



Round Two: 89 Naval Medical Personnel Deploy to Kuwait

Story by JO1 Rebecca A. Perron, Photos by HM3 Casey Price

Amid the tearful hugs of loved ones and unseasonably cool drizzle, 89 members of Naval Expeditionary Medical Facility Portsmouth (EMF) departed Naval Medical Center Portsmouth July 23 on their way to Kuwait. This wave of 89 is part of a group supporting Iraqi Freedom (OIF) who will relieve 200 members of EMF Portsmouth who have been in theater since February and March.

Unlike the first group, these Sailors do not have to transport and set up the facility. But they had the same training and testing requirements.

“I trained at the Naval Trauma Training Center in Los Angeles for one month,” said HM3 John P. Luna, an operating room technician. “We worked in a (civilian) emergency room, getting to experience trauma situations like stabbings, gunshot wounds and car wrecks. We don’t usually get to see these types of trauma cases, so it prepares us for combat-related injuries.”

Luna said he is prepared for treating such injuries. He was deployed to Rota, Spain, with the Fleet

Continued on Page 12



Thirty-six members of Expeditionary Medical Facility Portsmouth take their seats on the bus, preparing to depart for the Air Mobility Command Terminal at Norfolk Naval Station.

Doc Receives Bronze Star for Leadership during Combat

By JO1 Rebecca A. Perron

One of Naval Medical Center Portsmouth’s surgeons, who served with a group that became known as the “Devil Docs” while deployed to Iraq last year, received the prestigious Bronze Star for lifesaving work. In a July 13 ceremony in the Bldg. 215 auditorium, Cmdr. Mark A. Fontana of the NMC

Portsmouth General Surgery Department received the award for meritorious achievement in connection with combat operations.

While deployed to Iraq from February to May 2003, Fontana served as chief of professional services,

Continued on Page 3

Sea Trials Desert-Style

Story and photos by JO1 Daniel A. Bristol

Navy Expeditionary Medical Facility Portsmouth, Kuwait – Members of the Navy Expeditionary Medical Facility Portsmouth (EMF), Army 1022nd Air Ambulance Medics, Army 8th Medical Brigade and the Arifjan Fire Department worked side by side in a mass casualty drill July 12 to test various hospital equipment and hospital procedures within the new BASE X expedition shelter 44-bed EMF.

The new hospital unit at “China Beach” at Camp Arifjan, Kuwait, is expected to become functional by late July. EMF personnel have been working long hours to set everything up, and this drill was in preparation for the opening of the new hospital.

“This drill is designed to accomplish several objectives,” said Capt. Martin Snyder, EMF Portsmouth, commanding officer.

“This drill (tested) the flow of patients throughout the hospital. This drill (allowed) the personnel a chance to become familiar with working in this type of environment. In ship terms, we have already finished our fast cruise, and this drill is our sea trial to make sure everything is running properly.”

“As soon as the patients are unloaded from the helicopter or the ambulance, we give them a trauma record with the next sequential number and some basic paperwork,” explained HM2 Edwin Figueroa, leading petty officer in the Patient Administrative office.

Once unloaded, patients are brought to the Casualty Receiving area. “This acts as the hospital’s emergency room,” said Lt. Joel Wemette, Casualty Receiving nurse. “The doctors, nurses and corpsmen who work here start by triaging each patient to determine the most severe cases. The patients receive their initial medical care here, and then based on the severity of their wounds, they are transported to other areas within the hospital for further treatment.”

Continued on Page 14



HN Carlos Carrasquillo and HMC Doug Pollock provide emergency medical care to one patient while the litter team goes to the helicopter to carry off another patient.

The Courier

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Commander
Rear Adm. Thomas K. Burkhard

Deputy Commander (Acting)
Capt. Roberto Quiñones

Staff Journalists
JO1 Rebecca A. Perron
JO1 Sarah R. Langdon

On Assignment in Kuwait
JO1 Daniel A. Bristol

Public Affairs Officer
Deborah Kallgren

Assistant PAO
Mr. Dan Gay

This publication provides an avenue to circulate all useful information the NMC Portsmouth staff has to offer. Submissions are welcome. Contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Deborah Kallgren, at drkallgren@mar.med.navy.mil. Submissions should be on disk in text or Word format with a paper copy attached. Photos should be a separate submission from the document and in jpeg, bitmap or tiff format. Submissions will be placed in the next issue space permitting. PAO is located in Building One, Third Deck, Rm. 311.

Bronze Star Recipient Says Experience Eye Opening One

Continued from Page 1

Surgical Company B, 1st Force Service Support Group, 1 Marine Expeditionary Force. Fontana was part of the first wave of physician surgeons who rendered battlefield care in the early phases of Operation Iraqi Freedom.

“It was more intense than anything,” Fontana explained. “Surgery and training are a lot of long hours in a hospital. (Iraq) was nothing like this. The days of heavy, manual labor followed by days and nights of operating were unique, and I don’t think anything quite simulates that in civilian medicine. It was an eye-opening experience for everybody.”

It is rare for a Navy physician to receive this medal, but Fontana’s accomplishments speak for themselves. He personally evaluated more than 300 combat casualties and performed more than 20 life- and limb-saving operations. He oversaw ward care for more than 400 trauma and critically ill patients and ensured the rapid evacuation of 667 patients. His patients included Sailors, Marines and Iraqi soldiers and civilians.

“What we did in Iraq was to save lives,” Fontana continued. “Sending those kids home was the most important thing.”

Saving lives was the bottom line for Fontana, who developed a demanding training schedule consisting of mass casualty drills and classes to choreograph real mass casualty scenarios. As a result, all of the Sailors and Marines in his and his surgical staff’s care survived, as well as the Iraqis who had survivable injuries.

Capt. Fred Lassen, director of Surgical Services, praised Fontana’s work, which was conducted in difficult and adverse conditions.

“What Cmdr. Fontana and the rest of the ‘Devil Docs’ have done shows that it’s not about themselves,” Lassen said. “They wear the uniform and they go to Iraq because it’s not about them. It’s not about ‘me.’ They wear the uniform because it’s about something larger than themselves.”

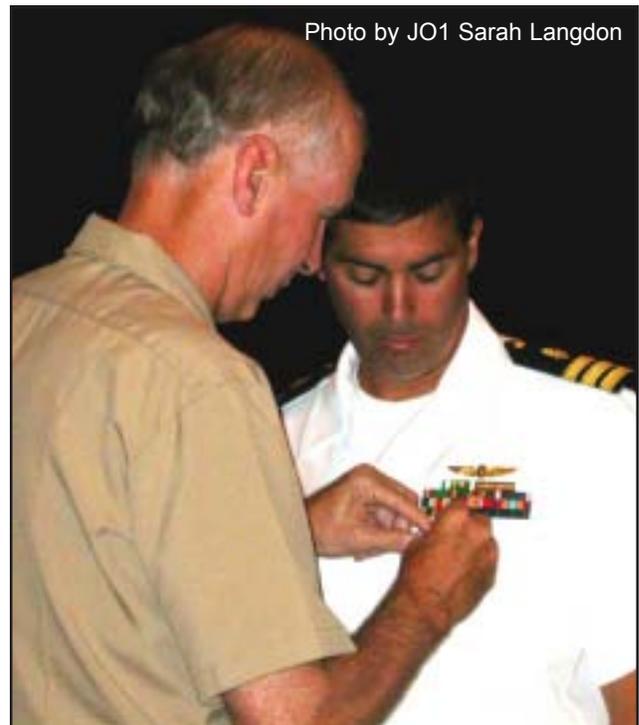
“It’s the most rewarding six months I’ve spent in the military in 15 years,” Fontana said. “I’ve learned a lot, and I think we did a lot of good.”

To receive a Bronze Star, an individual must distinguish himself or herself by heroic or meritorious

Congratulations to Cmdr. Jeff Timby of the Pulmonary Clinic who received the Bronze Star for service in Iraq with the Shock Trauma Platoon from February to May 2003 during Operation Iraqi Freedom. During the July 6 ceremony, Timby also received the Defense Meritorious Service Medal for his deployment to Guantanamo Bay, Cuba, from December 2003 to June 2004, where he served as Detention Hospital officer in charge.

achievement or service, be serving in any capacity with the U.S. Armed Forces or friendly foreign forces and be engaged in military operations involving conflict with an opposing foreign force. The accomplishment or achievement of duty must be above that normally expected or sufficient in order to distinguish the individual among those performing comparable duties.

The medal was created in 1944 at the request of Army Gen. George C. Marshall to recognize ground troops, particularly infantry, who experienced personal combat with the enemy during World War II. ♣



Rear Adm. Thomas K. Burkhard, commander, NMC Portsmouth, pins the Bronze Star onto the uniform of Cmdr. Mark A. Fontana for his extraordinary leadership and lifesaving efforts he exhibited while deployed to Iraq from February to May 2003 in support of Operation Iraqi Freedom.

