



THE COURIER



June/July 2003

Capt's Watch Stands Relieved After 37.5 Years

By JO1 Daniel A. Bristol

The command bell tolls the end of an era as the words ring out, "Captain, Medical Corps, United States Navy, Retired departing," said Capt. Roberto Quinones, the master of ceremonies at the retirement ceremony for Capt. Tommy Cox. The ceremony was in front of Naval Medical Center Portsmouth's Building One, and it marked the end of a 37.5-year career for Cox.

Cox was born on September 9, 1947, in Brookhaven, Miss., and grew up in Odessa, Texas. He enlisted in the U.S. Navy on January 18, 1966. After completing recruit training and Hospital Corps School in San Diego, Calif., he reported to Naval Hospital Corpus Christi, Texas in August 1966. Other enlisted duty stations included Naval Auxiliary Air

Station, Meridian, Miss.; First Marine Division, Republic of Vietnam; Naval Aerospace Medical Institute, Pensacola, Fla., and Naval Air Station, Bermuda.

In July 1972, he was commissioned an Ensign, Medical Service Corps, reporting to Naval Weapons Center, China Lake, Calif. He then served tours as Commanding Officer, Bravo Company, Third Marine Division, Okinawa, and Fiscal Officer, Health Sciences Education and Training Command, Bethesda, Md., before reporting to the Naval School of Health Care Administration, Bethesda. After graduation in 1978, he served with National Naval Dental Center, Bethesda; Third Marine Aircraft Wing, El Toro,

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The sideboys stand tall and proud as Capt. Tommy Cox is piped ashore for the final time during his retirement ceremony June 20 in front of Naval Medical Center Portsmouth's Building One. The ceremony marked the end of his naval career, which stretched across a total of 37 and a half years.

Photo by JO1 Daniel A. Bristol

Cox Ends Career in Style

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The Courier is published monthly by the Public Affairs Office. Be sure to check out NMCP's website at:

www-nmcp.mar.med.navy.mil.

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How do I get something in The Courier?

The command's monthly publication provides an avenue to circulate all the useful information the Medical Center staff has to offer. Contact the Public Affairs Office at 953-7986, Fax 953-5118, via Guardmail, or you can E-mail the PAO, Lt. Jacky E. Fisher, at jefisher@mar.med.navy.mil.

Submissions should be on a disk in text or Word format with a paper copy attached. Photos are welcome and can be returned on request.

The Courier now comes out once a month. Send your submissions to the Public Affairs Office and we'll put it in the next current issue, space permitting. Submission deadline for the next issue is the 15th!

We are located in Bldg. One, Third Deck in Room 311.

Calif.; Naval Medical Command, Mid-Atlantic Region, Norfolk, Va.; Naval Hospital San Diego, Calif.; and in August 1991, reported as Executive Officer, Naval Medical Logistics Command. Cox served as the Executive Assistant to the Fleet Surgeon, Atlantic Fleet from June 1994 to July 1997, and then as Director of Community Health Services, Naval Medical Center, Portsmouth until July 2000. He is currently assigned as the Director for Administration, Naval Medical Center, Portsmouth.



Cox earned his Bachelor of Science Degree in 1987 from the University of the State of New York, and in 1991, received his Master of Business Administration Degree in Management from Golden Gate University, San Francisco, Calif.

His military decorations include the Purple Heart, Meritorious Service Medal (four gold stars), Navy Achievement Medal, Combat Action Ribbon, Presidential Unit Citation, Navy Unit Commendation, Meritorious Unit Commendation, Good Conduct Medal, National Defense Medal (2 stars), Vietnam Service Medal, Vietnam Cross of Gallantry, and Vietnam

Medal. He is also entitled to wear Aircrew Wings.

Cox received the Legion of Merit Award during the ceremony, and he is due to receive yet another award for his time in the desert. With just six months left until his retirement, Cox deployed to Kuwait in support of Operation Iraqi Freedom. Cox was deployed as a member of NMCP's Fleet Hospital 15. Cox deployed to Kuwait in

January of 2003 and remained out in the desert until the rest of FH15 arrived in the beginning of March.

Cox is married to Jennifer Anne Marshall. They have four adult children: Mike, Patrick, Danny and Kelley. 🇺🇸



Photo by JO1 Daniel A. Bristol

Capt. Martin Snyder, commanding officer of Fleet Hospital 15, presents the national ensign to Capt. Tommy Cox during the retirement ceremony. The flag was flown by FH15 over Kuwait during Operation Iraqi Freedom.

Public Notice of Joint Commission on Accreditation of Healthcare Organization (JCAHO) Survey

The Joint Commission on Accreditation of Healthcare Organization (JCAHO) and the Navy Medical Inspector General (MEDINSGEN) will conduct a joint accreditation survey of Naval Medical Center Portsmouth from 14 to 18 July 2003.

The purpose of the survey will be to evaluate the organization's compliance with nationally established Joint Commission and United States Navy standards. The survey results will be used to determine whether, and the conditions under which, accreditation should be awarded the organization.

Joint Commission standards deal with organizational quality of care issues and the safety of the environment in which care is provided. Anyone believing that he or she has pertinent and valid information about such matters may request a public information interview with the Joint Commission's field representatives. Information presented at the interview will be carefully evaluated for relevance to the accreditation process. Requests for a public information interview with JCAHO must be made in writing and should be sent to the Joint Commission no later than five working days before the survey begins. The request must also indicate the nature of the information to be provided at the interview. Such requests should be addressed to:

Division of Accreditation Operations

Joint Commission on Accreditation of Healthcare Organizations

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

The Joint Commission will acknowledge such requests in writing or by telephone and will inform the organization of the request for any interview. The organization will, in turn, notify the interviewee of the date, time and place of the meeting.

