Nurse Corps News

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Inside this issue:

Director's Corner	1
Reserve Corner: Readiness in the Reserves	2
Reserve Action Officer: Introducing the New Specialty Leaders	3
Specialty Leader Updates (1972/ Operational)	4-6
Photos from the Ambulatory Nursing Conference	6-7
Navy Nurses Take Part in Women's Leadership	8
Bravo Zulu!	9

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Director's Corner: Readiness

Rebecca McCormick-Boyle
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Navy Nurse Corps officers,

The Chief of Naval Operations describes three imperatives for members of the U.S. Navy team: (1) Warfighting First, (2) Operate Forward, and (3) Be Ready. Navy Medicine and the Navy Nurse Corps support these imperatives.

Navy Medicine's Strategic Readiness Goal statement reads "We provide agile, adaptable, and scalable capabilities prepared to engage globally across the range of military operations with maritime and other domains in support of the national defense strategy." The *Clinical Leadership, The 21st Century Model for Navy Nursing*, published in 2010, outlines the Nurse Corps's readiness mission and the professional practice model which supports it. In this document RADM Bruzak-Kohler emphasized that the Nurse Corps must "be ready to provide care wherever and whenever called upon. [We] provide that care on the battlefield, in countries in distress from natural disaster, and at home. In order to do this, all Navy Nurses need to be clinically competent and confident at all ranks, and in all specialties."

The *Clinical Leadership, The 21st Century Model for Navy Nursing* describes who we are, what we do, and what we can be; it is our "Ready to be Ready" source document. Over the past year, under CAPT Morrison's leadership, the document has been reviewed and updated by the Professional Excellence Strategic Objective team. I look forward to sharing the update with you in the very near future. Additionally, the Clinical Excellence Strategic Objective group has accomplished great work in support of our "Ready to be Ready" imperatives. Their work includes defining core competencies and evaluating clinical sustainment requirements in order to keep our workforce current, relevant, and value added to the mission.

Navy Nurses play a key role in supporting and preparing for peacetime and expeditionary missions. When the Ebola outbreak escalated and breached the U.S. borders, 20 Navy critical care nurses reported to Fort Sam Houston, Texas, on short notice, for patient care protocol training. They were then assigned to an Ebola Response Team, ready to respond anywhere in the United States. At the James Lovell Federal Health Care Center in Great Lakes, nurses cross-train at local, civilian trauma centers to gain and sustain valuable skills in the care of trauma and burn patients. Nurse Corps officers assigned to ships and Marine units keep themselves ready to deploy while also ensuring the Sailors and Marines with whom they serve are healthy and deployment ready. When the call comes, Navy Nurses must be ready, immediately, to respond to a local emergency, an international disaster, or a conflict overseas. Clinical skills readiness gets our direct attention. However, it is equally important to emphasize the other facets of readiness. One must be ready physically, psychologically, and administratively; these items are the essential support structures on which your personal mission rests.

Please take a moment to consider your *Readiness*. Do you know the training and administrative requirements expected of you? Have you met with your POMI lately? Do you have a training plan? Do you periodically review your readiness requirements with your family? To achieve and sustain your personal readiness is not easy, but it is an absolute imperative and personal responsibility. If each of us commits to our individual *Readiness*, then the collective sum of those efforts will guarantee the Navy Nurse Corps's continued excellence in its contribution to Navy Medicine's *Readiness* requirements.