Radiology Tech's Son Receives Armed Forces Scholarship

Story and photo by JO1 Sarah Langdon

"I hope to someday work in the medical field. To get there, I undoubtedly have to enroll in rigorous college courses, but I believe I am prepared. I chose medicine as my course of study because I want to give back to others.... The respect I have for my family and myself is too great to pass up (opportunities in the world). By taking my education seriously, I hope to keep their hopes and my dreams alive."

These were the words Chris V. Roque used in his scholarship application and these were the words that helped him get a little more money set aside for his first year of college this fall.

Chris, son of HM1(FMF) Angelino V. Roque of Radiology, Naval Medical Center Portsmouth, is the 2004 recipient of the Armed Forces Scholarship Fund. Rear Adm. Thomas K. Burkhard, commander, NMC Portsmouth, presented this achievement-based annual scholarship to Chris on June 24.

The scholarship fund is based on academic achievement, community involvement and the individual's character. Chris received the scholarship through the Portsmouth Community Foundation (PCF), an organization that creates a link between benefactors and beneficiaries.

"I was pretty surprised and happy," Chris, 18, said about finding out he had won the scholarship. "Mr. and Mrs. Brantley (the couple who established the scholarship) called me a few weeks before the presentation and let me know that I'd won. I was very glad to hear it."

Hunter and Lois Brantley created the scholarship because of their desire to do something positive for the military, said Judi Luffman, executive director of the PCF. Mr. Brantley served in the Navy and also

worked at the Norfolk Naval Shipyard for 45 years.

To be eligible for the scholarship, the candidate must be the child of an active duty Navy or Coast Guard servicemember who is E-7 or below, currently stationed in Portsmouth. At the time of application, the student must be a high school senior at a public or private high school with a GPA of 3.0 or better on a 4.0 scale. The individual is also required to submit two letters of recommendation from a teacher and counselor.

"He (Mr. Brantley) has a great love and respect for active duty military," explained Luffman. "Many of his family members and friends have donated to the scholarship fund, with several giving in his honor at Christmas time."

"We first created this award five years ago," Mr. Brantley began. "I have been involved in the Chamber of Commerce and have taken an active part in the Armed Forces Committee for many years, but I wanted to do something on my own. So, I set up the scholarship fund in collaboration with my wife and daughter (Donna Saffold), and we definitely want it to continue."

Mr. Brantley said he sits down every year with the applications and four master chiefs – one each from

Continued on Next Page



Mr. Hunter Brantley, right, shakes the hand of Chris Roque after presenting him with the \$1000 scholarship June 24 while Rear Adm. Thomas K. Burkhard, commander, NMC Portsmouth looks on.

Congratulations to Our Newest Sailors of the Quarter



Sailor of the Quarter
HM1 Arlene Maxwell
General Surgery Department



Blue Jacket of the Quarter
HM2 Steven J. Maier
Blood Bank



Junior Sailor of the Quarter
HN Dina Malits
Intensive Care Unit

Scholarship Rewards Student for Good Grades, Community Involvement

Continued from Previous Page

the local Coast Guard base, Norfolk Naval Shipyard, the shipyard in Churchland, and NMC Portsmouth. They discuss the candidates and choose who will receive the scholarship.

“Chris is exactly the kind of person that this scholarship is for,” Mr. Brantley explained. “He was a good candidate and we are pleased that it is he that is receiving the award.”

Chris’ father, Angelino, is also pleased that Chris received the scholarship, and he says he feels a lot of pride as well.

“I’m very proud of him,” Angelino explained. “We talked to our children all the time about medical programs. We tell them, ‘study hard and get qualified.’ Chris has been an honor student since he was in kindergarten. He also plays tennis, has run track and plays volleyball. He volunteers at a nursing home and sometimes at the library in Virginia Beach. He is very

busy, but has really good time management skills.

“We are very appreciative of the scholarship,” he added.

Several members of Chris’s family were on hand to see him receive his scholarship award including his two sisters, one of whom is pursuing a degree in biology. She plans to become a medical doctor.

Chris, like his older sister, plans to major in biology and pursue a medical degree. He will attend Old Dominion University in Norfolk in the fall.

Chris offers some simple advice to other high school students, although it may go against the typical high school train of thought.

“Follow your dreams and listen to your parents.” Chris added seriously, but with a bit of humor. “As much as you don’t always agree with them, you should listen to them, because they do sometimes know what they are talking about ... at least a bit.”

Peds Receives Pool Table Through Holiday Wish to Radio Station

Story and photo by JO1 Rebecca A. Perron

Every holiday season, local radio station WNOR (FM 99) asks for letters from friends and family members of Hampton Roads residents who are having a difficult time making ends meet or are in need because of a tough situation, such as enduring a disease. FM 99 picks the most deserving candidates to receive assistance through the radio station's Christmas Wish Program, the help often coming in the form of gift certificates to grocery stores or cash to help make a rent payment.

Amy Cleghon decided to write to the station last year to make a wish. Her son, Hunter, 5, has been a frequent visitor to Naval Medical Center Portsmouth's Pediatrics Oncology Ward since he was diagnosed with stage 4 lymphoma two years ago,

Cleghon's wish- a new pool table for the Pediatrics Ward, was

granted, and gift certificates were donated to the ward through the NMC Portsmouth American Red Cross Chapter.

Cleghon said she knew her family did not need something for themselves, but she thought the patients of the ward were deserving of a new table.

"We spend so much time up there," explained Cleghon, "and the old pool table was leaning. So I thought it would be nice to ask the station to donate a new one."

So Cleghon submitted a letter through the station's website in November, and then received a phone call from DJ Tim Parker Dec. 8.

"My hands were shaking," said Cleghon of the call from Parker. "Tim asked about my letter, asked me to summarize my wish, and then said it was granted. My conversation with him was

recorded and aired several times during the season. My husband and several of our friends heard it. It was a very cool feeling to know my letter was selected."

Upon hearing of the donation, Chris Brogan, a child life specialist in the Peds ward, spoke to Cleghon about specific requirements for the table.

"We need to have a table with inset legs so it is wheelchair accessible," Brogan explained. "So Amy asked for gift cards, so we could find a local retailer that offers this type of table."

The station donated gift cards totaling \$1000.

But pending renovations and the chance the ward could be moved to a new location within the Charette Health Care Center caused the purchase of the table to be postponed. Now that the ward was certain not to move, the table was ordered and delivered recently.

Cleghon said she is grateful for the new pool table, although thankfully, Hunter is not around the ward as much to get to use it.

"Hunter is in remission," Cleghon said. "He completed two years of treatment protocol in July."

Hunter is now only required to visit the ward once a month for follow-up appointments.

Other patients are glad for the new table as well. Gabrielle Martin, 16, was diagnosed with leukemia in June and is currently in remission.

Gabrielle has completed two of three rounds of chemotherapy, first through six weeks as an inpatient, then daily appointments

Continued on Next Page



Photo by JO1 Rebecca A. Perron

Gabrielle Martin, left, lines up a shot in a game against Tim Newcomb, 12. Gabrielle was diagnosed with leukemia in June and is in remission. Tim comes to the hospital to meet other children during his sister's treatment sessions. His sister, Brooke, 5, has also been diagnosed with leukemia.

EMF Sailors Receive SOQ Honors during June 30 Ceremony

Photos by JO1 Daniel A. Bristol

Senior Sailor of the Quarter
HM1(FMF/SW) Herman Smith
Sailor of the Quarter
HM2 Shannon Mathews
Junior Sailor of the Quarter
HM3 Jasen McClellan
Blue Jacket of the Quarter
HN Emma Dustin



Right: *Four EMF Sailors of the Quarter await presentation of their certificates during the SOQ ceremony held in the Camp Doha gymnasium June 30.*



EMF Sailors of the Quarter proudly display their SOQ certificates. From left to right, Capt. Martin Snyder, commander, EMF Portsmouth, HM2 Shannon Mathews, HM3 Jasen McClellan, HN Emma Dustin, HM1 Herman Smith and Army Brig. Gen. Michael Walter, commander, 8th Medical Brigade.

New Pool Table

Continued from Previous Page
for a few weeks, and now recently appointments twice a week.

“I like to have the pool table and the other games here to keep from getting bored,” Gabrielle explained. “Coming in here to play pool keeps my mind off what’s going on. These kinds of activities can keep you stable.”

