

VOL. 9, NO. 2

NAVAL HOSPITAL MEMPHIS, MILLINGTON, TENN. 38054

MARCH 1975

April is Red Cross Month, and the Clipper takes great pleasure in introducing the graduating class of volunteers. Pictured with Captain Lehman are, from left to right: L. Grimm, N. Talarico, L. Brownley, K. Donnelly, J. St. Peter, Captain Furmanchik poses with: C. Hed, J. Stevens, J. Collard, L. Culver, and R. Davis. Not shown are: C. Elswick, L. Iachini, T. Wilson, J. Mock, and D. Smith.



INSIDE THE CLIPPER.....

----an interview with the CO....

----introducing a new series by  
Master Chief Paux.....

----A NAVY TRADITION or How to  
Get the Most From a Haircut.

----"A" Team ends its season....

----A look at Peds Clinic.....

----A new cartoon strip, "Corps-  
Maniacs" by Ryck Rorie.....

CAPTAIN R. M. LEHMAN, JR., MC, USN. . . . .COMMANDING OFFICER  
CAPTAIN G. W. JAUCHLER, MC, USN . . DIR., PROFESSIONAL SERVICES  
COMMANDER S. D. BARKER, MSC, USN. DIR., ADMINISTRATIVE SERVICES

DUPLICATED MONTHLY ON GOVERNMENT EQUIPMENT WITH NON-APPROPRIATED FUNDS AND IN COMPLIANCE WITH NAVEXOS p-35 REV. JULY 1958. DISTRIBUTED FREE OF CHARGE TO PERSONNEL OF THE NAVAL HOSPITAL MEMPHIS, MILLINGTON, TENNESSEE. THE HOSPITAL CLIPPER SOLICITS NEWS ITEMS FROM ITS READERS.

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A NAVY TRADITION

"I'm going to get a haircut."  
These words have been known to strike fear into the hearts of even the bravest of Navy men (E-5 and below). They have been the start of many a traumatic experience and the end of many a bushy dome. Let us now dissect a haircut and see what actually takes place during this operation; get to the root of the matter, so to speak.

First off, you have to sit in the chair. Yes, I know the distress you feel, but it's the only segment of the haircut that requires initiative on your part, er...on your side. So go ahead, it doesn't hurt.

Next you will be covered with a shroud-like sheet. This keeps the falling hair off your uniform and directs it down the back of your neck where it belongs. The barber is going to cut your hair now, so remain calm. He will start up the electric clippers, which sound rather like electric shavers.

Perhaps that was a bad analogy.

Using a comb and clippers, the barber will skillfully trim your hair, relieving that ticklish feeling from your ears, and that itchy feeling from your neck. Grin and bear it fella. You will live.

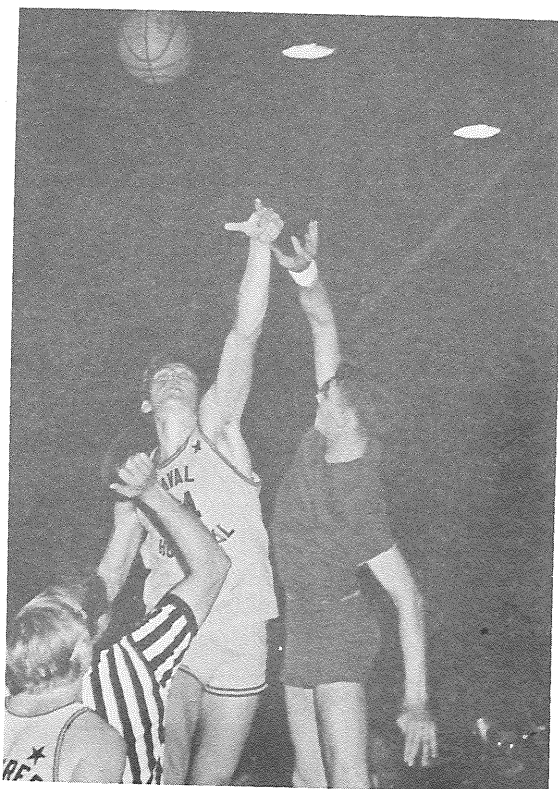
The last bit of trimming is around the ears with shaving cream and a straight razor. Please keep in mind that this man went to school for this, and he has done it before. He will not cut you...much.