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Reserve Corner: Readiness in the Reserves

Tina Alvarado
RDML, NC, USN
Deputy Director,
Reserve Component

As an officer in the Navy, it is paramount to understand that in addition to maintaining clinical competence and being ready to deploy medically, physically, and psychologically are basic mandatory expectations of service. Individual readiness is the basis for mission support. The Surgeon General's Fiscal Year 2015 Strategic Goals highlights this importance. One of the three listed strategic goals is Readiness. One statement listed within the Surgeon General's Readiness goals includes the following: Each military leader should know that when their members are called upon "they will be medically ready to deploy and optimally medically supported in action." Our soldiers and sailors need to be assured that when they put themselves in harm's way, they will be fully supported by a top notch medical team who are the absolute best they can be, not only as clinicians but as healthy individuals who are able to withstand the austere and arduous conditions of war. Many lives depend on our personal fitness and readiness for duty and it is perhaps the most important priority of the Nurse Corps Senior Executive, and each individual Nurse Corps member, to make sure that all of you are fully ready to answer the mobilization call at a moment's notice and to go forward with confidence. Let me ask you a few questions:

- Do you know who your health promotions officer is?
- Are you aware of the Health promotions programs within your commands?
- Are you aware of how the Navy is promoting health, wellness and safety to the fleet?
- Do you know which of your members are fully qualified for deployment?
- Do these programs promote and facilitate readiness and resilience, prevention of illness and injury, and the promotion of a healthy lifestyle?

I am sure that most of you would be able to answer these questions; however, if not, **here is only one website of many** for you to begin your search on health and wellness within the Navy.

Readiness within the Reserve Component (RC) can be more complex because our members live the majority of the year in a civilian environment and may not be aware of all requirements and the resources available to meet them. Despite the part-time nature of the Reserves, it is expected that we maintain a heightened state of readiness 24/7. This requires each of us to make conscientious and judicious personal lifestyle choices and practices, both at home and work, 365 days a year. After all, as health care professionals, we should be walking the walk. How can we effectively counsel others if we are not our own personal health care advocate? Currently, only 88% of Reserve NC Officers are ready for deployment. The other 12% hold a Mobilization Availability Status (MAS) code that prevents them from being mobilized. These codes may reflect a pregnancy, having a child younger than one year, not medically qualified, or training in a medical specialty. To the NC members, if asked, do you know if you have a MAS code preventing you from deployment? And if you have a MAS code, does it reflect your current profile correctly? For the Senior Executive, do you know which of your members has a MAS code indicating they are not ready to deploy? If not, you should.

In order to increase the NC mobilization readiness numbers, the first scrub should be to ensure that MAS codes are accurate. Then focus must be placed on the individual members who are legitimately not ready to deploy. Determine if the problem can be resolved. Once this occurs make sure to correct the MAS code. If resolution cannot be obtained, members need to examine options for administrative separation. We cannot accept that 12% of our Corps are not ready to deploy. Improvement of this statistic can be accomplished by ensuring all MAS codes reflect the current status of our nurses.

Second, all Commands should be focused on promoting a culture of safety and health. Exemplary health promotions programs should be shared and replicated across Commands. Our Operational Health Support Centers look to Navy Reserve Medicine units to promote healthy lifestyles throughout all the units that drill there. We must lead the way.

My goal as your Deputy Director is to maintain a highly ready, capable workforce within the NC, but this can't be done without the expertise of our Nurse Corps leadership and the individual commitment of each member of our Corps. Individual readiness is the single most important assurance that you can make to each other, to our Surgeon General and to our fighting forces that you are ready to deploy – anytime, anywhere!

Reserve Action Officer: Introducing the New Reserve Specialty Leaders

From the RAO corner, I would like to take this opportunity to introduce the new Reserve Component (RC) Specialty Leaders to the team. These nurses were selected from a highly competitive group of talented Nurse Corps Officers. Please congratulate them on their new roles.

- Mental Health Specialty Leader: **CDR Jeffrey C. Anderson** is taking over for **CDR Sara Weelborg**. CDR Anderson is a prior Army enlisted specialist before his commissioning as an Officer in the Navy NC Reserve in 1996. He has been in the Mental Health field for the last 22 years and is currently enrolled in the DNP program at the University of North Dakota. He has held multiple leadership roles within the Bremerton Detachment and has completed two deployments to Germany. He currently works and resides in Menan, Idaho.