Tim Newcomb, 12, although not a patient of the ward,

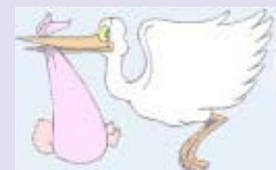
appreciates the pool table since he accompanies his sister, Brooke, 5, also diagnosed with leukemia, to the ward for her treatment.

“I don’t have a pool table at home,” Tim said. “I like to play to relieve stress.”

The bottom line for the ward and for Cleghon is to make the visit a little easier for the children who are sick and for their families. ♣

NICU Reunion

Naval Medical Center Portsmouth will hold a Neonatal Intensive Care Unit Reunion Sept. 11 from 11 a.m. to 2 p.m. at Hospital Point. Those planning to attend may RSVP by emailing or calling Bunny Blair at epblair@mar.med.navy.mil or 953-4691.



Members of Local Ford Plant, Motorcycle Clubs Bring ‘Christmas in July’ to Kids in Peds Ward, PICU

Story and photos by JOI Rebecca A. Perron

Heavy rain and flooded streets leading to the Naval Medical Center Portsmouth front gate did not deter “Biker Santa” and his entourage. Santa rode to the hospital with 35 members of several local motorcycle associations and the Ford Assembly Plant in Norfolk to bring “Christmas in July” to children hospitalized in the Pediatrics Ward and Pediatrics Intensive Care Unit.

According to Joe Kitchen, president of the Rolling Thunder, Virginia Chapter 2, and a Ford plant employee, about \$1000 was collected from workers at the assembly plant to buy toys. Another \$600 was spent on toys by members of the motorcycle clubs.

Members of the Blue Knights

and Southern Cruisers joined the Rolling Thunder to make this surprise visit to the children.

“We make this trip twice every year, in July and at Christmas,” said Biker Santa. “We hope to bring a moment of brightness to the children. We do this in July, because we recognize children are sick throughout the year, not just during the holiday season.”

Biker Santa delivered presents to 18 children, from one week to 17 years old. As always, leftover presents were added to the toy locker for children who are hospitalized between Santa’s visits. ♣



Don't Hesitate to Vaccinate

By JOI Sarah Langdon

As the end of summer approaches, one thing parents need to do to prepare their children for school is to make sure their immunizations are up to date.

But some parents are afraid to get their children vaccinated, and they may be placing their child at risk for illnesses that can cause long-term damage or death.

Vaccinations eliminate many childhood diseases and prevent death. Before vaccinations became commonplace, 10,000 children in the U.S. were paralyzed by polio every year, and an aggressive bacteria caused meningitis in 15,000 children, most of who suffered extensive brain damage. Today, it is rare for diseases such as polio or smallpox to invade small communities and wipe them out, mainly due to the development and administration of vaccinations.

Vaccines cause the body to produce antibodies to protect us against bacteria or a virus, and they exist in three different forms — weakened viruses, inactivated (killed) viruses, and partial virus or bacteria.

Virginia law requires all children to have up-to-date vaccinations before enrolling in school. Exceptions are made for those whose parents object to vaccines for religious reasons or if a medical doctor waives the child's vaccination for documented health reasons.

Children must be vaccinated against 13 diseases: hepatitis B, diphtheria, tetanus, pertussis (whooping cough), haemophilus influenzae type B (a cause of meningitis), polio, measles, mumps, rubella, varicella (chickenpox), pneumococcal disease and influenza.

"Parents sometimes go against vaccines out of fear," stated CherylAnn Kraft, of Special Immunizations at Naval Medical Center Portsmouth. "There is no medical background that says vaccines are harmful, but sometimes the parents are still afraid.

"If a parent feels strongly against vaccinating their child, we support and respect them, and we do not judge them," she continued. "We want good relationships with our families, and no one is going to force a patient to get a shot against their or their parent's will."

Kraft said education about illnesses and vaccines is the best way to help parents get their children vaccinated.

"Many people have misconceptions about the vaccines and the illnesses they

are designed to prevent," Kraft explained. "For example, many people mistakenly believe that you can get tetanus from a rusty nail. But, tetanus doesn't come from rust, it comes from dirt. It's in the soil, and we can't get rid of it."

Another misconception is that since the incidence of disease is low, mostly due to widespread vaccination programs, vaccinating is now unnecessary. This behavior leads to the re-emergence of certain diseases.

For example, pertussis/whooping cough has not only appeared in Hampton Roads, it has become prevalent over the past few years. There were 27 cases of whooping cough in Virginia Beach last year. All 27 of these cases occurred in unvaccinated children.

Another issue is that people may get scared more easily when they are not vaccinated. A patient can mistake a mild illness for something more dangerous.

"Every year we get around 700 people in the ER with flu-like symptoms . . . that's at \$200 a pop," Kraft said. "Every dollar we spend on immunizations saves us at least \$10, and there isn't a vaccine available that we don't have access to. One case of meningitis can cost \$600,000. Preventive medicine programs, such as administering vaccinations, are cost effective.

"Ultimately, the bottom line is that most of these diseases kill," Kraft explained. "If you don't get your kids vaccinated, you're putting them at risk. We want our patients to believe in preventive health. It's more than just a shot: It's taking care of the society we live in."

To ensure all children get vaccinated, parents are asked to get their shots before school physicals are due. Coming in early decreases patient waiting time, Kraft said. All branch immunization clinics belonging to NMC Portsmouth are open Monday through Friday, 7 a.m. to 4 p.m., (Boone Clinic open until 4:30 p.m.) Immunizations are given on a walk-in basis. ♣

Age at Vaccination	DTaP	IPV	Hib	MMR	Td or dTap	Hep B (3 doses)	V	PC	MC
2 months	X	X	X					X	X
4 months	X	X	X					X	X
6 months	X	X	X					X	X
12 months				X		preadolescence	X	X	
18 months	X	X	X	X or		(9-13 years)			or
4-6 years	X	X		X					
14-16 years					X				X

<u>Disease</u>	<u>What is it?</u>	<u>Illness/Mortality</u>	<u>Vaccine</u>
Diphtheria	Bacterial disease spread by coughing or sneezing. Creates a poison that causes heart failure and paralysis.	Before the vaccine, 10% of the 150,000 afflicted annually die.	DTaP (D means diphtheria)- creates immunity to harmful toxin.
Tetanus	<i>Bacteria enter body through cuts and are found in dirt, not rust. Can be on a clean nail as well as a rusted one. Not contagious.</i>	<i>Makes a toxin that causes muscle contractions that can break a child's bones. Of 50 annual cases, 15 die.</i>	<i>DTaP (T means tetanus)- creates immunity to harmful toxin.</i>
Pertussis (Whooping Cough)	Extremely contagious, violent and persistent coughing that can cause the child to turn blue from lack of air. The cough can last one to six weeks with the child experiencing difficulty eating, drinking and breathing.	10% of children get pneumonia, 2% has convulsions and the brain is affected in 1 in 250. Causes 10 to 15 child deaths annually in the U.S. Number of has cases dropped 98% since the vaccine was first licensed.	DTaP - (aP mean acellular pertussis). Vaccine works until age 10 and no booster shot is licensed after this age as immunity may not continue.
Measles	<i>Caused by a virus, spread by sneezing, coughing and talking. Marked by coughing, sneezing, fever and eventual rash.</i>	<i>10% get ear infections, 5% get pneumonia and 1 in 1,000 get encephalitis.</i>	<i>MMR - live vaccine. MMR is a combination of the vaccines given for measles, mumps and rubella into one.</i>
Mumps	Causes swelling of the neck, jaw, inflammation of the salivary glands, fever and headache. Spread by coughing, sneezing and talking	10% of children get meningitis (inflammation of spine, brain), 1 in 20,000 become deaf, 1 in 10,000 die from the disease.	MMR - a live vaccine.
Rubella	<i>Causes fever and rash and occurs most often in winter and spring. It is considered a mild disease with a quick recovery.</i>	<i>Biggest danger is to unborn babies. 80% chance of birth defects if mother is infected during early pregnancy.</i>	<i>MMR - a live, attenuated (weakened) virus.</i>
Hepatitis A	Affects the liver. 200,000 cases each year, 30% in children under 15. Virus found in bowel movements, spread by tainted food or water. Causes loss of appetite, stomach pain, vomiting, fever, yellow skin and eyes.	Does not cause generally long-term illness or liver damage, but 100 people do die every year from liver failure from severe hepatitis A.	Hepatitis A - inactivated virus can be given to children two years and older.
Polio	<i>Caused by virus that lives in throat and intestinal tract. Infection through contact with infected bowel movements (can be spread by diaper changing). Some have mild effects but some lose use of muscles (paralytic polio). This type means severe muscle pain and paralysis in a week.</i>	<i>Since inception of vaccine in 1995, case occurrence dropped from 20,000 in 1952 to only a few cases every year. Polio is still common in some parts of the world and can be brought into the country.</i>	<i>OPV - live oral polio vaccine (liquid vaccine that's swallowed) causes polio in 1 in 2.4 million doses and is not routinely used. IPV - inactivated (killed) polio vaccine is the preferred and most widely used polio vaccine in U.S. and is given in 4 doses.</i>
Haemophilis Influenzae Type B (also known as Hib disease)	Bacterial disease spread by coughing, sneezing, breathing. Bacteria enter through nose and throat. Children become sick if bacteria pass to lungs and bloodstream, then becomes "invasive" Hib disease. It is not related to the flu.	Cause swelling of the brain and throat and pneumonia. Before the vaccine, it was the leading cause of meningitis under 5, 25% suffered brain damage, 5% died. Today, most cases are in non-immunized infants.	Hib - can be given at two months of age. Inactivated (killed) vaccine, made from only one part of the Hib bacteria.
<i>Pneumococcal Disease</i>	<i>Caused by streptococcal pneumoniae bacteria, which kills more people in U.S. than all preventable diseases combined. Can cause invasive disease, a blood infection known as bacteremia. Bacteria are spread through the air.</i>	<i>Causes 25 to 40% of all middle ear infections in children. Invasive disease occurs in 16,500 children under 5 years and includes 700 cases of meningitis. 200 children die annually.</i>	<i>Pneumococcal Conjugate - part two of bacterial meningitis vaccine (Hib is first). Given to children under 5. Killed vaccine immunizes against seven strains. but will not prevent some types of ear infections.</i>
Varicella (Chickenpox)	One of the most common childhood diseases. Caused by varicella zoster virus. Chickenpox causes itchy rash, drowsiness and fever. Chickenpox is very contagious.	Before the vaccine in the 1990s, 4 million cases occurred each year. Currently, 4 in 100,000 infants under age one die, 1 in 100,000 ages 1 to 14 die. Mortality for fetus of sick mother is 33%.	Varicella - Children receive a single dose when 12 to 18 months old. Live virus prevents 70% to 90% of cases and gives lifelong immunity.



