

ARMY MEDICINE

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**Lt. Gen. Horoho Relinquishes  
Command of MEDCOM**

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A worldwide publication telling the Army Medicine Story



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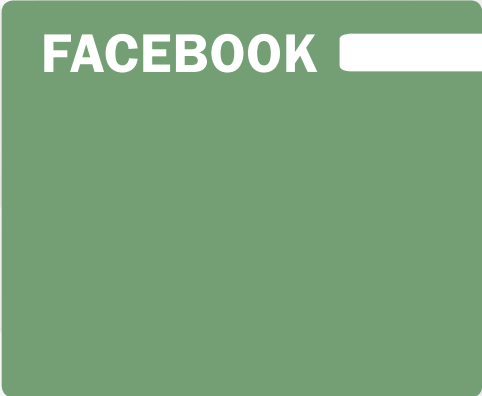
# The Mercury is going online

Thank you for your continued support of the Army Medicine Mercury over the past 43 years. For 41 years the Mercury had been a printed form of news, in 2013 it became a downloadable PDF, and beginning January 2016 the Mercury will be in an online news format. Today's news is immediately accessible and convenient and we want you to be able to access Army Medicine news sooner and easier. Look for our stories daily at [www.army.mil/armymedicine](http://www.army.mil/armymedicine) or subscribe to the Rich Site Summary (RSS) feed at [www.army.mil/rss/127](http://www.army.mil/rss/127).

Mercury archives beginning January 2012 can be accessed at [armymedicine.mil/Pages/the-mercury.aspx](http://armymedicine.mil/Pages/the-mercury.aspx), all previous Mercury archives can be accessed at: <http://stimson.contentdm.oclc.org/cdm/landingpage/collection/p16379coll1>

## STAY CONNECTED WITH ARMY MEDICINE

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Lt. Gen. Patricia D. Horoho, 43rd Army Surgeon General/Commander U.S. Army Medical Command relinquishes command to Maj. Gen. Stephen L. Jones, U.S. Army Medical Department Center & School/U.S. Army Health Readiness Center of Excellence, MacArthur Field, Joint Base San Antonio, Fort Sam Houston, TX, Dec. 3, 2015. (U.S. Army photos by Francis S. Trachta)

## Lt. Gen. Horoho relinquishes command of MEDCOM

By Kirk Frady, *Army Medicine*

FORT SAM HOUSTON, TEXAS (Dec. 3, 2015) -- Lt. Gen. Patricia D. Horoho passed the flag to Army Vice Chief of Staff Gen. Daniel Allyn during a ceremony at Fort Sam Houston today marking the end of her tenure as the Army's 43rd Surgeon General. Horoho assumed command of the United States Army Medical Command on Dec 5, 2011 and was sworn in as the 43rd Army Surgeon General on Dec. 7, 2011. She was the first female and first nurse to command the Army's largest medical organization.

During her remarks, Lt. Gen. Horoho said, "The men and women in formation today represent our remarkable command and are a credit to our nation. Army Medicine is blessed to have such exceptional commanders, senior enlisted advisors and staffs." She added, "Thank you for your service and sacrifice, and most of all, for ensuring the readiness of the young men and women we send into harm's way in the name of democracy and freedom."

Horoho added, "These past four years for me have been a

continuation of the lessons I've learned as a Soldier and about trusting the values instilled in me from the day I took my oath of office - loyalty, duty, respect, selfless service, honor, integrity and personal courage. The past four years were not about being the first of anything, but about only being the next Soldier called up.

She concluded by saying, "We're successful because we're American Soldiers and Department of Army Civilians, we're warriors and members of a team, we live the Army values, we place the mission first, we never accept defeat, we never leave a fallen comrade behind, we are experts and we're professionals, we are American Soldiers. Together, we have served to heal and have been honored to serve."

As Gen. Allyn reflected on Lt. Gen. Horoho's service, he commented, "Like so many other leaders in our Army today, Patty Horoho comes from a great lineage of service to our nation. Over three generations, the Horoho and Dallas Families have given a combined one-hundred and sixty-eight years of collective service to our nation."

He added, “She did this all with tremendous enthusiasm, vision and compassion. She provided continuously inspiring leadership to Army Medical Command. Throughout her tenure, Patty drove cultural change to shift Army Medicine from a disease focused, reactive healthcare system to a proactive program focused on sustaining Soldier health. She led the effort to make The Army Medical Department a high reliability organization enhancing the trust and confidence of our Soldiers, Retirees and Families.”

Horoho held every level of leadership in Army Medicine to include positions as Deputy Surgeon General; Chief of the U.S. Army Nurse Corps; Commander, Western Regional Medical Command; Commander, Madigan Army Medical

Center; Commander, Walter Reed Health Care System and Commander, DeWitt Health Care Network; and as the Special Assistant to the Commander, International Security Assistance Force Joint Command, Afghanistan.

She earned her Bachelor of Science in Nursing degree from the University of North Carolina at Chapel Hill and received her Master of Science degree as a Clinical Trauma Nurse Specialist from the University of Pittsburgh. She is a resident graduate of the Army’s Command and General Staff College and the Industrial College of the Armed Forces, where she earned a second Master of Science degree in National Resource Strategy.

The U.S. Army Medical Command is one of 11 direct reporting units in

the Army. It manages a budget of more than \$12.8 billion budget and provides medical care for approximately 3.95 million eligible beneficiary’s worldwide -- active duty Service Members, Retirees, and their Family members. The command also oversees graduate medical education, health professional education, medical research and training of all combat medics.

Maj. Gen. Stephen L. Jones, will serve as the acting commander and Army Surgeon General until the new Army Surgeon General is confirmed by the Senate. Jones is currently Commanding General of the Army Medical Department Center and School.



# Army's Best Medic Team named

By Army Medical Department Center and School, HRCoE Public Affairs

FORT SAM HOUSTON, Texas -- The 2015 Jack L. Clark Jr. U.S. Army Best Medic Competition (ABMC) was conducted Oct. 27-30 at Fort Sam Houston, Texas and Camp Bullis.

The ABMC conducted by the Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence, included active army, U.S. Army National Guard, and U.S. Army Reserve teams to challenge current Expert Field Medical Badge (EFMB) and Combat Medic Badge (CMB) recipients.

Soldiers from across the Army competed in a grueling, continuous 72-hour two-Soldier team competition. Competitors earned points towards becoming the Army's best medic team through successful completion of evaluated events during the testing phases. The winning team claimed the title as the Army's Best Medic Team.

Congratulations to the 173rd Airborne Brigade team, Spc. Collin O'Donnell and Spc. Jesus Romero, recognized as the first place winners in the 2015 Army Best Medic Competition. Lt. Gen. Patricia D. Horoho, commanding general, USA Medical Command and Army Surgeon General, and USAMEDCOM Command Sgt. Maj. Gerald C. Ecker presented the Meritorious Service Medal to the winners at an awards ceremony held Oct. 30 in Blesse Auditorium, Willis Hall, AMEDDC&S, HRCoE.

Congratulations to the Regional Health Command Central team, Sgt. 1st Class Stephen Eisele and Spc. Garrett Woodford, recognized as the second place winners in the 2015 Army Best Medic Competition.

Congratulations to the US Army Alaska team, Sgt. Tyler Campbell and Spc. Daniel Medrano, recognized as the third place winners in the 2015 Army Best Medic Competition.



Congratulations to Team 2, 173rd Airborne Brigade, Spc. Collin O'Donnell and Spc. Jesus Romero, recognized as the first place winners in the 2015 Army Best Medic Competition! The competition was held Oct. 27 to 30 at Fort Sam Houston and Camp Bullis, Texas. Lt. Gen. Patricia D. Horoho, commanding general, USA Medical Command and Army Surgeon General, and USAMEDCOM Command Sgt. Maj. Gerald C. Ecker presented the Meritorious Service Medal to the winners at an awards ceremony held Oct. 30 in Blesse Auditorium, Willis Hall, AMEDDC&S, HRCoE. (Photo by Phillip Reidinger)

The 25th Infantry Division team, 1st Lt. Benjamin Martinelli and Spc. Michael Murphy, were recognized for highest marksmanship score. The 173rd Airborne Brigade team, Spc. Collin O'Donnell and Spc. Jesus Romero, were recognized for highest medical skills score, and the Regional Health Command Central team, Sgt. 1st Class Stephen Eisele and Spc. Garrett Woodford, were recognized for highest PT score, at the 2015 Army Best Medic awards ceremony.

