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THE COURIER

Naval Medical Center Portsmouth

January/February 2004

Hopkins Names Burkhard Distinguished Alumnus

By Cathy Czepiel, Hopkins Views from the Hill

Hopkins School is pleased to announce that Rear Adm. Thomas K. Burkhard, class of 1965, is the 2004 recipient of the Hopkins Distinguished Alumnus Award. He will be honored at reunion ceremonies May 8 for his illustrious career as a medical doctor and military commander. Adm. Burkhard is currently commander of Naval Medical Center Portsmouth in Portsmouth, Va., the Navy's largest medical center. A native of Trumbull, Conn., Tom played soccer, basketball and baseball at Hopkins and served as sports editor of the *Panagraph*. Retired Hopkins history teacher Karl Crawford recalls Tom as a quiet leader even then.

"He simply had commander quality about him," says Karl. Tom credits Hopkins as the place that made it possible for him to attend Harvard College and to earn the ROTC scholarship that sent him on his naval career.

"It certainly gave me the educational basis for everything I've done," he says.

After graduating cum laude from Harvard in 1969, Tom was commissioned an ensign in the Line Navy and

was assigned to a coastal minesweeper, *USS Whipporwill (MSC-207)*, homeported in Sasebo, Japan. He performed coastal patrols in South Vietnam aboard the *Whipporwill*. At the end of hostilities, Tom was part of Operation Endsweep, which

cleared mines from North Vietnamese waters, enabling U.S. prisoners of war to return home. In fact, he visited downtown Haiphong one week after the peace treaty was signed, while attending negotiations about minesweeping. Tom went on to attend medical school at the University of Connecticut, from which he graduated in 1977. He then completed an internship and a diag-



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NMC Portsmouth Welcomes First Newborn of '04, Legend Grace

By JO1 Sarah R. Langdon



IT1 John Grace helps twenty-one month old Carina Grace feed the Grace family's newest addition, Legend. Legend was born at 1:15 a.m. Jan. 1, 2004.

At 1:15 a.m. on New Year's Day, the IT1 John Grace and his wife Kelly welcomed the newest addition to their family, a newborn baby boy they named Legend. Legend has the distinction of being the first child born at Naval Medical Center Portsmouth in 2004. He was delivered by Lt. Amy Short of NMC Portsmouth's Labor and Delivery.

Legend Keegan-Thomas Grace weighed in at 7 lbs., 5 oz., and measured 20 ½ inches in length.

"I think it's great," said John, the proud father. "There's only one baby who is first (for the medical center) in the new year so he's kind of special."

Legend joins a family of five, John explained. The eldest Grace child, Arylin, is ten years old, next is eight and a half year-old Pheonix followed by the former baby girl of the family,

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CNO Plots Navy's Course for 2004

By Chief Journalist Walter T. Ham IV, Chief of Naval Operations Public Affairs

WASHINGTON (NNS) — In the CNO's Guidance for 2004, Chief of Naval Operations (CNO) Adm. Vern Clark praises Sailors' performance and the progress they made last year, and calls on Navy leaders to "accelerate our advantages" this year.

"Our Navy's performance in Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) demonstrated more than just combat excellence. It proved the value of readiness. It highlighted our ability to exploit the vast maneuver space provided by the sea," Clark wrote. "It demonstrated the importance of the latest technology in surveillance and attack. Most importantly, it reaffirmed the single greatest advantage we hold over every potential adversary: the genius of our people contributing their utmost to mission accomplishment."

Among the many accomplishments of 2003, the CNO singled out the Navy's combat operations in OEF and OIF, improved surge capabilities, record recruiting and retention, alignment to Sea Power 21, savings harvested for recapitalization, and the additional ships and aircraft being built.

But the CNO said that successful institutions don't rest on their laurels.

"Winning organizations never rest - they are always on the move!" the CNO said. "At the top of our list is to ensure we are prepared to respond whenever the commander in chief sees a need for our military forces. Our task is to ensure that we give the president options. We created the Fleet Response Plan last year to maximize our operational availability and create those options."

Clark added that the flexibility of the Fleet Response Plan will keep our enemies guessing and will

provide the president with a greater range of military options.

"We must continue to examine and refine the Fleet Response Plan's training and maintenance cycles to make our availability the best it should be," Clark continued. "Finally, we must get better at pushing the envelope of operational art in the development of future concepts of operation for our naval forces."

The CNO said that while people are the Navy's most valued asset, "manpower is never free." He said that he only wants Sailors filling jobs with real content.

"As our Navy becomes more high tech, our work force will get smaller and smarter. We will spend whatever it takes to equip and enable our Sailors, but we do not want to spend one extra penny for manpower we do not need."

This year, Clark said, the Navy will also focus on delivering the right readiness, expediting Sea Warrior, improving productivity in everything we do, streamlining and aligning total manpower structure, and accelerating Sea Power 21 capabilities. Clark said that Sea Power 21 is the roadmap for the capabilities the Navy will bring to the fight in the future, and the Top Five priorities are the Navy's "to do" list.

While change is hard, it is also necessary, and the Navy's greatest legacy is its legacy of innovation, Clark said.

"From nuclear power to the then-unlikely prospect of flying aircraft from ships, our willingness to improve our position, to adopt transformational technologies, and to develop new operating concepts is at the very core of our combat success," Clark said.

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The Courier

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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, Lt. Jacky Fisher, at jefisher@mar.med.navy.mil. Submissions should be on a 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 upcoming issue, space permitting. PAO is located in Building One, Third Deck, Rm. 311.

NMCP Mental Health Programs

NMCP Begins New Behavioral Care Day Treatment Program

The Behavioral Care Day Treatment Program at Naval Medical Center Portsmouth is up and running. The primary goal of the program is to provide mental health services, educational classes and life training skills classes to people who are in a sub-acute crisis or have chronic mental illnesses who do not require full hospitalization.

The program consists of a team including a psychiatrist, a psychiatric nurse, psychiatric technicians, a licensed clinical social worker and a chaplain. NMC Portsmouth will offer the program Monday through Friday from 8 a.m. to 2:30 p.m.

This outpatient program is available for all Tricare Prime enrollees, including active duty service members, adult family members and retirees. Patients must be referred to the program by a psychiatrist, psychologist or a mental health social worker, and additional treatment in a therapeutic environment for support, education and medication management is required.

Patients in the program must be deemed safe, not imminently dangerous to themselves, others or property, and must not require 24-hour care. The patient must be in need of more intensive treatment that does not require hospitalization and that cannot be met in an outpatient clinic appointment.

They must also be able to communicate and participate in structured group activities, have their own transportation to the program and must not have significant medical issues that would hinder treatment in the program. Patients must also be under the care of Tricare Prime primary care physician and a psychiatrist. NMC Portsmouth mental health staff will screen potential patients prior to acceptance into the program.

Anyone interested in applying for the program may contact the Blanche Porter, RN, or Angelia Strothers, RN, Behavioral Care Day Program at 953-5398/7564/7964. †

Special Psychiatric Rapid Intervention Team (SPRINT)

Standing By, Ready to Assist

Lt. Sean P. Convoy, Fleet & Family Medicine, Behavioral Care Service Line

Naval Medical Center Portsmouth has available a Special Psychiatric Rapid Intervention Team (SPRINT) ready to provide short-term mental health and emotional support prior to and immediately after a disaster. The team's goal is to prevent long-term psychiatric dysfunction or disability. It is designed to provide educational and consultative services to local supporting agencies for long term problem resolution.

