



## Second Wave, EMF Portsmouth Returns Home to Happy Friends and Family



A happy homecoming awaited members of Expeditionary Medical Facility Portsmouth when they returned to Hampton Roads Sept. 7. The unit had been deployed since March to Kuwait to perform medical operations in support of the war on terror. EMF Portsmouth relieved the U.S. Army who had been providing medical support in the region since the beginning of OIF.

All photos by JO1 Sarah R. Langdon

# EMF Unit Receives Warm Welcome

By JO1 Sarah R. Langdon

**T**he second wave of Expeditionary Medical Facility Portsmouth personnel returned home Sept. 7, landing at the Air Mobility Command Terminal at Norfolk at 12:05 p.m. The flight carried 90 NMCP Sailors who had been deployed to Kuwait for the past six months.

These Sailors were the second part of the first group, which deployed in two waves in February and March. The naval EMF unit assumed medical operations from the Army's 801<sup>st</sup> Combat Support Hospital, which had been deployed to the region since the beginning of Operation Iraqi Freedom.

As the time for arrival drew near, family members and friends crowded the waiting room at the Air Mobility Command (AMC) Terminal at Naval Air Station, Norfolk, waiting eagerly for a sign of the plane.

One of the excited family members was Maj. Adrienne Hartgerink, a nurse anesthetist in the Air Force, who brought a big "I Love You" balloon to welcome home her husband, Lt. Cmdr. Brad Hartgerink, who works in anesthesiology at NMCP.

"I'm very excited to see him," Hartgerink said. "We're both military so we've both been gone on and off for the past two years, so I'm definitely looking forward to spending some time with him."

Rachel Martin also brought balloons to the terminal — to welcome home her daughter, HN Rachel Prince, who worked for Staff Records prior to her deployment with EMF Portsmouth.

"I'm very proud of my daughter," Martin said. "She's been helping the sick and wounded, and I can't

express my love enough to her. She has a 6-year-old daughter who is very, very excited to see her."

The EMF Portsmouth homecoming fell on what some may consider to be very special day of the year — the first day of school — giving quite a few children a welcome extra day of summer. Three of these lucky children were the sons and daughter of Cmdr. Andy Johnson, an NMCP ER physician.

Johnson's wife, Melissa brought all three children — Critt, Cole, 6 and Gracie, 3; as well as her parents, Helen and Richard Weber, to welcome him home. The family kept busy making welcome home signs for their father.

"I'm so excited he's coming home I can hardly breathe," said Melissa. "We're so proud of him. The kids are excited ... I'm excited, now we're just waiting."

After the plane touched down and its passengers cleared customs, the joyful and tearful reunions began. "It's good to be home," said HMC Dickerson, BMC Yorktown. "It's sad to see the people you've formed close bonds with sent out to the four winds, but it's good to be back.

"I think that everyone on deployment came together as a cohesive unit," she continued. "There was a good mesh of Sailors who had deployed before and Sailors who hadn't. I think everybody pulling together was what made it a successful deployment."

The EMF Portsmouth unit currently operating in Kuwait also has six-month orders and will return sometime in the Spring. ♣

## *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, 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.

# Leading Tele-Med Doc Visits NMCP

By JO1 Sarah Langdon

Medical technology is ever changing and doctors and nurses must keep up with new techniques, procedures and equipment. Navy medicine is no different. That's why they train and improve the care they provide to their patients.

In keeping with the spirit of innovation, Naval Medical Center Portsmouth hosted a visit with tele-medicine pioneer, Dr. James "Butch" Rosser. Rosser, chief of minimally invasive surgery at Beth Israel Medical Center, New York, N.Y., visited NMCP September 21 to lecture on laparoscopic surgery and his "TOPGUN" medical training program.

"This is a new era in surgery and operations," Rosser explained during a break between lectures. "With new minimally invasive techniques, we can have patients back to work in three weeks vice three months following a surgical procedure."

Laparoscopic surgery involves opening up the patient with one or two small incisions, inserting a camera into the patient and operating through the use of a monitor.

"It's similar to using three-foot long chopsticks to tie your shoelaces while looking at a television screen," Rosser said.

The problem, Rosser said, is that only 15 percent of surgeons are trained to routinely perform laparoscopic procedures.

"I believe in making sure skills available here are

"Our ability to fight and prosecute on the battlefield depends on having all of our trained personnel on deck. We want to get them back to duty post-operative in two weeks as opposed to two months."

While searching for a better way to teach surgeons new skills in a short amount of time, Rosser decided to take a look at how a chosen few of the Navy's top aviators are trained.

"I went back to TOPGUN, the Navy's aviation training program, and looked at what they did at TOPGUN," Rosser said. "They brought people in, defined what made a great fighter pilot and trained those people within those parameters. Well, how about doing that in surgery?"

The TOPGUN medical program trains surgeons in laparoscopic skills and suturing skills. One of the most difficult skills is tying a knot with a needle and thread.

"The TOPGUN medical training program is more like a video game. We're kind of like Nintendo surgeons – I actually honed my skills playing Pong," Rosser said. So far, 1,000 surgeons have been trained through the TOPGUN medical program, a number Rosser hopes to build upon.

Cmdr. Luisa Kropcho, a general surgeon and chief resident at NMCP, attended Rosser's two

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Cmdr. Luisa Kropcho, general surgeon, uses a laparoscopic surgery simulation machine to practice tying a knot while Dr. James "Butch" Rosser, creator of TOPGUN medical program, Cmdr. Jeffrey Lord, director, general surgery, and Cmdr. Mark Fontana, general surgery, look on. According to Rosser, most surgeons take roughly 10 minutes to tie a knot using the simulator. Kropcho assists in laparoscopic cases, was able to complete the task in three minutes. The TOPGUN medical training program teaches surgeons skills such as these in a day and a half.

