

# Steel Valley Dolphins

June 2017



The official newsletter of the  
USS Requin Base of the USSVI  
Pittsburgh, Pennsylvania

## USSVI Creed:

"To perpetuate the memory of our shipmates who gave their lives in the pursuit of duties while serving their country. That their dedication, deeds, and supreme sacrifice be a constant source of motivation toward greater accomplishments. Pledge loyalty and patriotism to the United States of America and its Constitution."



Meetings held on the second Saturday of the month normally in BADen at the American Legion Post and quarterly meetings held around our membership area.

- **Make a difference, get to a meeting!**

----- Pride Runs Deep -----

Next Meeting: NEXT BASE MEETING: Our next base meeting is our quarterly traveling meeting. It is being held in Columbiana, Ohio, at the American Legion Post 290.

## 2017 USS Requin Base Officers

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----- Pride Runs Deep -----



## Binnacle List

: James Kontier  
Huey Dietrich  
Bob MacPherson  
Gerry Gaylor  
Bernie Sigler



Navy Week with Requin Base and Uss Pittsburgh Crew Members at Banjo Night





## **COMMANDERS CORNER JUNE 2017**

What a wonderful day it was at the base meeting in Columbiana, Ohio. The meetings and rosters are getting bigger and better than ever. For a traveling meeting, the base attendance was around 45, which included first mates, James Messer's Uncle Lee and Gerry Gaylor's two granddaughters. It was great seeing our shipmates from Ohio, Mike and Carmella Markel, Jack and Ginny Sutherin and Dick Simpson. Dick is will be taking over the American Legion in Columbiana and promised us that next year, we will have our picnic outside.

### **NAVY WEEK**

June 19 thru the 25 will be navy week in Pittsburgh. I hope the base members will take advantage of the opportunity to spend time with the sailors from the USS PITTSBURGH SS 725. The XO, David Nichols requested from the Navy Department that he wanted to have some time with the Sub Vets and their wished was granted. On Wednesday, June 21, we have invited them to the Banjo Club, at the Elks on Cedar Ave on the North Side, at 18:00 to 2300. They will be at the Science Center all day on Thursday, June 22<sup>nd</sup>, which we plan on spending some time with them thru out the day. On Friday, we will meet them at 11:30 at the Teutonia Mannerchor (German Club), 857 Phineas St, Pgh, Pa 15212 and immediately afterwards, we will go to Troy Hill to take a tour of St Anthony's Chapel, which has 5000 relics and artificates.

Addresses:

Allegheny Elks Lodge – 400 Cedar Ave, Pgh, Pa 15212

Teutonia Mannerchor – 857 Phineas St., Pgh, Pa 15212

St. Anthony's Chapel – 1704 Harpster St., Pgh, Pa 15212

### **TRAVELING VIETNAM WALL**

The Requin Base, along with our float NAUTILUS, will be escorting the wall, on Wednesday, June 28, from the turnpike on Route 8 to the Hampton Township Community Park. The time TBD in the afternoon. The opening ceremony will be on Thursday, June 29, at 1900. The NAUTILUS will be staged at the park until July 3<sup>rd</sup>. There will be a 24 hour police presence. Lou Hamill is our go to guy – [itgeek8088@gmail.com](mailto:itgeek8088@gmail.com) –(412) 445 -3998)

### **PARADES**

**CANONSBURG** Parade – 10:00 – Tuesday, July 4<sup>th</sup>.

Muster between 08:00/08:30 at the VFW Post 191 on Pike St.

Transportation to start the parade will be provided by the VFW

We will have time to allow us to leave in time for the Leetsdale parade.

**LEETSDALE PARADE:** Leave immediately after the Canonsburg's Parade

Muster at 13:00 – Quarker Valley Shopping Center

Parade starts at 14:00

### **BIRTHDAYS**

**Members:**

**Spouses**

[Davenport, Kato 7/14/36](#) [Keller, Carol 7/13](#) [Beachler, James/Jennefer 7/21](#)