The first phase of the competition began October 27 at Fort Sam Houston with a physical fitness test, Individual Warrior Tasks (including a knots test), and a Combat Water Survival Test (CWST).

Following airlift to Camp Bullis, the competitors during the second phase encountered the combat pistol and rifle engagement range, a full obstacle course, and in a standard rifle qualification.

A long foot march separated the next phase which consisted of supporting an infantry raid, treating casualties in a Level

II environment and reacting to a Forward Operating Base Mass Casualty (FOB MASCAL) exercise.

The fourth phase of the competition included a buddy run.

During the fifth phase competitors were challenged by three tasks involving establishing a jump Battalion Aid Station, a night orienteering course and evacuation lane. The evacuation lane was designed to test the competitor's ability to operate in extreme terrain while using ropes and equipment to transport a casualty to a helicopter pickup zone (PZ), as well as call in, setting up a PZ, and evacuating wounded on a Medical Evacuation (MEDEVAC) aircraft.

The final event of the competition, an unknown distance foot march, was cancelled due to severe rain storms which created unsafe conditions.

The story of the 2015 Army Best Medic Competition is located at the competition Facebook page at: <https://www.facebook.com/ArmyBestMedicCompetition>

# Sub: ‘Blood and tears’ of war on display at Soldiers’ first glass art exhibit

By Suzanne Ovel, Madigan Army Medical Center Public Affairs

TACOMA, Wash.—At one of the far walls of the museum’s entrance are tall concrete-like barriers, backdrops to art pieces depicting an IED, a memorial display, and the tears and blood of war — glass embodiments of the gritty reality of combat.

Through March, the Museum of Glass in Tacoma is exhibiting a small collection of works of the Soldiers and Veterans who are the students in the Hot Shop Heroes program, a joint venture between the museum and the Warrior Transition Battalion here which allows them to heal through the art of blowing glass.

Instructor Patricia Davidson said it takes courage to work with molten glass in 2000 plus degrees of heat, although it takes even more courage to express oneself truly through art.

“Seeing your deepest experiences clearly, so that you can manifest physical objects and then put them on display for all eyes to see — these are the supreme acts of bravery,” said Davidson, who along with instructor Greg Owen taught the art of glass blowing to 150 students since the Hot Shop Heroes program started two years ago.

Earlier this year, Hot Shop Hero participants began the planning process for the first exhibit of their work; the result is a mix of war-inspired pieces, to include a scene of a scorpion fighting a camel spider, along with other more traditional and whimsical glass pieces.

“They all mean something very, very important to us,” said Sgt. 1st Class Peter Bazo, a platoon sergeant at the WTB and one of the artists of the exhibit. He worked on the battlefield memorial piece, “The Final Goodbye,” and helped to design the “Taste of Blood and Tears.” While the Iraqi Martyr’s Memorial in Baghdad served as

the original inspiration for the piece (Bazo’s brigade was headquartered there in the early days of Operation Iraqi Freedom), the final piece’s symbolism was more universal.

“I wanted to display something to show that even though the blood has dried, there are still thousands of tears on top of it,” said Bazo, an artilleryman who deployed four times to Iraq and Afghanistan. The salt and shavings of iron it rest upon reflect the taste associate with it, “salt for tears, iron for blood, and it occasionally spills out.”

The third piece on the T-wall, “Nasty Surprise Underfoot,” was thought up by Staff Sgt. (retired) “F.M.” Bonsall. He deployed six times to Afghanistan and Iraq as an infantryman. By his second tour in Iraq, they’d sometimes see six to ten IEDs a night. He found that IEDs were a common experience for everyone who deployed to that region, so Bonsall began to think that the exhibit needed a piece about them.

“I struggled with it at first; I struggled about even mentioning it. But I’ve lost friends to IEDs; I got a friend that’s paralyzed... It just screamed that it needed to be done,” said Bonsall, who retired after 18 years in the service. “It’s such a large part of our life over there.”

In creating the IED rendition, “I put a piece of myself into this work.”

He also rediscovered some of himself while in the program, to include rebuilding his ability to trust again—something he lost downrange. At the hot shop, Bonsall started connecting with his fellow artists as they got together weekly to create glass art.

“Rank gets shed, experiences get shed, and we’re just kind of stripped down just to us and dealing with people as people,” he said.

For Bonsall, the whole experience was “powerful in a deep, subtle way.” He’s now



The artists of the Hot Shop Heroes program included a display in their first exhibit embodying their collective war experiences. The exhibit will run through March at the Museum of Glass in Tacoma. (U.S. Army photo by Suzanne Ovel)

planning to go to art school in January to lay the foundational skills to become a glass artist.

This building of resiliency and healing the spirit overall can be one of the key ways art can help heal.

“There’s a lot of deep, personal growth that happens here and deep healing that happens with the Soldiers in this environment ... (it) gives them the ability to reach into themselves, to parts of themselves that lay dormant,” said Davidson.

Officials with the museum and the Army hope that the Hot Shop Heroes program can serve as a blueprint for other museums throughout the country to help other Veterans to heal from seen and unseen injuries.

All active duty servicemembers and Veterans from all services and eras are eligible to join the Hot Shop Heroes program. For more information, visit [museumofglass.org/hotshopheroes](http://museumofglass.org/hotshopheroes).



Army Col. Richard Evans, deputy commander for nursing, checks on retired Col. Randy Maschek as Pvt. Karinna Ortiz, a practical nurse course student, looks on in 2 West inpatient ward at San Antonio Military Medical Center, Aug. 20, 2015. (U.S. Army photo by Robert T. Shields)

## Work Environments Created by the Army Nurse Corps' "Patient CaringTouch System" Outscore Magnet

By Ronald Wolf, *Army Medicine*

In 2011, Army Medicine introduced the Patient CaringTouch System, a product of the Army Nurse Corps. The aim of the Patient CaringTouch System is to ensure nurses deliver quality care to patients in accordance with evidence-based nursing practice.

An evaluation of the impacts of the Patient CaringTouch System found that ratings of the professional practice environment exceed those of healthcare organizations distinguished by another widely recognized standard for excellence

-- the "Magnet" hospital designation of the American Nurses Credentialing Center (ANCC). (Magnet is a registered trademark of the American Nurses Credentialing Center)

To obtain Magnet recognition, a hospital must satisfy a set of performance-driven criteria that examine nursing excellence and innovations in professional nursing practice. In short, hospitals can only achieve the Magnet designation after demonstrating excellence in patient care.

A team, led by Col. Sara Breckenridge-Sproat from Regional Health Command Europe, has been collecting data since 2011 on the effectiveness of the Patient CaringTouch System.

Col. Breckenridge-Sproat and team used the Practice Environment Scale of the Nursing Work Index (PES-NWI) to assess the hospital and unit nursing practice environment; it is the most commonly used tool to measure



the professional nursing practice environment. The PES-NWI has been shown previously to be a useful tool to examine differences in the practice environments for nurses. The Army Nurse Corps conducts an annual nursing survey as part of the sustainment strategy for the Patient CaringTouch System, and much of the data collected are items from the PES-NWI. The PES-NWI allows for comparison of the nursing practice environment between Military Treatment Facilities and civilian facilities, both Magnet and non- Magnet.

Congruent with research findings in the civilian sector, previous research in military hospitals has led to the awareness that the nursing practice environment has substantial positive associations with nurses' job satisfaction and ratings of care quality, and inverse relationships with intent to leave the job. By measuring the performance and perceptions of high-quality nursing staff, we are better able to identify strategies necessary to recruit and retain the best nurses, and enhance patient safety and satisfaction.

