



Patient leads Doc in Race for Cure

By HM2 William McIlvain

Kelly Shanley, a 16 year old diabetes patient at Naval Medical Center Portsmouth, led her doctor, nurse, family members, and others on her team to victory in the American Diabetes Association's annual Bike-A-Thon. Shanley's nine-member team, Kelly's Krowd, participated in the "Ride With Your Doc" category and raised \$1,946 in donations. Shanley was presented a trophy at an awards ceremony on June 28. The Bike-A-Thon was May 5 at Manteo, North Carolina, located in the Outer Banks.

Shanley, a junior at Tallwood High School, has suffered from Type-1 diabetes since she was nine years old. A role model for teens with diabetes, she serves as a volunteer for Naval Medical Center Portsmouth, goodwill ambassador for fellow diabetes patients new to the community, diabetes support groups, the Volunteer Program sponsored by the American Red Cross, and mentors families with children diagnosed with diabetes. After high school, Shanley plans to go to college and medical school.

"It was the 'Ride With Your Doc' category that inspired me to be a team captain and ask Dr. Watson to ride in the event," Shanley said of her motivation to become involved in the Bike-A-Thon. Kelly's Krowd members included her doctor, Cmdr. Mary Watson, her nurse Christine Granaham, Ken Granaham, Susan Cotner and members of Shanley's family. Watson is a pediatric endocrinologist at NMCP and Chris Granaham is the Clinical Nurse Man-



Photo by HM2 William McIlvain

Shanley displays trophy awarded for winning "Ride with our Doc" category of the American Diabetes Association Bike-a-thon with Cmdr. Watson, her doctor at NMCP.

ager of the Pediatric Endocrinology Clinic.

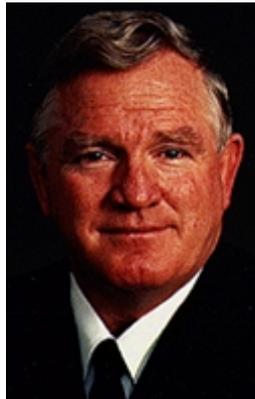
"We like to support our patients and help them become healthy as they can be," Watson explained. Kelly was the catalyst, she kept us going and focused on the goal," Watson added.

The Bike-A-Thon is held annually in 90 cities nationwide. Two courses are offered locally, one in Chesapeake, Virginia and the other in Manteo, North Carolina. The Bike-A-Thon offers participants a variety of courses from which to choose, from

shorter 20 mile courses to longer more rigorous courses.

The team members are excited about the opportunity to participate again next year. It creates an esprit de corps and is a healthy activity," Watson explained. Shanley and Watson will also be participating in the Juvenile Diabetes Day Walk on October 27. For more information on the Juvenile Diabetes Day Walk, contact the Juvenile Diabetes Research Foundation at 757-455-6676.

If You Liked Rudy, You'll Love Bill



Rear Adm. William McDaniel

From the Navy Wire Service

If you liked "Survivor's" former Navy SEAL Rudy, then you'll love "The Mole II's" Bill.

"Bill" is retired RADM William McDaniel, MC, an orthopedic surgeon. His last assignment was Commander of Naval Medical Center Portsmouth, VA from 1992 to 1995.

"The Mole II" is a reality series in which 14 strangers must uncover who among them is The Mole, a double agent planted by the show's producers to sabotage the team's money-earning efforts. The show airs Fridays at 8 p.m. this fall.

Also competing is "Ali," a former active duty nurse from Naval Hospital Great Lakes, IL.

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THE COURIER

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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 LTjg Robert Lyon at rtlyon@pnh10.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. 215, second deck, Room 2-118 (next to the Conference Room.)

That Officer giving you a ticket may be your co-worker

By HM2 William McIlvain

Photo Right:
Naval School of
Health Sciences
staff members
HM1 Michael
Harris and HM2
Sean Pope.

Photograph by HM2
William McIlvain



Photo Left:
Officers Harris and Pope, certified law
enforcement officers in the
Commonwealth of Virginia.

Photograph courtesy of HM2 Sean Pope

Naval School of Health Sciences (NSHS) staff members, HM1 Michael Harris and HM2 Sean Pope, volunteer to serve their communities as law enforcement officers during their off-duty time. Fully certified in law enforcement for the Commonwealth of Virginia, they display pride and commitment to the Navy by their service to the communities of Suffolk and Portsmouth.

Harris, a pharmacy technician instructor at NSHS, has served as an auxiliary uniform patrolman for the City of Suffolk for the past two and a half years. Pope, the leading petty officer of Materials Management, has served one year as a deputy sheriff for the City of Portsmouth in the marine patrol and criminal apprehension units.

Volunteering as a police officer requires a significant investment of time. In addition to service in the field, volunteer officers complete reports, appear in court, and attend 20 hours of field training each month to maintain certification. "I like the challenge, and it benefits the Navy and the City of Portsmouth," Pope said of his contribution to the community during the past year. Their community service would not be possible without the support of their families, something for which they both are grateful. Pope's wife, Dorothy, also serves as a volunteer police officer.

The time spent serving as police of-

ficers also benefits the Navy. The experience Pope gains as a police officer helps him at his duty station at Portsmouth Naval Medical Center security. Both Harris and Pope strengthen their leadership and decision making skills through their volunteer work.

Prior to beginning their volunteer work, Harris and Pope completed 480 hours of training at the Virginia Police Academy during their off-duty time. Both believe finding time to serve the Navy and the community is important. Law enforcement is a family tradition for Harris. "I felt my best contribution to the community would be in the capacity of a volunteer police officer," Harris explained. He has been a volunteer since 1999.

SOCCER

An organizational meeting for soccer will be held on Wednesday, September 12th at 11:00 a.m., in the MWR administration office (located in bldg. 276, the gym). Participants must be active duty military assigned to NMCP, tenant commands, or NSHS. All individuals wishing to participate on this team are required to attend. League play will begin in late September and all games will take place at NOB. Contact Bill Monell for more information, 953-5096.

National Breast Feeding week Knowing when use becomes abuse

By JO3 Jodi Durie

New mothers have many crucial choices to make as they bring a new life into the world. Possibly the most important choice is how she will provide her child with proper nourishment. There are two basic choices: breast-feeding or bottle-feeding.

A mother must decide what is best for both her child and herself.

NMCP provides new and expectant mothers many resources to help educate and prepare themselves before making this important decision.

During World Breastfeeding Week, August 1-7, NMCP promoted breastfeeding awareness through education.

"We offer weekly breast feeding classes for all beneficiaries. Classes are Wednesdays from 1230-2:30," said Cmdr. Ava Abney, department head of patient and guest relations and one of NMCP's certified lactation consultants.

Classes are also available at Boone Clinic every third Monday from 12:30-2:30.

Not only does NMCP educate its beneficiaries, but also their staff. To date, over 200 health professionals have been trained from NMCP staff members, and Army and Air Force. The course, Lactation Education for Health Professionals, is offered quarterly at NMCP and provides participants with the needed skills to assist patients attempting to breastfeed.

