



THE COURIER



May/June2002

Big blood drive on board the “Big E”

By JO2 Jodi Durie

Sailors aboard the USS Enterprise recently donated 65 units of blood to Naval Medical Center Portsmouth’s blood donor team. Those 65 units, once processed into plasma, platelets and red blood cells, have the potential to help 195 patients in need of life-saving blood products. The lives of sick children with cancer, lives of victims of a sudden accident, whether by car, or while on deployment aboard a ship, regardless of the emergency, anyone eligible for care at NMCP could benefit from blood donated to NMCP’s donor center.

“We’re responsible for distributing blood to many commands, including Keflavik, Iceland and Langley Air Force Base, ships in our area, to the Armed Services Blood Program contingency supplies and to all of our patients in the hospital,” said Hugh Cox, marketing coordinator and recruiter for NMCP’s blood donor program.

“Whether or not we bring in the amount of blood we need each month we are still responsible for meeting all of our blood commitments in the local area and abroad. We will always have the supply of blood whether we are producing it or purchasing it, but it is better if we are producing it,” said Cox.

If the military doesn’t supply enough blood to meet the fleet and patient demand, NMCP is forced to purchase blood from civilian-based donor centers, which is very expensive. One unit of blood costs about \$350 to \$400.

“My goal is to collect 200 units of blood a week,” said CDR (sel) Jean Scherrer, product line leader of the blood bank. “If we don’t have enough donors it is far more expensive for us to go out and purchase blood than it is for us to collect blood,” explained Scherrer. Purchasing blood may not always be an option if there is no blood available to purchase,” said Scherrer.

Throughout the ranks, sailors from the Enterprise consistently chose to give blood for similar reasons—to help their communities and to save lives. These sailors understand that by donating a mere 45 minutes of their time and a pint of their blood they could make a significant impact on the lives of their families and their shipmates.

“It’s the gift of life,” said Cmdr. Kelly Baragar, mini boss (deputy air boss) aboard the Enterprise. Baragar, who has given several times, took this unique opportunity to give blood again. He was recently in a flying status so he was unable to give for some time.

“I give blood because it’s for a good cause. In case of emergency someone might need my blood and you never know when you could be getting your own blood back,” said AG3(AW) Joe Scibana.

“I’m O positive and I guess they need that type right now and I want to help. You never know when somebody might need blood or when I might need blood and I wouldn’t want to have to take blood without haven’t given it first,” said ENC(SW) Lee Harrison who encouraged his sailors to give blood also. “Sixty percent of my people gave blood today,” said Harrison.

“I’ve never done it before, but I have been wanting to for a while,” said EM3 Douglas Dow. “If I can, and its not going to hurt me, I might as well help other people by giving my blood,” said Dow.

The Armed Services Blood Program takes several precautions to ensure all donated blood meets stringent regulatory requirements and is safe.

Initially, potential donors fill out a questionnaire, are tested for adequate iron and are screened by lab personnel. Once their blood is collected, and before it is released for transfusion, the blood is tested for HIV 1 and 2, HTLV – I and II, syphilis, and hepatitis.

Donors must weigh at least 110 pounds. If a potential donor has had a tattoo, body piercing, or has visited a malarial area within one year they will be deferred for one year. Potential donors who were in the United Kingdom for a cumulative period of three months from 1980-1986, or who were in Europe for a cumulative period of six months or more between 1980-1996 are indefinitely deferred.

If you’re interested in having a blood drive at your command, please contact Mr. Hugh Cox at 953-1686.



Also In this Issue

Page 2. Keeping Up with the Joneses

Page 4 National Defense Medal now issued

Page 5 Prevention Key to preventing alcohol Abuse

Page 6 NMCP Awarded Gold for Environmental Excellence

Page 8-9 Sound Off

Page 10 Nurse of the Quarter

Page 12 Peds Doc goes Extra Mile

Page 14 Sub sailor fights cancer

An authorized publication of the Naval Medical Center, 620 John Paul Jones Circle, Portsmouth, VA 23708. The views expressed in this publication are not necessarily those of the United States Navy.

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.

Commander

Rear Adm. Clinton E. Adams

Deputy Commander

Capt. Mathew Nathan

Public Affairs Officer

Lt. Robert Lyon

Assistant PAO

Mr. Dan Gay

Staff Reporters

JO2 Duke Richardson

JO2 Jodi Durie

JO3 Theresa Raymond

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. 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.)

NMCP's First Ever Enlisted Spouse Orientation Thursday June 13 at 6 p.m.

In Bldg 215, Auditorium A at Naval Medical Center Portsmouth. Refreshments and snacks will be provided. All active duty service members are encouraged to provide this information to their spouses.

TIMES	NAME	ORG	Topics
6:00-6:15	S. Wallace S. Wheelan	Ombudsman	What an Ombudsman can do for you
6:15-6:30	CMC Carroll	CMC	CMC Issues
6:30-6:45	Kathy Wright	MWR	Upcoming Events
6:45-7:00	Willie Byrom	Red Cross	Disaster Assistance
7:00-7:15	Lt Young	POMI	What to do in a Hurricane
7:15-7:30	Edie Morcoones	FFSC	Grief Counseling/ Crisis Debrief
7:30-7:45	Pat Fulgham	NMCRS	What's available to families in times of need
7:45-8:00	Wanda Williams	EFMP	EFMP
8:00-8:15	Bruce Baker	NMAA	Benefits from Navy in case of accidental death
8:15-8:30	Lori Hunter	TAPS	TAPS Program
8:30-8:45	Van Jacob	Tricare	Q's & A's
8:45-9:00	Gift packages give away: Busch Gardens/movie passes, Avon/Pamp Chef/Party lite gift packages		



NMCP keeps up with the Joneses

Story and photos by JO2 Duke Richardson

They work at the same command as hospital corpsman and manage to juggle their military and matrimonial commitments with success. But one thing that really sets HM1 Patrick Jones and his wife HM2 Carla Jones apart from most military couples is that they share two of Naval Medical Center Portsmouth's awards which honor its top performers, Sailor of the Quarter and Jr. Sailor of the Quarter.

"I was totally excited and shocked when I heard we had both won," said HM2 Jones, leading petty officer of NMCP's Women's and Health Service Line. "I knew my husband was an outstanding sailor, especially since he took the Jr. Sailor of the Quarter award last year. We are pretty much a team and do what we can do to help each other out."

"We have been married for 10 years and for the entire time we've been together we've been in the military," said HM1 Jones, leading petty officer of NMCP's Ambulatory Procedures Department. "During that time we have always strived to be the cream of the crop in our jobs and stand out (from the norm). So it's great to win this award and to share this with my wife. I couldn't ask for anything better."

