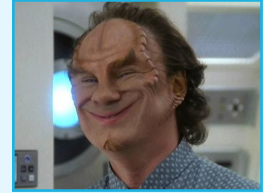




**MEET THE HEROES
OF SFI MEDICAL**



MEN'S HEALTH



**WHO'S YOUR
DOCTOR?**

THE H^YPOSPRAY



**Hero
Edition**

Contents

From the Editor's Desk	ii
Welcome to The Hypospray	iv
Meet The Medical Staff	1
The Heroes of STARFLEET	8
In Memoriam	23
From The Regions.....	25
Men's Health.....	34
Who's Your Doctor?	38
Historical Archives	44
Memory Alpha.....	47
Cadets' Corner	49

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

From the Editor's Desk

The Hypospray has been specifically formatted to be “reader-friendly.” The font chosen is Open Dyslexic. Now in its third iteration, Open Dyslexic was designed by Abbie Gonzalez to help dyslexic readers. The colour theme was also chosen in order to aid dyslexic readers. Many readers find a coloured “reading ruler” helpful, so the pale blue background was chosen to replicate that contrast change. The single column format was chosen to aid in line-tracking.

I hope you enjoy the new Hypospray,

Jessica Odell
Editor In Chief

For Nanette

Welcome to The Hypospray

Welcome to this the first Edition of the all new Hypospray the quarterly webzine of STARFLEET Medical.

First and foremost I would like to thank my staff for not only the education they have given me in complying this webzine, but the hard work and long hours they have given up for it and also to all those who contributed no matter how small to the finished article.

These have been and continue to be extremely strange and alien times for us all as we work to find some sense of normality in the grip of this pandemic. As such I thought we should dedicate part of this first new edition to acknowledge those from within this crazy club we call STARFLEET International not only on the front line of this horrendous and unforgiving pandemic but everyone as no matter what part you play, even if you just stay at home you are all key and essential to us successfully beating it.

Please enjoy the first rejuvenated and refreshed edition !

Captain Mark Logan PhD, SFMD
Surgeon General

欢迎阅读《星际医疗》季度网络杂志《全新 Hypospray》的第一版。

首先，最重要的是，我要感谢我的员工们，不仅他们为遵守本网络杂志而接受了我的教育，而且还感谢他们为此付出的辛勤工作和漫长的工作，以及所有对完成工作贡献不小的人 文章。

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

对于我们所有人来说，这些过去已经并将继续是一个极为陌生和陌生的时代，因为我们正在努力寻找对这种大流行的把握的正常感。因此，我认为我们应该在第一版中专门介绍这一疯狂俱乐部中的成员，我们称其为STARFLEET International，不仅在这一可怕而无情的大流行的第一线，而且无论您扮演什么角色，每个人，即使您只是呆在家里，您是我们成功击败它的关键和关键。

请享受第一版的焕然一新！

SFMD船长Mark Logan博士
外科医生

Bienvenue dans cette première édition du tout nouveau Hypospray, le webzine trimestriel de STARFLEET Medical.

Tout d'abord, je tiens à remercier mon personnel non seulement pour la formation qu'ils m'ont donnée en me conformant à ce webzine, mais aussi pour le travail acharné et les longues heures qu'ils y ont consacrées, ainsi qu'à tous ceux qui ont contribué, peu importe leur taille article.

Ces temps ont été et continuent d'être extrêmement étranges et extraterrestres pour nous tous alors que nous nous efforçons de trouver un certain sens de la normalité en proie à cette pandémie. En tant que tel, je pensais que nous devrions consacrer une partie de cette première nouvelle édition pour reconnaître ceux de ce club fou que nous appelons STARFLEET International non seulement en première ligne de cette horrible et impitoyable pandémie, mais tout le monde, peu importe le rôle que vous jouez, même si vous restez à la maison, vous êtes tous essentiels et essentiels pour réussir à le battre.

Veuillez profiter de la première édition rajeunie et rafraîchie!

Capitaine Mark Logan PhD, SFMD
Chirurgien généraux

Bienvenidos a esta la primera edición del nuevo Hypospray, el webzine trimestral de STARFLEET Medical.

En primer lugar, me gustaría agradecer a mi personal no solo por la educación que me han brindado para cumplir con este boletín electrónico,

sino también por el arduo trabajo y las largas horas que han renunciado a él y también a todos los que contribuyeron, sin importar cuán pequeños sean los artículos.

Estos han sido y continúan siendo tiempos extremadamente extraños para todos nosotros mientras trabajamos para encontrar un sentido de normalidad en las garras de esta pandemia. Como tal, pensé que deberíamos dedicar parte de esta primera edición nueva para reconocer a los que están dentro de este loco club al que llamamos STARFLEET International, no solo en la primera línea de esta horrenda e implacable pandemia, sino a todos, sin importar qué papel juegues, incluso si tú te encuentras en casa, eres clave y esencial para que podamos vencerlo con éxito.

¡Disfruta de la primera edición renovada del Hypospray.

Capitán Mark Logan PhD, SFMD

Cirujano Generale

wa'DIch edition Hoch chu' hypospray quarterly webzine 'ejyo' Medical, nuqneH ghu'vam.

wa'DIch foremost wej neH education jIH laSvarghDaq chaH neH webzine 'ach let Qap HeQ naQ qatlho' vIneH 'ej qaStaHvIS rep jegh chaH je je Hoch porghIJ nuv ghobe' ghaq chay' mach rIn ghItlhvetlh.

'ej 'e' Huj: reH extremely 'ej nov poH Hoch Hoch Qap 'op Dapvetlh normality Samta'meH neH pandemic grip taH roD. je vInuDmo' 'ay' wa'DIch chu' edition nuv vo' qaS maw' jeqqIJ maH jach 'ejyo' international wej neH tlhop tlhegh qechvam horrendous unforgiving pandemic Hoch je no matter yIngu' chu' SoH 'ach acknowledge vaj dedicate maH 'e' vIHar, vabDot neH laQchoHlu', 'ej SoH qabDaj juH ngaQHa'moHwl'mey: reH Hoch 'ej 'ut maHvaD successfully 'oH moq.

nuqneH je refresh edition wa'DIch rejuvenated tlv!

HoD Mark Logan PhD, SFMD

Haqwl' Sa

Meet The Medical Staff

The Surgeon General

Captain Mark Logan



I have been a member of SFI for 4 years during which time I have always served in a medical capacity firstly as CMO for my chapter and then as ASG for R20 before taking on the Starfleet Medical Surgeon General role.

I am currently employed as a senior law enforcement officer and will this year be in my 29th year. I am a fully qualified Paramedic, EMT

instructor and trauma incident commander and combine my regular duties as a senior Detective with teaching new recruits First aid and CPR.

Previously I spent 5 of 7 years at medical school studying to be a Medical Doctor before a change in employment direction !

During my time at Medical school I served as an Army reservist within the Royal Army Medical Corps attaining the rank of Major.

The Deputy Surgeon General

Lieutenant Pippa Slack

Hello! Let me introduce myself: my name's Pip and I've been appointed as the Deputy Surgeon General (international). In a nutshell, my responsibilities within STARFLEET Medical include co-ordinating with your Regional Assistant Surgeon Generals and Chief



Medical Officers, helping to get our SF Medical Website up and running, helping to run the newly created Research and Development program, the Office of Communications... and last but not least – the Hypospray SF Medical publication! Within STARFLEET International I also have the honor of being the Region 20 Retention and Membership officer, the Chief of Staff on the USS Merlin, and a Director within STARFLEET Academy.

In my real, non-Star Trek life, I've been an Osteopath for the last 23 years in the UK along with my husband Jonathan, and we both work from home in our practice. Osteopathy is similar to physiotherapy in that we both treat musculoskeletal conditions and help to rehabilitate patients with various biomechanical problems. I also specialize in Cranial Osteopathy so I also treat a lot of babies and children, which are my favorite kinds of patients! As such my main medical interests lie in Orthopaedics, pediatrics, and complementary and alternative medicine. I have two nearly adult children, a labradoodle, gecko, African pygmy hedgehog, and tropical fish... and as you can see my life is always busy! More recently I have become part of the Covid-19 Track and Trace NHS team in the UK so have the honour of helping out in my own way in the fight against this pandemic.

Teamwork is very important to me and this, to me, has always been one of the shining tenets of Star Trek. I am just one cog in the busy machinery of STARFLEET Medical, and I couldn't do what I do without the help of everyone else. I also value communication, so if anyone has any ideas or suggestions for how we can help to grow STARFLEET Medical then please do approach me and suggest them to me – my door is always open.

Chief of Operations

Vice Admiral Richard Sams

Member of SFI for many years!

Served as DASG for Region 20

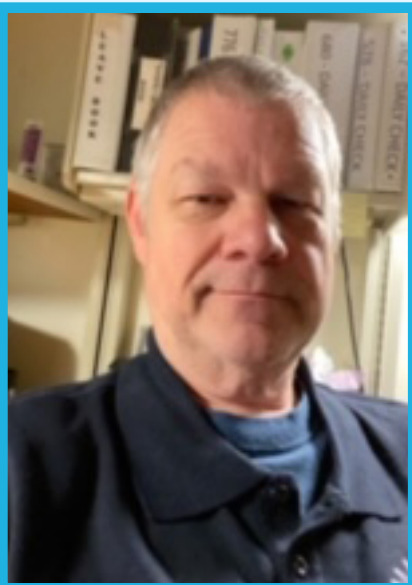
I've always been a keen advocate for people to be trained in First Aid, and I used to deliver basic First Aid training to Scout & Guide Leaders. I'd encourage everyone to take a basic First aid course – this can be completed in one day, and the skills learnt could save a life.