Directed by BUMEDINST 6440.6 Mobile Medical Augmentation Readiness Team (MMART) guidelines, there are SPRINT's strategically placed throughout the fleet. These teams are located at Naval Medical Center San Diego,

National Naval Medical Center Bethesda, Naval Hospital Bremerton, as well as NMC Portsmouth. Each SPRINT maintains a certain theatre of responsibility throughout the globe. NMC Portsmouth's SPRINT serves the eastern half of the United States, the Atlantic Fleet, European Commands as well as the eastern Caribbean.

SPRINTs are derived from a multidisciplinary pool of Mental Health personnel at Navy Hospitals & Medical Centers. These personnel are available for deployment on 24-hour notice.

The SPRINT team includes board certified psychiatrists, psychologists, psychiatric nurses, li-

censed clinical social workers, Navy chaplains & Navy neuropsychiatric technicians. All are specially trained to provide emergency mental health response resources to include:

Operational mental health consultation and liaison services, crisis oriented stress management, critical Incident stress management and liaison for long term mental health support for personnel. NMC Portsmouth's SPRINT has assisted with the recovery from numerous critical events including Hurricane Andrew, the TWA airline crash, the *USS Cole (DDG 67)* terrorist attack, support to Joint Task Force 160 at Guantanamo Bay, Cuba in

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USS Seattle Sailors Donate Platelets, Save Shipmate

By JO1 Daniel A. Bristol

'Carpe Diem' is Latin for seize the day. Live life to the fullest is another familiar phrase. These two phrases mean much more to a *USS Seattle (AOE 3)* Sailor whose life was "touch and go" for more than a month.

During a two-week underway-training exercise, Sailors aboard the *Seattle* woke ready to begin the various shipboard drills, but OS3 Bernardo Felicianoavila woke to the beginning of an emotional and physical roller coaster ride. This month-long wake-up call began when he woke up one morning aboard the ship and noticed he had black spots all over his body.

After he reported to the ship's medical department, the hospital corpsman told him he had a low platelet count. Realizing his condition was serious, the medical staff had Felicianoavila airlifted to Naval Medical Center Portsmouth to receive further treatment.

Lt. Daniel Landry, a third-year Internal Medicine resident at NMC Portsmouth, assisted in diagnosing Felicianoavila's condition. He was found to have a rare blood disorder called Evan's Syndrome.

"Evan's Syndrome is a blood disorder," explained Lt. Cmdr. Michael Hopkins, a hematology oncology staff physician at the hospital, "that causes your own immune system to attack platelets, and actually red blood cells as well."

Felicianoavila spent one day in the hospital's emergency room and the next 40 days in the step-down intensive care unit (ICU). While in the step-down ICU, the hospital staff gave him an infusion of blood plate-

lets. He received three to four bags of platelets each day.

"During his hospital stay," said Landry, "OS3 received, in addition to the blood products, a steroid therapy and multiple chemotherapy agents."

When his health still had not improved, Landry said they did a splenectomy, a removal of his spleen, and continued with plasma therapy treatments. Landry further explained they believe those two final factors helped put Felicianoavila's disease in remission.

During his stay at NMC Portsmouth, Felicianoavila's family supported him. His sister, also in the Navy, is stationed in Norfolk. His parents and other family came from Jacksonville, Fla. During the day, family members spent time at his bedside keeping his spirits up, while at night, they slept at his sister's house.

Felicianoavila explained that although this was a rough ordeal for his family to go through, it actually pulled them closer together. Felicianoavila said he also received great support

from his command once they pulled back into port from their two-week sea trial.

According to Landry, when the medical department flew Felicianoavila off the ship, they were fully aware of the seriousness of his condition. Sailors from the ship came to visit him regularly, and they would stay to donate some platelets.

"Because of his command, because of his shipmates," said Landry, "I believe that they played an integral part in keeping him alive. Without those blood products, he (Felicianoavila) would not have been able to keep up his red blood cell count, which delivers oxygen to the body. And, he also would very potentially have risked bleeding to death due to his low platelet count."

"They've done a great thing helping me and helping other people to stay alive," explained Felicianoavila about his shipmates. "It's giving platelets away, giving blood away and saving other people's lives."

"You give blood, you save a life. I mean, what more could be said?" ♣

**THE NEXT ROUND'S
ON YOU...
GIVE 'EM A PINT!**

For more information on donating blood for military personnel visit www.tricare.osd.mil/asbpo

ASBP



Photo by Harry Gerwien, Soundings

Philanthropist Elizabeth Fisher, co-founder of the Fisher House, Intrepid Museum and Fisher Armed Services Foundations, passed away Jan. 15 at the age of 90. Elizabeth, along with her husband Zachary, were best known for their lifetime work to improve the quality of life for members of the Armed Forces. Elizabeth served overseas with the United Services Organization

(USO) in World War II, entertaining troops and visiting wounded in field hospitals. During the 80s and 90s, the Fishers began work to establish their well-known organizations. The Fisher House program began in 1990. More than 30 Fisher Houses operate at military and VA hospitals. Elizabeth is pictured during the dedication of NMC Portsmouth's Fisher House in 1995.

Navy Housing Welcome Centers in Hampton Roads

Norfolk Housing Office

7924 14th St. Bldg. SDA 337
Norfolk, Va. 23505
Phone: 445-2832
Fax: 445-6935

Little Creek Housing Office

2100 Independence Blvd.
Virginia Beach, Va. 23455
Phone: 462-7448
Fax: 462-4019

Yorktown Housing Office

1970 Von Steuben Dr.
Newport News, Va. 23603
Phone: 847-7800
Fax: 847-7822

Oceana Housing Office

1201 Paul Hones Cir.
Virginia Beach, Va. 23454
Phone: 433-3464
Fax: 433-2600

NMCP Commander Dedicated to Military and Medicine

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nostic radiology residency at Naval Regional Medical Center in San Diego, where he was awarded the Outstanding Senior Resident Award. He selected his medical specialty, he says, because it requires a broad knowledge of medicine from orthopedics to obstetrics to critical care, and allows one to participate in patient care throughout the medical center. Tom chose to make the military his career, because he was able to combine “two of the most honorable professions” – the military and medicine.

“Wearing the cloth of the nation as part of its defense and practicing the healing arts is a combination that can’t be beaten,” he says. In addition, military medicine “allows one never to have to ask somebody how sick they can afford to be” since all the medical expenses for military patients are paid for by the government. Finally,

military medicine allows him to practice all over the world, experiencing different cultures and “diseases that the average physician never dreamed of.”

Since 1981, Tom has served in numerous positions for the Navy, most recently as Deputy Commander at Naval Medical Center in San Diego and National Naval Medical Center in Bethesda, Maryland; Commander of Naval Hospital at Camp Pendleton; and Fleet Medical Officer for Commander in Chief, U.S. Naval Forces Europe in London. At Portsmouth, he is responsible for a 286-bed acute care tertiary medical center with 5,500 employees. In addition, Tom has received numerous military awards and is the co-author of 15 radiology peer reviewed articles. He and his wife, Susan, a native of Litchfield, Conn., have two grown daughters. ♣

Taking a Look at Chaplain Confidentiality

By Lt. Cmdr. Karl A. Lindblad, CHC, USNR

“Chaplain, I was wondering if I could speak privately with you...” Many times a day a Chaplain will respond to calls for confidentiality and assistance in the pastoral care of patients and staff. In modern times where e-mails, cable and satellite networks all seek to connect us instantly, there is still a desire to have moments of privacy to sort out our concerns.