With the Joneses reaching such a milestone in their careers, some may think there may be a little bit of friendly competition among them. But in HM2 Jones' opinion, that is certainly not the case. "I don't really believe there is any competing going on between us although my husband is more of a competitor than I am, but we are more of a team than anything else. Most of the committees I'm involved with, he's involved with. We take classes together, study for advancement exams together and do many things together as husband



HM2 Carla Jones, right, goes over HN Jasmine Perez's eval. HM2 Jones is Naval Medical Center Portsmouth's current Jr. Sailor of the Quarter.

and wife. Also competing against each other has never really been a factor since we work in different departments anyway." "We definitely do everything together," said HM1 Jones. "On-duty, off-duty in some way we are together helping each other out. If, by chance, I find out about something interesting going on or if she finds something that may be good for us to share together, we let each other know and do it together."

In many cases in the Navy, a military member's spouse does not share the responsibilities donning the uniform brings, to an extent. At times, problems with these bonds may become strained as the non-military member may not fully understand the "why's" and "wherefore's" being a part of the community brings. However in unions in which both mates are active duty sailors, they feel they have a slight advantage over the rest, according to the Joneses.

"I believe couples like us definitely have an edge because we fully understand what the other person is going through," said HM1 Jones. "She understands what I'm going through and I understand what she is going through. Sometimes it's not easy but at least we have that understanding because we both go through things that will keep us apart at times."

"I'm not going to say it's easy because it is hard at times, especially when it's time for us to choose orders," said HM2 Jones. "For us being a military couple, prayer and patience plays a vital role on and off duty. But I believe if a couple strives for excellence and holds true to their goals, they will be rewarded."



HM1 Patrick Jones, right, provides career-enhancing advice to HN Erica Somerville, one of his juniors. He says providing advice and guidance to junior sailors is a perk of his job he truly enjoys.

NMCP holds National Defense Service Medal presentation

Story and photo by JO2 Duke Richardson

Naval Medical Center Portsmouth recently held a ceremony that celebrated the issuance of the National Defense Service Medal to all service members military-wide. Military members serving on active duty on or after Sept. 11, 2001, are eligible to wear the medal.

Six staff members receiving their first National Defense Service Medal were picked randomly to represent the entire command for the ceremony. According to CMDCM (SW/FMF) David Carroll, NMCP's Command Master Chief, the medal symbolizes the hard work and sacrifices everyone has made since September 11th by continuing to carry out the hospital's mission of providing service to the fleet. "Everyone that has been here since September 11th knows what we have had to do in order to continue to provide service to the fleet," he said. "Some of our staff members have actually had to deploy on missions, leaving the rest of the staff behind to (sacrifice some of their time) in order to handle day-to-day operations (in their absence). This medal is something we are all entitled to wear...and we should wear it with pride because it's something that has been earned."

Although only six sailors received the medal at the ceremony, NMCP is currently obtaining National Defense Service Medals for all first-time recipients. These medals will be presented upon their arrival.

The National Defense Service Medal was first established by President



Left to right: Lt. j.g. Brent Cassidy, Ens. Jennifer Scarborough, Ens. Celena Curcio, HN Sylvia McBee, HN Matthew Ostrander, and HN Lacey Harver represented the command during a National Defense Service Medal Ceremony held May 14th. They received their medals from NMCP Commander, Rear Adm. Clinton E. Adams, far right, and NMCP's Command Master Chief, David Carroll (not pictured).

Eisenhower in 1953 and was subsequently awarded for honorable active service for any period between June 27, 1950-July 27, 1954; Jan. 1, 1961-Aug. 14, 1974, and Aug. 2, 1990-Nov. 30, 1995.

**Give Blood or platelets
NMCP's blood bank is open
7 am to 3:30 p.m. Monday - Friday
Call 953-1717 or 1730 for info
platelet donation is by
appointment only.**



"It's the easiest way for every American to give back to the nation. It costs nothing." - Major Gen. Dean Cash, USA, Joint Forces Command, Suffolk

NMCP corpsman creates advancement study group

By HM1 R.A. Whitehead

Small Unit Leadership, a concept usually lost on the Navy is alive and well in the Progressive Care Unit on the forth floor of NMCP.

HM3 Eric Motz, senior Corpsman for that area has taken this concept to heart by coordinating advancement training for his staff and inviting corpsmen from throughout the command to attend.

Motz has a firm belief that the best way to succeed on the exam is to study year round not just in the weeks prior to the exam.

Motz has recruited subject matter experts from the various NEC's at the command to teach on their related topics.

Classes are held every Thursday at 4 p.m. in the P.C.U. conference room and will be moved to the Operating Room conference room soon due the increase in attendance. This effort to bring advancement training the corpsman instead of having them find it on there own is Motz's plan to help as many of his staff advance as possible. Any one interested in attending this outstanding training feel free to contact HM3 Motz in the P.C.U. at 953-3551.

Prevention is key to reduce alcohol abuse

By HMI Luann Smith, DAPA

There was a time in the Navy when drug and alcohol use was the norm, when marijuana especially was a “harmless, recreational drug” that was cheap and easy to get. Sailors both on and off duty frequently used marijuana. This became tragically apparent to Navy officials after a couple of terrible accidents aboard ships at sea, after which it was determined that many sailors injured and killed in these incidents had marijuana in their systems, while in a deployed status.

The Navy took a bold step and incorporated mandatory drug testing, and out of many trials and tests of legality and accuracy came success.

Today the Navy can proudly say that it's regular testing results in positives for illegal drug use less than 1 percent of the time. This is a huge accomplishment over a period of about 20 years! Some of the staff here can (but probably won't) admit to having seen the changes taking place. I'll admit, Navy men were still wearing beards when I came in!

Admittedly, the Urinalysis Program was an aggressive, but very effective preventive measure. Now the Navy has a new vision, and every one of us is directly involved.

The focus is broadening to look at Sailors who abuse alcohol. In twenty years, or less, the responsible use of alcohol will become the new norm, and no more than 1 percent of sailors will be identified as abusing or becoming de-

pendant on alcohol. Can it be done? *Absolutely!* and Prevention is the Key at all levels, by all hands.

How do we do it, you ask. After all alcohol is a legal drug, and we aren't the alcohol police. If a co-worker wants to go home and drink away all the stress of the job every night, can you stop them? Not necessarily today, it may have been a really rough day!

But lets look at the big picture. That one night's binge probably didn't change anything and the problems causing all the stress are still there.

We each have the responsibility to educate each other and ourselves to the dangers of alcohol abuse.

The tools of prevention are available in many forms. Awareness, training, and deglamorization of alcohol use are just a few readily available.

Awareness is a two-part tool. You can have awareness thrown at you (have you been to Command Orientation yet, or seen the posters?) or you can take it upon yourself to read the policies and look up the resources.

Know when drinking patterns become abusive. Training opportunities are also abundant; which category do you fall in?

- PREVENT 2000 (3 days) – recommended for all active duty personnel (officer and enlisted) one time between the ages of 18 – 26.

- ADAMS for Supervisors (1 day) – mandatory for front – line supervisors (usually E-5 and above, and civilians) at

least once and recommended every three years for current policy updates.

- ADAMS for Managers – mandatory for CMC's, OIC's, XO's, CO's, and select senior military members in management positions also once every three years for policy updates.