Concerns may also be brought to the attention of the Medical Inspector General by calling 1-800-637-6175.

This notice is posted in accordance with the Joint Commission's requirements and may not be removed before the survey is completed.



Joint Commission

on Accreditation of Healthcare Organizations

Attention Moms-to-be



Coming soon to

NMCP ... reserved parking spots for patients in their third trimester!



Beginning this month, patients who are in their third trimester of pregnancy will have access to 25 reserved parking spots on the 2nd Level of the parking garage located in close proximity to the 2nd deck hospital entrance.

Once a patient reaches her third trimester, she will be given a pass from her clinic giving her access to these reserved parking spaces.

Construction Creates New Traffic Pattern for Staff ⁴

To accommodate the installation of new Force Protection features at the main gate, Gate 1, Naval Medical Center Portsmouth has new traffic patterns, which began June 23. Phase 1 will last for approximately three weeks; Phase 2 will last for approximately two weeks. The following changes will be implemented:

Patients and delivery vehicles:

- Enter and exit NMCP's compound via Gate 1
- Upon entering Gate 1, only a LEFT or RIGHT turn can be made; the road leading directly to the parking garage will be secured for construction set-up.
- Turning LEFT on Fisher Drive will lead directly to the parking garage.
- Turning RIGHT on Williamson Drive will lead to Hospital Point and Bldg 1 parking.

PHASE 1 specific:

- Northbound lanes (inbound) will be closed. Inbound traffic will be reduced to a single lane and will be directed to the left outbound lane.
- The current YEILD sign will be replaced with a STOP sign for outbound traffic from Fisher Drive.
- A new STOP sign will be at the intersection of Effingham Street and Fisher Drive/Williamson Drive (for both Phase 1 and 2).
- A truck/vehicle inspection area will be located behind the current Guard House.

PHASE 2 specific:

- The southbound lanes (outbound) will be closed. Inbound traffic will merge into a single lane in the far right inbound lane.
- The YIELD sign will be replaced for outbound traffic from Fisher Drive.
- The truck/vehicle inspection area will return to its original location.

Staff members

- Enter and exit via Gate 2, which will be opened from 5:30 a.m. to 5:30 p.m.
- MORNING RUSH HOURS (5:30-8:30 a.m.) both lanes will be inbound only.
- After morning rush hour, Gate 2 will open for two-way traffic.

Plan your inbound route:

- Northbound traffic from Parkview Ave will be directed to the right inbound lane and directed to either proceed straight through on Barton Ave or turn right onto Fisher Drive. The right inbound lane will NOT be allowed to turn left onto Gendreau Road.
- Southbound traffic from Parkview Ave and traffic coming from Spratley Street will be directed to the left inbound lane and directed to turn left onto Spratley Street. The left inbound lane will NOT be allowed to proceed straight on Barton Ave. ▼

Preventive Health and Wellness Expands Services With New Clinic



Photo by JO1 Rebecca A. Perron

With the help of Capt. Cathy A. Wilson, left, Director, Fleet and Family Medicine, and Capt. Kathryn W. Marko, Director, Clinic Support Services Center, Rear Adm. Thomas K. Burkhard,

Commander, Naval Medical Center, Portsmouth, cuts the ribbon at the grand opening of the Health and Readiness Clinic July 1 in Bldg 215.

The clinic, formerly the Preventive Health Assessment Clinic, will provide expanded services under new Navy and command fitness regulations. Under these regulations, all personnel are required to complete an annual health assessment. The clinic will handle in-and out-processing, birth month health assessments and health assessment rodeos for hospital staff at NMCP, outlying branch clinics, and commands in the Portsmouth area. The clinic's goal is to see all personnel under its purview by January 2004 to ensure everyone's physical health assessments are up-to-date, and will then follow-up with the annual assessments from there. ▼

5 Rough Riders Donate Time, Bears to NMCP Kids

By JO1 Rebecca Perron

To children admitted to the hospital, or even those just in for a simple doctor's visit, the experience can feel traumatic. Receiving something as simple as a teddy bear and a necklace from a visitor can bring smiles and hopefully, the feeling that going to see the doctor can be a positive experience.

Members of The Rough Riders Organization of Tampa, Fla., a civic group named in honor of the nineteenth century regiment begun by President Theodore Roosevelt, believe that this simple gift to ailing children can make a tremendous difference.

While in town for USS *Theodore Roosevelt's* (CVN-71) change of command ceremony that was held the following day, seven members of the Rough Riders, along with three of their wives, brought Rough Rider Teddy Bears and Mardi Gras-style necklaces to children at Naval Medical Center Portsmouth June 24.

Fourteen Roosevelt crewmembers accompanied the Rough Riders on the trip to the hospital. They handed out 240 teddy bears and 240 necklaces to children in the Pediatrics Ward, Neonatal Intensive Care Unit, Pediatrics Intensive Care Unit, Pediatrics Oncology Ward and the Emergency Room waiting area.

"I have no children of my own," Mike Edenfield, a member of the Rough Riders, said about the reason he participates in the teddy

bear runs. "It's a way for me to give back to kids in the community and help out those in need."

"These type of visits give the children the opportunity to experience a fun activity that gives them a mental break from the reason they are here," explained Chris Brogan, a Child Life Specialist in Pediatrics at NMCP. "We want to do something that gives them a break from the labs and the needle sticks and makes a memorable experience. The ultimate goal is that this experience translates into



Brent Wessel, co-chair of The Tedde Bear Krewe, spends time with a young patient on the Pediatric Ward.

reduced anxiety for the next health care experience.

