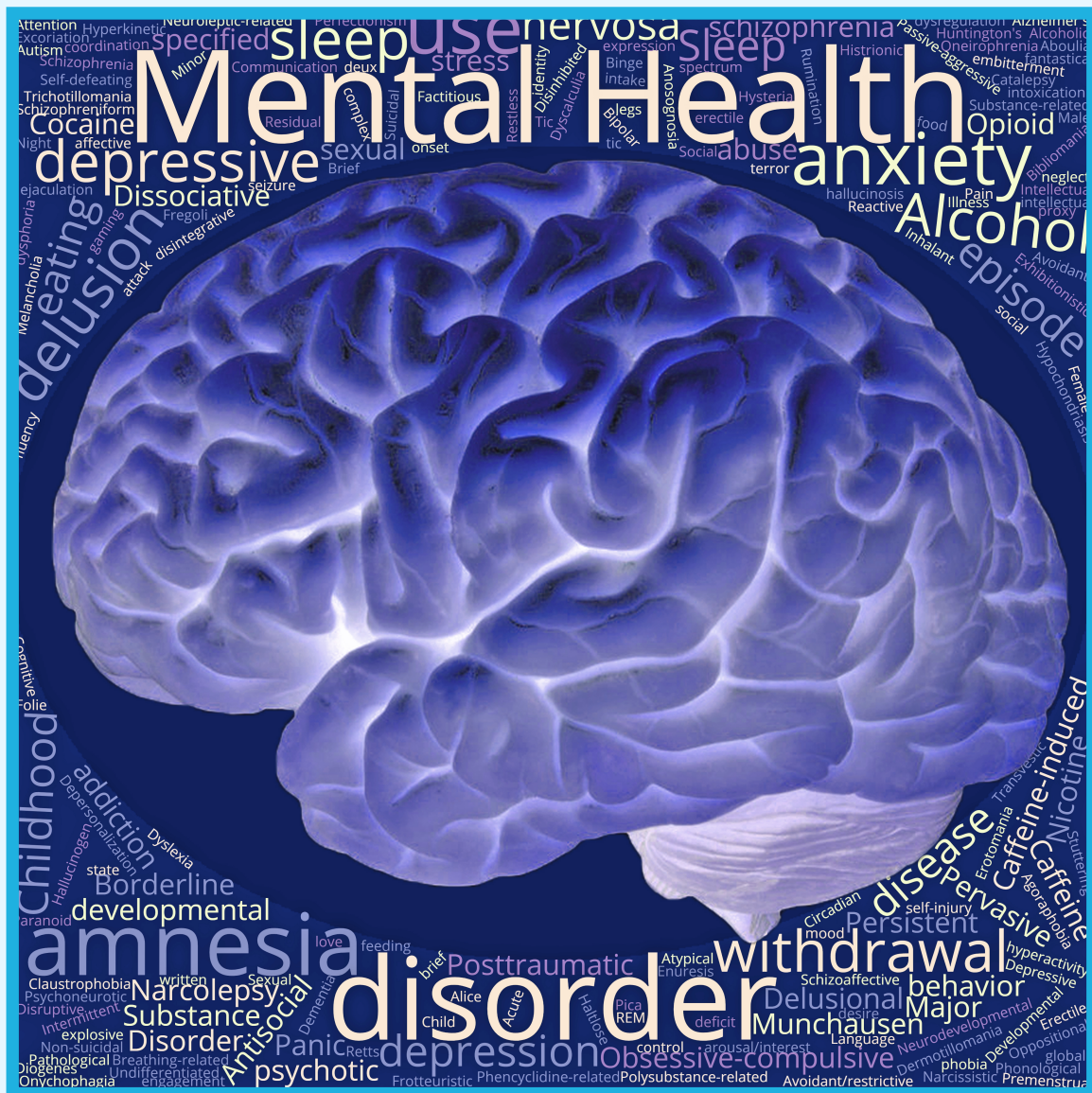


# THE HIPOSPRAY



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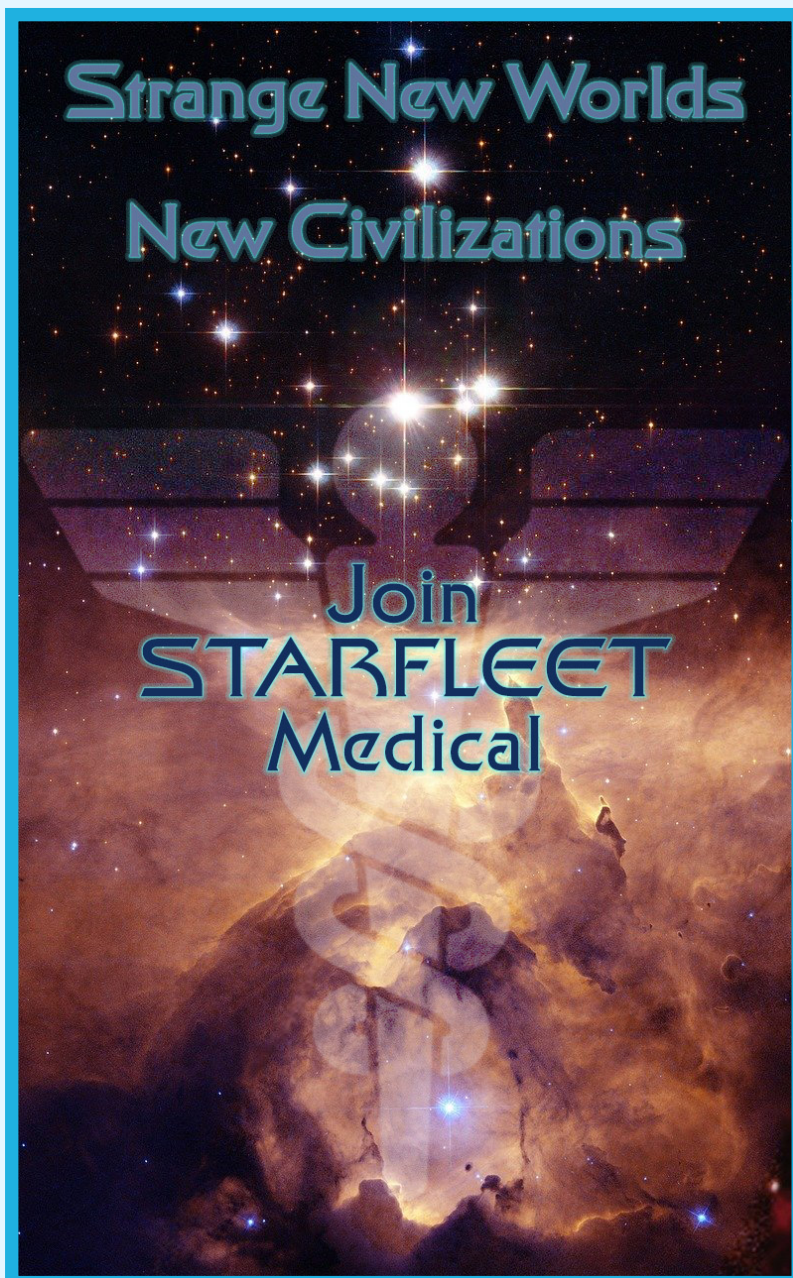
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The Hypospray is produced for STARFLEET International members by  
the STARFLEET Medical Auxiliary Programme.



## From the Editor's Desk

These have been strange times, indeed. As we feel a bit disconnected from others and our “normal” is changing, mental health and disability awareness are very important. We are all dealing with different things, and have myriad coping mechanisms. Never be afraid to speak up about how you are feeling! Please grab a cuppa and enjoy this edition of the Hypospray!



Jessica Odell  
Editor In Chief

*For Jack*



# Welcome to The Hypospray

In this time of ambiguity and uncertainty, it is important to look after your mental health, something we hope to address within this issue and provide what support we can to us all during these life changing times.

COVID-19 has instilled a level of fear and anxiety in us all. As it has isolated us physically, we have felt isolated mentally. We have all felt feelings of depression as we missed friends, family and loved ones. Yet for many of us, these feelings are just a small glimpse into what it is like to be living with anxiety, depression or other mental health challenges. For many, these issues were a daily struggle before COVID-19 and they will be afterwards--perhaps made worse by the pandemic.

It is important that we look after our mental, as well as our physical, health.

Captain Mark Logan PhD, SFMD

Surgeon General

STARFLEET Medical

## From The Office of The Surgeon General



Mark Logan, SG



Pippa Slack, DSG

Thank you for being a  
part of STARFLEET  
Medical, and thank you to  
all of the contributors!

LLAP,  
Jessica Odell  
Editor in Chief

# The Stigma around Mental Health

Over the last couple of years, the stigma and taboo around mental health has slowly decreased and yet is it still very common to encounter those who view those who have mental illness in a negative light. Due to this stigma, those with mental health issues may be reluctant to seek treatment as they may be afraid of how those around them would react if they find out. This is completely valid as we often hear stories of how someone's parents refuse to believe the child when they say they may have a mental illness, therefore denying treatment for them.

To battle the stigma around mental health we must first battle the stigma in ourselves. This can include getting help for any mental health issues you have or you suspect to have, talking to your friends or the people you trust. When you get rid of the stigma inside you, then you can truly fight the stigma around you. You can do this by speaking out when someone makes an inappropriate joke about mental illness, speaking up and raising awareness about mental health illnesses.

Ens. Felicia Hung  
ASG R19



Join Region 20 at their biennial  
[Regional Summit in Belfast!](#)

Always a brilliant combination  
of StarTrek and camaraderie,  
it shouldn't be missed!

May 14 - 16 2021

# Disability Representation in Trek

One of the core foundations of Star Trek is the idea of IDIC – infinite diversity in infinite combinations. As Roddenberry's son, Gene "Rod" Roddenberry, Jr., said in "The Fifty Year Mission," an oral history of "Star Trek" by Mark Altman and Edward Gross, IDIC is "one of the backbones of the original series" and focuses on the idea of "universal acceptance."

While this is reflected in the ethos of Trek, it hasn't always been the case in practice, and despite all the boldly going to ensure accurate representation the one area that still needs improvement is disability. When exploring disability it is worth getting a basic understanding of the medical model of disability and the social model of disability, as they can be two different ways of thinking and talking about disability and the themes of these are reflected throughout this article. The medical model views disability as a problem to be fixed and that the issue is with the person, whereas the social model of disability suggests that the environment is what is disabling. Put simply, a disabled person can't get into a shop not because of a medical condition, but because the shop doesn't have a ramp or has a step at the door. That lack of accessibility is the disabling issue and not something to do with the person, and while this is a simplistic overview of the models it's important to consider them when reflecting on certain depictions within Trek.

The issues with disability representation can seem shocking to fans of the show, who will automatically point to Geordi La Forge who is a visually impaired character as their go to depiction of disability on the show, and indeed there are disabled characters within Trek, but the issue isn't solely that there aren't enough disabled characters, the issue is in how they are depicted at times.



Star Trek tends to either ignore disability, use it as a 'super power', present it as a tragedy, or 'fix' it in the space of an episode. My hope is to provide food for thought on this issue that might allow you to reflect on disability representation on the show in a new light.

### **Ignoring Disability:**

When it comes to the issue of ignoring disability, you ignore it you fail to acknowledge the everyday access needs a person might require. For example, if someone said to me they don't see disability they just see the person, then by extension they don't see the need for a wheelchair ramp for me to access a building. This can have a knock on impact with people not including the need for adaptations in event planning, designing buildings, etc. When people choose to 'not see the disability' they look past an important part of a person's identity and lived experience, and it is important that disability isn't ignored because we don't live in a utopian society where accessibility is standard and understood in terms other than just wheelchair access, and neither is Star Trek the utopian society that it might appear to be.

Disability representation matters, and the mere presence of a disabled character is not enough, the future Star Trek showcases is an idealistic one in which, as a society we have overcome issues of inequality, although this isn't always the case in practice, even within the future envisioned as the characters come across societies which do not always share this ideal. Despite the attempts for the show to showcase this utopian future, the audience for this future are those in the present day.

We do not live in an ideal society in which there is no inequality. Disabled people are still having to fight for their rights, or to have disabled people play disabled characters on television. Disabled representation is severely lacking and isn't just 'invisible' within Star Trek

in how it is depicted, but much wider in the actual depictions of disability, with only 2.7 percent of characters in the 100 highest-earning movies of 2016 being depicted as disabled and in the primetime TV season of 2018-2019 only 2.1% of regular characters were disabled even though globally 10% of the population is disabled, which is about 650 million people.

