides a way for friends and family to look for signs of depression.

Among them: "Changes in sleep patterns

is huge," said Dr. LePlatte. "Being excessively moody or irritable or sad—as well as changes in eating habits, weight loss or gain, and decline in academic performance." Statements about isolation or self-harm are red flags.

Have an open mind: Your new roommate might not be BFF material, and large lecture halls may seem impersonal. That's why it's important to nurture new social relationships in person rather than relying on social media, which has been linked to depression in young adults.

One universal outlet: extracurricular activities or intramural sporting groups, both of which advertise during activity fairs at the start of fall semester. "You're certain to find others with the same interests," Dr. LePlatte said. "When we are having positive peer connections, we feel better."

Have a study plan: Students may find themselves overwhelmed by the academic demands of college. "The most common thing is feeling really stressed out," Dr. LePlatte said. Couple that with large amounts of unstructured free time, and the potential for academic decline is high.

Time management skills, then, should be honed long before the school year begins. Knowing how and when to study (methods that could change over time) is key. Being prepared, Dr. LePlatte said, "is a good way to prevent other stressors." Consult an academic adviser if needed.

Have respect for your brain and body: Beyond the legal implications that could get a student in hot water, the use of marijuana and alcohol—both depressants—

can be particularly harmful to still-developing brains and to those with an existing mental health condition.

Moreover, combining drugs and liquor can heighten dangerous and unpredictable reactions such as panic, paranoia and anxiety. "We see kids that are having psychotic symptoms due to their abuse of these substances," Dr. LePlatte said. "It really affects your health."

Have an escape: Small mental breaks can make a big difference when the stress of tests and term papers looms. "Use your five senses—go for a walk, practice deep breathing techniques, maybe use a favorite lotion that smells good to you," Dr. LePlatte said.

Other pillars of self-care should be a regular priority to ease depression, she added. Those habits include eating a balanced diet, getting enough sleep and exercising. Take advantage of your school's fitness center for a variety of equipment and group classes.

Have courage to ask for help: Feeling better might not be as simple as making a few lifestyle shifts. And that's OK, Dr. LePlatte said. Your college has counseling resources available to offer professional guidance; ask a resident adviser or visit the health services center for information.

Doing so can be difficult. But the decision, Dr. LePlatte noted, needn't be any different than consulting a math tutor for homework help. "Just because you get therapy doesn't mean you're weak," she said. "In fact, it means the opposite: You are really strong."





Get Colon Checked Sooner, New Guidelines Say

If you're in your mid-40s and haven't had your colon checked, it might be time.

The American Cancer Society's newly updated guidelines for colon and rectal cancer screening recommend that adults at average risk get screened starting at age 45 instead of 50, as previously advised.

The updated guidelines come on the heels of what seems to be a rise in colorectal cancer among younger adults.

Colorectal cancer, which includes both colon and rectal cancers, is the third most common cause of cancer-related deaths in the world, according to the World Health Organization.

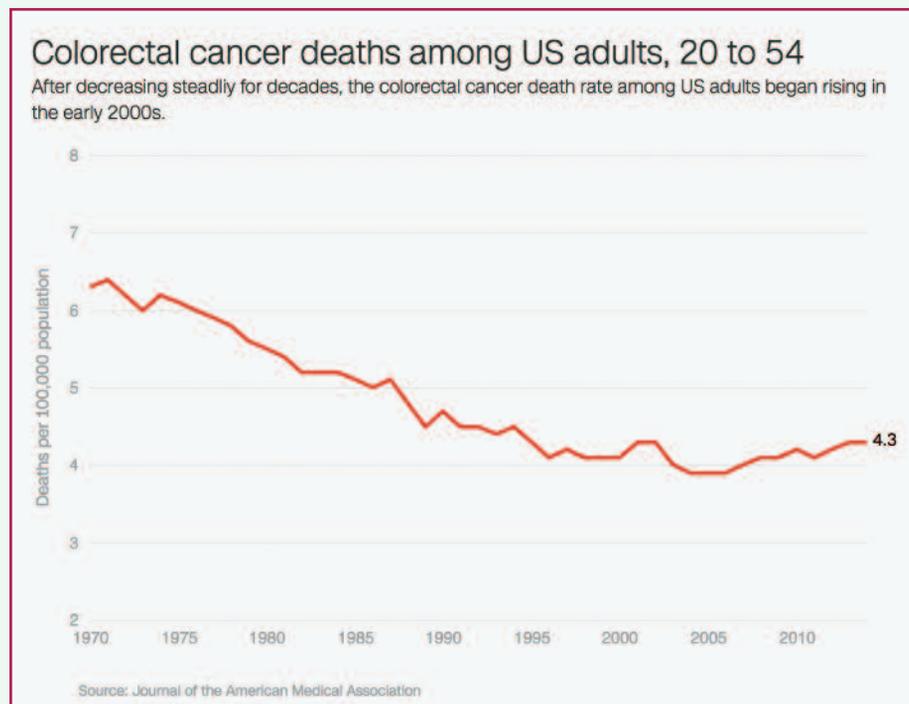
In the United States, colorectal cancer is the second-leading cause of cancer-related deaths among cancers that affect both men and women, according to the US Centers for Disease Control and Prevention.