Gourley, Robert 7/26/42 Mack, Vivian 7/7

Greenlee, Bill 7/22/39 Nelson, Pat 7/01 Farina, Reno/Barbara 7/15

Hamill, Lou 7/28/62 Nicotra, Rose 7/11 Lindsay, Bob/ 7/20

Lasher, James 7/27/27 Eleanor Segeleon 7/6 Nunnery, Dog/Sue 7/22

Lucas, Ron 7/27/27 Shal, Ruth Ann 7/02 Trip, Eber/Lois 7/31

Morgan, Ed 7/09/45 VonRabenau Linda 7/21 Bright, Don/Dortothy 7/29

Paul, Ed 7/13/31 Davis, Betsy 7/26 Wassenberg, Paul/Mary 7/05

### **ANNIVERSARIES**

Schwertfeger, C 7/31/23	Sipes, Holly 7/23	Galloway, Major/Loretto 7/23
Shal, Chris 7/02/53	Simon, Eileen 7/22	Wykoff, Mike/Tina 7/09
Simon, Jeff 7/01/53	Shook, Alice 7/14	
Welts, Robert 7/01/66	Schwarz, Sondra 7/15	
VonRavenau, P 7/22/43	Renzilli, Maria 7/12	
Beachler, James 7/14/44		
Cherock, Mike 7/31/71		

### Requin Base Meeting Minutes

June 10, 2017  
Columbiana, OH

**Base Commander Huey Dietrich** called the meeting to order.

**Attendees:** Mike Allen, James & Jennifer Beachler, Eric & Marge Bookmiller, Lee & Patsy Bookwalter, Clair & Nancy Bouts, George Brown, Ron Campbell, Joe Campisi, Huey & Edie Dietrich, Gerry & Linda Gaylor, Ric & Joan Guntang, Lou Hamil, James & Charleen List, Mike & Carmella Markel, Bat Masterson, James Messer & Lee Nickels, Vince Metz, Rick Nelson, Frank Nicotra, Chip & Sharon Porter, Jim & Sondra Schwarz, Jeff & Eileen Simon, Dick Simpson, Carl Stigers, Jack & Ginny Sutherin, Don & Dolly Tasky, Mike & Tina Wyckoff,

**Base Commander Huey Dietrich:** Quote of the day: "Think of it this way, where can you go to sea in the most awesome piece of equipment ever built, have great chow, outstanding shipmates, piss off Ivan and get paid for it"

**History of the Requin:** June 3rd following shakedown off the New England coast, USS Requin departed Portsmouth New Hampshire in route to Hawaii. June 30, 1949 soon after her return to New London CT, Requin was transferred to Norfolk VA for duty with Subron 6. Into the spring of 1950 she operated in the western Atlantic ranging from Nova Scotia to the West Indies. From June to August 1959, the Charleston Shipyard in South Carolina removed all Requin's radar equipment making her more streamline. June 29, 1968 Requin was reclassified as AGS-481. June 30, 1971 Requin was reclassified as IXSS-481. June 17, 1972 Requin was transferred to Tampa Florida as a tourist attraction. She remained in the role until 1986 when she was closed down due to a lack of funding and support. For four years she remained abandoned at the pier.

**Base Commander Huey Dietrich:** Let us at this time, with a moment of silent prayer, remember our Shipmates who made the supreme sacrifice that we may gather here in Peace. We dedicate this meeting to our Shipmates on Eternal Patrol, to perpetuate their memories in our lives and to honor our Shipmates on active duty in the service of the first line of defense of our Nation.

#### **Boats Lost:**

USS HERRING (SS 233)	June 1, 1944
USS R 12 (SS 89)	June 12, 1943
USS GOLET (SS 361)	June 14, 1944
USS BONEFISH (SS 223)	June 18, 1945
USS S 27 (SS 132)	June 19, 1942
USS O-9 (SS 70)	June 20, 1941
USS RUNNER (SS 275)	June 26, 1943

We also remember our departed shipmate of the Requin Base Bill Britt and George Heron. Let us also remember the brave submariners who died performing their duties aboard submarines, some individually and some in groups, but where the submarine itself was not lost.

**Chaplain Carl Stigers** gave the Invocation.

**Chief Of The Boat Chip Porter** led the Base in the Pledge of Allegiance.

Members introduced themselves and the boats they qualified on.

**Base Secretary Jeff Simon** reported that Minutes of the last meeting were published in the SVD and the Requin Base website. With no objections, the minutes were approved as published.

**Treasurer Lee Bookwalter** an accounting of base assets, expenditures, and deposits are available upon request. With no objections, the report was approved.