"The children were excited, but a little overwhelmed at the same time," Brogan continued, "because the visitors were so full of enthusiasm and energy."

In addition to hospitals, The Rough Riders visit children's homes, nursing homes and indigent health clinics in the Tampa area. Their efforts extend beyond their hometown city, as the group par-

ticipates in parades 13 times a year, some in Tampa, some in Key West, Fla.; Laredo, Texas, and other cities.

They hold monthly teddy bear runs, called TBRs from January to November in various local hospitals. But, December is a different story.

"From December 1 to December 24, we will do between 30 and 35 TBRs," Edenfield said. "We hit all of the local hospitals, emergency rooms and children's homes, among other places."

On the Friday night before Christmas in 2002, 3,500 bears were delivered to 3,000 children.

"We always split up into groups the Friday before Christmas," Edenfield said. "We hit four or five places. In 2001, we hit nine places and handed out 3900 bears."

The Rough Riders were an all-cavalry regiment that began in April 1898 by Theodore Roosevelt when the United States declared war on Spain. Roosevelt, then the Assistant Secretary of the Navy, announced his resignation as well as the formation of the 1st U.S. Cavalry Volunteers.

The 1st U.S. Volunteer Cavalry Regiment "Rough Riders," Inc., chartered in 1978, is a service and social club that participates in civic and service projects throughout the Tampa Bay area. The organization was formed for the purpose of creating a living memorial to the unique accomplishments of President Theodore Roosevelt and the members of the original 1st U.S. Volunteer Cavalry Regiment. 

*A Lesson from the Desert from Pastoral Care*⁶

By LCDR Phillip A. Kanicki, CHC, USN

It's 1:30 a.m. at Kuwait Naval Base just south of Kuwait City; one of the many jumping-off points for Army, Navy, Air Force, Marine personnel being deployed to Kuwait in preparation for the invasion of Iraq. Camp Patriot, the base camp for Fleet Hospital 15 on board KNB, is quiet; the lights have been out since 10 p.m. FH 15 personnel have settled in for the night. Security personnel attend the gate and walk the perimeter of the camp within a camp.

The brick walls on the outside perimeter of the base still bear the pock marks of the bullets that were used to execute Kuwaiti military personnel after the Iraqi invasion in 1990; grisly reminders of human in humanity. Thirteen years later, United States military forces are once again deployed into Iraqi territory. The base siren goes off; from the public address system:

"All KNB! All KNB! All KNB! Lightning! Lightning! Missiles inbound! Missiles inbound! Missiles inbound!"

The FH 15 crew throw open sleeping bags, roll out of the sack and hurriedly slip into uniform pants, blouses and boots. On the way to the tent exit, grabbing the alice pack with MOPP gear and gas mask, the men and women of FH 15 stumble from their tents heading for their assigned bunkers. Over the commotion and haste the PA repeats the alarm, sirens still blaring:

"All KNB! All KNB! All KNB! Lightning! Lightning! Missiles inbound! Missiles inbound! Missiles inbound!"

The adrenaline rush has awakened the senses; mind and body are on edge. Arriving in the overcrowded bunkers, MOPP gear is quickly pulled from the packs in the darkness and, with a kind of bizarre choreography, the crowd of bodies in the bunkers begin

the dance into protective biological-chemical clothing; faces already sealed and hidden in gas masks. With the last pull tie, hoods are secured around the perimeter of gas masks, hands are covered in thick rubber gloves and the buddy system kicks in. Inspection of MOPP gear on the "buddy" next to you becomes your focus for the next several moments.

Its quiet now; all one can hear is the inhalation and exhalation of strained breath through gas mask filters and canisters. The waiting begins; the anxiety is palpable. There in the dark of sand bagged ISO bunkers and concrete caves in a country a thousand of miles from home, men and women of FH 15 keep vigil in the stillness.

Minutes pass slowly, or so it seems. The PA suddenly comes alive and a disembodied voice in the darkness announces: "All KNB! All KNB! All KNB! Gas! Gas! Gas! Missiles down! Missiles down! Missiles down!" Moments later the announcement is repeated and a shiver of

gratitude for the hot and uncomfortable MOPP gear colors the adrenaline rush and spikes the level of anxiety. How close did the missiles come? The environmental health specialists have their gas and chemical detectors out and begin their "walk" around the camp, checking for dangerous additions in the air.

Time seems to drag; the waiting continues. When the announcement comes: "All KNB! All KNB! All KNB! All clear! All clear! All clear!" MOPP gear hoods are loosened and gas masks removed. The announcement is repeated as we leave the protection of bunkers and make our way to the assembly area for the "head count" and for further direction from the Command Master Chief and or the Commanding

Continued on next page



FH15 Sailors stand tall while wearing their protective MOPP suits and gas masks. The bunkers at KNB were overflowing with military personnel wearing suits just like these during each air raid as they waited for the PA systems to announce, "All clear."

Photo by JO1 Daniel A. Bristol
FH15 PAO

7 A Note from Pastoral Services: A Lesson from the Desert (con't)

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Officer.

Imagine this scene being repeated at random day or night. Imagine if you can, going to bed in MOPP gear when the risk of chem-bio attack becomes significantly more likely. For the first several weeks of FH 15's deployment to Kuwait, the above scene was repeated more times than one would hope. But the training paid off. We were ready. We were able. FH 15's Religious Ministry Team was there with the crew: in the tents, in the bunkers, in the sand, in the heat; the focus of "pastoral care" of the crew in the shared experience of the readiness, the anxiety, the waiting, the praying, the sharing of meals and conversation, the shared time and the hardship of Spartan living.