"It is very important for the maternal/infant staff here to have this training," said Caroline McGrath, the command certified lactation consultant. "We try to provide beneficiaries with as much information as they can handle while they are here and give them the resources to continue this marvelous thing (breastfeeding) at home," added McGrath.

NMCP currently has two International Board Certified Lactation Consultants (IBCLC) on staff, Abney and McGrath. Lt. Kimberly Roberts clinical nurse specialist,

maternal/infant division, is awaiting the 8-hour exam, but will soon join the IBCLC team.

With only 10,000 worldwide and 6,597 in the United States, IBCLC's are a valuable asset to both patients and organizations alike.

"International Board Certified Lactation consultants help mothers breastfeed their babies by gaining the experience and education necessary to pass the international board certification examination to become board certified specialists in lactation management," according to the IBCLC Web site. "IBCLC's prove to their patients and colleagues on the healthcare team that they are competent practitioners committed to the health and well-being of breastfeeding mothers and babies in their care," according to the IBCLC Web site.

Breastfeeding has countless benefits for both mother and child.

"Breastfeeding promotes health, helps prevent infant and childhood disease and saves health care costs, especially in this day and age," according to Abney.

"There are approximately 4,000 species of mammals and, they all make different milk. Human milk is made for human infants," according to Abney.

"The primary benefit of breast milk is nutritional. Human milk contains just the right amount of fatty acids, lactose, water and amino acids for human digestion, brain development and growth," according to Abney.

Among the many benefits for mothers are quicker weight loss, protection against breast cancer, osteoporosis and uterine cancer.

If you are an expectant or nursing mother and have questions about breastfeeding your child call one of NMCP's certified lactation consultants at 953-4775 or 953-2635.

From HMC (Select) Marsha Burmeister, Command DAPA

There are important differences between alcohol abuse and alcohol dependence. First of all, there are many more alcohol abusers than alcohol dependents (alcoholics). Alcohol abusers get into a lot of trouble when drinking and are discharged from the Navy for incidents of misconduct while drinking. The treatment of each varies widely.

People abuse alcohol out of boredom, because of peer pressure, or as a means of coping. These three reasons are preventable through alternatives to drinking, through a command climate that insists that it really is OK not to drink alcohol and that drunkenness has severe consequences, and through deglamorization of alcohol use, and other command efforts.

Briefly, the differences between alcohol abuse and alcohol dependence:

-Alcohol abuse is voluntary—the abuser can be taught/trained not to abuse.

-Alcohol dependence (alcoholism) is not voluntary—alcohol dependents cannot choose not to have the addiction.

-Alcohol abusers often respond to discipline, education and counseling.

-Alcohol dependents often respond to treatment and maintain life long abstinence from alcohol.

When alcohol abuse becomes evident through an alcohol-related incident, Medical Treatment Facilities (MTFs) assess the intervention and length of treatment is determined by the severity of the individual's problems. Treatment can be either outpatient or inpatient, or both.

Outpatient treatment at the MTFs utilize competent, trained Navy and civilian staff to provide individual and group treatment, education, and continuing services and aftercare monitoring by command in some cases.

Individuals who are alcohol dependent receive outpatient and/or inpatient treatment at an MTF and will benefit from all of the above but will not be "cured". Abstinence from alcohol is a life-long goal, and the individual is introduced to a life-long recovery program. The individual may have continuing services and aftercare monitoring by command in some cases.

Designated Driver Passes are available at building 2 Quarterdeck.

ADAMS Resource Guide

FALL SOFTBALL

An organizational meeting for fall softball will be held on Monday, September 10th, 11:00, in the MWR administration office (located in bldg. 276, the gym). Participants must be active duty military assigned to NMCP, tenant commands, or NSHS. A representative from each team is required to attend this meeting and individuals wanting to be placed on a team should also attend. League play will begin in late September. Contact Bill Monell for additional information, 953-5096.

FLAG FOOTBALL

An organizational meeting for flag football will be held on Tuesday, September 11th at 11:00, in the MWR administration office (located in bldg. 276, the gym). Participants must be active duty military assigned to NMCP, tenant commands, or NSHS. A representative from each team is required to attend this meeting and individuals wanting to be placed on a team should also attend. League play will begin in late September and all games will take place at NOB. Contact Bill Monell for details, 953-5096.

Blood supply boosted through team effort

By JO2 Duke Richardson

The Federal Building parking lot in downtown Portsmouth was the site of a unique, joint service blood drive. Members of the American Red Cross, Coast Guard, and Navy braved the sweltering weather to do their part in giving the gift of life.

Due to the current blood supply shortage the Red Cross and military have been working harder than ever to get people to donate blood in order to replenish the amount of blood available to patients. "Currently the blood supply is low which is normal for summertime, but this year it's down more than usual," said Carol Roth, Red Cross Mobile Supervisor. "(Having a joint effort with the military) is one of the best ways we build up that supply and ultimately help each other out."

Blood donations was not the only reason why the bloodmobiles were on the job. They were also looking for potential platelet donors to help a four-year-old girl

suffering from neuroblastoma, malignant tumors of immature nerve cells which nor-

roblastoma, and it has greatly diminished the number of platelets in her body," said Libby.

"So in addition to looking for people to donate blood, we were also looking for potential platelet donors to help the little girl."

Libby also said a small blood sample was taken from potential platelet donors so that it could be screened as a possible match for the girl. If it matches, then the person will be called in for further testing before the transfusion is done.

Over 60 people were seen in the Naval Medical Center Portsmouth and Red Cross Bloodmobiles that day during the blood drive, but there are no plans for either group to stop at just that. Blood drives are held throughout the Hampton Roads area everyday. So no

matter where you are, you are sure to see a bloodmobile stocked with staff members who are more than willing to accept your gift of life.



Photo by JO2 Duke Richardson
HM3 Ryan Quintanilla, an advanced lab tech at Naval Medical Center Portsmouth, administers to NMCP Commander Rear Adm. Clinton E. Adams during a blood drive held recently in Portsmouth, Va.

Vice Adm. Cowan New Chief of Navy Medicine

From the Navy Wire Service

Vice Adm. Michael L. Cowan, MC, became the 34th Surgeon General of the Navy and the Chief of Department of the Navy's Bureau of Medicine and Surgery Friday, Aug. 10, 2001. He relieved Vice Adm. Richard A. Nelson, MC, who retires from the Navy after 34 years of service.

Cowan was the deputy executive director of the Department of Defense's TRICARE Management Activity before being selected as Navy Surgeon General. He has held a variety of clinical research, operational, staff, and leadership positions with the Navy and Marine Corps.

His is a native of Fort Morgan, CO, receiving his M.D. from Washington University of Medicine in St. Louis, MO. He entered the Navy in 1971, and was promoted to flag rank in 1996.

The change of command ceremony was held at the Washington Navy Yard in Washington, DC, at 2 p.m.

Volunteer for the Dental Assistant Program

Naval Medical Center's Red Cross Dental Assistant Program enables participants to gain hands-on experience with dental assisting. The program features instruction in the skills necessary to work with dentists in chair-side assisting, record maintenance, equipment sterilization, and other areas. Completion of the program provides the participant with marketable skills, which could be used to obtain employment in the field of dental assisting. And all it costs is time and dedication.