Some studies suggest that the rates of colorectal cancer deaths are climbing among American adults younger than 55.

After declining overall from 1970 to 2004, colon and rectal cancer mortality rates among 20- to 54-year-olds in the United States increased by 1% annually from 2004 to 2014, according to a study published last year in the medical journal JAMA.

"Behind these numbers are real people and real faces, and all of us in the colorectal cancer world and all the gastroenterologists and all the oncologists have been seeing more and more young people who develop this disease," said Dr. Richard Wender, chief cancer control officer at the American Cancer Society, who oversaw the development of the new guidelines.

"In people born more recently, they're at four times the risk for rectal cancer than people born in the '50s (at the same age), for example, and double the risk of colon cancer," he said. "It's what we call a birth cohort effect. Nobody knows why really clearly, and that's a big area of interest, but nobody's questioning that it's happening."



Note:

The U.S. Preventative Service Task Force recommends people who have no identified risk factors (other than age) to begin regular screening at age 50. Those who have a family history of colorectal cancer or other risk factors for colorectal polyps or cancer should talk with a health care provider about starting screening when they are younger and/or getting screened more often.

Disclaimer:

As of June 2018, TRICARE including USFHP does not yet cover routine screening colonoscopies under the age of 50.



Take the Quiz: Colorectal Cancer

Don't be fooled by rumors and misinformation about your colon. Get the facts. Test your knowledge of the six most common beliefs about colorectal cancer.

- 1. Colorectal cancer can be prevented.**
 - True
 - False
- 2. Colorectal cancer isn't a big problem in the US.**
 - True
 - False
- 3. I only need to get tested for colorectal cancer if something seems wrong.**
 - True
 - False
- 4. Lifestyle choices, like alcohol use, exercise, and smoking, have an impact on colorectal cancer risk.**
 - True
 - False
- 5. Most people should start colorectal screening at age 50.**
 - True
 - False
- 6. Colonoscopy is the only test used to screen for colorectal cancer in people who have no symptoms of it.**
 - True
 - False





Army Captain *Defeats* Cancer

FORT LEONARD WOOD, Mo. -- At age 25, Monica Rosario was diagnosed with stage three colon cancer, a diagnosis that would start her on a personal battle, not only for her future as a Soldier, but for her life.

"When they told me, I felt very numb," Rosario remembered. She was a first lieutenant serving as a company executive officer in the Warrior Transition Battalion at Fort Bragg, North Carolina at the time.

It never occurred to Rosario, now a captain at Fort Leonard Wood awaiting her pickup in Engineer Captain's Career Course, that the reason for her frequent visits to her doctor could be so dire. Doctors kept telling her she was just dehydrated and needed to go home and rest.

During one emergency room visit in January of 2015, however, a doctor inquired about Rosario's frequent medical issues, and her responses prompted him to recommend a colonoscopy.

Her mother and father, who lived not far away in her hometown of Fayetteville, North Carolina, accompanied her to the appointment. That's when they learned it could be cancer. The diagnosis was confirmed at a follow-up exam.

"It really hit [my mom] harder than it hit me," Rosario said. "She was more emotional than I was because I had no idea what I was getting into."

Rosario's mentor and commanding officer at the time, Capt. Chinyere Asoh, said she understood what Rosario was about to endure.

"I served as a commander and, each day, I heard news of Soldiers going through the worst unimaginable concerns of their lives, but I stayed strong for them and their families," Asoh said.

When Asoh heard the news her executive officer had cancer, she couldn't hide the emotion.

"For me, this was different," Asoh admitted. "My fighter [Capt. Rosario] was going down, and there was nothing I could do. The day I found out, I called my battalion commander as I cried."