- Research: **CDR Deirdre Smith** is taking over for **CDR Michael Luttrell**. CDR Smith holds a PhD in nursing from USUHS and is currently employed at WRNMMC in the Department of Medicine, Endocrinology. Her research background is varied, including animal models, and participating in quantitative and qualitative human subject research design. She has held key research positions including research study coordinator, and principle investigator in several research protocols, including multiple publications. She is also a Certified Adult Nurse Practitioner. She has held multiple leadership positions within EMF Bethesda, along with completion of a recall on active duty to Fort Jason, South Carolina, as an Adult Nurse Practitioner.

- Operational: **CDR Rebecca A. Zornado** is taking over for **LCDR Couvillon** and **CDR Beasley**. CDR Zornado is a CEN who has over 19 years of Emergency room experience. She currently works at the Palomar Medical Center in a 44 bed emergency department in Escondido, California. Aside from her emergency nursing expertise she holds a Master's Degree in Public Health in Epidemiology. She has been deployed to the Role 3 in Kandahar in 2009 and aboard the USNS *Comfort* in 2011. Her Navy assignments include multiple leadership roles with OHSU San Diego.

- Perioperative Nursing: **CDR Cynthia Schwartz** is taking over for **CAPT Michael Coffel**. CDR Schwartz has a combined 30 years of enlisted, officer, and civilian surgical experience. She has been a tremendous advocate for patient care by harboring a proficient skill set in orthopedic, neurological, trauma, and vascular procedures. The majority of her perioperative care is done within the Illinois area. She currently holds a leadership position within EMF Great Lakes post two recalls to Active duty, including the Reserve Liaison Officer for Navy Medical Training and Education as a Department Head at WRNMMC and the Department Head for surgical services at the Role 3 in Kandahar.

- Assistant Medical Surgical Specialty Leader: **CDR Debra Brendley** has taken on this newly identified role and will be working with **CAPT Kimberly Matthews**, the current Med/Surg SL. CDR Brendley resides in Greensboro, North Carolina and is currently employed by Guilford Technical Community College as an Associate Professor in the Department of Nursing in an Associate Degree program. She holds a certification in Gastroenterology. She has held numerous leadership roles within OHSU Camp Lejeune following a deployment to Role 3 in Kandahar and a recall to Active Duty in the Council of Review Boards in Washington, DC.

CAPT Irene Weaver
Reserve Action Officer

And to those Specialty Leaders who are moving on: Thank you for your exceptional leadership as the subject matter experts and mentors to those communities which you so positively impacted and supported these last three years.

Specialty Leader Update: Nurse Anesthesia (1972)

CAPT Paul Arp

In my role as Specialty Leader for the Nurse Anesthesia community, I was recently putting together a package to request BUMED approval for a number of Navy CRNAs to attend the American Association of Nurse Anesthetists' (AANA) Annual Congress. The AANA is our professional organization and the Nurse Anesthesia Annual Congress is the world's largest educational and professional event for CRNAs and provides the opportunity to interact with subject matter experts and preeminent experts in the field of anesthesia. As I prepared the package, I was impressed by the number of Navy CRNAs who have been asked to present their research and scholarly work at this year's meeting. I have no statistics to quote, but my sense is this may be a record year. Navy CRNAs are not only leaders within Navy Medicine, but are widely viewed as leaders within our profession and they continue to advance the science of nurse anesthesia. This month, I wanted to feature just a few individuals and the research being presented at this year's meeting. It's also important to point out that each of the studies noted below involved a team of investigators, not all of which could be listed due to space constraints:

CDR Eric Bopp will be presenting his technical report on his TSRNP-funded research project "Is Combat Exposure Predictive of Higher Preoperative Stress in Military Members?" His findings suggest that a history of depression, and not necessarily a history of PTSD, may be a better predictor of preoperative stress. This could lead to improved strategies for treating our combat veterans in the preoperative area.