Applications must meet the following requirements:

- Ö Be willing to stay in the area at least one year after acceptance.
- Ö Volunteer for a minimum of 500 hours to be eligible for a certificate.
- Ö Pass two end of course examinations
- Ö Attend American Red Cross, and Medical Center and Dental Clinic orientations, as well as the initial dental training course.
- Ö Work a minimum of two days per week.
- Ö Be CPR/First Aid certified, or willing to attend training.

The Red Cross is accepting applications now for the September 2001 class. For an application or more information contact the Red Cross office at 953-5435 or stop by Building 249 between the hours of 8 a.m. and 4 p.m. Register early as there are only 15 seats in the class.

HBA strikes out against fraud, waste and abuse

By Ens. Charmin Rickards

Mrs. Mary Frakenberg is one of four Healthcare Benefit Advisors at Branch Medical Clinic, Oceana. HBA's are an invaluable asset in providing timely and accurate information about TRICARE to beneficiaries. They are also on the front lines in the identification and referral of fraud and abuse cases. Frakenberg is being recognized for her efforts and presented with an award from the Defense Criminal Investigative Services at this year's Fraud and Abuse Conference held this month in San Diego, Ca.

Mrs. Frakenberg initiated this case, which is referred to as "The Consultants in Nutritional Services," after answering a question that led her to believe that a potentially fraudulent situation was occurring. She notified Pametto Government Benefits Administrators (PGBA) who conducted the investigation. TRICARE does not cover costs associated with weight loss services, and the physicians assured investigators that the medical component was the only cost being covered. An audit initiated by PGBA found otherwise. The investigation then called for Federal agents to pose as beneficiaries to collect further evidence, their findings were startling. When presented with the overwhelming evidence the physicians "visibly wilted." The diligent efforts of one HBA not only stopped a physician from fraudulently filing claims but a payback by the defendants of over \$1,017,000 for illegal gains.

"The consultants case represents a model case of how audit, investigation and prosecution can work together towards a successful resolution" according to Judy Russell, Program Integrity Specialist.

This conference is intended to raise awareness of the impact of healthcare fraud on taxpayers, federal healthcare programs, private sector plans, and beneficiaries. Good fraud control programs result in the delivery of quality healthcare in the most effective manner to our beneficiaries and leads to the early identification of healthcare fraud schemes. The staff at Branch Medical Clinic, Oceana would like to extend its congratulations to Mrs. Frakenberg on a job "Well Done". We are honored to have her as a part of our healthcare team.

Boone sailor does his part to ensure patient satisfaction

By JO2 Duke Richardson

Some people make patient and customer satisfaction a priority, but one Sailor at Branch Medical Clinic Boone takes that sentiment one step further. He takes it personally.

HN Ryan Whipple, a corpsman with Boone's Primary Care, says that the most rewarding part of his job is ensuring their customers walk away satisfied with their service. "Customer satisfaction is something I feel is crucial for our success," said Whipple. "I take it personally if a patient doesn't get the satisfaction they deserve. If (the patient) feels bad, I feel bad."

Whipple's duties include checking patients in and out of the clinic and performing general maintenance and upkeep of the medical equipment and rooms they use. "I ensure that the gear that is used here is in good shape and in proper working order," he said. "I also make sure the treatment rooms are well stocked with medical supplies the doctors need to take care of our patients."

Whipple cites his family and upbringing as the main inspiration behind his work ethic and attitude. If that holds true

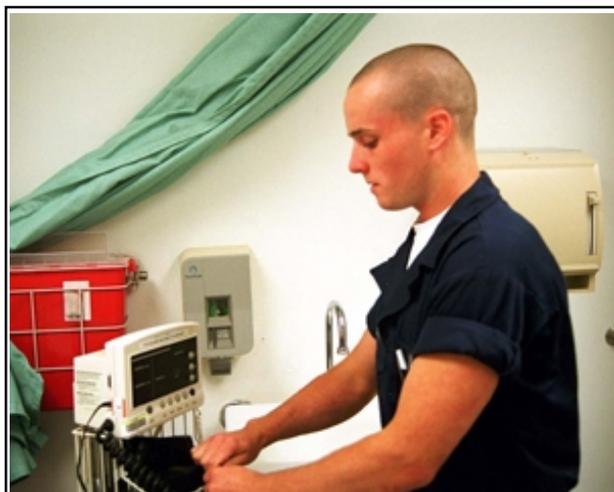


Photo by JO2 Duke Richardson
HN Ryan Whipple, a former Bluejacket of the Quarter at Branch Medical Clinic Boone says that personal dedication to his family and customer satisfaction are two traits which motivate him to do the best job he can do.

then they must be doing something right. Whipple is a former Bluejacket of the Quarter for BMC Boone. "Overall, I just want to make my family proud and be successful," said Whipple. "Winning the Bluejacket of the Quarter award was a great milestone in my career, (and things can only get better)."

Whipple said applying common sense and strict attention to detail are two traits he strongly emphasizes when giving advice to his peers and juniors. "I believe by using common sense and adhering to the rules placed to protect us, such as not drinking and driving, there is very little that can get in the way of a Sailor's success."

Rear Adm Lescavage to head Policy and Personnel for Nurse Corps

From the Navy Wire Service

Rear Adm. Nancy J. Lescavage, NC, is the new director of the Nurse Corps, responsible for policy development and personnel management of more than 5,000 Navy nurses world-wide.

Lescavage was also promoted to rear admiral, and has the additional responsibility of being the Bureau of Medicine and Surgery's assistant chief for health care operations. Previously, she was the deputy assistant chief for healthcare operations at the bureau.

She is a native of Port Carbon, PA.

She received her nursing degree from St. Joseph Hospital School of Nursing in Reading, PA; BS from the University of Maryland, and a graduate degree from the University of Pennsylvania's School of Nursing/Wharton School of Business. She has served in the Navy 29 years.

Lescavage takes over as Nurse Corps director from Rear Adm. Kathleen L. Martin, NC, who is also the Commander National Naval Medical Center, Bethesda, MD.

Get fit for the PRT, stay fit for life

By JO2 Duke Richardson

If you are a service member and are not keeping physically fit, you could be hurting more than your physical well-being. You could be hurting your career.

With the physical readiness testing (PRT) phase for the second half of 2001 approximately two months away, now is the perfect time to get ready for it. Not only for your health's sake, but for the sake of your profession.

bility for special program assignments, and you could also not be allowed to advance to the next pay grade even if you pass the exam."

She went on to say that performance during the PRT plays a vital part in evaluations which play a huge part in determining whether you can even take the advancement exam. If your eval is not "up to par" then you will be stuck having to wait until you

qualify before participating in the next exam cycle.