Rosario approached her situation from another perspective -- one inspired by former ESPN anchorman, Stuart Scott,



who fought a seven-year battle with cancer. Scott lost that battle in 2015 at age 49.

"Whenever you are going through it, you don't feel like you are doing anything extraordinary because you are only doing what you have to do to survive," Rosario said.

Rosario confessed that, while she was undergoing treatment, it made her uncomfortable when people called her a hero. There was nothing she was doing that made her special, she believed.

"When you have to be strong and you have to survive, you don't feel like you are doing anything special," she said.

The Army provided Rosario with the time and support she needed in order to devote herself to recovery, she said.

"I can say the Army served me when I needed it most, and I am forever grateful," she said. "I know there were many times I could have quit. I could have settled for someone telling me I should medically retire. But I knew the Army had more in store for me."

Rosario said it took about two weeks to recover from her surgery before she could start chemotherapy. Following six months of chemo, it took another two months before she was

able to resume her physical training. She fought hard to keep herself ready to return to full-duty so she could continue her career. Her will to fight was an inspiration to her husband.

"My wife is literally the strongest person I know," said Bernard McGee, a former military police officer. "She has been through it all and has mustered the strength to take on even more challenges. She is a true warrior." Asoh agreed.

"Monica is a true fighter, and I am happy to state that she is a survivor," Asoh said. "Her illness did not define her. Rather, it broadened her view of life."

Rosario credits positive thinking and the support of her Army family for keeping her in the Army so that she could make it to Fort Leonard Wood to complete the Engineer Captain's Career Course.

"The Army's resiliency training has instilled in me the ability to stay strong and stay resilient in all aspects of life," she said. "Being resilient has helped me and still helps me on a daily basis. Seeking positive thought, and staying away from negative thoughts impact how we feel and how we live every day."

By Stephen Standifird



AUGUST is NATIONAL IMMUNIZATION MONTH

Making
the
Decision

FAMILY HEALTH



National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages.

NIAM was established to encourage people of all ages to make sure they are up to date on the vaccines recommended for them. Communities have continued to use the month each year to raise awareness about the important role vaccines play in preventing serious, sometimes deadly, diseases.

NIAM is sponsored by the National Public Health Information Coalition (NPHIC). For more information on the observance, visit NPHIC's NIAM website.

Making the Vaccine Decision

As a parent, you want to protect your little one from harm. Before you decide to vaccinate your baby, you may wish to know more about:

- [How vaccines work](#)
- [How vaccines work with your baby's immune system](#)
- [Vaccine side effects/risks](#)
- [Vaccine ingredients](#)
- [Vaccine safety](#)

How Vaccines Prevent Diseases

The diseases vaccines prevent can be dangerous, or even deadly. Vaccines reduce your child's risk of infection by working with their body's natural defenses to help them safely develop immunity to disease.

Vaccines and Your Child's Immune System

As a parent, you may get upset or concerned when you watch your baby get 3 or 4 shots during a doctor's visit. But, all of those shots add up to protection for your baby against 14 infectious diseases. Young babies can get very ill from vaccine-preventable diseases.

Although children continue to get several vaccines up to their second birthday, these vaccines do not overload the immune system. Every day, your healthy baby's immune system successfully fights off thousands of antigens – the parts of germs that cause their immune system to respond. The antigens in vaccines come from weakened or killed germs so they cannot cause serious illness. Even if your child receives several vaccines in one day, vaccines contain only a tiny amount of antigens compared to the antigens your baby encounters every day.

Vaccine Side Effects/Risks

Like any medication, vaccines can cause side effects. The most common side effects are mild. On the other hand, many vaccine-preventable

disease symptoms can be serious, or even deadly. Even though many of these diseases are rare in this country, they still occur around the world.

Unvaccinated U.S. citizens who travel abroad can bring these diseases to the U.S., putting unvaccinated children at risk.

Vaccine Ingredients

Vaccines contain ingredients, called antigens, which cause the body to develop immunity. Vaccines also contain very small amounts of other ingredients. All ingredients either help make the vaccine, or ensure the vaccine is safe and effective.

Ensuring Vaccine Safety

The United States' long-standing vaccine safety system ensures vaccines are as safe as possible. In fact, currently, the United States has the safest vaccine supply in its history.

Safety monitoring begins with the U.S. Food and Drug Administration (FDA), who ensures the safety, effectiveness, and availability of vaccines for the United States. Before the FDA approves a vaccine for use by the public, highly trained FDA scientists and doctors evaluate the results of studies on the safety and effectiveness of the vaccine. FDA also inspects the sites where vaccines are made to make sure they follow strict manufacturing guidelines.

