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THE COURIER



Naval Medical Center Portsmouth

November/December 2003

Macklin Symposium Recounts Experiences of 'Combat Medicine'

By Lt. Jacky Fisher, Public Affairs Officer

Going from clinically sterile, state-of-the-art equipped and pristine operating suites to the most austere, dust covered and potentially dangerous make-shift operating tables, Navy health care specialists from the Hampton Roads area have incredible stories to tell about combat medicine as seen through their eyes.

This was the topic of the 37th annual Macklin Symposium held Nov. 4 at the Renaissance Center in Portsmouth. Several panels of medical personnel, ranging from junior corpsman to captain, came together to recount their experiences and lessons learned on providing health care during Operation Iraqi Freedom.

NMC Portsmouth started the 2003 new year by sending six Sailors in communications support rates to set sail aboard *USNS Comfort (T-AH20)*. Even before the doctors arrived in theater, the required groundwork had to be in place to ensure the mission was a success.

"We had to go before the doctors," ET2(SW) Dennis Whelan of the Management Information Department said, "because we supported ship's operations. Due to our continuous efforts prior to and during the war, communications with the Fleet Hospitals and helos bringing patients out to the *Comfort* ensured maximum use of our

Photo by Lt. Cmdr. Fermin Godinez, MC



Operation Iraqi Freedom was the first time dedicated USMC helicopters were used as ambulances to move the injured directly from the battlefield to the first opportunity to receive medical attention. facilities and medical staff. We definitely played a crucial part in the success of combat medicine... even from at sea."

The *Comfort*-assigned support staff set the stage for more than 650 medical and support personnel from NMC Portsmouth and the surrounding branch medical clinics

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DFAS Sets Dec. 1 Deadline to Order Printed Copy of W-2

From Defense Finance and Accounting Public Affairs

ARLINGTON, Va. (NNS) – All military and Defense Finance and Accounting Service (DFAS) civilian employees who currently have a Personal Identification Number (PIN) and access to myPay will automatically receive an electronic copy of their W-2 in their myPay account.

The electronic method is now the primary means of delivery for all

DFAS civilians and military users with a customized myPay PIN. Users may elect to receive a printed W-2 by mail by choosing the hard copy option through myPay before Dec. 1.

"This is an opportunity for our customers to better manage their pay information," said Dennis Eicher, director for Electronic Commerce, Military and Civilian Pay Services at

DFAS. "We are providing myPay customers access to their tax and pay preferences online. We also know some individuals would rather have a hard copy statement, so we are giving them that choice."

The online version, complete with printing instructions, is 100 percent compatible for all tax purposes and

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NMCP Promotes 140 Sailors to Next Paygrade



Photo by JOSN Chris "Moe" Taylor

In front of family, friends and colleagues, 140 Sailors put a new stripe on their uniforms in a frocking ceremony held Nov. 19th in the base gym at NMC Portsmouth. Rear Adm. Thomas K. Burkhard, commander, NMC Portsmouth, and CMDCM David Carrol, command master chief, congratulated and shook the hands of 87 new third class petty officers, 32 new second class petty officers and the 21 Sailors now wearing the stripes of first class petty officers.



Photo by HM2 Leslie A. Bridgman



Photo by JOSN Chris "Moe" Taylor

HM3 Mark D. Diaz, who works in the Plastic Surgery Clinic, receives his frocking certificate from Rear Adm. Thomas K. Burkhard, commander, NMC Portsmouth, when he joined 86 other new third class petty officers during the frocking ceremony held Nov. 19th in the base gym.

The Courier

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This publication provides an avenue to circulate all useful information the NMC Portsmouth staff has to offer. Submissions are welcome. Contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Lt. Jacky Fisher, at jefisher@mar.med.navy.mil. Submissions should be on a disk in text or Word format with a paper copy attached. Photos should be a separate submission from the document and in jpeg, bitmap or tiff format. Submissions will be placed in the upcoming issue, space permitting. PAO is located in Building One, Third Deck, Rm. 311.



Rhumb Lines

Straight Lines to Navigate By



Nov. 13, 2003

TALKING POINTS: NAVAL MEDICINE – FORCE HEALTH PROTECTION

*"At the top of nearly every list you put together is the promise of medical care for Sailors and their families. It's fundamental to the promises that we make to our young men and women when they raise their right hand." **CNO, Top Five Priorities 2003***

"Naval Medicine is a Force Multiplier of our CNO's vision by ensuring that our Sailors and Marines are physically and mentally ready for whatever challenges lie ahead. Our relevance is that high quality care and health protection is a vital part of the Navy's ability to fight the Global War on Terrorism and execute other worldwide missions..." VADM Michael Cowan, Navy Surgeon General, Nov 03

NAVAL MEDICINE TODAY – Focused on supporting the deployment readiness of the uniformed services and promoting, protecting and maintaining the health of all those entrusted to Naval Medical care – anytime, anywhere.

Service – Naval Medicine serves approximately 8.3 million beneficiaries, comprised of 3.65 million active duty members and their families, and about 4.65 million retirees.

World Wide Facilities Total: 157 Medical Treatment, 140 Dental, 21 Research, Training, & Support

–On the tip of the Spear: More than 8,200 medical personnel support operational missions on platforms aboard Navy ships and with the Marine Corps. More than 10,700 personnel support contingency operations aboard hospital ships and in fleet hospitals.

A "DEPLOYABLE FORCE" – Naval Medicine in Operation Iraqi Freedom (OIF)

Bringing the Right Mix of Capabilities to the Warfighter – Today, health care service is scaled from the individual corpsman on the front line to an intermediate Expeditionary Medical Facility (116 beds) or a floating hospital ship (500 beds) based on the needs of the joint warfighter.

--In support of OIF, over **6,400 active & reserve** Navy medical personnel were deployed/mobilized at sea and on shore.

--**Forward Resuscitative Surgery System (FRSS)** – A highly mobile surgical unit employed as close to the point of injury as possible.

First deployed in OIF, "Devil Docs" provided care within the **first 60 minutes**, after wounding, to Marines who would not have survived a MEDEVAC.