I'm now looking into training in Mental Health First Aid to support work in this important area.



Chief Of Communications

Colonel Richard Bonham



I have been a member of Starfleet for some time now, I was a member in the 90's then took a break and returned in 2011. In the real world I am an EMT-I for a Pre-hospital EMS System, and a Warrant Officer in the WA state Guard. I am originally from Ohio, but the US Army sent me to the Great Pacific North West which I now call home. I hope everyone enjoys this edition of the Hypospray. The staff has worked feverishly to get this out to our fleet! Thank you for your time and everything you do for STARFLEET.

Webmaster

Fleet Captain Erica Smith

I first joined SFI in 2015, and have worn many "hats" in my five years here! My favourite job is still being Appleton's CO! Though being part of SFI medical is a natural fit with my real life, realistically, I'm the slightly awkward techie in the background, slurping down coffee by the pint and cursing at graphics! If you see me at Medical HQ and I look 50% less awake than my headshot, put a raktajino in one hand and an apple Danish in the other, and wait half an hour. Voila! Instant Human!



The Hypospray Editor-In-Chief

Captain Jessica Odell

My first few years in SFI were as a lurker. I couldn't get to meetings, due to my "real life" job as a private tutor. That all quickly changed when there was a need for an XO on the Caroline and! I joined the R20 Medical R&D Department and found it a nice fit that goes along with my degree in Biology. I hope I can bring The Hypospray into the 21st Century, if not quite the 24th yet. While I'm not busy with SFM, I can usually be found swimming in a vat of coffee and working on some new cosplay project, or with my nose firmly in a book.



The Hypospray Copy Editor

Colonel Ronald Bradley Rozier



Hi there, everyone. I am Bradley, or “Doc” (a nickname I had for many years from my days as a cowboy action shooter). I write most of my stuff about real world illnesses, substances, and psychological effects because I am a HORRIBLE fiction writer. I graduated from STARFLEET Academy with a dual Doctorate in Medical Arts Studies & Special Operations Studies. In my free time I like to read, write, play some video games, take tests for SFA/SFMCA, sip on Irish whiskey, and generally work on fixing what I can in this world. I am always looking for the next challenge or way to improve myself. I am always available for questions and look forward to speaking with all of you.

Public Heath Chair

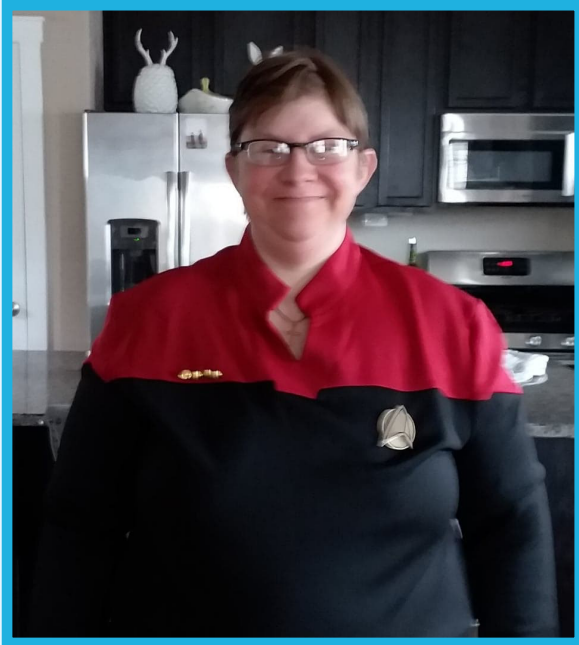
Commander Brett Mclff

Dr Mclff completed his PhD in Public Health ten years ago, after completing a Masters in Science in Public Health. His undergraduate degree is in Exercise and Sport Science which explains why he is always running around trying to get things done. He currently works in a state health department in the Western United States. He is the XO of the USS Aarushi, and the ASG for Region 17.



Women's Health Chair

Colonel Megan Schroeder



My name is Colonel Megan Schroeder and I have been in for about 18 years. I am the chief Medical Officer and XO on the USS Fire Bird and Committee Chief for Women's Health and in the real world I am a Major in the Air Force Civil Air Patrol.

Men's Health Chair

Captain Jim Landeilus

Jim Landelius is the CO of the USS Archangel and the Chief of Communications for Region 12. He is married to Tammy. Between them they have six children. All but one in STARFLEET. He is a proponent of sensible lifestyle change.



Emergency Planning Chair

Chief Petty Officer Clinton Harris
Chief Engineer USS Jurassic
Assistant Surgeon General, R1
Emergency Preparedness Chief
STARFLEET Medical
EMTB
Electronics technician
USNavy Veteran
KN4FWI



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

The Heroes of STARFLEET

These are unprecedented times. People's lives have changed beyond recognition with many countries going into lockdown, businesses grinding to an uncomfortable halt, at-risk groups having to shield at home for many months unable to see their loved ones unless they already live with them and most tragically of all – people dying from Covid-19.

What has become clear is that amongst all of the chaos and heartbreak that there are heroes among us. These heroes can take many forms; from those working directly on the frontline as healthcare workers to those who work in ancillary areas supportive health care, to those who are laypeople and want to do whatever they can to help. This truth is no less relevant within STARFLEET and as such is it my absolute honour to highlight as many of our members as much I can, to show you of some of our very own Heroes who deserve our recognition, respect, and thanks for what they do to protect all of us.

Adm. David Miller of the USS Helen Pawlowski is a practicing physician and urgent care director at one of four federally qualified health centers serving the large uninsured and underinsured patient population of the City of St. Louis. As the need for testing grew, David was involved in the development of drive-through testing sites which have been growing in number over time.

Initially, David was in full PPE directly examining suspected COVID patients though he is now no longer in direct patient care instead overseeing operations from a command trailer, ordering tests, reviewing results, and contacting/counselling patients. Thank you, David.



Cmdr. Susan Holly Anderson of the USS William Wallace is an RN BSN travel nurse who, since the pandemic, has switched to working an active Covid-19 ward with patients at Ft. Defiance Indian Hospital/ Tsehootsooi Medical Centre (Navajo).

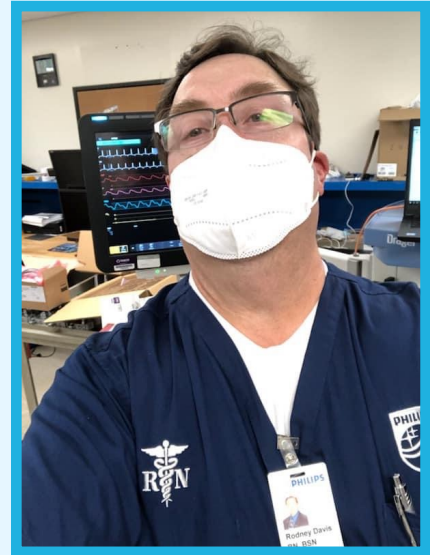


We have two more heroic nurses in our fleet who also work directly with patients on wards at hospitals: **Cmdr. Karen Dickson** and **PO3 Cath Kerr** of the USS Alba are both Staff Nurses at NHS Lothian in Scotland.



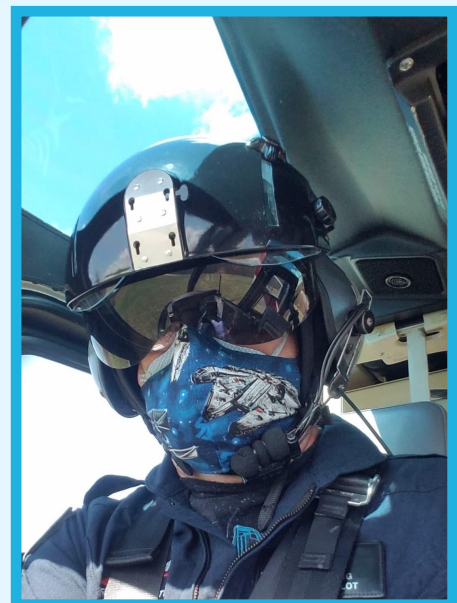
We can all appreciate the hard work that all of our nurses undertake in this current pandemic. Caring for our friends and family members who have succumbed to this virus is a task that must seem so overwhelming, frightening, and daunting and yet they do it willingly, eagerly, and with love. Thank you, Susan, Karen, and Cath.

FCapt. Rodney Davis of the USS Indiana used to also be a Staff Nurse in a critical care unit, like Karen and Cath but now supports monitoring systems that go in clinical units and patient's rooms. As you can imagine all of this equipment is vital to supporting patient care and recovery and desperately needed. Thank you, Rodney.



Often patients who are ill will need either transporting to a hospital or between hospitals as their care needs change. We are blessed in STARFLEET to have several members who are directly involved in this process.