An Army-wide PES-NWI survey conducted from 2002 to 2003 resulted

in a composite score of 2.71. At the time, that score was higher than the score of non- Magnet civilian medical facilities (2.65), although lower than Magnet facilities score of 2.95.

By 2011, however, during the implementation of the Patient CaringTouch System, 88 percent of Army MTFs scored above non- Magnet facilities, and 63 percent scored above civilian Magnet facilities on the PES-NWI.

In 2014, following the implementation of Patient CaringTouch System and additional data collection, 100 percent of the Army MTFs included in the Patient CaringTouch System evaluation scored higher on the PES-NWI when compared to civilian non- Magnet facilities and 90 percent of these same Army MTFs scored higher on the PES-NWI than Magnet facilities.

The Patient CaringTouch System is helping to create the requisite nurse staff environment for optimal care of patients. A favorable practice environment includes a collaborative culture that shares decision-making and teamwork. Professionally satisfying work environments are associated with a better

patient safety climate, lower mortality, higher patient satisfaction, and fewer patient falls. The relationship is clear; a favorable practice environment is linked to improved overall patient outcomes and higher nurse-reported quality-of-care ratings.

Nurses are “the glue that holds hospitals together”; they function as the vigilant surveillance system in the hospital 24-hours a day and the first responders when problems do occur. At the front line of care, nurses ensure patient safety and health care quality standards are being met.

The Patient CaringTouch System is a critical tool for the Army Nurse Corps to transform military health care into high reliability organizations that are responsive and reliable in the delivery of health services across the military medical enterprise. The Patient CaringTouch System is an essential part of the effort for continuous improvement of clinical care for servicemembers and their Families, patient safety, and quality outcomes.

This project is funded by the TriService Nursing Research Program (Grant #N13-P13).

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**Your comments may be published in a future edition of this publication.**

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# Pregnancy is a crucial time for immunization health

By Christopher Orose, Defense Health Agency Immunization Healthcare Branch

One of the most important times in a woman's life to be fully immunized against disease is during her pregnancy. Vaccines can not only protect pregnant women from potentially severe infections, but also can protect babies before and after they are born.

"If you are planning a pregnancy, you should make sure your immunizations are up to date," said Lt. Col. Amy Costello, Deputy Chief of the Defense Health Agency Immunization Healthcare Branch (DHA IHB). "You should also be sure to talk with your provider about which vaccines are recommended to keep you and your baby safe, both during and after your pregnancy."

Influenza kills tens of thousands of people and results in up to 200,000 hospitalizations each year. Pregnant women and newborns are among those at highest risk for complications related to flu. A flu shot during pregnancy can prevent serious infection in the mother, and help her transfer valuable protective antibodies to her baby.

"Flu vaccine can help pregnant women protect their babies in a couple of ways: First, the mom makes antibodies against influenza, which she passes to her baby before he's born, and then she can continue to provide flu antibodies to him in breast milk, if she chooses to breastfeed. Second, the flu vaccine keeps mom from getting the flu herself – which keeps her from spreading the disease to her baby," Costello said. "It's even more effective if everyone who lives in the household or who cares for the baby is vaccinated. So we encourage parents, siblings, and grandparents to all get flu shots, if they are expecting a new baby in the Family this winter."

Another vaccine recommended during

pregnancy protects against tetanus, diphtheria and pertussis (Tdap). Over the past several years, the U.S. has seen substantial increases in cases of pertussis (whooping cough), which can be deadly in young children. Since it's not clear how long protection lasts from a single dose of vaccine, pregnant women should receive one dose of Tdap during each pregnancy, usually between 27 and 36 weeks, to provide optimal protection.

"Getting a dose of Tdap vaccine during pregnancy can provide vital protection to infants during the first two months of life, when they are in the most danger from pertussis," Costello said. "And, just like with flu vaccine – anyone who will be in close contact with infants, whether they're family members, caregivers or health care workers, should make sure they're up to date on their Tdap vaccine."

The MMR vaccine is a routine childhood immunization which is also critically important for pregnant women. MMR vaccine protects against congenital rubella syndrome, which occurs when a pregnant woman becomes infected with the rubella virus. Rubella (also known as German measles) causes a mild cold-like illness in the mother, but it can cause terrible birth defects in her infant. Babies born with congenital rubella syndrome can have problems ranging from cataracts to heart defects to brain damage, and sometimes the infection is fatal. MMR vaccine is not given during pregnancy, so it's important for women who are considering becoming pregnant to be sure they are up to date on this shot before



they get pregnant. The MMR vaccine is very effective at preventing rubella, so women who received this immunization as part of their routine childhood shots should be safe from this disease.

Another concern for pregnant women is hepatitis B. The hepatitis B vaccine has been part of the routine childhood immunization schedule in the U.S. since 1991, so many young women have been vaccinated. However, a baby born to an infected mother can develop chronic hepatitis B infection, which can't be cured. Most women of childbearing age are not at risk for contracting hepatitis B, but consult with your doctor or women's health practitioner to see whether you should consider immunization before you get pregnant.

"Immunization healthcare doesn't stop once your childhood shots are done," Costello said. "It's a lifelong process, and pregnant women in particular need to be sure they're protected. Make sure not only you, but everyone who's going to be around your baby is protected against these serious diseases."

# Launch Day 2015

By Gini Sinclair, U.S. Army Medical Recruiting Brigade Public Affairs

Soldiers and civilians of the Medical Recruiting Brigade gathered in offices and conference rooms all over the United States on Oct. 2, 2015, to observe Launch Day. This event, the second annual, marks not only the 8th Anniversary of MRB, but the closing of a successful fiscal year of recruiting medical professionals and chaplains and the prospect of a better year in FY16.

The first order of business was to hear comments from the Maj. Gen. Jeffrey Snow, commander, U.S. Army Recruiting Command and Brig. Gen. R. Scott Dingle, Deputy Chief of Staff for Operations, G3/5/7, U.S. Army Medical Command. Snow said he was impressed by the members of the MRB and what they accomplish on a daily basis. He noted the organization is unique and has a challenging mission covering more than 41,000 zip codes in the United States as well as Germany and Puerto Rico. Dingle, the MRB commander from 2010 until 2012, said he had tremendous memories of his time with MRB. He noted the MRB has a direct impact on the global health

and spiritual care of Soldiers and Family Members around the world.

Col. Timothy Hudson, commander, MRB, discussed how critical the mission is to “our stakeholders.” He said leaders need to look for ways to incentivize mission accomplishment within the MRB. As part of a successful FY15 effort, Hudson said each of the five battalions has closed over 90 percent of the areas of concentration (specialties) they were recruiting for. And, he feels certain it will be possible for everyone to achieve 100% of their battalion mission in FY16.

During FY15 the MRB reached a milestone for the first time ever. The brigade achieved its mission for Army Reserve Family practice doctors. Also, the brigade achieved mission for 73 out of 88 medical areas of concentrations and two chaplain categories.

The MRB, “Highlanders,” was activated on Oct. 2, 2007, with five battalions, 1st Medical Recruiting Battalion at Fort Meade, Maryland; 2nd MRB at Redstone Arsenal, Alabama; 3d MRB at Fort Knox, Kentucky; 5th MRB at Fort



Col. Timothy Hudson, commander, Medical Recruiting Brigade and Staff Sgt. Simon Ogola, Columbus Recruiting Center, MRB, cut the “Anniversary Cake,” commemorating the eighth year since MRB was organized. (U.S. Army photo by Daniel Martin)

Sam Houston, Texas and 6th MRB at Las Vegas, Nevada. In addition to recruiting for medical professionals the MRB has chaplain recruiters assigned. The brigade headquarters Soldiers, civilians and contract personnel provide administrative, logistic, and operations support to over 600 recruiters who facilitate the entry of healthcare and chaplain professionals into the world’s greatest Army.