--**USNS Comfort** - Deployed from **22 March to 6 May** and provided health care to ship's company, coalition forces, Iraqi citizens, and enemy prisoners of war (EPW).

-In six weeks: 5,004 Outpatient Visits, 364 Admissions, 648 Surgical Procedures, 509 Blood Transfusions.

--**National Naval Medical Center** – Treated more than **560 service members** from OEF, OIF and actions in Liberia and rapidly deployed more than 1,000 staff members to USNS Comfort and other field operational units.

-7 Nov, SECNAV awarded NMMC a Meritorious Unit Commendation for the outstanding health care provided during OEF/OIF.

DELIVERING FORCE HEALTH PROTECTION – The primary mission of Naval Medicine, composed of four pillars:

Create and Sustain a Fit and Healthy Force – Ensuring Sailors and Marines are physically, mentally and socially able to accomplish any mission, anywhere when called upon.

--Naval medicine continues to deploy surgical teams and support staff closer to the battlefield – ultimately ensuring that more wounded service members return home. Once home, service members receive advanced combat stress screenings and thorough Post Deployment Health Assessments.

Deploy with them to Protect their Health – Providing the best possible protection, **ON THE BATTLEFIELD**, from hazards that could inhibit mission execution.

--A **defensive weapons system** – Naval Medicine is aligned to provide the right force with the right skills at the right time. Planning and implementing reserve mobilization is critical to seamless healthcare across the healthcare continuum.

Restore Health, Deployed or at Home – Delivering world class care to those on the front lines as well as personnel, spouses and families at home.

--The Family Centered Care Program is actively improving prenatal services by providing more comfortable, family-centered facilities and treatment.

Tricare For Life – Providing care to 4.65 million retired warriors and their families for life.

NAVAL MEDICINE TOMORROW – Naval Medicine will continue to meet the demands of an ever-changing world and battlefield.

Continued Service – Deployment of Marines to Iraq as part of DoD's Force Rotation plan includes Naval Medicine assets and personnel. Through Fleet Hospitals, embedded corpsman and Expeditionary Medical Units, deployed personnel will benefit from the deployable Naval Medicine force.

Transformational Ideas/Concepts – The deployable Naval Medicine force will continue to evolve and shape its service to the battlefields of the future.

--Naval Medical Research Center leads the world in malaria research and DNA vaccination technology.

--Bio-defense medical officers continue to be instrumental in Anthrax detection and prevention research.

--Naval Medicine is instrumental in the introduction of advanced technology products into the battlefield.

-QuickClot, an advanced agent used in battlefield triage, was successfully employed in OIF.

-In the near future, Naval Medicine will introduce "blood substitutes" into theater, where typing and refrigeration are not required to deliver a life-saving transfusion.

Deployable Naval Medicine Displayed at Pentagon

By Lt. John Schofield, Bureau of Medicine and Surgery Public Affairs

WASHINGTON (NNS) — The deployable force of Naval Medicine was showcased Oct. 31 in the Pentagon courtyard as an Expeditionary Medical Unit (EMU) was on display for tours and demonstrations.

Naval Medicine continues to deploy combat surgical teams and medical support staff closer to the battlefield in an effort to provide critical Force Health Protection and lifesaving medical care. The EMU is just one of the tools available for that mission, and Pentagon personnel got a firsthand look at how that mission actually gets accomplished.

“This unit allows us to protect our deployed forces with a larger umbrella of medical care,” said Vice Adm. Michael Cowan, Navy surgeon general. “Additionally, the EMU allows us to be at the ‘point of action’ with a unit that is modular, flexible and sizeable to the battle space.”

The flexibility of the EMU was demonstrated in the courtyard through a variety of displays. The tent structure, which includes one operating room, a 10-bed Intensive Care Unit (ICU), laboratory, pharmacy and digital radiology department, was constructed at the Pentagon in less than 12 hours. Traditionally, an EMU that is fully manned with a 44-member medical team and fully supplied with a complement of medical consumables can be anywhere in the world and ready to receive patients on a 100 foot by 140 foot site in 48 hours.

Additionally, as Cowan gave his opening remarks, members of the EMU erected a section of the tent structure to show attendees how quickly it could be done. The tent was set up in less than three minutes. Tours for Pentagon personnel were conducted for the remainder of the day to further demonstrate the ‘bells and whistles’ that come standard with the unit.

“An EMU like this one is currently deployed in the Horn of Africa area of operations, and three more are being constructed to serve similar missions,” said Capt. Martin Snyder, head of surgery at Naval Medical Center Portsmouth and member of the Naval Fleet Hospital Program team that brought the EMU to the Pentagon.

“This is a ‘plug and play’ system that is much more flexible than the fleet hospital units used in the

first Gulf War that required a much longer time to set up.”

The EMU in the Horn of Africa is currently in Djibouti supporting the Combined Joint Task Force.

Cowan stated that the evolution of this EMU is just the beginning of Naval Medicine’s continued efforts to provide world class care in theater. Future operations may necessitate the EMU to deploy to other areas of operation, and Naval Medicine will be ready to answer the call.

“This is a journey, not a destination,” he said. “We are shifting from being a reactive force to being a proactive health support system. The office space for today’s troops is the battlefield. We need to provide ‘office space protection.’”



U.S. Navy photo

Hospital Corpsman Chris Barnes, assigned to the Expeditionary Medical Unit (EMU), X-Rays a patient’s arm in the newly built radiology room. The Navy’s first EMU has expanded their medical care to a Level III environment for personnel supporting Combined Joint Task Force, Horn of Africa.

Navy Medicine Makes Impact from Sea to Sand Dunes

Continued from Page 1

who were forward deployed to do their part in the war on terrorism.

When all was said and done, Navy medicine provided services at sea aboard Comfort and several large deck amphibious ships and put boots on the ground in areas from Kuwait to the most forward edge of the battle area in Baghdad. The time spent forward deployed was characterized as being anywhere “from boredom to bunkers...” by Cmdr. David Price, executive officer of Fleet Hospital 15. But it was a job that needed to be done and was done with the utmost pride and professionalism.

