



KELLY COMMUNIQUE

VOLUME TWENTY-ONE

MARCH/APRIL 1993



**STAR
TREK**
DEEP SPACE NINE

65-87702

996-45332

LCARS

975-663554

DRH

LOG ENTRY

Assistant Chief Medical Officers Log... Stardate 46030.1
 After Lt. Rouviere's Communique I have wanted to put together our bi-monthly newsletter. So I was gladly given the job. And quite a job it has turned out to be! Mainly I wanted a single theme to run throughout the whole Communique but as you'll see that was something that didn't quite happen.

Since the Medical Department is very influential in all the Star Trek Universe I decided on a medical theme. I intended to include all sorts of pertinent information regarding this department. Suffice it to say my grandiose plan has been cut down to size, instead of a book...you only get 20 pages...so sorry. And it also includes non-medical info., as well...which is totally unavoidable. But as you'll see I did get some pretty good information and the people who donated to this endeavor are much appreciated....and if this one goes over as I expect then...
I'LL BE BACK!!
 Lt. (j.g.) Ruth Burns



STAR TREK

DEEP SPACE NINE

THE PREMISE

"Star Trek: Deep Space Nine" takes place near the beginning of the 24th century and follows the adventures of a team of Starfleet officers who take command of a remote alien space station on the edge of a new frontier. Designated "Deep Space Nine," the space station is located near the mouth of a newly discovered wormhole, a phenomenon that provides a shortcut to a distant, unexplored quadrant of the galaxy. Travelers of all kinds are drawn here, and with hostile alien empires on all sides, Deep Space Nine becomes the most strategic post in the galaxy.

47-57352

538-654321

ASK NUMBER ONE

A few months ago I announced that we would be starting an outstanding department contest. I have been asked what the rules for that contest are, and how the winner will be determined. The contest will begin March 1, 1993. It will run for two months so that the winning department can be announced in the May/June Kelly Communique. Because some departments are numerically superior to others, all comparisons will be based on a percentage point system. All activities of a department and its crew will be evaluated. Below are some of the things that will be considered:

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- BEST ATTENDANCE AT KELLY ACTIVITIES
- THE MOST RANK ADVANCEMENTS
- THE MOST NEW CREWMEMBERS
- THE LARGEST NUMBER OF PEOPLE TURNING IN PMP'S
- ARTICLES FOR THE COMMUNIQUE
- DEPARTMENTAL DUTIES (security, working on scrapbook, planning activities, etc, etc, etc.)
- PERSONAL PROJECTS COMPLETED
- SERVICE POINTS RECEIVED
- KNOWLEDGE POINTS RECEIVED
- CONVENTIONS ATTENDED
- INFORM COMMAND STAFF OF ANY NEW STAR TREK INFORMATION
- CREW WITH UNIFORMS
- PROFILES TURNED IN (with picture)
- DONATIONS TO THE KELLY

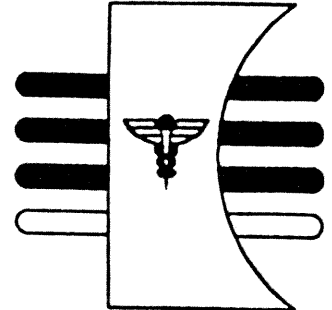
I will then tally the points. Each member of the Command Staff will vote for the department they think tried hardest to keep the spirit of Star Trek alive. I will be the final judge on who wins the Outstanding Department contest. Each member of the winning department will receive 10 PMP's in any category they want. Good luck, and may the best department win.



UNITED FEDERATION OF PLANETS
 MILITARY DIVISION
 STARSHIP CREW PROFILE
 Stardate: 46010.4



NAME: Paul Christian Wegener
 RANK: Crewman 1st class
 POSITION: Medical
 SERVICE NUMBER: M237-452
 SECURITY LEVEL: 1
 RACE: Vulcan
 CHARACTER: Sabert



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On Feb 2, 1961 a son was born to Mr. and Mrs. Karl Wegener. They named their son Paul Christian. He is the middle child in a family of 5. He has 2 brothers and 5 nieces. His mother is from London, England and his father is from Samaden, Switzland. He and his brothers are the first generation to be born in this county. After going to Brighton High School. I serviced in the Little Rock, Ark. Mission. I Presently work for the Jordan River Temple.

I have had the pleasure to travel to Germany, Switzland, Austria, Switzerland. My hobbies are Star Trek, Painting miniatures, coin collecting and gaming.

I hope to be able give as much as myself as I can. My tuton... for the Kelly... advance to Fleet Admiral of the Medical Department. For me to achieve this... of the Kelly to reach my goal.

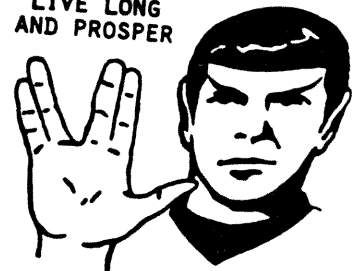
TO THE KELLY:

I Would like to thank each of you for coming to the Talent Show. It was because of you that it was a success.
 I Would like to Thank Pookie, Lt. Rouviere & Lt. Stark for the excellent work they did helping me to present the "First Annual Kelly Talent Show".

LIVE LONG AND PROSPER

T'ille

LIVE LONG
 AND PROSPER



438-051385



13.2 MEDICAL SYSTEMS

The Medical department onboard the USS Enterprise is charged with providing health care to the ship's company and all attached personnel. The extended nature of many starship voyages as well as the hazardous nature of Starfleet duty can make this a considerable challenge. Additionally, the diverse range of lifeforms both in Starfleet as well as on various destination planets dramatically increases the scope of the task.

FACILITIES

The Medical department, under the direction of the Chief Medical Officer, is principally located in two sickbay facilities on Deck 12. The primary facility, located on the port side of the ship, consists of two medical intensive-care wards, an attached laboratory, the CMO's office, and a small nursery. The second facility, located on the starboard side of Deck 12, is similar to the primary sickbay but features two dedicated surgery suites, a physical therapy facility, a nursery, and a full-gray therapy ward. Adjacent to the second facility is a dental care office and a full biohazard isolation unit.

These facilities provide the medical staff with an impressive complement of tools with which to handle an extraordinary range of medical problems for both known and presently unknown species. Capabilities include a fully equipped medical laboratory with advanced bio-assay and lifeform

analysis hardware. Also available are nanotherapy, genetic sequencing, and prosthetic equipment. Medical lab capabilities can be bolstered by employing the lab services of one or more shipboard science departments.

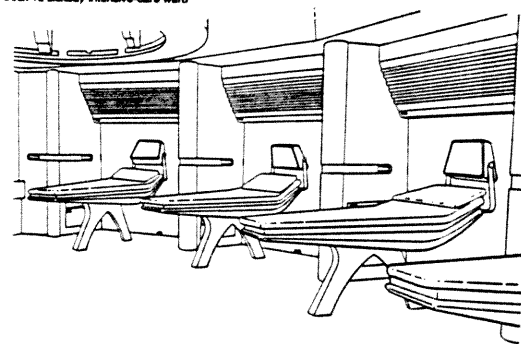
In a large-scale medical emergency situation, all three shuttlebays can be converted to medium- and intensive-care hospital facilities using quick-deploy emergency hospital modules. Additionally, lesser numbers of overflow patients can be handled by conversion of guest quarters on Decks 5 and 6 to medical intensive-care units (See: 16.3).