# Brig. Gen. Scott Dingle: New Army Medicine GO Heads Up G3/5/7

By Ronald Wolf, *Army Medicine*

FALLS CHURCH, Va.--- Brig. Gen. Scott Dingle, Army Medicine's newest general officer, is Deputy Chief of Staff for Operations (G-3/5/7) for the Office of the Surgeon General and the U.S. Army Medical Command.

Dingle was promoted on Sept. 3. This is his fourth assignment at the Office of the Surgeon General; his previous duty station was as commander of the 30th Medical Brigade, Sembach, Germany.

His job is to synchronize operations across the entire Army Medical Command and the Office of the Surgeon General. His responsibilities cover all aspects of healthcare delivery as well as healthcare management for the MEDCOM, including modernization, training, security, and intelligence. Dingle's role as DCS for Ops (G-3/5/7) touches almost every part of the MEDCOM and Army Medicine.

His team also plays a large role in helping to shape the MEDCOM of the future--and medical readiness is at the core of that future. Dingle said, "Medical readiness will be the catalyst for the Chief's [the Chief of Staff for the Army] overall readiness intent".

Although the Army has been downsizing to 450,000 active duty personnel, Army Medicine has to remain ready and relevant to the needs of the entire Army. Regardless of the final personnel strength, Army Medicine has to ensure that the Army is medically ready.

"Army Medicine has to be current with the pace of change," said Dingle. At one point Army Medicine was aligned with TRICARE regions, he said. Now we have realigned to Regional Health Commands to ensure that we are ready, reliable, and relevant for the

future. This will allow the full spectrum of medical capabilities to be at the tip of the sword in support of the Soldier.

"We need our Soldiers to know we are delivering the quality of care and meeting the requirement to support the Force, whether in peacetime or in combat," Dingle said. "They can count on Army Medicine without any shadow of a doubt."

Dingle has deployed twice. In December 2002, he deployed to Operation Enduring Freedom as the Ground Combat Planner for Combined Joint Task Force-180. In December 2004, he supported Operation Iraqi Freedom, as Chief of Medical Plans and Operations Multinational Corps in the Iraq Surgeon's Office.

Dingle's military occupational specialty is 70H--Medical Operations Officer. He noted with honor and pride some of his firsts. He was the first active duty 70H to be selected for general officer and the first medical service corps officer to attend SAMS--the School of Advanced Military Studies--a school for planners and operations officers that follows general staff college. In addition, he is the 16th general officer to graduate from Morgan State University in Baltimore, Maryland.

Dingle is a graduate of the Army Medical Department Officer Basic Course, the Combined Logistics Officer Advanced Course, the U.S. Army Command and General Staff College, the School of Advanced Military Studies, and the National War College. He commissioned as a Medical Service Corps Officer through the ROTC Program at Morgan State University.

His degrees include a Master of Science in Administration Degree from



Central Michigan University, a Master of Military Arts and Science Degree from School of Advanced Military Studies, and a Master of Science Degree in National Security Strategy from the National War College.

He has numerous awards and medals including the Legion of Merit (two Oak Leaf Clusters), the Bronze Star Medal, and the Army Surgeon General's prestigious 9A Proficiency Designator.

"We [Army Medicine] are great at what we do. We have always provided world-class health care. We have to be part of an Army that is ready to fight and win wars by providing combat casualty care in support of any contingency anywhere in the world--at a moment's notice," Dingle added.

"It's an exciting time to be in the Army Medical Department," Dingle said. "It's a time of change, it's a time of great progress, and it's a time of unprecedented success."

# Ricky Derring: Leading by example

By Annette Coward, Warrior Transition Command

If you ever need motivation to overcome adversity or setbacks or want to strive to do better, former President Theodore Roosevelt said it best: “The credit belongs to the man in the arena.”

It’s the same principle retired Sgt. 1st Class Ricky Derring strives to live by every day.

“It basically means we all fall short, but your life is your responsibility. It’s about getting back up and trying again and striving to do better and helping others reach the same stance in life,” he said.

Derring’s passion to serve began in his hometown of Watertown, New York as he set his sights on enlisting in the Army.

“The Army was always calling me, I was raised by my grandparents and my grandfather was a Vietnam Vet. The military was appealing and unique.”

Joining the military in September of 2000, Derring entered the 82nd Airborne Division as a ranger.

After almost 10 years with the Special Forces Unit at Fort Bragg and several deployments to Iran, Afghanistan, Pakistan and Kyrgyzstan, he returned to the U.S. in 2014 only to find himself fighting a different type of battle, an internal battle.

“It was a difficult time for me. I suffered from PTSD, I made a few bad decisions, I couldn’t sleep, I had nightmares, but the experience made me a better person.” Derring explained. “I needed to redirect that energy and focus.”

Derring turned to the Warrior Transition Battalion at Fort Bragg, North Carolina for help.

“Not only did they help me with the emotional issues but they helped me with the next stage of my life,” he said.

“Mr. Cedric Minor, [the] warrior transition coordinator with the WTB is awesome. I often turned to him for



Retired Sgt. 1st Class Ricky Derring is currently a manager with healthcare company CVS. (Courtesy photo)

knowledge, guidance and expertise,” Derring said. “He and the staff helped me write resumes, linked me to companies for interviews. I used everything I learned in the military – I looked at seeking my next area of employment as a mission. I learned about the company. I often went on interviews I was over qualified for to see what kind of questions they would field.”

After retiring in July 2015, Derring began using his new found knowledge to help other Soldiers. Sgt. 1st Class Phoebe Taylor with the WTB in Fort Bragg says Derring commitment to helping others is beyond commendable.

“He reaches back to pull someone else up. He’s always visiting the WTB and

leaving the Soldiers and the staff with positive nuggets. He’s such a positive force and is always willing to help Soldiers Taylor said.” Taylor said.

“I really wanted to focus on leadership. I made a promise to the WTB I would go back and help my fellow Soldiers,” Derring explained.

“I teach them leadership skills and I teach them to market themselves. It’s like self-branding. I want them to focus on their future potential, not current situation. It’s a personal message to yourself. You are of value. I want them to hold onto that.”

Retired Sgt. 1st Class Derring is currently a manager with healthcare company CVS.

# Performance Triad ensures Soldiers' optimal performance

By Danielle Wallingsford Kirkland, The Bayonet

FORT BENNING, Ga.---Experts from the Army Public Health Center and the Office of the Surgeon General visited Fort Benning Oct. 19-23 as a part of the Performance Triad pilot program. Soldiers from the 14th Combat Support Hospital, a part of the 44th Medical Brigade, participated in a Performance Triad screening Oct. 21 at Freedom Hall.

During the screening, Soldiers went through several stations to help identify areas of sleep, activity and nutrition that may be limiting their potential to optimally perform. At one of the stations, Soldiers received Fitbits, wearable technology that measures steps taken throughout the day. At others, Soldiers did physical tests or had their waist measured.

After all of the stations were completed, the Soldiers shared their information with providers to assess where they needed to improve in order to avoid injury and become healthier.

Master Sgt. Detrick Bush, 14th CSH, said Performance Triad is important for the Army because it treats Soldiers like athletes.

"In the end, it should have the Soldier performing at his or her maximum peak," he said.

Bush said going through the stations made him reflect on an injury he sustained earlier in his career.

"It probably could have been prevented if I went through something like this, because they would have identified what my shortcomings were," he said.

Bush said after learning more about Performance Triad he will look throughout formation to try and catch injuries before they become serious.

"Give it three months, and we're

hoping to see our numbers improve as far as injuries going down, and lowering body mass," Bush said.

In addition to screening 14th CSH Soldiers for the Performance Triad pilot program, subject matter experts from Performance Triad conducted trainer training for senior leaders.

Col. Dave Barber, with Performance Triad, said the purpose of trainer training is to give leaders study materials and modules so they will be able to effectively teach Performance Triad to their Soldiers.