So what's the best way to prepare for the PRT? The answer is simple. Lowry says that while a good number of sailors like to

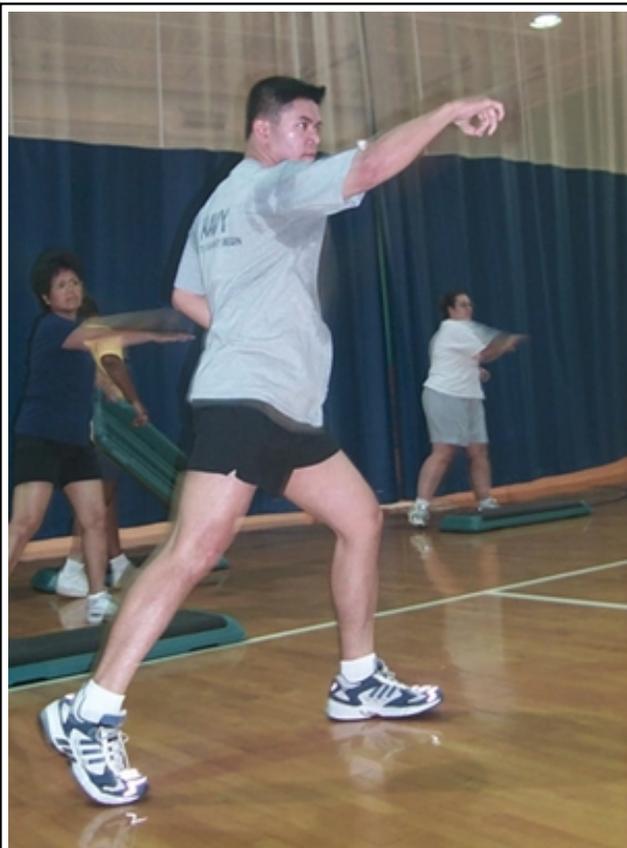
"pump iron," there must be a balanced exercise program for your body to be ready for the PRT. "You need to workout at least three times a week, and you need to do strength training and cardiovascular training," she said. "Doing this will help eliminate obesity, help you stay in shape for the PRT, and help eliminate the chances of you getting ailments such as bone and joint problems."

It is also a good idea for individuals who are a part of what's known as the "Two time a year

club" to start and stick to a regular exercise program. People who are linked to this "club" are those who do not exercise on a regular basis, per se, but still manage to somehow "squeak by" when the time comes to take the PRT. "These people need to get on the bandwagon and start a workout program whether they feel they are in shape or not," said Lowry. "Overall, your body will react to physical fitness in a positive way if you workout regularly."

Now that we are right in the middle of summer, there is one important thing to remember if you will be exercising outdoors. Heat safety. Aside from using the obvious cautionary measure when outdoors, sunscreen, you also need to keep hydrated by tossing down plenty of cold ones before, during and after intense physical activities. Cold ones meaning lots of water. "Hydration is very important. You need to stay hydrated this time of year, especially before exercising," said Lowry. "When we're doing aerobics classes at the gym the temperature gets almost 100 degrees, so hydration is very important whether you're exercising indoors or out. If you're an athlete and doing really rigorous physical activities, you'll not only need water, but (a sports drink) to replenish body fluids."

NMCP's MWR offers a number of programs for you to get a good jump on physical fitness. Some programs they offer include lunchtime aerobics classes, weight management classes, and various clubs for walking, biking and swimming. With so much to offer, and with still plenty of time to do so, the time to get ready for the PRT is now. Your career and health just might depend on it.



Photos by JO3 Justin Takasawa

Aerobic step class is one program NMCP's MWR offers service members as an avenue to take on the road to physical fitness. NMCP's Command Fitness Director Susan Lowry says sticking to a good workout program is a surefire way to keep your body and naval career on the right track.

"There are certain repercussions a member may face if he or she is not within prescribed standards for physical fitness," said Susan Lowry, Naval Medical Center Portsmouth's Command Fitness Director. "Although the old 'three-strikes' rule is no longer in effect, if (a sailor) doesn't pass the PRT or is outside the body fat percentage, then that person's naval career could suffer," she said. "For example you could lose the chance to reenlist. You could lose eligi-

SAND BAR OPEN

Mark your calendar for Friday, October 12th -- the date of this year's annual Sand Bar Open Golf Tournament. The tournament will be held at Bide-A-Wee golf course in Portsmouth and will be 4-man best ball format. The cost is \$70.00 per player (add \$3 for 2X or larger shirt) and includes: green fees, golf cart, embroidered golf shirt, pre-game social (Thursday evening), post-game luncheon (at the Sand Bar Center), \$5 food voucher on the course, awards, prizes and giveaways, and much more! Proceeds from this tournament go toward the NMCP food share program. Open to active duty military, retirees and dependents till September 14th - after September 14th the tournament is open to all. Sign up in the ITT office located in building 215, 2nd deck. Hours are Monday through Friday 8:00 a.m. - 4:00 p.m. (closed daily 1:00 p.m. - 1:30p.m.).

PAYMENT IS DUE AT THE TIME OF REGISTRATION! Call the ticket office for details, 953-5439.

Surgeon General's final Sitrep

From the Navy Wire Service

To the men and women of Navy Medicine:

Later this week I will relinquish the role of Surgeon General and be relieved by VADM Michael Cowan. I believe he will be an excellent Surgeon General. I respect him as a leader, a clinician, an administrator and as a thinker. He is well prepared to lead you and be your most visible advocate. He has been directly engaged in Navy Medicine's strategic planning these past 3 years and I have solicited his counsel regularly. I know you and he will succeed in the tasks you face.

The past three years have been challenging for Navy Medicine and we have spent an inordinate amount of energy seeking to obtain resources. Despite these challenges you have continued to provide outstanding medical care to all those entrusted to you. It has been your creativity, your professionalism, and your outstanding efforts that has made this possible. I thank you. I also look to the future confident we have succeeded in

educating our line and elected leadership to the importance of Navy Medicine and the outstanding quality of our product. We hope to be fully funded, for the first time in several years, for the upcoming fiscal year.

I have enjoyed being your Surgeon General. I have especially enjoyed visiting you in your clinics, hospitals, shipboard, with the Marines or wherever I have found you at work. As a group you are talented, innovative, capable, and devoted to meeting the needs of our patients and other customers. I have been continually impressed with the quality of our people. You are what makes Navy Medicine great. I will miss you greatly. You have made me so proud.

Most Respectfully,
R. A. Nelson
Vice Admiral, Medical Corps, USN
Surgeon General of the Navy

NMCP Fraud Waste and Abuse Hotline

NMCP has established a Fraud, Waste, and Abuse Hotline (953-5800). This line can be used to help investigate and solve problems quickly at the local level. The NMCP program is managed by the Command Evaluation Office, reporting directly to the Deputy Commander/Commander. This number will be manned 24 hours by staff or voice mail. Anonymous allegations will be reviewed and investigated but obviously, feedback cannot be provided. Feedback can only be provided if you leave your name and number. Either way, allegations will be researched and reports submitted to the Commander via the Deputy Commander.

BMC Boone staff volunteer to create garden spot

Staff from BMC Boone rolled up their sleeves and took to the soil to improve their work place. The improvement took what was a barren lot and transformed it into a garden. A total of six volunteers did everything from drawing plans for the construction of a deck with arbor and bench to pulling weeds and putting in flower beds and planting trees. The project received many plant and cash donations from staff personnel.