STAFF

Normal medical department staffing is four staff physicians (of which at least one must have training in emergency medicine), three medical technicians, and twelve registered nurses. Normal on-duty medical complement for first and second shifts is one staff physician, two nurses, and one medical technician. During the night shift, normal staffing drops to two nurses. These staffing figures are subject to upward adjustment, depending on patient load. In emergency situations, cross-trained personnel from other departments can be made available for medical duty. Approximately 40% of all crew personnel are cross-trained for various secondary medical functions.

A staff of eight to twelve additional research and laboratory personnel are also attached to the medical department.

Deck 12 sickbay intensive-care ward



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THE DOCTORS OF STAR TREK

In my log I mentioned that this Communique would be devoted to a medical theme. What is more medical than the doctors? And there have been quite a few of them over the years. The crew of the Kelly Medical Department have done some research on the various doctors who have been in Star Trek their reports are included in various areas of this Communique.

Some of the doctors are much better known than others because they have better/longer running parts. Some came up in the ranks and some are just mentioned briefly. I will try to get all of them included so that you'll at least be aware of their names if nothing else.

The first doctor was Phillip "Bones" Boyce who was the Chief Medical Officer of the Enterprise in "The Cage"

Number two was Dr. Mark Piper who was also C.M.O. on the Enterprise. He was in the second "pilot" "Where No Man Has Gone Before".

Number three is Dr. Leonard McCoy also known as "Bones". Longest lived of the doctors, he has been in the classic episodes, the movies as well as a "cameo" on the Next Gen. Who knows he may even show up on Deep Space Nine!

Number four is Dr. M'Benga who was a specialist of Vulcan medicine. He was in a couple of episodes and books.

The fifth doctor was in the classic episodes as Nurse Chapel and became a doctor by the time ST:TMP came on the big screens.

Our sixth doctor is in the next generation, Dr. Beverly Crusher she is now the Chief Medical Officer on Enterprise-D. She was off for one year and..

The seventh doctor came on the Enterprise, Dr. Kate Polaski. More like McCoy than Crusher was, she just didn't hit it off with enough people to stay/remain with the show, I liked her. We also had a Vulcan Dr. on the first season of The Next Gen. Her name was Dr. Selar.

Last but not least is Dr. Julian Bashir on Deep Space Nine. We have not written about him in this Communique because he had a very nice write up in last month's, besides he is our cover this time. What more do you want?



Dr. Mc Coy.....Classic

McCoy, Lt. CDR. Leonard, M.D. (DeForest Kelley) Age 45, black hair turning grey, marvelously blue eyes; Senior ship's surgeon and head of the Life Science Department. His service record reads, in part: commendations, Legion of Honor, Award of Valor, decorated by Starfleet Surgeons. He is highly cynical on the surface and a tremendous humanist inside; he has a running feud with Spock on any and every subject, which they approach from their different viewpoints. He has the professional attitude of an old fashioned general practitioner, believing that a little suffering is good for the soul, and he dislikes the idea of technology depriving man of his individuality. He is the least military and most idiosyncratic person aboard the Enterprise; he dislikes the transporter intensely (the thought of getting his disassembled molecules scrambled in transmission gives him the willies) but he uses it when necessary. McCoy was married once, divorced under circumstances he does not discuss, and has a daughter, Joanna, who is 20 and in training as a nurse. he is basically a gallant Southern gentleman, whose accent comes out in moments of stress or exhilaration.
from the Concordance

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I DON'T KNOW TOO MUCH ABOUT THESE TRIEBLES YET, BUT THERE IS ONE THING I'VE DISCOVERED...



THEY'RE CARNIVOROUS!!





Name: CRUSHER, Beverly
Rank Title: Commander Doctor
Position: Chief Medical Officer, *USS Enterprise*

Brief Personal History:

As a young child, Beverly was drawn to the practice of medicine on the Aliveta III colony where she was born. Ten years earlier, a plague nearly wiped out the planet's population. Her grandmother improvised medical treatment until a Starfleet relief vessel arrived. Beverly learned of the herbs and roots that her grandmother had used in her cures and fell deeply in love with medicine and helping others.

While attending Starfleet Academy, Beverly met Jean-Luc Picard and his close friend, Walker Keel. The three became fast friends, and it was Keel who introduced Beverly to Jack Crusher. She and Jack fell in love, married, and had a son, Wesley. They were together for most of their careers. However, when a berth opened up on the *USS Stargazer*, Jack Crusher took the opportunity to serve with his old friend Jean-Luc Picard.

That was the last time Beverly saw her husband. Captain Picard returned Jack's body to her, and Jack Crusher was honored as a hero of Starfleet.

Years later, when the position of Chief Medical Officer of the new *USS Enterprise* was posted, she did not hesitate to request the assignment. Though many at her Starfleet Review Board were concerned that she might harbor bad feelings toward Captain Picard, Beverly was steadfast. She and Wesley were assigned to the new *Galaxy Class* starship. She viewed the posting as a boost for her career, a chance to be near her son, and an opportunity to bury some of her feelings about the loss of her husband.

Personality

Beverly Crusher is forward and direct. If she does not like something, she will say so. She often appears to be cold, especially toward males. It takes her a long time to allow herself to open up to others.



"Worf IS developing a sense of humor."

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Dr. Boyce.....Classic

Boyce, Philip, M. D., is a highly unlikely space traveler. Well into his fifties, he's worldly, humorously cynical, makes it a point to thoroughly enjoy his own weaknesses. He's also engaged in a perpetual battle of ideas and ideals with José. Chaptian Pike's only real confidant, "Bones" Boyce considers himself the only realist aboard, measures each new landing in terms of the annoyances it will personally create for him.....from "The Making of Star Trek"
 Tall, craggy, white-haired; ship's surgeon on the Enterprise under Captian Pike. Amature psychologist, philosopher, bartender. Played by John Hoyt. He was in only one episode really but they used parts of the "Cage" for the episode "Menagerie" From the "Concordance"

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"SOMETIMES...A MAN WILL TELL HIS BARTENDER THINGS HE'LL NEVER TELL HIS DOCTOR." Dr. Phillip Boyce in The Cage

TIME, DECEMBER 28, 1992
 STAR TREK: THE NEXT FRONTIER
 by Janice C. Simpson

CLOSE ENCOUNTERS

"Trekkers have been waiting for this for years," says Michael Dorn, a.k.a. Lt. Worf on Star Trek: The Next Gen. "This" is the first Klingon kiss, which occurs in the episode airing the week of March 1. In the second half of a two-parter titled "Birthright," Worf falls for a Klingon teen (Jennifer Gatti), only to discover during a romantic interlude that she's actually half Romulan (a Klingon no-no). The resulting plot crisis was almost as angst-ridden as the shooting of the big smooch. "Jennifer and I analyzed it to death," says Dorn. "How exactly would Klingons kiss? Would it be tentative? Awkward? Sweet? Sexy? After a week of that we finally said, 'Hell, let's just film the thing and hope our false teeth don't hook together.'"

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With a dark, gritty new spin-off, the futuristic cult series moves into uncharted territory. The setting, while not exactly Blade Runner territory, is a desolate space station—a decidedly hostile environment. It includes a promenade with a space-age cash machine and a holographic brothel. Through it passes a contentious assortment of humans and aliens. Station Commander Benjamin Sisko, while as courageous and honorable as U.S.S. Enterprise captains James Kirk and Jean-Luc Picard, openly expresses his discontent with his hardship assignment.