Military persons may wonder who must report certain facts learned about others. These days we are faced with various regulations, such as the UCMJ (Uniform Military Code of Justice) and HIPPA (Health Insurance Portability and Accountability Act of 1996), which require safeguarding or forwarding certain information “up the chain”.

To whom can we turn? Will they report us? Will I be required to testify? At times people are often confused as to what to say, do or not do, especially when they are in trouble. Like the Victor Hugo character of Quasimodo, we cry out, “sanctuary, sanctuary!”

Navy regulations require service members to report known offenses to appropriate authorities. What then is ever confidential? Confidentiality is based upon a contract of trust, amongst various authorized parties to protect certain information from public view. Hence most health-related matters are confidential. Such confidentiality protects the communicator’s dignity and social and financial abilities. Confidentiality can be contracted between any two or more parties; however, this does not normally extend to matters involving criminal conduct.

Regarding law and justice, only communication made to certain parties can be protected from disclosure. A few limited parties can enter into such a relationship known as “privileged communication”.

Surprisingly, for the most part, military doctors and corpsmen cannot claim this privilege. The Military Rules

of Evidence strictly limit who can claim certain aspects of such communication.

The privilege extends only to information made known to persons who have specific relationships with the communicator, such as spouses, defense lawyers, attending psychotherapists and chaplains. As such, only limited assistance can be made if the matter is to remain anonymous. More often it boils down to quietly forgiving the guilt, but openly dealing with the consequences. The guiding principal of “chastise in private and praise in public” applies.



Photo provided courtesy of Pastoral Care

Chaplains have the ability to conduct both privileged and confidential communication.

Practically speaking, a conversation with a chaplain should feel more like a talk between you and God. In sensitive areas, clergy should make the utmost efforts to safeguard the privacy of

the communicator. While other systems of justice may seek to publicly accuse and offer punitive measures of retribution, chaplains try to bring restoration of spirit and well being, while being committed to the care of persons in distress.

We live in an age where we are required to document, chart and label just about everything we do, see or hear. Hence, it is good to know that a chaplain has no recording device when people present issues or questions as a matter of conscience. There are guidelines on how to offer such communication with a Chaplain, but the best thing to do is state clearly, “I want this matter to remain privileged.”

So how do we in the helping fields entertain the desire for others to unburden themselves? Here are a few practical guidelines.

Presume sincerity – As hard as that is to do at times, we should always presume that a person who comes to us needs to get well. Now that person

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SPRINT Program; Education, Intervention During Critical Times

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support of Operation Enduring Freedom as well as many local responses to critical incidents throughout the Hampton Roads area.

Situations that routinely warrant a SPRINT intervention may include, but are not limited to, situations relating to suicide/homicide, unexpected deaths, significant work related accidents resulting in loss of life or serious injury, operational endeavors that have inordinate levels of stress associated with them (i.e. war - related deployments).

SPRINT can be accessed both formally and informally. Formally, any Naval Command can request SPRINT assistance by sending a message to CNO (N931) via operational chain of com-

mand, with information copy to all concerned (in emergency situations, initial requests and taskings may be done verbally).

Simultaneous contact with the SPRINT is suggested to assist with planning of the response.

Informally, when local interventions that do not require responsible line authority and are located within the Hampton Roads geographical area, occur, commanding officers can utilize the 24-hour SPRINT duty to initiate a SPRINT intervention directly. SPRINT is a contingency program readily available to the fleet. We hope and pray that it is not necessary to utilize us. However, in the event it is required, we are prepared. Standing by, ready to assist.

Call Cmdr. Ed Simmer, SPRINT Department Head, or Lt. Sean P. Convoy, SPRINT Assistant Department Head, at 953-5269/4880 for more information. ▼

Vital information included in a SPRINT consultation:

- The nature of the crisis situation and objective of SPRINT involvement.
- Proposed dates and locations of deployment.
- Supported command.
- Passport and visa requirements, if any.
- Reporting instructions.
- Local travel arrangements that the requesting or supported command will provide.
- Uniform or organizational equipment requirements if required.
- Funding information (requesting command pays travel and per diem).
- Anticipated SPRINT concept of operations.
- Any other pertinent information.

Points of contact include:

Chief Naval Operations, Medical Resources, Plans and Policy Division, Phone: (703) 601-1700, DSN: 329-1700, Pager: (800) 759-8888 Pin# 1736509.

Bureau of Medicine and Surgery, Medical Readiness Division: Phone: (202) 762-3425/26, Pager: (888) 524-2120, BUMED Duty Officer: (202) 744-0127/3594.

Naval Medical Center Portsmouth SPRINT: Phone 953-5269 and Pager 669-0981.

Chaplain Corps Maintains Confidence on Privileged Info

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may walk in or be brought in by others, but the fact that we have the opportunity to see them is a clear sign that someone needs our restorative abilities.

Reality check (go with the material presented) – There are times when we see esoteric diseases or highly modified circumstances, but the bulk of matters is usually routine stuff. Start there and then see if anything unusual pops up.

Curing versus curiosity – A challenge for professionals is that they might wish to dwell on a highly interesting aspect of a disease but fail to incorporate the overall needs of the person. We may have particular personal interests or concerns, but also keep the bigger picture in mind. Encourage persons to seek the assistance of a chaplain who is more than willing to hear their problem or concern.

Respond, Relate, Refer – Nothing stops us from consoling another person, but when in doubt, ask. Call your Chaplain or Staff Judge Advocate. Stop the communication if the water is getting too hot, rather than being placed in a situation where you feel forced to report. Be well assured that Pastoral Care Services stands ready to assist all who come for help. ▼

Nutrition Classes Offer Help with Resolutions

Weight Management Orientation

All beneficiaries can benefit from this class offered the second and third Wednesdays of the month from 11:30 a.m. to 1 p.m.

The class teaches basic nutrition, label reading, heart healthy eating, exercise and calories to meet nutritional needs for weight loss. Instructor: Ens. Carolyn R. Skelton, R.D., ACSM Health Fitness Instructor Referral required. Call 953-2627 to enroll.

Take Charge of Your Weight

Active duty members can participate in this class every Tuesday at 10 to 11:30 a.m. Week one begins on the first Tuesday of the month.

The class goal is to help member meet weight standards with lifestyle changes and personal documentation. The program includes a four-week class and follow-up at three months and six months. Body measurements are taken at class one, class four, and three three- and six-month follow up. Food logs must be completed weekly. Instructors will correspondence weekly with participates via email on personal progress.

Class One: "Nutrition Basics 101" plus height, weight, waist and hip circumference measured.

Class Two: "Eating Healthy Here, There and Every-

where."

Class Three: "Stop Those Stress Pounds Before They Start."

Class Four: "Exercise for Life" plus height, weight, waist and hip circumference measured.

Three- and six-month follow up includes height, weight, waist and hip circumference measurements and food log review. Instructor: Ens. Carolyn R. Skelton, R.D., ACSM Health Fitness Instructor.

Must attend Weight Management Orientation Class or already being followed for weight loss by a dietitian at NMC Portsmouth. Call 953-2627 for registration and location.

Internal Medicine Weight Management Class

All beneficiaries will benefit from this every Friday class from 9 to 10:30 a.m. in the Nutrition Classroom.

An on-going 19-week program that includes guest speakers from Physical Therapy, Health Psychology, Internal Medicine, Social Work and MWR. Some of the topics are: basic nutrition, self assessment, goal setting, meal planning, food and mood, dining out, label reading, behavior modification, stress reduction, mind body connection and exercise. No referral required, you may attend anytime! ▼

Nutrition Websites to Help You on Your Way!