"We tilled, graded, hauled lots of topsoil, mulch and stone wheelbarrow by wheelbarrow into the courtyard." said Pam Hardman, Dept Head for Materians Management. "The effort's have produced a positive impact in overall Command awareness and has resulted in numerous laudatory comments from staff and patient's alike." Hardman explained.

The volunteer team submitted a Bronze Hammer award package to the Self Help Center located on base in the hopes they would be able to supply the materials and equipment necessary to complete the plans for the courtyard. The package has been approved and, they are now waiting for 4th quarter funding to purchase the materials they didn't have in stock and complete the project.



Back Row: HM3 Joel Letzerich, HM2 Jennifer Pierce
Front Row: HM3 Scott Keding, Pam Hardman, Dale Fuller



Reservists contribute 10,000 days

By HM2 William McIlvain

Navy Reservists contribute 10,000 days of service to Naval Medical Center Portsmouth (NMCP) every year. Serving two weeks or more at the medical center or one of its branches, reservists play an important role in meeting the command's operational requirements and gain valuable experience.

There are 22 reserve units with over 700 reserve personnel attached to NMCP. The reserve units are located throughout the Mid-Atlantic and northeast. Reservists from other locations also complete their annual training at NMCP.

Reservists are considered part-time staff and enable active duty personnel to complete TAD assignments and take personal leave. "Several departments such as the pharmacy, nurse practitioners, and anesthesiology wouldn't be able to go on TAD or personal leave without the support provided by the Selected Reserves," explained HM1 Mike

Stoodley, the leading petty officer for the Reserve Liaison Office.

"The departments and branches should inform us as soon as future staffing shortages become known," according to Stoodley. Once assigned to a work site, the department head assigns a reservist's duties, hours, and schedule.

Reservists find the experience to be valuable as well. Lt. Cmdr. John Clay, from Naval Reserve Center, Huntington, W. Va., thinks the Navy Reserve is a great way to serve your country. "I get to work with people from all over the country who have great backgrounds and training," Clay said of his experience. Clay, a nurse practitioner, began his Naval Reserve career as a hospital

corpsman and took advantage of the educational benefits to earn a bachelor and master of science degree in nursing. He is serv-



Photo by HM2 William McIlvain
Nurse practitioner Lt. Cmdr. John Clay, from Naval Reserve Huntington West Virginia served his two-week duty at Oceana Naval Air Station's Branch Medical Clinic.

ing his two-week duty at the Oceana Naval Air Station branch clinic.

The reservists' duties are coordinated by Lt. Michelle Campbell, the Reserve Liaison Officer. Reservists are assigned a duty station based upon their mobilization billet, the needs of the command, and individual requests. The first priority is the mobilization billet to which the reservists are assigned. Pharmacy technicians work in the pharmacy, general corpsman work in patient care. The needs of the command are the second priority. Reservists may also request assignments. Assignment requests may be granted based upon the needs of the command.

CHILD LIFE WEEK

by Chris Brogan and JO3 Jodi Durie

The week of July 16 marked Child Life week focusing attention on child health issues and Naval Medical Center Portsmouth pediatric patients participated in various activities designed to teach them more about their hospitalization and the health care they receive.

As the child life specialist, Chris Brogan organized the week's activities, which included making finger cast puppets, decorating body outlines and making theme banners which allow children to express what they liked and what they would change about their stay in the hospital. Banners generated an extremely positive response from children who received medical care in NMCP's pediatric ward.

"The overwhelming response to what school-aged and teen patients would change was 'nothing!' This directly correlated with the overwhelming responses by these patients that they liked the "caring and friendly staff," said Brogan. "What makes these observations even more striking is that each patient had to decide on their response before seeing the banner of the other patients" response. "These responses represent the quality of care we are dedicated to providing the children of our service members," he added.

The children also participated in a medical scavenger hunt, which helped them to get to know their staff caregivers better. Children searched for such items as Band-Aids, nurses, corpsmen, and things they liked about the hospital.

"These activities personalize the hospital stay for the children. The caregivers know so many intimate details about the patients and the patients really don't know much about their caregivers. Events like the scavenger hunt personalize our staff and I think that is important," said Brogan.

The Child Life program at NMCP is an ongoing program for hospitalized patients in the pediatric ward. For more information

about Child Life contact Chris Brogan at 953-4487. Check out the Pediatrics website on our command web page at <http://www-nmcp.med.navy.mil/diinfo/websiteapfs.htm>



CNO praised improvements in fleet health care

By Chief Journalist Walter T. Ham IV, CNO Public Affairs

WASHINGTON (NNS) -- A healthy Sailor with a healthy family equals a healthy Navy, according to Chief of Naval Operations Adm. Vern Clark.

The CNO praised the Navy medical community's role in readiness, during an August 10 change-of-command ceremony for the Surgeons General of the Navy and chief of the Bureau of Medicine and Surgery (BUMED).

"No matter what kinds of ships we build and where we send them, our ability to complete the mission boils down to one key element -- our people," Clark said. "We go to great lengths to find the best and brightest young people this country has to offer, and they need to be healthy and fit and ready to serve.

"That means that our Sailors and Marines must receive the excellent medical care

they deserve on their home base and wherever their duties may take them," the CNO continued. "That means they must be confident that they are in good-hands, on duty around the globe, and that their families will receive the world's finest health care. We are meeting those challenges with a balance of innovative solutions and good old-fashioned hard work."

Clark said the Navy's medical community has improved service to the fleet with programs like forward-deployable preventive medical units, tele-medicine systems and TRICARE Prime remote services that deliver "whole person health care" directly to Sailors and Marines. He also praised Navy Medicine for its continued focus on improving quality of service, customer service and business practices, noting that in recent surveys "our Navy is increasingly

pleased by the prompt, courteous and professional care they are receiving." Clark added that customer satisfaction is higher for Navy medicine than it is with equivalent civilian health maintenance organizations.

The CNO also noted that Navy preventive medicine programs have set the world standard for proactive health care.

"The days of waiting for sick patients to walk in the door are long gone, replaced by a system of whole life health management," Clark said. "We are finding that a dollar spent in prevention is a dollar well invested. We have just begun to tap the savings we can generate by avoiding costly crisis-medical care. That means we have a healthy Sailor in the fleet, instead of in a hospital bed. That means we have a well-manned Navy at maximum readiness.

NMCP trains for disaster readiness

By JO3 Justin Takasawa

Somewhere in Tidewater, a train derailed near a busy park and spills its load of dangerous chemical agents. Dozens of people are effected and need immediate treatment. Within minutes, regional hospitals have hundreds of people flooding its emergency room. How does a hospital prepare for a disaster like this? Simple, a mass casualty drill.

"What a mass casualty drill is supposed to do is identify weaknesses or places where we can actually improve how we do business," said HM2 Jay Carson, Tidewater Navy Emergency Medical Services Coordinator who helped put together a drill that took place Aug 14th.