"It's natural you have questions about your child's vaccines. There are many myths about vaccines. As a parent myself, I found it helpful researching both sides of the coin. My decision to vaccinate my children was based on several factors; first being I was vaccinated as a child. More importantly though I weighed the benefit against the risk and really saw more of a benefit to the wellbeing of my children's overall health"

Talia Artist,
parent of three growing sons ranging in ages from 6 to 22 years old.

Is it true?

The 5 most common myths about childhood vaccines:

T or F: Vaccines are not safe.

False. Vaccines are very safe. The United States' long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest vaccine supply in its history. Millions of children safely receive vaccines each year. The most common side effects are typically very mild, such as pain or swelling at the injection site.

T or F: Side effects to vaccines are rare.

True. Vaccines, like any medication, may cause some side effects. Most of these side effects are very minor, like soreness where the shot was given, fussiness, or a low-grade fever. These side effects typically only last a couple of days and are treatable. For example, you can apply a cool, wet washcloth on the sore area to ease discomfort. Serious reactions are very rare. However, if your child experiences any reactions that concern you, call the doctor's office.

T or F: There a link between vaccines and autism.

False. Scientific studies and reviews continue to show no relationship between vaccines and autism. Some people have suggested that thimerosal (a compound that contains mercury) in vaccines given to infants and young children might be a cause of autism. Others have suggested that the MMR (measles-mumps-rubella) vaccine may be linked to autism. However, numerous scientists and researchers have studied and continue to study the MMR vaccine and thimerosal, and reach the same conclusion: there is no link between MMR vaccine or thimerosal and autism.

T or F: Vaccines will overload my baby's immune system.

False. Vaccines do not overload the immune system. Every day, a healthy baby's immune system successfully fights off thousands of germs. Antigens are parts of germs that cause the body's immune system to go to work to build antibodies, which fight off diseases. The antigens in vaccines come from the germs themselves, but the germs are weakened or killed so they cannot cause serious illness. Even if babies receive several vaccinations in one day, vaccines contain only a tiny fraction of the antigens they encounter every day in their environment. Vaccines give your child the antibodies they need to fight off serious vaccine-preventable diseases.

T or F: You can wait until your child goes to school to catch up on immunizations

False. Before entering school, young children can be exposed to vaccine-preventable diseases from parents and other adults, brothers and sisters, on a plane, at child care, or even at the grocery store. Children under age 5 are especially susceptible to diseases because their immune systems have not built up the necessary defenses to fight infection. Don't wait to protect your baby and risk getting these diseases when he or she needs protection now.

Summer Fun...Children and Golf –

Why it's a good idea to get them started young

Can golf have a positive impact on children from a young age? Tim and Pam Kwiat think so. Their son, Aiden (featured on cover) started playing golf when he was a mere three year old, and has developed a real love for the sport.

According to golf enthusiasts, children's early involvement in the world of golf are beneficial from both a mental and physical perspective. It is not only a question of improving hand eye coordination and getting kids to do some exercise, there is also a social element that includes etiquette, respect and sportsmanship, which is regarded as being integral with the game of golf. Furthermore, these various positive elements can be instrumental in the development and growth of young children.

PHYSICAL / HEALTH BENEFITS

In terms of physical benefits there are three areas that golf helps improve and these are stability skills, manipulative and object control skills, and awareness.

- Stability skills refer to agility, balance, coordination and speed. These are key skills in the game of golf as it is all about hand eye coordination and excellent balance.
- Manipulative and object control skills are being able to strike, catch or throw an object and in the case of golf, the dexterity golfers have with clubs comes in very handy.

- Awareness is of paramount importance in golf. Spatial awareness and kinesthetic awareness are sensory skills that your body uses to know where it is in space.

MENTAL BENEFITS

Golf is very much a mental game. It is a game where you have to Stop, Think, Strategize and assess situations that are within the framework of very complex rules. This requires the development of mental skills such as problem solving, risk assessment and determination. Problem solving comes in very handy when you are faced with bunkers, water hazards, wind, and other obstacles and you have to reach the green. Golfers are required to think strategically to find the most efficient way of reaching the pin with the fewest strokes within the limitations at hand.

Risk assessment as well is useful as it allows golfers to evaluate the cost/benefit of one type of approach as opposed to another. Should a golfer try and hit the ball over the lake and straight onto the green or allow another stroke to go around the lake? It depends on a series of factors including wind direction and speed, and a conviction in one's own skills and abilities.