Naval Medical Center Portsmouth has plenty of resources to help you get healthy and stay healthy. Check out these websites to get more information on the nutrition programs at NMC Portsmouth.

<http://www-nmcp.mar.med.navy.mil/NutrMgmt/index.asp>

<http://www-nmcp.mar.med.navy.mil/NutrMgmt/dieticians.asp>

<http://www-nmcp.mar.med.navy.mil/NutrMgmt/policyprod.asp>

Boone Branch Medical Clinic Announces New Hours for Aftercare Clinic

In order to better serve our patient population at Adm. Joel T. Boone Branch Medical Clinic at Little Creek Amphibious Base, new hours will go into effect beginning Feb. 14. The new hours will be:

Monday through Friday from 4 to 9:30 p.m.

Saturday and Sunday from 1 to 7 p.m.

The clinic will also be open from 1 to 7 p.m. on the following holidays:

Martin Luther King Jr., Day, Columbus Day, President's Day and Veteran's Day.

The Acute Care Department provides care for acute injuries and illnesses requiring treatment within 24 hours for active duty and all eligible beneficiaries enrolled in Tricare Prime. Initial assessment and treatment will be provided for patients requiring treatment within 24 hours. Routine or non-acute complaints will be given an appointment with their Primary Care Provider for the next day depending on appointment availability. The clinic IS NOT AN EMERGENCY ROOM and does not provide emergency care. If you feel that you have a medical emergency, please call 911 or proceed to the nearest emergency. ▼

DAPA Note -- Club Drugs Aren't Fun Drugs

*By Alan I. Leshner, Ph.D., Director, National Institute on Drug Abuse, National Institutes of Health
Submitted by the NMCP Drug and Alcohol Program Advisor*

Across the country, teens and young adults enjoy all-night dance parties known as “raves” and increasingly encounter more than just music. Dangerous substances known collectively as club drugs—including Ecstasy, GHB, and Rohypnol—are gaining popularity. These drugs aren’t “fun drugs”.

Although users may think these substances are harmless, research has shown that club drugs can produce a range of unwanted effects, including hallucinations, paranoia, amnesia, and, in some cases, death.

When used with alcohol, these drugs can be even more harmful. Some club drugs work on the same brain mechanisms as alcohol and, therefore, can dangerously boost the effects of both substances.

Also, there are great differences among individuals in how they react to these substances and no one can predict how he or she will react. Some people have been known to have extreme, even fatal, reactions the first time they use club drugs. And studies suggest club drugs found in party settings are often adulterated or impure and thus even more dangerous.

Because some club drugs are colorless, tasteless and odorless, they are easy for people to slip into drinks. Some of these drugs have been associated with sexual assaults, and for that reason they are referred to as “date rape drugs”.

An Introduction to Club Drugs “X”, “Adam”, and “MDMA” are

slang names for Ecstasy, which is a stimulant and a hallucinogen. Young people may use Ecstasy to improve their moods or get energy to keep dancing; however,



chronic abuse of Ecstasy appears to damage the brain’s ability to think and regulate emotion, memory, sleep, and pain.

“G”, “Liquid Ecstasy”, “Georgia Home Boy” or Gamma-hydroxybutyrate (GHB) may be made in homes by using recipes with common ingredients. At lower doses, GHB can relax the user, but, as the dose increases, the sedative effects may result in sleep and eventual coma or death.

“Roofie” or “Roche” (Rohypnol) is tasteless and odorless. It mixes easily in carbonated beverages. Rohypnol may cause individuals under the influence of the drug to forget what happened. Other effects include low blood pressure, drowsiness, dizziness, confusion, and stomach upset.

“Special K” or “K” (Ketamine) is an anesthetic. Use of a small amount of ketamine results in loss of attention span, learning ability, and memory. At higher doses,

ketamine can cause delirium, amnesia, high blood pressure, depression, and severe breathing problems.

“Speed”, “Ice”, “Chalk”, “Meth” (Methamphetamine) is often made in home laboratories. Methamphetamine use can cause serious health concerns, including memory loss, aggression, violence, psychotic behavior, and heart problems.

“Acid” or Lysergic Acid Diethylamide (LSD) may cause unpredictable behavior depending on the amount taken, where the drug is used, and on the user’s personality. A user might feel the following effects: numbness,



weakness, nausea, increased heart rate, sweating, lack of appetite, “flashbacks”, and sleeplessness.

Research Continues

“Raves” or all-night dance parties continue to attract teens and young adults who may think Ecstasy, GHB, Rohypnol, and other club drugs are harmless. This is not true. While researchers continue to study club drugs with a sense of urgency, treatment and prevention strategies are being developed. And the bottom line is simple: even experimenting with club drugs is an unpredictable and dangerous thing to do. ▼

NMCRS Celebrates 100 Years of Service to Fleet

Compiled from information provided by the Navy-Marine Corps Relief Society

The Navy-Marine Corps Relief Society has been an indispensable resource for millions of Sailors and Marines who have experienced financial distress. The society helps with a broad spectrum of needs, ranging from funds for automobile repairs and utilities to food, shelter and emergency transportation in times of crisis.

Early assistance from this non-profit organization was focused on widows and orphans. The volume and diversity of the Society's programs and services have grown dramatically throughout the decades.

The Society recently reached the milestone of having distributed more than \$1 billion in the form of interest-free loans and grants to more than three million beneficiaries. Another milestone for the Society is this year's centennial celebration. Jan. 23 marked the 100th anniversary of the signing of the Certificate of Incorporation and a year of celebration.

The idea and need for the Society was recognized long before it was chartered. The nation could not afford benefits for the widows and orphans of the armed forces. Families had to rely on the "passing of the hat" among the surviving crewmembers.

In 1820, Commodore Isaac Hull, commander of the Charleston Navy Yard in Boston, first suggested such an organization. But the idea was not put in to action for 83 years.

The proceeds from the 1903 Army/Navy game were split evenly among the hosting university, the Army Relief Society and the Navy, who received \$9,000, for the purpose of establishing a relief society of its own.

Jan. 23, 1904, 19 volunteers signed the Certificate of Incorporation in Washington, D.C., and the Society was born. The first president was Mrs. Grace Higginson, wife of then commander of the Navy Yard.

In the beginning, the society gave supplements of \$5 to \$25 a month to widows and children who were in financial need. If they were likely candidates for education, the Society paid for job training. All assistance was given in the form of grants.

The Society planned to establish an auxiliary in each state. In 1905, offices were established in eight states, including the office in Norfolk.

Admiral of the Navy George Dewey was the second president until his death in 1916. During his tenure, 10 auxiliaries were added, and the Articles of In-

corporation were amended to include mothers listed as beneficiaries as eligible for assistance. By this time, the society had provided grants totaling more than a quarter of a million dollars to 2,500 families.

World War I brought official Navy recognition to the Society. Eleanor Roosevelt was an active member while her husband was Assistant Secretary of the Navy. Thanks to her personal efforts, the American Red Cross and the Society came to a cooperative understanding of their complimentary roles in assisting service members.

Throughout the War years, the auxiliaries tried to find ways to raise money, including publishing books and songs, performing plays, and hosting parties and carnivals, with the proceeds going to the reserve fund. The New York auxiliary established a fund committee and raised \$103,000.

After the first world war, policies were extended to allow interest-free loans in cases of personal distress. This step broadened the Society's visibility and appeal for donations and memberships, marking the beginning of Navy Relief Day, which was celebrated May 1. Bases were opened to the public. The Philadelphia Navy Yard was especially successful in 1920, grossing more than \$23,000 in eight hours.