Discovery has made some moves to address this, with the addition of a wheelchair user in the background during episodes of the show, and plans to bring in a recurring cast member who is a wheelchair user. However, there is a fine line in how the writers choose to depict the character. It is refreshing to see a disabled character go about their on the ship and simply exist as a person who is in Starfleet, and not as a



plot device for an episode's narrative or to inspire, but while the future is hopefully less ableist, disabled characters will still at times need to have access needs addressed, such as how Melora Pazlar required a low gravity setting in her room on the ship in DS9. The inclusion of accurate representation is vital here as historically it tends to swing to extremes and the inclusion of marginalised groups on screen engaging in everyday mundane acts can go a long way to challenging stereotypes and assumptions and lead to more equality and acceptance, but the key is that their disability must not be ignored but be accepted as a part of them and included within the show, not glossed over, ignored, or resolved in the space of an episode, such as Miles O'Brien's trauma of 20 years in prison, experienced in a few short hours as punishment in "Hard Time" (ST:DS9) Nog's trauma of the Dominion War and the loss of a leg in

"The Siege of AR-558" (ST:DS9) and "It's Only a Paper Moon" as well as B'Elanna's depression and self harm in the ST: VOY episode "Extreme Risk."

### **'SuperPower'**

Geordi La Forge is a blind character, and uses a VISOR which he first received as a child (TNG: "Hero Worship") to see in the series and later has ocular prosthetic implants in the last three films. The VISOR allows him to do things a non-visually impaired person can't, it enabled him to "see" throughout the electromagnetic spectrum, from heat and infrared through light and radio waves and enabled him to detect human vital signs such as temperature, heart rate, their mood and the ability to detect lies (TNG: "Heart of Glory").

In this way his VISOR falls into the unfortunate trope of superpowers that disabled people 'acquire' to compensate for being disabled. This sort of approach usually occurs to try and compensate for the unfortunate and harmful narrative that suggests that disability is a tragedy, however, at the same time by ascribing superpowers to disabled people because of their disability can also be harmful, a better depiction would be a superhero who just so happens to be disabled, but isn't a superhero because of their disability. Geordi could be argued to have been better served if his disability hadn't been written in a manner where it made him 'super powered' because this has an underlying narrative that he needs to be 'extra' in some manner to hold his current position, when he actually is a brilliant officer in his own right regardless of what the VISOR allows him to do. No-one suggests he isn't able to work because of his disability, but this isn't extended to other disabled characters such as Melora in DS9 whose ability to do a mapping mission alone is questioned, whereas Geordi, who has additional abilities due his VISOR doesn't have his abilities questioned, but the disabled character who doesn't have additional abilities due to their disability does.



His character could have been written to show the adaptations people who are visually impaired use and would require on the ship and helped to normalise them to the audience, because even in the future of Star Trek, not all conditions or disabilities can be 'fixed' and there are characters who do not want to be 'fixed' (Melora: DS9) but he instead has a VISOR which not only allows him to 'see' but provides additional features.

When we see stories of disabled people in the media there is a narrative that focuses on the overcoming, claiming that they are inspiring because they have done something, and this stems from the fact that many people consider disability to be a disaster or even negative word, preferring to use terms such as differently abled or handi-capable. These examples are presented as something inspirational with many viewers commenting that it has made them reflect on their own life. Disabled people tend to just be living their everyday lives but are viewed as inspirational for doing so and I doubt many people think they are inspiring climbing a set of stairs or making a cup of tea.

Disability needs to be normalised and accepted and this requires a change in the narrative which shows such as Star Trek can help to influence. Geordi is an important part of disability representation within Star Trek, but his depiction isn't without its issues, his VISOR is a technology that both Crusher and Pulaski are unfamiliar with, suggesting it isn't something that is accessible to all visually impaired people in the future and as such if another officer who was visually impaired was on the ship, other characters might wonder why they don't use a VISOR as Geordi does, even though the VISOR causes him pain. Lived experience is individual, and Geordi unintentionally creates an assumption that all visually impaired people in the future will be like him, when the reality within that universe isn't the case

And in fact, it is only in the novel *Ghost Ship* that it is established that Geordi was one of the few individuals who could actually wear a VISOR due to the amount of energy it used and the painful amount of information it sends to the brain, when he changes to ocular implants with electric blue irises, those provided even more abilities than the VISOR did (TNG: "Encounter at Farpoint", "The Masterpiece Society", "Hero Worship", "Heart of Glory"; Star Trek: First Contact) and this can fall into a troubling trope of 'disability superpowers' because it can give the impression, even if not explicitly stated, that a disabled person is only valuable if they can somehow 'make up for' their disability, which devalues the person. In doing so the disability becomes a superpower, and at times makes it so that the disability may as well not exist. This invalidates the actual lived experience of disabled people and is an unrealistic and unrepresentative depiction of disability.

Geordi is more than his VISOR, although it is an integral part of him and even when offered an alternative by Pulaski, he refuses and basically says he likes who he is, he doesn't need to change and become non-disabled, but this rhetoric of liking who he is and not needing to change or conform is muddled in the movies with the ocular implants, overall, his depiction is perhaps one of the best within Star Trek, in part due to the fact he was a main character whose character was given space to grow and be disabled across the series rather than just within an episode, but the depiction isn't without its issues.



## Tragedy/Fix it

Melora Pazlar was an Elaysian Starfleet officer who needs to use mobility aids when on the DS9 station because her home planet has very low gravity, and her storyline was an important moment for disability representation on the show, as it was written by a disabled writer and also helped to challenge ableist assumptions that many viewing may have held.

The episode was written by Evan Carlos Somers who used his own lived experience of disability to inspire the episode, he stated that, *"I didn't think I should let anyone else write this. I could bring some empathy to the character because I am disabled."* (**Star Trek: Deep Space Nine Companion**, p. 93; **The Official Star Trek: Deep Space Nine Magazine issue 6**, p. 60)

The fact that the episode was written by a disabled person is evident throughout (although other writers did rewrite parts) and it was inspired in part in contrast to the Star Trek; TNG episode 'Ethics' in which Worf's spine was damaged and he was paralysed and decided that he would rather die by suicide than be disabled. This episode put forward a message that a disabled life was worthless or less valuable and Evan Carlos Somers said, *"Even though Worf is an alien and it's just a TV show, everyone knows we're making statements with Star Trek. Messages and values are being broadcast loud and clear. I resented the message in 'Ethics' – that Worf is worthless now that he's disabled and therefore must kill himself. I'm sorry that the portrayal had to exist at all."* (**The Official Star Trek: Deep Space Nine Magazine issue 6**, pp. 60-61)

However, the episode of Worf debating death due to disability isn't the only time this theme has occurred on Trek. "The Menagerie" (ST: TOS) depicts Pike as a disabled person, and in this episode, he seeks to



go to Talos IV because the Talosians can make him live an illusion where he is no longer disabled. This planet also has a death penalty for anyone from the Federation traveling to it, and within this episode Pike would rather risk death and possibly live an illusion than live as a disabled person. This implies that death is preferable to disability but the other frustrating part of the episode is that despite the technology on hand, all they have been able to do is teach him how to say yes and no via beeps on the machine/wheelchair he uses, and given the technology of the universal translator it is entirely possible that they could have created something more effective for him such as the system Stephen Hawking used. The fact that the writers of the episode couldn't envision any other very simplistic ways for him to communicate or live his life is reflective of their own internalised ableism. Even when Pike does express his wishes in the episode and says No to Spock throughout, this is ignored, and while he does eventually say yes to the Talosians offer, the fact remains that the agency of Pike is ignored throughout the episode.



It could be argued that the depiction of Pike improves within the JJ Abrams verse, but even in this the chair he uses needs to be pushed by someone else, even though it floats and he could easily have used a wheelchair that he could propel himself with technology and so not have relied on others. The implication here is that he can't be independent and needs others to exist, this could feel like semantics, but the depiction of Pike in this universe is solely for story progression and as 'crutch' to the narrative, something known as narrative prosthesis in which a disabled character exists solely as a metaphor or for another character to grow and learn from. Pike falls into the trope of 'bury your disabled' which is similar to the trope of 'bury your gays' in which the character is killed off, but not before Spock performs a non-consensual mind meld on him

and gains insight into human emotions and the issues around death, his death also helps propel the story of Kirk through the loss of another father figure, and he exists as a narrative tool and little else.

The issue of death being preferable to disability within Trek and specifically within the episode in which Worf is paralysed, led to Evan Carlos Somers writing the character of Melora as he wanted to have a disabled character who was accepted for who she was and who didn't have to change, he felt that this would be best achieved, if he had Bashir, *"find a cure for the disability, and for the character to turn it down. That was the real driving force behind my wanting to do this episode."* (The Official Star Trek: Deep Space Nine Magazine issue 6, pp. 60-61)

The episode is complicated, while it is written by a disabled person and does depict some of the frustrations of being disabled in an inaccessible world, it does seem to convey a tone that the frustrating things are 'normal' and to be expected and that Melora is wrong or has a bad attitude to respond as she does. This starts at the very beginning when Melora has requested a specific type of wheelchair as she knows her own individual needs the best and they provide an alternative to what she requested and tone set is that she is somehow ungrateful, even though assumptions about her and her needs are throughout the episode and are taken without consulting her. Such as when she appears and finds that Bashir, Dax and Sisko are discussing if she can handle her mapping mission on her own or not but don't include her in the conversation. She chooses not to make them comfortable and acquiesce to ableism and assumptions and it is seen as rude. Erving Goffman wrote *Stigma: The Management of Spoiled Identity* and suggest that when you have a physical disability, such as Melora has (although it can occur with invisible disabilities too) that a person stands out and is othered, their difference makes others uncomfortable as they do not fit the norm and because of that the onus is on the disabled person to make others feel comfortable

around them and this can be seen in disabled people joking about their disabilities or minimising it for others, accepting help even when it is condescending or unhelpful and that disabled people have to negotiate the world and their interactions in it, but Melora is tired of this and she doesn't do this. It's refreshing, but without the nuance of explaining that numerous micro aggressions can accumulate and so that one of them can be the straw that broke the camel's back.

It is important to understand that Star Trek series such as TOS, TNG, VOY and DS9 were products of their time, and had a vision of the future which assumed that disability was a thing to be fixed, as per the medical model of disability rather than the social model which would considering the wide variety of races and cultures they meet throughout the series would have been more suitable as adoptions would need to be made to meet their individual needs, same as what a disabled person would require when serving onboard the ship, much like how the crew use sign language when in ST:TNG "Loud as a Whisper" when Riva, the mediator, who uses three others, 'a chorus' to communicate loses that communication aid when they are killed, although initially unfortunately Picard does shout and talk slowly to Riva when trying to communicate. The depiction of disability on Star Trek is complex, it can have more well rounded characters like Geordi, even if at times their character falls into tropes and at other times it has more reductionist and simplistic depictions, hopefully going forward, Star Trek can build and improve its disabled representation and ensure that disabled people are playing disabled characters, that they have more disabled writers and a wider array of voices around the table. Star Trek is a utopian ideal future in which everyone is accepted, and that begins with accurate and realistic depictions within the series which can help lay the seeds from which the future Trek shows can grow.

LCdr Felicity McKee



# Ops Report

## **STARFLEET Medical Awards Programme.**

After a period of review and revision, I am pleased to advise that the revised STARFLEET Medical Awards Programme was launched on 1st September 2020. The new programme is slimmer than before, this is due to all training awards being removed and slotted into a separate programme.

Awards are grouped in 3 categories:

**Occupation:** These awards recognise outstanding personnel who make a contribution in their own communities that reflects the ideals and goals of STARFLEET Medical.

**Life:** These awards recognise achievements that fulfil the ideals and goals of STARFLEET Medical.

**Service:** These awards recognise service to STARFLEET Medical as well as an individual or group's exemplary actions within STARFLEET Medical.

ASG's are now fully involved - Unless a delay in awarding is requested, for example to allow for presentation at a chapter or region event, awards will, when approved, be sent directly to the relevant ASG for presentation. They will be announced regionally as well as being announced on the main STARFLEET Medical Facebook Group.

The biggest change however, is the move away from using ribbons as the formal way to recognise awards in SFMedical. We moved away from ribbons due to concerns that we were using ribbons that are also used by National Guard units. Now while that might not be a legal issue, we were more concerned about causing unintentional offence or upset, so we have moved to a system that is unique to SFMedical. This in no way detracts from any previous awards made, those are still completely valid

and serve as recognition for past achievements, but going forward we will be unique when we celebrate the achievements of our members.

The awards manual is available on the Medical website at: <https://medical.sfi.org/sfm-awards/awards-manual/>

Applications for nominations are equally welcomed from either the member concerned or from others.

For all STARFLEET Medical awards, nominees must meet the following requirements:

1. Be a member in good standing of STARFLEET, The International Star Trek Fan Association, Inc.
2. Be affiliated to STARFLEET Medical on the SFI database
3. Be recorded as a member of STARFLEET Medical via the medical website

For each award, full information must be provided; failure to do so will cause a delay to the issuing of the award.

Applications should be made directly via the form on the STARFLEET Medical website: <https://medical.sfi.org/awards-nomination/>

Please ensure that you select the correct category of award from the dropdown lists.

While STARFLEET Medical staff endeavour to process awards in a timely fashion, if applications are being made for presentation at specific events, at least 6 weeks' notice is requested.

I look forward to announcing the excellent work being undertaken by our members very soon!