This was evident as the panelists described their experiences to an audience of more than 250 people. Members of the Battalion Aide Stations (BAS), Shock Trauma Platoons (STP), Forward Resuscitative Surgical Suites (FRSS), Fleet Hospitals (FH) and various at-sea platforms relived their experiences. Regardless of the hardships and danger they encountered, all of them knew that what they were doing was important and would do it again if needed.

Navy medicine made an impact from the sea to the sand dunes, but how far forward did these seemingly non-combatant servicemembers deploy in order to accomplish their mission?

“When we were passing our tracks, our tanks and our artillery to position our STP unit, I had to ask myself, ‘Are we too close to the action?’” recalled Dr. Fermin Godinez, supporting surgeon for Task Force Tarawa Shock Trauma Platoon.

The answer was clear and simple. “We have to be this close to the action in order to be effective,” said

Cmdr. Jeffrey Timby, senior medical officer, Combat Service Support Brigade 22, Shock Trauma Platoon.

And effective they were. Of the 74 injured servicemembers, 100 Iraqi civilians and 30 enemy prisoners of war, there was only one fatality. This high rate of success was in large part due to the medical attention delivered in that ‘golden hour’, which is the first sixty minutes after a person is injured. These lessons learned and more were imparted throughout the symposium.

The Macklin Symposium, named for the late former Commanding Officer Rear Adm. Thomas Macklin of then titled Naval Hospital Portsmouth from 1963 to 1964, was punctuated with other presentations, such as NMC Portsmouth’s Preparations for Deployment, Managing Combat Stress, Amphibious Concept of Operations and a lunchtime video showing of CNN Presents – Devil Docs, which featured Cmdr. Mark Fontana, chief of professional services, BRAVO Surgical Company, 1st Marine Expeditionary Force Battalion, 1st Force Service Support Group, 1st Marine Expeditionary Force.

“It was crucial to share my expe-

riences working so closely with the Marines,” said Fontana, “especially with the potential for future deployments. Hopefully the video gave every health care provider, officer and enlisted, something to think about; to mentally prepare them for what may be in their future.”

Overall, the material presented throughout the symposium was well received.

“The immediate feedback we received about this symposium was both timely and useful,” said Ms. Janie Slade, Graduate Medical Education (GME) action officer. “The trainees now will be next year’s General Medical Officers, and they were most appreciative of this inside look at combat medicine.”

This year’s symposium was so successful that it has prompted GME to reexamine the curricula for the intern who will spend time as a GMO when their internship is completed.

So what’s in store for next year? “The GME office will continue to facilitate the annual symposium,” according to Slade, “but another health care department will select the topic of discussion.”



Photo by Lt. Cmdr. Fermin Godinez, MC

None For The Road For The Holidays!

By HMI Luann J. Smith

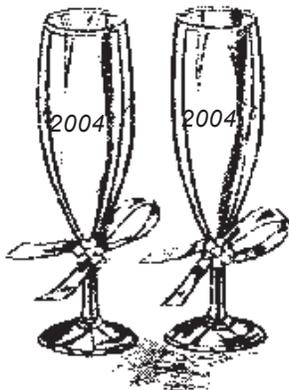
Command Drug and Alcohol Advisor

December is National Drunk and Drugged Driving (3D) Prevention Month. Traditionally, the December holidays are linked to one of the deadliest times of the year in this area. Although Virginia's 2002 Traffic Crash Facts showed an overall decrease in annual traffic injuries and fatalities, those that were alcohol-related had increased from 2001. Statistics for the specific holidays show Christmas with 12 and New Years with nine fatalities in alcohol related crashes, a slight decrease from 2001.

Historically, the weekends around Christmas and New Year's are a period of increased travel and alcohol consumption. As a result, the number of motorists who drive under the influence also increases. But these holiday weekends are not the only time of year that impaired driving is a concern for police and motorists alike.

3D Prevention Month focuses on issues that are equally important the year round. NEVER drink and drive, or ride with someone who has been drinking or using drugs. Always use the proper safety restraints for yourself and others in the vehicle, especially children.

Resolve to be responsible this holiday season and throughout the New Year. When celebrating, try to remember that someone is injured in an alcohol related crash in the United States every two minutes, and an alcohol-related fatality occurs every 30 minutes.



If you will be drinking, please plan a head. Take a cab, designate a non-drinking driver, or call a friend or relative for a ride. If you are hosting a party, never encourage guests to have another or insist on refreshing their drink if they do not request one. Offer a selection of non-alcoholic beverages and encourage your guests

to arrange for a non-drinking guest to drive them home.

Remember, make it "None for the Road for the Holidays" and all year round. ♣

**HAVE A SAFE AND HAPPY HOLIDAY
FROM THE DAPA OFFICE!**

Holiday Events

Dec. 6- Bring your children to "Breakfast with Santa" from 9 to 11 a.m. in the galley. After a free breakfast, children can color and make crafts before getting their picture taken with Santa.

Dec. 6- The Artistic American Veterans are hosting a variety show from 11 a.m. to 12:30 p.m. in the galley following "Breakfast with Santa." The theme of the show is "Together We Have Always Stood." The following acts are scheduled:

- The Young Peoples Guild
- Flamingo Dancers
- Bizzy Bodies
- Muppet Puppets Show
- Philipino Dancers
- Island Dancers



Dec. 12- The command's annual **Holiday Party** is scheduled from 11:30 a.m. to 3 p.m. in the gym. Join your co-workers for holiday treats, a festive atmosphere and a visit from Santa Claus.

Dec. 18- "Operation Santa" and the NMC Portsmouth Red Cross Office need your help to distribute gifts to all patients in all wards of the hospital from 1 to 3 p.m. Contact Sylvia Pakradooni in the Red Cross Office at 953-9584 for information on this and other volunteering opportunities.

Dec 31- Celebrate the arrival of the New Year at the **New Year's Eve Party** at Sandbar Café, from 7 p.m. to 1 a.m. Tickets must be purchased in advance, and are available beginning Dec. 8 at the café. Couples are \$40 and singles are \$25. The ticket price covers hor d'oeuvres throughout the evening, a split of champagne and a light breakfast served at midnight.