What's going on here? Can this dark, gritty show really be the latest spin-off in the Star Trek saga—that seemingly never-ending cult series about a Utopian future in which knowledge and technology conquer disease and poverty and all the races and species in the universe coexist in near perfect harmony? Yes, Mr. Spock, this is Star Trek: Deep Space Nine, a syndicated show premiering the week of Jan. 4. It takes Star Trek, created 27 years ago by visionary producer Gene Roddenberry, further into uncharted territory than ever before, and is the first Trek venture initiated since Roddenberry died last year. "We've managed to create conflict without breaking the ideals of what the show is all about," says co-executive producer Rick Berman. "That's one of our rules: you don't mess with Gene's vision. We bend things a little bit, but I believe we bend them in the same way that he would have." They'd better. After all, a whole empire may be at stake. The initial 79 episodes of Star Trek, originally seen on NBC, are venerated as TV classics & are available on videocassette. A sequel series, ST:TNG, is in its sixth season in syndication and is seen by 20 million people each week, making it second only to Wheel of Fortune among syndicated shows. Six Trek movies have been made, grossing an aggregate of \$500 million.....

In most ways, DS-9 follows the familiar course charted by its predecessors. It is set in the same 24th century as the Next Gen. and deals with many of the political situations introduced in that show. Familiar faces from older series pop up: Enterprise captain Picard appears in the pilot, and another Enterprise crew member, Miles O'Brien, has transferred completely to become chief of Ops. for Deep Space Nine. "The synergy between the shows will become immediately obvious," says Michael Piller.

The primary conflict in the new series is between the warmongering Cardassians, who gutted and abandoned the space station after being forced out, and the spiritually minded Bajorans' appeal for help to the Federation, brings Sisko and a motley crew of officers to Deep Space Nine. There they interact with a constantly changing cast of aliens who pass through the frontier outpost. Like its predecessors, DS-9 will explore philosophical questions and social problems. Plots in upcoming episodes deal with topics like racial prejudice and single parenthood.

But the real stars of the new series are the set designer Herman Zimmerman and special-effects wizard Rob Legato. The basic set which fills three sound stages at the Paramount studios, includes a five-level operations command center, the crew's cavelike sleeping quarters and the 80ft. promenade. A good chunk of the \$2 million-per-episode budget goes toward eye-popping optical effects, like travel into the wormhole that provides shortcuts through space and gives the station its strategic significance. Before his death, creator Roddenberry "had gotten awfully mellow, and the show began to lose some of the excitement and nonsense and folderol that can make it fun to do," says his widow Majel Barrett, who provides the voice of the computer on all three series. DS-9 "lends itself to a lot more excitement. It will be different, and yet it will fit into his universe." As Roddenberry knew all along there are no final frontiers in the world of Star Trek.





Dr. M'BengaClassic

Actor Booker Marshall portrayed the character Dr. M'Benga in two of the original episodes of Star Trek. In a "Private Little War" he was the doctor on board the Enterprise who specialized in Vulcan Medicine, having interned in a Vulcan ward. When Spock was shot in the back by a flintlock, taken back to the ship, cared for by Dr. McCoy who did all he could to save Spock's life, he was attended by Dr. M'Benga. Kirk and McCoy returned to the surface. Dr. M'Benga instructed Nurse Chapel to do what ever Spock asked her to do after he started to regain consciousness. Spock does tell Chapel to hit him across the face and she does, however Scotty comes in and stops her. Then M'Benga comes back in and slaps Spock to consciousness thereby saving his life.

Dr. M'Benga had a small part in the show "That Which Survives" also. He tells Spock that Dr. Sanchez is doing an autopsy on Ensign Wyatt. And last but not least Dr. M'Benga was in the book "Deaths Angle". He was the "Silent Finger of Death" If you want to read a great book this is one!!!

Lt. (jg) T'Polle.....USS Kelly

47-57352

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M'Benga Class VII
Rescue/Hospital Ship

SHIPS OF THE GALAXY

Model Number--MK I
Number Constructed--13
Length- 220 M
Width- 88 M
Height- 55 M
Weight- 92,000 MT

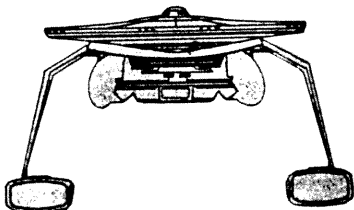
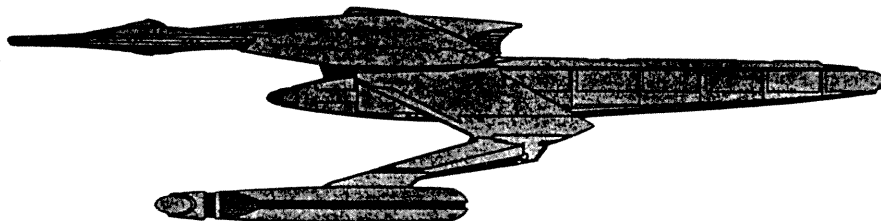
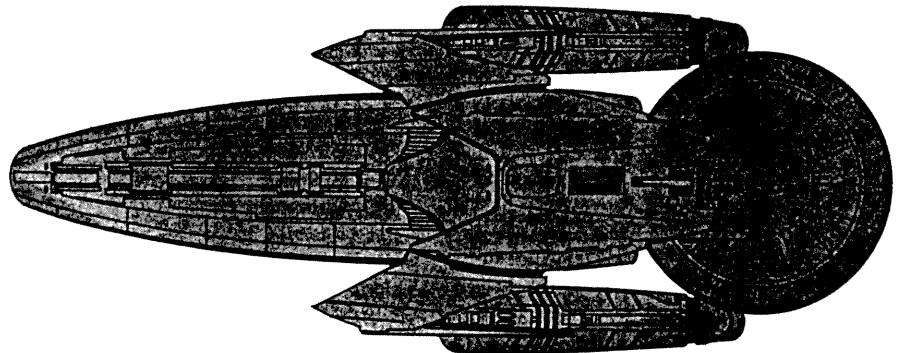
Crew- 130
Patients- 170
Shuttlecraft- 4
Max. Safe Cruising Speed- Warp 6
Emergency Speed- Warp 8

- NCC 10000 USS M'Benga
- NCC 10001 USS Salk
- NCC 10002 USS Stuben
- NCC 10003 USS Pasteur
- NCC 10004 USS Voris
- NCC 10005 USS Crenshaw
- NCC 10006 USS Shenvala
- NCC 10007 USS Barnard
- NCC 10008 USS Watson
- NCC 10009 USS Crick
- NCC 10010 USS Van Gelder
- NCC 10011 USS T'Klyrn
- NCC 10012 USS Hopewell

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LCARS

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With the expansion of the Federation's borders, Starfleet has recognized the need for a long-range rescue craft that can provide emergency medical support to distant colonies and to vessels in deep space. The M'Benga can carry a host of specialized laboratories and specialists in areas such as microbiology, immunology, xenobiology, and pathology. A M'Benga class ship also has numerous surgical, quarantine, low-gravity surgical, and intensive care units as well as enough medical and pharmacological stores for a medium-sized colony of a humanoid species. All M'Benga class ships are in service with the exception of the USS Crenshaw which was reported missing twenty days after it was launched.