Make TRICARE Appointments, Get Medical Info Online

By Deborah Kallgren, Public Affairs Officer

For TRICARE beneficiaries who are Prime patients registered at Naval Medical Center Portsmouth or one of its branch clinics, and they have been assigned a Primary Care Manager (PCM), making an acute care, routine or follow up appointment is as close as your computer keyboard.

NMC Portsmouth has been plugged into TRICARE Online (TOL) since the beginning of 2004, the website located appropriately at www.TRICAREonline.com. At the website, you can register your family members, schedule appointments, keep health care records (even when traveling) and gather information on medical and pharmaceutical care. TOL is a secure site for registered users from any computer or laptop anywhere in the world.

Registration is secure and easy, but pages may load slowly if you have a dial-up connection. Once you are registered and accessing your TOL account, pages will load faster. The registration information you provide will allow your account to be customized for you, with personalized information about your MTF or clinic, your PCM, and other pertinent information.

If you would like to make appointments for family members, you will have to register each family member separately. This keeps their medical information separated from other family members. Think of the process as creating a separate online medical file.

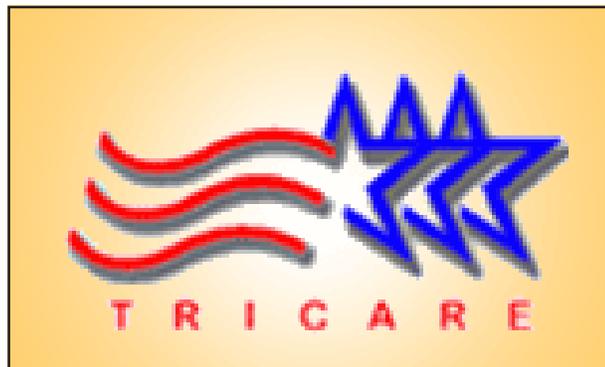
After a beneficiary is logged in, they can double-click on the appointment icon near the top of the page. Options are given to look for the type of appointment required, as well as a listing of appointments available with their PCM. If none are available with their PCM, appointments will be listed for other providers.

Two appointments per person may be pending at any one time in TOL. Additional appointments must be made through the clinic or the TRICARE appointment line. Only appointments made through the website will appear under the beneficiaries' account, so only those can be cancelled or changed using TOL.

Available 24/7

TRICAREOnline.com is available around the clock, so if you realize in the middle of the night you need to see the doctor, you can make the appointment online yourself. Registered users also have access to these TRICAREOnline.com features:

- « A secure, customized personal health journal that you can use to record health care data such as current treatment, immunizations, medications and past medical procedures. It can also store your notes and favorite Web links.
- « A secure password, so beneficiaries may retrieve their personal health care information online from any location – even when moving, traveling or away from home on temporary assignment.
- « The ability to obtain information about TRICARE



benefits and services, check medications for possible adverse reactions and access 18 million pages of consumer health information from a trusted source.

According to TRICARE Management

Activity, TRICAREOnline.com ultimately will offer online prescription refills, MTF appointments and Primary Care Manager appointment reminders, prescription renewals and routine medical test requests. TRICARE Standard beneficiaries will be able to make self-referral specialty appointments, including eye exams, pap exams, hearing screenings, physical health assessments and dietary counseling. TOL also will provide a secure, private channel for patients and their providers to email each other.

TOL is one of the most significant innovative changes in the military health system since the creation of TRICARE itself.

By linking 8.7 million beneficiaries, managers and providers, TOL is the largest Web-based program in military or civilian health care.

For more information, visit www.tricareonline.com or call (800) 600-9392 for further assistance with registration, passwords or user ID issues. ▼

Second EMF Group Prepared to Treat Patients

Continued from Page 1

Hospital unit home based in Bremerton, Wash., from August 2002 to February 2003.

“We treated Soldiers and Marines who were deployed to Afghanistan,” explained Luna. “During the six months, we treated 600 patients, receiving 50 to 75 at a time, so I am prepared for this deployment.”

Although most of this wave received specialized training and completed an EMF exercise, HN Brikkie L. Wilson will complete her training on the job.

“We were so busy in Labor and Delivery, I didn’t get the chance to do much training,” said Wilson, who will work in the operating room. “I have a lot to learn when I get over there, but I’m prepared for anything, and I’ve wanted to get this experience (as an operating room technician) for a long time.”

Lt. Ralph J. Gargiulo is returning to the desert. He was deployed with Fleet Hospital 15 during the combat phase of OIF.

“I was flying with evacuation helos in Iraq last year,” Gargiulo recalled. “I was enlisted in the Army years ago, and as a civilian, worked as a nurse in a level I trauma center, so with my skill set, I volunteered to go into Iraq. I’m ready to go, and I’m excited about learning new skills over there.”

This feeling of excitement permeated the gym as the group said their final goodbyes to family and friends



and boarded the buses bound for the Air Mobility Command Terminal at Norfolk Naval Station.

Once they departed Norfolk, the plane made two stops: Bangor, Maine, and Frankfurt, Germany. While in Maine, a group of retired veterans met them in the terminal to thank them for their service.

The flight arrived at the Camp Wolverine Army Point of Debarkation at 7:30 p.m. (local Kuwaiti time) July 24. Once in Kuwait, the extreme heat was overwhelming.

“It felt like a sauna as we were coming off the (airplane) stairs,” said Lt. Brent McDuffie, Casualty Receiving Department division officer. “We all looked at the engines, because we didn’t know if it was the air coming off the engines, but it wasn’t the engines.”

Added HN Alexandria Aguilar-Sanchez, operating room technician, “I am used to temperatures of 110 to 113 degrees, because I grew up in Arizona. I was expecting it to be super duper hot, but it wasn’t that bad. I guess we got here on a cool day.”

Once acclimated to the temperature, the reality of the war zone set in.

“We’ve seen it on TV,” McDuffie said, “but seeing those M-60s on the vehicles and seeing the overturned vehicles on the side of the road, now we are in it. (The trip) has been very emotional, especially leaving my kids behind.”

After transferring their gear from the plane to the convoy vehicles, the group was bused to Camp Doha and arrived at the Navy barracks at midnight. After spending the night, all but 26 were bused to Camp Arifjan. Those staying at Camp Doha will treat patients

Continued on Next Page

89 Arrive at Camp Doha

Continued from Previous Page

at the Doha Troop Medical Clinic (TMC), while those at Camp Arifjan will treat patients in either the Arifjan TMC or the new 4400-bed hospital unit.