"It's not a PowerPoint presentation; it's a conversation," Barber said. "It's getting back to the old under the oak tree type training we had years ago. It returns back to the NCOs and their ability to coach, teach and mentor."

Barber said Performance Triad asks "how do you optimize yourself to be a professional Soldier athlete?"

"It's focusing your attention on how we view ourselves," he said. "The Navy spends money on ships. The Air Force spends money on airplanes. Well, we spend money on Soldiers and we want our Soldiers to be the best system we can make them to be."

Barber said Performance Triad has taken the best in sports medicine and distilled it down to seven targets - eight hours of sleep per 24-hour period, include at least two days or more resistance training per week plus one day agility training, refuel 30-60 minutes after strenuous exercise, aim for 10,000 steps plus 5,000 additional steps throughout the day, eat at least eight servings of fruits and vegetables per day, go caffeine free six hours before bedtime and incorporate at least 150 minutes of moderate aerobic exercise plus 75 minutes of vigorous intensity per week.

Another Performance Triad trainer, Sgt. 1st Class Darin Elkins, said with most Army programs the tendency is to fall into the "check-the-block" mantra where there is not a sustainable endeavor.

"But with Performance Triad we want to leverage (sleep, nutrition and activity) so that it becomes a message of enhancing what we already do," he said.

Elkins said Performance Triad brings structure to what the Army already does, and benefits the Soldiers, the unit and the Army as a whole.

"If you look at the Soldier's Creed, it tells us that we have to maintain our weapons and our arms. Performance Triad really gives Soldiers the structure and guide on how to maintain yourself. It is something they can follow and research. It's scientifically based. It's not guessing," he said.

Staff Sgt. Donnette Shedrick, a drill sergeant with 2nd Battalion, 19th Infantry Regiment, 198th Brigade, participated in the training.

"I think it's the basics of being a fit person. Having all three, sleep, nutrition and activity, makes you a more productive person, which in turn helps the Army," he said.

Shedrick said in the future he will look into better nutrition for his Soldiers.

"Chow hall procedures in basic training are fast, and Soldiers get what they can. But, for Soldiers who are having problems with weight or getting strong, I'll definitely pay attention to the nutrition piece," he said.

The Performance Triad pilot is expected to be completed by May 2016 before it moves into full Army implementation.



## Practice food safety during the holidays

By Warrant Officer 1 David Kloberanz, Army Public Health Center

ABERDEEN PROVING GROUND, Md.—As the holiday season quickly approaches, many of us are looking to spend some quality time with family and friends. Nothing draws us closer together than enjoying a delicious home-cooked meal with the ones we love, but things can take a turn for the worse if food safety is not kept in mind. The U.S. Centers for Disease Control and Prevention estimates that approximately 48 million people get sick from foodborne illness each year. Of those that contract a foodborne illness, 128,000 are hospitalized and 3,000 die. The following are a few food safety tips to

keep you, your families and your friends healthy during the holidays.

Foods most commonly associated with foodborne illnesses are raw foods of animal origin; that is raw meat and poultry, raw eggs, unpasteurized milk and raw shellfish. Adequate cooking will kill most bacteria and their toxins. Fruits and vegetables consumed raw are also a particular concern. Washing can decrease but not eliminate contamination, so cooking to proper time and temperature is vital. Also, unpasteurized fruit juices can be contaminated if there are pathogens in or on the fruit that is used to make it. The

best bet is to only drink pasteurized juices.

One of the biggest pitfalls many make when cooking for the holidays is they do not plan ahead. Make a list of all the foods that you will need to prepare your meals and know which foods need to be refrigerated or kept warm. Keep in mind which foods have short shelf lives to ensure you are using them before spoilage occurs. Know how long each food takes to thaw, prepare and cook to avoid time or temperature abuse.

Do not combine shopping for your

# It's All About Health.



foods with holiday gift shopping. If you must combine meal shopping with holiday shopping, bring along a cooler and ice to keep foods cold as you check off items on your gift lists.

**Sanitize food contact surfaces** -- Wash counters, cutting boards, utensils and any other surface that will come in contact with food. Ensure you are using warm soapy water. After washing, wipe or spray with a bleach solution and allow to air dry. To get the proper concentration of bleach, add 1/2 tablespoon bleach to one gallon of water. Always allow food contact surfaces to air dry instead of wiping dry. Immediately clean up spilled foods. When serving foods, always use a clean plate and separate serving utensils for each food item.

**Practice good personal hygiene** -- Wash your hands with soap and water before handling food. Wash hands with soap and water when switching foods during preparation. Wash your hands after smoking, eating, touching any part of the body, taking out the trash, playing with pets or taking breaks. Wash your hands after every chance of contamination. It is especially important to wash your hands after using the bathroom, assisting children in the bathroom or changing diapers. Use water as hot as you can comfortably tolerate and sing the Happy Birthday song to yourself in your head while washing. This will ensure you are washing long enough - 20 seconds. It is best to use disposable paper towels to dry your hands and throw them away after each use. Sneeze/cough into the crook of your arm and always away from food or other people. Bandage any cuts on your hands. Do your best to keep hair out of foods by wearing hats or tying up long hair. Keep fingernails neatly trimmed and clean.

**Cook** -- Cook foods to the proper



Turkey cooked to an internal temperature of 165 F. (Photo by CDC)

internal temperature. Always use a calibrated metal stem thermometer to check temperatures and measure at the thickest part of the food. Ground meat should look brownish when cooked to 160 F. Poultry can appear light or dark and should be cooked to an internal temperature of 165 F. Fish should look milky and flake easily with a fork when cooked to an internal temperature of 145 F. Cook turkey, stuffing, casseroles and leftovers to 165 F; beef, veal and lamb roasts to 145 F; “fully cooked” ham to 140 F and fresh ham, pork and egg dishes to 160 F. Keep hot foods hot. Cook plant foods to 135 F. Maintain a minimum internal food temperature of 135 F while serving to guests.

**Cool** -- Cool all cooked foods down to 70 F within two hours and then down to 41 F within an additional four hours if not using immediately. This can be accomplished if you cool big pots of soup and stews by pouring them into smaller containers before placing into the refrigerator, using ice as an ingredient or by stirring the food in a container placed in an ice water bath. Keep cold foods cold.

Maintain internal food temperatures below 41 F when serving to guests and storing. Do not thaw foods at room temperature and never rush the thawing process. Instead, thaw foods in a refrigerator that maintains an internal temperature of 41 F or below, or you can thaw foods as a part of the cooking process.

**Cross-contamination** -- Separate food by product when purchasing, storing, preparing and serving. Separate stored raw foods from cooked foods and ready to eat foods. Use separate utensils, cutting boards, pots and pans for each food item you are preparing and serving. As hard as it might be, keep guests out of the kitchen to avoid the temptation of tasting foods as they are being prepared. Provide a serving utensil for all foods served to prevent germs on hands from spreading.

The holiday season is a very special time to spend with Family and friends. There will be lots of preparation for big meals and shared bounty, so following these food safety precautions can assure wonderful gatherings and memories in your home.





## Nurse-athlete conquers cancer, readies for elite marathon

By Elaine Sanchez, Brooke Army Medical Center Public Affairs

FORT SAM HOUSTON, Texas--- Cancer may have taken her ability to run, but Capt. Kelly Elmlinger refused to let that slow her down.

Instead, the Army nurse traded running for wheelchair racing and sped her way to multiple medals at the Warrior and Invictus Games and a spot in this spring's Boston Marathon.

"Cancer was really tough, but it opened up a world of opportunities I wouldn't have had otherwise," said Elmlinger, who serves at San Antonio Military Medical Center. "I'm still a productive member of society, still celebrating successes in life."

The Cleveland, Ohio, native developed a passion for both sports and the military at an early age. Elmlinger recalls being glued to the television during Operation Desert Storm, and set her sights on joining the Army her senior year.