CAPT Ramona Doman and **CDR Dennis Spence's** published study entitled "Call-Shift Fatigue and Use of Countermeasures and Avoidance Strategies by Certified Registered Nurse Anesthetists: A National Survey" will be of great interest to many attendees. Their findings demonstrate that call-shift fatigue is a common problem among CRNAs, is associated with medical errors and negative health consequences, and will likely impact the development of future guidelines for CRNA call-shift duration and frequency.

LT Quinn Richards will be presenting "Sleep Quality and Pain after Total Knee Arthroplasty: A Case Series." The findings showed that patients sleep quality was the worst on the first night after surgery and that pain scores peaked on postoperative day one. Recommendations from the study to improve the patient experience include "bundling" nursing care while patients are sleeping to minimize awakenings.

LCDR Jerrol Wallace's study "Optimizing Postoperative Pain Management and Staff Workload by Comparing Intrathecal Morphine to Patient Controlled Analgesia in Abdominal Hysterectomy Patients: A Randomized Control Trial" is an excellent example of a DNPs utilizing the evidence-based decision-making process. His study revealed that intrathecal morphine reduced nursing workload by 81 minutes over a 24 hour period and increased nursing satisfaction in relation to postoperative pain management and is an effective alternative to the use of PCA without additional side effects and there are potential cost savings and military benefits with its use. His protocol has been implemented at NMCP as an alternate method of postoperative pain management for total abdominal hysterectomy patients.

CDR Dennis Spence's team recently examined "The Prevalence of Obstructive Sleep Apnea and Its Association with Severe Maternal Morbidity in U.S. Military Treatment Facilities, 2008-2014." Their findings showed pregnant women with diagnosed obstructive sleep apnea had higher odds of cesarean delivery, gestational hypertension, preeclampsia, and early-onset delivery. These results can help Navy Nurses anticipate complications that may occur in pregnant women who have a history of diagnosed obstructive sleep apnea.

The above are just samples of the ongoing, clinically relevant investigations being performed by our Navy CRNAs! Other studies have been submitted for presentation and will likely be approved. AANA sets a very high bar when it comes to those it invites to present their findings. Studies presented must significantly advance the science of Nurse Anesthesia. It is with great pride that I want to acknowledge the large number of contributions by Navy CRNAs accepted for this year's Annual Congress!

Specialty Leader Update: Operational Nursing

America's forward deployed Sea Services – the U.S. Navy and Marine Corps – provide a constant presence for the Pacific theater (PACOM). During peacetime or otherwise, across the full spectrum – from Global Health Engagement (GHE) to disaster relief or deterring an enemy – Sailors and Marines remain constantly deployed as part of Amphibious Ready Groups (ARG) to be where they are needed, when they are needed. For the Marine Corps, this presence is normally configured as a Marine Expeditionary Unit. One "pillar" of the 3,000-strong MEU is the Combat Logistics Battalion (CLB). More specifically, CLB-15, as part of the 15th MEU, is currently deployed in the PACOM area of operations. Our two CLB-15 Nurse Corps officers are LTJG Jason Quade and LT Katie Gervais.

LTJG Jason Quade, who hails from Seattle, Washington, is the CLB-15 organic trauma nurse. LT Katie Gervais, hailing from Currie, Minnesota, was selected to be on this deployment from Naval Medical Center San Diego (NMCSD) to apply her intensive care and ED abilities as the Health Services Augmentation Program (HSAP) nurse. Since attaching or "chopping" to CLB-15, LTJG Quade and LT Gervais have attended the Joint En Route Care Course and completed their ships' extensive work-ups prior to deploying on 10 May. One unique aspect to LTJG Quade's and LT Gervais' deployment is that while they are both CLB-15, they will not deploy on the same ship at the same time. Since the three-ship ARG – currently consisting of the USS *Essex*, USS *Anchorage*, and USS *Rushmore* – always has Marines on every ship, the two CLB-15 nurses are constantly deployed to separate ships in order to provide optimal expeditionary health services to the 15th MEU Marines.