There are many roles to be played in the drills. On one side, you have the 'victims' or people that are hurt and injured. On the other are the trainees, Navy corpsman from NMCP and other commands that are preparing for the worst.

"For a drill, what I specifically do is I coordinate the assets," said Carson.

"This was a regional drill so I was fortunate enough to have the location and scenario already picked out."

"But in a true disaster, what we do is find a big open field and simulate either a bus crash or a helicopter crash and then we watch how the regional protocols get utilized."

NMCP has its own emergency disaster plan that details what role each department plays in a *real* disaster. Each time a mass casualty drill is performed, it helps to update that plan to make it more efficient.

"The reason why these are important

is that we're taking all Navy assets and get them coordinating so that we can move smoothly and project confidence. When you have well trained people, they go out and they tend to make sure the people around them are well trained," said Carson.

"The E-3's that were carrying the stretchers for this last drill are going to Italy and Sasabo and they're going to go through and compare what they learned here to what they learn out there."

The Aug. 14th drill scenario was more intricate than most. Supposedly a train derailed near a park where people are watching a concert. One of the cars spills a dangerous chemical onto the park.

In a real life situation, the corpsman would have to identify the chemical to determine how to treat it. In this case, the patients had to be decontaminated.

"Basically what happens is we receive word of it and we're going to set up for the worst case scenario. We have a fire engine come over here and they set up a five thousand-gallon tank and they shoot a fine spray. We carry everyone through to clean them and transfer them to another clean stretcher."

After the initial decontamination, the patients are evaluated to determine if they need further treatment.

Drills such as this one help prepare everyone for the worst.

Anyone interested in participating in next spring's mass casualty drill can call HM2 Carson at 953-1399.

MWR Special Events

RUN TO THE TOP

Start training today for MWR's annual "Run to the Top" scheduled for Saturday, September 22nd at 9:00 a.m. Participants will meet in front of the gym, run to the parking garage, and proceed to run a complete circle on each deck of the garage. This challenging race is close to 3 miles long. There is no fee to participate and the first 50 runners to sign up on race day will receive a T-shirt. In addition, food and beverages will be available at the end of the race and awards will be given to top finishers in each age group. All active duty military, retirees, and dependents are eligible to race. NMCP DoD employees must have a current MWR membership. Call MWR, 953-5096, if more information is needed.

POOL TOURNAMENT

Sharpen up your pool skills in preparation for MWR's next pool tournament scheduled for Wednesday, September 26th at the Sand Bar Center. The contest will begin promptly at 5:00 p.m. and is open to all. Awards will be given to top players. Sign-ups are not necessary but plan to arrive not later than 4:45 p.m. to enter. Call MWR for additional information, 953-5096.

Building One inhabited by “otherworldly residents”

By JO2 Duke Richardson

“One Saturday while doing a building inspection of Building One, the doors started opening and closing on their own. There was no wind, and I was the only person there.”

“Years ago a staff member took a picture of a patient in Building One. The man told her it would be pointless for her to take a snapshot of him, but she did. When she got the film developed, the man was not in the photograph she took.”

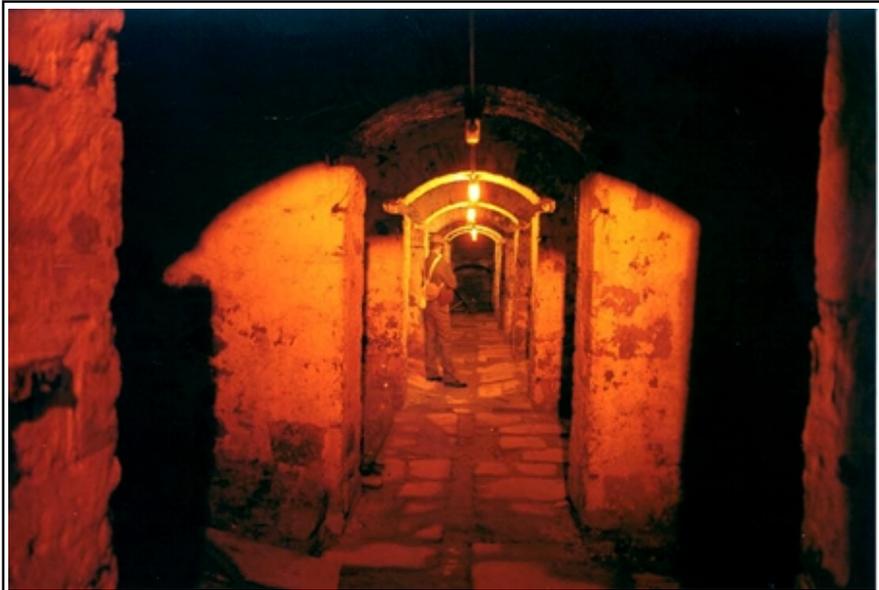
From tales of children’s voices coming from the old pediatrics ward to stories about the infamous “peg-leg” ghost, the imminent move into Building One may be a very interesting one for some staff members.

Allen Cutchins, NMCP’s historian, has heard many questions during his time here about the ghosts of the old hospital. When asked, the story he tells most often is about a Confederate soldier that suffered a serious injury that still searches for his amputated appendage. “There was a soldier that was a part of the Confederacy that had a serious leg wound. It was so bad it had to be amputated. So now the spirit is back and roaming around looking for his leg.”

The story with this particular spirit doesn’t end there. According to Cutchins, there were two corpsmen that decided to do their own hands on investigative research into the Confederate soldier’s spirit. What they discovered gave them proof that the myths were true.

“There were two corpsmen that heard about the soldier that worked up in the old operating room where his leg was amputated and where the ghost reportedly haunts. What the corpsmen did was station themselves in the operating room where they could observe any activity. They also laid talcum powder on the floor so if anyone gained entrance while the lights were out they could investigate. While they were there they started to hear noises such as doors slamming, moans, and things being knocked around. When the corpsmen became totally unnerved about the whole thing they turned the lights back on. They didn’t see the ghost there but there were footprints in the powder they had laid on the floor, one footprint, one pegprint, one footprint, one pegprint. This proved to them that soldier’s spirit was there wandering around.”

“Over in Building One, there was a ward where a young lady was a patient. As time went by her condition got worse,



File Photo

Contrary to popular belief, Building One’s famous “dungeon” was never used to imprison psychiatric patients, and was never used as a full-time brig. The only time people were confined there was during the Civil War era when 45 Confederate soldiers were imprisoned there by Col. Roger A. Pryor for being pro-Union. Their incarceration lasted all of about two days before being released. The dungeon was actually used as a storage area for food and supplies.

and her boyfriend used to bring her fresh roses everyday. Eventually she died, but the guy continued to bring flowers everyday for a while until the fact that she died finally sank in and he stopped doing it. Since then everyday in a certain passageway in Building One, even years and years after the fact, you can still smell the scent of fresh roses. It’s as if his spirit is still bringing roses through the building.”

There have recently been a number of contacts made between the Building One ghosts and a group of people who have had the most access to the original hospital for the last year and a half. The contractors who are currently refurbishing it.