#### **Other Reports:**

Binnacle List: Huey Dietrich, Jerry Gaylor, Bob MacPherson, James Kontier, Bernie Sigler

Membership stands at 228.

**Storekeeper/Librarian Frank Nicotra** has submarine veterans hats, USS Requin hats, Requin Base sub lead pencils and other items for sale.

**Chaplain Carl Stigers** reported on Eagle Scouts presentations.

**Shipmate Joe Campisi** reported on PA License Plate program.

**Base Commander Huey Dietrich** reported on Kap(ss)4Kid(ss)

**Memorials And Ceremonies:**

Vietnam Memorial Wall Ceremonies, Hampton PA Community Center, June 28-July 4. Motion to leave the Nautilus float on display with the memorial wall was approved by the members present.

Efforts for memorial in Cemetery of the Alleghenies were discussed. Fund raising for memorial expenses are in process. Members wishing to contribute please contact Joe Campisi.

**Parades:**

Canonsburg, PA July 4<sup>th</sup> 1000 hours. Participants need to muster before 0815 hours at the Canonsburg VFW Post 191.

Leetsdale, PA July 4<sup>th</sup> 1400 hours

**Social Events:**

Gateway Clipper veterans boat ride, Monday to Friday June 5 through November 3

Navy Ball October 20, Harmar House in Cheswick PA. Two table are reserved, first eight shipmates to fill 16 seats. First come first served, members must pay their own way. Contact Rick Elster if you wish to attend.

**Old Business:**

Fish Rodeo was a great success.

Carnegie, Sewickley and Coraopolis parades were well attended by Base members.

Members reported on the Requin induction to the Submarine Hall Of Fame ceremony in Norfolk VA.

**New Business:**

Navy Week June 19 through 25

**For The Good Of The Order:**

New Holland Club members are Bruce Ladrie and Ed Cramer.

Letter from Sandra Stass was read.

Oxford Development Co. has a boiler operator position open.

**Chaplain Carl Stigers** gave the Benediction and blessing of today's meal.

**Adjournment:** The meeting was adjourned.

**Next meeting:** Baden PA American Legion Post 641 at 1230 hours on July 8, 2017.

**Steak ► How to Cook the Perfect One**

For many Americans, Memorial Day weekend was the unofficial start of backyard grilling season. But before you pull out your grill again and get it ready for your cookout, chef John Tesar has some advice that may make you rethink everything you thought you knew about cooking a steak. Tesar's techniques, which he developed by running acclaimed Dallas restaurant Knife, are so interesting and unorthodox that with the help of James Beard Award-winning writer Jordan Mackay, he recently wrote them down to share with professional and amateur chefs alike. The resulting book, Knife: Texas Steakhouse Meals at Home, was just released a few weeks ago and has the potential of giving pit masters across the country bad dreams until Labor Day.



For one, steady yourself: He says forget using your grill, no matter if it's a gas or a charcoal model. He only uses direct fire for cooking large cuts of meat, but for a steak he prefers a much simpler method: a cast iron or a carbon steel pan. "The pan works for everything," he swears. "It works for hamburgers. It works for filet mignon. It works for every cut of meat." And no matter what cut you choose, "the pan automatically sears the piece of meat immediately," he says, which makes it extra juicy. On the other hand, "if you [use] anything else, you're basically just putting burn marks on it and all of the juice is going into the fire." He does suggest buying a so-called portable gas cassette burner that allows you to cook outside. "The average person who cooks a steak in a pan will smoke out their house," he says. "That's why you don't have a barbecue grill in your house." To cook your steak:

Tesar suggest you start by dry aging your meat yourself. It sounds complicated, but it just means keeping the meat unwrapped, lying on a bed of paper towels on a plate in your fridge for three or four days. Keep replacing the towels as they get wet and pouring off any liquids.

Once you're ready to cook, pat the steak dry and allow it warm up."You can't put a wet steak in a pan because then you have water in the pan and it wreaks havoc," he cautions.

The cooking process is also fairly simple. Heat up the pan until it's "ripping hot," he says, and then add some canola or grapeseed oil as well as salt and pepper. Tesar doesn't like using olive oil or even a pat of butter but prefers a neutral oil. A steak "has enough protein and enough fat and you don't need butter. I want to taste beef," he says. "I don't want to taste butter."