Submitted by Lt. Carl Stark

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458-63545

357-852456

159-685632

28-68423

POEM AND ARTICLE FOR THE COMMUNIQUE by Claire Matlock McLean

After I met George Takei at the Star Trek Convention, I wrote the following poem for him and never got around to submitting it to the Communique, so here it is:

A POEM FOR CAPTAIN SULU*

Live Long and Prosper, Captain Sulu!
 May the Force Be With You all your days.
 May each sunrise that comes to greet you
 Find a winning smile upon your face.

This little poem of sunlight and smiles
 Is not what some may think it to be.
 We would be nothing without our trials,
 Like a sailing ship without a sea.

May you always have great adventures
 To prove your metal and bring you joy
 As Captain of the Starship, Excelsior.
 "Exhilarating, isn't it?!" (Oh boy!)

Who knows but one day your dream will come true
 On N-C-C-1-7-0-1-B?
 "The Voyages of Captain Sulu!"
 "Enterprise. . . you're magnificent to see!"

Live Long and Prosper, dear George Takei!
 Thank you for all your radiant smiles.
 Your presence brought the sunshine our way.
 Peace be with you for "millions of miles!"

* a.k.a. George Takei

My thanks to Lt. j.g. Jerry Millman for personally delivering a copy of this poem to George Takei before the convention ended. No, I haven't heard anything from Mr. Takei. It is enough for me to know he has a copy of it.

Perhaps I ought to introduce myself. I am Claire McLean. I was very impressed with Suzanne Reading's article about herself in the last Communique & hope I can do as well. I haven't done much on the USS KELLY, as I have a 16-year-old daughter in a care center who is slowly dying of Battens Disease, and a son (who'll be 6 in March) with Downs Syndrome and a husband who is a blind diabetic. most people are familiar with Diabetes and Downs Syndrome but only about 5% of the nation's doctors have ever heard of Battens Disease. AKA Neuronal Ceroid Lipofuscinosis (NCL), it is a "genetic devastating neurological, degenerative disease," as described in the pamphlet from the Children's Brain Diseases Foundation in S.F., CA. There are 4 types of Battens Disease: Infantile, Late-Infantile, Juvenile and Adult. My report will be about the juvenile form that my daughter Emily Meacham has, and that my older daughter, Erica Meacham died of when she was 15 yrs. old.

LCARS

35-45201

The juvenile form of Battens Disease is called Spielmeyer-Vogt. It usually starts with blindness (Retinitis Pigmentosa) between the ages of 5 & 10 yrs. Erica and Emily started going blind when they were 5 yrs. old. No, there is no indication that anything was wrong with them when they were born. They were very highly-intelligent, very creative, very busy, and ...very spiritual.

About 3 yrs. after she went blind, Erica began having epileptic seizures. The neurologist put her on Dilantin. Another year past and she began stuttering and was losing her edge in gymnastics and creative dancing due to increasing clumsiness. He began suspecting Erica was suffering from something worse. At the U of U Medical Center she was tested for everything for a solid week. Several weeks later, the test results came back from the East. She had The fatal Spielmeyer-Vogt. Her IQ had dropped to 70 which we said was impossible since she had been reading since age 2½, but the Dr. was telling us that her brain was deteriorating.

What causes this? Simply put, we can pretend that the brain is a city and the sanitation department is missing (a missing enzyme), so garbage collects on the neurons and destroys them because the enzyme isn't there to take it away. (There is still very little understanding of the specific causes or biochemical mechanisms involved).

It is the most common of the childhood neurodegenerative diseases. It is carried as a recessive gene

The emotional and economic impact of the afflicted individuals and their families is overwhelming.

A paper written by Coen G.A. de Jong describes the symptoms and the impact this disease has on children. Here is some of it reworded and abridged. At first the child is able to react almost normally; this lasts through an unpredictable number of years...

1. Increasing loss of vision (Retinitis Pigmentosa). The child must learn to read and write in Braille, use a cane for mobility, and adjust to new teachers, classes, friends, etc.
2. Seizures. There are many kinds of seizures, but this child is usually afflicted by psycho-motor seizures. Good friends who remain good friends in spite of seizures or blindness are rare and appreciated beyond words.
3. Mental Retardation. It becomes increasingly difficult to remember new things. Even though the IQ will drop within the range of mental deficiency, the Battens child does not seem mentally retarded. This is often because of the normal childhood already experienced has left unmistakable traces of intelligence. The Battens child also recognizes what is happening and can compare their situation with other children. This is a very tragic part of this disease.
4. Gradual loss of speech. The loss of language ability and communication may be the worst disaster to the Batten's child. It's extremely painful for the parents and other people close to them as well.
5. Decreasing motor control. Loss of motor control leads to the eventual confinement to a wheelchair. The Battens child misses out on body warmth from hugs and normal physical contact with family members and remaining friends. Often, there is a change in personal relationships when one is suddenly required to use a wheelchair. This is also a very hard adjustment for a child like Erica who was very active, strong-willed and highly independent.
6. Loss of swallowing mechanism. This usually occurs during the final phase of Battens Disease, after the child has become bed-ridden and totally dependent on others for everything. This leads to tube-feeding. Some live for only about 6 months to a year; others, for years. Life-expectancy differs with each child, but the usual age of death is in the late teens or early twenties. Pneumonia usually sets in and most parents sign a "DNR" form (Do Not Resuscitate) at this time.

Emily has reached the point where she is confined to a wheelchair. She has lost her ability to verbally communicate, and it takes her a long time to eat because of her gradual loss of tongue control and difficulty in swallowing. Her faith in her Redeemer is very, very strong, and her glowing face and upward-glancing eyes speak untold volumes of hope and joy in the life beyond our mortal vision. And she enjoys "Star Trek", too, just like James (our Downs child).

Live Long and Prosper, everyone, and May the Force Be With You--Always!

50-321560

LCARS

16-22593

553-64854

206-840397

46-856840

32-40543

20-45678

458-63545

357-852456

159-685632

28-68423



LCARS

35-45201

Report on the Kelly Talent Show by Suzanne Reading

Even though it was cold and cloudy outside the Sandy Library Saturday Feb. 6th., inside the large meeting room the climate was warm and inviting. As the "acts" were getting ready we were able to view the talents on display, some flowers, and head bands from Pat Conrady's wedding that she made. A plate that Rachel Walker made with the Enterprise on it. A beautiful handmade quilt that was designed and hand quilted by Ruth and the incredible artwork by Ruth Burns. Soon the show began with Carol Paton as Spic and Carl Stark as Span doing a cosmic imitation of Wayne's World while they were M.C.'s for the show. They introduced Commander Henline, who received a Collywobble salute from their ship's commander. He then took care of ship's business, announcements, promotions and orders. After he welcomed the Kelly members and their guests, the show was on. Oh, by the way one announcement that was especially exciting was about the up coming marriage of Paul Wegener and Debbie Speth on June 18th, 1993! The two met through their membership on the Kelly! CONGRATULATIONS DEBBIE AND PAUL!!

Then Spic and Span started off with their pick of the Top 10 Babes in the Galaxy. Everyone got a kick out of the suggestion that Ilea from Star Trek the Motion Picture may be Picard's twin! Dax of DS-9 was described as "an older woman with a chaperon." They also picked Worf-as they are equal opportunity Babe Watchers! They also chose Lwaxana Troi as a top ten babe...NOT!

Next act was Dave Powell a.k.a. Issiac Asimov, who gave us the history of the National Anthem and then played a tape of the voice of Issiac himself singing it. Betcha didn't know it really was Issiac singing, huh? It included four unknown or "lost" verses of the nation's song.