There has probably been no other time in my fourteen-year career as a Navy Chaplain that the "ministry of presence" was so clearly important or poignantly significant. It wasn't simply the "chaplain" being visible and available; it was the palpable "presence" of person to person in the anticipation of possible conflict and potential harm that characterized Portsmouth's FH 15's deployment in support of Operation Iraqi Freedom.

As a chaplain, it seems so obvious that one has to be present and available to people to be effective. What I hadn't fully appreciated however was the importance of the "people" being available to the chaplain. That experience affirms for me at least that ministry isn't something done by a chaplain to or for someone else. It is rather the sharing of significance and the mutual endeavor to discover purpose, to find meaning.

This recent deployment highlighted the value of human communion as an enabling force of mutual endurance and the focusing agent of the commonality of shared values. It is little wonder to me that the heat and sand and dust of the desert have been the

background out of which has grown the three great western religious and spiritual traditions: Judaism, Christianity and Islam. In the Kuwaiti desert I was reminded again that "salvation" is not essentially a personal experience; it is in fact a communal realization of the significance of others in the processes of human existence and striving for significance. In the desert, one has to pay attention to others as guarantors of security: in war one has to rely on others as guarantors of safety.

It was a shared sense of the brutality of a dictator run amok that took us to Iraq and even now keeps us there. It was the affirmation of our shared sense of the importance of freedom in human experience that even now makes FH 15's "waiting and watching" sojourn in the desert a significant experience for all of us.

We were ready, we were willing, we were able to do whatever needed to be done in the face of whatever the personal danger to us might have been; and danger there was!

In spite of it all, I would do it all over again with the same people again. They ministered to me as much as I ministered to them. They nurtured me as I nurtured them. They fed me as I fed them. There were moments of inspiration, exasperation and deprivation. Through all of the anxiety provoking moments, I came to count on others in a way that often eludes us.

Physical security and personal safety were the gifts of the common experience. Gifts I shall not easily overlook in the future for God was in the gift. A lesson learned, a lesson lived; Operation Iraqi Freedom was an opportunity to learn the most valuable lesson of life; though each of us alone must do it—whatever the it may be—we never really do it alone. In war as in life, belonging makes it all worthwhile. 🌹

The staff of the Public Affairs Office would like to say farewell to one of our staff, JO3 Theresa Raymond. Petty Officer Raymond has been a member of the staff since 1999 and has been vital to the success of the Public Affairs mission at NMCP. Petty Officer Raymond departed the Navy July 7 to work for K97.5, a radio station based out of Raleigh, N.C., and will be delivering the news on the midnight radio show.

Good luck Petty Officer Theresa Raymond, we will miss you!

NEHC Receives New Commanding Officer

By JO3 Theresa Raymond

Capt. David Hiland, MC, relieved Capt. David Sack, MC, as commanding officer of the Navy Environmental Health Center in a change of command ceremony held June 11 at Hospital Point, Naval Medical Center Portsmouth.

Sack's new assignment is as Deputy Chief of the Bureau of Medicine and Surgery for Environmental Health.

The Navy's Bureau of Weapons established NEHC in 1964 after recognizing a need for a comprehensive occupational health program in environmental health. Since its inception, NEHC has continued to serve the Navy and Marine Corps team's readiness through leadership in the prevention of disease and promotional health.

During the ceremony, Hiland expressed gratitude for the work done by his predecessor and said he looked forward to working at NEHC and on future plans.

"Capt. Sack has done a tremendous job in leading the way for NEHC to achieve many major improvements for Health Promotions and Force Health Protection," Hiland explained. "All the people [at the Home and Field office] here have continued to provide their day-to-day preventive medicine services to the Fleet, other military services as well as other countries.

"What I find really awe-inspiring is the dedication of the people who work for NEHC and

who are part of the NEHC family," he continued. "I am proud of you and what you represent. I will always support you and Capt. Sack has set us up for success. I am looking forward to working with you to support the Fleet and to improve the health of the Navy family."

During his remarks, Sack thanked his family, friends and co-workers for making his time at the command a memorable one.

"While it is certainly appropriate to take pride in our accomplishments, it's important to keep in mind that many of our current successes depend on the efforts and encouragement of those who came before us," Sack said. "I am now at the conclusion of my own opportunity to follow in the footsteps (of those before me) and continue that proud NEHC tradition. Without a doubt it has been a challenging, rewarding, exhilarating, humbling and inspiring experience."

Hiland's naval career began in 1969 after attending the University of Illinois as a naval ROTC student where he received his Bachelor of Engineering degree and was commissioned as an ensign. He entered flight training and was designated as a naval aviator in 1970. The Illinois native later completed A-7E Corsair training in Lemoore, Calif., and reported to VA-25 aboard USS Ranger (CV-61) in 1971.

In 1977, Hiland began pre-medical training at

Continued on next page see NEHC



Photo by JO3 Theresa Raymond

A salute for a job well done, and a salute to a new era as the new commanding officer of NEHC, Capt. David Hiland, takes the reins from Capt. David Sack, the former commanding officer, during the NEHC change of command ceremony held June 11 at Naval Medical Center Portsmouth's Hospital Point. Hiland plans to follow in his predecessor footsteps by continuing to support the fleet and improve the health of the Navy family as a whole.

9 NEHC Change of Command

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Sauk Valley Junior College and went on to the University of Iowa for physician's assistant training. He received his osteopathic medicine degree in 1984 from the College of Osteopathic Medicine. Hiland entered the Johns Hopkins School of Public Health in 1988 where he was awarded a Master of Public Health degree.