Determination might seem fairly obvious in golf but it is absolutely fundamental.

Being a sport where golfers solely depend on themselves, they have to be determined that they will achieve their objectives.

SOCIAL BENEFITS

While golf develops excellent motor skills and great mental abilities; the sport also harnesses a child's grasp on understanding rules, etiquette, respect and integrity.

The game of golf teaches children the principles of honesty and integrity. These are lessons that will help them deal with situations both at school and at home and interact with people in the real world. Golf is one of the few sports where one has to self-impose rules and penalties.

It goes without saying that these key traits of respect, honesty, integrity and working both alone and in a team are fully transferrable to the real world for both children and parents.

In today's world of video games and smart phones, child obesity is a concern nationwide and it can be hard to drag your son or daughter out of the house. Golf is the perfect excuse to spend an entire day enjoying nature and presents the opportunity to develop healthy, lifelong exercise habits! The physical benefit of just being outside, surrounded by the gorgeous green environment is priceless.



MEMBER UPDATES **MEMBER UPDATES** MEMBER UPDATES**Reordering Drugs at your finger tip!**

MXP, formerly Maxor Mail Order, has an enhanced smart phone application with more functionality for your prescription drug benefits. This new app will replace the Maxor Mail Order PocketRx app.

New features include:

- **Manage user and dependent account profiles**
- **Fill multiple prescription refill orders**
- **Access retail and mail prescription history**
- **Pharmacy locator synced to Google Maps**
- **Download/print benefit documents (EOB, claim forms, etc.)**

To get started, visit our page below for step by step instructions:

<http://usfhp.net/wp-content/uploads/2018/05/Mail-Order-App-Letter.docx.pdf>

If you have any questions, please contact Maxor customer service center at 800-687-0707.

IMPORTANT MEMBER INFORMATION

During a recent audit by the Department of Defense, it was communicated to us that except for the initial payment, personal checks, cashier's checks, and/or money orders cannot be accepted as payment for enrollment fees. In order to remain compliant with this requirement, US Family Health Plan (USFHP) can no longer accept any check payments for enrollment fees. In order to maintain your enrollment in US Family Health Plan, we are required to update your enrollment fee payment method to a recurring payment option.

Option 1: Allotment – Automatic deduction from retirement pay

Option 2: Electronic Funds Transfer (EFT) – Automatic withdrawal from a checking account

Option 3: Recurring Credit Card Payment – Automatic charge to credit card

If you recently received a letter from us regarding this notice it is imperative that you respond timely.

Please note that **failure to update** your payment type to a recurring method **could jeopardize** your enrollment. The Department of Defense requires timely payment of enrollment fees. To **avoid disenrollment** from US Family Health Plan, a recurring payment method selection must be provided to us. Thank you for your continued support.

Thank you for your cooperation. Please do not hesitate to reach out with any questions and/or concerns at 212.356.4606.

Please...don't shoot the messenger

Since January, US Family Health Plan has received many phone calls from concerned members regarding the increase in co-pays. While most members understand that we (USFHP) do not set copays or enrollment fees, many others are not as clear as to how these cost are determined.

Health care cost are driven by population growth, aging, and price increases for medical goods and services in the U.S. These price increases are related to rising drug costs, use of new medical technology and increased provider rates. Additionally, the Center for Medicare & Medicaid Services estimates spending on healthcare to grow a whopping 5.5% percent year over year through 2026.

Unfortunately, TRICARE is not immune to these drivers. As a result, the Defense Health Agency (DHA) had to adjust TRICARE costs.

TRICARE cost changes vary and may change annually. Near the end of 2017, with the help of several military

and veteran service organizations, DHA was able to recalculate and correct costs before January 1, lowering 2018 patient costs for several types of care by \$3 to \$8. Other costs increased by more than **50%**, like the specialty and behavioral health co-pays for retirees, which changed from \$12 to \$30. The enrollment fees for TRICARE Prime had slight annual increases of \$6 for individuals and \$13 for families.

US Family Health Plan members were not exempt from these increases. To make managing your health costs more predictable and transparent, USFHP has updated the summary of benefits which includes all of the new copayments. Copayments are fixed-fees; they let you know the out-of-pocket cost of a covered service before receiving a bill.

Visit the US Family Health Plan website to view the revised Summary of Benefits @ <http://usfhp.net/wp-content/uploads/2018/03/SOB-1-17-17-with-footnotes.pdf> or call our Customer Service team **1800-241-4848 option#3**.

Are You Sluggish After a Workout?

