

NAVAL HOSPITAL, MILLINGTON, TN

AUG 92

VOL. 1 NUM 7.



tulations to our ief and three commander selectees. It is really a pleasure to see our staff members advance rate and rank. With the continued down-sizing and resulting selective early retirements. opportunities rancement. rill diminish with seection becoming even more competitive. Unfortu lately, not all top perionners are going to be elected on their first pard review.

As we move towards the nd of the fiscal year, we ust all be diligent in he utilization of all esources. The efforts dready made are apprecited. The outlook ext year also appears to e difficult, but we will informed.

The Life-Safety Upgrade is still tracking with an anticipated start date of November 1993. This project will have much impact on the command for its three year duration. We will maintain all services, but there will be limitations in some areas and a need to relocate services.

RADM Rich. our responsible line commander, will retire and his relief will be RADM Jones. We appreciate all his support and guidance and wish the Admiral and Mrs. Rich a fond farewell. We also look forward to working for RADM Jones.

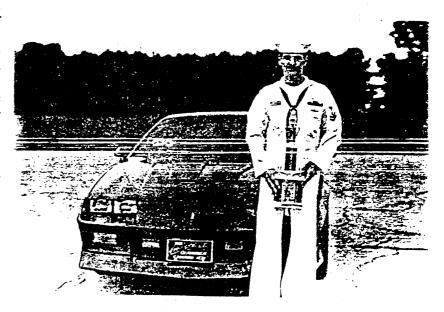
Have a great summer, drive carefully and school days are just on the hoirizon.



CONGRATULATIONS

IC2/SS Terry D. Parker...

Won first place in his division at a benefit car show held in Selmer TN. June 20th and 21st. IC2/SS Parker's car, a black 1991 SP Camero Z28, was sponsored by the First and Secand Class Association of Naval Hospital Millington. The Show, called "Cars For Kids", had over 300 cars and raised over \$6000.00 for Muscular Dystrophy, Cerebral Palsy, Child Abuse, and Lebebner Hospital.



Chaplain Mike's Top Sacred Message

On Becoming Too Prosperous

A Story is told about a man who, in the early days of his career, pledged to tithe all that he earned for the work of the Lord. His first week's paycheck was \$50, so he tithed \$5 that week. As he grew older and more prosperous, he received \$100 a week, then \$200 a week. All during that time, he continued to tithe, until his income finally rose to \$1000 per week. Then, he telephoned his pastor and said, I have to talk to you.

The pastor came to the man's beautiful home. They had a good time talking about old times, and finally the man came to the point, 'do you remember the promise I made years ago to tithe?" I need to be released from it. It's like this; the man continued, 'When I made the promise I had to give only \$5 a week. Now I'm making \$1000 a week, and it's costing me \$100 a week to fulfill that promise. How can I get out of giving \$100 a week?

The old pastor thought for a moment, and then he said to his friend, 'I'm afraid that we cannot get you released from your promise, but there is something that we can do for you. We can kneel now in prayer and ask God to shrink your income so that you can afford to tithe \$5 a week once more."

In His Service and Yours,

M. K. WHITE

LCDR, CHC, USN

FROM THE PASTOR'S DESK

PRIS

U.S. NAVAL ROSPITAL, MILLINGTON PASTORAL CARE DEPARTMENT, PRESENTS:

ROLLIN' DOWN THE RIVER

SET WO

. ISTWND GREN.

MOONLIGHT RIVERSOAT RIDE (THREE-DECK STEEMEELZE) SATURDAY, 22 AUGUST 1992

2000 POT-LUCK PICNIC ON THE COBBLE STONES AT RIVERSIDE AND MONBOE AT THE PARKING AREA

BOARDING AT 2100 DEPARTING AT 2130 RETURN AT 2330

EXTERTAINMENT ST "ATLANTIS" (NAVY SAID)

ALL ACTIVE DUTT, FAMILIES, CIVILIAN PERSONNEL AND FRIENDS ARE INVITED

SE.OO PER PERSON

DOOR PRIZES TOO!

(TICKETS MAY BE PURCHASED IN THE CHAPLAIN'S OFFICE OR QUESTIONS AT 5828/9)



WRONG TO FISH ON THE SABBATH?

OM, I'M NOT FISHING, I'M TEACHING THIS LIL WORM TO SWIM!

BIBLE STUDY:

Wednesday 1200 Hospital Chapel

Thursday 1100 Branch Clinic

AHARDS! AHARDS! AHARDS!

by: HM3 Hardy

BMG Crawford

BM3 Bunius

HN Rainer

HN Harvey

HA Barnett

HMI Gough

Awards presented to staff personnel during the month of July.