Fleet and Family Service Center Note: The Norfolk Naval Shipyard FFSC will not be holding workshops in December due to construction work. If you are interested in attending a workshop, log onto the Hampton Roads FFSC website, www.ffscnorva.navy.mil, for information and schedule of workshops held at other FFSC locations. ♣



Children and Christmas Gifts



By Chaplain Andrew D. Nelko, LCDR, CHC, USN

Let the children have their night of fun and laughter; let the gifts of Father Christmas delight their play. Let us grown-ups share to the full in their unstinted pleasures.... - Sir Winston Churchill.

Visiting with children on the Medical Center's Pediatrics Unit indeed offers unique joys and challenges.

Children, away from home and in a medical setting, very often experience emotional and physical anxiety and uncertainty. Therefore, the challenge lies in offering hope, healing and comfort to youngsters in this unfamiliar environment. Yet in the midst of these challenges lies the potential for joy and gratification in various and diverse ways.

The joy reflected in the faces of youngsters interacting with family, friends and staff. Joy, marked by the anticipation of going home. And certainly the joy of the staff, dedicated doctors, nurses and other health care professionals, who are energized by the simplicity and innocence of youth.

Yet very often when visiting with children and family members I am struck by the toys, gifts and trinkets required to satisfy a youngster's curiosity and restlessness. The gifts may be as simple as a teddy bear or as elaborate as a state of the art video game. But one thing these gifts have in common is their potential to engender emotional and behavioral tension.

It is probably safe to assume that anyone who has small children has had the experience of sacrificing and stretching to give a child something really special, and then occasionally being disappointed at their response. We find that sometimes the self-indulgence aroused by getting more

and more possessions brings out the worst in children. At times they may even argue over their new toys or get jealous of their siblings and friends not realizing, or even caring about, the value of the gifts that we work so hard to provide them. As a result these gifts are frequently cast aside while the children's attention is diverted elsewhere. At other times, they are so engrossed in these gifts provided



that they aren't interested in talking to us, let alone thanking us. Or sometimes they are simply so tired with all the activity and pressure, especially during the holiday season, that they can become numb and experience difficulty in responding to anything.

As adults we are not much different, even though we should know better. How often after receiving a gift do we find our sense of desire and anticipation tempered leaving us feeling empty and wanting for more.

The answer for this emptiness during this time of the year can be found by embracing the true reason for the season, the meaning of Christmas. Christmas celebrates the greatest gift ever given, the gift of love. The New Testament scripture serves to remind us of the depth of that love; "For God so loved the world that He gave His only begotten Son, that

whoever believes in Him should not perish but have everlasting life". (John 3:16) Even we who profess and believe this hardly think about the meaning and value of this special "Gift". Instead other things often distract us.

How often do we find ourselves saying, "I can't enjoy the holidays anymore because all the activity stresses me out," or because it is a financial strain?

Perhaps we even experience frustration and disappointment in enjoying this blessed season because we want so badly for it to be a happy family time. For many the reality of family life and meaningful relationships often disappoints and leaves people wanting. Our Heavenly Father knows this can be the way of our earthly existence, and that's why He came

to give us a new family and a new relationship that will never fail us.

As we bask in the peace and love of this special time of year, let us not be indifferent by ignoring the gifts we have been given by fretting about the lesser things we do not possess. Let us turn to our Lord and honor Him with tears of gratitude because He loved us so much that He gave us the gift that cost Him everything.

On behalf of the Pastoral Care Services staff, I wish each and every one of you a blessed holiday season and leave you with the following words for reflection:

Christmas is tenderness for the past, courage for the present, hope for the future. It is a fervent wish that every cup may overflow with blessings rich and eternal, and that every path may lead to peace.

-Agnes M. Pharo. ♣

Educational Fair Demonstrates Hospital Knowledge

Story and Photos by JO1 Daniel A. Bristol

Knowledge is power. Isn't that what people say? The personnel at Naval Medical Center Portsmouth certainly believe in knowledge. And what better way to receive that knowledge than by having an education/career fair. This particular fair was held in NMC Portsmouth's Charette Health Care Center in front of the dermatology clinic along both sides of the hallway.

Representatives from many clinics were on hand to present what they do, including personnel from the library, the biomedical repair office, the cast room, the educational opportunity center, the physical therapy clinic, the dermatology clinic, the preventive medicine clinic, the radiology clinic, the nuclear medicine clinic, the laboratory, the Navy college office and the operating room, and also cardiovascular and surgical technicians.

Several local schools were also at the fair to present their off-duty educational opportunities, including Troy State University, ECPI College of Technology, Norfolk State University, Saint Leo University and University of Virginia School of Nursing.



HM2 Teresa Crawford, Mammography, shows passers-by an array of X-rays and explains what each one shows.



HM2(FMF/PJ) Candido Martinez, BioMed, shows off the latest equipment used for fixing the hospital's machinery.



Lt. Sharon Robert, department head of the Naval School of Health Sciences, and HM3(SW) Erik Forstrom, Main OR, probe the inside of a pumpkin to demonstrate the use of ultrasound equipment.

Halloween Night a Scary Sight at Hospital

Story and Photos by JO1 Daniel A. Bristol

Howls could be heard throughout the hallways as high-pitched screams sliced through the night. These sounds filled the air at Naval Medical Center Portsmouth Halloween night when the hospital staff hosted a night full of tricks and treats for their children.

It all started with a costume contest held at noon by the Quarterdeck of the Charette Health Care Center. The winners are pictured to the right. HM2 Veronica Scott, dressed as a woman and her baby, won the title of most creative costume. HN Patricia Henegar and her spouse, dressed as Ike and Tina Turner, won the title of funniest costume. The overall winner, MA2 Glenn Hill, dressed as a corpse.

The words "trick or treat," could be heard as little ghosts, witches and various super heroes scampered



Ghouls hid in the clinics of the hospital waiting for unsuspecting children to pass by.



MS2 Isaiah Marauta, hospital galley crew, hid in the shadows of his haunted galley waiting to scare any passers-by.