Lt. Matt Darling is the First Officer on the USS Vandalia who is a medical helicopter pilot responsible for the transportation of patients between medical facilities, many of who are covid-positive. His Chapter, the USS Vandalia, is extremely proud of his service along with the service that all our other members have given. Matt patrols the Tristate area and calls Huntington WV his base of operations. Thank you, Matt.

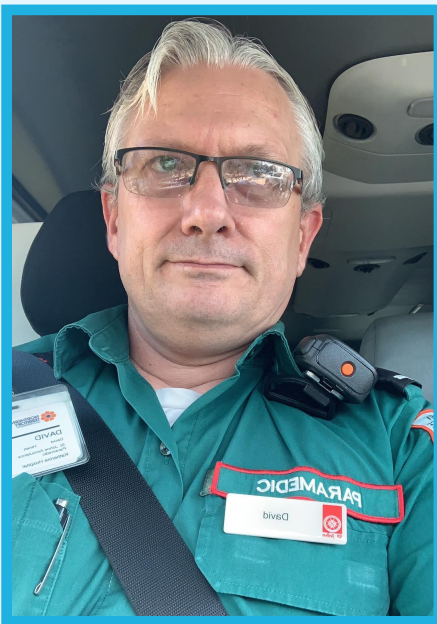


Crr. Ray Gale of the USS Merlin is a paramedic in the UK working in Bristol. He has specifically been involved in the transportation of patients from hospital to the new NHS Nightingale Covid temporary hospitals that have been set up around the UK. If anyone is interested in seeing what our NHS Nightingale (Bristol) hospital looked like whilst it was being constructed, Ray has posted a video on the STARFLEET Medical page. Thank you, Ray.



Col. Richard Bonham of Region 7's Hecate Battle Group, who is also STARFLEET Medical's Director of Communications, continues to make us proud as he works as an EMT (Emergency Medical Technician) for a Pre-hospital Emergency Medical System. As if this didn't keep him busy enough Richard also works hard as a Warrant Officer in the Washington State Guard. Thank you, Richard.

MCapt. John Brice Jr of the USS Freedom is a Senior Emergency Medical Technician at Guilford County EMS, North Carolina so is no doubt continuing to respond to emergency medical care of both Covid-19 and non-Covid-19 patients. I am sure he has played a part in saving many lives, like so many of our other Heroes here today. Thank you, John.



FCapt. David Hines of the USS Tydirium is yet another of our members who serves tirelessly as a paramedic with St. John's Ambulance, this time in Katherine in the Northern Territory of Australia. No doubt David also had a lot of trauma to deal with in the past several months with the bush fires that plagued Australia several months ago. Thank you, David.

Capt. Ariel Vitali is the CMO of the USS Banneker and is a psychiatrist with Sheppard Pratt, a behavioural health system that is



based in Towson, Maryland. She works in the inpatient unit at a satellite hospital in Maryland. Whilst not necessarily working directly with Covid positive patients, the mental health of patients over the next coming months and even years are going to be something that will continue to challenge us all, as well as our healthcare providers. Thank you, Ariel.

Mid. Stefanie Fricke of the USS Merlin and **Capt. Sylvain Bertrand** of the USS Asclepios work in a different aspect of healthcare, pharmacy, which is seeing its own trials and tribulations in this difficult time. Patients still have medical needs in times of pandemics and may often not be able to get an appointment to see their doctors. This is where pharmacists often pick up the workload with not only a high load of prescriptions but also advising patients regarding minor ailments, health issues, questions, and concerns. It is challenging and exhausting work for them also as they interact with the general public. Thank you, Stefanie and Sylvain.



Lt. Javier Blásquez of the USS Longbow is an assistant medical officer for the elderly who have been at particularly high risk in this pandemic. I have had personal experience in knowing how hard those who care for the elderly work and personally speaking I would like to thank them all for the love and care they give every single day. Thank you, Javier.

We must not forget, however, that there are other types of frontline workers than healthcare staff. Our emergency services never stop working to keep us all safe and sound. Other types of crimes and incidents don't stop happening in this time and beyond that, they have a myriad of new types of challenges they may not have had to face before such as public unrest, demonstrations, restrictions on how to safely attend to people all whilst wearing their personal protective equipment.

Our STARFLEET Medical Surgeon General, **Capt. Mark Logan** (also of the USS Merlin), is a senior Police Detective. His continuing work over the last few months has without a doubt been integral to keeping people safe, especially in the light of the increase in domestic violence during the lockdown period. From working as Mark's Deputy Surgeon General, I can attest to how difficult a time this has been for him in terms of not only some very long working hours he has endured and the general stress involved in such work on both him and the staff he manages. Thank you, Mark.



Ens. Jameson Hughes of the USS Banneker is a police officer with the Havre de Grace Police Department in the City of Havre de Grace, Harford County, MD, and has been on



the front lines for the last 14 years. Similarly to Mark, Jameson has seen how Policing styles and lifestyles have been affected by



the coronavirus and there has been a concerted effort to make sure that the public remains safe and protected at this time. Thank you, Jameson.

Many people would agree that being the Commander of STARFLEET International was a full-time job in and of itself, but **FAdm. Steven Parmley** is far busier than even just this. In reality, Steven is one of the heroes of the Fire Service as he is there for people whenever there are house fires, motor vehicle accidents, and even medical calls as it is a sad truth that these events do not cease during a pandemic. His work doesn't even stop there since public education, fire marshal duties, and business and building inspections also play an important part in his work. Thank you, Steven.





Capt. Scott Turner of the USS Merlin is an Incident Response staff member for Network Rail in the UK as well as a Special Constabulary making him a hero on two fronts. As a Mobile Operations manager, Scott responds to a wide variety of incidents including bridge bashes, fatalities, level crossing issues, trespassing incidents, train failures, and derailments and as a Special Constable, he has the same powers, driving qualifications, and equipment as the regular Police but works as an unpaid volunteer!

Scott is also quite a talented tailor and has enrolled on the ScrubHub Network – a group of volunteers who are putting their sewing skills to use to make scrubs for health care workers who need them. Thank you, Scott.

All of our heroes so far have either had to work in a hospital, with patients in one capacity or another, or help to keep order and safety going in the world we live in. Our next hero though is working to help build a hospital! **Comm. Derek Sauls**, CO of the USS Indiana, is helping with the construction of Riley Hospital for children in Indiana. It is probably impossible to calculate the benefit that will come from such a hospital being built, so we wish you a quick and problem-free build! Thank you, Derek.



Not everyone is trained as a healthcare professional or emergency services provider and it would be a boring world if they were. My next section is dedicated to all of our STARFLEET members who are not on the frontlines in the same way but are being creative and generous in a unique and charitable way to help support our healthcare workers.

Lt. Clarke Fox of the USS Robins might not be a research scientist, but he has found an ingenious way to help support them! Folding@Home is a computer program that takes bite-size chunks of data that need to be processed in research projects and sends them out to a literal worldwide network of home and office computers that are willing to donate their processing power to this good cause. Whilst members of this team on the USS Robins are supporting Covid-19 research, Folding@Home can contribute to other fields of research as well, such as Alzheimer's Disease, Cancer, Huntington's, and Parkinson's diseases. So far, they have contributed so much computing power that they are currently ranked #4089 of 253791 teams! In a bid to try and do the most good, true to the very spirit of Starfleet, this team has opened up their efforts to any other Chapters and members who want to join; so far at least 3 members from the USS Merlin in Region 20 have taken up the offer and begun contributing to this valiant goal. Thank you, Clarke, the USS Robins, and the USS Merlin.

Comm. Brian Picket of the USS Phoebe along with his Science Officer and other members of the crew set 3D printed 500 ear savers (they are little plastic clips that hold the elastic from masks off the back of the ear and around the back of the head instead, saving nurses' poor ears from hours of wearing masks). These were all donated to local hospitals and nursing homes. **FCapt. Chris 'Ducky' Lynch** of the USS Dauntless 3D printed 100 face shields for healthcare workers and donated them to local hospitals where I am sure they were all very gratefully received! **Crr. Justin Morrison** of the USS Cuchulain also 3D printed visors for local NHS and Social Care workers in Northern Ireland. **Adm. Michael Urvand** of the USS Imperium is yet another member of STARFLEET who 3D printed then donated face shields to health workers.

These were given to the local fire station before being distributed by them to local State hospitals. The generosity shown by these three STARFLEET members in creating PPE for our health workers is something we can all be proud of, so thank you, Brian, Chris, Justin, and Michael.

Face masks make a difference – the research is starting to show this over and over again. Because of the global demand however not all health workers have had access to this essential personal protective equipment (PPE) that they should have done in an ideal world. Some of our members sought to try and change this by making face masks for medical facilities as well as friends and families. **VAdm Kimberly Donohoe** of the USS Yorktown has made 100 face masks that were donated to different medical facilities along with a few others for family and friends. **Capt. Dominique Oakley** of the USS Relentless similarly has put her talents to use in making face masks (quite a few I gather!) for others. Thank you, Kimberly, and Dominique.