Right after the steak has been added to the pan, Tesar quickly lifts it up to allow the oil and rendered fat to coat the bottom of the meat.

He then flips the steak just once or twice and lets it cook the same amount of time on both sides, which "ensures evenness of cooking." (Don't keep moving it around the pan or flipping it over and over again.)

After you get a nice crust, turn the "flame down to a medium to a medium high. You don't want to char it," he warns. "You really want to crust it. Brown is the color, not black."

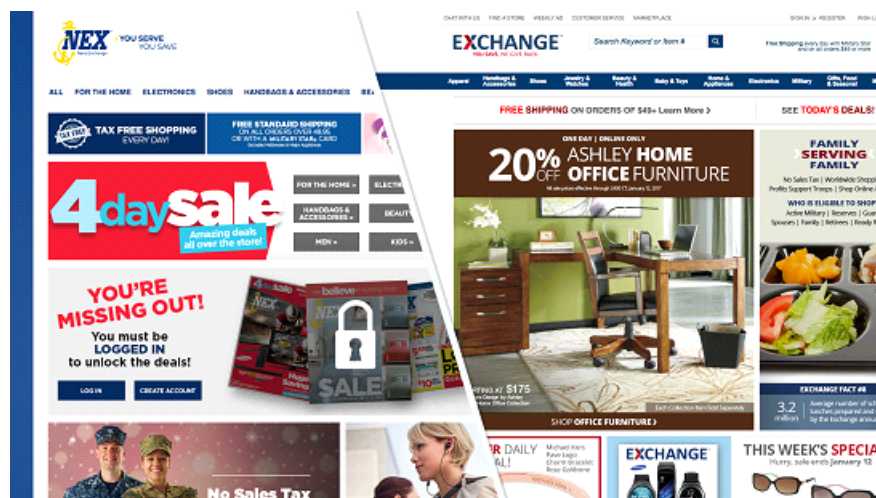
Once the steak is done, pull it out of the pan and generally let it rest as long as you've cooked it.

Do people ever miss the grill marks? Tesar claims that nobody at his successful Dallas restaurant sends their steak back because it's been cooked in a pan. If anything, they want to know why it tastes so delicious. [Source: Daily Beast | Noah Rothbaum | May 24, 2017 ++]

## Exchange Online Shopping Update 09 ► Early Registration

All honorably discharged veterans interested in shopping online at the military exchanges can begin their verification process immediately, exchange officials said, and some may be able to shop prior to the program's full launch. Some veterans who register at <https://www.vetverify.org> will be invited to be beta testers, with the ability to shop online earlier than the planned Nov. 11 launch date. Officials said the sooner veterans register on the site, the better their chances of being chosen as a beta tester. The exchange websites offer tax-free shopping, as well as discounted pricing. Actual online pricing can be seen only by those who are authorized to shop at the sites: <https://www.shopmyexchange.com>, <https://www.shopmyexchange.com>, <https://www.shopmyexchange.com>.

VetVerify.org uses information from the Defense Department's Defense Manpower Data Center to verify a veteran's status; veterans will receive notification of their acceptance as online shoppers or, if their records are incomplete, will receive guidance on the steps they can take to update those records. Doing this process ahead of time will allow veterans to start shopping 11 NOV, or earlier if they are among the "beta testers" chosen to try out the system in advance of the launch.



**It's official: Military exchanges plan to offer online access to veterans by Nov. 11**

This new benefit, which would increase the online shopping base by an estimated 13 million veterans, applies only to shopping

online at the military exchanges, not at the physical buildings on military installations. Until now, online military exchange shopping was available only to active-duty, reserve and Guard members, retirees, 100 percent disabled veterans and their dependent family members, and certain others. “It’s an honor to now provide this service and benefit to our well-deserving veterans. Once a Marine, always a Marine,” said Cindy Whitman Lacy, Marine Corps Exchange Director of Business and Support Services at Headquarters Marine Corps Manpower and Reserve Affairs, in a statement today announcing the verifying website. “This initiative is one of many ways to keep our community connected.”