Children trick or treating at Naval Medical Center Portsmouth dared to reach into the smoking cauldron of candy.

up and down the first and second floor hallways of the hospital in search of candy unaware of the ghouls that lurked in the shadows. The hospital's First Class Petty Officers Association sponsored the Halloween trick or treating for the children of the hospital staff. It was the second one held at the hospital. Volunteers for the event came from the Oak Leaf Club and the hospital's Junior Enlisted Association. ♣

Great American Smokeout: Not to Late to Quit Using Tobacco

By JOI Rebecca A. Perron

In the 1920s, cigarette ads billed cigarettes as “doctor recommended” and “good for digestion.” Then in 1932, the American Journal of Cancer published a paper relating cigarettes to cancer. After that paper, a wave of research began to solidify health concerns about the use of tobacco products, including cigarettes, cigars and chewing tobacco. The Surgeon General filed a report connecting cigarettes to cancer in 1964, which led to the appearance of warning labels on cigarette boxes in 1966.

Since then, television ads were banned, airlines banned smoking during flights, restaurants have no smoking sections and some cities have banned smoking in public areas to include bars. In the late 90s, various states and health insurance agencies began suing the tobacco companies to recoup money spent to pay medical bills for diseases related to tobacco use, claiming negligence on the part of the manufacturer since they knew of the addition to nicotine and the dangers related to tobacco use.

With all the medical information available to us today, and the avenues to educate the public on health risks connected to using tobacco products, millions of Americans continue to light up. Forty-seven million to be exact, about a quarter of our population, according to the latest estimates of the American Cancer Society (ACS). These 47 million users spend billions of dollars on products annually, with the lead seller topping \$72 billion dollars in revenues in a recent year.

In an effort to remind tobacco users about the health risks and the abil-

ity they have to quit, the ACS sponsors the Great American Smokeout every year. The ACS asks tobacco users to quit using tobacco products for at least one day, in hopes they will quit forever. This year, Nov. 20 marked the day the ACS hoped many would commit to this life-enhancing, even life-saving, decision. Even if you smoke, and let this day pass you by, it is not to late to try.

“The majority of people who try to quit do it cold turkey, and usually have tried several times before,” said Alverine Mack, Tobacco Cessation Program Manager at Naval Medical Center Portsmouth. “If you can quit once, even for a day, this shows you can quit again, and for good. But you have a better chance of success if you join a support group and use something like nicotine replacement therapy to help with the cravings.”

Mack leads the four-week tobacco cessation classes held at NMC Portsmouth. According to Mack, the voluntary program provides behavioral change support in a group setting, which meets once a week over the course of a month.

“In the first session, we discuss reasons why we smoke, how smoking makes us feel, and I give out information about nicotine,” Mack said. “We discuss how nicotine is a drug, and how tobacco becomes psychologically and physically addictive.”

The second session explains how the group can deal with stressful situations without smoking. The third session is about preventing weight gain.

“When you stop smoking, your metabolism slows down,” Mack said. “And you’re used to the hand-to-mouth action, so you tend to substi-

tute eating for smoking. Plus when you stop smoking, food tastes better, so you want to eat more to enjoy that pleasure. If you focus on increasing your activity and watching what you eat, then you can keep the weight gain to only a few pounds.”

During the fourth session, Mack addresses various scenarios when the group may be tempted to smoke.

“The holidays are coming, so that’s going to be an issue we’ll talk about in my current group,” Mack said. “Everyone visits family, and is a time when they are tempted to smoke.”

After the group graduates, Mack meets with each member individually at the three- and six-month mark for follow-up support.

“It’s important to find out if they need another refresher,” Mack explained. “We are also available for support between these follow-up meetings. Sometimes people just need to talk about what they are facing to keep them from to smoking.”

Mack understands what smokers go through while they are quitting. Mack said she quit smoking 17 years ago after 29 years of smoking.

“Quitting smoking is a behavioral change that needs facilitation, not just medication,” added Mack. “Just throwing Zyban or a nicotine replacement therapy at someone is not going to make them quit. It will help take the edge off the craving, but they themselves have to want to do. They have to have support, have a plan, and avoid situations and people who will make them want to smoke.”

For information on tobacco cessation classes, contact the NMC Portsmouth Wellness Department at 953-9242. ▼

NMC Portsmouth Celebrates HIT Week



Photo by JO1 Rebecca A. Perron

Lt. Gerardo Tuero, division officer for the Health Information Management Division, and Pamela Bowman (center), medical records technician, serve cake to Joyce Hall, computer security specialist, and other participants at the cake cutting ceremony held Nov. 3 to kick-off the Health and Information Technology Week celebration.

Electronic Version of W-2 Offered Automatically to MyPay Users

Continued from Page 1

allows users to print copies without having to depend on saving a hard copy. A save button is also available to allow individuals to save their W-2s to disk.

To ensure customers who are affected receive either an electronic or hard copy W-2, there will be a “no change” period from Dec. 1 through Jan. 31. During this period, users will not be allowed to change their W-2 print election on myPay, but may request a paper W-2 by contacting their local financial services activity.

To select the hard copy W-2, go to <https://mypay.dfas.mil>. Under Taxes, select “Turn on/off Hardcopy of W-2.” Once this option is selected, read the various questions posed. The user will be given the opportunity to select “hard copy.” In doing so, the user has elected to receive a hard copy by mail and will also still be able to see the W-2 electronically.

Retired military service members and annuitants and civilians outside of DFAS will continue to receive their tax statements or 1099 statements by mail. 📧



Photo by JO1 Rebecca A. Perron

Cmdr. Frazier Frantz, left, a pediatric surgeon, receives the Data Flow Doctor of the Year for Surgical Services Award from Lt. Gerardo Tuero, division officer for the Health Information Management Division.