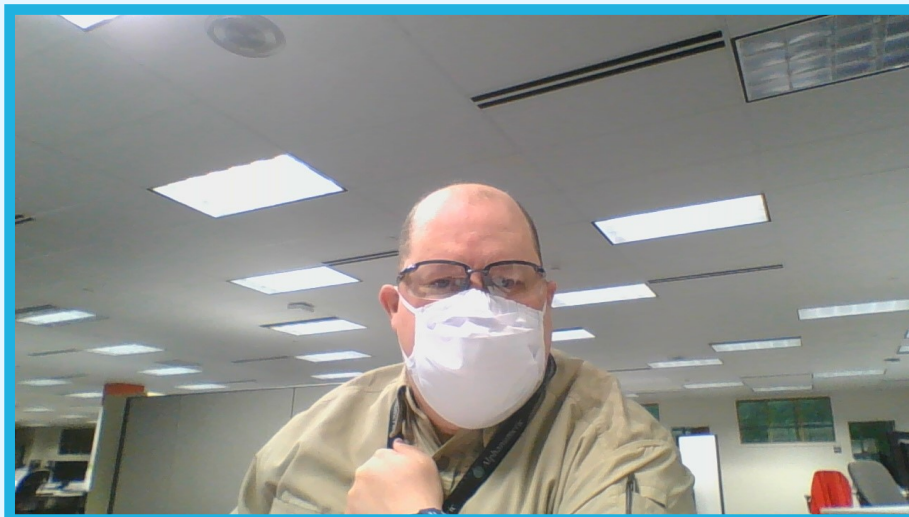
Bdr. Glenda Stephenson of the USS Diamondback has taken a slightly different tack in looking after U.S. Veterans; Glenda managed to source and donate art and entertainment supplies to a Veteran's hospital local to her which her daughter-in-law works at. Whilst hopefully these Veterans will remain free from Covid-19, they are still recovering from one thing or another. I am sure that Glenda's generosity will help them in their recoveries; thank you, Glenda.

Other businesses in the world may not have direct involvement in the Covid-19 pandemic, but quite a few of them play a part in keeping our hospitals and similar institutions running. As such, people who work at these companies may well be considered Key Workers and are often forgotten about in the bigger picture. Well not here!

Capt. Paul Lennox of the USS Liberty Belle is a machinist who makes parts for medical equipment for Irish hospitals. Can you imagine how well hospitals would function without such equipment? I prefer not to! Thank you, Paul.



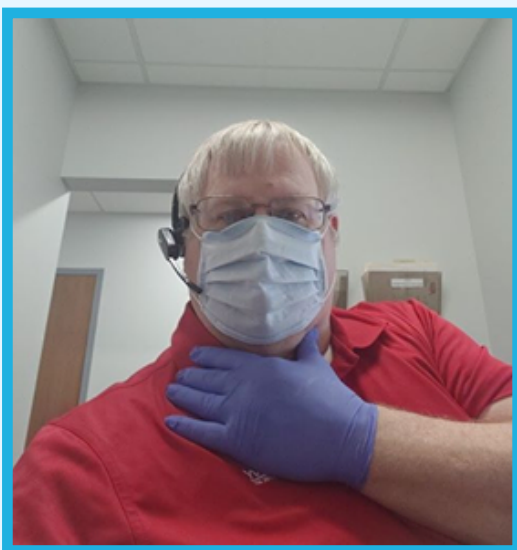
MGn. T.J. Allen of the USS North Carolina works at a global drug manufacturer and supply company; medications are of utmost importance in this pandemic. Whilst there is a big push to find medications that may help reduce or eliminate symptoms in sufferers we must remember that there is also a need to keep the rest of the population healthy which means they still need their normal medications as well. T.J. plays a part in helping to make sure that all of this happens. Thank you, T.J.



Cmdr. Yesenia Lopez of the USS Longbow works in a company that makes power breakers for hospitals as well as oil and gas industries and telecommunication and pharmaceutical companies. Keeping all of these industries up and running is critical to the world's infrastructure, healthcare, and economy. Thank you, Yesenia.

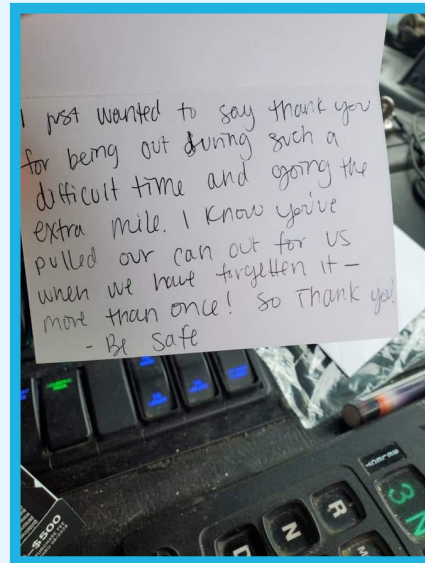


The generosity of some others, such as **VAdm. Kimberly Donohoe's** daughter allows a friend of hers, a nurse, to continue going to work by looking after her baby daughter for her. Childcare must be such a huge issue for healthcare staff in a time when schools and nurseries are almost universally closed. This kind of volunteering helps to make sure that those who need to keep working can do so in this difficult time and often at great risk to both themselves, their family, and their friends. Kimberly, please send your daughter a thank you from us all.



Our Vice Commander STARFLEET, **Adm. James Herring** also works in one of these support industries as a key worker within Anthony Plumbing, Heating, Cooling, and Electrics which forms part of the infrastructure of many industries. In doing his part, James helps keep the heat off our key and frontline workers, and make sure that we don't go underwater... so to speak. Thank you, James.

Not all jobs are glamorous and yet they can be just as essential. New recruit **Alexander Terry** from Region 13 is a garbage collector and has been on the front lines of the pandemic in a way that we most often don't think about but are none the less very grateful for! Alexander covers a wide area including both commercial businesses and about 1500 residential customers a day! Thank you, Alexander.



And lastly, but not least... thank you to **Capt. Jim Landelius** of the USS Archangel, who took the time to bake some delicious homemade ginger cookies that he sent to our very hardworking nurse, Cmdr. Susan Anderson and her colleagues as a care package. With our healthcare workers working so tirelessly day in and day out it was a welcome surprise to have some treats to keep their energy levels up and much appreciated. Thank you, Jim.



I could not more proud of our STARFLEET members. From all walks of life, people have contributed in a wide and very Imaginative set of ways. The generosity – of time, of equipment, of SERVICE, has been extraordinary from all of these members... and no doubt we have several more who are hiding their wonderful deeds from others knowing about them (P.S. if that's you, tell us... and thank you!). I know that you will want to thank them just as much as we do here at STARFLEET Medical.

THANK YOU, HEROES.

Pippa Slack, DSG



In Memoriam

In Loving Memory

I write this with great sadness over the unimaginable loss of a friend to complications of COVID19. On May 13, 2020 we lost a friend of USS San Juan her name was Ms. Himilce Jackson. She fought a brave and strong battle against this virus.

I met her a few years ago when i joined USS San Juan under the command of Admiral George Mustafa. She was loved by her family and friends. She was a great painter and passionate about the things she loved. She was always willing to learn more about the arts to keep her occupied and show everyone what she had learned. She was an accomplished cosplayer. The most remarkable costume that she made was an Andorian officer and a Vulcan High Priests.