Army and Air Force Exchange Service CEO Tom Shull formally proposed the idea of expanding the benefit to honorably discharged veterans on May 14, 2014, noting that it would provide a modest benefit to those who had served but left the military short of retirement. “The exchanges began working to recognize the service of millions of veterans without exchange privileges while generating additional financial support for critical budget-constrained quality-of-life programs,” Shull said, in a statement. “We are proud to stand with our sister exchanges as we welcome our veterans home to their military family and protect and preserve hard-earned military benefits.”

The exchanges currently provide more than \$300 million a year from their profits to support military quality of life programs. The veterans online shopping benefit is expected to increase that monetary support. In a 18 JAN DoD memo, officials noted that AAFES will invest about \$1.8 million a year to cover costs associated with the expansion of the online platform. If 0.3 percent of the newly eligible veteran group, or about 45,000 veterans, shop online, that cost is expected to be recouped. “We are excited to be welcoming our shipmates back to the NEX,” said retired Rear Adm. Robert J. Bianchi, CEO of Navy Exchange Service Command, in a statement. “Inviting veterans to shop online is just another way for us to honor them for their patriotism and service to our country.” [Source: MilitaryTimes | Karen Jowers | June 5, 2017 ++]

## **TRICARE Podcast 401 ► Appointments | Blood Pressure | Sunscreen**

**Missing Appointments** -- It’s happened to most of us. We call and set up an appointment with our doctor. We even write it down. But, life happens and we remember the appointment about an hour after we were supposed to check-in. We are now officially “no shows.” A no-show occurs when a patient misses an appointment without making any attempt to cancel or reschedule 24 hours in advance. When you miss an appointment, it keeps another patient from using that appointment slot for care they need. When you miss an appointment, the office can’t move all the rest of the day’s appointments up to fill your space. The time slot goes unused.

Your provider may charge you because you didn’t show up for your appointment. The American Medical Association policy says a doctor may charge for a missed appointment – or failing to cancel 24 hours in advance – if the office advises them they will be charged if they miss an appointment. The fee can range from \$20 to \$40 and isn’t covered by TRICARE. It’s best to keep your appointments or reschedule them at least 24 hours in advance. If you’re being seen at a military hospital or clinic, you can do this through TOL at [www.tricareonline.com](http://www.tricareonline.com). TOL is available 24 hours a day, 7 days a week. You can use this portal to set appointment notifications and set up email and text message reminders. If you know you can’t make the appointment, you can cancel your appointments right then. Missed appointments can result in reduced continuity of care and possibly late identification of other health problems. Take care of your health and your wallet and keep your appointments.

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**High Blood Pressure** -- TRICARE encourages everyone to actively learn about preventing and controlling high blood pressure. When you have high blood pressure, the force of blood pushing against the walls of your arteries is too high. When you’re active, it’s normal for your blood pressure to increase. Once the activity stops, your blood pressure should return to your normal range. When it doesn’t, you may have high blood pressure. Checking your blood pressure is quick and easy. It can be done in your health care provider’s office or clinic. TRICARE covers blood pressure screening as part of its clinical preventive benefit. Children are screened every year between the ages of three and six, and every two years after. Adults may get a blood pressure screening every two years, but usually your health care provider checks it each time you visit. If you’re diagnosed with high blood pressure, your health care provider will work with you to come up with a way to treat your condition. You may have to make lifestyle changes, like weight loss and exercise. And you may benefit from prescription medications. Whatever you do, be sure to follow your provider’s plan for your care. This may be the best way to lower your blood pressure and maintain normal blood pressure readings. Visit [www.TRICARE.mil/coveredservices](http://www.TRICARE.mil/coveredservices) For more information about your benefit.

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**Sunscreen Safety** -- As the summer sun shines down on us, we need to remain vigilant against sun damage. Knowing the key differences in skin protection and using a full sunscreen regimen will best protect you and your loved ones from the sun. We all know that



sunscreen or sunblock is a must for skin protection during the summer and all year, but do you know which one is best for you? The American Melanoma Foundation classifies sunscreens into two major types: chemical and physical.

Chemical sunscreens contain special ingredients that act as filters and reduce ultraviolet radiation penetration to the skin.

Physical sunscreens, or sunblocks, contain ingredients like titanium dioxide and zinc oxide which physically block ultraviolet radiation. Sunblocks provide broad protection against both UVB and UVA light.