CAPT Ward - Meritorious Service Medal - Navy Commendation Medal LCDR Newson HM1 Perry Navy Achievement Medal. HM1. Donegan - Navy Achievement Medal HM2 Richardville- Navy Avhievement Medal

LT Luka - Meritorious Unit Commendation - Good Conduct Medal (1st award) HM3 Corder LCDR Lantelme - Humanitarian Service Medal - Humanitarian Service Medal HN Cullins HM1 Flannery - CNIECHIRA 300 Point Club Award

Mr. Nesbit 10 year service award

MID

- Safety Award LCDR Lantelme - Letter of Commendation **HMCS** Bulgin - Letter of Commendation MS1 Schonhoff Letter of Commendation HN Dishman Letter of Commendation Ms. Nelson Letter of Commendation Ms. Koziol - Letter of Commendation - Letter of Commendation HM2 Lengyel - Letter of Commendation MS2 Bea **BM2** Jones - Letter of Commendation - Letter of Commendation HN Cullins HN James - Letter of Commendation - Letter of Commendation Ms. Sharp LT Whitley - Letter of Appreciation HA Everett Letter of Appreciation Ms. Smith - Letter of Appreciation HMG Wilson - Letter of Appreciation HN Frate - Letter of Appreciation LCDR Cooper - Letter of Appreciation

BMG Richardville-Letter of Appreciation LT Henry - Department of Treasury Award **HMC** Hartz - Department of Treasury Award - COHN Board Certification Ms. Bolden

HM2 Richardville- Letter of Appreciation

- Letter of Appreciation

- Letter of Appreciation

Letter of Appreciation

Letter of Appreciation

- Letter of Appreciation

- Letter of Appreciation

NAVY-MARINE CORPS RELIEF FUND DRIVE

The following list of personnel were responsible for selling Navy-Marine Corps Relief Society tickets

LT Whitley LT Wood ENS Olivolo HMCS Daily MSC Graves MS1 Baker HM1 Donegan HM1 Edwards HM1 Freeland HMI Mickens MS1 Schonhoff HMI C. Williams HM2 Cawthon HM2 Hardy HM2 Haves HM2 Moore IC2 Parker STS2 Schrayer HM2 Selby HM2 Signore HM2 Underwood HM3 Hopeon **BM3** Jeffers HM3 Sheehan **BBG** Stablein HM3 Susa HM3 Allen DN Baker BN Griffith HN Long HN Allen

PROTECT OUR PRECIOUS RESOURCE



AUGUST IS WATER QUALITY

OUISTANDING !!!

The following personnel received Outstanding on the May Physical Readiness Cycle

LCDR Croasdale

LCDR Kellogg

LCDR McKivigan

LCDR Savoy

LCDR Walton

LCDR White

LT Glover

LT Luka

LT Nosek

LTJG Celeski

LTJG Poochoon

LIJG Trulove

ENS Bowers

ENS Olivolo

Hol Hairl

DII Johnson

HM2 Behrens

HM2 Calvache

IC2 R. Parker

HM2 Willis

HM2 Young

HM3 Ballard

HKB Lavery

HM3 Metzger

HN Dabbs

HN Englert

HN Ford

HN Hollifield

HN Hussey

HN Jowers

HN Mattingley

HN Miller

HIN Oakes

HN Walker

PHYSICAL READINESS IMPROVEMENT AWARDS

The following personnel improved on the May PRT cycle by either improving on their PRI category or by reducing body fat