In 1923, the Society moved into its first headquarters. In 1924, the Secretary of the Navy decided servicemembers could repay the Society by allotment.

The first office in Portsmouth was established in 1925, and was located at the Norfolk Naval Shipyard.

The Navy agreed in 1935 to allow the care of family members in military hospitals, but no funds were available for the equipment. The Society loaned and donated money to purchase supplies. In 1943, Congress appropriated the funds to expand Navy facilities to include dependent care.

During the Depression, they provided assistance to families who suffered losses in the Long Beach, Calif., earthquake of 1933, and to families who were adjusting to a lower standard of living after Congress enacted a 15 percent general military pay cut.

World War II brought millions of additional men into the service. The Society helped meet the needs of the families who had yet to receive their allowances or were learning to make do with smaller incomes.

Continued on Next Page

NMCRS: 100 Years of History, 100 Years of Help

Continued from Previous Page

During World War II, a National Citizen's Committee was formed that raised \$10 million, double the goal. This money was incorporated into the reserve fund.

Through careful investment over the years, the interest from the reserve fund has been able to pay for administration expenses. All donations go directly toward the funding of loans and grants.

The first field visits began in 1948, which evolved into the "Teach and Travel Team". These reps visited the auxiliaries to teach volunteers consistent policy and procedures to ensure equitable service worldwide.

The Dependents Assistance Act of 1950 mandated enlisted members provide allotments directly to their spouses. This stabilized the Society's caseload for basic living expenses. In 1958, the Medicare Bill funded health care for retirees and allowed civilian health care for active duty families in certain situations. This act reduced the Society's financial assistance for medical expenses.

The Society provided assistance in 1958 to Sailors who were on leave when President Eisenhower ordered their ships to transport Marines to Lebanon.

In 1962, the Guam office assisted after a typhoon damaged more than 45,000 homes. The same year, the Little Creek Amphibious Base branch office opened the thrift shop to 2,800 dependents evacuated from the base in Cuba with 15 minutes notice.

In 1969, Hurricane Camille hit the Gulf Coast. The Pensacola office helped Navy families there.

In 1964, then President retired Vice Admiral Harry B. Jarrett recommended the establishment of an education fund to assist with college tuition for the children of service members.

Other programs were expanded as well. Children's waiting rooms were provided at Naval hospitals for healthy children, while parents or siblings were being seen for appointments.

The Bureau of Naval Personnel ran out of permanent change of station funding in 1972. The Society lent money for service members to move to their new duty station.

In 1978, Congress was slow to authorize the Defense Appropriations Act, leaving the government "broke". There was fear of a payless payday. The Society borrowed against its reserve fund to have money available while Congress debated.

The 1980s brought an extensive expansion of offices and services.

Offices were placed on ships in 1980. A financial program was instituted to teach practical, hands-on money management skills. The mid-1980s brought the Society into the computer age, providing better financial tracking and efficient ways to serve clients. Headquarters assumed the responsibility for recovering delinquent loans and converting loans to grants.

In the 1990s, the Society's changed its name to the Navy-Marine Corps Relief Society, thus establishing the fact that the Society assists Marines as well as Sailors.

By 2002, headquarters finalized the goal of centralizing casework, thereby leaving the volunteers in the field to concentrate solely on client needs, rather than accounting and loan management functions as well.

Today, the Society is fueled by the commitment and professionalism of more than 3,000 volunteers and the annual donations from thousands of service members. ▼



Capt. Matthew L. Nathan, deputy commander, NMC Portsmouth, and Pat Fulgham, director of NMC Portsmouth's chapter of the Navy-Marine Corps Relief Society, cut a cake Jan. 23, celebrating the 100th anniversary of the signing of the Certificate of Incorporation.

CNO Emphasizes Importance of Being Prepared

Continued from Page 2

“To continue our legacy is to continue to reevaluate our position and to challenge all of our assumptions. We will adapt to the changing world around us by getting out in front of it, by leading change, and embracing the innovations and improvements needed to guarantee our future success.”

In a media availability following the guidance’s release, Clark emphasized that ‘global war on terrorism’ is more than a buzzword. The CNO also stressed the importance of preparing for tomorrow’s threats while taking the fight to the enemy today.

“Our strategic objectives are straightforward. For us, winning the global war on terrorism is our number one objective. Victory is the only acceptable outcome, and through our collective efforts, it will be achieved,” Clark said. “The business of the Navy is combat. Our obligation to succeed in combat stretches beyond the here and now. We must help guarantee combat success to the Navy of the future. That’s why the decisions we all make on a day-to-day basis are so important.”

The CNO concluded his guidance by thanking

Sailors for an outstanding year and calling on them to raise the bar even higher this year.

“We are a winning organization. We have instituted and paid for a great many improvements over the past three years, and you have embraced them and made them better. Because of you, talented American warriors are bringing combat power to bear on the enemies of our country, wherever they may be hiding,” the CNO said. “We are winning the fight to remake our great institution, to innovate and improve for the dangerous decades ahead.”

“I could not be more pleased with your effort and your accomplishments this past year. You have taken aboard the idea that warfighting effectiveness and resourcefulness is the key to mission accomplishment and have produced the finest Navy the nation has ever seen. It is our job as leaders to accelerate the advantages we bring this nation over the coming year.”

The CNO’s Guidance for 2004 is posted on the CNO Web page at www.chinfo.navy.mil/navpalib/cno/clark-guidance2004.html. ▼

New Bouncing Baby Boy, Legend, Makes Six

Continued from Page 1

21 month-old Carina.

“I was pretty excited,” John explained. “The doctor had to push me away because I was trying to deliver the baby myself. This was the first time that she had the baby right away and she was able to hold him immediately, before they even cut the cord.

“When she delivered the other three,” he continued. “I intercepted on the pass off and held the babies before she did. We were extremely excited. It was wonderful.”

“The labor went really well,” Kelly, a new mom once again explained. “We were watching the ball drop at midnight and I was at seven centimeters. It was really pretty easy and the wonderful care was the best. We couldn’t have asked for better and it was the best we’ve ever had.”

Legend was the second child of the Grace’s to be born at NMC Portsmouth, the first was Carina. And as far as Legend’s future goes, stated John and

Kelly, “We just hope he’s healthy and happy. And we’ll probably try again next year for another one.” ▼



The Grace family visits Legend. From left to right: Phoenix, Arylin, Legend, Kelly and Carina (mom) pose for a picture. Legend weighed 7 lbs. 5 oz and was 20 1/2 in. long at birth.

NMCP Welcomes First Snowfall of 04

Photos by JO1 Daniel A. Bristol and JO1 Sarah Langdon



HMO That Goes to War Hosts CIVIC Leaders

By Lt. Jacky Fisher, NMCP Public Affairs Officer

What does the President and Co-Founder of Youth Entertainment Studios, Inc., a Sheriff from Hampton, the Commanding Officer of Naval Station Norfolk and the Executive Director of the Peninsula Habitat for Humanity have in common? They are members of the 2003-2004 CIVIC Senior Leadership Class that was hosted at Naval Medical Center Portsmouth on 8 January.

According to Chip Slaven, manager of Navy Installation/Regional Programs for Battelle, the CIVIC Leadership Institute was established in 1995 for a specific purpose — to familiarize Hampton Roads leaders with community issues pertaining to local political, military, business and other community fronts in an effort to enhance interaction and motivate all to make a better Hampton Roads.