Too little of these nutrients could be the culprits



Even when you're following the workout-diet rules to the letter—fueling up the right way before exercise and eating well afterwards—if you're not focusing on key nutrients, you still might feel sluggish and ready for a nap post routine.

These three nutrients can help you build a leaner, fitter figure. Here's what they are, how they work in your body and how to incorporate them into your diet:

Magnesium, the fourth most abundant mineral in the body, is key for optimal health and athletic performance. We need magnesium to maintain muscle and nerve function, blood pressure, heart rhythm and blood sugar regulation, as well as to make DNA. And new research from Indiana University suggests the mineral may reduce the risk of pancreatic cancer.

For athletes, a higher intake of magnesium improves strength, energy production, oxygen uptake and electrolyte balance. Even marginally low levels can interfere with sleep, necessary for exercise recovery. Yet 75 percent of us get less than the recommended intake of magnesium. That means you're probably not getting enough, either.

Signs of a serious deficiency: Nausea, poor appetite, numbness, tingling, abnormal heart rhythm. Subtle shortage symptoms can be harder to pin down, but include fatigue and too little sleep.

How to get enough: Good food sources of magnesium include almonds, avocado, beans, beets, brown rice, buckwheat, cashews, dark chocolate, lentils, millet, peas, pumpkin seeds, quinoa, sesame seeds, spinach and sunflower seeds. So you should include these foods as part of a healthy and varied diet. Too much sugar, caffeine and alcohol can reduce magnesium absorption, so limit the three of them.

If you prefer to take a supplement, take one that's no higher than 350 milligrams a day, unless your physician prescribes a higher dose. You can't overdose on magnesium through food, but a high supplemental intake can lead to an excess, and trigger side effects, including abdominal cramps, diarrhea, nausea or, in extremely high doses, dangerous toxicity.

Vitamin D has been the subject of much discussion over the past few years. You probably know it helps your body use the calcium in your diet, so it's essential for strong bones. A number of studies have found that the sunshine vitamin reduces the risk of injury and improves muscle function. One study found athletes with sufficient vitamin D levels fared better on tests related to muscle force and velocity than those with a deficiency. Another study found supplemental vitamin D reduces the amount of time cells need to replenish energy after muscle contractions, which leads to less fatigue.

Signs of a deficiency: Bone pain and muscle weakness could signal a vitamin D deficiency, but most symptoms are subtle. Even without symptoms, too little vitamin D has been linked to increased risk of death from heart disease, severe asthma in children and cognitive decline in older adults.

How to get enough: Exposure to the sun's UV rays triggers the production of vitamin D in our bodies. But where you live, the time of year and day, cloud cover, sunscreen and clothing all have an effect on UV exposure and vitamin D production. And research suggests black folks are more likely to have a vitamin D deficiency than people of other races, possibly because darker-colored skin

limits the production of it in our bodies. So the sun can't be your sole source. The top food sources include eggs (vitamin D is in the yolk), salmon, tuna and mushrooms. If you don't eat enough of these foods to meet your needs, you may need to take a supplement. Just be cautious. Too much vitamin D from supplements has been linked to high blood calcium levels, which can cause kidney and heart damage. And recent research found excess vitamin D increased the risk of dying from a heart attack or stroke. So talk to your doctor about supplements before you start popping them on your own.

Vitamin C has long been touted as having immune supporting properties. But this essential nutrient also supports exercise endurance and recovery. A higher blood level of vitamin C boosts fat burn, both at rest and during exercise, which can delay fatigue and let you work out for longer periods. The vitamin also is required to make tendons, ligaments, cartilage and bones, and it plays an important role in healing the wear and tear exercise puts on your body.

Signs of a deficiency: Too little vitamin C may cause anemia, bleeding gums, inability to fight infection, dry hair, nosebleeds, scaly skin and weakened tooth enamel. A severe deficiency, known as scurvy, mainly affects malnourished older adults.

How to get enough: Find vitamin C in bell peppers, broccoli, Brussels sprouts, cantaloupe, citrus fruits, kiwi and strawberries. Five servings of these foods each a day is enough to get the recommended amount. Though your body excretes too much vitamin C, some people experience bloating, diarrhea, nausea, vomiting, heartburn and kidney stones.

MARIE DURLING THE “GURU” OF RETIREE BENEFITS

This edition of FAM’s spotlight heads to Bordentown, New Jersey to shine the light on Marie Durling, Retirement Services Officer, New Jersey National Guard stationed at the Joint Military and Family Assistance Center in Bordentown. Even at 8:15 in the morning; Marie greeted me with a warm smile, welcoming spirit and caring heart.