LCDR Cooper

LCDR Croasdale

LCDR McKivigan

LCDR Walton

LIUG Romine

ENS Miles

ENs Roberts

HM1 Dombrowski

HMl Girdler

HMI Huntington

HMI Thompson

HM J. Williams

HM2 Bacalso

HM2 Carrasquilla

HM2 Crawley

HM2 Edwards

HM2 Jones

SK2 Lane

HM2 A. Turner

HM2 Wakefield

ABF2 Woodard

HM2 Young

HM3 Carlson

HM3 Edwards

HM3 Lebenbauer

HM3 Mullins

HM3 Welch

HM3 Young

HN Bartholmew

HN Brekhus

MSSN Ferguson HN Harris

HN Harkins

HN Hollihan

HN Hussey

HN Kimmons

HN Loftice

HN Calces

ICFN Smallwood

HN Stafford

HA De La Cruz

HA Felix

HA Jones

HA Martin

HA Snipes

HN Wallace

ADP SECURITY NOTE

new ADP Security instruction NAVHOSPMILLINST 5239.1A has been signed by the Commanding Officer. This instruction covers the requirements OPNAVINST 5239.1A and SECNAVINST 5239.2. Within the next few weeks department heads and/or chief of divisions will be assigned by the CO as ADP systems Security Officers (ADPSSO's). The ADPSSO's will be tasked with assisting Hamisco, the ADP Security Officer (ADPSO) with the requirements for gaining full ADP accreditation for all computer systems within the hospital and it's Branch Medical Clinic. ADP security accreditation will cover all the security and environmental requirements of ADP hardware, software and data.



ACCESS

AQCESS appointment and scheduling module, daily check-ins requires that all departments using AQCESS complete their daily check-ins for the appointment and scheduling module (ASM) no later than 0700 the following day. This will be accomplished in the following manner:

- a. Do all normal check-ins
- b. Enter "k" to check in individual patient
- c. Enter the clinic, provider and date to check-in
- d. At the time field press "HELP"
- e. Check to see that the appointment status are one of the following:
 - (1) "K" (Kept)
 - (2) 'W' (Walk-in)
 - (3) "NS" (No show)
 - (4) "NB" (Non bookable)
 - (5) "CC" (Clinic cancel)

It is requested that all schedules be "Unfrozen" at least on day prior to the date "Frozen". The schedule must be either "U" (Unfrozen) and left open for booking, or "C" (Cancelled) deleted from the system. If a schedule is left "Frozen" after the date has past, it can not be "Cancelled" and it will lock the system. If check-ins are not completed for the month prior to running monthly reports, the monthly reports will not reflect non-completed checked-in. The above requirements are necessary to ensure the accuracy of the monthly morbidity, clinic statistic, patient history and other reports utilized by departments.



BACKING UP TO SAFETY

Doing backups is a topic that most people don't think much about. Sometimes that's because they've been lucky and have never lost any files, more often it's because they've lost lots of files and would not rather remember it. There are many ways data can be destroyed. Computer viruses, obliterated sectors on a hard disk, power failures and the ever popular operator error are just a few. Every computer user should become familiar with a backup procedure that fits their needs. Tedious though it may be, developing an effective backup strategy, and sticking to it, is a vital part of any computer users routine. For those of you that have Enable 4.0 there are tools included in the program to it easy to back up your files. There is also a program called "Fastback", Pkzip, the standard "DOS" backup command, tape backup units and numerous other utilities available to backup your files. No matter what method you choose to do your backups, it's important to develop a plan that you can stick with. Perhaps the best strategy is a daily backup

of just data files, with a complete system backup once a week. Don't skimp on disks, if you backup your system daily you should have one set for each day of the week, and one set that is stored away from your area. The reason for multiple backup sets is to prevent a problem that may not be immediately evident from being copied to your backup disks. With a different set of disks for each day, if a problem occurred on Tuesday, but it was not discovered until Thursday, you would have a good back up from Monday to fall back on. Although a careful backup plan probably won't win you any awards, remember — it's not a question of if you'll need your backup files, it's a question of when!



HEALTH-CARE WORKERS FOUND NOT TO WASH HANDS

BOSTON - Most healthcare workers don't wash their hands before examining patients, which may help explain why hospital patients develop infections, a study says.

The study at the University of Iowa Hospital was designed to see which cleaning solution W28 more effective in controlling infection - alcohol or antimicrobial formula. But researchers discovered that only three out of five health-care workers the intensive care unit bothered to scrub, even though they knew thev were being watched.

THE WE WE

"Experts in infection control coax, cajole, threaten and plead, but still their colleagues neglect to wash their hands," said Dr. Donald Goldmann of Children's Hospital in Boston and Elaine Larson of the Johns Hopkins School of Nursing. Their findings were reported in today's New England Journal of Medicine.

Washing is one of modern medicine's basic tenets, but lack of hygiene apparently is a major problem. Other studies

have suggested doctors do not change when they should, which also spread illness.

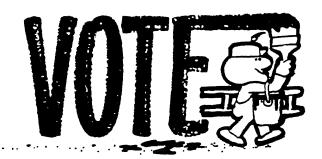
Hand washing is the No. 1 way to prevent infection," said Cole, registered nurse infection control specialist at Baptist Memorial Hospital Memphis. She said Baptist stresses hand washing during employee orientation and continuing education efforts.