Another wave of about 100 medical support personnel is set to deploy in late August, including about 40 personnel from NMC Portsmouth, and the rest from other naval hospitals and clinics throughout the United States. The second group will remain in Kuwait throughout the holiday season until early next year, when they will return the mission to the Army. The presence of the Navy EMF has allowed a one-year break for the Army's 801st Combat Support Hospital, which had been deployed to the region since the beginning of OIF. The return date of EMF members currently serving in Kuwait has not been determined. ▼

JO1 Daniel A. Bristol, EMF Portsmouth public affairs officer, contributed to this report from Camp Doha, Kuwait



EMF Conducts Mass Casualty Drill to Prepare for Hospital Opening

Continued from Page 2

“As each patient goes through the treatment process and is transported from one area of the hospital to another,” explained Figueroa, “each area calls the patient administration office and notifies them as to which patients they have and approximately the length of their stay.”

Patients whose injuries are not too severe are transported to the Specialty Ward. This part of the hospital provides medical treatment for minor injuries and for outpatients who will leave the hospital the same day.

Patients with more severe injuries may go to the holding ward. This is where the nurses and corpsmen work to keep patients conditions stabilized while they wait for further treatment or the next available operating room. “We also hold the ‘expectants’ here,” said HN Laura Suarezcolumna, one of the ward’s corpsmen.

“Expectants are those patients who are not expected to make it.”

While other areas of the hospital are seeing patients come and go, two areas are keeping busy assisting all areas as needed: the laboratory and the pharmacy. The corpsmen in the laboratory take care of blood work. They conduct complete chemistry work on the blood with a complete blood cell count, and they type blood and cross match if someone needs a transfusion. The corpsmen in the pharmacy prepare medicine for the patients. They mainly provide medicines that are not found on the emergency crash carts throughout the hospital.

Cmdr. David Price, EMF executive officer, congratulated those involved for their efforts. “This is the culmination of why we were sent here, why many of you have trained so hard and why all of you have



Above: The ward fills with patients who wait for the operating room during the drill. The drill tested equipment and procedures in preparation for the opening of the new hospital three days later. The hospital became fully functional in late July, two weeks after the drill.

worked very hard to construct this thing. Although some of you have yet to see the structure, you’ve allowed others to erect the new hospital by you continuing to see all the patients. It’s been a team effort from the start. I would expect every one of you to be proud of what’s been accomplished.”

The hospital staff officially started seeing patients regularly at the new Arifjan hospital July 15, and an official ribbon-cutting ceremony is scheduled for August 3. ♣

Right: EMF members assist a patient in the Casualty Receiving area of the new hospital during the drill. Pictured from left are Cmdr. Richard Sharpe, HM1 Evangeline Chapman, Lt. Cmdr. Bradley Hartherink and HN Laura Stieglitz



Environmental Section Wins HRSD's Silver Award

By Edward A. Bick, Environmental Protection Specialist

For the eighth straight year, Naval Medical Center Portsmouth Environmental Section has been awarded Hampton Roads Sanitation District's (HSRD) Pretreatment Excellence Award. The 2003 Silver Award was presented May 28th at HRSD's annual awards luncheon held at The Founders Inn in Virginia Beach. Ed Bick, NMC Portsmouth's Wastewater Program manager, accepted the award from Matt Cox on behalf of the command. Lt. Cmdr. Mike Phillips, Facilities Management department head, and Bob Wall, environmental and natural resources manager, were also in attendance.

For the years 1998, 2001, and 2002, NMC Portsmouth received the Gold Award. Recipients of this award must not have had any administrative or technical violations, or a perfect compliance record, for a full calendar year. The other five years since 1996, NMC Portsmouth received the Silver Award, which means NMC

Portsmouth had no more than one administrative or technical violation in each of these years.

The wastewater generated at NMC Portsmouth is discharged to HRSD under an Industrial Wastewater Discharge Permit. In order to remain in compliance with the permit, certain requirements must be met. These requirements include monitoring of the wastewater effluent, determining water use by using installed meters, and submitting monthly use reports to HRSD.

HRSD also conducts semi-annual inspections and collects their own samples of NMC Portsmouth's wastewater effluent. HRSD performs analyses for more than 25 different components from arsenic to zinc. The

limitations delineated in the permit must not be exceeded in order to stay in compliance.

Bick said, "I want to thank the entire staff of NMCP for their diligence in helping us to maintain these strict standards. It is a credit to the entire NMCP team and shows their commitment to good Environmental Stewardship."



Ed Bick, Wastewater Program manager, second from right, shows off the award he accepted from Matt Cox, HRSD, second from left. Bob Wall, environmental and natural resources manager, left, and Lt. Cmdr. Mike Phillips, Facilities Management department head, right, also attended the ceremony.

Get Fit at the Pool!

Finning Class is Back

Meet with Dee Hunt at the pool Tuesdays and Thursdays for water aerobic workouts! Classes begin at 1 p.m. and last for 45 minutes.

New Stoke Improvement Class

Donna Farney will hold stoke improvement classes at the pool in September and October. Classes will be Tuesdays and Thursdays from 6 to 6:30 a.m. Participants must already know how to swim and should register at 953-5946.

The goal of sessions is to improve overall fitness, as well as performance for the Fall Physical Fitness Assessment.

August 2004 - The Courier

Soundings Readers Name NMC Portsmouth Best Health Care Facility

Soundings newspaper announced the first-ever Soundings Best of the Military Contest results in its July 28 issue. Best Health Care Facility was one of 73 categories readers were asked to vote for. Naval Medical Center Portsmouth was named the winner of this category.



Time to Hit the Books- Fall Advancement Cycle a Month Away

By JO1 Rebecca A. Perron

It's time again for the bi-annual ritual of downloading the most recent bibliography, cracking open training manuals and meeting with study groups. The fall advancement cycle begins the first week of September, every moment until then counting as precious study time.

For some Sailors, this ritual can be a daunting task, but with a bit of information and a systematic approach to studying, the chance of adding a chevron to your sleeve can be improved.

Keys to Improving Your Standard Score

The standard score from the exam is the part of the advancement process individuals have the most control over. However, there is no quick or easy way to prepare for the advancement exam. It takes work, and you cannot wait until the last minute. The best way to prepare is to start studying early.

The first step is to get your bibliography (BIB). The BIB lists all references test questions were taken from for your exam. The BIB is designed specifically for the pay grade of the exam, rate and advancement cycle. Since BIBs come out six months before the advancement exam, you should develop a five- to six-month study plan. Since they are updated every cycle, get in the habit of checking for changes every cycle. BIBs can be found on the Navy Advancement Center web site, <https://www.advancement.cnet.navy.mil>. The entire site address must be typed or the site will not be found.

The second step is to get a copy of the references listed on the BIB. Your study efforts will be more effective if you have all the materials. If you have trouble locating any references, check with your Command Career Counselor or Educational Services Officer.

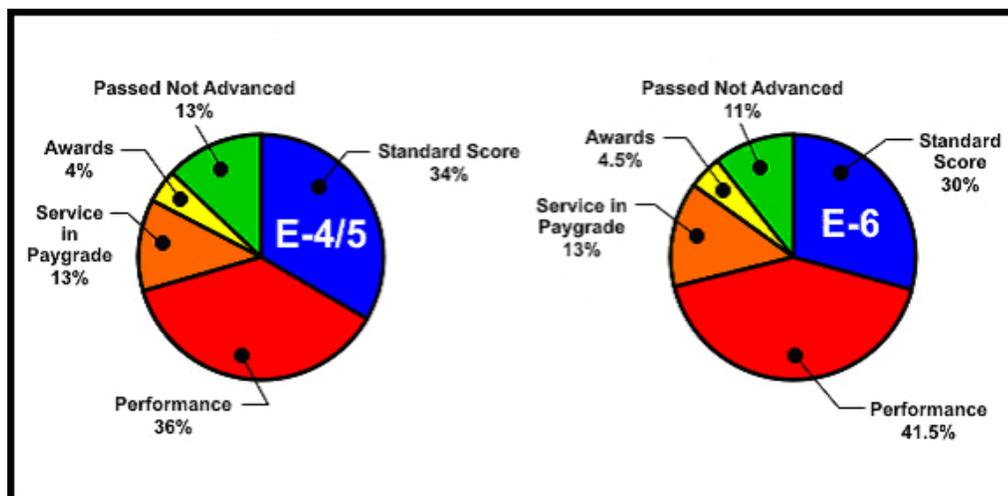
After you obtain your BIB and references, you can use them to develop and focus your study plan that works for you.

"I read only the chapters in the BMR, HM Book and PO1 (that are listed on the BIB)," explained HM1 Terry J Brown, DSS Product Line and Refractive Surgery leading petty officer. "I skim through all the Instructions and Navadmins and highlight the important things. Then I go back over it again and again just reading the highlighted areas. About a month prior to the exam, I spend about one hour a night reading through the material starting with what I am least familiar with."