“CIVIC’s mission is to identify, recruit and educate new and established leaders on a broad range of issues, and hopefully engage their specific talents and capabilities for the good of the region,” said Slaven. The program holds one class day a month from September through May covering a different topic, with January being Health and Human Services Day.

The group comprised of approximately 40 prominent Hampton Roads leaders representing a broad cross-section of this region’s diversity of race, geography, professions and gender, received an extensive brief before separating in to smaller groups for a four-point tour of the facility highlighting a few of the cutting edge services offered at NMC Portsmouth.

Rear Adm. Thomas K. Burkhard, commander, Naval Medical Center Portsmouth, presented the com-

mand brief taking the audience through NMC Portsmouth’s history starting in 1827 when the cornerstone for Building One was laid through the 2003 deployment of more than 650 core personnel in support of Operation Iraqi Freedom.

“I always knew the hospital was here, but I had no idea of the magnitude of the services provided,” said Katherine K. Katsias, Secretary and Treasurer of the Katsias Company. “I’ve been here

for 36 years and I just had no idea how much work gone on behind these walls.” Many CIVIC members were surprised to learn of the deployments in support of the War on Terrorism, an event usually associated with ships at the pier.

Other topics discussed during the brief include the near future initiatives of Open Access, electronic medical record keeping and establishing three Sports Medicine Clinics in response to the increase of musculoskeletal com-

plaints. Burkhard summed up the brief not with what the NMC Portsmouth does for active duty and other eligible customers of Navy Medicine, but rather how NMC Portsmouth financially impacts the Tidewater area.

Consider the following: \$345 million for staff salary; more than \$52 million for expenditures of services such as laundry/linen, security guards, consumable supplies and utilities; more than \$43 million for revised financing (sending TRICARE Prime patients to the civilian sector for inpatient/outpatient care); and more than \$273 million for inpatient/outpatient care for TRICARE Standard patients. NMC Portsmouth contributes more than

Continued on Next Page



Photo by Lt. Jacky Fisher

Members of the civic group gathered in a newly renovated delivery room during their tour of the Labor and Delivery Department. Highlighted were the state-of-the-art equipment and the aesthetically pleasing aspects adding to the new moms’ comfort at NMC Portsmouth.

CIVIC Leaders Hear First Hand About Military Health Care

Continued From Previous Page

\$714 million to the Hampton Roads economy. This staggering figure truly amazed CIVIC members.

This one-day class was packed with information with no time for relaxing, not even during the lunch hour. CIVIC members enjoyed a box lunch as by Dr. Alex Taylor, the Head of Community Family Practice, who spoke on minority health care disparities.

After the second lecture, CIVIC members broke up in to smaller groups and were given a guided tour of key areas spotlighting just some of the state-of-the-art facilities at NMC Portsmouth.

The tour route featured the Emergency Room, to include the Decontamination Center; the Hyperbaric Chambers, due to come

on line potentially as soon as 2005/2006; the newly renovated Labor and Delivery wards supporting the Family Centered Care initiative; and the heart-felt but all-too-necessary work in the Oncology Department.

The dungeon was the final stop on the tour route, where once Confederate Soldiers were held as Prisoners of War; coal was stored to protect it from theft, and later foodstuffs were hung in the dampness to prevent spoilage.

It was a jam-packed afternoon

for the CIVIC leaders, but time well spent.

As one member put it, "Unless you're in the system, even if you live around it, you truly don't get a full appreciation for the military until someone breaks it down for you." ♣



Rear Adm. Thomas K. Burkhard, Commander, NMC Portsmouth, addresses the CIVIC leaders during their visit last month.

Servicemen Missing from Vietnam War Identified

WASHINGTON (NNS) — Two servicemen missing in action from the Vietnam War have been identified and returned to their families for burial.

They are Lt. j.g. Robert A. Clark of North Hollywood, Calif., and another officer whose name will not be released at the request of his family.

Jan. 10, 1973, the two took off in an A-6A aircraft from USS Midway on a mission to suppress surface-to-air missiles in North Vietnam. Near the target area in Nghe An Province in North Vietnam, aircrew reported an estimated 15 surface-to-air missiles fired, as well as numerous antiaircraft rounds. Clark's A-6A was not seen again. Attempts to contact the crew for four days through radio and visual searches were unsuccessful.

In July 1991, U.S. researchers discovered in a Vietnamese military museum a data plate which

correlated to the downed aircraft. Later, in another museum, they discovered photos of a crash site which also correlated to the missing aircraft. U.S. researchers examined Vietnamese wartime records which confirmed the downing of that aircraft in Nghe An Province in January 1973.

Between 1993 and 2002, U.S. researchers and joint U.S.-Vietnam teams conducted four field investigations and one excavation. During one of their field visits, a witness to the 1973 crash turned over remains he claimed to have recovered at the site. During the excavation in 2002, additional remains were recovered.

The remains were identified in 2003 by the Central Identification Laboratory [<http://www.cilhi.army.mil/>] through skeletal analysis and mitochondrial DNA. Of the 88,000 Americans missing in action from all conflicts, 1,871 are from the Vietnam War. ♣

Outstanding Staff Members Receive Recognition For Job Well Done



Photo by JO1 Sarah Langdon

Above: NMC Portsmouth named Lt. j.g. Jacqueline Williams (lef), Oncology 4J, Junior Nurse of the Year 2003 and Lt. Cmdr. Dennis MacDougall, Emergency Medical Department, Senior Nurse of the Year, during the annual Nurse of the Year Breakfast.



Photo by JO1 Sarah Langdon

NMC Portsmouth recognized the following staff members as Sailors of the Quarter 4th Quarter, 2003. From left to right: HN Babatunde Ishiaka, Laboratory, Bluejacket of the Quarter, HM3 Brian C. Duenas, Labor and Delivery, Junior Sailor of the Quarter, HMI Mine N. Forester, Laboratory, Sailor of the Quarter.

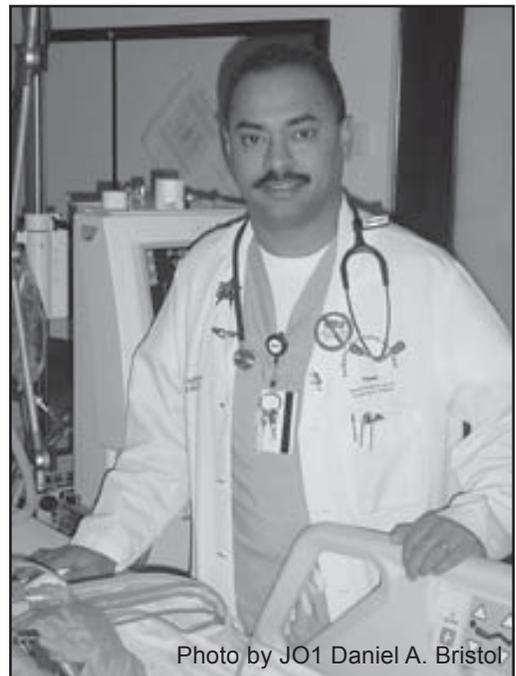


HMC(SW/FMF) Wayne Rudolph

During a Sailor of the Year dinner Jan. 16, NMC Portsmouth recognized the following staff: (From left to right)-- Bluejacket of the Year 2003 – HM3 Kali Amador, Branch Medical Clinic Boone, Health Promotions, Junior Sailor of the Year 2003– HM2 Adam Goulas, Main OR, and 2003 Sailor of the Year – HMI Lucrecha Calleance, Neurology Clinic.