Cole said the hospital also uses posters as employee reminders tries to ensure sinks. soap and towels are always readily available.

At the Regional Medical Center at Memphis. Dr. Arthur Kellemann, emergency room director, said the emergency employees have contact with 100 or 200 patients a day. 'We probably all think we do a better job (in hand washing) than we do," he said, adding that study suggests periodic evaluations might needed to monitor hand washing.

Patient infections cost up to \$10 billion annually to cure.

ARTICLE SOURCE: COMMERCIAL APPEAL



EQUALITY DAY-AUG. 26



Wear a Sardonyx or for thee No conjugal felicity. The August-born without this stone 'Tis said must live unloved and lone.

HAPPY BIRTHDAY TO ... Submitted by HMl Debra Santee

Norma Hubbard Cleatis Stacy Sara Wilson MS3 Durron Jones HM2 Michael Quatrone HM2 Albert Dunbar CDR Royal Jackson LCDR Ricki Monson HM2 Jimmy Hicks HM3 Allan Stuart HM2 Peter Bruner DT3 Dale Palmer HM2 Trudy Mullins Sandra Doan Donna Cochran Otis Arnold, Jr. HN Randy Cowart HW Guadalupe Lopez HA Alan Malone HW Troy Taylor HM2 Darren Cawthon HA Michael Durant HM3 Oscar Chatman HM3 Tammy Susa HM3 Linda Hall HM Jimmy Hoffman HM2 Timothy Marion HMS Jeffery Burris EMC Joseph Earl Medhat Elshamy HM2 Anthony Luckett HMl Perry Dijkman HW Paul Rowland HA Gregory Carpenter

Nancy Polly Dorothy Whitehouse Hugh Wyatt HMl Lloyd Mickens HM3 Samuel Coleman HMCS Richard Bulgin LT Melinda Tankersley HM1 Raymond Lakes HM2 Gaylord Jackson HM1 Cliffton Lane HM2 Jeffrey Monsey LT William Moore HM2 Alphonso Whitt Woodson Thomas HM3 Clifford Edwards DT1 Felton Johnson HM2 Douglas Mcguire HN Richard Crim HN Andrew Helleck HM2 Barbara Licato HN Walter Litwin CDR Ira Davis HW John Dabbs HN Norman Womble HA Shawn Hert HW Paul Dufor Tammy Hughes MS2 Melanie Dupree HR Jerry Parham HA Jacqueline Gentry HR Letra Colbert HA Jeffrey Kaufman HN Christopher Toth

WHAT IS TYME DISEASE? By HML(AW) T. J. Gough

Lyme disease is an illness that is spread by the bite of deer ticks carrying certain bacterial strains. The disease was first recognized in Lyme, Connecticut in 1975. Since then, cases have now been reported throughout the country. Lyme disease may cause arthritis, heart problems, and central nervous system disorders. Deer ticks are very small, normally no bigger than the head of an ink pin. They feed mostly on mice and deer but can also feed on manuals. These ticks normally are capable of transmitting the disease in late spring, summer, and early fall.

There are three stages of Lyme Disease. In stage 1 symptoms include a red rash that is usually circular and blotchy and that expands around the bite, headache, fatique, fever, pain and stiffness in the joints and muscles, swollen glands, and other flu-like symptoms. In stage 2 symptoms usually appear within a few days to within a few weeks. They include dizziness, poor coordination, weekness, severe fatigue, joint pain, headache, memory loss, inritability, and facial paralysis. Stage 3 can occur weeks to years after stage 2. The most common symptom of this stage is arthritis, often in the knees. This condition can disappear but can recur many times. The stages and symptoms may vary. Some people may not up through all stages and have symptoms that overlap between stages. It is important that you seek medical attention if you notice any symptoms of Lyme disease and that you inform the physician that you may have been exposed to ticks. Prompt attention and treatment with antibiotics is usually successful in preventing complications. The longer treatment is delayed the more difficult it becomes to treat.

Of course, using some preventive measures is important to reduce the likelihood of contracting the disease. If you are going camping, hunting, or venturing into a tick-infested area, you should wear a het, languaged shirt, long pants which are tucked into socks, and shoes. Also, use a tick recellent. Some companies are now using advertising gimmicks which lead you to believe that their product is the only one that will work. These repellants do work; however, they contain very high percentages of an active ingredient called "DEET" which may cause skin rashes. Any brand of repellant with "DEET" will work. So as a word of caution, you may be better off applying the repellent to only the clothing. After returning home from your outing, check your body for ticks. If you find one, use small pointed tweezers and grasp as close to the mouthparts as you can and pull the tick away from you. Avoid grasping the tick by the body and twisting the tick off. The use of petroleum jelly, motor oil, hot metches, etc. for removal is not recommend. For further information on Lyme Disease, contact the Occupational Health/Preventive Medicine Department at 873-5654/5657.