Roberta, a supervisor with Snap Contracting, had an encounter with something that had a nasty habit of slamming doors. “I was checking things out inside Building One when we first started on the project. In one hallway there was a series of doors in a long hallway I had to go through while working...no one else was there, so it was just me that was there at the time.

“As I was going down the passageway I would close each door I went through. Once I got all the way to the opposite end of the building, the doors I just went through started opening and closing one-by-one all the way down until it got down to where I was. I went back and looked to see what was going on. I could see where one door was closing and another door was opening

and so on. After seeing that I ran in the direction I was initially going, went down a stairway and got out of there.”

Then there is the story of Mike Laughrey, a former superintendent for Snap. He had an encounter at Building One which led to him being trapped inside of the elevators. “About two weeks after a prior experience with the ghosts and got wise to what was going on there, it was Friday night and we were closing up for the weekend. There just happened to be a lot of cups strewn about. Just before leaving I jokingly yelled out to them, ‘You better have these cups cleaned up by Monday morning when we come back to work,’ and started to leave. But as I was in the elevator going down, it just stopped there and didn’t move for about five minutes. When the elevator finally did start back up, as soon as it got to the first floor I ran out of there. I was not a believer in ghosts or spirits before, but I sure am now. That was a scary experience.”

It seems like things may get pretty interesting once the contracting work on Building One has been completed and staff members start moving back in. Whether it’s ghost kids frolicking about in the elevators, apparitions vanishing into thin air, or whistling on the fifth floor, then it is safe to say that the newly restored Building One may be in for quite a ride in the future as it takes on new life, as an administrative building.

Research confirms; effects of ecstasy, longer, more harmful

By Susan M. Koerner, Naval Forces Marianas Public Affairs

GUAM (NNS) -- The club drug ecstasy has mushroomed into one of the most widely used, yet deadly, drugs currently making the rounds on the street.

Early results of studies on humans show lasting brain damage in those who use the drug. The results were presented during the recent National Institute of Drug Abuse (NIDA) conference at the National Institute of Health in Bethesda, Md.

In a study at University College in London, researchers studied current and former ecstasy users and compared them with people who smoked marijuana and abused alcohol. The results showed marked impairments on the memory and concentration tests of ecstasy users. Even after a year, these users had not shown any recovery of their memory.

"Alcohol abuse can cause damage to the brain," said Chief Boatswain's Mate Jeffery Meyer, drug and alcohol abuse counselor at Naval Hospital Guam. "The fact that ecstasy does even more damage is startling."

The Navy has a zero tolerance stance on substance abuse. It is currently stepping up its methods to detect ecstasy and other synthetic drugs in urinalysis testing.

"We know it's prevalent and we know Sailors are using it," said Meyer. Part of the drug's popularity is that it leaves the body quickly, making it difficult to detect.

"The Navy has lowered threshold levels in the urinalysis testing to more easily detect ecstasy," Meyer said.

Published reports said that the military is increasing the frequency of random drug testing and implementing harsher penalties for first-time offenders. Anyone caught selling narcotics faces a court-martial.

Despite street talk to the contrary, Meyer cautions that the drug can be dangerous in many ways -- even deadly.

When used in clubs or raves, users dance in close quarters, and they usually do not drink enough water. Dehydration and extreme body temperature has been the cause of death for many users, according to NIDA.

"It can raise your body temperature

to as high as 108 degrees," Meyer said. Psychological complications include confusion, depression, sleep problems, drug cravings, severe anxiety and paranoia. The effects can sometimes last weeks after taking the drug. Physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid-eye movement, faintness and chills or sweating are also side effects of the drug.

Medical evidence suggests that users

who develop a rash, similar in appearance to acne, may be risking liver damage if they continue to use the drug.

Emergency room visits have skyrocketed as a result of ecstasy use. "Twenty-one hospitals in the U.S. reported an increase from 250 admissions

in 1994 to 4,500 in 2000," Meyer added.

Since ecstasy is a synthetic drug, its potency varies, according to researchers. Users don't know what they are purchasing, with some dealers passing off concoctions of caffeine or dextromethorphan, an ingredient in cough syrup.

"You don't know what you're getting," Meyer added.

The drug affects the serotonin levels in the brain, forcing the serotonin out and changing the structure of the brain cell. In addition to these changes in serotonin sites scientists have found that ecstasy injures serotonin neurons. These neurons don't grow back in the normal fashion and might not grow back in the right location.

Active-duty military personnel who test positive for drug use are usually processed for an administrative discharge. If other circumstances, such as an assault or an arrest occur with the drug use, they could face additional charges under the Uniform Code of Military Justice (UCMJ). Each command has a drug and alcohol program adviser who can refer Sailors or their family members to resources. Locally, outreach programs by the Mental Health Department are also available to commands.

For more information about ecstasy, go to <http://navdweb.spawar.navy.mil> and access the link "drugs of abuse."

"Psychological complications include confusion, depression, sleep problems, drug cravings, severe anxiety and paranoia. The effects can sometimes last weeks after taking the drug."

BMC Jeffery Meyer
DAPA, Naval Hospital Guam

Safeguarding our most treasured asset

From the Office of the Secretary of the Navy

WASHINGTON (NWS) -- The following is the text of a message released by the Secretary of the Navy:

As secretary and chief safety officer for the Department of the Navy, I strongly believe that our Sailors, Marines and civilian employees are our most important and valuable resource. Ultimately, the most advanced ships, aircraft and weapons in the world are of no benefit to our nation without Sailors and Marines.

As we focus on combat capability, we will also stay committed to providing quality of service -- the combination of both quality of life and quality of work -- on our ships, our bases and in our communities.

Moving ahead quickly with improvements to military housing and workspaces is another key element in our agenda for the future of our people. In addition to making our work places and communities the best they can be, we will also make them the safest.

I ask that each Sailor, Marine and civilian employee serve as a chief of safety for their organizations and themselves. Simply put, every one of us must ensure the safety of ourselves and of our Sailors, Marines, civilian and family members -- both on and off duty. If we perform our safety roles with the same passion we dedicate to our combat missions, we will better manage risk, minimize needless injuries and enhance our combat credibility by avoiding needless loss of manpower and equipment due to safety mishaps.

During my tenure, we will ensure that our safety and health policies are clear, realistic and uniformly applied to all members of the Navy and Marine Corps teams. We will measure our progress in the safety arena by a few simple metrics that will be monitored.

Our safety policies will also apply to all contractors who conduct business with the Department of the Navy, and to anyone who enters DoN properties, including all ships, aircraft, bases and housing.

You have my solemn pledge to do my best as the Department of Navy's chief safety officer, but we will only achieve our best if every member of the DoN team carries out their duty as chiefs of safety responsibly. Semper Fi and Sail Safe!