Span returned with "Kelly Episodes we would like to see on Star Trek," like "Star Trek 7: the Wrath of Kimber (She's Baaack!)" and A Fistfull of Nada's" (the rest will not be repeated out of respect for our C.O.!).

Next we were treated to the incredible musical talent of Claire McLean as she did a fabulous rendition on the piano called "Galaxy Hopping." You had to hear it to believe it, she brought tears to several people's eyes and she received a standing ovation from the entire room!!!

Rex Rouviere showed what a security risk he could be when he was tied up with ropes and then handcuffed. He proceeded to demonstrate his talents as an escape artist but only after he first shed a few layers of clothes to really catch our attention!

We then heard from Commander Henline who did an "Ode to Pookie," quoting Data's "Ode to Spot" from ST:TNG's 6th. season episode "Schizms". Then as the rebuttel he played a tape of a hilarious song called "Kill a Cat".

Next we were again honored to hear from Claire McLean who played "Starship Children". She received a second standing ovation! I hope the video Jerry Millman took of her performance is shown at a Kelly activity soon for the benefit of not only those who were not at the talent show b t to also allow those who were there a chance to hear her again!

Steve and Charlene Harmon sang a hysterical, "politically correct" version of the eil Diamond/Barbara Striesand song " ou Don't Bring me Flowers". Steve played the piano and they both sang. This too, would be great to see again on video, it was really funny!

From the alien section:

Heidi Wessman performed a Klingon opera that she had written (as interperated by a Romulan!) and Rob Russell closed the show with the balcony scene from "Romeo and Juliet" spoken in "the Origional Klingon". Well done both of You! After the show was over we retreated to Debbie's and were treated to a "Tribute to Troi" put on by Suzanne Reading, Deanna Cunningham and Treanna W., who showed off their baking talents and supplied us with enough chocolate to last a month! We had chocolate mousse, chocolate pizza, chocolate cookies, chocolate mousse pie, hot chocolate and Black Forest Cake!

There were over fourty crew members and guests attending and everyone seemed to have a great time. Thanks to all who shared their time and talents! Most of all a special thank you to Debbie Speth who put a lot of time and effort into organizing this event and making sure it was a success; it was great Debbie!!!

Suzanne Reading

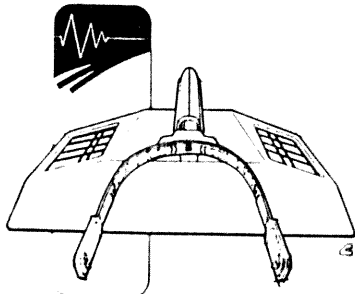
MEDICAL EQUIPMENT



NEURAL STIMULATOR

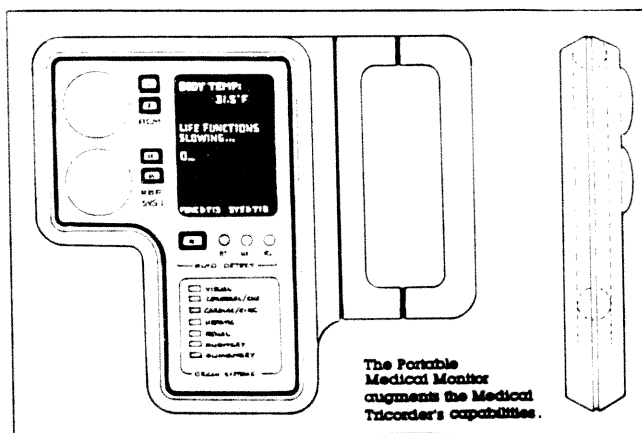
The neural stimulator is used as a medical device of last resort. It functions in the same manner as a 20th-century heart stimulator, except that the neural stimulator directly stimulates the neural pathways to restore brain functions rather than delivering an electrical shock to the heart.

If a character suffers a mortal injury and all other normal methods fail to save him, a neural stimulator may be used. The attempt is made with a +25 modifier (effectively negating the Sick Bay Modifier). If successful, the character's wounds heal and normal healing can take place. Multiple attempts can be made, but each use of the stimulator does an additional 5 points of damage to the injured character.



47-57352

538-654321



The Portable Medical Monitor augments the Medical Tricorder's capabilities.

DIAGNOSTIC BED

Modern starships have the new model diagnostic bed, which displays all information about a patient on the body cover and on the adjoining wall panel. The bed itself contains a sensor net weaving that gathers information from all parts of the body. Alarms indicate abnormal readings, positive identification of illnesses, and potential long-term threats to the patient.

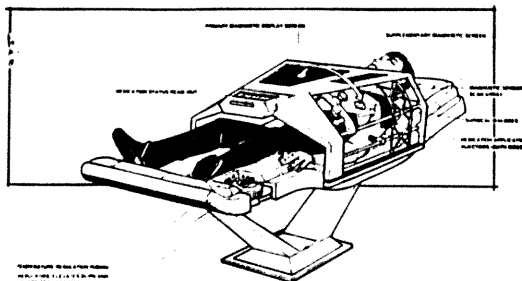
A fold-away platform can be positioned over the patient and holds a standard sterilization field, dispensing systems for intravenous medicines, a cardiovascular stimulator, and an auto-respiratory stimulator.

A player with the minimum skill level receives a +20 modifier for any diagnosis that he is attempting, along with the normal healing advantages for having a fully equipped medical facility available.

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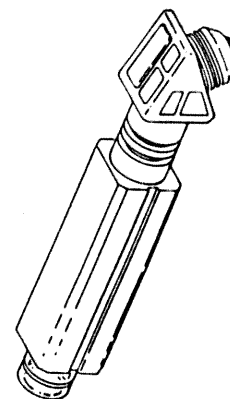


STANDARD STERILIZATION FIELD
CARDIOVASCULAR STIMULATOR
AUTO-RESPIRATORY STIMULATOR

HYPO SPRAY

Subcutaneous and intravenous administration of many types of medication is accomplished with the hypospray. This device employs a pinpoint high-pressure low-volume microscopic aerosuspension stream, which permits low-viscosity medication to be administered through the epidermis without mechanical penetration. Certain types of medications can be formulated for a somewhat wider spray pattern, resulting in lesser penetration into the epidermis, but yielding a higher rate of absorption due to the greater skin area exposed to the drug.

Standard hyposprays are designed to accept a standard medication vial, which can be changed as required. Field hyposprays are normally loaded with an inert saline solution that serves as a vehicle fluid for any of five user-selectable concentrated emergency medication ampules.



13.3 MEDICAL TRICORDER

The medical tricorder (MT) consists of a standard tricorder, to which is added a specialized medical peripheral (MP) device. This peripheral, one of a number of dedicated auxiliary computing options available to Starfleet crews, adds many powerful sensor and analysis functions to those used by sickbay personnel aboard the ship.

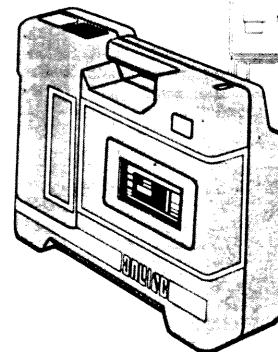
The MP comprises two components, the computing section and deposable, high-resolution sensor. The MP works with the standard tricorder user interface to access all of the normal and added functions, in both shipboard and field operations. It measures 8.5 x 3.0 x 3.0 cm and masses 80 g, bringing the total tricorder length to 15 cm, and mass to 430 g. As with the standard tricorder, the case is constructed of micro-crystalline duranium foam. The major components include an auxiliary barium fluoride power cell, sensor assemblies, peripheral processing block, and memory storage units. Power is not tapped from the main supply in the standard tricorder unless required, and cells in both sections can be recharged through the standard tricorder induction circuit. Total operation time is eighteen hours.