VADM Richard Sams  
Chief of Operations  
STARFLEET Medical

## STARFLEET Medical Training Programme

After a period of review and revision, I am pleased to advise that the STARFLEET Medical Training Programme was launched on 1<sup>st</sup> September 2020. This new programme has been instigated to assist in exposing members of STARFLEET International (SFI) to the wide range of medical related academy courses available, a series of 10 CORE training levels have been created. Each core level is comprised of ten (10) courses, giving a total of 100 courses to be completed.

The levels must be completed in order, commencing with level one (1), and certification in each level is available by submitting a completed Medical Training Records Application. All 10 MTRA's, and the training manual can be found on the Medical website: <https://medical.sfi.org/resources/medical-training/>

This training programme is open to any member of SFI who affiliates with STARFLEET Medical (database affiliation and STARFLEET Medical registration).

When submitting your MTRA's, you MUST include evidence of course completion – this can be copies of the relevant certificates, or screenshots from the database. MTRA's submitted without evidence will be returned.

One really important thing to stress – You DO NOT have to complete training at any level to hold a role in SFMedical. All of the core training levels have been given titles, some of which mirror roles in Medical, but there is NOT a requirement to complete training to the level of your current role.

The long-term aim is to add specialisms – a longer series of courses that focus on a specific aspect of Medical – so any ideas for

these (which ideally will consist of the title, theme and relevant courses) is welcome, you can send these direct to me at [medicalop@sfi.org](mailto:medicalop@sfi.org)

I am truly grateful for the advice and guidance of the relevant STARFLEET Academy Directors in identifying the most relevant courses to use.

VADM Richard Sams  
Chief of Operations  
STARFLEET Medical



# From The Regions

## Region 2

### Hurricane Preparedness

Greetings fellow STARFLEET members! I am honored to serve as the newly appointed Committee Chief for Emergency Preparedness with STARFLEET Medical. By way of brief background, I am a former active duty Air Force pilot and volunteer firefighter. I currently volunteer as a Team Leader with my county's Community Emergency Response Team. I also teach emergency preparedness courses, so this is a subject near and dear.

As I write this, the eastern seaboard in North America, the Caribbean, and Western Atlantic are approaching the height of hurricane season. Hurricane season in the Atlantic runs from June 1 to November 30 but tends to peak from August to October. Therefore, it seems relevant to briefly review hurricane preparedness.

Sound hurricane preparedness begins long before a hurricane's approach. Waiting until a hurricane is about to hit is preparing to fail. Anyone living in an area prone to hurricanes must develop a plan of action. Review your plan at least once a year before the start of hurricane season.

Ensuring you have the necessary emergency supplies (water, non-perishable food, and medicine) is a critical part of your hurricane preparedness plan. A significant recent change in emergency planning is the number of days' worth of supplies officials recommend having on hand. Some governmental sites continue to advise having only three days of supplies. However, this is an outdated recommendation. Based on lessons learned from recent large-scale natural disasters, more and more



agencies recommend a minimum of 10 days of supplies, while the State of Hawaii recommends 14 days. Keep in mind that even in an area with little widespread damage, if the power is out, stores stay closed and ATMs do not operate. The supplies you have on-hand at the start of a disaster are likely all the supplies you will have until the restoration of at least somewhat regular services.

You should rotate items through your emergency supplies to keep them fresh. Please, do not engage in panic buying as a storm approaches, only to throw it all out (or try to return it to the store) after the storm passes. Smart planning means maintaining your emergency supply in a constant state of readiness so it's good to go if you need it.

Don't forget pets in your emergency planning. You must include them in your count for having enough food, water, and medicine on-hand. If you live in an evacuation area, have a plan for taking care of your pets. Only designated evaluation centers accept pets and often have specific restrictions and policies – know them ahead of time.

Along with your emergency supply of food, water, and medicine, maintain a disaster kit with other items you might need. FEMA recommends things like battery-powered flashlights, first aid kits, extra batteries, a whistle to signal for help, dust masks, plastic sheeting and duct tape, moist towelettes, a manual can opener for food items, and local maps (paper in case the power is off and you can't charge devices or access the internet). You likely won't have internet access following a serious disaster, so have a battery-powered radio to receive news and updates. Along with these items, maintain a basic toolkit with things like a hammer, wrench, pliers, screwdrivers, work gloves, and a saw.

Keep important documents like birth certificates, passports, IDs, and insurance papers up to date. If you can, store them in a waterproof container you can easily take with you if you need to evacuate. Make

digital copies of these records and store them securely with password protection. This provides you backups if the hard copies are lost or damaged.

If you live in an evacuation zone, know your evacuation route. Have a go-bag for each member of the family (don't forget pets) with essential items that you can easily throw in your vehicle as a storm approaches. Despite the hype and sensation some media outlets like to create, National Weather Service officers emphasize that when they call on us to evacuate, they mean by tens of miles, not by hundreds of miles. People flooding the highways who don't actually need to evacuate put those who do need to evacuate in danger.

Have a sound communications plan. If you live in an area prone to hurricanes, I recommend having a designated relative or friend who lives outside the area to whom you will relay your status. That person then serves as the point of contact for everyone else who wants to check on you. Keep in mind that cell phone service will likely go down in a widespread disaster. This happens both due to damage to equipment, along with the fact that phone companies move remaining bandwidth to emergency services since their ability to communicate is a priority.

Finally, get trained! Learn CPR and first aid. Enroll in a CERT course. As history shows, in the wake of a large-scale natural disaster, you will be on your own for some time. Having some basic skills can be the difference between life and death in these situations.

Along with these brief tips, I also recommend visiting the FEMA hurricane preparedness website at <https://www.ready.gov/kit> for more information. Failing to prepare is preparing to fail. Have a plan. Be ready!

CMDR Steve Schultz

Committee Chief for Emergency Preparedness, STARFLEET Medical

## Region 9

### Contraception in Star Trek

Even in the future, the question of birth control by different means arises. In TOS, the subject is not addressed directly because censorship at that time was very stringent, but the writers had still contemplated it. It was considered at the time that unmarried female serving in Starfleet would have received a mandatory contraceptive injection each month, which would not be mandatory for married female. In the case of pregnancy, the woman could have been given the choice of medical demobilisation or a change of duty for the duration of her pregnancy.

Contraception is still approached in a vague manner in the episode of TOS "The Mark of Gideon" (Season 3, Episode 16). In 2268, the crew of the Enterprise were on a mission to the planet Gideon. The population of the planet were a people called the Gideans. The Gideans regenerate, resulting in overpopulation due to the rarity of death on the planet. Kirk proposes that the Federation can provide equipment to prevent the further overpopulation of the planet.

In the 24th Century the subject is much more freely discussed due to the less stringent censorship at the time. In the DS9 episode "The Dogs of War", we learn that Benjamin Sisko, concerned about the war that is reaching its climax, has forgotten to renew his contraceptive injection despite repeated reminders from his CMO, Julian Bashir. This results in Kasidy Yates-Sisko, his wife, becoming pregnant. In the Extended Universe, Kasidy gives birth to a girl which she names Rebecca. It is however, unknown how often this injection should be administered to remain effective.

The case of Benjamin and Kasidy raises a question. In this case the contraception is the responsibility of the male, since the omission of this injection causes a fertilization. Is this the case for all couples or

are there specific factors in this scenario? Did Kasidy have a problem that prevented her from using birth control as well? There is no mention of any female contraception, even though it probably existed.

For Starfleet in any case, the Chief Medical Officer is responsible for administering the injections and providing necessary reminders before the next dose is due.

At present in our time, a form of Progestin injection for females exists but not a regular injection to be administered to males. Females presently are required to receive this injection every 12 weeks. It should be noted however, that a form of contraceptive injection for males has been in development for several years in a laboratory in India.

Anne-Laure Perrin  
CMO, USS Versailles (R9)

## Region 20

### A Modern Sickbay

**Sickbay: The most advanced medical facility in Starfleet, or woefully unprepared?**

Please state the nature of the medical emergency.

Ok, I'm only kidding, I'm not a hologram. I'm LCDR Andy Walker, SFMD. Chief Medical Officer on board the USS Appleton NCC-97001, and also Assistant Surgeon General for Region 20, STARFLEET. Welcome to my Sickbay. You'll be familiar with multiple incarnations of Sickbay by now, as it has appeared in some form or another in every Trek series or movie since 1966. While some watch Star Trek and want to sit in that centre chair of the bridge, commanding starships and making life-or-death decisions for the crew, many of us who find ourselves in STARFLEET Medical often don't share this need. We wear a different colour at our shoulders, walk a different path, but still have to make life-or-death decisions. Our home is Sickbay, this is where we do our duty.

One thing I've noticed over the years of watching Trek, is that sickbays are often radically different, not just based on what time period or level of technological advancement they appear in. From Bones's sickbay on the original Enterprise, to the EMH equipped sickbays of Voyager, Enterprise-E, and Prometheus, we've seen a wide variety of shapes and sizes of the main medical facility of a starship or starbase. Real-world, these differences (or similarities) are as a result of set design, including sets being repurposed or just reused for shooting different series or films. But what about in-world?





Credit: Memory Alpha

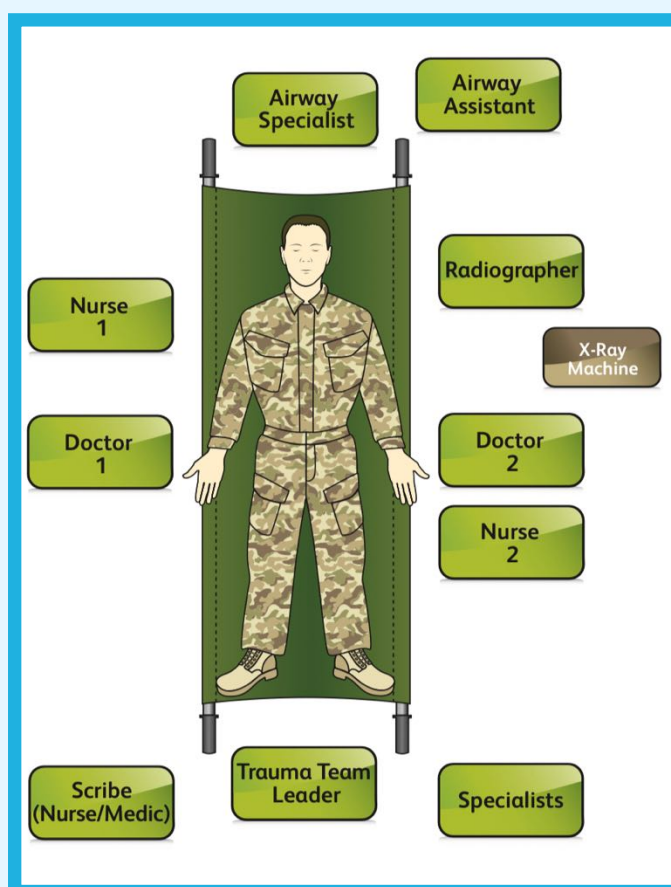
The sickbay of the USS Voyager, for example, looks at first glance very well designed, but then often seems woefully unprepared and lacking in resources for any given disaster that happens in that week's episode. I recently rewatched *Deadlock*, where the Voyager is split into two versions out of phase with each other. One is severely damaged by proton bursts from the other, and multiple wounded are hurried to sickbay from engineering and all over the ship. With only the holographic Doctor, Kes, and maybe a handful of other first aid trained staff such as Tom Paris, on hand to treat the wounded, the room quickly descends into chaos. I distinctly remember the Doctor triaging patients, saying one can wait (minor injuries) and instructing a crew member in a blue uniform to prep someone else for surgery. The Doctor even asks for a bigger medical facility during Voyager's run.

Now, many of us in the real life medical field will have experienced the bedlam that occurs in a major incident or busy Friday night in the ED. We, however, have the luxury of trauma teams and support networks. In the ED, in the perfect scenario, our patient arrives on the back of an ambulance, having already been assessed by a competent and qualified prehospital practitioner of some kind (Paramedic, EMT, etc). Immediate interventions will have begun to correct life-threatening conditions, and it's then down to the trauma team to continue, adjust, and then complete those interventions to bring about the patient's recovery.

One of the best setups I've seen in recent years has been led by the military (as medical procedures and advancements often are) at Camp Bastion in Afghanistan. The UK MoD made public clinical guidelines a few years ago, and I managed to get hold of one.

Credit: Clinical Guidelines for Operations, Joint Service Publication JSP 999

Ministry of Defence 2012



The attached image shows their trauma team setup, and as you can see, it resembles the "Formula 1 Pit-crew". It was this that gave rise to the "Formula 1 Pit-Crew" method of resuscitation, both in and out of the hospital setting. This method works best when practised regularly in training scenarios, and with clearly defined roles and responsibilities.

I would love to see an episode of Trek done from the point of view of Sickbay, and not necessarily in the middle of a major disaster response.

Modern medics, especially first responders in prehospital care, practise and drill repeatedly to hone skillsets and strengthen cooperation within the team, so that when a patient comes in, the Pit Crew method is set into motion quickly, easily, and seamlessly. I would love to see Trek medics doing similar training drills, working on and around patients in a simulation on the holodeck, keeping their responses and skills in peak performance. We've seen battle drills and officers competing on phaser ranges, so why not the medics?