However, the versatile athlete became conflicted after earning college scholarships for cross country, track and basketball. "I got cold feet about joining the service," she said. "I couldn't see myself giving up sports just yet."

Elmlinger devoted herself to college, but the military beckoned again her sophomore year. This time she trusted her gut and enlisted as an Army medic on Veterans Day in 1998. Over the next decade, she served with Fort Bragg's 82nd Combat Aviation Brigade, attended U.S. Army Airborne



Capt. Kelly Elmlinger competes at the 2015 Department of Defense Warrior Games on Marine Corps Base Quantico, Va., in June. (Courtesy photo)



School, was deployed twice, and had a two-year stint with a special missions unit.

In 2011, Elmlinger applied for the Army Enlisted Commissioning Program and University of North Carolina's nursing school and got accepted to both. She spent the next two years at school and caring for her then-4 month old daughter, Jayden.

The newly graduated nurse requested an assignment at San Antonio Military Medical Center. "My key reason is I wanted to take care of wounded warriors," she said. "I cared for warriors at the point of injury during deployments and wanted the opportunity to close the loop, care for them as they move forward in their recovery."

Elmlinger arrived at San Antonio Military Medical Center in the summer of 2011 and was assigned to a unit focused on warrior care. It was here she decided to readdress a health issue that had been nagging her for more than a decade - tenderness and pain in her left leg. Her doctors found what appeared to be a collection of blood vessels and performed a procedure, but in six weeks she was back and in even more pain.

This time, her doctor suggested a biopsy and diagnosed Elmlinger with

synovial sarcoma. "I knew the term, but it took a while for it to click: it was cancer," she said. "I knew from then on my life would be different."

Synovial sarcoma is a rare form of soft tissue cancer with removal as the primary treatment option. Elmlinger weighed her options: remove the tumor or take the extra step of removing the leg. She opted for limb salvage, undergoing the first of three surgeries in June 2013.

A turning point came in January 2014, when Elmlinger was given the green light to rehabilitate at the Center for the Intrepid, or CFI. The avid athlete was eager to dive back into sports, but due to the bone and tissue removal from her leg, was unable to run. Fortunately, someone suggested wheelchair racing. "It was not love at first sight," she said. "But I agreed to try it."

The sport clicked with Elmlinger, who trained for hours each week to gain speed. Faster than ever, she decided to pursue her lifelong dream of racing in the Boston Marathon. She qualified by 10 minutes and will participate in the elite race in April 2016.

Just a year after starting the sport, the versatile athlete went on to earn eight medals at national and international

competitions - not just for wheelchair racing, but also track and field, cycling and swimming.

Elmlinger, who continues to train for future events, said the games have come to represent much more than sports to her. "I look at these sporting events as more of a celebration of life," she said. "I may be having a bad day, but I look around and see how other people are overcoming challenges ... and they inspire me."

Along with sports, Elmlinger was deemed fit to return to her other passion, military nursing. This month marks her fifth back at work in San Antonio Military Medical Center. "Some days are tough, but I'm fortunate and grateful to have the opportunity to still serve," she said.

While she holds the Army in high esteem, Elmlinger said she's most grateful for her daughter, who is now 7 years old, and for reaching the milestone of two years cancer free.

"I am so thankful for my doctors, the CFI and for the technology that enabled me to keep my leg," she said. "It was a tough road, but it's what led to amazing opportunities. I've traveled around the world, met amazing people. I feel very fortunate."

"SLEEP IS THE GOLDEN CHAIN THAT BINDS HEALTH AND OUR BODIES TOGETHER."

~ Thomas Dekker





Sergeant First Class Heather Flores, US Army Medical Command, is presented the American Society of Orthopedic Professionals Master Caster Certificate by society president Charles Barocas. (U.S. Army photo)

## Master caster recognized

By Phillip Reidinger, AMEDDC&S, HRCoE Communications Director

FORT SAM HOUSTON, Texas--- The Master Caster is an instructor level certificate. In order to test for the Master Caster a technician must have successfully completed the Registered Orthopedic Technician and Certified Orthopedic Technician examinations and have a minimum of five years' experience as an orthopedic technician. The exam is a 100 question exam based on Dr. Augusto Sarmiento's book of casting and splinting. After successfully passing the exam the practical portion must be taken at any of the casting workshops offered around the country annually. The practical is a

onetime attempt at rolling an advanced cast in front of an ASOP Instructor for verification of measurements and functionality. No second attempt is authorized. Approximately 10 people per year are awarded the Master Caster Certification. This year one military orthopaedic technician, Sergeant First Class Heather Flores, has been awarded this recognition. She is assigned to the Enlisted Subject Matter Expert Department under the Directorate of Training and Academic Affairs, US Army Medical Department Center and School, US Army Health Readiness Center of

Excellence.

Flores completed initial medical training as a combat medic, Healthcare Specialist, in 1996 and later completed training as an Orthopaedic technician. She is a Certified Orthopedic Technician and Registered Orthopedic. Previous assignments include platoon sergeant, squad leader, advanced individual training instructor, medical operations NCO and NCO Officer-In Charge of an orthopedic clinic. She has competed four deployments in support of Operation Iraqi Freedom and Operation Enduring Freedom.



The U.S. Army Center for Environmental Health Research Deputy Commander Maj. Jonathan Stallings, Ph.D., addresses attendees during USACEHR's State of the Science workshop Oct. 28 at Fort Detrick, Maryland. Photo by Crystal Maynard. (U.S. Army photo)

# USACEHR Hosts Environmental State of the Science Workshop

By Crystal Maynard, U.S. Army Medical Research and Materiel Command Public Affairs

FORT DETRICK, Md.---The U.S. Army Center for Environmental Health Research, a subordinate laboratory of the U.S. Army Medical Research Institute of Chemical Defense, hosted a State of the Science workshop on “Personalized Tools to Support Potential and Actual Health Hazards in the Megacity Operational Environment” at Fort Detrick, Maryland, Oct. 27-28.

The workshop brought together approximately 50 physicians, researchers and military operational medicine experts to discuss scientific issues related to emerging environmental exposure threats from megacities, which is a city with more than 10 million people.

“Opportunities like the State of the Science workshop allow experts in academia, industry and military

medicine to come together and assess the current environmental health ‘knowns’ and ‘unknowns,’” said USACEHR Commander Col. Thomas C. Timmes, Ph.D. “We can then set research priorities to ensure force readiness and force health protection.”

The main themes discussed included: critical evaluation of realistic, abundant and probable chemical threats in the dense, urban operational environment; the use of far-forward diagnostics in non-agent toxic industrial chemical and materials exposure scenarios; and personalized medicine solutions for environmental health and protection.

The overarching goal of the workshop was to facilitate scientific discussion of these issues and the challenges they pose for assessing health hazards of chemicals.

At the conclusion of the workshop, the USACEHR anticipates a series of peer-reviewed position papers on the state of the science of the key topics. The papers will be used to communicate a clear research strategy to key leaders and decision makers.

“Meetings like this provide a unique opportunity for us to network with our colleagues, share critical feedback about research presented and provide support to identify and overcome challenges,” said USACEHR Deputy Commander Maj. Jonathan Stallings, Ph.D. “You can’t get the synergy and collaboration created at an event like this through teleconferencing. The interaction is irreplaceable.”

# WTB troops bike from Knox to Campbell on road to recovery

By Blanchfield Army Community Hospital Public Affairs

FORT BRAGG, N.C.-- The 2015 Warrior Games Regional Trials for the Regional Health Command-Atlantic (Provisional) took place at Fort Bragg, North Carolina Nov. 2 through 6. More than 40 wounded, injured or ill athletes, representing installations across the east coast competed for the chance to go to Fort Bliss, Texas, in February 2016 to prove their mettle and vie for a place on the Army team.

The active-duty Soldiers and Veterans participating in the regional games competed in one or several of the events, which included shooting, archery, sitting volleyball, cycling, track and field, and swimming.