Hiland has served at a variety of commands during his 34 years of naval service including USS Dwight D. Eisenhower (CVN 69) and the Bureau of Medicine and Surgery, Washington D.C.

In 1998 Hiland was assigned to NEHC as the Director of Plans and Operations providing oversight and leadership to all of NEHC's worldwide commands. Hiland then assumed duties as executive officer for NEHC before reporting to the staff of Commander, Naval Air Forces Atlantic Fleet (COMNAVAIRLANT), where he oversaw six carrier medical departments and was responsible for ensuring fleet medical readiness.

Hiland is board certified in Aerospace Medicine, Occupational Health and Family Practice. He spends his off-time as a flight instructor for Langley Air Force Base, Va., Aero Club. His military awards include the Legion of Merit, the Meritorious Service Medal, the Air Medal and Vietnam Campaign and Service Medals.

Sacks will report to Military Sealift Command Atlantic as Force Medical Officer later this month. 🌿

Summertime Sun Safety Tips

By Journalist 2nd Class Erik Hoffmann, National Naval Medical Center Public Affairs

BETHESDA, Md. (NNS) — Warm weather makes people think about outdoor activities. Days full of barbecues, beach and fun in the sun make for a good time.

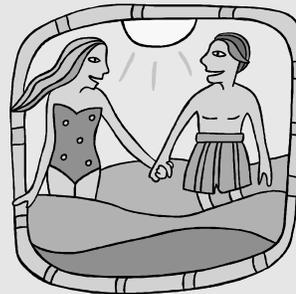
However, too much of a good thing can be dangerous.

Overexposure to the sun can cause cancer.

"The bulk of data suggests that severe, intense sun exposure before the age of 18 contributes significantly (to the development of skin cancer)," said Cmdr. David Mezebish, staff dermatologist and dermatologic surgeon at the National Naval Medical Center (NNMC).

Melanoma is a skin cancer where the normal pigment-producing cells in the skin, called melanocytes, become abnormal. The abnormal cells first spread locally on the skin and can spread to distant nodes.

"It's the most worrisome type; the most dangerous type, unless detected and treated early," added Mezebish. Melanoma usually attacks highly sun-exposed areas of the body, according to Mezebish. It's predominantly found on the chest and back of men, and on the legs of women.



The best defense against skin cancer is prevention of overexposure to the sun. Wear sunscreen with a high SPF if you're going to be exposed to intense sunrays for long periods of time.

"Keep an eye on any kind of changing moles or any new pigmented growths on your body," suggested Mezebish. "See your dermatologist regularly."

Mezebish said the number of melanoma cases is growing annually in America but is still a rare form of skin cancer.

"There are probably about 50,000 plus new cases of melanoma each year. One person an hour dies from melanoma in our country. However, it's by no means the most common type of skin cancer."

Melanoma cases make up only about four percent of new skin cancer cases. Basal cell cases make up 80 percent. Squamous cell cases round off the total at 16 percent. Mezebish said most melanoma patients have a 95 percent success rate of eliminating their cancer if it's detected and treated early.

For related news, visit the National Naval Medical Center Navy NewsStand page at www.news.navy.mil/local/nnmc. 🌿

NMCP '03 Intern Class Graduates 76¹⁰

By JO1 Rebecca A. Perron

Under the hazy blue sky and 90-degree heat of a beautiful June day, the 76 lieutenants of the Naval Medical Center Portsmouth Intern Class of 2003 graduated in a ceremony held June 27 in front of Bldg. 1.

During his opening remarks, Rear Adm. Thomas K. Burkhard, NMCP commander, congratulated the class on the successful completion of this major milestone in their medical careers.

"Congratulations on your successful conclusion," Burkhard said. "I challenge you to stay focused on your Navy career and be proud of your achievements and the institution in which you train."

The guest speaker, Brig. Gen. Thomas L. Moore, Jr., Director for Operations, Plans, Logistics and Engineering, U.S. Joint Forces Command, also congratulated the class on a job well done. Moore based a portion of his speech on a

quote from the famous "Man in the Arena" speech by President Theodore Roosevelt in 1910.

"The credit belongs to the man in the arena streaked with sweat and dust and blood," Moore said. "It is your job to protect our warriors. Take care of them as though they were your children. Respect is earned and not necessarily given. Know your strengths and limitations. Capitalize on the first and improve on the second. Naval officers, and naval doctors, welcome to the arena."

Throughout the internship, which began July 1, 2002, the students participated in one of six programs. They choose between internal medicine, general surgery, pediatrics, obstetrics and gynecology, psychiatry and transitional intern.

"Transitional internship does not follow up with a residency tour as does the others," explained

Cmdr. Elizabeth Tonan, the Navy Intern Specialty Leader and Transitional Program Residency Director. "The transitional intern continues with training in a specialty area, such as radiology or ophthalmology."

As program director, Tonan assisted the transitional interns with any issue they needed help with, whether personal or academic. One unusual challenge the students faced this year was a shortage of teachers due to hospital staff deployed for the war in Iraq, according to Tonan. But the biggest challenge is one faced by all interns every year.

"They were on call every third night," Tonan explained. "But we try to offset the fast pace by taking them on a number of social outings, including deep sea fishing."

For class leader Lt. Michael Shusko, he had his own set

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Photo by JO1 Rebecca A. Perron



Lt. Eric Sturgill (transitional intern) shakes hands with a fellow classmate as he returns to his seat after receiving his diploma. Sturgill is headed to the Naval Aerospace Medical Institute in Pensacola, Fla., for follow-on training.