# NMCP Pins -- New Chiefs

*It is a Navy Tradition that senior members of the chief petty officer community address the new chiefs and read the Chief Petty Officer's Creed. This year the creed was read by HMCM(SW) Maurice Frear, acting CMC.*

“During the course of this day you have been caused to humbly accept challenge and face adversity. This you have accomplished with rare good grace. Pointless as some of these challenges may have seemed, there were valid, time-honored reasons behind each pointed barb. It was necessary to meet these hurdles with blind faith in the fellowship of Chief Petty Officers. The goal was to instill in you that trust is inherent with the donning of the uniform of a Chief. It was our intent to impress upon you that challenge is good; a great and necessary reality, which cannot mar you - which, in fact, strengthens you. In your future as a Chief Petty Officer, you will be forced to endure adversity far beyond that imposed upon you today. You must face each challenge and adversity with the same dignity and good grace you demonstrated today. By experience, by performance, and by testing, you have been this day advanced to Chief Petty Officer.

“In the United States Navy - and only in the United States Navy - the rank of E7 carries with it unique responsibilities and privileges you are now bound to observe and expected to fulfill. Your entire way of life is now changed. More will be expected of you; more will be demanded of you. Not

because you are a E7 but because you are now a Chief Petty Officer. You have not merely been promoted one paygrade, you have joined an exclusive fellowship and, as in all fellowships, you have a special responsibility to your comrades, even as they have a special responsibility to you. This is why we in the United States Navy may maintain with pride our feelings of

accomplishment once we have attained the position of Chief Petty Officer. Your new responsibilities and privileges do not appear in print. They have no official standing; they cannot be referred to by name, number, nor file. They have existed for over 100 years, Chiefs before you have freely accepted responsibility beyond the call of printed assignment. Their actions



Photo by JO1 Sarah R. Langdon



Photo by JO1 Sarah R. Langdon

and their performance demanded the respect of their seniors as well as their juniors. It is now required that you be the fountain of wisdom, the ambassador of good will, the authority in personal relations as well as in technical applications. “Ask the Chief” is a household phrase in and out of the Navy.

“You are now the Chief. The exalted position you have now achieved - and the word exalted is used advisedly - exists because of the attitude and performance of the Chiefs before you. It shall exist only as long as you and your fellow Chiefs maintain these standards.

It was our intention that you never forget this day. It was our intention to test you, to try you, and to accept you. Your performance has assured us that you will wear “the hat” with the same pride as your comrades in arms before you.

“We take a deep and sincere pleasure in clasping your hand, and accepting you as a Chief Petty Officer in the United States Navy.”

# Congratulations New Chief Petty Officers

*HMC Yvette Baite  
HMC Lucrecha  
Calleance  
HMC(SW/AW)  
Paulette Chambers  
HMC(FMF) Jo Driscole*



*HMC (SW/AW)  
Crisaldo Padilla  
HMC Robert Paugh  
HMC(SW/AW/FMF)  
David Peterson*



*MAC(SW/AW)  
Russell Duncan  
HMC(SW)  
Brian Humbles  
HMC Edwin Labra  
HMC(SW/FMF)  
Benjamin Lee  
HMC(SW/FMF)  
Ernesto Moseley*



*HMC(SW)  
Shirley Posey  
HMC(FMF)  
David Powers  
MRC(SW)  
Aron Roehrs  
HMC(SW/AW/FMF)  
James Seay  
HMC(SW/FMF)  
Ruffins Vega*



All photos by HM3 Casey T. Price  
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# Chaplain's Corner: 'Be All We Can Be'

By Lt. Cmdr. Raymond Houk, CHC, USN

**T**he former Army recruiting slogan "be all you can be" entices enlistees with opportunities for personal growth while showing recruits doing endless pushups and jumping out of airplanes. This is what entices recruits who want to make a difference in this world.

When time comes for evaluations, bonuses and promotions, only documentation of accomplishment is rewarded.

"Don't rest on your laurels - always look for the next challenge" was a favorite saying of a former executive officer. All NMCP staff struggle to balance work, education, goals and family. However, life is more than a list of things accomplished or goals met.

How does one balance the difference between "doing" all these things, with time to be, think and develop as a person? In the midst of all the demands we face - How do we take care of ourselves?

Most of the literature I discovered about self-care appeared to be written by people who had it all together! They



talked about placing "the big rocks in the jar first."

In other words, deliberately include the things most important to you in your schedule then fill the rest of the jar with other good things. The adage, "no one died wishing they would have spent more time

in the office" seems to be universally accepted. When I read quotes like these I just end up feeling guilty. Taking time for myself to just "be" turns into another thing to "do".

The difference between "being" and "doing" was clarified for me as I observed my parents when I was a young boy. Mom was a hard-working woman and fantastic cook who valued family time and worked hard to ensure that we would eat dinner together as a family. This priority meant that none of us would start eating until everyone was present. The goal was not to have a perfect dinner, but to have valuable time together as a family - to just "be" together!

How do you communicate your needs to your boss or patients? Don't just say "no" or sabotage your computer to go home early. Instead, let others know what you are working on and how long it will

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## Dental Facilities Projected to Integrate by Early 2005

By Ellen Maurer, Bureau of Medicine and Surgery Public Affairs

**WASHINGTON (NNS)** — Navywide integration of Navy Medical and Dental Treatment Facilities are now projected to be completed by early 2005 – six months ahead of schedule, Navy Medicine leaders announced Sept. 23.

The surgeon general of the Navy first announced the integration of Medical and Dental Treatment in April, keeping with

the Chief of Naval Operation's (CNO) vision to better utilize uniformed personnel within the human capital strategy.

Navy Personnel's independent review of dental command structures cites an anticipated cost avoidance of \$4.4 million over the next five years. Navy Medicine leaders emphasize, though, the goal of the initiative is an improved management process while

maintaining the same high standard of care.