"The Warrior Games are the wounded, ill, injured, sick version of the Olympics," said Mike Thomas, a retired XVIII Airborne Corps Soldier, who now works at Forces Command as a Department of Army civilian. "This version of the Olympics, if you will, is a phenomenal way for those who have served in uniform to continue to live full, productive and healthy lives through sport and competition."

Thomas cycles as part of his rehabilitation after having open heart surgery for an aortic valve replacement eight months ago at the Veterans Affairs Medical Center in Durham, N.C. He said that for him, cycling has been a great way to rehabilitate, both physically and emotionally.

While the competition was fierce, the competitors still cheered each other on, each one facing a different challenge that brought them to compete in the Warrior Games.

"You're here to do your own personal

best," said Sgt. 1st Class Nichole Pingle, Warrior Transition Battalion, Fort Knox, Ky. "You're with everyone else, cheering them on and hoping for the best for them. All while working toward your own personal goal, doing the best you can do coming out of whatever issues you may have. It's just something to look forward to."

Maj. Michelle Grant, currently assigned to the WTB out of Fort Benning, Ga., said that it's an honor to be a part of the Warrior Games.

"This is my first time competing in anything like this with the military," said Grant. "I've been in 24 years and it's really an honor to be here. It's great to meet the other athletes from the other WTBs. Everyone is cheering each other on regardless of where we're from, so it's really been a great thing to participate."

The coaches, who evaluated each of the athletes, looking to see who might make it to the Army team, each brought their own experiences with them to the Games.

Jason Kimball, the cycling coach, was assigned to the Fort Bragg WTB after his injury in 2007. He started cycling as a way to recover in 2010 and still competes in some events. He began coaching last year.

"(Being a part of this), it's huge," said



Regional Trials at Fort Bragg, N.C., Nov. 6, 2015. Active duty and retired warrior athletes representing warrior transition units around the Atlantic region competed for a chance to represent the U.S. Army at the Department of Defense Warrior Games in June 2016 at West Point, N.Y. (U.S. Army photo by Spc. Sara Stalvey.)

Kimball. "Any chance I get to give back to the athletes, I obviously take that as an opportunity. I've been in their shoes, I know exactly what they're going through and any way I can help them, I will."

The athletes won't find out who is moving on in the competition until January 2016. Those who qualify after the trials at Fort Bliss will represent the Army in the Department of Defense Warrior Games at West Point, N.Y., in June 2016.

Spc. Anthony Ateomon, Fort Bragg WTB, said while representing the Army would be an honor, the benefits of the Warrior Games are bigger than the competition itself.

"This is a chance to show everyone that you're not out of the fight," said Ateomon. "No matter what is going on with you, you still have that ferocity, that drive that led you to be a Soldier. It's just that now you're in a different fight."



Pfc. Lucas Averill, pharmacy specialist; Lt. Col. Shawn Parsons, pharmacy chief; Sgt. 1st Class Claudio Gallegos, pharmacy NCOIC; and Spc. Richard Snyder, pharmacy specialist, man the Reynolds Army Community Hospital main pharmacy Nov. 9, 2015. (U.S. Army photo by Joel McFarland)

# Reynolds Army Community Hospital pharmacy staffed to meet demand

By Joel McFarland, Reynolds Army Community Hospital Public Affairs

FORT SILL, Okla.-- Regardless of what illness you may have, or what department you are visiting at Reynolds Army Community Hospital (RACH), the one thing all patients have in common is sooner or later they will have to go by one of the pharmacy windows.

One of the busiest sections of the hospital, the pharmacy has had its share of ups and downs.

Lt. Col. Shawn Parsons, chief of the pharmacy department, acknowledged that, "The first thing you may think of when you think of the pharmacy is how long you

may have to wait, but I am happy to report that as of the 5th of October the pharmacy is at full strength for the first time since 2013."

Budget cuts and furloughs of the past few years have weighed on all areas of the hospital, but the Reynolds Pharmacy and its staff have particularly felt those effects.

"The number of people we have available to work the windows does effect wait times," said Parsons. "We typically see 550-650 patients and fill around 1,200 prescriptions a day. As we train our new personnel I expect to see our average wait

times start dropping."

While the time spent waiting for your number to be called will soon be getting shorter, there are steps every patient can take to ensure they are in and out as soon as possible.

Sgt. 1st Class Claudio Gallegos, pharmacy noncommissioned officer in charge, highlighted those steps.

"The first thing, if possible, is to avoid our busiest times which tend to be 11 a.m. to 1 p.m., when active-duty Soldiers in



uniform have priority, and 3-5 p.m.”

The second step, according to Gallegos, is not as well known.

“If you are the sponsor for your Family, you can pickup prescriptions for your spouse or children as long as you have a copy of their ID card. This includes a picture of it on your cell phone. As long as it is a clear photo we can issue the prescription.”

There are, however, restrictions to this rule.

“We ask that you do not bring a color copy or any copy that can be mistaken for an actual ID card, black and white only,” said Gallegos, “Also, the pharmacy is authorized to confiscate any expired, disfigured or unauthorized reproductions of ID cards. If this happens, we will give you a letter to take to the ID card section at Building 4700 explaining what has happened and why you need a new card.”

Parsons reminded customers of the difference between a prescription renewal versus a prescription refill, which can affect how long customers may have to wait at

the pharmacy.

“A refill means the prescription is still valid and does not require a consult with the provider, you can call in the refill or preferably use Tricare Online,” said Parsons, “Then all you have to do is walk up to Window 1 in the pharmacy, you don’t have to pull a number, you don’t have to wait; just walk up to the window and ask for your refill.” He added most standard prescriptions are good for one year before they expire with the number of refills available before they must be renewed.

“Most controlled prescriptions expire after six months before they have to be renewed,” said Parsons. “If the prescription is expired, we cannot fill it at the pharmacy, the provider will have to put in a new prescription even if it is a standard medication that a patient has been taking for years. This is a renewal and thus a number must be pulled to be called by one of the pharmacy windows.”

The main pharmacy located just inside the east entrance of RACH is not the only

option for patients to fill the prescriptions.

“The Pharmissary is our other facility on Fort Sill,” said Gallegos. “It is located on the south end of the commissary and is able to fill any prescription that the main pharmacy can. I think it is safe to say that almost all of the beneficiaries that visit Reynolds will use the commissary as well,” said Gallegos. “The Pharmissary is an excellent choice to use if you do not have the time to make it to the main pharmacy.

The Pharmissay is open Mondays through Fridays from 9 a.m. to 4:45 p.m. and typically sees around 200 patients a day. It is not staffed as robustly as the main pharmacy, so if there is a large patient load, the wait can be longer than at the main pharmacy.

The main pharmacy is open Mondays through Fridays from 8:15 a.m. to 4:45 p.m. and Saturdays from 9 a.m. to 12:45 p.m. The automated refill line can be reached at 580-558-2442 or visit [www.tricareonline.com](http://www.tricareonline.com) to refill online.

# 2016 HEALTH GOAL

## Eat well, start moving & get sleep

Focusing on nutrition, physical activity & sleep at the same time can improve your cognitive & physical performance, slow down the aging process & help prevent diseases & injuries.





The Wiesbaden Army Health Clinic was recognized Nov. 13, during an Army & Occupational Health Star Site award ceremony, marking the clinic as one of the best in the Army. The award recognizes the clinic for earning the highest level of safety as determined by the judging system. (U.S. Army photo by Sgt. Daniel Cole)

## Wiesbaden Army Health Clinic earns ‘gold star’ status for safety

By Sgt. Daniel Cole, U.S. Army Europe Public Affairs

The Wiesbaden Army Health Clinic was recognized Nov. 13, during an Army & Occupational Health Star Site award ceremony, marking the clinic as one of the best in the Army.

The award, represented by a gold star symbol, recognizes the clinic for earning the highest level of safety as determined by the judging system.

“The Wiesbaden Army Clinic totally deserves this award,” said Harry Raith,

the Landstuhl Regional Medical Command safety manager. “Safety is all about attitude and after working with you over the past couple years, I am certain that everyone here has the right attitude.”