LTJG Jason Quade aboard the USS *Anchorage* (LPD 23).

The mission of CLB-15 is to provide expeditionary combat logistics to the 15th MEU in order to accomplish missions across a wide spectrum of conventional and specialized maritime operations. Some examples of these operations are to support the Marine Reconnaissance Force (MRF) and Battalion Landing Team (BLT) on missions that need medical assets by being on constant alert as a Shock Trauma Section (STS), or a Shock Trauma Platoon (STP) if the mission requires long-term assets in theater. This is where CLB-15 nurses fit in; they are Marine Corps's medical expeditionary force in readiness.

According to LT Gervais, "Our job as MEU health services officers is to provide the ARG Commander and, ultimately, the President with ready, forward-deployed naval forces. This takes concerted teamwork with many distinct partners working towards a common goal."

As LTJG Quade emphatically stated, "One of those goals is to provide the best cutting-edge, life-saving nursing care this military has to offer for our Sailors and Marines. This is important because the Commandant, General Dunford, has been very clear about his priorities… he has charged us with being ready to respond to today's crisis – with today's force – today."

LTJG Jason Quade
LT Katie Gervais
On Behalf of
CDR Carl Goforth

Furthermore, the two CLB-15 nurses work independently on two different amphibious ships in order to provide a similar capability (for example, En Route Care) during distributed operations. Distributed operations occur when we send one of the amphibious ships, or "gator freighters," to areas in the world where our country needs them most. In reality, this is how the MEU employs the two CLB-15 trauma nurses: LTJG Quade is deployed to the USS *Anchorage* (LPD 23) while LT Gervais is deployed to the USS *Essex* (LHD 2), the largest amphibious ship in the U.S. fleet. Day to day responsibilities include sick call, training corpsman on topics such as Tactical Combat Casualty Care, working with the medical planners, interacting with the MEU staff, PHIBRON staff, and the

(continued next page)

Specialty Leader Update: Operational Nursing *(cont.)*

LT Katie Gervais aboard the USS *Essex* (LHD 2).

nurses, both LTJG Quade and LT Gervais can fly casualties to or within the Seabase to provide in-flight nursing care while safely moving injured Sailors or Marines to a higher level of care.

Ultimately, LTJG Quade and LT Gervais serve as integral parts of today's global security environment. In addition to the emerging Indo-China threats of anti-access/area-denial (A2/AD) being developed in PACOM, they stand at the ready to respond to any crisis, from routine global health engagement to responding to natural disasters. While their contribution to successful maritime operations is undisputed, the rewards of serving in these distinguished Nurse Corps billets are just as important on a personal level. For instance, when LTJG Quade was asked how he felt about his contribution to Marine Corps expeditionary forces, he responded, "This is why I commissioned as a Nurse Corps officer, I want to be able to serve as a forward deployed nurse in a combat setting helping our Navy and Marine corps team accomplish their mission on a global scale. It's a dream realized, all those commercials about the Navy being a force for good is true and to be able to say I had a part in it, is humbling."

Similarly, LT Gervais had this to say: "It is truly an honor to care for and work alongside some of the finest individuals our nation has to offer. This unique opportunity – serving with the Marine Corps and Navy in a maritime setting – is an opportunity I never expected to be part of. We face challenges in preparing for anything and everything, not knowing what will come our way. But this is what being a Navy Nurse is all about. And this is why I joined."