"The quicker we can consolidate, the faster we can streamline our processes, eliminate duplicate functions and optimize manpower," said Capt. Carol Turner, chief of the Navy Dental Corps. "The early integration also gives our Navy dental leaders a chance to focus

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# Dapa Note

Submitted by HMI Eduardo Ortiz, DAPA

As we all struggle with the emotional impact of the large-scale damage and loss of life resulted from the terrorist attacks on New York City and Washington, D.C., it is more important than ever that we have effective methods to cope with stress. These stressful times may be particularly difficult for people who are more vulnerable to turn to substance abuse or may be recovering from an addictive disorder. For example, we know that stress is one of the most powerful triggers for relapses in addicted individuals, even after long periods of abstinence.

New York City is already reporting increases in street sales of various drugs it is this trend might continue to spread. Research also shows that an illness called Post-traumatic Stress Disorder (PTSD) may develop in people after exposure to a severe traumatic event. From both research and clinical experience we know that PTSD is a strong risk factor for substance abuse and addiction. PTSD is a psychiatric disorder that can appear several months following the experience or witnessing of life-threatening events.

Because the events of Sept. 11 were experienced by thousands of people in and around the vicinity of the attacks and were televised to millions around the world, it is likely that some individuals may encounter behavioral and emotional re-adjustment problems and may be more prone to try to escape from the realities of the day by self-medicating with drugs.

For these reasons, it is especially important during these stressful and uncertain times that we all focus on restoring our emotional well being. We must all be more attentive to how we as individuals, and our family, friends and colleagues are responding to this stress, and be alert for increases in substance abuse and seek professional help if it is needed. ▽



## Merger Expected to Optimize Military Health Care

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on expanded career opportunities through integration into the total Navy health delivery system.”

The two phases of the integration include the transfer of financial functions from dental activities to the designated Medical Treatment Facilities Oct. 1, and then the disestablishment of the dental commands in early 2005.

According to Turner, the benefits of integrating the two areas of Navy health delivery are numerous, for the patient as well as the provider. More than 95 percent of the Navy’s treatment facilities — dental and medical — are in the same building or within a short walking distance. This proximity, along with similarities in processes, provides an opportunity to combine medical and dental fiscal and business practices, eliminate duplicate functions and better use manpower resources.

“This integration is focused on ensuring the continuation of World Class health delivery to our beneficiaries,” said Turner. “Implementation of the initiative will be transparent to the Sailors and Marines under our care.”

The Navy’s three dental battalions will remain as commands while Headquarter Marine Corps evaluates their appropriate organizational structure for their evolving mission accomplishment.

Navy Medicine’s Medical and Dental Treatment Facility integration follows the CNO’s Sea Enterprise, an initiative designed to reduce overhead costs and improve productivity and mission effectiveness by identifying new methods to recapitalize and transform the force.

This includes Navywide reviews of products, processes and budgets to provide savings to the Navy as additional resources for fleet recapitalization.

**For related news, visit the Naval Medicine Navy NewsStand page at [www.news.navy.mil/local/mednews](http://www.news.navy.mil/local/mednews).**



# TFU Announces Changes in Uniform Regs

*From Task Force Uniform Public Affairs*



**WASHINGTON (NNS)** — Task Force Uniform (TFU) has announced some significant changes to the Navy Uniform Regulations, which were recently approved by Chief of Naval Operations (CNO) Adm. Vern Clark.

These changes are among the first initiatives being rolled out as a result of Task Force Uniform. The Uniform Regulation changes were made based on fleet input from interviews with Sailors, command site visits, comprehensive research and data collected from a Navywide uniform survey. The survey collected feedback from more than 40,000 Sailors throughout the fleet.

The approved changes include women's skirts, identification badges, civilian bags, women's handbags, communication devices and breast insignia.

One of the changes effective immediately will be the authorized wear of civilian bags while in uniform. This includes briefcases,

gym bags, backpacks, suitcases and garment bags. The specific guidance on wear and appearance for each is outlined in NAVADMIN 209/04.

Another revision that is effective immediately is the wear of a wireless communication device, such as a cell phone, PDA or pager for official business, while in uniform. The device cannot be visible from the front, and must be worn on the belt, aft of the right or left elbow. Specific guidance and further details on the proper wearing and use of these devices is contained in NAVADMIN 209/04.

Female Sailors may now wear civilian handbags while in uniform, but must meet the specific criteria and be worn in the manner prescribed in NAVADMIN 209/04. Women's uniform handbags are now an optional uniform item, and will no longer be a prescribed seabag item or issued at recruit training as of Oct. 1, 2004.

In addition to the handbag, women's skirts will also be an optional uniform component as of Oct. 1, 2004. This applies to both service and dress uniforms, and may no longer be prescribed. Female Sailors who desire to wear a skirt will still be able to purchase them through the Navy Uniform shop.

There is also new guidance regarding silver breast insignia and identification badges. Specifications are outlined in the NAVADMIN.

"In the fleetwide survey, we asked a lot of detailed questions and received some very detailed responses in return," said Master Chief Petty Officer of the Navy (SS/AW) Terry Scott, who oversaw the massive effort. "We were very pleased with the level of participation in the survey and the focus groups."

These changes to the Uniform Regulations are just the first in a number of initiatives being produced by TFU. In addition to streamlining and simplifying the Uniform Regs, TFU is developing concept uniforms for a working uniform for E-1 through O-10, as well as a year-round service uniform for E-6 and below. TFU plans to announce the uniform concepts in the coming weeks, and an announcement about specifics of the wear testing dates and areas to follow.

NAVADMIN 209/04 serves as the interim change to the Navy Uniform Regulations.

For related news, visit the Master Chief Petty Officer of the Navy Navy NewsStand page at [www.news.navy.mil/local/mcpon](http://www.news.navy.mil/local/mcpon). T

## **OMBUDSMEN Needed!**

The command is looking for several enlisted and officer spouses to volunteer as command OMBUDSMAN. The role of OMBUDSMAN is a unique opportunity for a Navy spouse. The OMBUDSMAN is part of the Command Family Support Team and is an official volunteer in the command. The OMBUDSMAN reflects the commanding officer's policies and works within the guidelines the commanding officer sets. If you are interested, please contact Cathy Cusick 953-7152 or HM2(SW/FMF) Burton 953-5049. Thank you!