NMC Portsmouth Honors Outstanding Staff Members With Quarterly, Annual Awards

NMC Portsmouth Names Cmdr.
Abhik Biswas
(Pediatric Intensive Care Unit)
Senior Staff Medical Officer of the
Quarter
Photo unavailable



NMC Portsmouth names Lt. Cmdr.
Shawn Kosnik
Chief Resident- Otolaryngology-
Head & Neck Surgery
Medical Officer In-Training, Physi-
cian of the Quarter

NMC Portsmouth names Lt. Stephanie Stevenson,
Family Practice, Junior Staff Medical Officer of the
Quarter,



NMC Portsmouth names Lt.
Bradley Karovic, Food Services
Officer, Medical Service Corps
Officer of the Quarter, 3rd & 4th
Quarter, 2003.

A Look Back at 'The Courier': Celebrating 60 Years

By JOI Rebecca A. Perron

In this final part of the series, we look at the last 15 years, a time filled with pictures and events more familiar to us- the construction of Bldg. 2 from beginning to end, the renovation of Bldg 1, and beginning of the renovation of Bldg 215. The layout of "The Courier" itself fell into a permanent format, which is used today.

Ground was broken June 4, 1990 for the first phase of the Project P-002, which included the Charette Health Care Center, a one million square foot acute-care facility, a 2,370 car parking garage, and a number of ancillary support facilities. Upon completion, the entire project was estimated to cost \$330 million.

In late August of 1990, in response to the Iraqi invasion of Kuwait, Desert Shield was initiated. The hospital was tasked with providing personnel for deployment on several ships, including the hospital ship *USNS Comfort (T-AH 20)*, and the amphibious ships *USS Iwo Jima (LPH 2)* and *USS Nassau (LHA 4)*. Other personnel were dispatched to the 1st Marine Division, 2nd Force Service Support Group, and the 2nd Marine Air Wing. Personnel from Fleet Hospital 5 (FH-

New hospital goes global!

TTF posts "Virtual Tour" of new Charette Health Care Center to NMCP Internet site on World Wide Web

By Lt. Cmdr. Chris Pratt, Transition Task Force

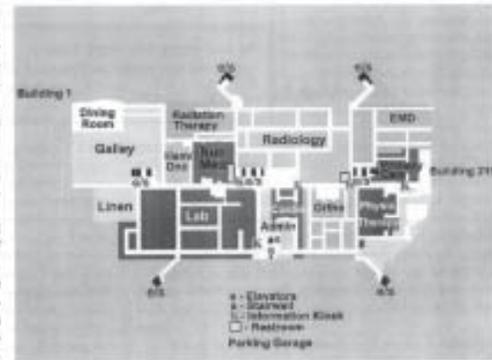
Naval Medical Center Portsmouth recently launched a new website-based virtual tour of their new state-of-the-art, modern health care hospital, the Charette Health Care Center.

The tour will help beneficiaries learn about the hospital and its features before the building becomes operational. To experience the virtual tour, access NMCP's official website at <http://www.nmcp.med.navy.mil>.

With the assistance of the Medical Construction Liaison Office, members of NMCP's Transition Task Force—a special department formed to help the staff's transition into the new hospital—created the site so staff and patients could familiarize themselves with the location of NMCP clinics and services before the building opens for business.

"We were trying to come up with

Cont. on back cover



Both patients and staff can get a glimpse of the Navy's newest Naval Hospital, the Charette Health Care Center, on NMCP's new "Virtual Tour," designed by JMD Military Design of the Transition Task Force. Shown above is the layout for the first floor of the CHCC.



The site also features several exterior photos of the new hospital. Shown here is a view of the facility's emergency entrance, as well as the bridge to Building 215 (left).

See what's inside!

- From the Commander ... Pg. 2
- First and Final Facts ... Pg. 3
- Customer Service Tips ... Pg. 4
- Health Promotion Tip ... Pg. 5
- USNS Comfort & Radio Challenge ... Pg. 6
- Hearing loss research update ... Pg. 7
- Stress management tips ... Pg. 7
- Staff members educate merchants ... Pg. 8
- Arthrex vaccination update ... Pg. 9
- TRICARE claims information ... Pg. 10
- TRICARE Q's & A's ... Pg. 11
- TRICARE Provider Seminar info ... Pg. 11

5) were also deployed.

In December 1990, the Secretary of Navy awarded the hospital its first Meritorious Unit Commendation for services rendered in 1988 and 1989.

Beginning in June 1991, the original gymnasium and outdoor swimming pool were demolished. Afterward, work began on the six-story, 800,000 square-foot parking structure and the gym.

Renovation of Building One and 215 began in 1997. While these two structures were undergoing renovation, the Charette Health Care Center was completed and dedicated April 30, 1999.

Because Building One had been registered as a Virginia Historic Landmark in 1966, strict rules for the renovation were followed so the building could remain on the historic landmark listing. Building One was rededicated Oct. 11, 2002. The renovation of Bldg. 215 continues today.



Lt. j.g. Cathy O'Connor of the PACU on 3A smiles bravely while HMC(SW) Don Hayes of Preventive Medicine administers her Hepatitis A shot. All NMCP staff members were required to get their flu shots as part of keeping with C-Status requirements. (Photo by Dan Gay)



Rear Adm. Marion Balsam, NMCP commander, gets briefed on the event by Mr. Robert Wall.



Despite the heat, HN Mindy Montgomery of Public Affairs manages a cheery smile.



Staff members and family alike participated in this year's clean-up effort.

Operation "Strong Resolve"



HITCHIN' A RIDE -- Naval Medical Center, Portsmouth personnel returned April 5 to Little Creek Amphibious Base aboard an LCU following participation in Operation "Strong Resolve" aboard the USS WASP (LHD 1). Participating members during the two-month deployment included: Lt. Cmdr. M. Snyder, Lt. Cmdr. T. Kuntz, Lt. Cmdr. R. Blumling, Lt. P. Alexander, Lt. j.g. J. Bennett, HM1 J. Cawthorne, HM3 J. Merritt, HM3 M. Thompson, HM3 I. Brown, HN H. Laucke, HN J. Nelson, HA G. Crummel, and HA K. Waltrip.

1996 Clean the Base Day



SPINNING A YARN

Salts and lubbers alike delight in hearing a tall tale told with all the trimmings by someone with a talent for "spinning a yarn."

While today, "spinning a yarn" refers to any exaggerated story. Originally, it was exclusively a nautical term understood by sailors only.

Officers and mates in the old Navy were stern disciplinarians who believed if sailors were allowed to congregate and tell sea stories, no work would be done. However, there was one job that required congregating on a weekly basis - unraveling the strands of old line.

On this day, the salts could talk to their hearts' content and the period came to be known as the time for "spinning yarns." Later, anyone telling a tale was said to be "spinning a yarn," a cherished naval tradition.



Acute Care Facility Construction Progresses



*Hey HM2! --Click! (Dontcha just hate that?)
HM2 Amy Hansen from Medical Boards caught in the act.*



HM3 Abdulgahar A. Adam gets a thumbs up as he prepares to deploy aboard the USNS Comfort.



The Naval Medical Center Color Guard Advance the Colors during the Memorial Day Observance held at the Hospital Cemetery on May 26. (U.S. Navy Photo by HM1 R. McMaken)

NMCP Spreads Valentine's Day Cheer



HM2 Francis Villanueva helps herself to some apple cider and Valentine's Day treats laid out by NMCP's galley crew for the occasion.