The peripheral sensors encompass 86 electromagnetic devices mounted about the internal frame, upper and side panels of the casing, and the forward section of the hand sensor receptacle. Each maintains an FOV lower limit of 1/4

degree. None are omnidirectional, but specialized for focused medical readings. The hand sensor incorporates fifteen high-resolution devices for readings down to thirty seconds of arc. Active and passive scans provide detailed diagnostic readings of total body mechanical processes, organ system function, disease organism infiltration, and body electromagnetic conditions. Combined readings can synthesize images and numerical readouts to aid sickbay personnel in identifying biological antagonists and determining courses of treatment.

The MP computer capabilities are contained in the medical database computer/analysis subsection (MOCAS) attached to 101 sensors. The MOCAS manages incoming data, prioritizes processing tasks, routes processed data, and manages control and power systems. It is rated at 1.5 x 10¹⁴ calculations per second. In the field the database section draws upon an updatable file of known medical conditions for most humanoid types and 217 DNA-based nonhumanoids. When operating aboard ship, the MP can draw upon the entire medical database of the USS Enterprise as well as the files allocated to other disciplines.

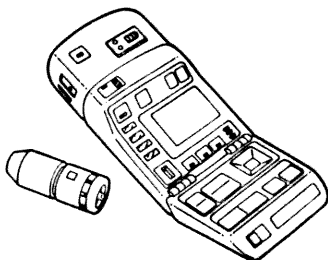
A wide selection of tomographic and micrographic scans are included in the default device settings. The function controls of the standard tricorder may be used to configure custom scan modes for the case-mounted and hand sensors, with menu choices visible on the main display screen.



MEDICAL SUPPORT KIT

This standard first-aid kit provides an Away Team with a diagnostic wand, a hypospray, three 100cc ampules each of a respiratory stimulant, pain suppressant, and general stimulant; four 4.5-centimeter plasticine splints; sterilized pressure bandages; fluorocarbon skin-graft replacements; anti-radiation tablets; water purification tablets; and spare data crystals and power packs for a medical tricorder.

The kit gives a character a +5 modifier when applying emergency first aid.



13.3.1 Medical tricorder and scanner peripheral

KELLY COMMUNIQUE INDEX
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Vol. 1 - Oct. 1989
Cover: USS Enterprise NCC 1701-D
Stardate: 43100.1
Stargazer: Various Actors
Crew Profile: Captain Dennis R. Hollinger
Data Banks: You are an Alien Too.

Vol. 2 - Dec. 1989
Cover: Surface of an alien planet.
Stardate: 43130.1
Article: Ship's Status
Crew Profile: Ruthann Svenson
Ask Number One: Rank Advancements, Changes in the 3rd. Season

Stargazer: Various Actors
Data Banks: Letter from Richard Arnold
Article: The Borg

Vol. 3 - Jan. 1990
Cover: Deanna Troi
Stardate: 43131.7
Article: Convention Report.
Crew Profile: Mark Griffeth
Newspaper Article: Marina Sirtis.

Vol. 4 - April 1990
Cover: Kirk, Spock, McCoy.
Stardate: 43310.5
Ask Number One: USS Kelly
Crew Profile: Richard L. Henline.
Stargazer: LeVar Burton.
Data Banks: Star Trek Clubs.
Article: Keeping Peace in Our Galaxy

Vol. 5 - June 1990
Cover: USS Enterprise vs. Romulan Warbird.
Stardate: 43645.1
Data Banks: The Sun.
Data Banks: Letter from Richard Arnold
Article: Third Season Episodes
Article: Unused ST:TNG Scripts
Ships of the Galaxy: Coral Sea Class Battlecruiser.
Article: Writer's Technical Guide.
Stargazer: Brent Spiner
Article: Kirks Among Us.

Vol. 6 - August 1990
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Article: Kelly Kampout.
Data Banks: Letter from Carlos S. Rivera
Crew Profile: Deanna Marie Oliver.
Article: Alien Nation Cancellation
Stargazer: Wil Wheaton.

Vol. 7 - October 1990
Cover: Locutus
Stardate: 44100.9
Article: Bowling Activity.
Stargazer: Michelle Nicols.
Crew Profile: Cynthia Claytor.
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Article: Spock: thoughts on space & science.
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Data Banks: Letter from USS Alioth.

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Data Banks: Size Comparison Chart.
Article: Visit to Crossroads Mall.
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Article: Dream Land.
Ships of the Galaxy: D-12 (Death Boot) Class IX Cruiser.

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Newspaper article: Trek Warps Past Original.
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Stargazer: Whoopi Goldberg.
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Newspaper Article: The Former Frontier.
Article: Star Trek VI Rumors.
Article: The Art of War.
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Newspaper Article: Local Star Trek Convention.
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Convention Report: Creation Con in Salt Lake City.

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Article: Top Ten List of Episodes We'll Never See!
Crew Profile: Kelly Taylor
Article: Write On!
Data Banks: Crew Complement.
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Crew Profile: Bob Q. Dinklemeyer.
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Vol. 13 - Oct./Nov. 1991
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Article: 25 years with Gene Roddenberry.
Article: Holodeck Yard-Sale.
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Crew Profile: David Manning.
Article: Shore Leave with the Trappers.
Article: Unused ST:TNG Story Ideas.

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Crew Profile: Ruth J. Burns
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Article: This Activity gets an AB-

Vol. 15 - March/April 1992
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Ask Number One: Klingons.
Crew Profile: Rex Rouviere.
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Article: Kelly Tubing Party.
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Vol. 16 - May/June 1992
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LCARS

35-45201

Vol. 19 - Nov./Dec. 1992

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 Ask Number One: Arrowhead Heraldry
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 Crew Profile: Debbie Speth
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 Tribbles
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 Data Banks: Size Comparison Chart.
 Article: Deep Space Nine
 Stargazer: DS-9 Cast.
 Article: The Cardassians.
 Article: The Next Next Generation
 Article: 6th. Season Episode Guide



Mae Jemison talks with Ashley Lester, 6, a student at the newly dedicated Mae C. Jemison Academy in Detroit.

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LCARS

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TO BOLDLY GO.....

One of the things that I wanted to share with the crew of the USS Kelly was some of the history of space travel. One person in particular was very much in the for-front of our budding NASA and she never really went into space. Nichelle Nichols who played Uhura. Shortly after the series was cancelled NASA contacted her to help them interest minorities and women into the space program. Not only did she help to get all sorts of people interested in the space program but she inspired the first black female astronaut to go into space. Not only did Nichelle inspire Mae Jemison to go into space but she was instrumental in her getting the scientific education needed by someone who wanted to go into space.