# NMCP Says Goodbye To CMC Carroll Heads Out to Sea

By JO1 Sarah R. Langdon



Naval Medical Center Portsmouth said goodbye to CMDM(SW/FMF) David M. Carroll, Sept. 17. For the past three years, Carroll has been NMCP's most senior enlisted service member.

"It's been an exciting three years and I hate to see it come to a close," Carroll said. "On Sept. 17 (I detached) NMCP with a heavy but hopeful heart as I know that this hospital and the men and women within are in good hands. I know that the chiefs, officers and civilians have the knowledge, experience and leadership to continue driving NMCP to the forefront of military medicine.

"Over the past three years I've

watched junior Sailors step up into leadership positions, I've watched the Chief's mess swell with members, and watched many a good shipmate go ashore for the last time," he continued. "I've seen the challenges of a wartime Navy and watched how the men and women of NMCP unhesitatingly took the fight to the enemy. I've seen those who, without complaint, stayed behind and worked harder, longer hours standing by to receive the casualties of a just war.

"Together we have endured fires, floods, hurricanes, mass casualty drills, manning shortages, and, at times, overstaffing," he said. "Through it all everyone did their duty in the finest traditions of this Navy. I am humbled and overwhelmed to have been a part of it all. Thank you for allowing me to lead you- The First and Finest." Carroll joined the Navy in 1977. As a hospital corpsman apprentice, Carroll's first assignment was at the Naval Aerospace Regional Medical Center, Pensacola, Fla.

After making chief petty officer, Carroll reported to the Bureau of Naval Personnel, Washington, D.C., where he served as

a hospital corpsman detailer until 1992.

He then reported aboard the *USS Yosemite (AD-19)* as the medical department's leading senior chief petty officer, earning his surface warfare qualification during this assignment.

Carroll reported to the Naval Healthcare Support Office, Jacksonville, Fla., 1995, and was promoted to master chief petty officer, serving the completion of his tour as the command master chief.

He transferred to Naval Hospital Naples, Italy, again as the CMC. After this successful tour he attended the Senior Enlisted Academy en route to NMCP to assume the duties thereof CMC.

Master Chief Carroll's personal awards include the Meritorious Service Medal (2), Navy Commendation Medals (3), Navy Achievements Medals (3), Good Conduct Awards (6), Fleet Marine Force Ribbon, National Defense and South West Asia Service Medal.

Carroll's next assignment is as the command master chief of the *USS Ponce (LPD 17)*, the 12th and last ship of the Amphibious Transport Dockers.



In his last duty as command master chief, CMDM(SW/FMF) David Carroll addresses this year's chief selectees at the pinning ceremony Sept. 16. Carroll put on his anchors more than 14 years ago. Carroll's next assignment is aboard the *USS Ponce (LPD 17)*.

# Friday at the Links; MWR Hosts 7th Annual Sand Bar Open

All photos by Deborah Kallgren, Public Affairs Officer



Oct. 1 marked the 7<sup>th</sup> Sand Bar Open, an annual golf tournament hosted by NMCP's Morale, Welfare and Recreation program and supported by Navy Federal Credit Union. The best ball tournament, held at Bide-A-Wee golf course in Portsmouth, consisted of 93 participants playing on 24 teams. The tournament is a fundraiser for NMCP's food share program, in which food baskets are assembled and given to help military families in need for Thanksgiving and Christmas. The team of David Griffin, Ray Logwood, Clay Adams and Leroy Mewell had the day's best score of 56. Duffers included (above right) HM1 Harold LaVine and, (above left) HN Gregory "Scott" Garcia, both of Occupational Therapy.

# Is It a Cold or the Flu?

Symptoms	Cold	Flu
<b>Fever</b> 	Rare in adults and older children, but can be as high as 102 degrees in infants and small children	Usually 102 degrees, but can go up to 104 degrees and usually lasts three to four days.
<b>Headaches</b>	Rare	Sudden onset and can be severe
<b>Muscle Aches</b>	Mild	Usual and often severe
<b>Tiredness &amp; Weakness</b>	Mild	Can last two or more weeks
<b>Extreme Exhaustion</b>	Often	Sudden onset, can be severe
<b>Runny Nose</b>	Never	Sometimes
<b>Sneezing</b>	Often	Sometimes
<b>Sore Throat</b>	Often	Sometimes
<b>Cough</b>	Mild, Hacking cough	Usual, can become severe



## Happy Birthday U.S. Navy!

Oct. 13, 2004 Marks  
229 Years of Proud and Faithful Service.



Photo # NH 44072 USS Saturn at Norfolk, August 1900

Department of the Navy photo. Courtesy of Naval Historical Center. USS Saturn (1898-1922).



# Training Program Modeled After TOPGUN

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lectures and received some impromptu training on the laparoscopic simulation equipment.

“It was very difficult,” Kropcho said. “But the staff here is very eager and excited to learn. We are sent to courses similar to this to learn basic laparoscopic skills like those used in gall bladder surgery or removal of the appendix. Dr. Rosser’s course teaches more advanced procedures, such as those used in gastric bypass surgery or the removal of a spleen.

“I think that the bottom line is that the sooner we get the patient home, the better off the patient is,” she added. “And the

impact isn’t just on the patient, it’s on the family as well. Ultimately, that’s good for the military.”

“It’s our duty to get our fighting forces up and back to the deckplate,” said Cmdr. Jeffrey Lords, director of general surgery, NMCP, and organizer of Rosser’s visit. “It’s important to get our soldiers and Sailors back on duty as soon as possible. This is a tremendous benefit to the patient and to the surgeon. Tele-medicine is the wave of the future and we have to be on board with new technologies that broaden our horizons.”

The NMCP surgical staff hope to bring Rosser’s program to NMCP in the near future. †



Photo by JO1 Sarah R. Langdon

Using the simulator, a surgeon tries to tie a knot in a piece of foam. Most surgeons take up to 10 minutes to tie a knot the first time.