Voilà! It is over. You are done. You look spiffy, you are out a dollar and a half, and you have lost 170 pounds in the bargain, for you have just gotten your supervisor off your back.

Don't you feel better now?

The last day of February proved to be pivotal for HM3 Bruce Nelson of OPD. In a simple ceremony held in the CO's Conference Room, HM3 Nelson took the oath of reenlistment as his wife Debbie looked on. The swearing in was presided over by Ensign C.D. Cruitt, Nelson's division officer before an audience of OPD Administrative personnel.

Nelson cited the present economy as well as the opportunities in the Navy as prime reasons for an added two year tour of service.



ABOVE Tracy Grim outjumps an AFTA opponent. Gene Childress (lower left) prepares to grab it.

Naval Hospital "A" Team closed out its season this year with a 16 and 5 record after a defeat by CNTT during the championship playoffs. The loss sent CNTT to the title game with AFTA for the station crown. CNTT won that game taking first in the tournament. AFTA took second, and "A" Team took third.

The season had a good start as the corpsmen went undefeated until a close game with Southside Dental. Four more losses were in store, including the last to CNTT

The coach and all team members are to be congratulated for a fine season.

AN INTERVIEW WITH THE  
COMMANDING OFFICER  
(Since assuming command at Naval  
Hospital Memphis, Captain Lehman  
has not made a general statement  
to the staff of the hospital. To  
remedy this situation, the Clip-  
per interviewed the Captain and  
presents this interview with the  
hope that it will better ac-  
quaint the staff with its Com-  
manding Officer.)

CLIPPER: Good morning, sir. Thank  
you for allowing this session.  
First off, what goals have you  
set for your stay at NH Memphis?

CAPTAIN: Truly, it is very diffi-  
cult to try to accomplish any-  
thing which entails the procure-  
ment of money if it does not re-  
late to patient care. There are  
a number of projects that have  
been submitted to higher authori-  
ty (not necessarily in the or-  
der of priorities nor order of  
completion):

\*An additional parking lot bet-  
ween the west lot and the new  
BEQ. This would then allow one  
lot to be reserved for staff.

\*Construction of an entertain-  
ment and recreation center for  
hospital staff. A Butler Build-  
ing is obtainable. Air condi-  
tioners are in our supply area  
at this time. We must obtain  
Bureau permission and funding  
(cost \$35 to \$40 thousand). In-  
vestigation by higher authori-  
ties in reference to availability  
of other clubs, distance, bus  
service, etc., affect the deci-  
sion.

\*Stability of all personnel us-  
signed to the hospital (this can  
never be 100% effective). In-  
creased job satisfaction at all  
levels.

CLIPPER: How will the Navy-wide  
doctor shortage affect us here  
locally?

CAPTAIN: Those doctors that are  
leaving this summer will be re-  
placed (in number but not one  
for one in specialty). We will  
have a total of about 42 physi-  
cians next year. June and July  
will be critical until all the  
replacements arrive. About 30  
physicians are leaving the com-  
mand. There is no other branch  
of the Armed Forces which suf-  
fers like the Medical Department  
does in June and July. Every  
year, or at least every two  
years, they have about a 75%  
turnover during these two months  
and yet they are still expected  
to operate at full efficiency.

(CONTINUED ON PAGE 5)



A former Hospital Corpsman  
First Class, T. M. Lloyd, was  
sworn in as a Lieutenant, Nurse  
Corps March 5 in the CO's Con-  
ference Room. An audience con-  
sisting of the new two-striper's  
wife and children, virtually  
all of the nursing administ-  
ration, senior corpsmen from  
his ward, 6 East, Captain Fur-  
manchik, the Executive Officer,  
and Mr. Lloyd's cousin, Dr.  
Paul Marshall watched as Cap-  
tain Lehman administered the  
oath.