CHAMPUS WILL REVIEW CIVILIAN HEALTH CARE ON REGIONAL BASIS

Service families who receive civilian health care under CHAMPUS will have that care reviewed and monitored on a regional basis, replacing the state-by-state method of review that was in use before May 1.

"CHAMPUS Regional Review System" (CRRS) has established five review centers nationvide, one each of CHAMPUS' in claims regions. These centers will look at the civilian medical surgical care being provided CHAMPUSto persons. eligible They'll decide whether

care is medically ssary, whether it's being delivered at the appropriate level, and whether it meets acceptable standards of quality.

CHAMPUS mental health services won't be reviewed under this program; they are currently being reviewed by another CHAMPUS contractor.

Under the CRRS program, certain health care services require advance authorization. Hospitals and individual health care providers must ob-

tain these authorizations before the patient is admitted to the hospital, or before the procedure is performed. Getting the authorization isn't the patient's responsibility.

Effective May 1, 1992, the following inpatient conditions or procedures require advance authorization from the CHAMPUS contractor which serves the region where the care is provided: angioplasty/ endarterectomy (removal of plaque deposits from coronary blood vessels), bronchitis/asthma, cardiac catheterization, cesarian section, cholecystectomy (sergical removal the gall bladder), coronary artery bypass graph, gastritis/dehydration, hysterectomy, simple pneumonia, and abortions.

Certain outpatient procedures that will also require advance authorization will be added to the above list in the near future.

When a provider gets the advance authorization for civilian care for a CHAMPUS patient, that's not the same thing as when a patient obtains a "nonavailability statement" (NAS) from a nearby uniformed services hospital.

The patient who lives within the military hospital's ZIP code service area must ask for the NAS (patients who live outside the Zip service area don't need NASs before getting civilian care). The NAS is then filed electronically with DEERS by the military hospital. It says the hospital can't provide the non-emergency inpatient care that the patient needs.

Once the NAS has been filed by the service hospital, the patient may seek care from a civilian source—and the civilian provider of care must get advance approval for the care, if necessary, as discussed earlier.

The regional review centers may also look at records after the patient has been paid. center finds that the care was not necessary, the hospital and doctor may have to return the money to CHAMPUS, and return any payments made by the patient. In most cases, the patient can't be held financially liable for such care.

Regional review centers will also investigate complaints from patients about the quality of care received in civilian hospitals.

CHAMPUS' Southeastern claims processing region (which includes Tennessee, Mississippi, Alabama, Georgia and Florida). the review center is under development, and is expected to be in operation by Oct. 1 1992. The CHAMPUS contractor for California and Hawaii will also set up a review center in the near future.

Regional review centers will also investigate complaints from patients about the quality of care received in civilian facilities.

If a center denies payment for care or services under CHAMPUS. providers may appeal the decision or ask for a reconsideration. Both patients and providers also be protected will under а waiver ofprovision. liability Both will receive written notice of a demial, and will be told whether or not liability for payment for the care is being waived.

General questions or requests for information about the program may be addressed to: Submitted by: HMl Santee

Selective Re-enlistment Bonus (SRB) Program

Program Description

The Selective Re-enlistment Bonus (SRB) program increases Navy enlistments in hard-to-fill ratings and Navy enlisted classification (NEC) codes. Ratings and NECs are added or eliminated from SRB lists as retention drops or increases.

Eligibility

- completed at least 21 continuous months, excluding Naval Reserve annual training (AT), but not more than 14 years of active naval service
- eligible to re-enlist or extend for three or more years in the regular Navy
- not be entitled to, nor have received, re-adjustment, severance or separation pay
- be a petty officer or E-3 designated striker on active duty
- · qualified for and serving in an SRB rating or NEC, or
- qualified for the Selective Conversion and Retention (SCORE) program or lateral conversion to an SRBeligible rating
- not be extending nor re-enlisting to have sufficient obligated service for an officer program

Members with "broken service" (more than 24 hours since discharge) must be a petty officer and have less than a four-year break in active service. Members fall into Zones "A," "B" or "C" SRB eligibility, based on the number of years of total active military service, including active time in reserve components. Members may receive only one SRB bonus for each zone during a career.