As a retirement officer, Marie’s job is to educate National Guard members, upcoming retirees and their families on the full scope of their retirement benefits.

Marie understands the importance of retirees accessing the many benefits made available to them, noting that it all starts with knowing what to do and where to go. This information is shared during the four benefits seminars she conducts annually to at least 130 attendees each session. Ninety-percent of the attendees are retired while ten-percent are reaching retirement age and come to get information for retirement planning. Marie then follows this up with one-to-one sessions where she reviews the service members’ applications for accuracy and ensures that they have the needed documents to accompany the application that includes the 20-year letter and their discharge orders. By the way, many service members have displaced their original 20-year letter, no worries ~ Marie does the research to find that letter and issues a duplicate so that the retiree’s application can be complete and they can receive their benefits.

When Marie Durling, Retirement Services Officer, a civilian, was asked about the most important message she would like to relay to the National Guard members she said, “Thank you for your service” she went on to talk about the benefits that were onsite at her location including assistance completing the NGB22, financial counseling, mental health counseling, survivor outreach, youth activities information and applying for health benefits. Marie noted that there is a Tricare/US Family Health office onsite and that the cost is minimal for family healthcare, \$578 annually. Mrs. Darling said with emotion as though each one of those service members was part of her family that she wanted each retiree to receive all of the benefits they are entitled to. She handed me her business card so that any soldier needing her assistance could just give her a call.

Now let’s shine the light on Marie and her personal life. Marie married her childhood sweetheart Mr. Bill Durling a retired financial systems analyst, they are celebrating 46 years of marriage. Marie has two children and two grandchildren (twins – boy and a girl) the loves of her life. Marie and Bill enjoy road trips to visit her grands as Bill doesn’t like to fly. As a matter of fact, when her husband’s employer relocated to New Jersey in 1988 she found work as the Director of a daycare center. While on summer break, in



order to receive unemployment, you had to look for a job. This was the start of her career that led to her helping thousands of service members over the years!

Marie worked in several branches 1988, Secretary at Picatinny New Jersey Arsenal, 1989, Secretary at the State Aviation Office, West Trenton, New Jersey, 2004, Secretary to the Chief of State Joint Force Headquarters, 2004 promoted from Family Program Specialist to the Assistant Director of the Family Program Office at Fort Dix. In 2014, Marie Durling became the Retirement Services Officer where she currently provides services in Bordentown.

Marie recalls that working as the Assistant Director at the Family Program Office was one of the most satisfying jobs as she was able to assist service members, families and work with volunteers. She laughed stating, “I was on-call

24/7 such a rewarding job to be able to help others’. Marie shared a story with me about one year when she was asked to have Thanksgiving with the soldiers and how her daughter did not understand as she felt she should be home with her own family. Marie told her daughter that the service members didn’t have any family to spend the holiday with and she needed to be

“many of the retired service members think benefits are automatic, however, they must file an application to receive benefits”

there with them. Today, her family understands her commitment to her work and to the service members who valiantly serve our country.

Marie was also the daughter of a soldier, both of us recalling that we didn’t really understand the significance of our fathers being of service during our youth, however, these were selfless men that gave of themselves as they loved the country they served. In a heart stopping moment, Marie reached in her drawer and handed me the retirement kit that she gives to the retired service members in honor of my father who fought in World War II with her dad. Today, we celebrate Marie Durling, Retirement Services Officer legacy of service who like the service members she serves is loyal, proving selfless service with a personal touch. So I asked the magic question, “Marie it has been 30 years, when will you retire”? She replied simply “I’m not ready yet”.

Thank you Marie Durling for all that you do.

Interviewed by Dr. Natalie Richardson

Answers to Colorectal Cancer Quiz

1) **TRUE.**

Even though we don't know the exact cause of most colorectal cancers, we do know [it's possible to prevent many colorectal cancers](#).

Regular [colorectal cancer screening](#) is one of the most powerful weapons for preventing colorectal cancer. Screening is the process of looking for cancer or pre-cancer in people who have no symptoms of the disease.

Regular screening can help prevent colorectal cancer by finding abnormal colon growths (called polyps) so they can be removed before they have a chance to turn into cancer.

You can also lower your risk of developing colorectal cancer by managing [risk factors](#) that you can control, like [diet](#), [weight](#), and [physical activity](#).

2) **FALSE.**

Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States.