Mr. Lloyd has had a long car-  
eer in the Navy, starting as a  
Hospital Corpsman. He left the  
Navy to enter nursing school,  
and returned to active duty as  
an ensign. He is awaiting or-  
ders to Naval Hospital Guam, M.I



FROM THE DESK OF THE MASTER CHIEF

(EDITOR'S NOTE: This is the  
first in a series of articles by  
Master Chief Paux [pronounced  
Poe]. They will be aimed at in-  
forming the enlisted man and his  
family of the things that con-  
cern them directly.)

The Master Chief Petty Offi-  
cer of the Command (MCPOC) is  
part of a Navy-wide program es-  
tablished to provide the enlist-  
ed man or woman with command  
representation and assistance  
in sifting through the so-called  
"bureaucratic logjam". The pri-  
mary function of the MCPOC is  
maintaining open communications  
at Naval Hospital Memphis. This  
can be accomplished through rap  
sessions, or one to one contacts  
but whatever method is used, it  
has to be two way to accomplish  
anything.

Among the manifold duties of  
the MCPOC are:

\*Act as a point of contact be-  
tween the commanding officer,  
executive officer, Master Chief  
Petty Officer of the Navy, and  
various other offices.

\*Keep the command aware of exis-  
ting or potential procedures,  
situations, or practises that  
adversely affect the enlisted  
people and make corrective re-  
commendations.

\*Attend all conferences, advis-  
ory boards, human relations coun-  
cils, and other functions involv-  
ing enlisted people.

\*Maintain an open door policy  
for all staff enlisted and their  
families.

The office of the MCPOC is  
NOT intended to change the chain  
of command, but is an advisory  
position to direct the proper  
path and then render assistance  
in following the proper route.

As I stated earlier, two way  
communication is important and  
if my office is to be any use to  
you, the enlisted staff, I need  
to know your thoughts, ideas,  
opinions, etc. Feel free to talk  
to me in my office (next to Cen-  
tral Files on the second deck),  
in the passageways, or wherever  
it is mutually convenient.

Remember, I can only be as  
effective as you make me.

...Master Chief Paux

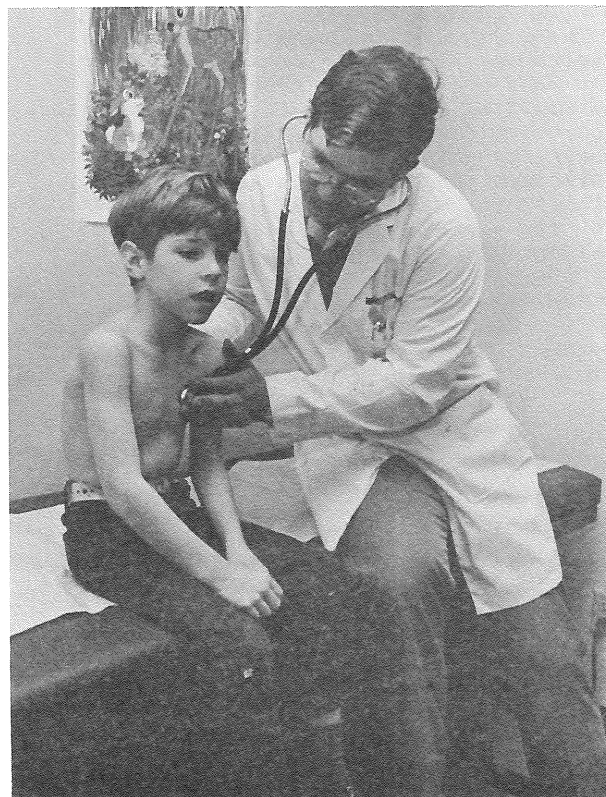
## AN INSIDE LOOK AT PEDIATRICS CLINIC

One of the busiest and certainly the liveliest clinics in the hospital has to be Pediatrics. Treating the ills of the Wee Ones can be a lot of fun but requires a far different method and technique than treating their parents.

The clinic is staffed by four doctors, a charge nurse, and three Hospital Corpsmen. These eight people see and treat an average of 95 children per day; 40 appointments, and 75 to 100 walk-ins. In February this year they saw and treated 1,698 children. Even considering the large numbers of patients, the wait to see a doctor isn't long.