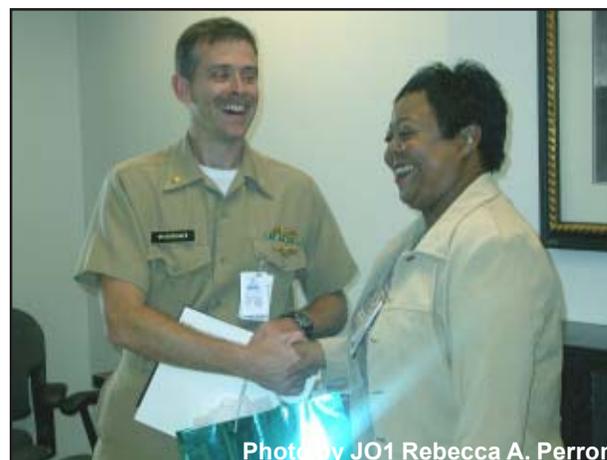


Photo by JO1 Rebecca A. Perron

Rhonda Leonard, medical records technician, presents Lt. Cmdr. Jeffrey Winebrenner, medical director of the Internal Medicine Clinic, with a gift as part of his recognition for selection as Data Flow Doctor of the Year for Fleet and Family Medicine.



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

By JO1 Rebecca A. Perron

In this edition of 'The Courier,' we take a look at 1958 to 1973. During this time, the hospital compound experienced many structural changes. The continued development of military facilities in Hampton Roads during this period called for newer and larger medical facilities.

Bldg. 215 was dedicated on April 22, 1960. The transfer of patients to the new building was completed in June. With the new bed capacity of 778 patients, the naval hospital complex became the major medical facility in the area.

During the Vietnam Conflict, the hospital saw few patients direct from combat. As the war and the civil rights movement were in full swing, life at the hospital remained relatively unchanged.



First Row, left to right: Lindsey, R., Mills and Black
Second Row: Lefevre, Glick, Amadie, Payton, Donahue,
Third Row, standing: Nichols, Cote, Allison, Lindsey, W., Carelock, Campbell.

29 July 1960



Rear Admiral H. J. Van Peenen, MC, USN, Commanding Officer, cutting the ribbon opening the New Navy Exchange Retail Store in the New Hospital while Rear Admiral William H. Leahy, USN, Shipyard Commander watches.

Operating Room Technician School (6 Mos.) Graduated 15 August, 1958.



Those pictured (L-R) Orville Kelsey, Herbert Smith, Ralph Earp, Chief of Surgery Capt. J. J. Zaska, Instructor Miss Frances E. Jacobson LCDR NC USN, Paul Toth, Gene Hardin and Ralph Barsalou. Class Honor man was Ralph Earp of Vilas, N. C.

Orville Kelsey, Herbert Smith, and Paul Toth received orders for Charleston, S. C. Ralph Earp and Ralph Barsalou are now attached to this command. Gene Hardin received orders for Beaufort, S. C.

CHAPLAIN'S CHAT

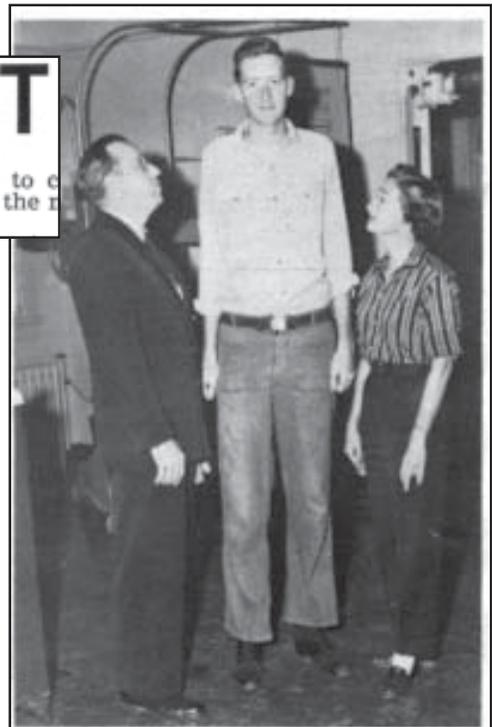
**HOW TO CATCH ON FIRE
WITHOUT BURNING**

our lethargy; it is a chance to catch on fire, a flame that gets bigger the more it burns.

DECEDENT AFFAIRS LOSES GOOD MAN



HM3 Carl Taylor (center) of the Decedent Affairs Section is honored with a cake on the occasion of his transfer to Fleet Marine Force, Camp Lejeune, N. C. Present to wish him good luck are (from L-R): HM1 Gerry McCain (his relief); LT J. M. Correll, MSC USN, Decedent Affairs Officer; LT B. J. Jenkins, MSC USN, Ass't Decedent Affairs Officer and Mary L. Johnson, Patient Personnel Secretary.



How tall can you get? Leonard A. Caldwell, SFMFA USN is shown with Chief C. C. Ward and his wife. Caldwell was born in Kansas and is 6' 8" tall and only 20 years old. He says "we have to be tall to see over the wheat."

10 lb. Bass Caught by HN Glick



CORPSMAN OF THE MONTH



HN DON GLICK from Cardio-Pulmonary caught a 10 lb. 2½ oz. bass Saturday morning 16 March 1968. He was fishing at a lake in Suffolk, Virginia about an hour catching only small crappies when all of a sudden he caught this beautiful fisherman's dream of a bass. Don and his buddies were fishing only 2 and 1/2 feet deep in 14 feet of water using live bait. Don has had the fish mounted since it is such a prize.

PAUL FRANCIS GORMAN, HN



The achievements, in sports, of the students at the Enlisted Training Service was recently exemplified by the accomplishment of Hospitalman Paul Francis Gorman, a student in the Pharmacy School.

Gorman participated in a novice weight lifting tournament in Norristown, Pennsylvania, on Saturday, March 9th and walked off with first prize. However, the way that Gorman accomplished this indicates that he is far from being a novice. This is how he lifted a total of 740 pounds:

- Press—265 lbs.
- Clean and Jerk—275 lbs.
- Snatched—200 lbs.

Gorman hails from Somers, Connecticut, a small town near Springfield, Massachusetts. He has been lifting weights for about two and one-half years. He became interested in weight lifting by working out with weights in order to get in shape for wrestling.

Since his arrival at the school, he has been working out in the hospital gymnasium.

Congratulations, Gorman, we all hope to see you in the Olympics some day.

HUMERUS BONE...

Saleslady: "Here's a lovely Valentine card--"To the One and Only Girl I ever Loved."