Sturgill is one of 76 naval officers who dropped the title of intern and assumed the esteemed title of Medical Doctor (M.D.) June 27 at the graduation ceremony.

11 Fledgeling Docs to Tour with Marines, Aviators, Divers Among Others

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of challenges.

“It was challenging to maintain the medical knowledge base, and work in the wards,” Shusko said, “with the duties of trying to make sure (the other interns) adjusted to military life and had what they needed to make the year go smoothly.”

Shusko joined the Marines in 1985, serving with them until he started medical school at Wake Forest in 1998. Shusko is headed back to serve with the Marines at Camp Lejeune, where he plans to spend at least one tour with a Marine Division before beginning his residency there.

While at least seven of his classmates head for tours with a Marine division, the remainder of

the class will join residency programs, become flight surgeons, work in the undersea medical community or continue training in a specialty area.

Eight interns received awards during the ceremony for outstanding achievement:

-Lt. Michael Shusko received a Navy Achievement Medal for outstanding performance as class leader.

-Lt. Christopher Scuderi, the intern physical training program leader, received a NAM for spearheading the gym installation on the 7th floor of Bldg. 215, which is open 24 hours a day. Scuderi brought to the command’s attention the need for the gym so the interns could PT

in the hospital whenever it fit into their schedule.

-Six interns were recognized as Intern of the Year for their respective program. Four received NAMs: Lt. Coleman Bryan, Jr. (Pediatrics), Lt. Karen Bullock (Internal Medicine), Lt. Amy Niederhauser (Obstetrics and Gynecology), and Lt. Michael Williams (Psychiatry).

In addition to their individual intern programs, two were selected as co-winner of the overall Intern of the Year award and received Navy Commendation Medals: Lt. Kristen Lewis (Transitional Intern) and Lt. Todd Otten (General Surgery). Otten was also selected as the Emergency Medicine Intern of the Year. ✦

NMCP Hosts Staff Appreciation Day Picnic

Story by JO1 Rebecca A. Perron

June 13 marked Staff Appreciation Day at Naval Medical Center Portsmouth, but this year the annual event arrived with a twist. Event planners decided to make the day not only a chance to thank hospital staff for a job well done, but also an opportunity to welcome back

the staff members who deployed with Fleet Hospital in support of Operation Iraqi Freedom. It also became a day to celebrate the 105th birthday of the hospital corpsman. MWR provided stickers, balloons and pencils among other things for the children of staff members. With plenty of food, music and 100 plus volunteers, the event was quite a success ✦



Photo by JO1 Daniel A. Bristol



Photo by JO1 Dan Bristol

Capt. Matthew Nathan assists HN Lucilla Daniel, the youngest hospital corpsman, and HMCM Benedict J. Castillo, the oldest hospital corpsman (who were present) in cutting the cake in honor of the 105th Hospital Corpsman birthday.

Sailors Work Together to Clean the Base

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By JO1 Daniel A. Bristol

Many Sailors from Naval Medical Center Portsmouth and its outlying branch clinics assembled June 6 for a Clean the Base environmental and community service project. The event was in preparation for Clean the Bay Day held June 14. The volunteers cleaned up the grounds and seawall around Hospital Point focusing mainly on picking up trash.



Naval Medical Center Portsmouth and branch medical clinic staff get together to clean up the debris that washes up onto the rocks lining Hospital Point.



Capt. Tommy Cox (now retired) speaks to the crew just before beginning Clean the Base day for Naval Medical Center Portsmouth.



HM2 Claude Copeland braves the elements and climbs the rocky ledge along the shoreline as he helps clean the base. This was Naval Medical Center Portsmouth's way of preparing for June 14, which is Clean the Bay day in Hampton Roads.



Naval Medical Center Portsmouth Sailors toss debris from the shoreline as they clean the base in support of Clean the Bay day on June 14.

Got Milk? Calcium, Medical Screening for Osteoporosis at an Early Age May Help Keep Bones from Thinning, Breaking Later

By JOI Rebecca A. Perron

We have all seen the advertisements from the “Got Milk?” ad campaign, with celebrities touting milk mustaches in an effort to convince us of the benefits of drinking milk. The benefits of a calcium-rich diet are numerous, and without three servings a day of the white stuff, we may resemble the “I’ve fallen and I can’t get up” ad campaign instead.

Lack of calcium can lead to a disease called osteoporosis, a disease that progresses painlessly and without symptoms, gradually weakening bones and making them more fragile. According to Cmdr. Treyce S. Knee, a staff endocrinologist at Naval Medical Center Portsmouth, most adults who have the disease are not even aware of their condition until they suffer a broken bone from a fall or other minor injury.

“When you have a fracture, it’s past time to prevent osteoporosis,” Knee explained. “Then the most important thing is to treat it and keep another fracture from occurring.”

Ten million Americans currently suffer with osteoporosis, according to the National Osteoporosis Foundation (NOF), and it is projected an additional 34 million have low bone mass, making them highly susceptible to developing the disease.

Fractures typically occur in the hip, spine and wrist. Any bone can be affected, but of special concern are fractures of the hip and spine. Hip fractures usually require hospitalization and major surgery, can impair a person’s ability to walk unassisted and may cause prolonged or permanent disability or even death. Spinal or vertebral fractures also have serious conse-

quences, including loss of height, severe back pain and deformity.

But the best scenario, according to Knee, “is to learn how to prevent osteoporosis in the first place, which should be done at an early age.”

To help spread the word about preventing the

disease, the Endocrinology Clinic began a monthly screening program in January. During the session, participants are screened for risk factors and taught what they can do to keep their bones healthy.