The average child seen at the clinic is a walk-in with an acute problem; throat infection ear infection, high fever. He arrives for the walk-in hours; 0800 to 1000 in the morning, 1300 to 1430 in the afternoon.

He's checked-in and has a history taken by whoever's free at the desk, usually Senior Corpswave Thelma Fisher, and then the child is weighed-in, has his temperature recorded, and a culture is done if that seems indicated. After a wait, his name is called, and the doctor sees him.



ABOVE Dr. BRUCE MALEY examines a small patient.

The physical exam is performed with the aid of a corpsman if necessary. Treatment is prescribed for the child, and the room is readied for the next patient. It may seem like a slow system, but it works, and works well. In addition to their other duties, the clinic staff maintains a telephone service for concerned parents to call in questions about their child's health.

Ideally, the parents of the children are patient and pleasant while their child is awaiting treatment. However, as is often the case in other clinics, parents sometimes become upset or demanding due to concern over their child's health. These people are usually calmed by the tact of the staff, but greater effect is achieved when they witness the compassion and gentleness with which their child is handled. This in itself is a tribute to the devotion and love of children of the staff.

And so the clinic goes on, caring for the children of Navy Memphis.



(CONTINUED FROM PAGE 3)

The question was asked how long it takes these new officers to become acclimatized. A large number of them will be coming from Navy residency programs and are already familiar with naval procedures. The remainder can gradually be taught the necessary military rules and regulations.

CLIPPER: One part of your job as Commanding Officer includes presiding at Captain's Mast. How do you feel about this personally?

CAPTAIN: It is always difficult for one individual to judge another. One must be objective and attempt to ascertain if the individual involved is guilty. If so, the punishment is not to be such that it will cause him to have further problems perhaps resulting in another mast. Repeated offenders are awarded a court as are those with multiple charges (or charges of a serious nature). Not a lot of people come to mast, considering the the number of personnel we have. Many are repeaters. Most of the staff are excellant workers and avoid disciplinary problems.

CLIPPER: What are some of your past duty stations?

CAPTAIN: Taiwan, Camp Lejune, Viet Nam, Beaufort, Bethesda, Camp Pendleton, etc.

CLIPPER: Many have the idea that being Commanding Officer is akin to being Last of the Absolute Monarchs. This obviously cannot be true. What are some of the disadvantages of being CO?

CAPTAIN: Frustration. You cannot do all that you want to because of budgetary limitations or personal deficiencies.

CLIPPER: Are there rewards commensurate with the disadvantages?

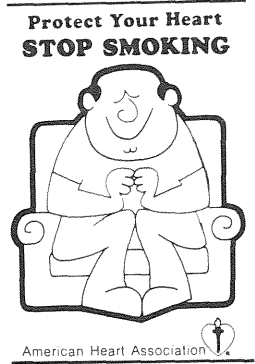
CAPTAIN: Self satisfaction is probably the greatest reward. All individuals probably strive to achieve this. Even if no one expresses appreciation for a job "Well Done", each of us knows what he has accomplished and has inner feelings of self-satisfaction.

CLIPPER: What do you envision as being your relationship to the enlisted staff?

CAPTAIN: I would hope that it is good. The door is open at all times, however, individuals should communicate with their petty officers, divisions officers or Chiefs of Service first as many problems can be solved at this level.(I would hope that no petty officer or officer of this command is too busy or preoccupied to listen to the problems of his subordinates .) The command has a new Master Chief and the enlisted personnel are to go to him with their problems. Officers are to go to the Director of Clinical Services or the Executive Officer. The new Master Chief is very accessible and is my personal adviser. I feel that most CO's try, but you can't please everyone.

CLIPPER: Thank you, sir.

(below is a new cartoon strip by Ryck Rorie. Reactions and suggestions are encouraged.)