I've already noted, Voyager's sickbay looks pretty comprehensive, with 3 biobeds arranged along one curved wall, a main surgical biobed in a dedicated treatment and isolation area, a doctor's office, and attached medlab and small morgue facility. But as soon as more than four patients arrive, it begins to get crowded and chaotic, with patients being treated on stools, on the floor, and even where they stand at times. All by one harassed, balding hologram, a childlike alien, and an ex-con helmsman who did a combat medic course. You feel like you're watching an episode of Casualty on a Saturday night, yelling at the screen "that's not an ET tube and that doesn't go there!" while flipping your tea all over the floor. Yikes.

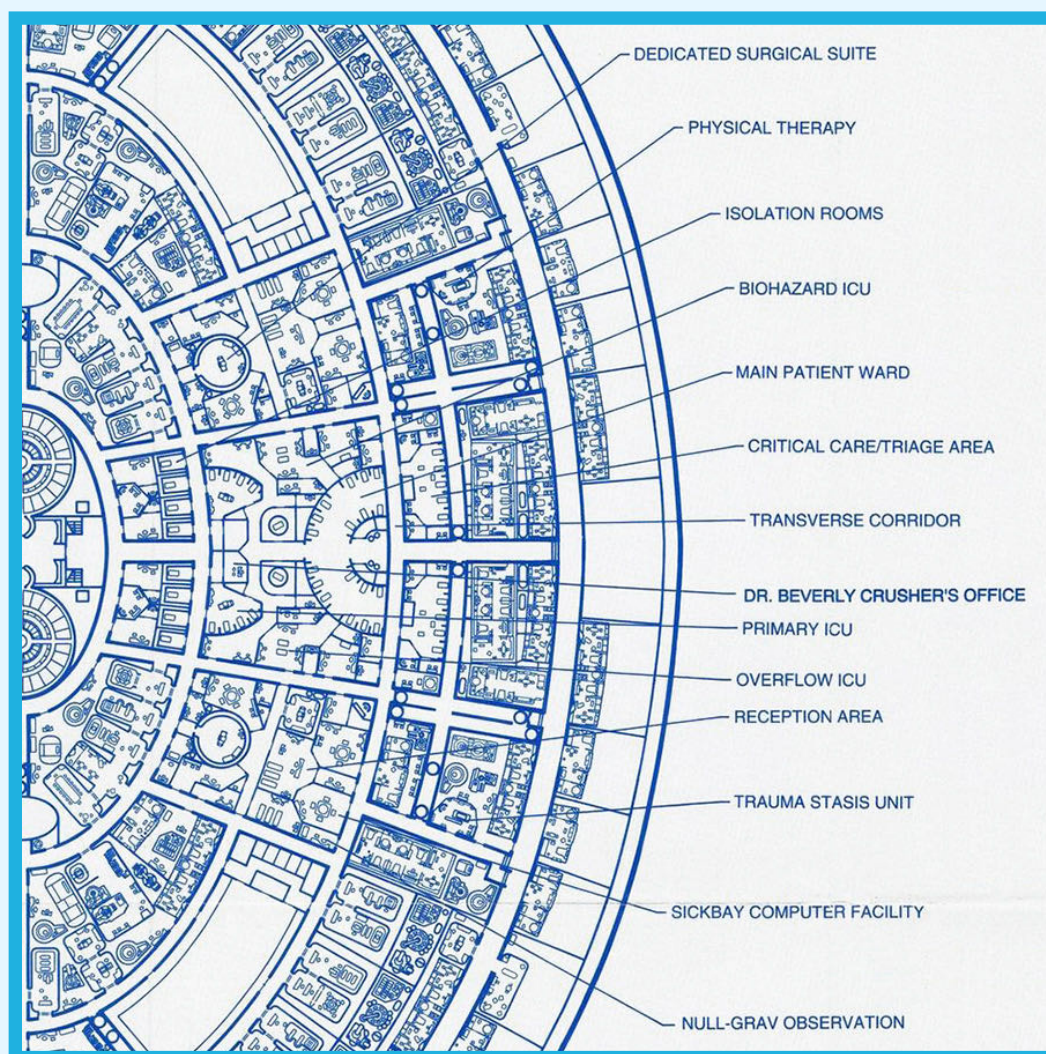
Where is our amazing, well-oiled and professional trauma team now? When one patient (usually seriously injured or affected by the Alien Adversary of the Week) is being assessed, the Doctor leads with Kes and the others supporting. After Kes leaves the show, the Doctor is often left completely on his own.

Remember, that Voyager's sickbay also appeared as the sickbay for the Sovereign class Enterprise E in both First Contact and Insurrection. This, for me, was the ultimate stretch of believability. Voyager is a small ship, fifteen decks with a crew of approximately one-hundred-and-fifty. The Enterprise is much larger, with nearer seven-hundred crew. But poor Beverly Crusher is expected to operate with the same kind of medical facility as a ship a third of the size? Double yikes! We later see a much



bigger facility in Nemesis, and a quick check of Memory Alpha will tell you the E has two sickbays, the smaller in the secondary hull, the larger in the primary saucer section.

And what about the Enterprise-D? The Galaxy class behemoth had a bigger sickbay than anything seen elsewhere, but it still only had one main biobed with four arranged along the outer wall, albeit in a more spacious arrangement. This is a redress of the sets used for Star Trek The Motion Picture and Wrath of Khan. While TMP shows only a handful of biobeds, TWOK shows bay numbers over the beds, indicating a massive semicircular ward encompassing McCoy's office and main surgical suite. So, just how big is a standard medical facility on a starship?



Credit: Star Trek: The Next Generation Blueprints

We now know from sources such as the TNG blueprints, that the Enterprise-D sickbay we see on screen is simply one small part of a much larger medical complex, encompassing nearly fifty beds in some capacity or another, and including ICUs, isolation beds, and even a dedicated dentistry suite. Now, we're into the realms of believability. A quick search online, and you'll find concept images and digital images based on them of the waiting area and main entrance to such a medical complex. Much more believable, although in my mind a little too big for the size of the ship.

How does this compare with real-world equivalents, and what would those be? Well, the UK has recently launched two Queen Elizabeth class aircraft carriers, the largest and most advanced ships ever sent to sea by the Royal Navy, and certainly a strong competitor to the likes of the nuclear-powered aircraft carriers of the US Navy. With a complement of up to sixteen-hundred, these carriers obviously need a medical facility to cater for such a massive crew. Daily medical needs such as GP, dentistry, minor injuries and illnesses, healthcare checks, alongside the potential to be taking casualties in a combat situation, all means the facility on board has to be self-sufficient and comprehensive.

I couldn't get much detail about them (MoD secrets, etc) but the publicly available information from the shipyards does state:

The expansive complex comprises of a number of treatment rooms, consultation rooms, an isolation ward, dental laboratory, resuscitation and theatre areas and the usual reception and medicine dispensary areas that would be expected in any land based medical practice.

Twelve bed spaces are provided in total to support a range of possible care packages alongside a spacious bathroom which could be used to slowly raise the temperature of hypothermic casualties.



The medical team on-board will total 53 personnel when fully manned, ranging from the Principal Medical Officer, a Commander RN, to the 42 First Aiders who will be dispersed throughout the ship to deliver seven first aid teams during emergencies.

Credit: <http://www.aircraftcarrieralliance.co.uk/hms-queen-elizabeth>

There is reference elsewhere to the main medical team being eleven medical staff, so I'd surmise they are the doctors, nurses and medical technicians that lead the facility.

So, what conclusions can we draw so far? Well, it seems at first glance that the medical facilities on a starship are indeed somewhat lacking. Even when we know there are other doctors alongside the CMO (M'Benga, Selar, Chappell, etc) and a range of nurses and medical technicians on hand to support them, it still all seems a lot less than we would reasonably expect. So what gives? This is the future, medical science is supposed to have advanced! I hear you cry. What's gone wrong?

Well, that's just it. Nothing has gone wrong. Medical science has indeed improved by the 24th Century. Remember, cancers, the common cold, and many other medical conditions have been eradicated (only to be replaced with various other illnesses and ailments encountered by our space-faring explorers. A doctor's work is never done...).

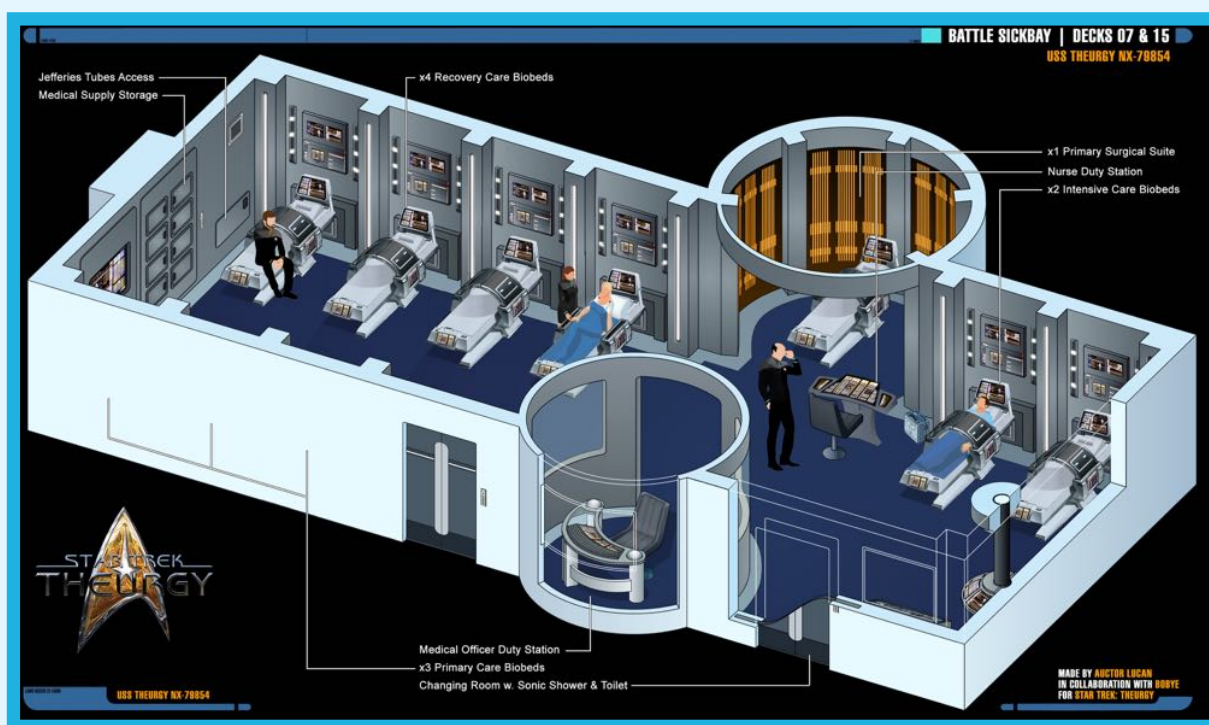
Medical technology has advanced significantly. Tricorders help to diagnose most conditions, and aid in the diagnosis of heretofore unknown conditions, within seconds of being deployed. Dermal regenerators deal with everything from minor cuts and abrasions, to major plasma burns and deep lacerations. Surgical scalpels open and close for surgery with a beam of light. Cortical stimulators regulate brain activity, cardiac infusers aid perfusion, and an entire myriad of drugs can correct any number of issues, all through the application of a single hypospray. The hypospray is totally non-invasive, simply firing the drug into the skin in a microscopic

jet form, and you don't even need to sterilise the thing between patient uses, it does it itself. T'is witchcraft, I tell thee.

And this is why our favourite starships of the future don't actually need a sprawling medical complex to cater for the needs of the crew, whether it be the one-hundred-fifty of the Voyager, or the one-thousand of the Enterprise-D. Most of the conditions that come through the doors of sickbay will be assessed in seconds with the wave of a tricorder, stabilised with a quick press of a hypospray to the neck, and then corrected within a few minutes with any of the small but capable selection of specialist tools on hand to conduct surgery. All without the patient even needing to strip off their uniform. In the space of fifteen minutes, the injured crew member has been dragged to sickbay by their colleagues, assessed, treated, and cleared to return to duty, albeit a bit bedraggled and probably still in shock that only moments ago had they been disembowelled by a Klingon bat'leth or had their left arm severed by a Romulan disruption beam. That, my friends, is why we now have counsellors on board as standard operating procedure.

So, while Sickbays in Trek do appear woefully unprepared, they're really not. With most medical complaints dealt with anyway, the Sickbay is there predominantly for emergencies. Given that emergencies usually constitute combat with some nefarious alien species, and the casualty count is high, one could argue for at least a few extra beds and more room to move around them. But overall, Sickbay tends to handle whatever is thrown its way with calm efficiency, the medical staff performing their duty admirably.