Of the above options, PREVENT is the one course currently scheduled here at the hospital on a monthly basis. ADAMS for supervisors can also be facilitated here onboard if there is enough interest. All courses are available at DAPMA Norfolk, on the Naval Station.

Deglamorization is the easiest of the preventive measures, but becomes the most difficult; when people realize that it requires a change of mindset. It's easy to say “it's ok not to drink” but do you show that example?

There are alternatives to drinking and still having a good time all around but are you supporting them? Are you willing to be the designated driver, or do you at least recognize the person who is? Are you embracing a healthy lifestyle and promoting off duty education as an alternative to hanging out and drinking every night?

I believe the Navy's vision is attainable, and realistically it may take 20 years to move out of some of the old mindsets and misconceptions.

How many folks are out there still thinking marijuana is harmless and should be legalized?

For those of us ready to get alcohol abuse under control in the Navy, let's start using those keys to prevention.



Photo By LT Robert Lyon

Cream the Chief

The hospital corpsman birthday ball committee raised more than \$600.00 towards the ball during the cream the chief event.

The 104th Hospital Corps Ball will be held on June 14, 2002 at the Renaissance Hotel in downtown Portsmouth. The event will begin at 6:30 p.m. The guest speaker will be the United States Navy Surgeon General, Vice Adm. Cowan.

For more information please contact HMCS Curtis at 953-5374.

NMCP gets gold for environmental excellence

By Robert D. Jones

Naval Medical Center Portsmouth's Environmental Team has been awarded Hampton Roads Sanitation District's "Gold Pretreatment Excellence Award" for 2001.

The award was presented May 8th, at Hampton Roads Sanitation District's (HRSD) annual awards luncheon, held in Va. Beach.

This marks the sixth consecutive year the Environmental Team has received a "Pretreatment Excellence" award from HRSD and the second "Gold" Award in as many years.

The wastewater generated here at Naval Medical Center Portsmouth is discharged to HRSD under an Industrial Wastewater Discharge Permit. Certain requirements must be maintained in order to remain in compliance with the permit.



Rob Jones, left, NMCP's Environmental Protection Specialist, and Bob Wall, NMCP's Environmental Team Leader, pose with the award.

It is the 6th consecutive year the hospital has been honored by HRSD. (Photo by JO2 Duke Richardson)

Monitoring of wastewater effluent, maintaining meters and submission of monthly monitoring reports are just a few of the requirements that must be performed and documented.

HRSD conducts semi-annual inspections and collects their own sampling of NMCP's wastewater effluent. HRSD performs analyses on over 25 different constituents, everything from arsenic to zinc. The permit limitations must be met at all times to remain in compliance.

Recipients of the "Gold" award must not have had any administrative or technical violations; perfect compliance record for a full calendar year.

I would like to thank the entire staff NMCP staff for their effort. This is an award that everyone at NMCP can be proud of; this is truly a team effort.

Refractive Surgery takes service to the fleet

By JO2 Duke Richardson

Naval Medical Center Portsmouth's Refractive Surgery Center is giving away its appointment slots to fleet sailors. In a measure to provide more focused care to shipboard Sailors, the center will provide focused support and care to USS Theodore Roosevelt (CVN 71) Sailors in June and July.

"We will be treating 60 (Roosevelt) crewmembers during this time period," said Mary Mitchell, clinic manager/surgical coordinator of NMCP's Refractive Surgery Program. "This ship recently set the consecutive days at sea record...and this is our way of saying 'Thanks.' They recently returned from a deployment and while they were out we were contacted by their medical department asking us how their Sailors could go about getting refractive surgery. So seeing this as an opportunity to support and help the fleet we offered to give them a set number of surgery (time slots) in June and July...It's just one big 'thank you' for their hard work." She went on to say the ship didn't necessarily ask for any special support. The center felt it was necessary to lend a helping hand. "This was something we thought we could do to help support the ship," said Mitchell.

This is not the first time the refractive surgery has put out a call to the ships for patients. They initially started this fleet-oriented program last year and, it has been successful since its inception, according to Mitchell. "Last summer we sent a message to the fleet letting them know that in an effort to support them, we wanted

to start a 'ship of the month' program," she explained.

"With that we pick one ship a month and give them 30 appointment timeslots which is roughly one-third of the total amount we do each month. It's really turned out great, especially with the wonderful turn-out response from the ships and, we enjoyed doing it so much for them we have expanded that program to two ships per month."

"As for which sailors get the appointments, that is left up to the decision of the sailor's parent command. "We let the ship know we have 30 slots available for them and would like to see a (variety) of sailors from different shipboard occupational fields come in and they have been good at doing that. We get a good mix of different kinds of people at different ranks doing different kinds of jobs.

"What we have always hoped for since the beginning is that the ships will send people who will benefit the most from the procedure," Mitchell continued. "Namely sailors who work on the flight deck or in unusually dirty and hot spaces receive treatment first. But we realize that all shipboard occupations have the potential of being hazardous and, we are more than happy to take care of anybody they have. Taking care of and supporting the fleet is normal routine business for refractive surgery, we do it every single day here. This is a great program and we look forward to doing more for the fleet sailors."

NMCP honors Navy Nurse Corps

Story and photo by JO2 Duke Richardson

Naval Medical Center Portsmouth recently paid tribute to a career path that has a legacy of pride and time-honored service, the Navy Nurse Corps. The celebration of the Nurse Corps coincided with the nation's celebration of Nurses' Week. This year's theme was "Nurses Caring For America."

During this year's kick off celebration, NMCP staff members came together to recall some of the contributions Navy nurses have made to this country during times of war and peace.

"Since establishment by Congress in 1908...nurses have served all over the world on land, air, and sea," said. Capt. Carlos Torres, NMCP's Director for Nursing Affairs. "They have not only served during conflicts, but have also provided support during humanitarian missions all over the world."

Torres also said thanks to changes within the U.S. over the last century, different kinds of people from different walks of life now make up the nurse corps. "Changes in American society over the years have added to the diversity and rich culture the Nurse Corps enjoys today," he said. "In 1945 the corps opened its ranks to black nurses when the War Department declared an end to quotas and exclusions. Additionally, in 1964, the Secretary of the Navy approved an appointment of men to the nurse corps. This change allowed qualified enlisted men of the hospital corps to apply toward



Chaplain Philip Kanicki, left, and Chaplain Jerry Shields perform the Blessing of the Hands rite on Capt. Carlos Torres during NMCP's Nurse Corps celebration.

programs which would lead to a bachelor's degree in nursing."

This year's kick off ceremony saw the advent of a new tradition at NMCP, the blessing of the hands by the chaplains. "It is a way for us to take time to recognize and remember the important work you do as nurses," said Capt. Jerry Shields, NMCP Chaplain. "It's not just a religious experience connected with just one church or faith, it is a spiritual, non-denominational experience. It dates back to the ancient practice of anointing the head and hands of kings to acknowl-

edge tremendous power and responsibility.