Gordon England
Secretary of the Navy

September Galley Menu

Sept. 1,9,23

Lunch
 Bean Soup
 Roast Turkey W/
 gravy
 Swedish Meatballs
 Egg Noodles
 Cornbread Dressing
 Cherry Pie
Dinner
 Turkey Rice Soup
 Roast Beef
 Chicken Vega
 Mashed Potatoes
 Steamed Rice
 Oatmeal Cookies

Sept. 5,19

Lunch
 Chicken Noodle Soup
 Roast Beef
 Baked Fish
 Steamed Rice
 Mac and Cheese
 Choc. Chip Cookies
Dinner
 Minestrone Soup
 Turkey Tetrazinni
 Salisbury Steak
 Mashed Potatoes
 Beets
 Cherry Crisp

Sept. 10,24

Lunch
 Egg Drop Soup
 Lemon Chicken
 Eggplant Parmesan
 Steamed Rice
 Chicken Gravy
 Peach Crisp
Dinner
 Veggie Soup
 Beef Strips
 Baked Fish
 Mac and Cheese
 Rice Pilaf
 Pound Cake

Sept. 14,28

Lunch
 Clam Chowder
 Beef Stroganoff
 Creole Fish
 Egg noodles
 Green Beans
 Coconut Cream Pie
Dinner
 Beef Noodle Soup
 Chicken Breast
 Baked Meatloaf
 Mashed Potatoes
 Fried Rice
 Green Peas
 Butterscotch

Sept. 2,16,30

Lunch
 Chicken Rice Soup
 Turkey Ala King
 Swiss Steak w/gravy
 Egg Noodles
 Mashed Potatoes
 Stewed Tomatoes
 Choc. Chip Cookies
Dinner
 Clam Chowder
 Roast Beef w/gravy
 Chicken Strips w/gravy
 Oven brown potatoes
 Corn
 Chocolate Pudding

Sept. 6,20

Lunch
 Lentil Soup
 Chicken Strips
 Sweet and Sour Pork
 Mashed Potatoes
 Veggie Medley
 Lemon Meringue Pie
Dinner
 Tomato Soup
 Roast Pork Loin
 Baked Chicken
 Parisienne Potatoes
 Green Peas
 Orange Cake

Sept. 11,25

Lunch
 Minestrone Soup
 Baked Chicken
 Mashed Potato
 Chicken Gravy
 Garlic Bread
 Sugar Cookies
Dinner
 Mushroom Soup
 Salisbury Steak
 Pork Loin
 Lyonnaise Potatoes
 Steamed Rice
 Frosted Brownies

Sept.15,29

Lunch
 Broccoli Soup
 Pot Roast
 Stuffed Green Peppers
 Parsley Potatoes
 Steamed Rice
 Marble Cake
Dinner
 Onion Soup
 Lemon Baked Fish
 Braised Beef Tips
 Rice
 Egg Noodles
 Beets
 Cherry Cobbler

Sept. 3,17

Lunch
 Split Pea Soup
 Chicken Fiesta
 Veggie Lasagna
 Steamed Rice
 Green Peas
 Choc. Cake
Dinner
 Cream of Mushroom
 Baked Ham
 Baked Fish
 Egg noodles
 Sweet Potatoes
 Corn bread
 Butterscotch brownies

Sept. 7,21

Lunch
 Veggie Beef Soup
 Teriyaki Beef Strips
 Sweet and Sour Pork
 Steamed Rice
 Linguini
 Apple Crisp
Dinner
 Clam Chowder
 Pot Roast
 Lemon Baked Fish
 Mac and Cheese
 Green Beans
 Florida Lemon Cake

Sept. 12,26

Lunch
 Veggie Beef Soup
 Grilled Chicken Strips
 Beef Yakasoba
 Rice
 Broccoli
 Oatmeal Raisin
Dinner
 Clam Chowder
 Swiss Steak
 Lemon Baked Fish
 Mashed Potatoes
 Steamed
 Sweet Potatoes

Sept. 4,18

Lunch
 Beef Noodle Soup
 Roast Turkey
 Beef Stew
 Mashed Potatoes
 Broccoli
 Sugar Cookies
Dinner
 Chicken Noodle Soup
 Beef Porcupine
 Tuna Loaf
 Brown Gravy
 Au Gratin Potatoes
 Cherry Crisp

Sept. 8,22

Lunch
 Chicken Noodle Soup
 Meatloaf
 BBQ Chicken
 Scalloped Potatoes
 Broccoli
 Choc. Cream Pie
Dinner
 Veggie Soup
 Pork Chops
 Pizza
 Mashed Potatoes
 Egg Noodles
 Oatmeal Cookies

Sept. 13,27

Lunch
 Potato Soup
 Baked Turkey
 Chili Macaroni
 Mashed Potatoes
 Beets
 Coconut Cream Pie
Dinner
 Corn Chowder
 Manbo Pork Roast
 Baked Chicken
 Brown Potatoes
 Dinner Rolls
 Florida Lemon Cake

CNO Outlines Plans to Re-Align the Fleet

By Lt. Brauna Carl, Navy Office of Information

WASHINGTON (NWS) -- Chief of Naval Operations Adm. Vern Clark recently announced that the Navy is taking the next step in aligning the fleet to more effectively achieve its primary mission: to carry American sovereignty to the four corners of the world, to defend America's interests and to fight and win, should deterrence fail.

"Alignment will produce the effectiveness and efficiency we need in the 21st Century Navy," said Clark. The most significant element of this initiative is to establish commander, U.S. Fleet Command (CFFC) as a concurrent responsibility of commander-in-chief, U.S. Atlantic Fleet (CINCLANTFLT). CFFC will be responsible for overall coordination, establishment and implementation of integrated requirements and policies for manning, equipping and training Atlantic and Pacific fleet units during the inter-deployment training cycle (IDTC).

The policies and requirements will achieve standard fleet-wide practices on both coasts. "The objective is that there's not one ounce of difference in the way these units work," said Clark. "The standards that were used to create a trained and ready product were the same regardless of where that training was conducted."

To support CFFC in this task, type commanders (TYCOM) within each warfare community will be the commanders of Naval Surface Force Pacific, Naval Air Force Pacific and Submarine Force Atlantic. They will assume concurrent duties as fleet TYCOMS, known as Commander Naval Surface Forces (COMNAVSURFOR), Commander Naval Air Forces (COMNAVAIRFOR), and Commander Naval Submarine Forces (COMNAVSUBFOR). These fleet TYCOMS will lead their communities and advise CFFC of vital issues such as modernization needs, training initiatives, and operational concept development. They will provide guidance to their respective forces via the existing lead-follow TYCOM arrangement. CFFC will also be supported by Commander, 3rd Fleet, who will report on issues pertaining to the development and implementation of IDTC requirements and policies for West Coast naval units.

These changes to streamline the warfare requirements reporting process will become effective October 1, and will complete the structural elements of Clark's plan to better align the Navy.

To access the CNO Web page, go to <http://www.chinfo.navy.mil/navpalib/cno>.

Speed Line

Monday
 Burgers/Veggie Burgers/Chicken Breast

Tuesday
 Chicken Breast/Veggie Burgers/Fish and Chips

Wednesday
 Burgers/Veggie Burgers/Pizza

Thursday
 Chicken Breast/Veggie Burgers/Hot Dogs

Friday
 Burgers/Veggie Burgers/Chicken Nuggets