Brown, whose final multiple was 13 points higher than the minimum required when he was advanced during the Spring 2004 cycle, believes "taking the time to study and success is only a test away. If you keep reading the material daily, it becomes easier to remember. Repetition is very important."

"I studied the HM advancement manual, the ENTIRE manual," said HM3 Michelle Arment, Emergency Medicine Department, who scored a 77 on the HM3 exam. "If you retain information from every chapter, you will do well. I also tell people that advancement is not just about your eval score. Just because you didn't get early promote, doesn't mean you can't advance. Advancement is about how much time you study and prepare yourself. Also if you have a good eval, don't think that it is just going to be handed to you and you aren't going to have to study. I've seen people with EP's miss advancing by 10 points because of their test score."

Continued on Next Page



The graph shows the breakdown of how a final multiple score is calculated for advancement to pay grades E-4 through E-6. The text box on the next page explains the process in detail.

How the Advancement System Works

The Navy Enlisted Advancement System uses two major components to determine who will advance. After each exam cycle, final multiple scores (FMS) and quotas are used to select personnel for advancement. The FMS system considers the whole person in determining who will be advanced to fill the quotas, or vacancies, within each rating.

FMSs and quotas for each rating and pay grade are used to

calculate a cutoff score. If your FMS is at or above the minimum multiple score, or cutoff score, you will be advanced.

The Exam

The exam serves as a tool used to rank order already qualified candidates on the basis of rating knowledge and professional military knowledge. Subject matter experts within your rating (E-7s through E-9s) develop your exam to assess the knowledge required to perform

your job. Civilian testing specialists, statisticians, graphic specialists, and other support personnel assist the exam writers.

Each exam contains 200 questions. The ratio of rating questions to military knowledge questions on the exam depends on the pay grade. The exam score shows how you compared with your shipmates taking the same exam.

The Final Multiple Score

For E-4 through E-6 candidates, the FMS is composed of points earned from the exam score, performance evaluations, awards, previous exam score and time in current pay grade. A formula is used to calculate each component, and then added together to form the FMS as shown in the chart to the left.

Final Multiple Computation				
Exam		Computation	Max Points and %	
FACTOR	PAYGRADE		E-4/5	E-6
Standard Score	E-4/5/6	Indicated on Exam Profile Sheet	80 (34%)	80 (30%)
Performance	E-4/5	(PMA X 60) - 156	84 (36%)	110 (41.5%)
	E-6	(PMA X 60) - 130		
Service in Paygrade	E-4/5	(2 X S I P G) + 15	30 (13%)	34 (13%)
	E-6	(2 X S I P G) + 19		
Awards	E-4/5/6	Values in Adv Manual	10 (4%)	12 (4.5%)
PNA Points	E-4/5/6	2 X PNA Points from last 5 cycles	30 (13%)	30 (11%)
Maximum FMS Points Possible			234	266

Study Plan Helps Put Advancement in Reach

Continued from Previous Page

These suggestions will help you develop a plan that works for you.

-Review all required references on the BIB to set your timeframe for study. Determine the chapters in each reference were used to create your exam questions.

-Develop a written study schedule with time to cover all

references. Include self-study and group-study time in your plan. Some commands sponsor in-rate training scheduled for the same time and day each week in the months before the exam. If your command does not do this, consider initiating one.

-Develop study tools. Index cards, written quizzes and Jeopardy-type games can be useful during group and individual study

time. It is also important to actually read and complete the training manuals, including circling the answer in the question booklet, and highlighting the material the answer is derived from in the manual, then the questions and highlighted material become refresher material.

It is your career and in the end it is all up to you. You decide how much you want to be advanced, so set your goals and get studying! ▼

Energy Conservation Corner

Water is a renewable resource, however, this does not mean we should waste it. During droughts, water conservation rules may be placed in effect by local and state authorities. We should not wait until water levels are low to pay attention to conservation tips. Conserve water because it is the right thing to do. Remember, every drop counts.

Water conservation tips:

-Do not waste water just because someone else is footing the bill, such as when you are at work or staying at a hotel.

-Report all significant water losses to the proper authority.

-Never pour water down the drain when there may be another use for it such as watering a plant or for cleaning around your home.

-Many homes have hidden water leaks. Read your water meter before and after a two-hour period when no water is being used. If the meter does not read exactly the same, there is a leak.

-Replace washers to repair dripping faucets.

-Add food coloring to a toilet tank to check for leaks. If the toilet is leaking, color will appear in the toilet bowl in 30 minutes.

-Take shorter showers. Replace your showerhead with an ultra-low-flow version. Place a bucket in the shower to catch excess water and use this to water plants. The same technique can be used when washing dishes or vegetables in the sink.

-Operate automatic dishwashers and clothes washers only when they are fully loaded.

-When washing dishes by hand, fill the sink with soapy water. Quickly rinse under a slow-moving stream from the faucet.

-Store drinking water in the refrigerator instead of running water while waiting for it to cool.

-Do not thaw frozen foods under running water. Defrost food overnight in the refrigerator or defrost it in your microwave.

-Kitchen sink disposals require lots of water to operate properly. Instead of using a garbage disposal, start a compost pile or throw the food in the trash. Disposals can double the volume of solids in the sewer system and lead to septic tank problems.

-Consider installing an instant water heater on your kitchen sink so you do not have to run the water while it heats up. This will also reduce water-heating costs for your household.

-Insulate water pipes. You will get hot water faster and avoid wasting water while it heats up.

-Do not let water run while shaving or washing your face. Brush your teeth first while waiting for water to get hot, then wash or shave after filling the basin.

-Avoid flushing the toilet unnecessarily. Dispose of tissues, insects and other similar waste in the trash rather than the toilet.

Keep in mind:

Bathroom facilities claim nearly 75 percent of the water used in homes.

It not only costs money to bring water to your home, but also to take everything away that goes through the sewer pipes. Disposing of food in the garbage disposal, excessive rinsing of dishes and running the faucet on full blast not only add to the water bill, but also to the sewer bill and volume of materials handled by the local water sanitizing plant.

Try to do one thing each day that will result in saving water, even if the savings are minimal. You can make a difference. ♻️





Energy Conservation Quiz

1. A dripping faucet can waste up to 20 gallons of water a day. How much does a leaking toilet waste?
 - A) 50 gallons per day.
 - B) 200 gallons per day.
 - C) 100 gallons per day.
 - D) 500 gallons per day.

2. How does using too much water affect water quality?
 - A) Removing too much water can change the natural flow of water in rivers or streams, which can destroy the habitat of fish and wildlife.
 - B) Small streams and rivers that are fed by groundwater can dry up causing groundwater storage depletion.
 - C) Lower water levels in lakes and rivers mean pollutants will not be diluted as effectively and will require more treatment to remove them from drinking water.
 - D) All of the above

3. How do you determine if your showerhead should be replaced with a low-flow model?
 - A) If your shower can fill a one-gallon bucket in less than 20 seconds.
 - B) If your showerhead is more than 10 years old.
 - C) If your showerhead can fill a one-gallon bucket in less than one minute.
 - D) If your showerhead is not adjustable.

See Page 23 for answers

New Class Helps Tobacco Users Kick Habit

By JO1 Rebecca A. Perron

In the United States, about 400,000 people die annually from diseases related to tobacco use. Because of the associated health risks from using tobacco products, many people no longer want to use them. But these products are addictive, and quitting is not always easy. Since everyone is different, they must find the method that works for them. In fact, many people must try three or four times before they finally quit for good.

Beneficiaries now have another avenue to help them quit. Naval Medical Center Portsmouth now offers a tobacco cessation class with a support group atmosphere. Addiction Medicine Services (AMS) began offering the four-week class in July. These once-a-week, one-hour meetings are led by HM2(SS) Brad E. Hicks of AMS.

“This support group atmosphere offers more personal interaction,” explained Hicks, “and I give more information about the addictive aspects of nicotine than a typical tobacco cessation class.”

Hicks said the group setting works better when the size of the group is small, so he accepts only seven participants in each class. Hicks suggested tobacco users who want to quit may want to discuss with their doctor which class is better for them: either the new one offered by AMS or the class offered by the Wellness Department.