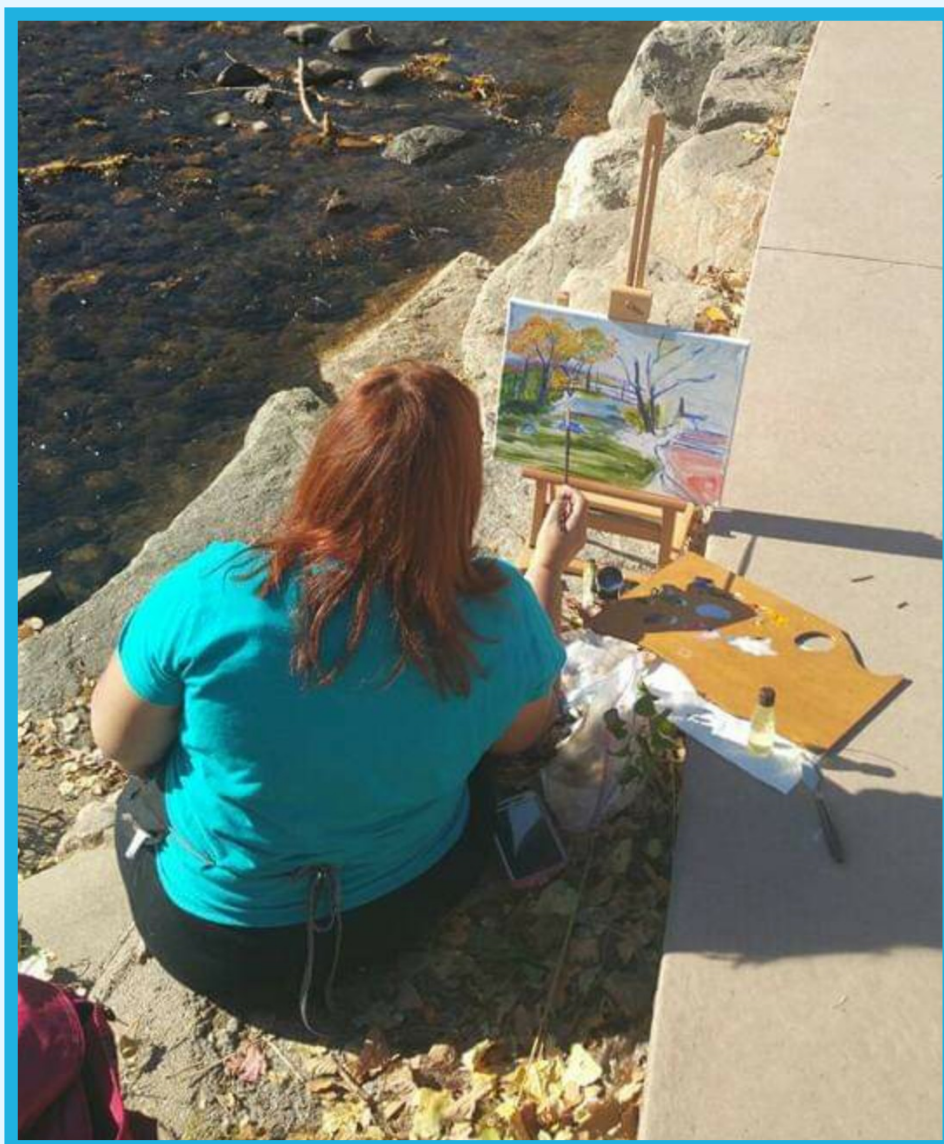


She will be missed, STARFLEET International lost a great officer. All the ships from all the regions dimmed their lights to honor the life of Ms. Himilce Jackson.

STARFLEET International honored Ms. Himilce Jackson with the rank of Captain and The Starfleet Command Star on May 14, 2020.

"There are no goodbyes for us.
Wherever you are, you will always be in my heart."
-- Mahatma Gandhi

With deepest sympathy
Commander Yesenia Lopez
Chief Medical Officer USS Longbow
ASG Region 2



From The Regions

Region 2

STARFLEET Medical Report

Stardate: 98183.41

Greetings to All!

We know we still have a lot on our minds with the pandemic. We also know that as Summer ends and we transition into the Fall season, a surge in cases is quite possible. Please continue to social distance and wear a mask. Not only for your protection, but for the protection of others. Please stay alert to any of the symptoms of COVID-19 (listed below). Please report to sickbay for evaluation. Call on your doctor for care.

During the Summer months, it is important to stay hydrated. The sun and higher temperatures can heat exhaustion or heat strokes. Make sure you drink plenty of water and take frequent breaks. Stay cool. If you are working outside, please be on the lookout for these symptoms.

HEAT-RELATED ILLNESSES	
WHAT TO LOOK FOR	WHAT TO DO
HEAT STROKE	
<ul style="list-style-type: none"> High body temperature (103°F or higher) Hot, red, dry, or damp skin Fast, strong pulse Headache Dizziness Nausea Confusion Losing consciousness (passing out) 	<ul style="list-style-type: none"> Call 911 right away-heat stroke is a medical emergency Move the person to a cooler place Help lower the person's temperature with cool cloths or a cool bath Do not give the person anything to drink
HEAT EXHAUSTION	
<ul style="list-style-type: none"> Heavy sweating Cold, pale, and clammy skin Fast, weak pulse Nausea or vomiting Muscle cramps Tiredness or weakness Dizziness Headache Fainting (passing out) 	<ul style="list-style-type: none"> Move to a cool place Loosen your clothes Put cool, wet cloths on your body or take a cool bath Sip water <p>Get medical help right away if:</p> <ul style="list-style-type: none"> You are throwing up Your symptoms get worse Your symptoms last longer than 1 hour
HEAT CRAMPS	
<ul style="list-style-type: none"> Heavy sweating during intense exercise Muscle pain or spasms 	<ul style="list-style-type: none"> Stop physical activity and move to a cool place Drink water or a sports drink Wait for cramps to go away before you do any more physical activity <p>Get medical help right away if:</p> <ul style="list-style-type: none"> Cramps last longer than 1 hour You're on a low-sodium diet You have heart problems
SUNBURN	
<ul style="list-style-type: none"> Painful, red, and warm skin Blisters on the skin 	<ul style="list-style-type: none"> Stay out of the sun until your sunburn heals Put cool cloths on sunburned areas or take a cool bath Put moisturizing lotion on sunburned areas Do not break blisters
HEAT RASH	
<ul style="list-style-type: none"> Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases) 	<ul style="list-style-type: none"> Stay in a cool, dry place Keep the rash dry Use powder (like baby powder) to soothe the rash



Follow these guidelines to stay healthy and safe.

PROTECT YOUR WORKERS FROM HEAT STRESS

Develop an acclimatization plan

Acclimatization is the result of beneficial physiological adaptations (e.g., increased sweating efficiency and stabilization of the circulation) that occur after gradual increased exposure to a hot environment.

TIP 1

Gradually increase the time spent in hot environmental conditions over a 7–14 day period.

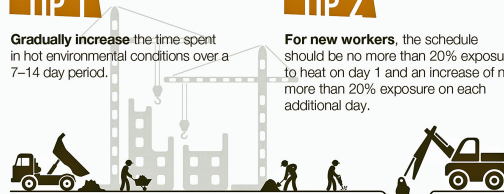
TIP 2

For new workers, the schedule should be no more than 20% exposure to heat on day 1 and an increase of no more than 20% exposure on each additional day.

TIP 3

For workers who have had previous experience with the job, the acclimatization schedule should be no more than:

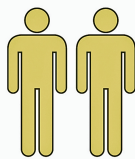
DAY 1	DAY 2	DAY 3	DAY 4
50% EXPOSURE	60% EXPOSURE	80% EXPOSURE	100% EXPOSURE



Set up a buddy system

Check your workers routinely to make sure...

- ☒ they make use of readily available water and shade.
- ☒ they don't have heat-related symptoms.



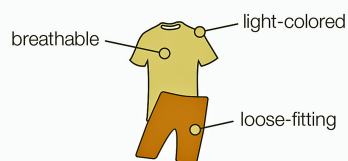
Schedule and encourage frequent rest breaks...

...with water breaks in shaded or air-conditioned recovery areas.



Emphasize the need for appropriate clothing

Encourage workers to wear clothing that is...



Cotton clothing can be soaked in water to aid cooling.

4 Be aware that protective clothing or **personal protective equipment** may increase the risk of heat stress.



Encourage workers to drink plenty of fluids...

...such as drinking small amounts of water before becoming thirsty.

During moderate activity in moderately hot conditions, workers should drink about...



1 cup every 15 to 20 minutes.

 Learn more about heat stress at: www.cdc.gov/niosh/topics/heatstress

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



The following are medical awareness topics for August, September, and October. If you would like to learn more about these, please choose one or two each month and research them for more information. Share what you find with your fleet. These provide great project ideas. Let's spread awareness!

August

- Children's Eye Health and Safety Month
- Gastroparesis Awareness Month
- National [Breastfeeding](#) Month
- National Immunization Awareness Month
- [Psoriasis](#) Awareness Month
- World Breastfeeding Week (Aug. 1–7)
- National Health Center Week (Aug. 9–15)

September

- Blood Cancer Awareness Month
- Childhood [Cancer](#) Awareness Month
- Healthy Aging Month
- National [Atrial Fibrillation](#) Awareness Month
- National Childhood Obesity Awareness Month
- National Cholesterol Education Month
- National Food Safety Education Month
- National ITP Awareness Month
- National Pediculosis Prevention Month/Head Lice Prevention Month
- National Preparedness Month
- National Recovery Month
- National Sickle Cell Month

- National [Yoga](#) Awareness Month
- Newborn Screening Awareness Month
- [Ovarian Cancer](#) Awareness Month
- Pain Awareness Month
- [Polycystic Ovary Syndrome \(PCOS\)](#) Month
- [Prostate Cancer](#) Awareness Month
- Sepsis Awareness Month
- Sexual Health Awareness Month
- Sports Eye Safety Month
- World Alzheimer's Month
- Usher Syndrome Awareness Day (third Saturday)
- National Suicide Prevention Week (Sept. 6–12)
- World Suicide Prevention Day (Sept. 10)
- World Sepsis Day (Sept. 13)
- National Celiac Disease Awareness Day (Sept. 13)
- National School Backpack Awareness Day (Sept. 16)
- National [HIV/AIDS](#) and Aging Awareness Day (Sept. 18)
- Falls Prevention Day (Sept. 24)
- Sport Purple for Platelets Day (Sept. 25)
- World Rabies Day (Sept. 28)
- National Women's Health and Fitness Day (Sept. 30)
- World Heart Day (Sept. 29)
- Domestic Violence Awareness Month