Zone "A" Eligibility

Member must have completed at least 21 months of continuous active naval service, excluding reserve annual training $(A\Gamma)$, but not more than six years of total military service.

The minimum time in service need not be immediately preceding the re-enlistment or extension.

Member must extend or re-enlist for at least three years.

The extension or re-enlistment must yield at least six years of total active military service.

Zone "B" Eligibility

Member must have completed at least six, but not more than 10 years of active military service.

The time computed must immediately precede the extension or re-enlistment date.

Member must extend or re-enlist for at least three years.

The extension or re-enlistment must yield at least 10 years of total active military service.

Zone "C" Eligibility

Member must have completed at least 10, but not more than 14 years of total active military service.

Member must extend or re-enlist for at least three years.

The extension or re-enlistment must yield at least 14 years of total active military service.

SRB Payments

Payments are computed from base pay. That amount is multiplied by the number of months of additional obligated service, then divided by 12. That result is multiplied by the SRB award level number.

Fifty percent of the total bonus is paid upon reenlistment, with the remainder paid in equal annual installments on the anniversary of the re-enlistment date. Early payment of the next installment can be approved by the commanding officer, but requests for remaining amounts must be approved by the Chief of Naval Personnel (PERS-292B).

Special Policies

Some members may qualify for early re-enlistment for SRB prior to expiration of active obligated service (EAOS).

Others may qualify for an early re-enlistment waiver when obligated service is required for permanent change of station (PCS) moves, advancement, submarine duty pay and to re-enlist for the Selective Training and Retention (STAR) or Selective Conversion and Retention (SCORE) programs.

Requests to convert out of SRB-eligible ratings are normally disapproved.

SRB installments are suspended for sailors attending school for an officer procurement program. Members forfeit the remaining installments when they are commissioned.

Recipients must remain qualified for continued service in the bonus skill. They are expected to serve the full enlistment or extension in the SRB rating or NEC.

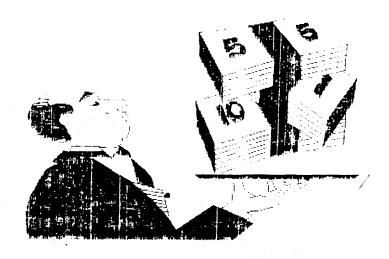
Out-of-skill assignments for one tour are permitted for:

- stateside/overseas rotation
- sea/shore rotation
- mission-essential requirements
- · humanitarian or medically dictated assignments

For More Information

For more information on the Navy's Selective Reenlistment Bonus (SRB) program, visit your command career counselor or see a command retention team member.

YOU AND THE NAVY. FULL SPEED AHEAD.



FOR SALE

1981 Plymouth Sopporo
2.6 L Mitusbishi engine, 5 speed, New clutch
New tires, A/C,P/S,P/B
\$1000.00 OBO

Contact: HMC McConnell ext: 5654 or 388-5583 p 5:00

1982 Ford Bronco 4X4 Full Size 302 with C6 transmission, P.S, P/B

24,000 miles on rebuilt engine, transmission and end. Very reliable. Runs great

\$2900.00

Contact: HMC McConnell ext: 5654 or 388-5583 p 5:00

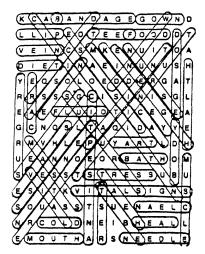
1984 Honda "Nighthawk" 650cc New Tires, Tune-up, Complete records kept. Burgundy Wine color, 4 cylinder, Garage kept. Less than 11000 miles.

\$1900.00 FIRM

Contact: HM1(AW) Gough ext: 5654 or 476-3411 p 6:00

Baby Dwarf Rabbits
Steel Gray, make wonderful pets
\$5.00 each

Contact: HM1 Santee ext: 5839 or 837-4658 p 5:00



Submitted by HM1 Santee

More than in most callings, the sailor must practice his craft in tune with Nature. Disaster is never far away if he ignores her warning signs.



Atsea Chart **Eddies** Barnacle Coast Estuary-Bays Compass **Fathoms** Bearing Fleet Cove Brig Currents Gulf Cape Depth Headland Cargo -Drill Horn.

Hull-Islet Keel Kelp Lagoon Lifeboats Line Liner Mariner Mooring Navigati Oeean Passage Pier Pilot Reef Sails Seas -Shallows Shoal Sounding Tide

Travel

Waves

Wharf Wind

Weigh anchor

Voyage