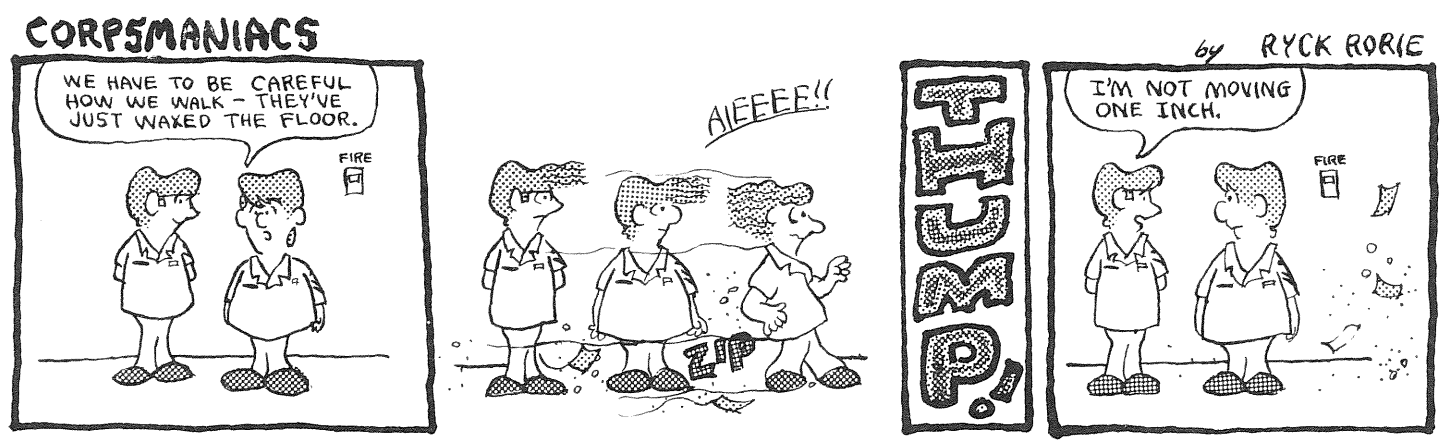
DR. SMART HONORED

The American Specialty Board is an organization composed of representatives from the 22 individual specialty boards, such as Anesthesiology, Pediatrics, and Pathology. Its purpose is to promote higher standards of professional practise, and to certify specialists who have met those standards.

The boards design tests which thoroughly explore the knowledge of a physician in his chosen specialty. If he passes the grueling written test and survives the oral examination, he is certified as a member of his board and is nationally recognised as a specialist in his field.

The most recent certification among the staff doctors of NH Memphis has gone to CDR R.H. Smart, Chief of Urology.

Congratulations, CDR Smart!





The Random Drug Screening Program has been re-instituted at NH Memphis. The effect on the staff here has been one of confusion and uncertainty as to the intent of the program, its function, and the consequences. Generally, people are wondering, "What does this mean to me?"

The official purpose of the program is to detect the habitual user of illegal drugs. Staff members are chosen at random and urine samples are taken. These are sent to Naval Drug Screening Laboratory at Great Lakes, Illinois. There they undergo a "FRAT" test. "FRAT" is short for Fractional Random Analysis Test. The random samples are sampled and tested at random, meaning that not all of the samples are actually tested.

A print-out of the results is mailed to the Commanding Officer stamped "For the Eyes of the Commanding Officer Only". Any positive results are referred to the Chief of Medicine. Here at NH Memphis, that is Captain Mazarella. He has five options to choose from; (a) dismiss the case due to the legal use of prescription drugs or his determination that the individual is not an illicit user, (b) if an unclear evaluation is made, he may refer the case to the command for decision, (c) determine that the individual is a habitual user and therefore put him on the sick list for detoxification ("cold turkey") and counseling, (d) determine that the individual is a habitual user in need of extensive counseling and rehabilitation at a Navy Drug Rehabilitation Center, or both local detoxification and transfer to a NDRC. In this case, the individual's service records would reflect the transfer. Depending on past performance and history, the serviceman may be offered a general discharge under honorable conditions. The only drug which requires immediate discharge is LSD.

The FRAT machine tests for amphetamines, barbiturates, derivatives of opium, or the combined residue from any of these. The frequency of testing is chosen so randomly that it is impossible from historical analysis to predict when the next test will be or who will be tested. The intent of the screening is to deter people from occasional experimentation and to detect habitual users. The test results cannot of themselves be used as evidence for legal proceedings.