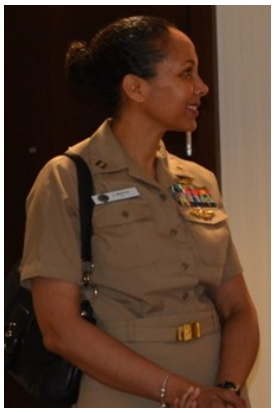
For more information about Marine Corps expeditionary deployments, email **LTJG Quade**, **LT Gervais**, or **CDR Carl Goforth**. Additionally, we encourage all interested officers to review **A Cooperative Strategy for 21st Century Seapower** to learn more.

ship's medical department in order to properly support the MEU's operations in concert with the overall "big picture." Also, as JECC-certified

Navy attendees at the 40th annual American Academy of Ambulatory Care Nursing Conference in Orlando, Florida, 15-18 April. Twenty-four nurses represented the Navy from 16 different MTFs — more than the previous three years combined!

Group photo of Tri-Service Special Interest Group; which includes members from every military branch, reservists, GS, Federal, and VA Nurses.

LT Jubal Marlatt (NH Bremerton) takes a moment to network during the Exhibit Hall breakout session.



The Tri-Service Special Interest Group Leaders: (Left) LT Elyse Braxton, Secretary (NH Oak Harbor). (Right) CDR David Thomas, Treasurer (NH Bremerton); LCDR Amy Holzer, Navy Chair (NH Yokosuka); LtCol Amy Kinnon, Air Force Chair (88th Med Group); LTC Leilani Siaki, Army Co-Chair (Madigan AMC); CDR Sana Savage, immediate past Chair (NH Pensacola).

Have an idea for an article or photos of you and your colleagues doing what you do best?

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LT Bev Torres (NH Bremerton), LT Keith West (FHCC Lovell), and LT Jenny Paul (NHC New England) represented the Navy and their nursing expertise by giving podium presentations about Population Health Management, PHA Streamlining, and Nursing Leadership in Safety Programs.

DNS/SNEs:
Would you like to see your command featured in our Command Spotlight section?

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Navy Nurses Take Part in Women's Leadership Panel

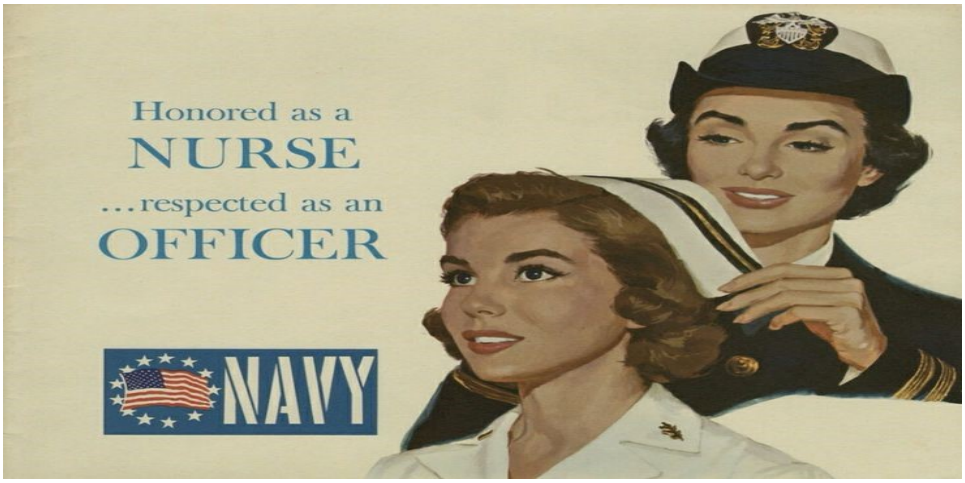
LCDR Eve Poteet

Representing women in the military were:
- LCDR Holly Higgins (Judge Advocate General)
- LCDR Eve Poteet (Nurse Corps)
- LCDR Kelly Keiser (Former SWO now NGIC Information Professional)
- LCDR Marie Edwards-Smith (Nurse Corps)
- LT Rachael Golden (former SWO now Defense Industry Contractor)
- LT Ina Miranda Vargas (Civilian Engineering Corps)
- 1SGT ShellyAnn Corbin (USA, Deputy Commandant, NCO Academy)

On 16 April seven women serving in the United States military were asked to participate in the first annual 2015 University of Virginia Navy ROTC Women's Leadership Panel.