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## Community Support Helps Ease Hard Times

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take for you to do a good job. People at the top want quality work and you can negotiate a deadline or workload target so you can pace yourself.

One Christian saint implored followers to “pray as if everything depended on God and work as if everything depended on you.” Be faithful and honest in your day-to-day dealings with co-workers and you will build a solid reputation as a team player. Then, when something unexpected arises and you need time to address it, others are much more willing to support you or even pitch in and help.

This is how getting support works. I heard the story that one good Sailor on a ship was selected as Sailor of the Quarter. Then, his wife gave birth to a premature

infant who was in the Neo-Natal Intensive Care Unit for four months. Because of his reputation at work and the communication he maintained with his chain of command on the ship, they allowed him to work on the ship for a few hours each morning and then spend the rest of the day attending to his family.

When the ship went to sea, the Sailor asked for, and was allowed to stay ashore. Not all stories end up this way.

However, I can tell you that the work ethic and reputation of this young man went a long way towards helping his chain of command make decisions which allowed him to attend to the needs of his family.

Making time for yourself and your family is always a challenge. Many tools and programs exist to help address this issue.

Attend a worship expression of your choice, talk to a chaplain or other spiritual leader about your life, attend a PREP Marriage Enrichment class with your spouse or significant other, or attend a CREDO personal growth or marriage retreat.

For more information on any of these programs, call Pastoral Care at 953-5550.

The balance between a task-oriented case of “doing” in this life should not be confused with “being”, and we are all first called to be “human beings” rather than “human doings”.

We are created to “be all we can be.” †

# Hurricane Preparedness Key to Staying Safe

By JOI Sarah R. Langdon

There's a certain level of excitement when a region is confronted with the possibility of a hurricane. People take time to watch and discuss the news – they talk about the “what ifs”, plans and tell stories of hurricanes past, and the damage that occurred. But along with the thrill of dangerous storms and

the Main Gate at Effingham. On the whole, the medical center's structures and staff emerged virtually unscathed. Of course, when Isabel hit, the storm was only a Category One.

As of October 1, this year's hurricane season spawned six hurricanes.

Although there is no way of



Hurricane Isabel, Sept. 12, 2003. Near Hospital Point.

incidence of “hurricane parties”, there is a real need for communities and their publics to take care and plan ahead for the worst scenario.

Last year Hampton Roads received a strong punch from Hurricane Isabel, which knocked power out in thousands of homes, tore roofs off and downed hundreds of trees across the region.

Naval Medical Center Portsmouth, however, fared well – the few trees that down along the seawall missed the home of the Commander, the Elizabeth river rose above the seawall, flooded barrack parking lots, some side roads and

knowing, there is always a possibility that Hampton Roads and NMCP will be battered by powerful winds and storm surges of a hurricane.

The best protection during the time of a hurricane is preparation, and one of the best ways to be prepared is to stay informed.

Television and radio stations give constant information and updates on weather. National and governmental organizations, such as NOAA, the National Hurricane Center (NHC) and the Federal Emergency Management Agency

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## Planning Ahead

-- Protect your investments: Keep an accurate inventory of your belongings. A complete inventory can help obtain insurance settlements or tax deductions for uninsured losses.

-- Maintain adequate insurance. Review policies periodically and make sure you know whether or not you are in a flood zone. Homes in a flood zone require separate flood insurance. Insurance is important for renters too, but if you wait until a hurricane is in the forecast, the possibility is slim the policy will take effect in time.

-- Have an out-of-state contact whom family members can reach when family members are separated. Call this contact, inform them of your location and status.

-- Plan for what you'll do with pets. If you have a family disaster kit, ensure food and water is included for your animals. Public shelters do not accept pets.

-- Create a family plan and assemble a kit of things you'll know you need. Plan for at least several days.

# MWR Is Busy This October!



## Come Check Out Events and Functions Guaraunteed to Entertain

**NMCP Striped Bass Fishing Trip** -- Open to All. Oct. 24 at either 8 a.m. or 1 p.m. The cost is \$45 and includes all rods, bait and licenses. Sign up in the MWR Admin office, Bldg. 276, or at ITT, Bldg. 215, 2nd Deck. All fees due at registration. Call 953-5095 for more information.



**FUN WEDNESDAYS** -- Meet at BEQ 288 every Wednesday beginning Oct. 13. Horseshoes at 6 pm. Oct. 20, 7 p.m. -- Scary Movie Night in the first floor lounge. Oct. 27, 7 p.m. -- Pizza Night with Halloween festivities. Call 953-5095 for more information.



**Single Sailor Programs Monday Night Football/ Video Game Tournament**  
MWR is hosting MNF and a video game tournament on the big screen, Monday nights at 8 p.m. Giveaways and munchies will be available. For more information call 953-5095.

**Halloween Party at the Sandbar -- Open To All ...**  
Join MWR for some spooky fun Friday, Oct. 29, 5 p.m., at the Sandbar's Gears Lounge! Enjoy light munchies, your favorite music and friends. Wear a costume and you could win a prize! Call 953-5017 for more info.

**Halloween Run/Walk to the Top** -- Open to All. In memory of HM1 Hernandez, MWR has scheduled its annual Run to the Top 5 K m, Saturday, Oct. 30 at 9 a.m.



**NFL Football Package** -- Come watch the game every Sunday at the Sandbar. Doors open at 12:30 p.m. NO COVER. Watch four games at a time. Enjoy the finest snacks and beverages. For more information call 953-5096. See you there!



**Stroke Development Class** -- Open to All. Stroke development class for those who can swim, but would like to perfect their stroke. Tuesdays and Thursdays from 6 to 6:30 a.m. Classes will continue throughout the PRT testing cycle.

# NMCP Physical Fitness Programs to Expand

Story and photos by JO1 Sarah R. Langdon

Naval Medical Center Portsmouth is always finding ways to improve its services, and this includes those that benefit staff members. One of the ways the command works for its personnel is through modified and improved physical fitness programs.