Refusing to provide a sample upon request is violation of a

lawful order and is punishable by NJP or as a court-martial may direct. Administrative action in such a refusal includes enrollment in the Urine Surveillance Program, which requires weekly samples for eight weeks and intensive evaluation, plus entries into the service record to that effect.

A separate but related program to the drug screen is the Drug Exemption Program. An individual admits that he has abused drugs, not necessarily habitually, and an exemption to legal proceedings may be granted. NO disciplinary action takes place in case of an exemption. A letter of application is submitted to the Drug Exemption Officer (Mr. Giron of OPD). He refers the letter to the local rehabilitation facility, and the applicant is evaluated and counseled for at least seven working days. At that time, the center recommends further treatment or exemption from prosecution on the condition that no further abuse take place. Naturally, since such a condition exists, the applicant is monitored to insure that he has not reverted to abuse.

More than to provide evidence for prosecution, the motivating factor behind the Random Drug Screen and the Drug Exemption Program is to find and help the abuser of drugs. If a problem exists that the person will not or cannot admit this is the only way to find and help him. Both programs are the Navy's way of taking care of its own, and to prevent harm before it can affect others.



HIDDEN GROTTOS may reveal lush greenery and lovely surprises—such as this winsome miss cooling off in a Sunken Gardens, Florida, waterfall. Finding your own "hidden grotto"—and being able to afford it is much easier if you've stashed away some "lush greenery" in your savings account. It's easy to do; join your payroll savings plan.

## Trivia Quiz

1. Who played the part of the THIN MAN on television?
2. Who was the LONE RANGER's arch enemy?
3. Who called for PHILIP MORRIS?
4. Where did LUCKY STRIKE GREEN go?
5. Who was famous for saying, "How Sweet It Is?"
6. Who played the roles of the TIN MAN, the SCARECROW, and the COWARDLY LION in the movie WIZARD OF OZ?
7. Who was MANDRAKE THE MAGICIAN's loyal companion?
8. What comic strip was the DRAGON LADY in?
9. Who was RED RYDER's sidekick?
10. Who played the THIN MAN in the original movie version? (He was also the boss of the MAN FROM U.N.C.L.E.)
11. Who played the role of TOPPER in the television series?
12. Who was Ensign PULVER?
13. Who was the alter ego of THE SHADOW?
14. Who was the GREEN HORNET's sidekick?

1. Peter Lawford
2. Butch Cavendish
3. Johnny
4. To war.
5. Jackie Gleason
6. Jack Haley, Ray Boger, Bert Lahr
7. Lothar
8. Terry and the Pirates
9. Lumpy Beaver
10. William Powell
11. Leo Carol
12. The Ensign on Mr. Roberts.
13. Lamont Cranston
14. Kato

TRIVIA QUIZ ANSWERS

The Queen Of Navy Memphis Fund Drive Begins Here.

The time of year has come for all young ladies of talent and beauty to enter the Queen of Navy Memphis Contest. This annual event, sponsored by the Navy Relief Fund, last year netted \$65,000 for Navy personnel. The requirements are simple: any active duty, dependant, or Civil Service girl between 17 and 26 years old can enter.

Each candidate submits an application form. That form will be reviewed by a panel of judges one of whom, it has been learned, is CDR Samuel Barker, NH Memphis' Director of Administrative Services. Each applicant will be interviewed, her application considered, and from a field of 23 candidates (of whom 12 are from NH Memphis) five finalists will be chosen.

Voting is a simple matter. A one dollar contribution secures a ballot. Simply write the name of the girl you'd like to see win on the back and drop it into the nearest ballot box, which will be located at various points on NAS. Key men will be selected at the hospital to promote ticket sales. This year's goal is \$70,000; \$10,000 of which will be spent on prizes for the winners, which includes two new cars. Voting commences April 30 and ends June 15 at 1600. At the All Hands Ball to be held June 20 at the Northside gym, the girl with the most votes, and therefore the most money raised, will be crowned Queen.