In August of 1992, Mae Jemison became the first black woman to venture beyond the planet when shuttle mission STS-47 Spacelab J departed from Kennedy Space Center, Florida. Jemison also stood out because of her impressive credentials. When she was selected as one of 15 trainees out of 2,000 applicants in 1987, Jemison was already a physician and a chemical engineer. Now, with "astronaut" added to her resume, she continues to shatter stereotypes about the role of women and of peoples of color in areas long dominated by white males. For the past five years, Jemison has resided at the Johnson Space Center in Houston, Texas. She was one of two women in the seven-member crew aboard STS-47--a cooperative mission between the USA & Japan. Jemison acted as science mission specialist. "People often call us the scientist astronauts," said Jemison. "We'll be doing two shifts of experiments around the clock, trying to figure out how human beings function in space." Among those experiments were some fo particular significance to women. "In space humans lose calcium from the bones and women lose more the longer we stay up there," explained Jemison. "You start seeing the effect after ten to twelve days. Women are more prone to osteoporosis and black people tend to have heavier bone skeletons than whites, but we don't have a lot of data on women. The longest a woman has been up is ten days. The real issue is how to keep people healthy while they're in space."

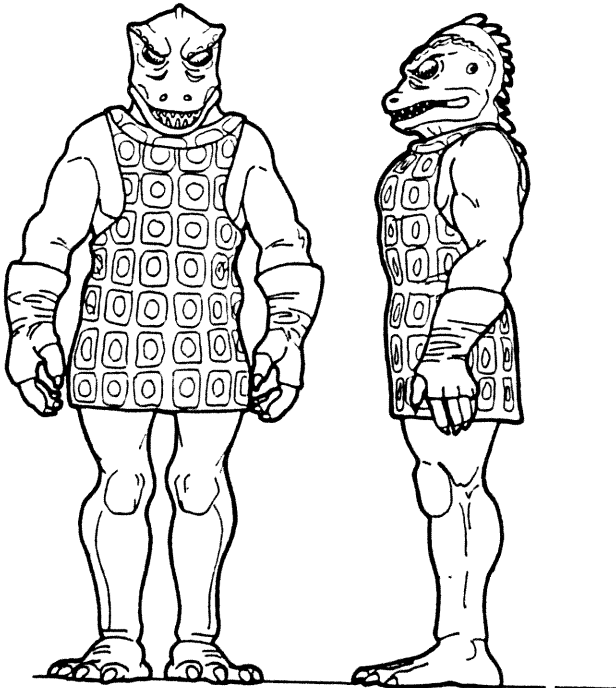
Most of this was taken from an article submitted by Lt. Pat Conrady I just added a few comments at the beginning. R.



KNOW YOUR ENEMY

&

KNOW YOURSELF...

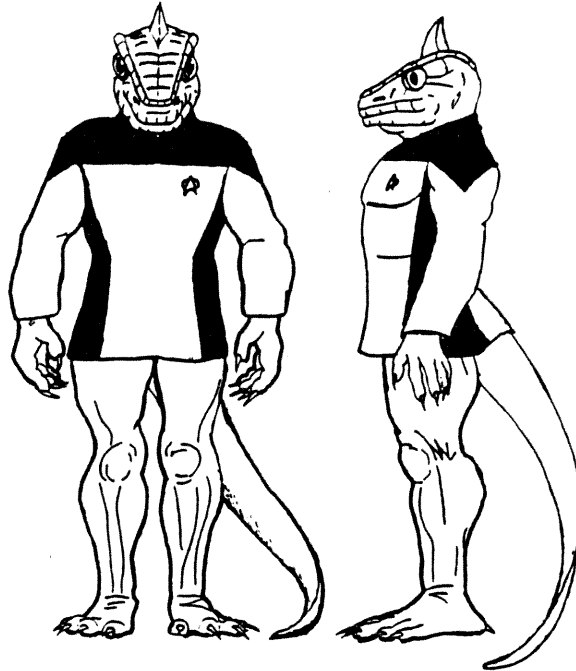


GORNARAN ARCHOSAUR
(GORN)

The Gorn are a race of intelligent reptiles that are bipedal and approximately seven feet in height. Green-gray in color, they appear to be descended from creatures much like the carnivorous tyrannosaurids of prehistoric Earth. They are cold-blooded, and spectral analysis has shown that their home planet is most likely a warm, tropical jungle world. Their brains are devoted largely to conscious thought and speech, with little cerebral mass involved in the operation of the muscles of the body. As a result, their movements are slow and deliberate, yet very powerful. The Gorn eye is multifaceted, with a hard outer covering that protects the inner lenses. Their ears are quite sensitive and can detect a wider range of frequencies than humanoid ears.

NOTICE...NOTICE...NOTICE...

Carol Paton is putting together an art/literary magazine and she wants people who are interested in submitting their work to start thinking about it and to get in touch with her to find out how the whole thing will work.



REPTILIAN DINOSAUR
(T'REX)

Reptilians-

The planet T'Rex's people come from is never mentioned, but they are known colloquially as "Reptilians" or dinosaurs. Their homeworld was recently devastated by another spacegoing reptilian race, probably the Gorn, we don't know. The survivors, possibly as few as 10,000, have relocated to a new world in an undisclosed system. They are very sensitive regarding the subjects of race & homeworld. They are probably distant cousins of the gorn, but despise them. They are smaller in size than the Gorn (averaging 6½' tall) & much faster. The Reptilians are capable of high bursts of speed when running & can chase down most other sapient life forms. They are very powerful in strength, like the Gorn, but have a different eye structure. They have large irised, gold colored eyes that can move independently, but many are color-blind. Reptilians also have a long thick tail which helps them balance while running and propel them while swimming. They are carnivorous & require LIVE food once a week. They will NOT eat with any other life forms, and please don't ask T'Rex to show you how to do the Vulcan neck pinch.

--Lt. Rex Rouviere

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LCARS

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10.3 EMERGENCY MEDICAL OPERATIONS

At first glance, it might appear that the *Galaxyclass* USS *Enterprise* is overequipped for medical support. While the normal mission of the medical department is to provide health care for the ship's crew and attached personnel, this is a relatively small task considering the standard long-term crew complement of about a thousand individuals. However, the Medical Department must also be capable of responding to a wide range of medical and emergency situations. These scenarios include emergencies on other spacecraft, planetary disasters, and bacteriological and other exobiological threats, as well as crises involving nonhumanoid patients.

One of the key provisions for emergency preparedness is the requirement that at least 40% of crew and attached personnel be cross-trained for various secondary assignments including emergency medical, triage, and other disaster response functions. (Other nonmedical support secondary assignments include Engineering and Security duties.) Yellow and Red Alert protocols call for cross-trained personnel with noncritical primary assignments to be available for their secondary assignments as necessary.

Emergency medical facilities are designed to significantly increase the patient-load capacity of the *Enterprise* sickbay. Depending on the severity and patient load, different options are available.

Large numbers of patients can be handled by emergency conversion of one or more shuttlebays into triage and treatment centers. The main shuttlebay is equipped with five portable emergency hospital modules, which can be set up in the flight deck area, providing up to five triage and surgery wards. Three additional emergency patient care modules can provide up to seventy-five intensive-care beds and 530 medium-care beds. Shuttlebays 2 and 3 are each equipped with one hospital and one emergency patient care module. These emergency care facilities are equipped for full triage and protocol, minimizing exposure risk to *Enterprise* personnel.

Additionally, Shuttlebay 3 includes hardware for short-term conversion to Class H, K, or L environmental conditions, intended for nonhumanoid populations. Note that the use of shuttlebay facilities for medical service will necessarily impact shuttlecraft launch and recovery operations, a factor that can be significant during evacuation scenarios. For this reason, large-scale evacuation involving shuttlecraft support will generally make use of sickbay and other facilities first, before shuttlebay conversion procedures are invoked.