Regardless of which class beneficiaries choose, quitting tobacco products is the best choice for a healthy lifestyle. ♣

Addiction Medicine Services

When: Aug. 9, 16, 23, 30
Time: 1 to 2 p.m.
Where: Addiction Medicine Services Department (Bldg. 215, 4th floor)
Who: All TRICARE beneficiaries 18 and older
Maximum Class Size: 7
Prerequisite: brief prescreening
 Call 953-4885 to register

Wellness Department

When: Aug. 5, 12, 19, 26
Time: 5 to 6:30 p.m.
Where: Pulmonary Clinic Conference Room (Bldg. 2, 2nd floor), once in the clinic follow the signs
Who: All TRICARE beneficiaries 18 and older
Maximum Class Size: 15
 Call 953-9242 to register



The Blood Bank Donor APHERESIS Center is in Laboratory Medicine on the Ground Floor of the Charette Health Care Center Open 7 a.m. to 3:30 p.m. Monday thru Friday For information, call 953-1717 or click the Blood Bank link on NMC Portsmouth’s home page

The Power of Listening

Capt. Jerry Shields K. Shields, CHC, USN

“I wish someone would listen to me.”

Everyone wants someone to listen to him/her. The poet Seneca wrote:

*“Listen to me for a day - an hour! a moment!
lest I expire in my terrible wilderness,
my lonely silence!*

O God, is there no one to listen?”

While the Constitution of the United States guarantee’s freedom of speech, it does not guarantee someone has to listen. The only way we can hope someone will listen is the moral commitment one has to respect the value of another person. Listening is not a guarantee; it is a gift.

When we listen to someone, we are conveying a sense of respect for their human dignity, which I like to call the spirituality of listening, and we are showing concern for their specific situation.

Listening is not easy to do, and do well. It is hard work. There are so many factors that can interrupt the process and many mental filters to go through before it is completed in a fraction of a second. It is like letting someone else have control and drive a car without being a back-seat driver. It is more than just hearing words, sentences and thought patterns. It means to concentrate on the verbal AND the non-verbal messages being expressed. Sometimes we can learn more about what’s really going on by reading between the lines and paying more attention to the feelings and undercurrents behind the words.

Have you ever tried listening to the sounds of silence?

They are there in full bloom and sometimes more powerful than the spoken sounds. Listening is so basic that we sometimes take it for granted, and its importance cannot be overestimated.

Listening provides vital information. It is the way we learn facts and understand feelings of a person.

The information we gather through listening is crucial to providing an intelligent response to an individual. It is the vital balance between words and actions. It is a moral and ethical response to the dignity of a human being, which says they are worth listening to, and it is a way that opens doors to a person’s soul.

Three words summarize all I have learned in four units of Clinical Pastoral Education (CPE). They are: Listen, Listen, Listen. The ability to be a good listener

is at the heart of counseling in any profession. It is also one of the highest traits of a good leader. John C.



Maxwell in his book, *The 21 Indispensable Qualities of a Leader*, writes: “A good leader encourages followers to tell him what he needs to know, not what he wants to hear.” He goes on to write, “An unwillingness to listen is too common among poor leaders. Peter Drucker, the Father of American Management, believes that 60 percent of all management problems are the result of faulty communications. The overwhelming majority of communications comes from poor listening.” In the words of President Woodrow Wilson, “The ear of the leader must ring with the voices of the people.”

If there is any skill more needed in the professional care of souls and bodies, it is the need for effective listening. Good listening skills are essential to the delivery of medicine, nursing and the total health care enterprise at Naval Medical Center Portsmouth. It is interesting to note that medical schools are intentionally designing courses for physicians on the art of listening to patients. The Keck School of Medicine at the University of Southern California has designed a new curriculum that infuses ethics and communication skills to train medical students to focus on listening to patients and treating them as individuals instead of merely treating their ailments.

Many authors claim listening is an art that needs developing at every level of the business and personal worlds of relationships. An excellent book on this subject is *The Lost Art of Listening: How Learning to Listen Can Improve Relationships*, by Michael P. Nichols, Ph.D. The author writes that genuine listening “means suspending memory, desire and judgment—

Continued on Next Page

Signs and Symptoms of Alcohol or Drug Abuse

Submitted by HMI Eduardo Ortiz, command drug and alcohol program advisor

Keeping our forces fit for service includes responsible alcohol use and enforcement of the zero tolerance policy for drugs. Recognizing the signs and symptoms of alcohol and drug abuse is important to be able to identify individuals who may need help.

It is important to remember that if an individual has any of the following symptoms, it does not necessarily mean that he or she is using drugs and/or alcohol. The presence of some of these symptoms could be related to a host of other problems, such as stress or depression.

Whatever the cause, these signs may warrant attention, especially if they persist or if several of them occur at one time. The key thing to look for is change: be aware of significant changes in an individual's physical appearance, personality or behavior.

Behavioral Symptoms

- Mood swings
- Personality changes
- Defensiveness
- Overly emotional
- Tendency to manipulate
- Strained communication



- Withdrawal from family activities
- Change in dress and friends
- Lack of self-discipline
- Apathy
- School and work problems or anxious behavior

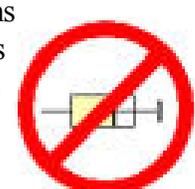
Physical Symptoms

- Change in appearance
- Poor physical coordination
- Change in appetite or eating habits
- Fatigue
- Bloodshot watery eyes
- Consistently dilated pupils
- Nausea, vomiting
- Frequent colds, sore throat, coughing
- Chronically inflamed nostrils, runny nose
- Dizzy spells, stumbling, and shaky hands
- Consistent run down condition
- Speech pattern changes
- Irregular heartbeat



Signs and Symptoms of Substance Abuse in the Workplace

- Frequent absence from work for no justifiable reason
- Long lunch or other unnecessary breaks
- Alcohol on breath or hangovers at work
- Financial/relationship/legal problems
- Avoiding supervisor or co-workers
- Poor personal hygiene/appearance
- Tardiness and leaving work early
- Decreased job performance
- Blackouts



Just say No!

Enabling

Enabling allows an individual to continue their abusive behavior without suffering the natural consequences of their behavior. Helping people avoid facing facts by minimizing actions, rescuing people out of troublesome situations caused by their actions, and protecting people from facing the consequences of their actions are all ways we enable abusers.

Enabling consequences are harmful to:

- The individual
- Encourages irresponsible or self-destructive behavior.
- Prevents individuals from realizing what they're doing.
- The Navy
- Increases the number of incidents.
- Impacts readiness. ▼

Listening Equals Selflessness

Continued from Previous Page

and for a few moments at least, existing for the other person. Suppressing your own urge to talk can be harder than it sounds. After all, you have things on your mind too. To listen well, you may have to restrain yourself from disagreeing or giving advice or talking about your own experience. Temporarily, at least, listening is a one-sided relationship. You need to be silent. You need to be selfless."

Are you a good listener?

How well do you listen to your spouse? ... to your children? ... to your parents? ... to your doctor? ... to your patient?

If there is one continuing theme that runs through the Bible, it is that we must listen if we are to know God. The great Commandment begins with "Hear, O Israel." Jesus tells his followers: "He that hath ears to hear, let him hear." And Saint Paul reminds us "faith comes by hearing." †

Kickboxing Championships

Lebron Heads to American, World Competitions

By JO1 Rebecca A. Perron

As the excitement and the start of the 2004 Olympic Games approach, the athlete in all of us may wish we were talented enough to be one of the competitors.

For one Naval Medical Center Portsmouth command member, athleticism and talent at such a high level has been realized. RP2(FMF) Nelson F. Lebron of Pastoral Services is headed to the North American and World Championships for kickboxing.

Lebron is set to compete in the IKF North American Championships Aug. 13 to 15 at the Wyndham Palace Resort at Disney World in Orlando, Fla. He will also compete in the ISKBA World Championships at the RexPlex Sports Complex in Elizabeth, N.J., from Sep. 4 to 5, then head to Basel, Switzerland, for the WKA World Championships from Sep. 13 to 18.

Lebron's upbringing set him up to excel in the sport.

"I grew up in the South Bronx, New York, and am the son of a Marine," Lebron recalled. "My father instilled in me values that would prepare me to survive in the city and as an adult."

Smaller than most of his peers growing up, Lebron's parents enrolled him in Martial Arts at the age of 5. By age 15, he was a junior Black Belt, and in 1991, Lebron won the Junior National Tae Kwon Do Championships in New York. At age 16, after defeating his pro-boxer uncle, he learned to box. Then in 1993, Lebron joined the Navy as a Photographer's Mate and began to compete in 2000.

"While assigned to F-14 Fighter Squadron 32, my abilities reached new heights under the mentorship of Petty Officer Carlos Paradiso," Lebron said. "He is skilled in 17 fighting styles, and while on a six-month cruise, he drilled me in the martial arts and boxing."

Night after night, the two trained in all aspects of fighting for two-to-three hours. From Judo, Jujitsu, Kempo, Muay Tai, to even kung fu, Paradiso passed his knowledge to Lebron.

Upon returning from the deployment, Lebron said his desire for the ring had been reawakened. Lebron teamed up with local kickboxing coaches to hone his

skills, until he deployed to Okinawa, Japan, where he furthered his martial arts skills by competing in underground fight clubs and by becoming a Marine Corps close combat instructor.