Sunscreen is only one part of a full sunscreen regimen, which includes wearing a wide-brimmed hat, sunglasses, a long-sleeved shirt and pants. Sunscreens should be used daily if you are going to be in the sun for more than 20 minutes because even on a cloudy day 80 percent of the sun's ultraviolet rays pass through the clouds. And if you've spent time in the sun, it's important to watch for changes in your skin. A sudden or ongoing change in the appearance of a mole is a sign that you should see your doctor. Visit [www.cdc.gov/cancer/skin](http://www.cdc.gov/cancer/skin) for more sun safety tips!

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The above is from the TRICARE Beneficiary Bulletin, an update on the latest news to help you make the best use of your TRICARE benefit. [Source: <http://www.tricare.mil/podcast> | June 9, 2017 ++]

## Hearing Protection ► Noisy Activities

### Activities

Warmer months mean more opportunities to engage in activities that could result in noise-induced hearing loss. These activities include boating, motorcycling, sporting events, music concerts, or even mowing the lawn.

### Harmful Effects

The Occupational Health and Safety Administration (OSHA) sets safe noise levels at 85 dB. Noise levels higher than this can result in Noise Induced Hearing Loss (NIHL) or tinnitus. Those with NIHL have difficulty understanding other people when they talk, especially on the phone or in a noisy room. Tinnitus is a constant ringing, buzzing or roaring sound in one or both ears. The bad news is NIHL and tinnitus can be permanent, but the good news is they are preventable.

Typical Lawn Mower – 85 to 90 dB, hearing damage occurs in 8 hours at this level

Speedboat – can exceed 90 dB

Motorcycle – can exceed 95 dB

Sporting Event – as much as 115 dB, hearing damage can occur in 15 minutes

As a rule of thumb, if you have to shout to be heard by the person standing next to you or notice your ears are ringing after exposure, your environment is too loud.

### Protection

Hearing protection is useful when you cannot or choose not to avoid noise exposure. The two most popular forms of hearing protection are earplugs and earmuffs. Earplugs are inserted into the ear canal and earmuffs cover the ears. You can use one or both to protect your hearing. Both forms of protection work by decreasing the volume, or dB, of the noise reaching the sensitive structures in your inner ear.

[Source: VA Press Release | Matthew E. Freeman | June 1, 2017 ++]

## Colon Cancer Update 05 ► Screenings Save Vet Lives

Colon cancer is one of the most common diagnoses among both men and women in the United States. Approximately 4,000 Veterans are diagnosed with colon cancer each year. The American Cancer Society estimates in 2017 there will be 135,430 new cases of colon and rectal cancer in men and women, resulting in 50,260 deaths. This number exceeds the total number of American combat deaths during the Vietnam War. But it doesn't have to be. When colon cancer is found, and removed early, the chances of a full recovery are very good. **Most importantly — get screened.**

The most effective way to reduce your risk of colon cancer is by having regular colon cancer screening tests. It is recommended to begin screening for colon cancer at age 50 years and continuing until age 75 years. It can take as many as 10 to 15 years for a polyp to develop into colon cancer and there may not be noticeable symptoms at first. The risk of getting colorectal cancer increases as you get older. More than 90 percent of cases occur in people who are 50 years old or older.

Colon cancer or polyps that lead to colon cancer often don't cause symptoms. That is why getting screened regularly for colon cancer is so important. If you have any of these symptoms, talk to your doctor:



Blood in or on your stool.  
Stomach pain, aches, or cramps that don't go away.  
Losing weight and you don't know why.  
Colon cancer risks and prevention.

The risk of having colon cancer increases if you are over 50 years old, have a family history or personal history of colon cancer, smoke, or have type 2 diabetes. In addition to lifestyle factors and personal history, there are strong links between diet, weight, and exercise and the risk of colon cancer. To reduce the risk of colon cancer and improve your overall health it is important to:

Stay at a healthy weight and avoid weight gain around the midsection.  
Stay physically active. Increasing your level of activity lowers your risk of colorectal cancer and polyps.  
Maintain a healthy diet. Overall, diets that are high in vegetables, fruits, and whole grains (and low in red and processed meats) have been linked with lower colorectal cancer risk.  
Limit alcohol intake to 1 drink on any one occasion.