It can also be associated with the parable of the Good Samaritan where a traveler going along a road stopped to help the stranger who was in need of healing. This shows there is a lot of power of creativity and healing contained within our hands."

The goal for this year's celebration is to help people in and out of the nursing community understand the role of the Nurse Corps, particularly since it plays a vital role in the success of military medicine. "Nursing is the glue of Navy medicine. I am convinced that when nurses are on duty, they are given an opportunity to make a lasting difference in a patient's life," said Torres. "We do it by relieving pain, enhancing healing, and promoting health. (Things like) caring smiles and a sympathetic ear go a long way for a patient and their families who experience vulnerable periods in their lives."

Congratulations to NMCP's brand new senior chiefs

The Courier would like to congratulate NMCP's newest senior chief petty officers ADCS Ronnie Jordan (left), the Command Equal Opportunity Advisor, and MACS(SW) Thomas Goldsmith (right).



NMCP Staff Soundoff

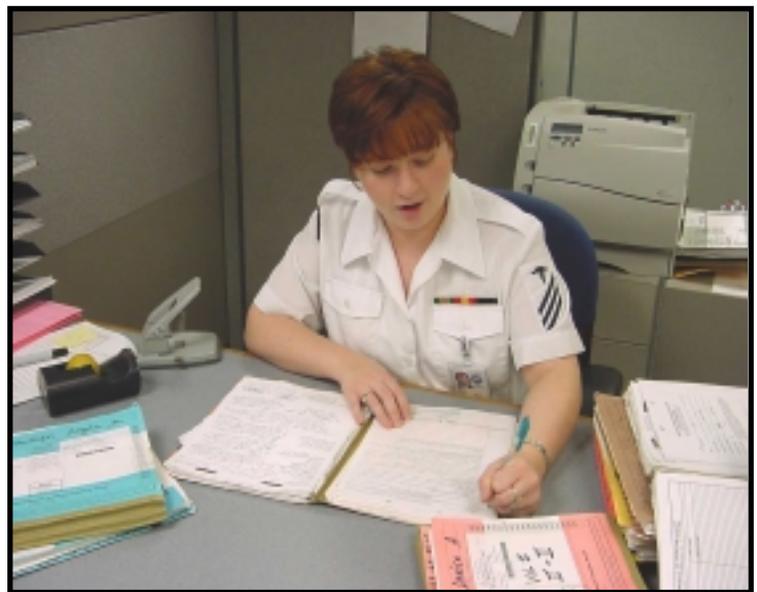
Each month, *The Courier* will ask a number of staff members their opinion on topics and issues related to Naval Medical Center Portsmouth. All views, expressions, and beliefs expressed are those of the individual and may not necessarily represent the views of the NMCP Public Affairs Staff, Naval Medical Center Portsmouth or its outlying clinics, the Department of the Navy, and/or the Department of Defense.

This month's question:

What does being a hospital corpsman mean to you?



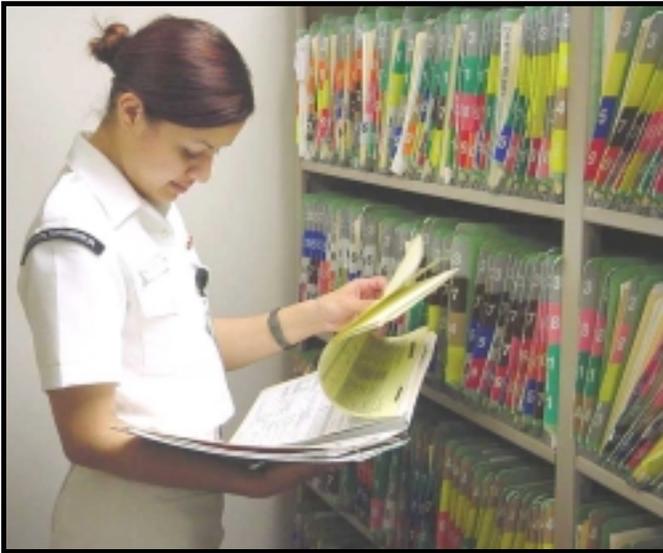
“Being a corpsman gives me an opportunity to be a hero to someone needing medical care. It’s like when you’re a kid and you want to be a superhero, being a corpsman gives me a chance to be one on a certain level.”-HN Monje Noel, NMCP Family Practice



“I really enjoy helping people and doing my part in helping ensure they get the care they need. Being a corpsman gives me a chance to learn something different each day while helping others.”-HN Toni Garner, NMCP Patient Records



“It means providing care to the sick in times of war and peace since we are health care providers. It also means giving the excellent and high quality care our patients deserve.”-HM2 Chris Quilpa, NMCP Radiology



“To me it means doing all you can to give patients the best possible care possible. Being a corpsman in the Navy also gives me the chance to do things that me, as a twenty-year-old, may not have the chance to do in the civilian world.”-HN Samirah Ramirez, NMCP Oncology



“It’s a chance for me to help look out for our shipmates and their families. Being a corpsman gives me a lot of job flexibility and chances to go to many different places in the Navy.”-HN Jennifer Barron, NMCP Fleet and Family Medicine



“This is a way for me to give back to the community. I think it’s the best rating in the Navy because we have the chance to help take care of service members and their family members.”-HM2 Charlotte Carmen, NMCP Milpers



“Being a corpsman means giving patients the best care they can receive. When I have patients I try to do all I can to make them feel good. I feel it’s an honor to be a corpsman. Just knowing that I play a role in helping my shipmates and their families feel good makes me feel better.”-HN Jennifer Muckerheide-OB/GYN

If you would like your voice to be heard, and are interested in participating in future editions of this forum, please send your name, work phone to number, and email address to: ddrichardson@pnh10.med.navy.mil or call 953-7986.

Nurse of the Quarter believes in community Involvement

By JO2 Duke Richardson

Lt. j.g. John Zalar has a great reason to smile. He was recently named Naval Medical Center Portsmouth's Nurse of the Quarter.

One thing which makes Zalar's winning the award so significant is that it happened during the hospital's week-long celebration of the Navy Nurse Corps birthday, and the nation's celebration of Nurses' Week.

According to Zalar, being named Nurse of the Quarter was an unexpected event in his life. "I'm absolutely honored and excited to win the Nurse of the Quarter award," he said. "This is something I was definitely not expecting at this point in my career. I'm glad my chain of command gave me the opportunity to go up for the award."

Although he is happy being the newest Nurse of the Quarter, he said a good amount of enjoyment comes from getting involved with the community. "My primary focus right now is to continue to help the community through various volunteering programs such as Habitat for Humanity," said Zalar.

Habitat for Humanity is a worldwide program that builds homes for people with low income. People who receive assistance from the program have to buy all the materials for the home, but the labor they receive from Habitat for Humanity is free.