In addition to the screening and in-depth prevention education, participants see a

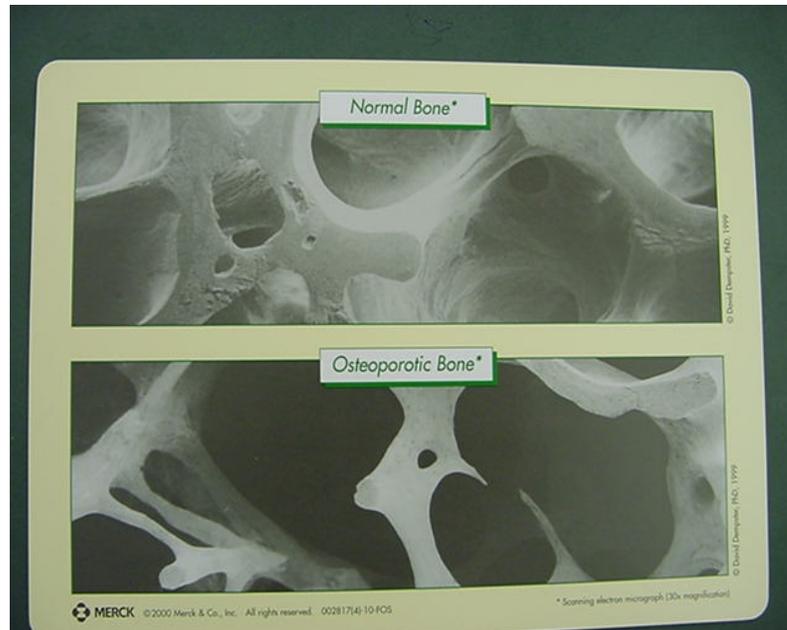
prevention video and have on-scene access to a health care provider to answer questions.

During the screening, the practitioner explains how bone is a living, growing tissue that goes through continuous cycles of breaking down and rebuilding, and that adequate calcium and exercise are vital for maximizing and maintaining bone mass (density). Bone mass usually peaks between age 25 and 35, and then bone loss begins.

“The most important time in a person’s life for building mass is during their teenage and early adult years,” Knee said. “After a person’s bone mass peaks by age 35, they can’t add to it. Their body will only subtract bone from then on. So, people who don’t reach their maximum peak mass are at an increased risk.”

Not reaching peak mass is a direct result of low lifetime calcium intake. While 99 percent of calcium required is stored in the bones, one percent is in

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Osteoporosis Prevention Starts Early

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the blood, which is used by the heart, muscles and nerves to function properly and for blood to clot.

If diet does not provide enough calcium to maintain proper blood level, calcium will be taken from stores in the bones, which cannot necessarily be replaced and leads to the disease.

A Bone Mineral Density (BMD) test is the only way to diagnose osteoporosis and determine the risk for future fractures. The health care provider will determine during the screening if a BMD is necessary. The test is accurate, painless and non-invasive.

“The BMD test measures bone mass and is necessary to determine if medication is needed,” Knee said.

“The test creates a T score that is compared to the mass of a healthy

20-year-old who matches your sex and ethnic background, to determine how much bone has been lost.”

Women have special risk factors that make getting the BMD even more important. Asian and Caucasian women, who are thin and have a small frame, and women over 50 have the greatest risk.

All post-menopausal women and all women over 65 should be tested. Women can lose up to 20 percent of their bone mass in the first five to seven years following menopause, making them more susceptible to osteoporosis.

There are other risk factors for women under 65 who are not post-menopausal and men of all ages.

While low lifetime calcium intake is an obvious risk factor, others include cigarette smoking, lack of weight bearing exercise and excessive consumption of alcohol and caffeine.

“Depending on a person’s age, daily calcium intake should be between 1000 and 1300 milligrams,” Knee said. “If a person isn’t getting enough calcium, calcium supplements can make up the rest, but shouldn’t be depended on as the only source.”

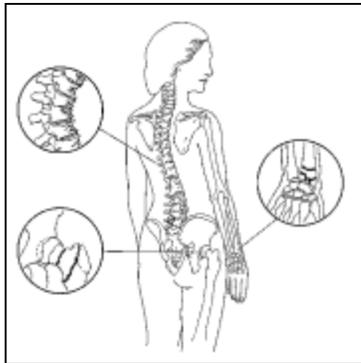
By age 20, the average woman has acquired 98% of her skeletal mass.

Building strong bones, especially before the age of 30 for both men

and women, can be the best defense against developing osteoporosis, and a healthy lifestyle can be critically important for keeping bones strong.

“While osteoporosis is often thought of an older person’s disease, it can strike at any age,” Knee added. “The need for medication should be discussed with your doctor.”

For more information on osteoporosis, attend the monthly screening program hosted by the Endocrinology Clinic, or visit the National Osteoporosis Foundation website at www.nof.org.



Facts about Osteoporosis 14

- In 2001, \$47 million spent per day to treat.

- 34 million Americans (55% of people over 50) are at risk for developing the disease.

- 50% of women, 25% of men over 50 will suffer from fractures. 1.5 million fractures occur annually: 300,000 hip, 700,000 vertebral, 250,000 wrist and 300,000 at other sites.

- Daily calcium intake between 1000 and 1500 mgs daily, depending on age. Vitamin D is required for the body to absorb calcium.

Risk Factors:

Age- Bones weaken and become less dense with age

Gender- 80% are women. Bone loss increases rapidly after menopause, 20% of bone loss occurs in first 5-7 years after.

Race- Caucasian and Asian women due to typically smaller bone structure.