Sailor: "Fine, give me twelve of 'em."
* * * *

Chief: "Have you been through calculus yet?"

Seaman: "Not unless I passed through it on my way here from California."
* * * *

In a courtroom it takes 12 men to find out if a person is innocent. On a country road it takes only one.
* * * *

Visitor: "Hey, don't dive into that pool. Can't you see there's no water in it?"

Loron: "Oh, that's OK, mister. I can't swim anyhow."
* * * *

Heard in a night club booth: "Hands off Columbus, you've discovered enough for tonight."
* * * *

Sailor: "Here, hold my bag for a minute, will you?"

Officer: "Hey, can't you see that I'm a lieutenant?"

Sailor: "Oh, that's all right; I'll trust you."

ADVANCEMENT IN RATE



On 16 November 1967 the Nursing Service Detail Officer, LCDR E. D. JONES, NC, USN, presented Petty Officer Certificates to personnel assigned to the Nursing Service.

Pediatrics Ward Given Memorial



The staff personnel in the Pediatrics Clinic and Officers Wives' Club of Portsmouth Naval Hospital have presented a television to the children's ward in memory of Third Class Hospital Corpsman William McCormick.

Double Vision

Two pretty nurses have staff members at the Portsmouth Naval Hospital doing double takes. Ensigns Jeanne and Jane Fichette, obviously twins, reported to the hospital in August of this year after completing their naval indoctrination in Newport, Rhode Island. The two sisters graduated from school together and decided on nursing careers. They trained in their hometown of Rochester, New York at Saint Joseph's Hospital. Ensign Jeanne Fichette works in neuro-surgery, and sister Jane works on the orthopedic ward.



Tidewater Wave 1961



Pictured is J. D. Galbreath, DTI Honor Man of MAT-10 being presented with certificate by Mr. E. B. Nelson.



MEMORIAL DAY 1970 WAS CELEBRATED WITH A PICNIC ON HOSPITAL POINT.



Make Way For The New



The old Wave Quarters comes down to make way for much needed Hospital parking expansion.



Pictured are ENS Patricia Rottman, NC USNR and CDR Jeanette Collins, NC USN, Chief of Nursing Service.

The senior and junior Nurse Corps Officers prepare to cut the birthday cake during Nurse Corps 59th Birthday Party at the Commissioned Officers Mess on 12 May 1967.



Staff Enlisted Personnel stand by to attend Dedication Ceremony.



SURGICAL TEAM TWELVE

Shown above are the members of Surgical Team Twelve that participated in the recent Santo Domingo crisis. First row, from left to right are: LCDR J. W. McRoberts, MC, USN, Orthopedic Surgeon; LCDR J. P. Noury, MC, USN, Anesthesiologist. Second row, from left to right are: HN J. B. Meyers, Operating Room; HME R.H. Rayna, Sanitation; HME S. R. East, Operating Room; HMI H.F. Heath, Jr., Lines. Third row, from left to right are: HN D. E. Rice, Operating Room; HN S. M. Justice, Jr., Operating Room; HMI E. L. Marsh, Operating Room; HMI R. H. Pries, III, Casj Room. LCDR J. W. McRoberts was presented a Letter of Appreciation from Commander in Chief, Atlantic, for service in recent Santo Domingo crisis.



GRAY LADIES GRADUATE



On Sunday afternoon, May 24, 1959, a capping ceremony was held in the Hospital Chapel for the eighteen new Red Cross Gray Lady Volunteers. Pictured above are the Gray Lady Graduates and some of the people who participated in and assisted with the ceremony.

NAVY ADOPTS NEW SHOES FOR SAILORS

Ankle high "chukka" style shoes that are water, oil and wear resistant have been adopted for fleet-wide use by Navy personnel.

The Navy said the new shoes take a brilliant shine, has non-marking heels and soles made of specially compounded synthetic rubber.

The new footwear will become available in some sizes "within a year" as old stocks are depleted, the Navy says.

Exhaustive tests of the shoe ashore were conducted by the Navy at Bainbridge, Md., Great Lakes, Ill., and by the SeaBees at Davisville, R. I. Similar tests were made in the fleet.

The new utility shoe was developed by the Clothing and Textile Division of the U. S. Naval Supply Research and Development Facility, Brooklyn, N. Y.

—Washington (AFPS)



A Vietnamese mother holds her infant as SEEBEE Team Corpsman Jerry L. Rowe, HM2, USN, of Lamar, Colorado, examines the baby during sick call for the villagers of Sui Thong, Republic of Vietnam.

PRESENTATION OF SILVER STAR



Vice Admiral R. B. Brown, MC, USN, The Surgeon General, U. S. Navy, is shown presenting Hospital Corpsman Third Class Shane Austin Morris, USN, the Silver Star Medal for his bravery in action while attached to a Marine Infantry Company in Vietnam.

Admiral Brown was here attending the Admiral Martin T. Macklin Memorial Lecture, the First in an Annual Series of lectures to be presented at this hospital.

In a busy schedule Admiral Brown also acted as Inspecting Officer at the Quarterly Personnel Inspection held at Hospital Point. After the Inspection and presentation of awards, the Admiral delivered a short address to the assembled personnel at Inspection.

PRESENTATION OF PURPLE HEARTS



Admiral Yon presents the Purple Heart to three Army men, presently patients at the Naval Hospital, as Captain McGarry, the Army Liaison Officer, looks on. Sergeant Tiernan, Specialist Four Hilbert and Private First Class Braswell received wounds while participating in action against a hostile force in Vietnam.

Sergeant Tiernan and his wife reside on Troy Drive in Newport News, Va. Specialist Hilbert is from Hialeah, Fla., and Private First Class Braswell is from Pine Level, N. C.

HOSPITAL GUN CLUB



Members of the gun club pictured above are from left to right: A/3c D. Ordex, USAF; LT J. Moga, (MC) USN; LT B. E. Smith, (MC) USN; LT A. J. Bourgeois, (DC) USN; LCDR D. J. Scott (MC) USN; HM3 G. Kunkle, USN; HM3 T. V. Dayle, USN; LT N. A. Garcia (MC) USN; CAPT P. O. Geib, (MC) USN; LT G. P. Sierchio (MC) USN; and HN L. E. Cass, USN.