Lebron said he returned to the United States "with better fighting skills than most, and with an



unquenchable desire to fight." Once again under the guidance of his local coaches, Lebron won numerous competitions.

Lebron not only uses his excellent physical conditioning to his benefit during competition, but also to benefit the command. Lebron leads the mandatory physical fitness sessions for corpsman scheduled to transfer to Marine units.

"They warm up with what most Sailors call a workout: 200 push-ups, 200 sit-ups and 200 jumping jacks," explained Lebron. "Not everyone can perform them at first, but in as little as three months, most are breezing through it."

After the warm-up, they engage in a rigorous PT session, which may include a timed run up to five miles. According to Lebron, "these sessions leave most cringing. But with the reality of combat hanging over their heads, these Sailors realize that tough times don't last and tough people do."

Lebron's hard work and dedication to physical fitness and the martial arts has earned him a position

Continued on Next Page

Kickboxer Competes

Continued from Previous Page
on the 2004 WKA United States National Team, where in Switzerland, the best of the best in the world will compete to see who the true amateur world champion is. About his participation in the event, Lebron said, "the kickboxing world will come to know who Nelson Felix Lebron is!" ♣

On behalf of the Navy and the staff at Naval Medical Center Portsmouth, good luck RP2.

RP2(FMF) Nelson F. Lebron received the following titles:

2000 Virginia State Golden Gloves Novice
2002 WKKO Light Weight Virginia Kickboxing Title
2002 IFA Featherweight and Lightweight Virginia State titles
2003 Golden Gloves Open Sectionals at 119 pounds
2003 Virginia State Boxing Championship at 125 pounds
2003 Joe Lewis Fighting Systems Featherweight USA Championship
2003 Gallantry Fighter of the Year Award
Black Belt from Joe Lewis in 2003
2003 IKF Featherweight National Championship
2003 IKF North American Championship



Energy Quiz Answers from Page 19

1. B) 200 gallons per day is the average, although the actual amount can be up to 500. Leaking toilets are the most common cause for a high water bill.
2.) D) All of the above.
3.) A) If your shower can fill a one-gallon bucket in less than 20 seconds, then replace it with a water-efficient showerhead.



Bravo Zulu!!!

Defense Meritorious Service Medal

Capt. Anthony J. Camerota
Capt. David W. Munter
Lt. Cmdr. Darin K. Via

Meritorious Service Medal

Capt. David J. Beardsley
Capt. Karen A. Daly
Capt. Donna M. Haughinberry
Capt. Briana M. Hill
Capt. Robin T. McKenzie
Capt. John W. Owen
Capt. Vernon A. Sellers
Capt. Caroline M. Webber
Cmdr. Brigitte Balog
Cmdr. Rachel D. Haltner
Cmdr. Dick W. Turner

Joint Service Commendation Medal

Lt. Col. Donovan Gonzales
HMCM(SW) Melissa M. Baldi
HM1 Kimberly M. Bliefernich

Navy Commendation Medal

Cmdr. Helena G. Ely
Cmdr. Norma G. Jones
Cmdr. Leslie L. Sims
Cmdr. Donna J. Stafford
Cmdr. Christopher P. Stolle
Lt. Cmdr. Robert C. Davis
Lt. Cmdr. Jacqueline E. Fisher
Lt. Cmdr. Lester E. Hilbert, Jr.
Lt. Cmdr. Hung-Chi Kwok
Lt. Cmdr. James M. Martin
Lt. Cmdr. Patrick M. Mullin
Lt. Cmdr. Amy L. Oliveira
Lt. Cmdr. Stacey J. Rogers
Lt. Cmdr. Darin K. Via
Lt. Cmdr. Hilary V. Wong
Lt. Cmdr. Patrick E. Young
Lt. Raymond M. Bristol
Lt. Charlene R. Crandall
Lt. Mary A. Hutchinson
Lt. Daniel L. Landry
Lt. Joseph T. Novak
Lt. Ralph L. Willoughby
Lt. j.g. Whitney Ellis
Lt. j.g. Michael A. Mitchell
Lt. j.g. Susan M. Tillmon
RPCS(SW/AW) Kristy L. Grayson
SKCS Michael J. O'Hara
HMCS(SW) Ted Plaughner
HMCS(SW/FMF) Robert W. Whitten
HMC(SW) David H. Amick
HMC(SW/AW) Stacy Y. Terry
HMI(SW) Paul J. Bacca
HMI(SW/AW) Bobbiejo Belanger
HMI(FMF) Jimmy Brookins
HMI(SW/AW) Donald D. Brumfield
HMI Carmen D. Yalung

CS2(SW) Joselin Desir
HM2 Angela D. Downing

Joint Service Achievement Medal

HM2 Tammy J. Susa

Navy Achievement Medal

Lt. Lorie Ann T. Conza
Lt. Mary H. Currier
Lt. Peter E. Degraziano
Lt. Susan C. Farrar
Lt. Benjamin P. Fischer
Lt. Jeremy C. Francis
Lt. Diane K. Hite
Lt. John F. Maciejczyk
Lt. Bernard C. McDonald
Lt. Kevin M. O'Meara
Lt. Geoffrey L. Plant
Lt. Danielle M. Raimond
Lt. Steven D. Schutt
Lt. Andy S. Steczo
Lt. Rebecca M. Webster
Lt. j.g. Pandora J. Lipstrot
Lt. j.g. Alexandra A. Murray
Ens. Carolyn Aros
Ens. Marcus E. Hill
HM1(SW) Sharon J. Brookins
HM1(SW) Steven V. Davis
MA1 Glenn R. Hill
HM1 David D. Powers
HM2 Jeffery D. Bozeman
HM2 Amy Conklin
HM2 Jacqueline A. Frankson
HM2(SW/FMF) Salvador F. Hernandez
HM2 Everette M. Harvey
HT2(SW) Paris F. Hodo
HM2 Christian C. Kerlick
HM2 Vladimir Pierre-Charles
HM2 Marlene Rivera
HM2 David L. Scott
HM2(FMF) Johnny L. Spencer
HM2 Shawn Ziluck
ET3 Richard Benitez
HM3 Kathryn A. Burton
HM3 Edgar L. Callupe
HM3 Stephanie M. Creveling
HM3 Valerie T. Green
DT3 Lewis E. Jones
HM3 Jennifer J. Lindgren
HM3 Candice M. Mullen
HM3 Michelle A. Papineau
HM3 Teresa I. Parks
HM3 Tia N. Sailor
HM3 Jeffrey Taylor
HM3 Jennifer E. Wilder
HN Kaioni O. Carter
HN Kewauna L. Washington

**Naval Meritorious
Civilian Service Award**
Jane R. Holtz, Civ

Letter of Commendation

Lt. Cmdr. Karen Leahy
Lt. Karen E. Bullock
Lt. Helen Chun
Lt. Sabra S. Rawlings
Lt. j.g. Carmen A. Reckers
Ens. Emilie M. Collins
HM1 Catrina V. Kirgis
SH1(AW/SW) Charles E. McQueen
HM1 Oral R. Thomas
HM1(FMF) James H. Zurek
ET2 Benjamin B. Burr
HM2(AW) Iffanyi Chucwuka
HM2 Alex W. Isenhour
HM2(FMF) Daman J. Robb
HM2 Natasha Thomas
ET2 Dennis Whelan
HM2 Lloyd Wilson
CS3 Emmett B. Bolton
HM3 Tina Conners
HM3 Stephanie Gomez
HM3 Ryan A. Grant
HM3(FMF) Gabriel M. Ibarra
HM3 Lacy Johnson
HM3(SS) Aaron P. McKnight
HM3 Sang A. Thai
HM3 Kenneth Walker
HN Rhiannon E. Blommaert
HN Monieka N. Guyton
HN Terrian M. Harris
HN Dhessie E. Keeler
HN Kevin J. Powell
HN Linda A. Riss
HN Marty A. Stubbs
Jan Henderson, Civ
Dorothy Vexler, Civ

Letter of Appreciation

HMCS(SW) Ted I. Plaughner
HM1(SW) Jamie B. Bobbio
HM1(FMF) Christopher H. Nixon
HM2 Angela D. Brannon
DT2(SW) Clement I. Edionwelle
HM2 Jennifer M. Faasen
HM2 Michael C. Howell
HM2 Robert Robinson
HM3 Glencora R. Thompson
HN Jonathan Bowman
HN Gregory S. Garcia
Cheryl Kraft, Civ

Military Outstanding Volunteer Service Award

HM1(AW) Diana Jones

Retention Excellence Award

Yorktown Branch Medical Clinic
Oceana Branch Medical Clinic