Fracture- Already having suffered from one fracture may be the single greatest predictor for having another fracture

Weight- Women under 127 lbs.

Medications for other chronic conditions- may have side effects that damage bone and lead to osteoporosis.

Four Steps for Prevention:

-Diet rich in calcium and vitamin D.

-Weight-bearing exercise (walk, dance, jog, hike, climb stairs, play racquet sports)

-Healthy lifestyle- don't smoke or consume excessive amounts of alcohol or caffeine.

-Bone density testing and medications when appropriate

Get Screened: Walk-in basis for the osteoporosis awareness class, 2nd Friday of every month from 10 to 11 a.m. Internal Medicine Clinic Conference Room, 2nd floor of the Charette Health Care Center, Bldg. 2, south wing. Call the Endocrinology Clinic at 953-2116/2113 for more information.

Breast Health Awareness



Below are some of the links & information found on the home page of this web page

General Breast Health

Breast Cancer
Ask a Survivor

Male Breast Cancer

Benign Breast Findings

Mammograms

Lymphedema

Calendar of Events

Links/Resources

Glossary of Medical Terms

Location:

2nd Floor
Charette Health Care Center

Phone Number:

953-2493

Hours:

Monday-Friday
7:30am - 4:00pm

Appointments:

Initial appointments are booked
by calling 953-2493.
Follow up appointments are made
by your Nurse Case Manager

Availability of Services:

Open to all eligible beneficiaries.
A referral is required for all
appointments in this clinic.

Feel Free to visit this web page at www.nmcp.mar.med.navy.mil/breastcancer
compliments of the Breast Cancer Clinic

Congratulations Award Recipients

Legion of Merit

Capt. Tommy Cox

Navy And Marine Corps Commendation Medals

CDR Lisa S. Inouye

CDR Joel A. Roos

LCDR Diane Stanton-Sanchez

LT Eric T. Stedje-Larsen

HMC(SW) Tina L. Pantaleo

SHCS(SW) Gary J. Landess

HMC(SW) Ricky M. Rogers

HM2 Melissa Alsup

HM2 April N. Sarani

Navy And Marine Corps

Achievement Medals

LT Anna Schwarz

HM1 Jody I. Batte

HM1(FMF) Richard A.

Whitehead

HM2(FMF) Fred D. Allen

HM2 Terry L. Hardy

HM2 Carla B. Jones

DN Carlisle C. Pennycooke

JO3 Theresa Raymond

Meritorious Service Medal

CDR Virginia M. Leibold

Army Commendation Medal

CDR Edward D. Simmer

LCDR Miranda Nance-Servier

LT Pam L. Herbig

LT Sherri D. Jackson

HM2 Esteban A. Rivera

HM3 Benjamin J. Ekiss

Letters Of Commendation

CIV Claudette M. Vulcain

LT Kelly Stetson

HM3 Shaeye S. Frierson

Congratulations to the Graduating Class of 2003

Pastoral Care Graduates

Lt. Cmdr. Kevin J. Bedford, Sr.

Lt. Cmdr. Seth D. Phillips

Lt. Cmdr. K. David Johnson

Lt. Cmdr. Mary A. Zepeda-Bracken

Capt. (Canadian Force) Jimmy B.

Hardwick

Ms. Lorraine C. Leshner

Intern Graduation

Lt. Erin Adams

Lt. Evan Altman

Lt. Daniel Backmann

Lt. Michael Barry

Lt. Dennis Barson

Lt. Curt Bergstrom

Lt. Dan Breece

Lt. Adam Brown

Lt. William Brown, III

Lt. Charles Bruker

Lt. Karen Bullock

Lt. Michael Burt

Lt. Coleman Bryan, Jr.

Lt. Christina Carmody

Lt. Temujin Chavez

Lt. Abigail Choate

Lt. Matthew Christman

Lt. Jonathan Clarke

Lt. Erin Collins

Lt. David Cook

Lt. Anja Dabelic

Lt. Michael DeVan

Lt. Denis Diaz

Lt. Rebecca Eick

Lt. Christopher Ennen

Lt. Alan Flanigan

Lt. Janel Foster

Lt. Thomas Genese

Lt. Edgar Gonzales

Lt. Gordon Fifer

Lt. Rick Fisher

Lt. Gregory Freitag

Lt. Michele Gonzalez

Lt. Miguel Gutierrez

Lt. Richard Hamilton

Lt. Jeremy Hammel

Lt. Allison Hickman

Lt. Sonovia Johnson

Lt. Chris Kane

Lt. Jeffrey Kang

Lt. Michael Kaplan

Lt. Martin Kinnison

Lt. Nicole Kurzynske

Lt. Kristen Lewis

Lt. Jeffrey Lightfoot

Lt. Jonathon Locke

Lt. Robert Lueken

Lt. Vinh Mai

Lt. Richard Malkowski

Lt. Christopher Marazon

Lt. James Nederostek

Lt. Amy Niederhauser

Lt. Todd Otten

Lt. Austin Parker

Lt. John Powell

Lt. Darian Rice

Lt. Peter Riga

Lt. Brandon Rodriguez

Lt. Christopher Scuderi

Lt. Michael Shusko

Lt. Thomas Slattery, Jr.

Lt. Wiley Smith

Lt. Eric Sturgill

Lt. Michael Termini

Lt. John Trask

Lt. David Trowbridge

Lt. Thaddeus Tuten

Lt. Karen Webster

Lt. Daniel Weis

Lt. Margrethe Weston

Lt. Julie Wilcox-Krumreich

Lt. Michael Williams

Lt. Charles Youngblood

Lt. Luke Zabrocki

Lt. Tabitha Zimmerman