October

- Eye Injury Prevention Month
- Health Literacy Month
- Healthy Lung Month
- Home Eye Safety Month
- National ADHD Awareness Month
- National [Breast Cancer](#) Awareness Month
- National Bullying Prevention Month
- National Dental Hygiene Month
- National [Down Syndrome](#) Awareness Month
- National Medical Librarians Month
- National Physical Therapy Month
- Pregnancy and Infant Loss Awareness Month
- [Spina Bifida](#) Awareness Month
- [Sudden Infant Death Syndrome \(SIDS\)](#) Awareness Month
- [Mental Illness](#) Awareness Week (Oct. 4–10)
- Malnutrition Awareness Week (Oct. 5–9)
- World Cerebral Palsy Day (Oct. 6)
- National [Depression](#) Screening Day (Oct. 8)
- World [Mental Health](#) Day (Oct. 10)
- Bone and Joint Health National Action Week (Oct. 12–20)
- Metastatic Breast Cancer Awareness Day (Oct. 13)
- Pregnancy and Infant Loss Awareness Day (Oct. 15)
- National Latino [AIDS](#) Awareness Day (Oct. 15)
- International Infection Prevention Week (Oct. 16–22)
- World Food Day (Oct. 16)

- National Healthcare Quality Week (Oct. 18–24)
- World Pediatric Bone and Joint Day (Oct. 19)
- National Health Education Week (Oct. 20–24)
- International Stuttering Awareness Day (Oct. 22)
- Respiratory Care Week (Oct. 25–31)
- World [Psoriasis](#) Day (Oct. 29)

(Information retrieved from Healthline.com)

As schools make adjustments for the new school year, please ask schools what they are doing to keep your children, your grandchildren, and your family safe. Ask what guidelines they are following and how they are monitoring the health and well-being of all involved. Remember, it is better to proactive, than reactive. Plus, we do not want children becoming ill and we do not want children being exposed to COVID-19 and bringing it home to those who are at higher risk. Please reach out to your educational and medical teams.

These are the symptoms of COVID-19:

- **Fever*** or feeling feverish/chills.
- **Cough.**
- Sore throat.
- Runny or **stuffy nose.**
- Muscle or body aches.
- Headaches.
- Fatigue (tiredness)
- Vomiting and diarrhea, though this is more common in children than adults.

- Please note, children, teens, and young adults are showing different signs. Please watch for rashes or hives. This could be related to the inflammatory reactions these populations show due to COVID-19.

Please stay hydrated. Make sure you do get your daily dose of Vitamin D and spend short periods of time outside. It is important that even though we might be in self-isolation due to this pandemic, you still need to go outside. If you are having thoughts of harming yourself, please reach out to one of your team members. You can also contact the National Suicide Hotline.



Crisis Services Canada : 1.833.456.4566
UK / ROI Samaritans : 116 123
Lifeline Australia : 13 11 14
Suicide écoute : 0145394000
Línea PAS de ASSMCA : 1-800-981-0023
Beijing Suicide Research and Prevention
Center Hotline : 0800-810-1117

We need to do our part to stay safe. Stay in quarters unless you need to get out. We need to keep case numbers down so we do not over-exert our medical staff members across Starfleet and also allow for equipment to be available to all who need it. Please continue to limit your association with others. Please wash your hands, stay safe, and wear a mask if you must get out. (DO NOT wear a mask while you drive!!!)

Live Longer and Prosper!

Lt. Malia A. Perez
Chief Medical Officer
USS White Eagle, NCC 2302

Region 19

A few months ago, most of us were told a piece of life-changing news. That schools were to be closed until further notice. Some were happy about this as it meant we had more free time, some were sad as it meant we would not be able to do the cool science experiments we were promised or meet with our friends.

Using this newly acquired free time a few of us started to learn new skills, such as learning a new instrument or language. As of the online learning experience, while it took some time getting used to, it was clear that the teachers were having an even harder time getting used to the technology needed to give us the education in this time of hardship. (with some of us even missing entire classes due to tech trouble!). Luckily, as we did not have to go to school, most of us were able to sleep in and attend our classes in our PJs.

Funnily enough, the schools in Hong Kong were ready as the schools were closed for a week last year in November due to the anti-lab protests so it was just a matter of refining the plans so they would last longer and reflect the school schedule more as before we were just set work to do from the different classes we had that day. (This is when we would just finish all of the work in under 2 hours so we could have free time for the rest of the day. Unfortunately, we can't do this anymore as we have zoom classes)

As of May 26th 2020, Hong Kong and a few other countries have started allowing schools to reopen in phases. Here are some precautions that were put into place (for Hong Kong).

- All in-school canteens are closed until further notice
- Lunch times are split into 2 sections. A designated lunch eating time and a designated rec time.

- There is also a designated eating space and a designated rec space
- Students are told to measure our temperature at home and to fill out a temperature booklet
- Classrooms were reorganised so students are all sitting 1m/3ft apart, all facing the front
- We were told to wear a mask at all times, with the exception of PE (Which is ironic as before the coronavirus pandemic we were not allowed to wear masks at school)

Since not all countries have reopened their schools here are some ideas of what you can do:

- Learn a new skill
- Do some of the courses on STARFLEET Academy
- Catch up on your reading
- Watch some Star Trek! (who knows, maybe this pandemic would be featured in a Star Trek episode one day)
- Read (or write) some fanfiction
- Video call your friends
- Bake/cook
- Enroll in an online class
- Attend an online lecture (Loads of universities are hosting free online lectures that the public can join)

And if you need any help with Shakespeare why not ask Sir Patrick Stewart (Yes, Picard himself!) for some help using the hashtag #RSCHomeworkHelp on Twitter or Instagram or by emailing homeworkhelp@rsc.org.uk.

Ens. Felicia Hung

ASG R19

Men's Health

Most people are aware that on average, men do not live as long women. There are a number of factors – some factual, some anecdotal, and many which are little more than conjecture. There is a disturbing trend that affects both genders, but with men already on the “short end of the stick” it is troubling.

An article in the Washington Post points to obesity, drug addiction, and distracted driving while using a cell phone.¹ If in fact, these are contributing to adverse health and lower life expectancy, what can men do to combat it. While some would state the obvious responses of don't get fat, take drugs, or talk on your phone while driving – simplistic answers won't suffice. A strategy is needed, a change in lifestyle. One that preferably is holistic in nature.

An approach that is gaining traction comes from a book called *The Blue Zones* by Dan Buettner. Buettner was studying areas where people live exceptionally long lives with fewer health issues than the rest of the world. He found five areas which he circled on a map with a blue pen, which is how they got their name. They are:

Icaria (Greece): Icaria is an island where people eat a Mediterranean diet rich in olive oil, red wine, and home grown vegetables.

Ogliastra, Sardinia (Italy): The Ogliastra region of Sardinia is home to some of the oldest men in the world. They live in mountainous regions where they typically work on farms and drink lots of red wine.

Okinawa (Japan): Okinawa is home to the world's oldest women, who eat a lot of soy-based foods and practice tai chi, a meditative form of exercise.

Nicoya Peninsula (Costa Rica): The Nicoyan diet is based around beans and corn tortillas. The people of this area regularly perform physical jobs into old age and have a sense of life purpose known as “plan de vida.”

The Seventh-day Adventists in Loma Linda, California (USA): The Seventh-day Adventists are a very religious group of people. They’re strict vegetarians and live in tight-knit communities.²

Over the next several months, we will explore why these individuals in such diverse areas of the world “live long and prosper”, often still active in their 90s and beyond. One Seventh-day Adventist surgeon didn’t retire until from surgery at Loma Linda University Hospital until he was seventy-four years old and continued to mentor and assist residents at the university until age ninety-five.³ Though he has since passed away, he was still mowing his lawn at age 100 in 2014 and walked without a cane or other assistance.

The first thing we will look at is diet. Those who live in the Blue Zones eat primarily (though not exclusively) a plant-based diet. For many they eat 95% plant based and only consume meat 5-7 times a month.⁴ When they do have meat, the portion is typically no larger than a deck of playing cards. (From the Beuttner’s book, but I don’t remember where). A number of studies, including one in over half a million people, have shown that avoiding meat can significantly reduce the risk of death from heart disease, cancer and a number of other different causes.⁵

Instead, diets in the Blue Zones are typically rich in the following:

- **Vegetables:** They’re a great source of fiber and many different vitamins and minerals. Eating more than five servings of fruits and vegetables a day can significantly reduce your risk of heart disease, cancer and death.

- **Legumes:** Legumes include beans, peas, lentils and chickpeas, and they are all rich in fiber and protein. A number of studies have shown that eating legumes is associated with lower mortality.
- **Whole grains:** Whole grains are also rich in fiber. A high intake of whole grains can reduce blood pressure and is associated with reduced colorectal cancer and death from heart disease.
- **Nuts:** Nuts are great sources of fiber, protein and polyunsaturated and monounsaturated fats. Combined with a healthy diet, they're associated with reduced mortality and may even help reverse metabolic syndrome.

Other habits common to the Blue Zones are a reduced calorie intake and fasting⁶

Adopting such a radical change would be difficult for many in the Western world. Many have found that the hard-core New Year's resolutions we make tend to fall off about the second or third week of January, if not sooner. How do we make healthy changes that don't stop after a short time?