"I have always done volunteer work because I think it's important to help others," said Zalar. "I believe people should give back to the community. Some people may (not like the idea) of volunteering, but the key is to find something to do you enjoy. There are many opportunities out there people can get involved in to help the community and enjoy what you're doing."

To Zalar, every day at work is another day to extend his natural inclination of helping others into his job and to learn more. "I really enjoy helping people and just about everyday on the job I learn something new," he said. "I am always learning. There is always someone around to teach me something on the job. My knowledge is always broadening."

Being an effective mentor is another trait Zalar believes can help people be successful. "I remember one thing a former boss told me was to train someone to do your job so well that no one would notice you're gone, because you

train someone so well, it's hard to tell you're missing (after leaving). I think that's really important, especially for new nurses, that they fully understand their job. The whole, (well-rounded) person concept is the key to a successful career and life."



A note from your Junior Enlisted Association

The Junior Enlisted Association (JEA) at NMCP has been keeping busy the first few months of 2002.

In February we had our biggest fundraiser ever. During this event, we sold and delivered balloon bouquets tied with candy and small bears.

In March, an Easter Egg hunt sponsored by the Oak Leaf Club, had JEA members volunteering their time so children would have a good time hunting for eggs.

The JEA also began its monthly base clean up again. This involves cleaning an area of the base twice a month on the first and third Thursday of the month at 1530. It gives us a chance to do something for the command and our environment.

In April the JEA challenged the First Class Petty Officers' Association (FCPOA) and Chief Petty Officers' Association (CPOA) to the second annual Bowl-A-Thon. The JEA put the challenge out to these groups with the intention of raising money for the upcoming Hospital Corps Birthday Ball set for June 14th.

Although the CPOA won the contest, we came in second place

and donated \$100.

On May 11th things for us went to the dogs...literally. We volunteered time at the Portsmouth Humane Society doing odd jobs which included painting, landscaping, cleaning, washing and walking dogs.

Four days later, we went to the VA Hospital in Hampton to be patient escorts for the patient fair. They had food and game tents set up outside and the patient came out to enjoy the weather and have some fun. They won prizes at each booth and ate BBQ, hotdogs, and fried catfish. There were active duty members from all over the Hampton Roads area escorting the patients around. The patients that we were with had come down from the Richmond VA Hospital. It was a great time for the patients and the JEA.

On May 17 the FCPOA Sock Hop had many of the JEA members helping with set up, selling tickets, and decorations for their event. It was a fun night enjoyed by many and things are not ending there.

We are currently planning a cook out for the BEQ members for June 21, to be held at the pool with a Hawaiian theme. We plan on having games, prizes and a good time for all.

NMCP names Civilians of the Quarter

By JO3 Theresa Raymond

Naval Medical Center Portsmouth's Civilian Recognition Committee named its two top civilians of the quarter for the second quarter of fiscal year 2002.

Jane Soriano, a medical clerk at the Post Anesthesia Care Unit, PACU, was selected in category one, while Adalberto Tiglao, a clinical nurse at the immunizations clinic at Branch Medical Clinic Little Creek, was selected in category two.

Soriano, who has been at NMCP for 24 years, was chosen for her outstanding services and dedication as a ward clerk for PACU.

"When I found out I'd been selected, I became very excited and full of joy. I couldn't have done it without the staff, who supported me through the years, especially our team leader Cmdr. Helen Ely," said Soriano.

As the medical clerk, Soriano has many responsibilities. She is in charge of regulating manpower hours for the RN's on the ward, both civilian and military. She also keeps the census on the number of patients for different areas of the ward such as pediatrics and orthopedic.

"My job is to make sure the mission of the command is met. As a ward clerk that is my duty, and I enjoy my job," Soriano explained

The nurse has worked in PACU for seven years, and volunteers in the ward for fund raising. Soriano also helps conduct a daily, weekly, monthly, and annual manpower census for different areas of nursing. She hopes to help make effective yet efficient use of each staff member, without compromising patient care.

Tiglao, a registered nurse at BMC Little Creek's Immunizations Clinic, was selected for her diverse duties as a clinical nurse and volunteer at the clinic.

Tiglao has been at Little Creek for 13 years and enjoys volunteering. After the terror attacks of September 11th, Tiglao worked weekends ensuring reservists had their immunization records up to date so they can go overseas.

"I volunteered for several weekends, helping to update immunization records for reservists going overseas. We gave more than 1000 shots in just two weekends. I love to help people and make them happy," explained Tiglao.

The veteran nurse has won civilian of the quarter for her clinic before, but said this is the first time she has ever won for the entire hospital.

"It's an honor to be selected, and I feel proud. I have won before for the clinic, but this let's the whole hospital know I am doing a great job," said Tiglao.

Navy Exchange barber is a real cut up

By JO2 Duke Richardson

From his younger days as an SH3 in the Navy to his older years in the civilian world, Jasper Futrell has had barber's blood running through his veins.

Working at Naval Medical Center Portsmouth's Barber Shop for 15 years, Futrell sees himself as being a little bit more than just a barber. "To me this is kind of like being a psychiatrist (with a lower paycheck) because I deal with so many different types of people everyday," he said.

"It's the part of my job I really enjoy, dealing with people. There are so many personality types out there I encounter that it gets to be a little bit of a challenge at times, but I work through one person, and as soon as (the job is done) I just move on to the next."

As much as he enjoys dealing with the numerous types of people on a regular basis, he realizes there is only so much he can do.

"You can't really reflect and dwell too much on just one particular person's problem because of the amount of people I have to give haircuts to," explained Futrell.



Jasper Futrell, a former Navy barber, gives HT2 Conrad Beltrano a little trim off the sides.

"I try to be as sympathetic as possible and give the customer a listening ear when he is in the chair, but eventually it's time to move on to the next person."

With the NMCP Navy Exchange Bar-

ber Shop in Building 215 scheduled to combine operations with the one already located at the Sand Bar, Futrell expects a challenging time ahead for staff and patients alike.

"It's going to be really hard for the patients that come here to get their haircuts because the closeness of the shop is not going to be here (for 18 months)," he said. "That's one of the reasons this one was set up in the first place, as a convenience to patients and staff members.

But the move although it's currently scheduled to be for about 18 months is going to be hard for just about everyone that gets their haircut here.

Instead of having two barber shops on different parts of the base, we're being cut down to one barber shop, with only two barber chairs, and four waiting seats.

Having the additional shop here in the hospital is good for our customers, and I feel it will be even better once it reopens in a year and a half."

The NMCP Navy Exchange Barber Shop is currently scheduled to close operations sometime in June.

All barber services will be provided at the Sand Bar center location on a first-come, first-served basis

Pediatric Oncologist goes extra mile for patients

By JO3 Theresa Raymond

As a Pediatric Hematology-Oncologist, Lt. Cmdr. Tim Porea feels his compassionate and caring attitude are part of his job description. These traits, along with his dedication to patients, supportive staff, and wonderful families, have taught him a valuable life lesson.