Fewer numbers of patients can be handled by conversion of other facilities. Guest quarters on Decks 5 and 6 are convertible to medical intensive-care use, and utility holdups

to these compartments include biomedical telemetry links and medical gas connections. The ship's cargo bays, gymnasiums, and other recreational facilities can also be converted to emergency medical use. All of these compartments are stocked with medical conversion kits, which provide necessary hardware and standard medical supplies. Additionally, during noncrisis situations, one or more Holodecks can be converted to patient care use. While this is a very convenient procedure, it is also very energy-intensive and is not normally employed for long-term care or during alert situations.

Supplementing emergency medical supplies, contingency preparedness scenarios include provisions for large-scale replication of supplies and hardware. Nevertheless, because energy availability for replication may be severely limited during crisis situations, emergency plans are designed to depend primarily upon the use of stored supplies.

A typical emergency situation might be a case where a severe explosion has injured 150 crew members on a starship. The *Enterprise* medical department response might be as follows:

After the determination of the existence of the emergency situation, the Chief Medical Officer would receive a report from the Main Bridge. The CMO would consult with the Commanding Officer as well as the Security Officer to determine that the accident site is sufficiently safe for *Enterprise* personnel to transport over. Such determination would generally be based on sensor scans of the accident site.

A survey and triage team would then be transported to the accident site. The CMO would normally lead this team, evaluating the extent of casualties and on-site requirements. Simultaneously, the medical staff on the *Enterprise* would be preparing sickbay and secondary treatment areas for the imminent arrival of patients.

At the accident site, the triage team would separate patients into one of three categories:

1. Individuals whose injuries are not immediately life-threatening and do not require immediate transport to the ship;
2. Individuals whose injuries are severe enough to require immediate attention but can be successfully treated; and
3. Individuals whose injuries are so severe that they are beyond help.

Individuals in the second category are prioritized for transport to the ship. The triage team does not administer any actual patient care (except for airway management) because to do so would slow triage processing to an unacceptable rate.

The CMO may opt to supplement the on-site triage team with an on-site treatment team, although treatment in a controlled on-ship environment is usually preferred.

Using all personnel transporters aboard the *Enterprise*, a maximum of approximately one thousand individuals per hour can be evacuated to the ship. If the number of casualties is relatively small, site-to-site transport can be used to beam the patients directly to the on-board treatment area. Otherwise, patients are beamed only to the transporter rooms and then shuttled to the treatment area by gurney. This is because site-to-site transport effectively halves the capacity of the transporter system.

While on-site triage is underway, conversion of secondary treatment areas would be prepared, using medical conversion kits. For major disasters, hospital and emergency patient care modules can be deployed, providing full-scale surgical and intensive-care facilities, if necessary, these conversions can include complete biohazard protocols.

Once patients are received onboard, treatment teams would include all available medical staff. The medical staff would be supplemented as needed by additional cross-trained personnel from other departments.



50-321560

PLEASE NOTE!!!

HORTA EGG HUNT ON

APRIL 10, 1993

Second annual Horta Egg Hunt will be put on by the medical dept. Please sign up to tell how many eggs you want (adults too). We need donations, sm. toys, wrapped candy, strong round balloons for eggs. Please remember this is for your kids, and everyone needs to donate their share. Sign-up at activities, call Pat or Ruth if you miss it.

DESERET NEWS, SATURDAY, JANUARY 23, 1993

Television

'ST:TNG' will return in the fall for its 7th season---probably Scott D. Pierce Television editor

LOS ANGELES--Pending contract talks with Patrick Stewart, "Star Trek: The Next Generation" will return this fall for its seventh season. At least, that's the way things look at Paramount.

Stewart, who plays Capt. Jean-Luc Picard, denied reports that he is definitely not returning after the end of this season. "That's in negotiation," Stewart said rather testily.

"The studio is presently discussing this with all the actors," executive producer Rick Berman told television critics.

But Jonathan Frakes, who plays the *Enterprise*'s first officer, Cmdr. William Riker, said that's not exactly true. "The only one they're talking to right now is Patrick. Here we are, top syndicated show, and they haven't even talked to any of the rest of us," he said wistfully. Frakes was under the impression that Paramount is trying to lock Stewart up before it goes after the other cast members. "I'd love to come back just as long as they want me," he said. "I just wish we had some idea whether it's going to happen or not."

Berman, for his part, seems quite certain that there will be a seventh season of the show. And he confirmed the long-circulated rumor that a "Next Generation" movie is on the drawing boards. "Yes, there are definitely plans underfoot for a 'Next Generation' feature film," he said. "As to when it's going to be...I don't believe there is a target date right at the moment. And as far as how much more 'Next Generation' there's going to be, there is certainly envisioning a seventh season beyond the present sixth season. And after that, who knows?"

Of course, any "Next generation" feature would also require negotiations with the actors, something the studio hasn't done yet. When asked if he'd been approached about such a project, Stewart said, "Actually, no, only for the seventh season."

Submitted by Cindy Claytor, Lt. (Jg) Chief of Science

LCARS

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KELLY COMMUNIQUE










MAR/APR 1993

MONTH MARCH YEAR 1993

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3  James Doohan	4  Justin Rouviere	5 Kelly Activity Commanders house 7PM	6  Happy Birthday Darren Hansen
7	8 Security Meeting 	9	10	11	12 Science Meeting	13 Medical dept. make Horta egg Ruth's IIAM Tacticle dept. personal away mission
14	15 Happy Birthday Charlene Harmon	16 Senior Officers meeting 8PM	17 	18  Billy Craig	19	20  John De Lancie
21	22  William Shatner	23	24	25	26  Leonard Nimoy	27 Tactical Mtg. Shuttle construction.
28	29  Marina Sirtis	30	31	FYI: Feb. 27 TV GUIDE PG. 5 WHAT I WATCH Patric Stewart. "The one show I try not to miss is Cheers. It's wittiest show I've ever seen, and Ted Danson is delightful."		

50-321560

MONTH APRIL YEAR 1993

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FYI: TV GUIDE FEB. 27th. In the top 10 for Teens at # 10 is; Star Trek: The Next Generation David Bianculli, New York Post says, "New space cowboys boldly exploring where no one has gone before." Why They'll Watch It: "Both the new and the original series are like westerns--a sense of danger and discovery on new frontiers." What They'll Get From It: "A team of people of different backgrounds working to help one another." D. singer Yale Fam. TV.						
4  Rex Rouviere	5 Security Mtg. 	6	7	8  Happy Birthday Grace Lee Whitney David Manning	9	10 Horta Egg Hunt 2PM 
11  Easter	12	13	14  Debbie Speth	15	16 Science Mtg. 7PM	17 Tacticle Mtg Shuttle const.
18	19  Vicki Rouviere	20 Senior Officers meeting 8PM Happy Birthday George Takei Cindy Claytor	21	22	23 Away Team to Convention in DENVER----- 23rd., 24th. & 25th.	24 
25  Happy Birthday Ruth Burns	26 Away Team returns from Denver	27	28	29	30 CONduit 3 April 30th thru May 2nd.	

LCARS

16-22593

553-64854

206-840397

46-856840

32-40543

"CAPTAIN! **QUOTE OF THE MONTH**

I SHRUNK THE
COMMUNIQUE!!!

"CAPTAIN!

I SHRUNK THE
COMMUNIQUE!!!

**HAILING FREQUENCIES
CLOSED**

"CAPTAIN!

I SHRUNK THE

COMMUNIQUE!!!

Editor

LIEUTENANT (j.g.) RUTH BURNS

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