1. **Start small.** While some may do well with life-altering change all at once, for many making one good choice a day helps. A program called CREATION Health, developed by Advent Health (formerly Florida Hospital) near Orlando, Florida, recommends cutting down or back. If you are used to having a twenty-four ounce soft drink every day, try cutting back to three a week.⁷

2. **A support system.** Whether an individual or a group of friends. A good support system provides accountability, fellowship, and purpose, among other things.⁸

3. **Remember you are not perfect.** When we fail, we tend to beat ourselves up. This is counterproductive. An important point is to remember that whenever we "mess up", we are only one decision away from getting back on the road to a healthier us.⁹

Next time, we will discuss exercise.

Men often feel like they have to go it alone. This is wrong. We only have to look to sports to see how a team makes the individual stronger. It is my hope that this column can be a part of your team to make you the best person and STARFLEET Officer or Crewman you can be.

Captain Jim Landelius

Committee Chief – Men's Health

¹ https://www.washingtonpost.com/health/theres-something-terribly-wrong-americans-are-dying-young-at-alarming-rates/2019/11/25/d88b28ec-0d6a-11ea-8397-a955cd542d00_story.html, accessed 4/28/2020

² <https://www.healthline.com/nutrition/blue-zones#section1>, accessed 4/28

³ <https://www.foxnews.com/health/100-year-old-surgeon-wwii-vet-who-retired-at-age-95-shares-secrets-to-longevity>, accessed 4/8

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/23836264>, accessed April 28, 2020

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/19307518>, accessed April 28, 2020

⁶ <https://happyearthpeople.com/2017/10/16/people-blue-zones-live-longer-rest-world/>, accessed April 28, 2020

⁷ CREATION Health, PowerPoint Presentation - Choice

⁸ <https://vantagepointrecovery.com/healthy-support-system/>, accessed April 28, 2020

⁹ CREATION Health PowerPoint Presentation - Choice

STARFLEET MEDICAL CHARITY BADGES



Raising money for Doctors Without Borders, SFM will be offering the silver Comm badges to SFI Members.

To show interest, please click here : [COMMBADGES](#)

Who's Your Doctor?



Phloxx-tunnai-oortann was a male Denobulan physician who served as chief medical officer during the historic voyages of the Enterprise (NX-01) under Captain Jonathan Archer from the years 2151 to 2161.

Like most Denobulan males, Phlox had three wives, each with three husbands, including Phlox, resulting in a total of 720 relationships, 42 of which had romantic possibilities. There were 31 children in his extended family, and he had five children of his own: three sons and two daughters. His poor singing of Denobulan lullabies made them cry. All his children left years before his assignment to Enterprise. His daughters were a surgeon and a biochemist. His oldest son was an artist, specifically a potter, and lived in the same town as his mother. He hadn't spoken to his two younger sons (one of whom was named Mettus) in several years, as they never saw eye-to-eye with Phlox.

Early life and career

Phlox was born in the first half of the 2080s. Phlox began his career as a doctor in 2114.

As a child, Phlox, like many young Denobulans, was regaled with tales of the "evil Antarans," which caused him to have nightmares. The Antarans and the Denobulans have been to war on several occasions, and much animosity and hatred still exists between the two species. In fact, young Phlox's grandmother wouldn't allow him to go on a trip to a nearby arboreal planet because it has been "tainted" by Antarans.

The adult Phlox is determined not to raise his children as he was raised, and has taught them to embrace other cultures.

Not long after Phlox became a physician circa 2115, there was an explosion in a cargo ship orbiting Denobula Triaxa. Phlox was part of the first medical team to arrive at the scene, where they discovered seventeen bodies on the bridge alone. That was the first time Phlox had seen that many dead people in one place before. Phlox was once nearly overwhelmed with fifty patients in a refugee camp while serving on Matalas.) Phlox also once served as a medic in the Denobulan Infantry. While in the infantry, he learned that battlefields are unpredictable places, even under a flag of truce. During his first forty years of service as a doctor, he twice had to perform actions that he considered unethical.

Sometime prior to 2149, Doctor Phlox joined the Interspecies Medical Exchange. That year, he attended an IME conference on Tiburon, where he briefly met a member of the Mazarite delegation. Years later, he found out that it was actually Dr. Antaak, a Klingon expert in mutagenic research, who was impressed by his work on viral propagation. By 2151, Phlox was working as a doctor at Starfleet Medical in San Francisco.

Enterprise 2151-2161

After displaying considerable expertise at sustaining the life of Klaang the Klingon courier, Phlox was brought on board *Enterprise* for the maiden voyage in April of 2151. Having lived on Earth for "many years", he concluded that while Humans were anatomically simplistic, they made up for their biological deficiencies with their charming optimism – and with their Chinese cuisine ,egg drop soup was a particular favourite and he was a regular customer at Madame Chang's.

Phlox used very unorthodox medical practices due to the relatively primitive medical technology of the early 2150s. He frequently used animals in various ways to assist in his patients' healing; his sickbay on *Enterprise* was quite a menagerie. Animals in it included an Altarian marsupial, immunocytic gel worm, Edosian slug, osmotic eel, Regular bloodworms, tribbles, a Lyssarian Desert Larvae, a Calrissian chameleon, and a Pyrithian bat. Phlox commonly used radiation in his treatments, especially omicron radiation, and on occasion had to think like an engineer!

His medical abilities were soon tested when the crew of *Enterprise* discovered an unexplored planet, and an away team from the starship became dangerously paranoid. Phlox was able to determine that pollen from the planet's indigenous plant life was affecting the team. Not only were they delusional, but the pollen was toxic. Phlox was able to produce an antidote and save the crew members.

Eventually, Phlox also became a counsellor on the star ship , who helped the other crew members with their problems.

Following the end of the Earth-Romulan War and the founding of the United Federation of Planets, Phlox attended the founding ceremony along with his wives. He was amazed at the number of alien dignitaries attending the ceremony and believed it was only a matter of

time before the fledgling alliance expanded, Phlox was assigned to the Federation starship *USS Endeavour* under the command of Captain T'Pol. He was one of several *Enterprise* officers and crew to be assigned to *Endeavour*.

By the 2250s, Phlox was a teacher at Starfleet Academy. In the 2260s, Phlox had left his position to go exploring, at which point he found himself filling in temporarily as doctor on *Epsilon Zeta VII*. He helped *USS Enterprise* CMO Leonard McCoy, Dr. Jabilo M'Benga, and Nurse Christine Chapel find a cure to a virus at the *Epsilon Zeta 7 Outpost*.

Over the course of his career, Phlox obtained a dozen scientific degrees, including six in Interspecies Veterinary Medicine, and others in dentistry, haematology, botanical pharmacology, and psychiatry. None of Phlox's qualifications were related to warp theory or quantum physics, though Geneticist Arik Soong once confessed that Phlox's reputation in the sciences rivaled that of his own.

By the mid-23rd century, the Phlox Prize for Medicine had been named in his honour. Dr. Othello Beck received it in 2241.

After the Albino had bombed the peace conference on Korvat in 2291, Doctor Christine Chapel studied material written by Phlox to better understand the Albino and his condition.

In the year 2375, Phlox's notes on a malady known as *Vulcans scourge* were crucial to Doctors Julian Bashir and Beverly Crusher on Federation star base Deep Space 9 in their efforts in finding a cure for a virus created by the Dominion that targeted *Vulcans*. By the year 2376, a medical research facility named the Phlox Institute had been named in his honour. Dr. Katherine Pulaski served at the Phlox Institute until at least 2379. Phlox's influence was felt in the 2380s when a virus similar to the *Epsilon Zeta VII* one affected the Space Station *Diamandis 1*. A Starfleet team's

consultations with Admiral Leonard McCoy revealed the story behind the Epsilon Zeta infection and Phlox's assistance in resolving that situation, leading to the resolution of the Diamandis situation.



The doctor has having an open mind to other species and cultures, even the Antarans, a race that was once at war with the Denobulans. He is extremely frank about romantic and sexual matters, often to the embarrassment of other crew members, and sometimes plays the role of matchmaker. He has an interest in natural remedies, and his sickbay contains an interplanetary zoo of animals, some of them as food for other animals which are used as source for medical drugs.

Phlox's physical abilities have been revealed gradually over time. He appears to need little sleep, instead embarking on an annual "hibernation" of sorts that lasts for six days. Phlox also has great control over his facial muscles, being able to open his mouth wider than humans, as demonstrated by the impossibly large grin he occasionally sports. When threatened, Phlox has the ability to inflate his head like a blowfish to scare off attackers.



Phlox was injected with Borg nanoprobes in the episode "Regeneration" by an assimilated Tarkalean male. The Tarkalean had been on board a freighter attacked by reanimated drones from the sphere shot down over the Arctic by the Enterprise-E after having travelled back through time just before humanity first used warp drive and made First Contact with. Due to his strong immune system, his assimilation proceeded slowly, giving him time to counteract the process by killing the nanoprobes with high levels of omicron radiation. The method would be lethal to humans or other non-Denobulan races.



On the whole though Phlox finds humans fairly simplistic anatomically, he likes their "charming optimism," and has said of his time on Enterprise, "Every moment's been an adventure for me. Humans are so unpredictable."