3) **FALSE.**

It's important to [get tested for colorectal cancer](#) even if you feel OK. Testing before you feel bad can help prevent the disease or find it early, when it's easier to treat.

Most people with early colorectal cancer don't have symptoms. But if you have any of the following, see a health care provider:

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by doing so
- Rectal bleeding, dark stools, or blood in the stool (often, though, the stool will look normal)
- Cramping or belly pain

- Weakness and extreme tiredness that doesn't get better with rest
- Unintended weight loss

Most of these symptoms are more often caused by other conditions, such as infection, hemorrhoids, irritable bowel syndrome, or inflammatory bowel disease, not colorectal cancer. Still, if you have any of these problems, it's important to see a health care provider right away so the cause can be found and treated, if needed.

4) **TRUE.**

Colorectal cancer has been linked to the heavy [use of alcohol](#). Alcohol use should be limited to no more than 2 drinks a day for men and 1 drink a day for women.

If you are not [physically active](#), you have a greater chance of developing colorectal cancer. Increasing activity may help reduce your risk.

Long-term smokers are more likely than non-smokers to develop and die from colorectal cancer. If you use any form of tobacco, stop! [We can help](#).

[Diet choices](#) can also impact colorectal cancer risk. A diet that's high in red meats (such as beef, lamb, or liver) and processed meats (hot dogs and some luncheon meats) can increase risk.

Cooking meats at very high temperatures (frying, broiling, or grilling) creates chemicals that might increase cancer risk, too, but it's not clear how much this might contribute to an increase in colorectal cancer risk. Diets high in vegetables, fruits, and whole grains have been linked to a decreased risk of colorectal cancer.

5) **TRUE.**

People who have no identified risk factors (other than age) should begin regular screening at age 50. Those who have a family history of colorectal cancer or other [risk factors for colorectal polyps or cancer](#) should talk with a health care provider about [starting screening](#) when they are younger and/or getting screened more often.

6) **FALSE.**

There are many tests that can look for colorectal cancer. Starting at age 50, both men and women at average risk for colorectal cancer should use one of the [screening tests](#) listed below. Tests that have the best chance of finding both polyps and cancer are preferred if these tests are available to you and you are willing to have them.

Tests that find polyps and cancer

- Flexible sigmoidoscopy every 5 years*
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years*
- CT colonography (virtual colonoscopy) every 5 years*

Tests that mainly find cancer

- Guaiac-based fecal occult blood test (gFOBT) every year*,**
- Fecal immunochemical test (FIT) every year*,**
- Stool DNA test (sDNA) every 3 years*

* Colonoscopy should be done if test results are positive.

** A highly sensitive, take-home multiple-sample method should be used. A gFOBT or FIT done during a digital rectal exam is not enough.

FAM CAM... Out and About

**NWS Earle
75th Anniversary Celebration**

US Family Health Plan sponsors events throughout our service area — See if we captured your SMILE.



Military Family Night Out

Military Spouse Appreciation Day



Apple Arugula Quesadilla

Quesadillas are usually all about soft, yummy cheese. But this version allows you to get creative with vegetarian fillings.

There are a lot of quesadilla filling ideas out there, but this is one of the most unique. This easy-to-make quesadilla uses low-fat mozzarella cheese rather than the usual cheddar, Monterey Jack or Mexican-blend cheese. The recipe adds apple and the peppery bite of fresh arugula to create an unusual flavor, but with the rich, comforting texture of a classic quesadilla. Sneak in extra chopped or shredded vegetables (such as carrots, tomatoes or zucchini) or low-sodium beans to add even more nutrition.

INGREDIENTS

- 1 tablespoon Dijon mustard
- 2 teaspoons apple cider
- Cooking spray
- 3 (10-inch) whole-wheat flour tortillas
- 6 ounces low-fat mozzarella cheese
- 1 apple, cored and cut into 1/4-inch slices
- 3/4 teaspoons ground black pepper
- 3 cups arugula

DIRECTIONS

Combine mustard and cider in a small bowl. Stir. Spray a nonstick skillet with cooking spray and set at medium heat. Place one tortilla in the skillet. Spread about 1-1/2 teaspoons of the mustard mixture onto the whole tortilla and add cheese over half the tortilla. Cook until cheese begins to melt. Add apple slices and 1/4 teaspoon ground pepper to cheese. Top with 1 cup arugula. Fold tortilla in half and press with a spatula. Cook until golden brown on each side. Repeat steps 1 to 5 two more times. Cut each quesadilla into four wedges. Serves 6





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