VA has been an early leader in recognizing the value of colon cancer screening and in taking a comprehensive approach to its screening program by developing policies and guidance about screening. VA's screening rate exceeds the National Colorectal Cancer Roundtable (NCCR) goal and the national average, receiving Hall of Fame recognition by the NCCR.

If you are 50 years or older talk to your VA provider about getting screened and your risk for colon cancer.

Visit MyHealtheVet website [http://www.veteranshealthlibrary.org/RelatedItems/142,87081\\_VA](http://www.veteranshealthlibrary.org/RelatedItems/142,87081_VA) to learn more about colon cancer and prevention.

Women Veterans can call 1-855-VA-WOMEN (1-855-829-6636) to ask questions about available VA services and resources.

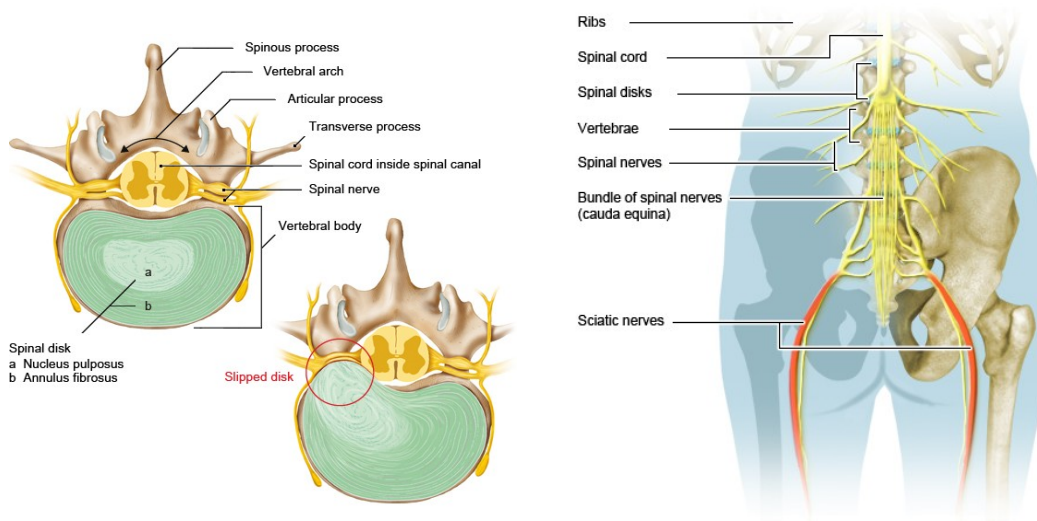
[Source: Vantage Point | June 9, 2017 ++]

## Slipped Disc ► Back Pain That Keeps on Returning

Many people have back pain that keeps on returning. Usually it is hard to say what the exact cause is. But if you have pain that radiates down your leg and into your foot, it may be a sign of a slipped spinal disk, or "herniated disk." The spinal disks are located between the spinal vertebrae. They have an elastic casing made of cartilage and a gel-like center (nucleus pulposus). A slipped disk occurs if the spinal disk tissue pushes out, or "herniates," between the vertebrae. This herniated tissue may put pressure on the spinal nerves and irritate them. A slipped disk can be very unpleasant. But the good news is that the symptoms usually go away on their own within less than six weeks in most people with this problem. But not everybody who has a slipped disk will have symptoms.

**Symptoms --** A slipped disk can cause very sudden and severe shooting pain. Slipped disks in the lumbar region are the main cause of sciatica (sciatic nerve pain). Sciatica describes pain that radiates down one leg and into the foot. As well as the typical radiating pain, a slipped disk can also lead to pain in the low back region. In rare cases, numbness in the buttocks or signs of paralysis may develop in addition to the pain and restricted movement. These symptoms are signs of a more serious problem, like nerve damage. Immediate medical attention is needed if the functioning of the bladder or bowels is affected too. That is called "cauda equina syndrome" (CES), and is a medical emergency. But a slipped disk doesn't always lead to noticeable symptoms. This can be seen in studies in which adults who didn't have back pain were examined using magnetic resonance imaging (MRI). More than 50 out of 100 people who were examined had a bulging disk. In about 20 out of 100 of them, the core of the disk had already broken through several layers of its casing or had even entered the surrounding tissue, but without causing any noticeable symptoms.