“Working with (the children) and the difficulties they must endure at a young age makes you realize that your problems are insignificant compared to what they are dealing with,” explained the team leader of NMCP’s Pediatric Hematology-Oncology division.

The clinic is one of the busiest in the Navy. They see about 15 new cancer patients a year and follow about 30 to 40 who have finished all their cancer therapy. In addition to patients with cancer, the clinic also cares for about 70 patients with sickle cell anemia and 35 patients with hemophilia and other blood disorders.

“From an inpatient standpoint, there is rarely a time when we do not have at least two or three patients in the hospital either receiving chemotherapy or managing side effects of their cancer treatment,” said Porea.

Porea, who has been at Naval Medical Center Portsmouth for two years, treats children who’ve been diagnosed with cancer or blood-related illness. Porea and other doctors in the clinic devise a personalized treatment plan for each of their patients.

“All our chronic patients have a primary nurse and physician or nurse practitioner who coordinate all the care relating to their conditions. No one person or physician can do all of this by themselves. I work with a tremendous team of physicians, nurses, nurse practitioners, and other assistant personnel in (our division),” Porea explained.

NMCP’s Pediatric Hematology-Oncology Division has been affiliated with the Pediatric Oncology Group, an international organization of hospitals



Dr. Timothy Porea examines one of his patients, Abigail Ortiz. Porea tries to treat his patients as friends to help make their illness less scary.

and medical centers working together to improve the care pediatric cancer patients receive since 1996.

This affiliation allows NMCP to provide the most modern up-to-date care available to children with any type of cancer or any one of a variety of blood diseases.

The Pediatric Hematology-Oncology Division also gets assistance from other clinics and wards. Porea told of how other NMCP clinics help some of the most frequent users of the inpatient wards.

“We have a great deal of help from other staff units in the hospital, pediatric residents and other pediatric staff physicians,” said Porea.

“Our patients are seen in the clinic and in the inpatient setting. As a group, the hematology-oncology patients are probably the most frequent users of the inpatient facilities in the entire pediatric practice at NMCP, so the inpatient staffs know both our patients and physicians,” Porea added.

Porea takes his job very seriously as he takes time with each patient and tries to get to know them as more than

just patients.

“I address the children personally during visits rather than just talking to their parents. If the child is of school age, I often offer to go to their school to explain the diagnosis to their teachers and classmates,” Porea said.

The 10-year veteran went on to explain how treating young children helps him keep young and carefree.

“The kids keep me young because I get to see life through their eyes and realize what’s important to them,” Porea explained.

Porea attended the University of Virginia, and the Baylor College of Medicine in Houston, Texas, where he received both his Medical Degree, and his Pediatric Hematology-Oncology Fellowship. Porea also worked at Naval Medical Center San Diego, where he did his pediatric residency.

“These children are a joy to get to know. The way they are able to keep up a good attitude and go forward with what needs to be done. Treating their illness is inspiring and being allowed into their family during such a difficult time is a privilege,” said Porea.

Oral piercings may take a bite out of your health

By JO2 Duke Richardson

With a quick thrust of a needle and a split second of pain, you may think an oral piercing can add to the décor of the human body, but it may bring a headache's worth of health hazards. But the health hazard it poses may want you to think or re-think a personal choice of whether or not to have one.

There is good potential for any number of problems to come about due to oral piercings, according to Capt. Vernon Sellers, department head of Naval Medical Center Portsmouth's Dental Department. "There are millions of bacteria in the mouth, so the risk of infection is a common complication of piercing," he said. "This is very risky, especially if the person doing the piercing isn't well versed in the anatomy. For example in the tongue there are several arteries, and if one of those arteries is hit, it could swell up causing your airway to become blocked off leaving you unable to breathe."

Many people with oral piercings do not think about the harmful effects it can have on their oral and overall health. Individuals with mitral valve prolapse, which is common in many young people, are very vulnerable to developing bacterial endocarditis due to bacteria invading the bloodstream and infecting the valves of the heart.

"If you do an oral piercing, you inoculate the bloodstream with bacteria which can affect the heart valve," said Sellers. "The result might to a heart condition known as bacterial endocarditis. This could lead to hospitalization time up to a month and need to be treated with intravenous antibiotics to keep your heart from becoming permanently damaged."

Sellers related one experience he had with a patient that had an oral piercing. You can say the end result left the patient nearly speechless. "I treated a patient one time that had a non-healing abscess (A localized collection of pus surrounded by an inflamed area) in their tongue, and we had to cut the tongue in half in order to get the abscess out and reconstruct it because of the piercing. Maybe it was just a case of the piercing not healing right, but it made a big soft tissue defect in the tongue and, we had to do this in order to get the abscess out."

Chipped teeth is another possible danger which can come from a piercing. "A good number of people with a piercing in their mouth have had their teeth chipped from it," said Sellers. "You can lose part of your teeth from the metal tips of the piercing. This mainly comes from the habit of clicking the piercing against the teeth and the force of the metal hitting the tooth eventually wears the tooth down."

Aspirating (drawing) jewelry into the lungs during dental care is a huge concern. Because of this concern, all patients treated at Naval Medical Center Portsmouth must remove any oral jewelry prior to

having any surgery or dentistry performed. "The risk of aspirating the jewelry is very high," said Sellers. "We don't want to risk anybody's well being by letting them have the piercing in while they are receiving care. If it gets drawn into the lungs it has to be removed. In order to remove it, a bronchoscope is put down the throat, through the trachea and into the lungs. The surgeon tries to grab it and pull it out or suck it out depending on the severity of its location. In some cases if it's bad enough, we actually have to do open chest surgery in order to

remove it. The potential for bad things to happen as a result of oral piercings is extremely high."

A new concern over "tongue forking or splitting" has arisen. Some people are having the tip of their tongues split into a fork to give it a serpentesque appearance. "When people do this, the chance of permanent nerve damage is very high," said Sellers. "The tip of the tongue is the most important part for speech, and if this is done and a need arises for it to be reconstructed, it is a very difficult process



"When people do this, the chance of permanent nerve damage is very high," said Sellers. "Plus, right now in the Air Force, people who get this done are required to get it fixed, they're not allowing people to go around with split tongues."

to help it maintain the functioning it had before it was split. Plus, right now in the Air Force, people who get this done are required to get it fixed, they're not allowing people to go around with split tongues. How this will be addressed in the Navy remains to be seen."

Some things to remember if you are considering having an oral piercing border on common sense practices much like the ones used when seeking out a tattoo. First of all make sure the person doing the piercing is well trained in what they are doing and that they are using sterile techniques and equipment. This includes the jewelry they are using. If the jewelry is not sterile, you run a very high risk of infection and possibly other health risks.

Besides general warnings and cautions to go by when shopping for a piercing, naval personnel should also remember military statutes they are under before going under the needle. According to Article 7101.5 of Naval Regulations, body piercings are not authorized while in uniform. No articles, other than earrings (one earring per earlobe) for women, shall be attached to or through the ear, nose, or any other body part. Additionally, body piercing is not authorized in civilian attire when in a duty status or while in/aboard any ship, craft, aircraft, or in any military vehicle or within any base or other place under military jurisdiction, or while participating in any organized military recreational activities.