Photo by JO2 Duke Richardson



HM1 Lisa Blazer gives her summary of Dr. King's book *Strength to Love*.



Ms. Edna Boone and HM1 James Burnett lift their voices in song.



Photo by JO2Duke Richardson

Naval Medical Center Portsmouth's BEQ staff proudly displays the Adm. Elmo Zumwalt Award of Excellence they recently won.



Capt. Ted Conaway, MSC, Ret. in March, 1936 at age 23 in front of Bldg. 1. The stripe on the right shoulder was the seaman insignia. The one stripe around the sleeve designated the rank of recruit.



The new Acute Care Facility beginning to take shape. Photo taken Oct. 6, 1994.

Photo by Dan Gay J

BEQ 282 IS OPEN FOR BUSINESS



RADM McDaniel issues room keys to HA Tracey Robertson (r) and HA Clayton Argall (l) during the ribbon cutting ceremony.



HM2 MICHAEL H. SWEEDEN OF THE RADIOLOGY DEPT. WAS SELECTED AS NMCP'S SSOQ.



Photo by JOSH Jodi Nicholson
HN Robert J. Bethea, right, was awarded a Navy and Marine Corps Achievement Medal on recommendation from an injured USS Cole Sailor. "This is the biggest and kindest recognition I could ever receive," said Bethea with a voice filled with emotion.

We care... we honor... we remember.



Prisoners of War | Missing in Action



Lt. Cmdr. Brian Wipperman used his skills as a physician for NMCP's ER department to help during a severe car accident on I-64. (Photo by Lt. Lisa Brackenbury)



▲ RP3 Timothy Lemire, or is it Gretsky, of Pastoral Care.



Mr. William S. Shacklette, and Mrs. Olivia Regan, son and daughter of the Medal of Honor winner, pose with portrait of their father.

Bravo Zulu!!!

Meritorious Service Medal

Capt. Roderick L. Clay
Capt. Michael S. Cross
Capt. Randal J. Smith
Cmdr. Sonia Aznar
Cmdr. Patrice D. Bibeau
Cmdr. Patricia W. Dorn
Cmdr. Lisa J. Leiby
Cmdr. Karen R. Markert
Cmdr. John K. Watson

Navy and Marine Corps Commendation Medals

Cmdr. Frederick C. Davis
Cmdr. Patrick B. Gregory
Cmdr. Thomas J. Hatten
Cmdr. James W. Hoinski
Cmdr. Moore H. Jan
Cmdr. Michael Schoelch
Lt. Cmdr. Mary F. Bavaro
Lt. Cmdr. Lundy Beard
Lt. Cmdr. Glenn J. Gargano
Lt. Cmdr. Matthew T. Mayr
Lt. Cmdr. Marion J. Williams
Lt. Cmdr. Raymond D. Wilson
Lt. Rosanna R. Clark
Lt. Jeffrey C. Hardy
Lt. Cheryl E. Miller
Lt. Damon Mitchell
Lt. Justice M. Parrott
Lt. Guillermo Pimentel
HMCS(SS/AW/FMF) Jaycee M.
Enriquez
HMC(SW/AW) Florian C. Rio
SMC(SW) William J. Schisel
HMI John M. Dischert
HMI Donald R. Sancoucy
MSI(SW) Wilford Otter
HMI(FMF) Michael A. Zurek

Navy and Marine Corps Achievement Medals

Lt. Cmdr. Carl R. Barr
Lt. Cmdr. Paul S. Kelly
Lt. Cmdr. Tedman L. Vance
Lt. Steven M. Defreitas
Lt. Wilbert C. Delorme
Lt. Ralph J. Garguillo
Lt. Andrew B. Gentry
Lt. Jason J. Guarneri
Lt. Phillip S. May
Lt. Eugene A. McGough
Lt. Jeffrey G. Napier
Lt. Nealy W. Seibel
Lt. Kimberly A. Shirley

Ltjg. Charles Dickerson
Ltjg. Mary K. Hixson
Ltjg. Benjamin Kershner
Ltjg. Pandora Liptrout
Ltjg. Denita Skeet
TMCS(SW) Charles R. Frazier, Jr.
HMC Joseph E. Velez
HMI(SW) Rodolfo J. Gutierrez, Jr.
SK1 Robert L. Phillips
HM2(SW) Thomas L. Beckwith
HM2(SW/FMF) Norris K. Cason
HM2 Paul M. Caudill
SH2(SW) Jermaine Dyser
HM2(SS/FMF) Joseph D. Matthews III
SH2 Walter A. Paradalopez
HM2 Tara A. Taylor
HM2(SW) Eric D. Wildman
HM3 Emily R. Clark
HM3(SW) Erik M. Forstrom
HM3 Maurice Hill
HM3 Christopher M. Morris
HM3 Daemon W. Odom
HM3 Stephanie R. Santiago
HM3(SW/FMF) Chad D. Sinclair
HM3 David L. Stanley
HM3 Alice C. Twede
HM3 Tameeka L. Washington
HN Alex Batista
HNR Rashad A. Waller
HN Jose M. Zamora

Army Achievement Medal

HM3 Kevin Byrd

Joint Meritorious Unit Medal

Cmdr. James Radike
Lt. Cmdr. Elizabeth Brumfield
Lt. Cmdr. Cindy Tamminga
SKC Rey Martin
HMI Thomas Williams
HM2 Nyobi Brogdon
PN2 Dale Estridge
HM2 Mark R. Schiedermaier
HM3 Tonya Stringer

Letters of Commendation

Lt. Raymond M. Bristol
Lt. Sean Convoy
Lt. j.g. Jacqueline R. Williams
HMC Joseph Velez
HM1 Paul J. Ariola
JO1 Daniel Bristol
HM1 Jimmy Brookins
HM1 Marsell A. Brown
HM1 Carlos Esquelin

JO1 Sarah R. Langdon
HMI(SW/AW) Rodel C. Salazar
HM2 Thomas L. Beckwith
HM2 Angelina Brannon
DT2 Heidi A. Contreras
HM2 Erwin N. Dequia
HM2 Calvin D. Griffiths
PC2 Rhonda Y. Jones
HM2 Sara L. Lee
HM2 Cesar B. Odulio
HM2 Lloyd A. Wilson
HM2 Wanda Z. Ziehr
MA3 Megan A. Bara
HM3 Darren Bentley
HM3 Paul L. Bernardini
HM3 Raymond C. Bryant
HM3 Gregory M. Daniels
DT3 Tameika N. Duhaney
HM3 Amy B. Highley
HM3 Netlin Mendez
HM3 Kevin Peace
HM3 Tina A. Townsend
HM3 Rebecca L. Trimp
HM3 Tameeka L. Washington
HM3 Angel D. Williams
HN Nancy A. Corbert
HN Kelvin R. Diazfermin
DN Phillip B. Ellis
HN Stanley E. Hamilton
HN Andrew D. Johnson
HN Nestor Rodriguez
HN Chelsey M. Stay
HN Rita E. Walker
HA Victor M. Barrera
HA Tommy Graham
HA Jason C. Hutchinson
CIV Joan H. Miller
CIV Dora M. Ramey

Letters of Appreciation

HN Anthony D. Fleming
2nd QTR First and Finest – Pediatrics
Labor and Delivery
Physical Examination Team
Substance and Abuse

Certificate of Commendation

HM3 Michael J. Beckwith
HN Kevin Byrd

Certificate of Appreciation

HM2 Bridgett C. Perry
HA John L. Davis
Nutrition Management "First and Finest
Team 2nd Quarter"