The Plan of the Day has had character sketches of the candidates from the hospital. They are: Laurie Clemmons, PERSDIV Judy Jarvis, NS, Sunde Evans, NS, Denise Waite, NS, Evelyn Strode, NS, Peggy Morrill, NS, Virginia Ann Russell, PAT AFF, Nancy Morrison, PERSDIV, Betty Harvey, PERSDIV, Gwenda Qualls, NS, and Thelma Fisher, NS.

Staff support is needed for these girls, especially if, after the finalists are chosen one (or hopefully more) of them are among the five chosen to compete for Queen.

If you are interested in helping with this year's fund-raising, contact Ensign Cruit at Patient Affairs.



SUN BUFF—Keeping a stunning suntan in Florida is easy. Just follow the example of this fetching St. Pete coed as she poses in Florida's Sunken Gardens. One way to find time to relax in the sunshine is to speed completion of your 1974 Federal Income Tax Return. For free tax assistance and information call the toll-free telephone number listed in the 1974 tax instruction booklet.



## American Legion Chess Tourney September 19 in Washington

Outstanding chess players of the Army, Air Force and Sea Services (Navy, Marine Corps, Coast Guard) will meet at The American Legion in Washington, D.C., on September 19, 1975, to compete in the sixteenth annual Armed Forces Chess Championship Tournament sponsored by the American Chess Foundation.

The tournament plans call for three six-member teams and twelve rounds of play, each finalist to play every member of the other two teams. Highest scoring team will take the Thomas Emery Trophy and the highest scoring player will be the individual champion for 1975.

Anyone on active duty is eligible to try for a Service team. The Air Force and Sea Services finalists will be selected on the basis of major tournament records and U.S. Chess Federation ratings. The Army team will come from an Army-wide tournament at Fort Meade, Md.

Last year the Air Force won the Emery Trophy and SGT Richard R. Bustamante of Castle AFB, Calif., won the individual title. Army was second and Sea Services, victor in 1972 and 1973, dropped to third.

Players desiring to try for their Services' teams should consult their commands' recreation offices or apply directly to their headquarters:

- **ARMY:** Ms Dorothy J. Schmid  
Director, Army Recreation Centers  
(Recreation Services Directorate  
Mail Address: HQ DA,  
DAAG-RE-C  
Washington, D.C. 20314  
Location: Room SA 049  
Forrestal Bldg.  
Tel: (202) 693-8160/1  
Autovon: 223-8160/1
- **AIR FORCE:** Clyde J. Gurkin  
Recreation Administrator  
Morale, Welfare & Rec. Directorate

AF Military Personnel Center  
Randolph AFB, Texas 78148  
Tel: (512) 652-3471

- **NAVY:** David L. Ranson  
Special Services (Pers-7211a)  
Bureau of Naval Personnel  
1000 North Glebe Road  
Arlington, Virginia 20370  
Tel: (202) 692-8557 or 8527
- **MARINE CORPS:** Maj. D. R. Frank  
Recreation Section (Code MSMS-12)  
102 Building 3, Henderson Hall  
Headquarters U.S. Marine Corps  
Washington, D.C. 20380  
Tel: (202) OXFord 4-2450
- **COAST GUARD:** Lt. William R. Shaffer  
Chief, Special Services Branch  
Headquarters, U.S. Coast Guard (G-PS-4/62)  
400 Seventh Street, S.W.  
Washington, D.C. 20591  
Tel: (202) 426-1869

# Radial Tires and Auto Safety

NOT too many years ago, a motorist who needed new tires had a simple choice. He could buy a tire with nylon cords, or he could buy a tire with rayon cords. Today, it's more complex.

Radial tires offer greater safety and longer tire life. But, use them improperly and you are inviting an accident.

Most of the problem stems from mixing different types of tires — especially radial and conventional tires. So here are guides for the use of radial tires.

1. If you're going to switch to radials, they should really be installed on all five wheels (that includes the spare).

2. If you can't do that, at least be sure that a radial tire is *never* used on the same axle as a conventional tire. If you only use two radial tires, *always put them on the rear wheels*. Here's why. Radial tires are designed so that, when the front wheels turn, the tires immediately take the new direction without side slipping. The side of a regular tire will slip. (*If you have radials on the rear wheels and have a flat, be sure not to put on a conventional.* — Ed.)