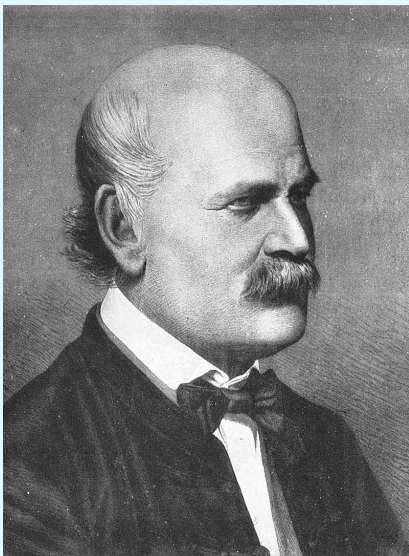
"If you're going to try to embrace new worlds, you must try to embrace new ideas." – Phlox SFMD

Historical Archives

Washing hands and antisepsis – the sad destiny of Ignaz Semmelweis

In these times, on French TV, there are some adverts saying, “keep your distances – wear a mask, when you can’t – wash your hands.” But how was the relation between washing hands and antisepsis discovered?

Ignaz Semmelweis (1818-1865) was an Hungarian gynecologist. When he began to work in professor Klein’s maternity service, in the Vienna General Hospital in 1846, he remarked that the rate of puerperal fever was around 10 % (the most was 15,8 % in 1841). In the other clinic in the city, run by midwives, the rate was only 4%. It was known by the mothers to be and they begged to be brought there for giving birth. The puerperal fever was a real danger for the mothers giving birth in hospital but, when he investigated a bit, he remarked that mothers giving birth in the street had fewer puerperal fevers than in the hospital as well.



So Semmelweis began to work on the subject. At the time, the Vienna General Hospital was attached to a University, so there were medical students. They were doing dissections and would often go directly to help mothers to give birth. Semmelweis began to think there was perhaps a relation, especially when he heard the midwives were washing their hands between two patients. But he didn’t really understand what caused the fever, even though he knew well its symptoms and effects on the women, due to the bodies he dissected (pleurisy, pericarditis, peritonitis, meningitis).

At the beginning, he thought it was perhaps the odor on the hands of the medicine students, but began to change his mind when his friend Jakob Kolletschka, professor in the same hospital, cut himself during the dissection of a woman dead from puerperal fever and died of the same symptoms. So Semmelweis began to think it was “cadaverous particles” on the hands of the students that gave the disease to the women. That also explained the fact that midwives of the second clinic had fewer cases, since they didn’t do dissections.

So he asked the students, after dissection and before examining women in labour, to wash their hands with water and calcium hypochlorite. He was thinking that, since the odor disappeared, the students won’t transmit the “cadaverous particles” to the women. The method was efficient : the rate of puerperal fever declined by 90%, down to almost the same as the rate of the clinic run by midwives.

At the time the germ theory of disease wasn’t known, and Hippocratic medicine was still the rule with the four humours theory, so Semmelweis’ theories were ignored, rejected and, more, ridiculed. He was dismissed for political reasons and had to leave for Budapest, where he had to take a lesser-paid minor post. His theories were published in 1847-1848 by Ferdinand von Hebra, editor of the principal Austrian Medical Journal. He was enthusiastic, comparing Semmelweis’ discovery to Jenner’s discovery of cowpox inoculation. Semmelweis didn’t really do a good job spreading his theories, but wrote letters to prominent European obstetricians calling them irresponsible murderers (the most famous of them was written and published in 1862).

After the bad reviews of his 1861 book, Semmelweis began to show signs of severe depression and other nervous problems. Disappointed with the reception of his book, he began to write his open letters to obstetricians. From 1865, his behavior became embarrassing and exasperating, since he was obsessed by puerperal fever and spoke only

about that. He changed, began to drink immoderately, behave strangely and almost left his family. So his wife and friends began to think to make him admitted in a mental institution.. On July 30th, 1865, Hebra lured him under a false pretense to a Vienna asylum located in Lazarettgasse. Semmelweis tried to escape some days after, but was severely beaten by the guards and underwent brutal treatments such as cold water showers. He died there on August 13th, 1865, from a gangrenous wound, perhaps inflicted during the struggle.

He will never know that puerperal fever was caused by *Streptococcus Pyogenes*, and that he opened the door : Pasteur and Lister used Semmelweis' works as a basis for the development of the germ theory of disease. Now Semmelweis is unanimously recognized, some universities and hospitals display his name, and there are statues of him in Budapest and Tehran.

So, don't forget to wash your hands now, in these times of pandemic, and don't forget Ignaz Semmelweis.

Anne-Laure Perrin
CMO, USS Versailles (R9)

Memory Alpha

Similitude

by Clinton Harris

“To blazes with your logic!” exclaimed the irascible Chief Medical Officer of the Starship Enterprise, Dr. Leonard McCoy. The dark eyes of Commander Spock, First Officer of the same ship, merely noted the chief surgeon. Turning towards a console in the medical bay, Mr. Spock brought up the pertinent information on the viewer on McCoy’s desk.

“As you can see, Doctor. This strain of Levodian flu while being a very virulent strain, it can be handled without extreme measures, or dismissing the Prime Directive.” Spock indicated on the monitor.

“Spock, Levodian flu is a common influenza type virus. There are innumerable versions of this on many worlds. But they evolved naturally with the biota of their respective worlds,” said McCoy as he tapped on the monitors screen for effect.

“This has no common ancestor, no phylogenetic tree.” Looking Spock carefully into his eyes McCoy finishes, “This virus does not belong here. These people are in great danger.”

Clearly perplexed, Spock turned to Dr. McCoy. “Genetically then, what biota is this strain most similar to?”

“Well, the host of origin appears human.” Seeing Spock turn with more questions, McCoy cut him off, “I know, no one from Enterprise has beamed down,” he offered.



"We have been tasked by the Captain, to recommend a course of action, Doctor."

"I'm aware, Mr. Spock. I'm aware," McCoy answered wearily.

"Let's go down the possibilities once again," Spock started, "One, we cannot synthesize a vaccine in the amounts necessary for planet wide distribution."

McCoy shakes his head in reluctant agreement. "Then, in lieu of a vaccine, allow nature take its course," Spock said with emotionless precision.

"Which is why we need more options, Spock. Such as contacting the planets authorities and have them implement quarantines for the ill, and social distancing for the healthy population," Dr. McCoy offered.

"That would be in direct violation of the Prime Directive," Spock said. "Aside from being a purely emotional response, Doctor, this culture has no social safety net to support a planet wide suppression of contact between its inhabitants. Their society is reminiscent of your own, circa 20th and early 21st centuries. A time of excess, and very little government concern for the populace that created its wealth."

"It's called Social Darwinism, Spock," McCoy corrected.

"Indeed," said Spock as he removed his data cards and prepared to leave.

"Time is of the essence, Dr. McCoy. We must report to the Captain our findings and suggestions before more lives are lost."

Together Spock and Dr. McCoy leave Sickbay for the Bridge.

Cadets' Corner

Word Search

S	T	P	J	W	I	L	R	B	T	D	Z	T	Z	H
C	I	H	S	L	S	L	I	I	O	Z	E	R	R	Y
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BASHIR
 BIOFILTER
 BONES
 CRUSHER
 CULBER
 DOCTOR
 EMERGENCY
 ENTERPRISE
 FIRSTAID
 HYPOSPRAY
 ILLNESS
 MCCOY
 MEDICAL
 MEDKIT
 NURSE
 PHLOX
 PULASKI
 SCIENCE
 SICKBAY
 STARFLEET
 VIRUS



Test Your Laugh Response!

Q: When does a doctor get mad?

A: When he runs out of patients!

Q: Why did the pillow go to the doctor?

A: He was feeling all stuffed up!

Q: Why did the doctor lose his temper?

A: Because he didn't have any patients!

Q: Where does a boat go when it's sick?

A: To the dock!

Q: What did one tonsil say to the other tonsil?

A: Get dressed up, the doctor is taking us out!

Q: Patient: Doctor, sometimes I feel like I'm invisible.

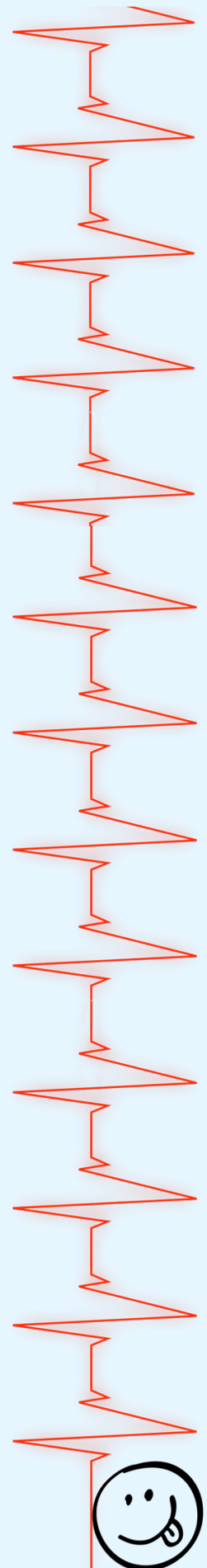
A: Doctor: Who said that?

Q: Doctor, Doctor I think I'm a moth.

A: Get out of my light!

Q: Doctor, I keep hearing a ringing sound.

A: Then answer the phone!



Colour Me In!