Navy Seaman retires aboard sub after fight with cancer

By JO2 Jodi Durie

When SN Robert Garza joined the Navy he had dreams of traveling the world, flying a Navy jet and working in the medical community, but merely six months after joining the service he was diagnosed with cancer.

"I wanted to see the world and actually make a career out of the Navy," said Garza.

From the time Garza was eight years old, he knew exactly what he wanted to do with his life: join the military.

"He always wanted to be in the military," said Connie "Mom" Garza, Robert Garza's mother. "When he was little he used to watch the planes from the Air Force base near our house and he would say 'Mom, I'm going into the military.' And I would always tell him 'When you grow up honey, you can do anything you want'," said SN Garza's Mom with a smile. And so he did.

"We're very proud of him for going after his dreams and doing well," said Mom. "I told him it was good for him because there was nothing for him in our small town. I think it was good for him to go and do something great with his life," explained Mom.

Garza, a native of Levelland, Texas, joined the Navy immediately after graduating from high school in August of 2000. After completing boot camp in Great Lakes, he attended Naval Submarine School in Groton, Conn., and shortly thereafter was stationed aboard the USS Montpelier (SSN 765) at Naval Station Norfolk, VA.

February 27, 2001 just two months after he reported to the Montpelier, Garza was diagnosed with cancer.

"We were supposed to go out for sea trials, but the day before we were to set off a knot appeared on my neck," said Garza. "It was really weird, I was mess cranking at the time and a few of the guys kept asking me what was on my neck. 'It's huge'! they said. "I thought they were just messing with me, but eventually I went and looked in the mirror and I saw a big ole knot on my neck. "So they took me to the ER," he said.

Garza came to the ER at Naval Medical Center Portsmouth where the doctors thought he might have the mumps, but sent him to the lab for further tests.

"That's how I found out my knot had cancer cells in it," said Garza.

After receiving the devastating news that her first-born had cancer, Garza's mother moved out to Norfolk to take care of her son. Garza had begun receiving treatment at NMCP's Oncology clinic and was eventually transferred to work at Branch Medical Clinic at Norfolk Naval Shipyard so he could be nearby the hospital for treatment.

"The first time Robert came to the hospital for chemotherapy he saw a young guy go in for his treatment and watched a nurse bring the patient out in a wheel chair and Robert said 'nope mom, that's not going to happen to me.' So when he would come into the hospital for treatments he told me that he wanted to be able to walk out of the clinic after his chemotherapy. And most of the time he did. Even the nurses were amazed," said Mom.

But the last few times Garza went in for chemotherapy his mother had to wheel him out. It was hard on them both.

"It's just so hard to see your own kid going through this much pain," said Mom fighting back the tears. "I told Robert if I could take the pain away from him, I would," she said. Although times were tough for the Garza family their strong support system has helped ease the pain.

"All of our family and friends and our church have been so supportive and the nurses in oncology were always so caring and understanding. They all knew me when I would I came in the would call me 'Mom', " said Mom.

The Garza family had always been close, but the events leading up to 20-year-old Robert's retirement after only two years in the Navy, changed their relationship drastically bringing them closer than they ever could have imagined

"Since all this happened it has just turned our world upside down," said Mom. "It's made us look at life in a different way; we do not take life for granted any more. Life is too precious," she said.

Now with two years of military service under his belt and only a month left in the service Garza is prepared for life for in the civilian community yet he will never forget the experiences he has had as a United States sailor.

Thanks to NMCP's career counselors office and the crew aboard the USS

Montpelier he will be leaving the service with fond memories. When staff members from the hospital's career counselor's office became aware of Garza's situation they did everything possible to prepare him for his transition into the civilian community including arranging an official retirement ceremony for him aboard the Montpelier. "We saw the need for counseling and deployed services accordingly. First, we arranged for his order separation from naval service. Because he was in a retired status we also informed him of the perks involved (ensign, ceremony, etc). Both he and his mother were amazed 'the Navy would take care of them that way,'" said HMCS (SS/FMF) Donald Widener, NMCP's Command Career Counselor. NMCP's Chief Petty Officer and First Class Petty Officer Associations also made it possible for Garza's father to fly in from Texas to be present for his son's retirement ceremony.

Proud to have served in the United States Navy, Garza with Ensign in hand has plans to go to college and get into the medical field.

"I want to be a pediatrician. I love kids and I want to give back to the medical community," said Garza.



The Garza family embrace after the presentation of the Ensign.

Ped's Hematology Oncology Team named 'First and Finest'

By JO2 Jodi Durie

Naval Medical Center Portsmouth's Pediatric Hematology Oncology Team was recently selected as NMCP's "Commander's First and Finest Team" for the first quarter 2002.

The Pediatric Hematology Oncology department saw over 2,850 patients last year and for the first time was able to care for hemophiliac patients who were previously seen at other facilities. As case managers for these families, the pediatric team was able to order medications through the National Mail Order Pharmacy. Medications which originally cost \$200,000 to \$500,000 per month, were purchased for only \$10,000 per month. This greatly simplified the care given provided to families in need, while reducing costs overall.

"In the last six months our staff have bent over backwards to make the treatment process as seamless as possible for our patients," explained Dr. Timothy Porea, a member of the Pediatric Hematology Oncology Team.

"These folks bring so much honor to this institution," said Capt. Mathew Nathan, NMCP's Deputy Commander. "Just think of the impact it makes on a sailor out in the fleet if he or she is concerned with the care their child is re-

ceiving at our hospital. These folks alleviate all of those concerns," said Nathan.

The Pediatric Hematology Oncology Team was one of four teams nominated for the team award the others include, the Endoscopy Team, the Special Psychiatric Rapid Intervention Team and the Syndromic Surveillance for Infectious Disease Agents of Bioterrorism Team.

The Endoscopy Team was formed as a result of the merger of the general surgery clinic and the medical endoscopy clinic that led to a centralized area for all endoscopic procedures and treatment. The merger of the endoscopy team saved the command money, optimized use of space and decreased risk factors.

The Special Psychiatric Rapid Intervention Team deployed seven members of their team to Naval Air Station, Guantanamo Bay, Cuba in support of Operation Enduring Freedom. The team developed preventive training to cover stress management and the psychological aspects of guarding and providing medical care to the detainees and over 700 personnel. The team is continuing to rotate personnel in support of Operation Enduring Freedom on a monthly basis.

The Syndromic Surveillance for Infectious Disease Agents of Bioterrorism Team, consisting of staff members from various product lines, developed and installed an active surveillance system that detects increased infectious disease syndromes. This system, which was needed immediately after September 11, was deployed throughout the Tidewater region within 10 days.

"The awards board had a very tough choice to make. Every one of the teams did nothing but represent the hospital in a stellar manner," said Nathan.