What would the perfect, comprehensive medical facility look like? Doing my research, I found two digital mockups online that really worked for me. One is from Star Trek: Theurgy, and the other from Brazilian digital artist Tadeo D'Oria. D'Oria does do commissions, and his work looks really smart and finely detailed. I might be getting him to design a Sickbay for me for an upcoming story, I'll let you all know how I get on.



Credit: Star Trek: Theurgy <https://www.uss-theurgy.com/>

I like this as it has 9 treatment and recovery beds, and one surgical biobed, which seems really comprehensive. I'm guessing it links to the other necessary parts of the overall medical suite such as the morgue, medlab, etc. But for a starting point, I'd feel quite comfortable receiving patients in this facility.

What is interesting, is that this is only a reserve, or "battle" sickbay. Theurgy's primary sickbay is a really comprehensive medical complex, with wards, surgical areas, offices, etc. I prefer this look and feel, however, as a self-contained system. It feels more in keeping with what we've seen in Trek that a more realistic sprawling hospital complex.



Credit: Tadeo D'Oria <https://tadeodoria.com/>

I really like this. Not as many beds, but still enough for most day-to-day usage, and room for walking wounded or triage to be done in the middle of the room. A nurse's station allows monitoring of all the beds centrally, while the CMO's office is central and easily accessible to both the main entrance (bottom of the picture) and the corridor access to medlabs, morgue, and other facilities. Out of the two, this is my favourite. If I could, I'd have it use the Voyager style treatment biobeds (as they have the really nice sliding surgical frame that can encompass them) but other than that, it's a nice layout, bright and comfortable. I believe it's designed for a Galaxy class ship, but I could easily see it in many mid-to-large size starships.

**Conclusions: What makes a good Sickbay?**

All of the Sickbays we've seen so far share a few basic elements. The main surgical biobed is often key, alongside a small number of treatment and recovery biobeds. An office for the CMO or on-duty physician, plus access to a medlab, morgue, storage facilities. Perhaps overflow wards and specific treatment facilities, even a dedicated surgical suite as seen on the Enterprise-D. And the most important element in any Sickbay: the medical staff, who of course will always arrive on Tuesday. Don't leave spacedock without them, will you?

So, that's my thoughts on Sickbay. Thanks for coming with me on a little ramble and tour, I hope you found it useful and informative. Now, if you'll excuse me, I have reports to write. And of course, if you ever have a medical emergency, you know where to find me.

LCDR Andy "Doc" Walker, SFMD

ASG, Region 20



## Men's Health

### **To Drink or Not to Drink. That is the Question.**

In our last issue, we became acquainted with the Blue Zones philosophy and looked at the importance of Nutrition. This time, I'd like to take a look at another important facet of the Blue Zones. And it is somewhat controversial. It involves alcohol.

In a great portion of today's society, men and alcohol go together like peanut butter and jelly, Abbot and Costello, and Fred Flintstone and Barney Rubble (I may be dating myself a bit there). The Blue Zones counsel is if alcohol is to be consumed, it should be in moderation.

There are many studies – some touting the benefits of moderate consumption of alcohol (especially red wine which is rich in antioxidants) and about as many which state there is little benefit and abstaining is the better option. One study shows people who drank a 5-ounce (150 ml) glass of wine every day had significantly lower blood pressure, blood sugar, more “good” cholesterol (HDL or High Density Lipoproteins), and slept better. Another study posits the benefits of drinking wine can be obtained by drinking grape juice, as the polyphenol, flavonoids, and resveratrol (types of antioxidants) are in the peel of the grape and do not occur as a result of the fermentation process.

Polyphenols are found in many plants and are responsible for giving them their bright hues and contribute to their bitterness, flavor, aroma, and oxidative power. Polyphenols are important as they help protect against sunburn and slow down cell damage caused by oxidants (also known as free radicals).

If a man chooses to enjoy alcohol, the best course according to the Blue Zones Project is to drink in moderation. Moderation in all things is a good rule of thumb.

Until next time,

Captain Jim Landelius,  
Men's Health, STARFLEET Medical  
MedicalMHLth@sif.org

Sources:

<https://www.healthline.com/nutrition/blue-zones#section4>

<https://gundrymd.com/polyphenol-guide/>

[#:~:text=Which%20Wine%20Has%20the%20Most%20Polyphenols%3F%201,Cabernet%20Sauvignon%202%20Petite%20Syrah%203%20Pinot%20noir](#)

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# Who's Your Doctor?

## Dr. Leonard Horatio "Bones" McCoy

### Starfleet Career Summary

2266 – As lieutenant commander, named chief medical officer under Capt. James T. Kirk

2270 – Retires to private medical practice

2271 – Returns to duty under Starfleet reactivation clause, promoted to commander as chief medical officer on refit U.S.S. Enterprise for V'Ger mission

2285 – As Academy medical faculty and training instructor, forced into Genesis mission; detained over leaks regarding secret Genesis Project

2286 – Charged but cleared with shipmates in theft of U.S.S. Enterprise

2287 – Returns to active Enterprise service under Kirk

2293 – Participated in Khitomer peace mission after liberation from Klingon Rura Penthe prison

2364 – As retired admiral, gave inspection tour of Galaxy-class U.S.S. Enterprise upon departure



Leonard H. McCoy, the son of David Andrew McCoy and Eleanora McCoy, was born in Atlanta, Georgia, United States of America, Earth on 20th January 2227. His grandfather, Thomas Jackson "T.J." McCoy, M.D., was the Chief of Medicine at Emory University Medical Center in Atlanta in the 2220s.

One of his great-uncles was a proprietor to one of the top productive plantations in the South during the 19th century. His ancestor's advantage was a self-mixed form of herbicide. McCoy still had the recipe

on Enterprise, and synthesized the concoction in his lab. He later used the "weed spray" to immobilize the swoopers of Phyllos.

In 2231, at the age of four, Leonard accompanied his father on a trip to Aberdeen, where he briefly met young Montgomery Scott, thus giving birth to not only their shared tastes (such as alcohol), but their smooth delivery in performing as scientist and assistant on 20th century Earth. The two also had done a convincing act while on the android world of Mudd, and when on jury duty during the Kirk/Lester trial

Disaster struck McCoy at the age of seven on August 17, 2234, when Leonard and his cousins built a raft and sailed down the Chattahoochee River. Leonard's cousin, David McCoy drowned when the raft broke apart

In September 2236, Leonard, aged nine, and his family moved into another southern town on Earth. Leonard met Mark Rousseau at school, and the two became best friends. The two parted in 2243 when Rousseau entered Starfleet Academy. At the time McCoy was determined to enter medical school.

While in Texas in 2243, McCoy was thrown from the horse that he had been riding. McCoy suffered a concussion and bruised ribs, and was treated at a hospital in Waco, Texas. After suffering another head injury in 2268, McCoy briefly forgot everything that had occurred from the time of the first accident until the time of the second accident

McCoy first became attracted to his future wife, Jocelyn Darnell, at a high school social in early 2244, when Jocelyn forced McCoy to dance with her to counter the jealousy of her over-possessive boyfriend, Clay Treadway. Treadway brawled with McCoy there on the dance floor, but McCoy knocked him down and left with Darnell. This began their relationship.

In late 2244/early 2245, McCoy, aged 17, entered college at the University of Mississippi ("Ole Miss"). During his time there, his roommate

was a Tessma, Sinnit Arvid. In 2245, McCoy met the Trill, Emony Dax at a gymnastic tournament in the Menlo T. Hodgkiss Memorial Gymnasium, and the two had a brief relationship. Undecided at the time on his choice of career, Dax suggested he should be a doctor, because he had "the hands of a surgeon."

Later that year, McCoy served as an observer aboard the USS Hood before officially enrolling in medical school, though he studied at his home in Georgia.

While he was a medical student, McCoy often took skiing trips to the Alps in Europe. Startrek.com states that McCoy's med school time was from 2249 to 2253.

Shortly after receiving his doctorate, McCoy married Jocelyn, and around 2249, their daughter, Joanna McCoy was born.

In 2249, McCoy commanded an inoculation program to combat a virus on planet Dramia II. However, when the team left, a plague broke out, wiping out half the population. It was his second extrasolar assignment and his first medical command.

### Early Starfleet Career

#### **Aboard the USS Republic**

In 2253, after Jocelyn left with Joanna (presumably before becoming involved with Clay Treadway once more), McCoy grew extremely depressed, and by chance saw an advert for Medicine on the cutting edge - Practicing in space. He immediately signed up at the Jackson Mall, entered Starfleet and underwent the course, which was taught by Angelina Mola, before he was assigned as a junior medical officer aboard the USS Republic under the command of Captain Hillios. McCoy worked in sickbay under chief medical officer, Vincent Bando. While aboard the Republic, McCoy saved the life of a ruthless assassin on the planet Ssan.



### **Aboard the USS Richard Feynman**

In 2254, thanks to McCoy's excellent work on the Republic, he was made chief medical officer aboard the USS Richard Feynman, under the command of his old friend, Mark Rousseau. However, following a fall-out with Rousseau, McCoy accepted a demotion as a junior medical officer aboard the USS Koop.

### **Aboard Starbase 7**

By 2255, McCoy transferred to Starbase 7 as chief medical officer. A few months later, Lieutenant James T. Kirk, of the USS Farragut, was sent to the base for rehabilitation after Kirk was badly injured battling pirates from Epsilon Canaris III. In Kirk's many months at the base, McCoy and he became good friends, and Kirk visited McCoy's home on Centaurus many times.

While on Starbase 7, McCoy also had a brief relationship with a woman named Nancy Pagano, who later married Professor Robert Crater

### **Aboard the USS Constitution**

In 2257, McCoy transferred aboard the USS Constitution (NCC-1700) to work under chief medical officer Christina Velasquez. Also serving aboard the Constitution at that time was McCoy's old friend, Lieutenant Commander Kirk.

### **Starfleet Teaching Hospital**

McCoy returned to Earth in 2262, and took up a position at Starfleet Teaching Hospital working with Dr. Carol Marcus and Christine Chapel. In late 2263, Captain Kirk and Lieutenant Commander Gary Mitchell were placed under McCoy's care after the destruction of the USS Lydia Sutherland at the Battle of Ghioghe.

## **The USS Enterprise (NCC-1701) Years**

### **The Three-Month Voyage**

In 2264, McCoy accepted Captain Kirk's offer to become Chief Medical Officer aboard the USS Enterprise (NCC-1701).

McCoy's first stint aboard the Enterprise was cut short when he learned that his father was dying of pyrrhoneuritis. McCoy took an extended leave of absence to look after his father, and was replaced by Dr. Mark Piper

A memory that would haunt McCoy for years was when, at the request of his father, he turned off all his life support, allowing his father to die with dignity. However, a few weeks later, a cure for pyrrhoneuritis was developed.

### **Mission to Capella IV**

Following the death of his father, McCoy was asked by Starfleet Medical to take part in a medical relief mission to Capella IV. He gratefully accepted, to get as far away from Earth as possible and to help others. However, by 2265, he was tired of locking horns with the Capellans, who refused any modern medical technology.

### **Return to the USS Enterprise**

In 2267 luckily for McCoy, the Enterprise had returned to Earth for the funeral of Gary Mitchell, so when Kirk offered McCoy his old position as CMO back, McCoy jumped at the chance. (Jocelyn Darnell had sent McCoy their divorce papers in 2266, and McCoy signed them without a fight. Although he would go on to refer to Darnell as "whatsername" and worse, he wore his wedding ring for the rest of his life)

While in a Cordrazine-induced frenzy in 2267, McCoy jumped through the Guardian of Forever and was transported to Earth in the year 1930. While there, the shape of time itself hinged on his actions, resulting in a drastically altered timeline when he saved Edith Keeler from a fatal

traffic accident. Although time later resumed its normal course, the phaser McCoy had brought with him was stolen by "Rodent," a Twenty-First Street Mission resident, who was vaporized along with the weapon when he inadvertently triggered it. Later the same year, while serving aboard the Enterprise, McCoy was accidentally transported into the mirror universe. McCoy risked being left behind in the parallel reality to save the mirror version of Spock from a fatal sub cranial haemorrhage. Spock then mind-melded with McCoy, and learned about the Federation of the regular universe. McCoy returned successfully to his own universe, but Spock's visions of a better reality would be passed on to multiple Vulcans in the mirror universe, and lead to a secretive resistance group against the Klingon-Cardassian Alliance.

The following year Doctor McCoy suffered a severe head injury after a gravity adjustment on the Enterprise caused him to fall and hit his head on a bulkhead. Even though Dr. Eduardo Cortejo Alvarez was able to operate almost immediately, McCoy was still left with severe amnesia for a period of about two weeks. During this time he had lost all memory of the past twenty five years, including his prior service on the Enterprise and his relationships with colleagues such as Captain Kirk and Mr. Spock. After Spock was seriously injured and required surgery, the impact of watching Spock dying on an operating table was enough to bring Dr. McCoy out of his amnesiac state, and McCoy was able to save Spock's life.