The physical fitness program at NMCP is run by two entities, MWR and Health Promotions. Both work together to provide fitness services for servicemembers, dependants or DoD civilians.

MWR's fitness coordinators continually revamp the program to give even more options to those interested in physical fitness. One

of MWR's new programs is geared towards a sometimes overlooked component of the population – mothers to be.

“We are in the process of bringing ‘Healthy Mom,’ a pre- and post-natal yoga program to NMCP in the near future,” said Dee Hunt, MWR Physical Fitness Coordinator. “Teaching physical fitness to a pregnant woman is a delicate thing because you have two people to consider – the mother and the child.

“We are planning on giving classes for pre and post-natal women, which will feature a combination of aerobic conditioning, some weight training

and aqua-therapy,” Hunt continued. “We are developing a whole new program, which will be separated into trimesters, and we’re hoping to start classes this November or December.”

The medical profession used to discourage physical activity in pregnant women, Hunt said, but today staying physically fit throughout pregnancy is encouraged in most cases.

“We are using an Army program (for prenatal physical fitness) and are implementing some of their ideas such as staying in constant contact with the woman’s

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## The Faces of NMCP's Physical Fitness Team



HN Weiran Wong, Command Fitness, gives runners some last minute tips before they run their PRT.



HN Anthony Hartsock enters a Sailor's height and weight on the computer during the PFT weigh-in.



From left to right: HM3 Kristin Alexander; Susan Lowry, Command Fitness Coordinator; HM3 Elizabeth Swanson



Dee Hunt, Group Fitness Coordinator, (center) leads a lunchtime aquatic aerobics class.

# NMCP Website Updated for Severe Weather

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(FEMA), offer up-to-date information on tropical depressions, storms and hurricanes – providing satellite images, locations and links to help the public prepare for bad weather.

The NMCP website is another resource for hospital staff. The Emergency Planning Department is responsible for responding to and informing the command when a potential condition threatens the compound, staff and patients.

“The (severe weather) webpage is updated every time we get notification from Navy Region Mid-Atlantic,” said Lt. Alexander,

Emergency Planning Division, NMCP. “They notify us when the condition changes and the quarterdeck gets and update from Norfolk Naval Shipyard.”

Every staff number at NMCP is assigned three alpha or bravo designations for three types of events – mass casualty, snow conditions or winter storm and hurricane or destructive weather.

The third letter designates personnel status in the event of a hurricane or other severe storm. In the event of severe weather, bravo personnel are not required to keep up hospital operations.

“The alpha/bravo system is in place so personnel know whether they are essential personnel in the event of severe weather. All alpha personnel are required to be here to keep things running. This system eliminates confusion.”

Although this year’s hurricane season is coming to a close, it’s not over yet. And there’s always next year.

“The best way to protect yourself and your family is to stay informed so you know what to do when the need arises,” Alexander said. “You need to know where that information is and plan accordingly.”

## Severe Weather and Disaster Websites

NMCP Severe Weather Updates –	<a href="http://www-nmcp.mar.med.navy.mil/newsweath/Hurricane.asp">http://www-nmcp.mar.med.navy.mil/newsweath/Hurricane.asp</a>
Federal Emergency Management Agency –	<a href="http://www.fema.gov">www.fema.gov</a>
National Hurricane Center –	<a href="http://cwww.nhc.noaa.gov">cwww.nhc.noaa.gov</a>
National Oceanic and Atmospheric Administration –	<a href="http://www.noaa.gov">www.noaa.gov</a>

## October is Breast Cancer Awareness Month



**One in seven women will develop breast cancer in their lifetime.**



**The best way to maintain good breast health and fight breast cancer is through early detection. Early detection involves three steps. beginning at age 20.**

- A clinical breast exam by your health care professional every three years starting at age 20 and every year after age 40.
- A mammogram every year beginning at age 40.
- Monthly breast self-exam beginning at age 20.

**For more information on Breast Health check out the NMCP Breast Clinic’s Website**  
<http://www-nmcp.mar.med.navy.mil/BreastCenter/index.asp>

# Command Fitness, MWR Dedicated to Good Health

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doctor," she said. "Medical release forms will be required to participate and some women will not be allowed to participate due to complications and some high-risk pregnancies. All will be evaluated on a case-by-case basis.

MWR is also sponsoring a stroke development class for those who can swim, but who would like to improve. This class will last through the current physical fitness testing period.

The MWR department has hired new instructors to cover a variety of classes including Pilates, Yoga, cardio-kickboxing, step aerobics, Body Shaping, and several aqua-based aerobic classes.

"We are working on making sure that everyone can get to a class that suits them," Hunt explained. "We have hired instructors with a wide variety of certifications so that we can increase the number and the type of classes we offer.

A satellite workout facility is currently under construction and expected to open around the first of the year. It will feature weights, cardio machines and various aerobic classes. Locker rooms and showers will also

be available.

The other side of the house is Command Fitness, part of Health Promotions, which gears its programs toward helping active duty members get and stay in shape. One of Command Fitness' most aggressive programs is the Fitness Enhancement Program (FEP). To date, 90 percent of those in FEP have come back to pass their fitness tests.

"The purpose of FEP is to help our active duty staff members get into standards and pass their PRT," said Susan Lowry, Program Manager, Command Fitness. "Once the (workout facility) opens our staff will be providing workout sessions as early as 5:30 a.m. and as late as 4:30 p.m.

"Another way we are trying to help our service members is by working on a way to provide FEP during the night hours," Lowry said. "We want to make sure that the people on our night crew have access to our classes and programs too."

"We have several programs

to help people stay in shape," Lowry explained. "In addition to FEP, we also have the Ship Shape program—a voluntary program for people who are borderline on their body fat. The ShipShape program incorporates all aspects of healthy living—exercise, nutrition and other healthy behaviors."

To participate in the Ship Shape program, the servicemember must get a referral.