If a car has regular tires on the rear and radials on the front, it could easily skid. What's more, when you put one radial tire on the front, you're flirting with trouble even under ideal road conditions. Radial tires give you much better traction and wear. But use them wrong and that safety advantage turns into a hazard.

3. Tire industry experts have recently adopted two new systems of tire rotation — one for radials, one for

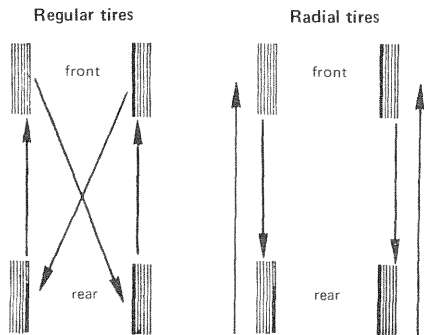


Fig. 1

Fig. 2

regular tires. The new systems will give you maximum safe tread life.

- The new system for regular tires: move the rear tires straight forward and crisscross the front tires to the rear wheels (Fig. 1). (The old rotation system was the reverse — front tires were moved straight back and rear tires were crisscrossed forward.)

- Radials should be switched front and rear on the same side of the automobile, say the experts. Never crisscross them (Fig. 2).

4. Rotate every 6000 to 8000 miles. To get the most tread life out of your tires, rotate them on a planned schedule.

The experts emphasize that your first rotation is by far the most important. It sets the stage for long, even tire wear. But watch your tires. If they begin to wear irregularly, rotate them *before* you reach 6000 miles.

*Tire Industry Safety Council*

## CHAMPUS

### Additional Guidelines Announced Concerning CHAMPUS Operation

The Department of Defense announced today additional guidelines governing the operation of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

The new guidelines are effective as to services and supplies obtained by CHAMPUS beneficiaries on and after February 28, 1975.

Under the changes in the CHAMPUS Basic Program, coverage no longer will be provided for:

- Devices, such as arch supports, which convert ordinary shoes to orthopedic shoes.
- Megavitamin and orthomolecular therapy in psychiatry.
- Services of pastoral counselors, family and child counselors, and marital counselors.
- All services and supplies determined to be not medically necessary for the diagnosis or treatment of an illness, injury, or bodily malfunction. Exceptions will be made for Christian Science and family planning.
- Supplies and services for which the patient, his estate, or responsible family member has no legal obligation to pay or for which no charge would be made if the patient was not eligible for CHAMPUS.
- Services and supplies for "treatment" of obesity when obesity is the sole or major condition being treated.
- All reconstructive surgical procedures which are justified solely on a psychiatric need.

In addition, coverage of operant psychological conditioning devices for enuresis will be limited to a supply purchase at a reasonable cost and the payment for profes-

sional guidance on their use will be limited to physicians. Purchase will be covered only upon certification by a physician that all possible organic causes have been ruled out.

A further change in the Basic Program will require inpatient cost-sharing on each inpatient care admission except for pregnancy and complications of pregnancy which will be covered under a separate rule to be issued.

In the CHAMPUS Program for the Handicapped, a diagnosis of enuresis no longer will be considered as qualifying a patient for the program benefits.

Alterations to living spaces and permanent fixtures attached thereto no longer will be covered under either program.

These actions are intended to reestablish CHAMPUS as a program of financial assistance for essentially medical services necessary in the treatment and care of CHAMPUS beneficiaries.

The role of CHAMPUS is to share with eligible individuals the costs of authorized medical services and supplies obtained from civilian sources. Eligible for CHAMPUS are dependents, and the survivors of deceased active duty and deceased retired members.

CHAMPUS coverage presently is divided into two programs. The Basic Program provides for comprehensive coverage of traditional medical services and supplies for all beneficiaries. The second program is the Program for the Handicapped and it provides financial assistance for essentially nonmedical services required by the moderately and severely mentally retarded and the seriously physically handicapped to adjust to their handicapping condition. It is limited to the spouses and children of active duty members.