At the conclusion of the ceremony Capt. Jennifer Town was recognized and presented a trophy for her efforts in creating the "Commander's First and Finest Team Award." Anita Lewis from the awards office used the ceremony as an opportunity to show her appreciation of Town. This ceremony was Town's last as she is due to transfer soon.

Submit packages for NMCP's second quarter "Commander's First and Finest Team Award" to the command awards office by June 25.

Awards criteria include such requirements as improving operations of the command, achieving a significant command objective and increasing professional stature of command.

Teens now taking more charge of their own health

By JO3 Theresa Raymond

Treating everything from the common cold to a broken arm is a job Capt. Roderick Luhn enjoys, and Naval Medical Center Portsmouth's Adolescent Clinic is where he helps patients from ages 12 to 21.

"The clinic provides a place where a teenager feels comfortable. Whether it's a broken arm, or the flu, they want to know they are being listened to," explained Luhn, the head of the adolescent clinic.

NMCP knows teenagers are taking more responsibility for their lives and behaviors in education, activities, and friendships, which is why the clinic promotes increased input and decision making about their own health care.

"The clinic itself is unique. Some of our patients are enrolled here through Tricare Prime, while some are referred here from



Photo by JO3 Theresa Raymond

Capt John McQueston checks Marvin Allen Jr.'s lungs during a routine appointment at the Pulmonary Pediatric Specialty clinic.

other clinics and doctors," said Luhn.

The clinic offers primary care for those who are enrolled in Tricare. It also provides subspecialty consultation, by referral from other primary care providers, for teens with more complicated or multi-system problems.

"We have an average of 15 slots a day for appointments, although we often walk patients in between slots. On Fridays, we are usually seeing teens at the Naval Amphibious Base Clinic (Boone Clinic)," explained Luhn.

Providing teenagers with evaluation and care from physical exams to routine adolescent care are just some the services the clinic

provides. They also provide primary care for teenagers with chronic illnesses.

June Galley Menu

June 1,15,29

Lunch

Cream of broccoli
Pot roast
Vegetable lasagna
Parsley potatoes
Asparagus,Cauliflower
Brown gravy
Blueberry pie

Dinner

Onion soup
Lemon baked fish
Braised beef tips w/
gravy sweet potato/
black bean/corn
Spinach, Beets
Dinner rolls
Cherry pie
Vanilla pudding

June 2,16,30

Lunch

Chicken rice soup
Lemon turkey pasta
Swiss steak w/ gravy
Rice
Carrots
Dinner rolls
Cherry pie

Dinner

Clam chowder
Roast beef w/ gravy
Chicken pot pie
Oven brown potatoes
Egg noodles
Corn
Green beans
Dinner rolls
Pumpkin pie

June 3,17

Lunch

Split pea soup
Chicken fiesta
Vegetable lasagna
Peas, Cauliflower
Garlic bread
Chocolate cake
Peach pie

Dinner

Cream of mushroom
Ham w/pineapple
Herb baked fish
Sweet potatoes
Succotash
Butterscotch brownies
Apple crisp

June 4,18,

Lunch

Beef noodle soup
Roast turkey w/ gravy
Beef stew
Mashed potatoes
Broccoli, Squash
Lemon cake
Sweet potato pie

Dinner

Chicken noodle soup
BBQ Chicken
Roast beef, gravy
Au gratin potatoes
Steamed rice
Corn on the cob
Coconut cream pie

June 5

Lunch

Minestrone soup
Turkey tetrazinni
Grilled Salisbury steak
Mashed potatoes
Brown gravy
Green peas/Carrots
Dinner rolls
Strawberry chiffon

Dinner

Egg drop soup
Roast beef w/ gravy
Baked fish
Steamed rice
Macaroni and cheese
Green beans/Squash
Dinner rolls
Apple pie

June 6,20

Lunch

Knickerbocker soup
Grilled chicken strips
Sweet and sour pork
Fried rice
Mixed veggies
Pound cake
Blueberry pie

Dinner

Mulligatawny soup
Fish creole
Baked chicken
Lyonnais potatoes
Beets/ Asparagus
Orange cake
Brownies

June 7,21

Lunch

Clam chowder
Swiss steak w/ gravy
Vegetable curry
Stemed rice
Mashed potatoes
Carrots
Apple crisp

Dinner

Beef vegetable soup
Pot roast w/ gravy
Lemon baked fish
Macaroni and cheese
Parisienne potatoes
Green beans
Florida lemon cake

June 8,22

Lunch

Chicken noodle soup
Baked meatloaf
BBQ Chicken
Scalloped potatoes
Broccoli/Asparagus
Blackeye peas
Coconut cream pie

Dinner

Pork chops mexicana
Pizza
Mashed potatoes
Spanish rice
Cauliflower
Pumpkin pie

June 9,23

Lunch

Bean soup
Roast turkey w/gravy
Swedish meatballs
Cornbread dressing
Squash/Carrots
Dinner rolls
Cherry pie

Dinner

Turkey rice soup
Roast beef
Chicken Vega
Mashed potatoes
Green peas
Peach Pie/cookies

June 10,24

Lunch

Chicken soup
Chicken
Steamed Rice
Stewed Tomatoes
Dinner rolls
Peach crisp
Chocolate chip cookies

Dinner

Braised beef strips
Baked fish
Macaroni and cheese
Rice pilaf
Carrots/ Spinach
Pound cake

June 11,25

Lunch

Mushroom soup
Salisbury steak
Pork loin
Potatoes or rice
Green beans
Frosted brownies

Dinner

Minestrone soup
Baked chicken
Mashed potato/gravy
Spaghetti
Cauliflower
Turnip greens
Pineapple cake

June 12,26

Lunch

Beef vegetable soup
Grilled chicken strips
Beef Yakasoba
Rice, Broccoli, Corn
Dinner rolls
Banana cake
Apple crisp

Dinner

Tropical porkchops
Lemon baked fish
Mashed potatoes
Steamed rice
Brown gravy
Asparagus
Carrots
Sweet potato pie

June 13,27

Lunch

Cream of potato
Baked Turkey
Chili macaroni
Mashed potatoes, gravy
Succotash
Corn bread dressing
Coconut cream pie

Dinner

Corn chowder
Mambo pork loin
chicken & italian pasta
Oven brown potatoes
Rice pilaf
Carrots
Cauliflower
Italian bread

June 14,28

Lunch

Clam chowder
Spaghetti w/meat sauce
Baked stuffed fish
Macaroni and cheese
Green beans
Dinner rolls
Chocolate chip cookies

Dinner

Pasta primavera
Baked meatloaf
Mashed potatoes
Steam rice
Gravy
Broccoli, Corn
Dinner rolls
Butterscotch brownies

June 19

Lunch

Vegetarian veg. soup
Beef teriyaki
Cat fish
Macaroni and cheese
Green beans
Black eye-peas
Apple pie

Dinner

Minestrone soup
Jerk chicken
Grilled salisbury steak
Mashed potatoes/gravy
Green peas
Carrots
Angel food cake