**Causes --** In most people, slipped disks are the result of wear and tear. Over the years, the spinal disks lose their elasticity: Fluid leaks out of them and they become brittle and cracked. These changes are a normal part of aging, and already start happening when we are young. But not everyone's spinal disks age at the same pace. Very rarely, an accident or severe injury might also cause damage to a spinal disk and leave it herniated. Spinal disks act as shock absorbers between the vertebrae in our spine. If a spinal disk is no longer able to bear the strain, it can result in a slipped disk. The associated pain probably arises when part of the spinal disk pushes against a nerve in the spinal cord.



**Healthy and slipped disk (cross-sectional view of the lumbar spine – from above) on left and Position of the spinal and sciatic nerves on right**

When herniated disk tissue irritates a nerve root in the region of the lumbar spine, it often causes typical sciatic pain. The nerves that run through the spinal canal connect to the sciatic nerve at the pelvis. The sciatic nerve then runs down the legs. As well as being painful, an irritated sciatic nerve can also cause pins and needles and numbness. Doctors categorize slipped disks by severity:

**Prolapse:** The disk bulges out between the vertebrae, but its outermost layer is still intact.

**Extrusion:** There is a tear in the outermost layer of the spinal disk, causing spinal disk tissue to spill out. But the tissue that has come out is still connected to the disk.

**Sequestration:** Spinal disk tissue has entered the spinal canal and is no longer directly attached to the disk.

These categories reveal little about what symptoms occur or how severe they might be. But knowing what type of slipped disk someone has is important for the choice of treatment and understanding how the condition might go on to develop.

**Prevalence --** It is estimated that 1 to 5% of all people will have back pain caused by a slipped disk at some point in their lives. Slipped disks are more common in people over the age of 30, and are about twice as common in men as they are in women.

**Outlook --** Pain and restricted movement caused by a slipped disk usually subside on their own within six weeks in 90 out of 100 people with this problem. It is believed that, over time, the body gets rid of part of the bulging or prolapsed tissue or that it shifts position so that the nerves are not irritated anymore. A painful slipped disk can go on to develop in very different ways: The pain can start very suddenly, and then disappear again very quickly. Some people have pain that lasts a long time, while others have it again and again. If the symptoms last longer than six weeks, it is less and less likely that they will go away on their own or that non-surgical treatment will help.

**Diagnosis --** Doctors are usually able to determine what is causing acute back pain by asking a few questions and performing a physical examination. X-rays are of little use in the diagnosis of a slipped disk. Other imaging techniques such as magnetic resonance imaging (MRI) are only needed in the following rare cases:

- Numbness or paralysis in one or both legs
- Impaired functioning of the bladder or bowel
- Unbearable pain despite treatment
- Severe symptoms remain for many weeks despite treatment
- Another condition is thought to be causing the pain, for example a tumor.

So if your doctor is reluctant to use imaging techniques at first, there are probably good reasons: The images may show a supposed cause of back pain that actually has nothing to do with the symptoms. This kind of misdiagnosis can then result in unnecessary treatment that may itself be harmful.

**Treatment --** Even severe sciatic pain can subside on its own after a while. Until it does, various kinds of pain relief treatment can help to cope with the symptoms. But no treatments have been proven to significantly speed up recovery. Most of the work is usually done by the body itself. If severe sciatic pain persists for over six weeks and is definitely being caused by a slipped disk, surgery may

be an option to try to relieve the pressure on the affected nerve. Surgery is also always done if the nerves are so severely affected that the bladder or the bowel is no longer functioning properly or certain muscles have become very weak. But that is rare.

**Rehabilitation** -- The goal of rehabilitation is to improve the symptoms and restrictions resulting from a slipped disk, and strengthen the muscles in the torso in order to improve the stability of the spine. Rehabilitation may include back-strengthening exercises, stretching and relaxation exercises, strength training and other measures. It is an option for people who have been greatly affected by their back pain and are unable to work or perform other duties. Follow-up rehabilitation may help after surgery too. For more information on getting fit again after a slipped disc refer to <https://www.informedhealth.org/non-surgical-treatment-options.2376.en.html?part=behandlung-dr>.

[Source: <https://www.informedhealth.org/slipped-disk.2376.en.html> | June 1, 2017 ++]



Part of the crew of the USS Pittsburgh enjoying the hospitality of the Subvets of Requin Base at the German Club in Pittsburgh.