Servicemembers looking for healthy living tips can also participate in the the four-week "Right Weigh" program. This course consists of four parts -- two lectures on nutrition, exercise and behavior modification.

"Once the new gym gets set up, we are going to have even more classes," Lowry said. "We'll have specialty classes, such as half hour abdominal and core training classes, spinning and circuit training."

The new facility will also feature kickboxing, step aerobics and dumb bell strength training classes

## NMCP Aerobic Instructors

**Susan Lowry** – Step Aerobics, Cardio Kickboxing

**Dee Hunt** – Step Aerobics, Kickboxing, Aqua Aerobics, BodyShaping, Hip-Hop, Healthy Moms (coming soon)

**Kim Meekins** – Aqua Aerobics

**Paula Traverse Charlton** – Aqua Aerobics

**Le Le Rollins** – Step Aerobics, BodyShaping

**Jasper Futrell** – BodyShaping

**Staff. Sgt. Amanda Carter** – Kickboxing, BodyShaping

**Cmdr. Connie Sayles** – Kickboxing, BodyShaping

**Janet Abel** – Yoga-Fit

# Operation Possible: Desert Deployment

Story and photo by JO1 Daniel A. Bristol

Beep. beep. beep. I peeked through droopy eyelids and punched the alarm clock only to realize it wasn't mine. I began another day to the sounds of many alarms chirping before I was ready to awaken. I prepared to start my day in the darkness of Kuwait ... long before the silhouette of the horizon became visible. I slowly moved about the open-bay barracks we called home, as other members of Expeditionary Medical Facility Portsmouth also stretched, yawned and threw on their Navy PT clothes. Outside, the day's heat had begun to skyrocket as we circled the mile-long, sandy track. We quickly showed the Army, Air Force and Marine Corps that the Navy was in town as we ran in formation to the sound of a Sailor calling cadence.

The stereotype that the Navy only fights from aboard ships is just that: a stereotype. We quickly made a name for ourselves through our rigorous physical training every other morning, which other services came to mimic.

Life in the desert was completely different than shipboard life, and there were many things we had to overcome to prove we belonged. Our 5 a.m. physical training program portrayed a closely-knit team, but as we tried to avoid the heat, which climbed above 120 degrees by 8 a.m., there were many physical battles that we as individuals had to overcome.

Everyone who comes to the desert is knocked down by the respiratory infection commonly

known as the "Kuwaiti Crud," and we were no different. By the end of the first month, we all coughed, hacked and sneezed as we tried to adapt to the sand that constantly invaded our lungs. I had the added pleasure of my "crud" evolving into a far more serious monster: full-blown pneumonia, and I battled it for two weeks instead of just a few days like most.

Another fun aspect of the desert is the notorious sand storm. Although, there were many sand storms, our camp had plenty of protection from the building, which blocked the wind. Even so, a constant coating of those fine grains covered the buildings and floated in the air.

The sand storms were an annoyance, but the real danger lay in traveling throughout our area of operations as the EMF staff provided medical care wherever needed. As one of the armed escorts and drivers of these missions, I had to face the danger of hazardous roadways and foreign road rules. The possibility of accidents was high, as well as the possibility of encountering those who would cause us harm.

These mental battles about the hazards we faced slowly started



Expeditionary Medical Facility Portsmouth personnel beat the desert heat as they run as a team to the finishline during their 5 a.m. physical training during their recent deployment to Kuwait in support of "Operation Iraqi Freedom II."

claiming their victories and tempers flared from short fuses. The cure was two words: "Mail Call." When we first arrived, good news from home helped to ease our minds, but after we had been in the heat and the sand for a few months, any news — bad or good, was a welcome interruption.

As equipment arrived by ship and airplane, we sent convoys of flatbed trucks to haul the equipment from the Aerial Point of Debarkation and Ship Point of Debarkation to Camp Arifjan. We began a month-long transition to get everyone in one location — working many nightshifts between 6 p.m. and 6 a.m. to avoid the heat. Through those many convoys traveling on the busy Kuwaiti motorways, we moved equipment, patients and staff from various areas to "China Beach," the location of

*Continued on next page*

# Six Months Later ... It's Good to be Home

*Continued from previous page*

the new U.S. Military Hospital, Kuwait, at Camp Arifjan.

We built, set up and opened this hospital. It marked a page in history for us, as we were the first unit to use the new BASE-X style hospital in a field environment.

It also marked the end of our individual battles. When we were spread out throughout the area, we

each had our own ways of dealing with different situations. Some would read, some would listen to their favorite music, and I just simply found peace of mind in writing.

Once we were all together again, we no longer had to endure the mental anguish alone. We had become the strong Navy unit the

other services had witnessed out on the track every other morning.

With many different nationalities, many different backgrounds, many different personalities and many different job specialties, we were put into harm's way as individuals, but we survived as a team. It's good to be home. †

## 'Magnificent Seven' Graduate CEP



From left to right: Lt. Cmdr. John Galle; Lt. Cmdr. Andrew Nelko, CPE chaplain advisor; Capt. (CF) Robert A. Lauder; Lt. Cmdr. Ernest W. Worman, Capt. Jerry Shields, director Pastoral Care Services; Mrs. Antonia Cometa, wife of Lt. Juan Q. Cometa, Lt. Cmdr. Karl A. Lindblad, Lt. Cmdr. Paschal L. Dawson; Lt. Cmdr. Roger L. Bouma; Dr. Kim Nielson.