The leadership panel was facilitated by Midshipmen Paul Fridley, Stephanie Hough, and Sorcha Hartman and was sponsored by the University of Virginia Naval ROTC Commanding Officer, CAPT Mark Black, and Marine Officer Instructor, Capt. Josh Fisher. Eighty-three midshipmen were in attendance for the 90 minute discussion group. Questions raised included retirement, retention, deployment, advancement opportunities, cross-rating opportunities, educational opportunities, family, fraternization, and sexism.

LT Vargas spoke to life as a Civil Engineer working amongst the Seabees with frequent deployments. LCDR Kelly Keiser talked about her life on the various ships and her ability and choice to lateral transfer into Information Professional. LCDR Marie Edwards-Smith and LCDR Eve Poteet spoke to the educational opportunities provided by the military, the transition from enlisted to officer, and the strength of the Enlisted Corps as an ally as well as the meaning and perils of fraternization as a young officer. LCDR Higgins and 1SGT Corbin remarked on their male mentors and that the difference was not in the gender of the leader, but rather the leadership characteristics. LT Rachael Golden spoke about her choices to separate from the Navy and her mission changing from that of an active duty member to that of a defense contractor.



As all women were in different career paths, they offered varying perspectives. The common thread is that the women shared the pride in their uniform and were aware less of their differences as women than their similarities as service-members. The panelists were honored to be invited to participate and hoped that the midshipmen gained valuable insight that will be helpful to the next generation of military leaders.

Bravo Zulu!

Certifications:

- LT Paul Kuhn, from Naval Medical Center Portsmouth, earned the Critical Care Registered Nurse (CCRN) certification.
- LT Liza Stone, from Naval Hospital Lemoore, earned the Certified Ambulatory Care Nurse (RN-BC) certification.
- LT Erin Webb, from Naval Hospital Lemoore, earned the Medical-Surgical Registered Nurse (CMSRN) certification.

Publications:

- LCDR Jesus Crespo-Diaz, from Naval Health Clinic Hawaii, was a podium presenter at the 2015 National Association of Clinical Nurse Specialists (NACNS) Conference on his work performed at Walter Reed National Military Medical Center. His presentation was entitled "Implementation and Sustainment of Hospital-Wide Evidence Based Practice (EBP) Bundles to Prevent Catheter Associated Urinary Tract Infections (CAUTI)."
- LCDR Judy Hanhila, from Naval Health Clinic Hawaii, was elected as President of the Hawaiian Islands Chapter of American Association of Critical Care Nurses. Additionally, she was an abstract facilitator/poster author at the National Teaching Institute & Critical Care Exposition for her work entitled "Improving skilled communication in chapter operations through online technology."

Farewell and Following Seas...

- CAPT Vanessa Scott
- CAPT Lisa Houser
- CDR John Crane
- CDR Patricia Hasen
- CDR Lisa Rose
- CDR Mitchell Seal
- LCDR Billie Smith
- LCDR Eilene Herrera
- LCDR Marlow Levy
- LT Bret Donnan

Reserve Nurse Honored as Nurse of the Year

On 28 May LCDR Teresa McFarland, Officer in Charge of NR EMF Camp Pendleton, Det D, was surprised to receive the 2015 Nurse of the Year award for Community Service from her civilian employer, Kern Medical Center.

She was unavailable to receive the award at the Nurse's Week presentation because she was away on her 4th medical mission trip to Guatemala with HELPS International. LCDR McFarland also volunteers as summer youth camp Nurse Practitioner, Honor Flight Guardian, Boy Scout Troop 82 merit badge counselor, and was recently appointed to serve on the Behavioral Health Board by the Kern County Board of Supervisors.

Bravo Zulu, Commander!