In 2270 McCoy resigned and retired from Starfleet and joined the Federation's Frontier Medic Program using an antiquated starship that he named after his daughter, Joanna. Alongside fellow doctors, Jon Duncan, and Theela they travelled to worlds such as Omicron Testus IV, Ophiucus III, and Gamma Tarses VII where met up with Chief Engineer Montgomery Scott. McCoy, Duncan, and Theela, after the Joanna was destroyed, met up with Gary Seven and Roberta Lincoln at a planet inhabited by clones from the US Army in the 1960s. There they stopped Klingon commander Kloor from exploiting the human clones for war games. He was then

rescued by the USS Yorktown under Captain Pike's former first officer who was now an Admiral and its CMO, Christine Chapel. At least two and a half years later, he was "drafted" (as McCoy himself once put it) back into service for the V'Ger mission.

In 2273, after the Enterprise's shakedown cruise, McCoy helped escort ambassador R'Kgg and then recapture prisoner Raytag M'Gora.

In 2276, McCoy was placed in temporary command of the Enterprise by Captain Kirk after complaining too much about how the ship should be run.

### **Spock's Fal-tor-pan in 2285.**

In 2285, Khan Noonien Singh escaped from the surface of Ceti Alpha V on board the USS Reliant take revenge against Kirk for leaving him on Ceti Alpha V. Khan managed to seriously damage the Enterprise before taking the Genesis Device from the underground laboratory on Regula. In a deadly game of cat and mouse, Kirk finally defeated Khan in the Mutara Nebula, however in a last ditch effort to destroy Kirk, Khan set the Genesis Device to explode. The Enterprise was only able to escape when Captain Spock sacrificed himself to bring the warp drive back on line just before the Genesis Device exploded.

Just before Spock had entered the radiation-soaked dilithium chamber, he entered into a mind meld with Dr. McCoy, and transferred his katra into McCoy's mind. Spock's body died shortly after the Enterprise escaped the detonation of the Genesis device, however Spock's consciousness was still alive in the mind of Leonard McCoy. McCoy stayed on the Enterprise as its Chief medical officer despite the loss of Spock.

When Starfleet Command refused to allow McCoy, Kirk, and the remaining senior staff of the Enterprise to return to the Genesis Planet, Kirk and his senior officers stole the Enterprise. En route to Genesis, McCoy took the science station, and using Spock's skills was able to use

the scanners to determine that there were no vessels pursuing the Enterprise. After arriving at Genesis, they learned that Spock's body had been regenerated by Genesis. Spock's body had reached the same age as it was just prior to his entering the dilithium chamber of the Enterprise at this point.

## **2286**

Over the next three months, Captain Spock recovered his memories. Spock and McCoy underwent a number of mind melds to ensure that any remaining vestiges of Spock were transferred from McCoy back to Spock. Despite losing memories of his past life, Spock remembered Kirk's first name as "Jim", to his own fascination. Which McCoy warmly smiled, pointing to his head, for his Vulcan friend.

After arriving back in the 23rd century, McCoy was concerned that he and Spock were not fully separated from each other, and that depending on his punishment he might not be able to participate in further mind melds with Spock. Spock reassured McCoy that the two men had been completely separated from each other. Though now the doctor had a better perspective in Spock's field of expertise.

## **Later Years**

In 2294, McCoy became seriously ill, necessitating the replacement of several organs by ones that had been cloned earlier and held in storage for such an eventuality

Likewise in 2294, McCoy served aboard the USS Enterprise-B in a temporary capacity as chief Starfleet medical advisor under the command of Captain John Harriman, during a crisis involving the release of Terrellian plague by renegade Klingon forces in the Antares star system.

Also during this same year, McCoy tracked down his former crewmate, Montgomery Scott, and gave him a stern lecture about his



solitary drinking, after Scott slipped into a depressed state following the loss of Captain Kirk.

McCoy successfully recovered, and in 2296, was serving under Captain Spock on board the starship USS Intrepid II.

Around the turn of the 24th century, McCoy joined the teaching staff at Starfleet Medical Academy. One of his students was Jo Stern, with who he would form a lasting friendship. Stern would call him "Mac," the only person he allowed to do so.

By 2336, he was working at Starfleet Medical and in 2344, McCoy escorted Spock and Saavik to their wedding ceremony.

In 2363, McCoy suffered an injury after tripping over one of his great-great-grandchildren's toys which necessitated a stay at Bethesda Starfleet Hospital, preventing him from attending the launch of the USS Enterprise-D. In "revenge", McCoy connived the USS Hood to take him to Farpoint Station, where they would be transferring crew to the new Enterprise. McCoy inspected the ship's medical facilities, and was escorted back to the Hood, via shuttlecraft, by Lieutenant Commander Data. McCoy told the young android the ship was new but had the right name, and that if she was treated well she'd always bring the crew home.

By 2364, McCoy was 137 years old while his daughter Joanna was 115. McCoy revisited the Enterprise-D in 2367, and again in 2371. McCoy contracted the always-fatal xenopolycythemia and retired from Starfleet in 2369 to spend his remaining days on the asteroid ship, Yonada, and that world's high priestess, Natira — whom he soon married. By exploring Yonada's computers, Spock found a cure for xenopolycythemia and McCoy left Natira to return to the service.

During this period, McCoy was also an occasional guest lecturer at Starfleet Medical Academy.

By the late 24th century, McCoy was forced to have to wear an exoskeleton, including leg braces, although he later was given implants which allowed him to discard the exoskeleton



In 2381, McCoy assisted in the Médecins Sans Frontières relief operation on P'Jem following the Borg invasion. As of 2381, Admiral McCoy was 154 years old.

Comparative Alien Physiology was a medical textbook written by Leonard McCoy.

He was an accomplished surgeon, physician, psychologist, and exobiologist, and was also considered an expert in space psychology. He wrote numerous medical papers and had one book published, Comparative Alien Physiology. As chief medical officer, he served aboard the USS Enterprise and USS Enterprise-A for a combined twenty-seven years. His temperament was sometimes argumentative, a cynic's outer crustiness masking deep caring beneath the surface. His "old South" roots led to the old-time physician manner of doctoring, with a Southern accent that was most apparent when under stress. He distrusts transporter technology and travels by shuttlecraft whenever possible.



**"I'm not a magician, Spock, just an old country doctor."**

**DR. Leonard" Bones" McCoy,**

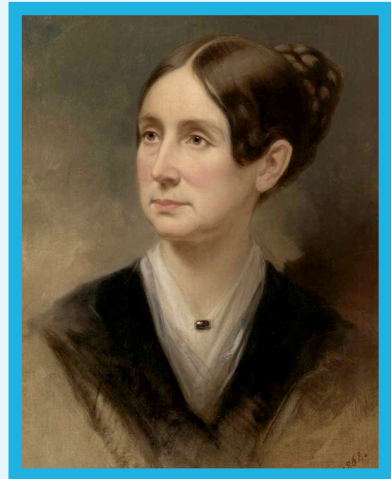
**Star Trek: The Original Series "The Deadly Years"**

Captain Mark Logan PhD, SFMD

# Historical Archives

## The Extraordinary life of Dorothea Dix: An unspoken Mental Health Hero.

Dorothea Lynde Dix was born on April 4th, 1802 in the town of Hampden in Maine and was the first of three children born to Joseph Dix and Mary Bigelow Dix. Her father, Joseph, was an itinerant Methodist preacher who was an alcoholic and her mother, sadly, had such poor health that she was frequently unable to look after her own children. As such, Dorothea's childhood was filled with abuse and neglect, and as the eldest it was left to her to take on the



*Figure 1 Dorothea Lynde Dix*

role of carer to her other siblings, Joseph and Charles, at a young age when she should not have had to. Schlaifer (1991) noted how Dorothea remarked how she “never knew childhood” and we can only imagine what affect this had on her own mental health throughout her subsequent life. When the fighting at her home got too bad to cope with, she would run off to her Grandmother's home in Boston where would later also spend many years.

Despite her father's abusive manner, he did teach Dorothea how to read and write which became quite a passion for her and led to a love of teaching; this was to have a profound effect on her in the years to come. Having learned such skills, a whole new world of education was opened up to Dorothea and it meant that when she did eventually go to school, she was far ahead of her peers in ability.

When Dorothea was 12, with her mother still incapacitated by severe and incurable headaches and her father drinking heavily, her Grandmother, Madame Dix, made the decision to look after the Dix children at her Mansion in Boston despite being 70 years old at the time.



Figure 2 Dix Mansion

Living at Dix Mansion whilst much improved in many ways, was still challenging in others. Madame Dix was a wealthy lady and demanded that Dorothy acted as per her station; she was taught to dance and was provided with clothes that were far more fashionable and proper for the time period, not that Dorothea was interested in any of these things. Instead Dorothea was intensely compassionate with a desire to help others. One day, at the age of 14, she spotted some poor children who were begging for food at their front gate and immediately went to help them. Such behaviour was deeply disapproved of by her grandmother however, as 'one does not mix' with people of that social class and in turn Dorothea was punished severely. She was sent to Madame Dix's sister, Mrs. Duncan, who lived in Worcester to be transformed into a "lady". Desperate to return to live with her brothers, Dorothea complied but it was a full four years before she was allowed to return to live with her siblings again.

During these four years at her Aunt she was required to attend various social gatherings and it was at one of these that she was introduced to her second cousin, Edward Bangs who was 14 years older than she and who was a respected attorney. When Dorothea told him that she wished to be a schoolteacher he encouraged her to start up the "Little Dame School", which she soon did with his assistance. This school allowed young girls to be taught by other women privately, since public tuition for girls was forbidden at the time. Thus at 15 years of age in

1816, she taught her first class of 20 pupils aged between 6 and 8 years old!

Dorothea successfully ran the school for three years in which time her friendship with Edward also blossomed and to such an extent that Edward eventually fell in love with her. When he confessed his feelings however, she became terrified as it brought her right back emotionally to the relationship between her mother and her abusive father. Terrified by the prospect of such a relationship herself she closed her school and ran straight back to her Grandmother! Edward did not give up on her but instead followed her and once he found her in Boston, proposed to her hoping she would agree to marry him. Dorothea relented and accepted his proposal but found a loophole in not agreeing to a set date for the wedding as she still lived in fear of becoming like her parents. To her, marriage meant that she would end up neglecting her children, fighting, emotional outbursts and her partner becoming an abusive alcoholic.

At this point a new idea hatched within Dorothea's mind; she found her Grandfather's books from Harvard University and thought about using Dix Mansion as a new school, but she was too scared to ask her Grandmother for permission.



Figure 3 - Dorothea with her schoolgirls

Eventually though she found the courage and wrote a letter to her, even though they lived in the same house at this point, and explained how she wished to open a school for poor girls to help educate them, as well as a separate classroom for wealthy girls which she knew her

Grandmother would be far more likely to agree to. It worked! Her Grandmother readily agreed to the proposal.



Unfortunately for Edward, Dorothea's father died in 1821 when she was just 19 and it was the custom in the time that it was inappropriate to marry when mourning a family member's passing. She returned Edward's engagement ring and from this point onwards devoted herself entirely to teaching which she did from 1822 to 1836.

In 1830 she was struck down by illness and as such her plans changed; it is thought that she may have suffered from major depressive episodes which contributed to her poor health. Instead of teaching in her school she took time out to accompany a friend of hers, Doctor Channing, and his family to St. Croix where she tutored his daughters and in between that took time to recuperate. In 1831 she recovered fully and returned home to Boston, to her school at Dix Mansion.

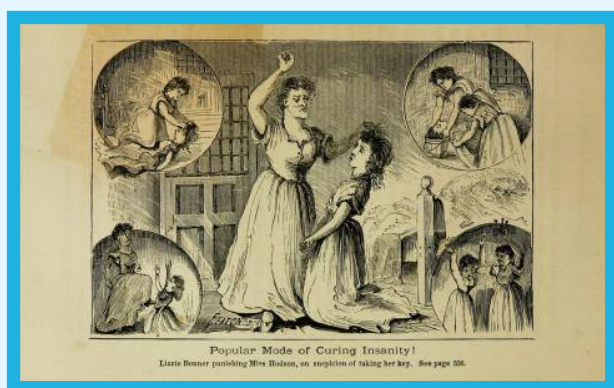


Figure 4 Popular Mode of Curing Insanity! (Modern Persecution by E. Packard)

Unfortunately, in 1836 her Grandmother became ill and it was not long before Dorothea started to become worn down from working so hard constantly in addition to caring for her Grandmother. She became ill again, with what we now know as tuberculosis and was forced to give up her school as it was too much for her

to cope with. Her friend, Doctor Channing, convinced her to go on holiday to England but tragically whilst there her Grandmother died, and two days after that her own mother also. Heartbroken, she chose to stay in England until 1841 when she eventually returned to better health at the age of 39. She returned to Boston only to discover that she had inherited a good sum from her Grandmother, which enabled her to live in a much better quality of life.

In March 1841 she was asked by a young clergyman to teach a Sunday school at the East Cambridge Jail for women inmates. Upon entering the jail, she witnessed such inhumane treatment of the insane and mentally disturbed persons, who were incarcerated with criminals, irrespective of age or sex. They were left unclothed, in darkness, without heat or sanitary facilities; some were chained to the walls and flogged. When asked why the jail was in these conditions she was told, "the insane do not feel heat or cold".