NMCP's Clinical Pastoral Education Residency Program graduated its 20<sup>th</sup> class of military chaplains in a ceremony held Sept. 30 outside Building One. Seven military chaplains participated in the program this year, which consists of more than 100 hours of structured group, individual supervision and instruction, and a minimum of 300 hours of clinical practice in supervised ministry per unit. Each chaplain completed four units within the clinical pastoral care field. The course provides military chaplains with the skills and experience needed to provide intensive and extensive pastoral care and counseling in the medical environment. This year's graduating class was made up of six Navy chaplains and one chaplain from the Canadian Forces. Navy Chaplain, Lt. Juan Q. Cometa, currently deployed with EMF Portsmouth to Kuwait, graduated in a ceremony held simultaneously as the NMCP chaplains. Cometa's wife stood in for him at the NMCP graduation. †

# Bravo Zulu!!!

## **Bronze Star Medal**

Cmdr. Jeffrey W. Timby

## **Defense Meritorious Service Medal**

Cmdr. Jeffrey W. Timby

## **Meritorious Service Medal**

Capt. Ellen C. Denigris  
Capt. William M. Hurst  
Capt. Kenneth E. Leonard  
Capt. Mark E. Ralston  
Cmdr. Pamela E. Ball  
Cmdr. Scott Helmers  
Cmdr. Scott W. Zachowski  
Cmdr. Michael C. Van Tuyl  
Lt. Cmdr. Joseph G. O'Brien

## **Navy Commendation Medal**

Capt. Eda Moreno  
Capt. Thomas C. Patton  
Capt. Richard A. Rowe  
Cmdr. Lee M. Bridgewater  
Cmdr. Deborah Dodge  
Cmdr. William A. Kinash  
Cmdr. Susan R. McKinley  
Cmdr. Susan Wood  
Lt. Cmdr. Catherine A. Bayne  
Lt. Cmdr. Ralph E. Butler  
Lt. Cmdr. Gary R. Davis  
Lt. Cmdr. Laurie Erskine  
Lt. Cmdr. Margaret A. Lluy  
Lt. Cmdr. Matthew T. Mayr  
Lt. Cmdr. Jeffrey D. Rogers  
Lt. Cmdr. Anna L. Wright  
Lt. Cmdr. Carl R. Barr  
Lt. Kenneth N. Dubrowski  
Lt. Louisa L. Pirmann  
Lt. Robert L. Ricca  
Lt. Patrick J. Schuette  
Lt. Roger L. Talbot  
Lt. Shonda D. Washington  
Lt.j.g. Shawn P. Kratzer  
MMCS(SW) Thomas L. Fortune  
HMC(SW/AW) Maria O. Fernandez-Guidry  
ETC(FPJ) Sean K. Markley  
HMC(SW/AW) Steven M. Oberlander

## **Navy Commendation Medal (con't)**

HMC(FMF) Thomas B. Spradlin  
HMC(SW/AW) Donald W. Waters  
HM1(AW) Lamar Bethel  
YN1(SW) William E. Hawkins  
DT1(SW/AW) Leann Stiebler

## **Navy Achievement Medal**

Lt. Cmdr. Theresa A. Albright  
Lt. Cmdr. Julia L. King  
Lt. Cmdr. Kimberly T. Oshirak  
Lt. Cmdr. Amy E. Wagar  
Lt. Michael L. Juliano  
Lt.j.g. Felecia N. McCray  
MACS Thomas L. Goldsmith  
ABHC(AW/SW) Earle T. Smith  
HM1 Travis B. Ferguson  
HM1(SW) Russell P. Hayden  
HM1(FMF) Jeffrey M. Ness  
SK1(SW) Omar S. Rimmer  
MA1(SW) Mark A. Weeks  
HM2 Herlene L. Ancar  
HM2 Ceandra L. Baker  
HM2 Kimberly R. Gales  
HM2 Yolanda S. Laureta  
HM2(FMF) Candido Martinez-Aponte  
HM2 Sara L. Rogers  
SK2(SW) Cherry M. St. Natis  
HM2(FMF) Heath W. Wallace  
ET2(SW) Dennis E. Whelan  
SH3 James A. Crooks  
HM3 Lacey J. Harver  
HM3 Tanya N. Levy  
HM3 Juanita K. Napier  
CS3 Melissa J. Patchell  
HN Kevin A. Holzinger

## **Naval Civilian Meritorious Service Medal**

CIV Deanna D. Ponton

## **Military Outstanding Volunteer Medal**

MA2(SW) Dionicia E. Bautista

## **Letter of Commendation**

PNC(SW) Kevin J. Kirk  
PNC(SW) George A. McIntosh  
PN1(AW) Tony M. Denson  
HM1(FMF/AW) Arlene M. Maxwell

## **Letter of Commendation (con't)**

PN1(SW) Leo F. Ryan  
PN1(SW) Terrence White  
MA2(SW) Dionicia E. Bautista  
PN2(SW) Angela M. Bell  
HM2 Angelina D. Brannon  
PN2(SW) Katrina R. Connor  
PN2(SW) Rachael L. Glover  
HM2 Sheldon T. Hinegardner  
HM2(SW/aw) Steven J. Maier  
PN2(SW) Chimere M. Price  
CS2(SW) Robert C. Westfall  
HM3 Jacob G. Hasty  
HM3 Anthony D. Lisuzzo  
HM3 Elizabeth Titus  
HN Marcia E. Correia  
CSSN Jeffrey C. Fallo  
HN Alicia M. Hepworth  
CSSN Zachry J. Hossack  
HN Sherman Norris  
CSSN Ycaza R. Robinson  
HN Aaron D. Smith  
HN Tania M. Vernocke  
HN Basil C. Williams  
CIV Naomi R. Aldegon  
CIV Karen Graham  
CIV Carol Raynor  
CIV Cynthia D. Towles

## **Letter of Appreciation**

HM1 Mark D. Dominado  
HM1(SW/FMF) Ernesto H. Moseley  
HM2 Luis Zenopimental  
HM3(FMF) Reginald Oden  
HM3 Buffy J. Smith  
HM3 Justin W. Ulrich  
HN Montel D. Johnson  
HN Dina Malitis  
HN Irina Mourao  
CIV Barbara Eppenheimer  
CIV John J. Halliday  
CIV William F. Jones  
Ambulatory Surgery Operative Support Team

## **Certificate of Appreciation**

HN Stanley E. Hamilton  
Health & Readiness Clinic Team