Carol Sims, HM2, models a paper dress at the party for the 26th anniversary for the Waves.

Pharmacy Opened



The Naval Hospital Pharmacy was officially open after extensive renovation at a ribbon-cutting ceremony on October 29, 1969. The Commanding Officer, Rear Admiral J. L. Yon, Medical Corps, U.S. Navy, officiated at the ceremony.

PARK VIEW GATE



Gate Guard Captain BM3 B. F. CLAIR (on left) and SN D. J. WORDEN pass a car through the Park View Gate.

Bravo Zulu!!!

Meritorious Service Medal

Capt. Shelly A. Savage
Cmdr. Timothy P. Collins
Lt. Cmdr. Les Moore
Lt. Cmdr. Anne Swap
HMCM(SW/FMF) John D. Bush

Navy And Marine Corps Commendation Medals

Cmdr. Cathy A. Harrison
Cmdr. Cynthia R. Joyner
Cmdr. Kathleen D. Ranev
Lt. Cmdr. Richard L. Biggs
Lt. Cmdr. William J. Brunsmann
Lt. Donald A. Butler
Lt. Cmdr. Karen Ecarus
Lt. Cmdr. Donna M. Haase
Lt. Kristen A. Lewis
Lt. Todd R. Otten
Lt. Cmdr. Mark E. Snyder
Lt. j.g. Eric M. Harmon
HMCS(SS/FMF) Randy S. Briedel
HMC Charles N. Butler
HMC David J. Harrell
HMC(SW/AW) David Haskins
HMC Jeff A. Nicolaides
HM1(FMF) Robert D. Gibson
HM1 Christine M. Kohl
HM1(SW/AW) Vincent L. Walker
HM2 Jason K. Noble

Navy And Marine Corps Achievement Medals

Lt. Cmdr. John S. Heath
Lt. Cmdr. Ricardo L. Riegodedios
Lt. Cmdr. Sam O. Wanko
Lt. Liza S. Benedito
Lt. Cmdr. Richard Biggs
Lt. Kristen M. Birdsong
Lt. Eric J. Bopp
Lt. Karen E. Bullock
Lt. Lana M. Cole
Lt. Cmdr. James C. Kelly
Lt. Richard R. Harvey
Lt. John W. McNeill
Lt. Amy Niederhauser
Lt. Patrick S. Myer
Lt. Louisa L. Pirmann
Lt. Daniel A. Rakowski
Lt. Christopher B. Scuderi
Lt. Michael P. Shusko
Lt. Melissa L. Stanley

Lt. Heather J. Ventura
Lt. Michael E. Williams
Lt. j.g. Ruby L. Moore
HMC Darryl C. Adolph
EMC(SW) Alexander Glover
HM1 Michael R. Gudelski
HM1 Angela Harrell
HM1 William Perez
HM1 Antione Smith
MS1 Nicholas Wandishin
HM2(FMF) Ebernezer K. Alekwana
HM2 Carol A. Buffington
HM2(SW) Christopher O. Coll
HM2 Russell E. Gardner
MS2 Norman R. Gatlin
HM2 Jean Littlefield
HM2(SW) Julie A. Madson
HM2 Pamela A. Melanson
SH2 Tyrone Nicholas
HM2 Jason Noble
HM2 Dominic J. Romanski
HM3 Sarah A. Grogg
HM3 Valeria L. Moore
HM3 Jane J. Nonthaveth
HM3 Rosa M. Rubin
HM3 Brittany N. Sanders
HM3 Willow K. Triplett
HM3 Chelsea L. Turner
HM3 Christopher L. Wilson
HN Jennifer L. Bell
HN Nettie N. Gordon
HN Sally Gutierrez
DN Jason W. Snider

Letters Of Commendation

Lt. Cynthia K. Christian
Lt. Tonie P. Edwards-Gaskin
Lt. Irene G. Irby
Lt. Mark A. Thomas
Lt. j.g. John Deloge
Lt. j.g. Robert J. Roadfuss
Lt. j.g. Lavonta E. Thomas
Ens. Luis Calderon
HM1(FMF) Mark J. Chrzanowski
HM1(AW/SW) Mercedes Anderson
HM1 Ronald S. Maxwell
HM2 Carlos G. Bauza
HM2 Wayne Krause
HM2 Gregory McLean
HM2 Dominic J. Romanowski
HM2 Joan Santana
HM2 Edwin D. Yanza

HM3(FMF) Elizabeth Alcanciado
HM3 SW/FMF Norris K. Cason
HM3 Alex Cabrera
HM3 David A. Cortez
HM3 Pamela J. Grzesikowski
HM3 Ingrid D. Knight
HM3 Gretchen Kohl
HM3 Jocelyn Martinez-Delgado
HM3 Marian D. McFarland
HM3 Lindsay Penna
HM3 Renee Romero
HM3 Allan C. Rosete
HM3 Kevin K. Sutherland
HM3 Maksim Tsionsky
HN Charles K. Amaquah
HN Christopher Beaton
HN Caston J. Brown
HN Jason E. Garcia
HN Vanessa Lerma-Medrano
HN Rebecca A. Never
HN Katherlyne Newbill
HN Sue Ellen M. Turner
CIV Barbara O. Bouvier
CIV Ruth M. Leveston
CIV William Monell
CIV Cathy Wright
Breakfast with Santa Group Award (4)
Operation Enduring Freedom Group Award (5)

Letters Of Appreciation

YN3 April C. Davis
HM3 Robert J. Harvey
HM3 Jessica V. Harvey
HN Jermardrick Robinson
HN Irina Razumousky
HA Kendrick Brooks
Breakfast w/Santa and Command
Christmas Party Group Award (76)

Military Outstanding Volunteer Service

Lt. Santiago B. Camano
HM2 Theodore Harrison

Navy Meritorious Civilian Service Award

Judy H. Peacock, CIV
Shelby B. Stevens, CIV

Certificate of Recognition

Patient Administration Group