*Figure 5 East Cambridge Jail for Women*

Dorothea then proceeded to visit jails and alms-houses, where the mentally ill were housed, in other parts of Boston and soon her investigations extended over the entire state of Massachusetts. She made detailed notes as she visited with jailers, caretakers, and local citizens. Finally, she put together all this data and shaped a carefully worded document to be delivered to the Massachusetts legislature. Her dignity, compassion, and determination were effective in helping to pass a bill for the enlargement of the Worcester Insane Asylum.

Dorothea's views about the treatment of the mentally ill were radical and fairly unpopular at the time when most believed that the insane would never be cured and living within their dreadful conditions was sufficient. However, Dorothea, showed that even just improving their living conditions, people with mental illnesses improved. Although Dorothea didn't know the mental processes that were occurring within these individuals, she knew that improving their conditions could only help and not hinder.

Although her health was extremely poor, over the next 40 years she managed to cover every state on the east side of the Mississippi River. In all she played a major role in founding 32 mental hospitals, 15

schools for the feeble minded, a school for the blind, and numerous training facilities for nurses and inspired legislators in 15 U.S. States and in Canada. Her efforts were an indirect inspiration for the building of many additional institutions for the mentally ill. She was instrumental in establishing libraries in prisons, mental hospitals and other institutions.

In 1848 she sent a document to the United States Congress asking for five million acres be set aside and to be used for the care of the mentally ill. Essentially, she was advocating a role for the national government in the care of the disadvantaged mentally ill. In 1854 the bill passed and was approved by both houses but was vetoed by President Franklin Pierce. Exhausted once more, she decided to travel to Europe to rest from her tireless years of work for the mentally ill, for once looking after her own mental health.

That said, once she arrived in Europe her need to improve the mental health welfare of others got the better of her once again and she began her process of inspecting jails and alms-houses there. She travelled to England, Scotland, France, Austria, Italy, Greece, Turkey, Russia, Sweden, Denmark, Holland, Belgium, and Germany. From 1854 to 1856 she made effective changes in the way Europeans dealt with the mentally ill just as she had in the United States and all in only 2 years!



*Figure 6 The State Hospital in Trenton*

In 1854 she returned home to the United States and continued to travel and investigate many states that she had not yet inspected and visited. However, at the outbreak of the Civil War a change of direction became necessary and she put her energies into being the Superintendent of Union Army Nurses. Although she was not as effective in this role, she continued to serve throughout the war.

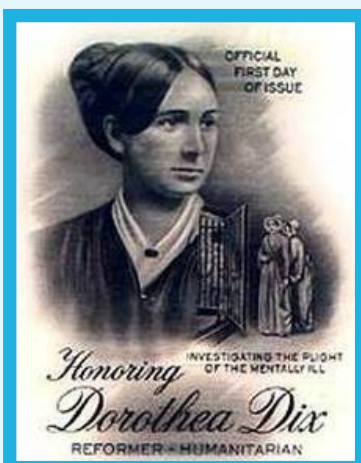
In 1881 the state hospital in Trenton, New Jersey opened - the first hospital that was initiated and built because of her work. Her health failed after it was built, and she admitted herself into the very same hospital where she remained for the next six years.

She died on July 17, 1887 ending a remarkable life of charity, kindness, understanding and incredible action. She has since been described as "the most effective advocate of humanitarian reform in American mental institutions during the nineteenth century" (Goldenson, 1970). Despite this, she is only sadly mentioned in a tiny fraction of textbooks covering the history of psychology because she did not contribute to the understanding of mental disorders.



Figure 7 Dorothea's tombstone. DoD July 17 1887.

Dorothea similarly is only mentioned in approximately 10 percent of general history books, though some say that she would not have wished it any other way as she refrained from naming her publications and did not name any of her hospitals named after her. Dorothea was reportedly embarrassed by expressions of praise or gratitude for her efforts and refused to talk about her achievements, but we in STARFLEET Medical are enormously grateful for the ground-breaking work she undertook for Mental Health around the world.



We thank Dorothea for her kindness, humility and love she showed others throughout her entire life; may she continue to Rest in Peace.

Lt Pippa Slack

# Counselor's Log

## PSYCHOLOGICAL EVALUATION

Full Name: Worf      Date of Evaluation: 2374

Case No.: 1839664      Date of Report: 2374

Date of Birth: December 9, 2340

Last Starfleet Rank: Lieutenant Commander

## PURPOSE FOR EVALUATION:

This is the first formal psychological evaluation for this 34-year-old, Klingon, male who has five years of formal education at Starfleet Academy and is a Lieutenant Commander stationed at Deep Space 9 as Strategic Operational Officer. He is being sent for a psychological evaluation to determine his psychological status for commission as Federation Ambassador to Qo'noS, his home planet. The purpose of this current evaluation is to screen for evidence of a psychological problem and to clarify the nature of any underlying depressive disorder.

## ASSESSMENT PROCEDURES:

Research on Klingon Culture.

Myers Briggs Type Indicator (Personality Test)

The Personality Questionnaire

Mental Status Exam

Review of Prior Psychological Interviews

Review of Personnel Records

Consulted with Dr. Julian Bashir- Physician

Consulted with Counselor Deanna Troi- Former Therapist

This patient participated in 1 hour of testing and 3 hours of diagnostic interview. The tests were administered and interpreted by Deborah Keyes, MA, LMHC, PhD candidate in clinical psychology.



**BACKGROUND:**

Worf was born in 2340 into a powerful political house (House of Mogh) on Qo'noS. He reports vivid memories of what he calls a typical Klingon childhood. On his first ritual hunt (Before the age of six) with one of his father's friends, he attacked a wild beast and it mauled his arm, providing a lifelong scar. However, his life changed forever in 2346, when his parents were killed during a surprise attack by the Romulans at the Khitomer Outpost. (He reports having no memory of his father). The colony's distress call was answered by the Federation ship USS Intrepid. Chief Petty Officer Sergey Rozhenko found Worf in the rubble and took him in after failing to find any living relatives. Rozhenko and his wife Helena raised him on a small farm on the planet Gault, a world of about 20,000 inhabitants; almost all of them are Human. Worf also has two brothers; one Klingon (survived the destruction of Khitomer Outpost but did not find out until they were adults) and a human brother with whom he often quarreled. At the age of thirteen, while playing a championship game as captain of his school soccer team, he unintentionally broke a neck of an opponent and the boy died a day later- forever guiltting him into a life of restraint among humans. To feed his thirst for Klingon culture, the Rozhenkos consciously exposed him to as much as they possibly could- serving him Klingon food, including his favorite rokeg blood pie, and sending him to Qo'noS for his initial Age of Ascension ceremony in 2355, at the age of fifteen. As usual, when on the homeworld he stayed with a cousin's family but felt rejected and ran away to the nearby mountains. There, while undergoing the Rite of MajQua in the lava caves of No'Mat, the vision of the original Klingon warrior Kahless came to him, prophesying that Worf would do what no other Klingon had done.

Worf entered Starfleet Academy with his human brother in 2357. The fear of depending on others to protect him had been the main point

to come out of his entrance exam psychological test. He had one of his most serious romances with the half-human Ambassador K'Ehleyr. Worf had ended this initial affair in 2359, during his academy years. His brother dropped out of school but Worf went on to graduate in 2361, and was commissioned with the rank of Ensign, becoming the first Klingon officer in Starfleet. Although he takes immense pride and a sense of honor from serving in Starfleet, most other Klingons shunned and belittled his choice of vocation.

In 2364, Worf signed aboard the USS Enterprise-D in the command division as a Junior-Grade Lieutenant. (It is important to note that Worf was unwilling to share what he did or what transpired for him in the three years between graduation and commission on the USS Enterprise-D). After the death of the Security Chief, he became acting Chief and then assumed the post full-time in early 2365 switching to security full-time in the Operations Division and gaining promotion to full Lieutenant. Also in 2365, while on the USS Enterprise-D, he was reunited with his former love, Ambassador K'Ehleyer. They mated but when he asked for marriage, she declined.

In 2366, Worf is plunged into the politics of the Klingon Empire when his deceased father is accused of treason. (He also learns that he has a brother, Kurn, who was not on the Khitomer outpost when the massacre occurred. He and his brother decided to keep this secret). Even when the traitor was proven to be not his father, Worf accepted discommendation from Klingon society rather than cause an uproar in Empire politics had the truth come out.

In 2367, Worf discovers he has a son, Alexander, as the result of his mating with Ambassador K'Ehleyer. Shortly thereafter, K'Ehleyer is seriously injured. He reports that before she dies he takes her face in his hands and says, "jIH dok!" (my blood) and she in turn says, "Maj dok" (our blood) which is the beginning of the marriage oath but Worf stops, saying

he does not want his humiliation to affect her or Alexander. After her death, Duras who was the one that attacked her causing her death, Worf in turn kills Duras, on his own ship. Captain Jean-Luc Picard had to file a formal report which is in Worf's personnel file. The report states, "It is with regret that I make this entry in the personal file of Lt. Worf, whom I consider a fine officer. However, despite whatever sympathy I have for his personal reasons and the ways of his culture I cannot condone murder by anyone wearing the Starfleet uniform. The officer in question is spared further disciplinary action only due to the circumstances of the location aboard the Klingon vessel Vorn and the not-unexpected indifference of the Klingon Empire to the incident." After the death of his mother, he sent Alexander to the Rozhenkos on earth.

Also in 2367, after a deflector blast attempt by Worf failed, he attempts suicide. Feeling hopeless and that he is no longer a warrior because he is afraid of whatever is causing sleeplessness in him and his crewmates. Apparently, Counselor Troi runs to his quarters and manages to convince him to put the knife down, telling him that whatever is tormenting them is just an illusion.

Later in 2367, Worf resigns from Starfleet commission to fight in the Klingon civil war, which erupted when the Duras's son Toral challenged Gowron for leadership in the Klingon empire. Worf believed Gowron was the legitimate ruler and convinced his brother to bring forces loyal to him into battle on Gowron's behalf. Worf served on his brother's ship. Gowron won the war after Starfleet exposed Romulan support for the House of Duras. In appreciation of his support, Chancellor Gowron restored Worf's honor, allowing Kurn a seat on the High Council as the recognized brother and representative of the House of Mogh. In 2368, when the Klingon civil war was over; Worf had his Starfleet commission reactivated. Helena Rozhenkos returned with Alexander to plead that Worf take him back for support and guidance. The two shared a testy relationship at first, but thanks to sessions with the ship's counselor —

whom he eventually selected as the boy's foster parent if need be —they fared better. Shortly after Worf has his Starfleet commission reactivated he is seriously injured when a support beam breaks and causes a heavy container to fall on him. He awakens in Sickbay to shocking news — he was paralyzed from the waist down. Worf, however, believes his life is already over so he asks Riker to assist in his ceremonial suicide (hegh'bat), citing the belief that no Klingon should live as an object of pity or shame. Dr. Crusher presents him with implants designed to partially restore the feeling in his legs, but Worf refuses, telling them he would rather die than be less than the man he was. Riker confronts Worf, reminding him that Klingon law dictates that it is Worf's son, and not Riker, who is supposed to assist in Worf's death. Unable to deny this, Worf abandons the idea of killing himself, and asks to try Dr. Russell's surgery instead. In 2370, Worf and Counselor Troi dated for a few weeks.

In 2371, Worf was promoted to Lieutenant Commander. Shortly thereafter, the Enterprise 1701-D was destroyed at Veridian III, and all the crew members seem to go their own way. Worf sent Alexander once again to live with the Rozhenkos on Earth and went on extended leave to revisit the Klingon monastery and clerics of Boreth, the legendary site of the great warrior's predicted return, in search of a spiritual answer to the letdown the rapid events provoked and at the questioning of his own faith in the teaching of Kahless, was shaken up when Kahless did appear to return. At the end of his crisis, Sisko convinced Worf to join the crew of Deep Space 9 as Strategic Operations officer. In this role, he would coordinate all Starfleet activity in the Bajoran sector and act as executive officer of the USS Defiant, meaning he had to adjust to the requirements and obligations that came with the red "command personnel" uniform. For the first months, Worf had difficulties adjusting to life on the station, unintentionally overstepping his boundaries by acting as he did on the Enterprise, putting him for a while at odds with Chief of Security Odo. For Worf, the station's life seemed just too much 'grey'. Worf admitted to continued bouts of depression over the end of

what he perceived as glory days on the USS Enterprise-D and countered it somewhat by taking quarters on the station's starship, the U.S.S. Defiant, and finding a kinship with Dax, a friend who trains with the bat'leth (sword of honor) and mek'leth (Klingon bladed weapon) as well.

In 2372, Worf's public opposition to the war against Cardassia caused his house to once again be stripped of its honor, properties and cost Kurn his seat on the high council. Four months later, his depressed brother showed up on the station asking for his own suicide rite (hegh'bat) was the only way to restore his honor. In this rite Worf would kill his brother. Worf failed in his first attempt to perform the ritual, which was interrupted by Dax, and later found he could not bring himself to do so again, as he had taken on a human feature of morality and would consider it murdering his brother. Worf realized his brother had no future and, short of suicide, opted to have his memory wiped and replaced with another Klingon identity, and sent him to live with a family friend. Even then he lived with the regret that his actions had been forever tainted by his human-learned values of mercy.

In 2073, on detached leave in command of the U.S.S. Defiant and on service with the Sovereign-class U.S.S. Enterprise, Worf briefly found himself back with his old colleagues when Captain Picard rescued the USS Defiant crew and fought off the Borg's would-be temporal sabotage. During a mission to the Gamma Quadrant, he was captured by the Dominion and held captive in a Jem'Hadar internment camp until successful escape. He was then assigned to serve aboard the I.K.S. Rotarran under command of General Martok during the Dominion occupation of Deep Space 9. For his help to the Klingon Empire, his status in the Empire was restored when he was asked to join the House of Martok (albeit the House of Mogh remains stricken). Also, in 2373, Worf became involved with Deep Space 9 Science Officer Jadzia Dax, a Trill woman. She was familiar with Klingon customs due to the experience of the Dax symbiont's previous host, Curzon Dax. She was the first non-



Klingon that Worf could "physically" be with, in the traditional Klingon way, although it still left bruises, cuts and broken bones.

In 2074, Worf and Jadzia were married, Klingon style. Later that year under the temporary command of Major Kira Nerys, Lt. Cmdr. Worf and Lt. Cmdr. Jadzia Dax was assigned to rendezvous with a Cardassian operative, Glinn Lasaran, who had been passing military intelligence to Starfleet for two months. Lasaran requested a face-to-face meeting with Starfleet representatives at coordinates in the Badlands, in order to personally convey information about the whereabouts and activities of Founders in the Alpha Quadrant. As was learned later, in exchange for the information, Lasaran desired immediate assistance to defect from the Dominion, in fear for his life. Worf and Dax attempted to rendezvous with Lasaran on Soukara, outside a Dominion base. During a two-day hike through the planet's jungle, Dax was injured by a Jem'Hadar patrol. An anticoagulant rendered Dax untreatable. Worf then opted to abandon the rendezvous in order to return Dax to a Starbase for surgery. Lasaran was killed attempting to re-enter the Dominion base after a two-day absence. The information Lasaran had to offer would likely have brought the war to a swifter end, thus saving millions of lives. Jadzia Dax is highly valued by Starfleet, but every officer puts his or her life on the line every day for the common good. Worf was aware of his duty, and the consequences of failure, and nonetheless deserted his mission for strictly personal reasons. He was reprimanded for his actions and became ineligible for any further promotion or any permanent command position in Starfleet. While Worf was away during a mission, Jadzia visited the Bajoran temple on the station where she was attacked and killed by an alien possessing the body of Gul Dakut.

Worf's interests include: soccer, battle, Klingon operas, love poetry, poker, Klingon novels, and the holodeck for recreation, which include his combat "calisthenics" and commanding the historic Battle of Tong Vey. He

has a fair amount of training and experience in martial arts and starship security and tactics.

There appears to be no substance abuse by Worf, but he does seem to suffer from bouts of depression. He has received mental health counseling for his depression and for family issues with his son. He is not on any medication and it appears that he has never been on any psychotropic medication.

#### MENTAL STATUS EXAMINATION:

Worf is a dark-skinned, muscular Klingon male, with a dark brown lengthy mustache and a thick mane of hair, which is usually bound. He has Brown eyes. He wears a metallic sash (a family heirloom) over his regulation uniform, slung diagonally over his right shoulder. He is widowed.

Results of mental status examination revealed an alert, attentive individual who showed no evidence of excessive distractibility and tracked conversation well. The patient was casually dressed and groomed. Orientation was intact for person, time and place. Eye contact was appropriate. There was no abnormality of gait, posture or deportment. Speech functions were appropriate for rate, volume, prosody, and fluency, with no evidence of paraphasic errors. Vocabulary and grammar skills were suggestive of intellectual functioning within the average range.

The patient's attitude was open and cooperative. His mood was euthymic. Affect was appropriate to verbal content and showed broad range. Memory functions were grossly intact with respect to immediate and remote recall of events and factual information. His thought process was intact, goal oriented, and well organized. Thought content revealed no evidence of delusions, paranoia, or suicidal/homicidal ideation. There

was no evidence of perceptual disorder. His level of personal insight appeared to be good, as evidenced by his ability to state his current depression and by ability to identify specific stressors. Social judgment appeared good.

## RESULTS OF EVALUATION:

The personality questionnaire looks at one's personality as a preference for opposite pairs. Similar to the Myers Briggs, individuals naturally prefer one overall combination of type differences. The questionnaire showed that Worf's top five traits are: brave, direct, reserved, self-disciplined, and honorable.Â

The Myers Briggs Typology Inventory (MBTI) model regards personality type in that individuals are either born or develop certain preferred ways of thinking and acting. The MBTI sorts some of these psychological differences into four opposite pairs, with a resulting 16 possible psychological types. The eight traits that an individual may fit into are; introvert/extravert, sensing/intuition, thinking/feeling, and Judging perceiving. The introvert is energized by the inner world of reflection, thought and contemplation. They need space and time alone. The extrovert is energized by interaction with others. They are people of action. Sensing individuals rely heavily on their 5 senses to take in information. They like concrete facts, organization and structure. Intuitive individuals see the world through intuition. They learn by hunches. Thinking individuals decide on the basis of logic, analysis, and reason. Feeling individuals decide on the basis of their feelings, likes and dislikes. Judging individuals try to order and control their world. They are decisive, may be closed minded and are usually well organized. Perceiving individuals are spontaneous, and do not like to be boxed in by deadlines or plans.

With this information in mind, Worf presents as an ISTJ (introvert, sensing, thinking, and judging). Individuals with this personality type are quiet, serious, practical, matter-of-fact, realistic and responsible. They make decisions logically about what should be done and work towards it steadily. They take pleasure in making everything orderly and organized—their work, their home, their life. They value tradition and loyalty.

## SUMMARY/RECOMMENDATIONS

As the only Klingon in Starfleet, Worf has already achieved an illustrious and honorable career aboard the U.S.S. Enterprise as well as played a key role in Empire politics, but he keenly feels the effects of an often tragic life caught uniquely between the two conflicting cultures — immediately evidenced by the traditional Klingon baldrics he wears over his Starfleet uniform. This inner-felt conflict stems in part from his perception of honor as taught but not always practiced by his native people, and is complicated by family relationships which echo his duality of culture in both his personal and public life. He is often a dark, brooding presence. He maintains a certain social distance in most circumstances, but is highly loyal and dedicated to his friends and the ideals of Klingon Honor. His major challenge seems to be reconciling his violent Klingon heritage with his adoptive Federation upbringing. Though the Klingons are a warrior species, Worf was raised to be kind and caring. He always feels like an outsider, no matter how many friends he made on the Enterprise. He gets emotional when talking about his birth planet, but usually he maintains the highest level of composure as he feels it's necessary to downplay his aggressive Klingon genes. He presents as depressed possibly due to his traumatic past and the recent loss of his wife.

Worf does not meet the criteria for a depressive disorder nor for a traumatic disorder, yet these conditions exist. Due to this he is receiving a diagnosis of Other Specified Depressive Disorder (311) and Other specified Trauma and Stressor related disorder (309.89). These categories apply to presentation in which symptoms characteristic of a depressive

disorder and of a trauma and stressor related disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet full criteria for any of the disorders in the depressive disorder and the trauma and stressor related disorders diagnostic class.

It should be noted that these tests and diagnosis are typically for Humans. Where Worf is half Klingon and half human this evaluation needs to take that into consideration.

It is the recommendation of this evaluator that Worf be allowed to become a Federation Ambassador to his homeworld of Qo'noS. It is recommended, however, that he be monitored for suicidal ideations as he has attempted to commit suicide several times in the past. Individual therapy is also recommended to focus on grief and loss.



Please let me know if any additional information is needed concerning the results of this evaluation.

Deborah Keyes M.A.



# Memory Alpha

## Doctor's Log

by Eilidh Montgomery

"Chief Medical Officer's log - stardate...oh hell, I don't know the stardate, the computer will mark it." Dr Leonard McCoy leaned back in his chair and frowned at the computer. "Well, today started like any regular day...trying to persuade the captain to come down to sickbay for his routine physical assessment. He's a super fit guy but seems terrified of the idea of a checkup...as though I'll try and find a way of making him stop for a while? Maybe I should...he works too hard. Spock too...it's just as hard getting him to have a check up. And I've seen him taking double shifts without a break. And they think I'm overreacting?!

Anyway, I managed to get Jim Kirk in for his exam and it all went smoothly but he chose that moment to totally ruin the rest of the day for me.

He told me we are passing close to a starbase and will be docking there for a day to allow for a senior Starfleet medical officer to make an inspection of my sickbay."

McCoy paused to give an annoyed little growl as he thought about it.

"I don't like people meddling in my sickbay...especially jumped up officers who've not worked inside a frontline hospital for like forever. Senior rank and lots of braid doesn't make them any better a doctor than those on active service." Another snort from the disgruntled McCoy. "The Enterprise has an excellent sickbay...and yes, I know that new technology is being developed all the time but just because it's new, doesn't mean ours works any less. If they wander around here sneering at our facilities I might just get mad.

Anyway, we stopped at the starbase and Spock left the Enterprise to meet our visitor and then Jim, with Spock, brought them along to sickbay. I was surprised to see a young woman...and I'm a bit of a sucker

for a pretty face. Found myself being polite and smiling, when I had been prepared to be defensive. I roped Nurse Chapel in to help me conduct a tour of sickbay. As I expected, there were lots of questions about equipment and how it worked. I was expecting all the time to hear the equipment being condemned and called 'out of date'. The insults did not happen and at the end of the tour I took her through into my office and replicated coffee and we talked about the tour."

Here McCoy paused again before going on in a more thoughtful way. "It was at this point that her manner changed slightly. 'Everything is as I hoped it would be' she told me. 'I was hoping to find everything in order and excellent condition. We have a task for the Enterprise, Doctor. And especially for you.' I looked at her, wondering what was coming, and mentally making a note to demand Jim for the truth. Had he known about this and set me up? 'Okay,' I ask, 'what's the task?'. She drummed her fingers on the table before meeting my eyes. 'There is a planet, two days journey from here that has asked for the Federation's help. After decades of war between two tribes, they have come together and asked for help. They have realised that they are close to wiping out their own people and the devastation after the periods of fighting has led to disease spreading through their people...especially the young people. Their children, Doctor, their future.' I listened to her telling me the Enterprise was to run tests and try to create a vaccine they could use to safeguard their young people as they tried to rebuild their planet."

McCoy paused again, tapping his fingers on the desk. "It was at this moment that Jim came down to sickbay. After hearing her story, I decided against a sarcastic comment as to whether the captain knew...I only needed to look at his face to know that it was serious, and he had known before we stopped." Here he stopped the recording.

Five days later, McCoy commenced the recording again. "Well, I've been down to the planet and I've been able to take tests of some of the children. I did question Jim whether this violated the Prime Directive but he said the planet had asked for aid...the rules could be interpreted differently then. If we could find a way of helping without them being

exposed to the technology it would be fine. Anyway, I started in on examining the tests and testing blood samples, trying to find an obvious link to what had caused the disease. After some days of coming across nothing, I suddenly found changes in cells and checked them in each of the samples. I found the same changes and began to work on isolating them, and going into deeper examinations and working on creating a vaccine.”

“Another five days have passed and I think I have it. Nurse Chapel helped me set up and run some simulations – using some of the blood samples and I am happy to say that it looks successful and I am ready to present the vaccine to the captain and the planet leader and hope that I can get permission to administer the first doses and to give them enough of a supply of the vaccine that they should be able to vaccinate the children and hopefully, by the time they come to breed, their children will be born free of the disease and resistant to its effects as the planet heals itself.”

McCoy leaned back in his chair and heaved a heavy sigh. “This is why I do what I do. To help people...I still don’t like anyone meddling in my sickbay, but I’ll forgive her because she brought me this opportunity to give kids their life back. Wonder if I can use their example and willingness to be tested against the captain when he refuses his next physical?

McCoy out.”

# Cadets' Corner

## Word Search

G	H	L	S	J	U	H	V	M	D	A	E	Y	Y	E
M	K	T	Y	E	Q	A	E	I	R	B	T	U	T	M
N	I	P	L	X	L	D	E	O	S	T	F	L	I	C
V	S	J	E	A	I	F	L	H	W	O	L	W	L	C
F	Z	H	O	C	E	E	C	O	T	S	R	N	I	O
A	I	C	I	H	M	H	R	A	E	R	A	S	B	Y
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AWARENESS  
 BONES  
 CONTRACEPTION  
 DISABILITY  
 DORTHEA  
 HEALTH  
 HURRICANES  
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## Colour Me In!