Lt. Col. LaShanda Cobbs, the Wiesbaden health clinic commander, commended her Soldiers and civilian employees, saying that this merit could not have been accomplished without

each individual’s contribution.

The mission of the Wiesbaden Army Medical Center Safety Program is to assist subordinate departments with accomplishing their missions without unnecessary loss of personnel and equipment to preserve and protect mission readiness.



# DENTAC-J hosts JSDF dental residents

By Lance Davis, U.S. Army Garrison Japan Public Affairs

CAMP ZAMA, Japan-- The U.S. Army Dental Activity-Japan hosted six dental residents Nov. 4 and 5 from the Japan Self-Defense Forces Central Hospital in Tokyo at the Camp Zama Dental Clinic to learn about DENTAC-J's mission, training and procedures for treating patients.

This visit was in support of the JSDF dental residents' two-year residency course.

Lt. Col. Masamitsu Taniguchi, dental chief assigned to JSDF Central Hospital, who accompanied the residents, said through this type of experience the residents can gain an interest in a variety of areas and have the opportunity to interact with numerous people.

"They are able to absorb new ideas and experiences, which will be beneficial for us as an organization and members of the Japan Self-Defense Forces," said Taniguchi.

The residents received a mission brief from Maj. Demarcio Reed, commander of DENTAC-J, followed by a tour of the newly, renovated dental facility. Reed said the residents were briefed about the U.S. Army Dental Corps and what DENTAC-J does for the Soldiers and the community. The residents were also provided with dental case presentations.

As he received feedback from the residents throughout the day, Reed said he learned of some similarities and differences between dentists in the U.S. Army and Japanese Self-Defense Forces.

One similarity, Reed said, is the U.S. Army and JSDF offer a two-year, comprehensive dental residency program, but the difference is how the residents are assigned upon completion of their program. JSDF generally assigns one dentist to a location while many U.S.



Maj. Demarcio Reed, commander of DENTAC-J, performs prosthodontic care on a patient as JSDF dental residents who visited DENTAC-J's dental facility Nov. 4 as part of their residency program observe the procedure. (U.S. Army photo by Lance Davis)

Army dentists can be assigned to a location based on requirements, said Reed.

One dental resident, 1st Lt. Yoshihiro Nagasawa, assigned to Japan Ground Self-Defense Force, said he learned the difference in how treatment is provided by the U.S. Army and JSDF.

"Members of the Self-Defense Forces have a specific health insurance and we have to treat patients within a range, but in America, they don't have a similar kind of insurance like we do, so even for those in the military, they are able to provide treatment that defy the boundaries of our insurance," said Nagasawa. "That was a surprise to me!"

The dental residents finished their

day with a clinic "round robin," which provided them an opportunity to shadow several of DENTAC-J's assigned Soldiers conducting dental procedures in oral surgery, orthodontic, prosthodontic and restorative care.

Lt. j.g. Shouta Kushibiki, dental resident assigned to Japan Maritime Self-Defense Force, said he learned a lot from the training event, especially the methods used to treat patients.

"I had chance to interact and communicate with American Soldiers," said Kushibiki "Overall, it was a really significant event for me."



inventories to support the expansive Pacific theater.”

“Lt. Col. Malloy is a shining example of a Lifetime Achievement Award winner,” said Army Lt. Col. Audra Taylor, director of the Army Blood Program. “He has accomplished so much over the course of his active duty service, and has always been available to provide advice and guidance to anyone in need. I am proud to call him a mentor and friend.”

In 1987, Malloy assumed command of the U.S. Army Europe Blood Bank in Landstuhl, Germany. He provided invaluable insight, leadership and assistance in the development, implementation and repositioning of 30,000 units of frozen red cells in the European Command Contingency Frozen Blood Program.

“What he has managed to do is no small accomplishment,” said Navy Lt. Cmdr. Leslie Riggs, director of the Navy Blood Program. “Lt. Col. Malloy is someone who has made a long-lasting impact on the way the Armed Services Blood Program collects, processes, stores and transfuses blood to Service Members worldwide.”

In 1990, Malloy served as the first

director of the U.S. Central Command Frozen Blood Depot located at Al Jubail, Saudi Arabia with the primary responsibility of supporting the deploying troops in support of Operations Desert Shield and Desert Storm with liquid and frozen blood products. Within a matter of 60 days, he converted an abandoned health clinic into a frozen blood storage depot with functioning freezers, supplies and cell washers.

“He’s dedicated more than 38 years of his career to the military blood program,” said Lt. Col. Angela Hudson, director of the Air Force Blood Program. “He has been, and continues to be, a leader in ensuring ill or injured Service Members, Veterans and their Families receive quality blood products and services. He has saved lives and we will always be extremely grateful.”

Today, he “continues to work for our warriors,” Gonzales said. He is a health science program manager at the U.S. Army Medical Research and Materiel Command at Fort Detrick, Md., where he provides medical research management oversight for numerous projects such as advanced blood products, deployed biologics, information

management, and traumatic hemorrhage and resuscitation.

“The Armed Services Blood Program is truly transformed because of Lt. Col. Malloy’s efforts,” Fahie said. “For his endless dedication, for providing blood and blood products whenever and wherever it is needed, and for saving lives of patients in need worldwide, we thank him.”

So what’s in store for Malloy in the future? According to him, after spending a few more years in his current position, his goal is to establish a small business providing consulting services to the medical research community.

“I am proud to have been a member of the military healthcare team, as a military officer, a medical technologist and a blood banker,” Malloy said.” The exhilarating joy and satisfaction of having served with the finest officers, noncommissioned officers, enlisted Service Members, civilian employees and contractors have been the special moments in my military and civilian career, both in the valleys of life and the mountaintops of accomplishments.”

# Robichaux inducted as Social Work ‘Pioneer’

The National Association of Social Workers (NASW) Foundation recently inducted Rene Robichaux, MSW, PhD into the NASW Social Work Pioneers.

Robichaux is currently serving as the Social Work Programs Manager for the U.S. Army. Robichaux is recognized in the U.S. Army as a social work leader for more than 35 years. His expert knowledge and leadership in the field of Family violence has been instrumental in the development and implementation of the U.S. Army Family Advocacy Program. He is respected for his vast knowledge and expertise both within

the military as well as by professional’s external to the military.

According to their website, NASW Pioneers are social workers who have explored new territories and built outposts for human services on many frontiers. Some are well known; others less famous outside their immediate colleagues and the region where they live and work. But each has made an important contribution to the social work profession and to social policies through service, teaching, writing, research, program development, administration, or legislation.



# Senator John Cornyn announces Congressional Gold Medal

By Phillip Reidinger, AMEDDC&S, HRCoE Communications Director

FORT SAM HOUSTON, Texas--- Senator John Cornyn (R-TX) hosted a press conference at the U.S. Army Medical Department Museum on Veterans Day to highlight his recently filed legislation, The Dust Off Crews of Vietnam War Congressional Gold Medal Act.

The bill directs the Speaker and the Senate President pro tem to present, on behalf of Congress, a Congressional Gold Medal in honor of the Dust Off crews of the Vietnam War (collectively), in recognition of their heroic service.

Medal of Honor recipient Maj. Gen. Patrick Brady, a Dust-off Veteran, joined Cornyn to describe the contributions of Dust Off crews during the Vietnam War.

During his remarks Brady noted that America’s nobility are called Veterans whose deeds embody the values of courage, sacrifice and patriotism. “KIA, MIA and POW are the highest titles earned thru blood, sweat and tears,” he said.

Brady recalled the exploits of Maj. Charles Kelly and the members of the 57th and 54th Medical Detachments (Air Ambulance) who flew medical evacuation missions in Vietnam. Kelly was killed on July 1, 1964 while evacuating wounded Soldiers when he refused to leave only “when I have your wounded” which became the motto for Dust Off crews.

According to Dan Gower, past president of the Dust Off Association, the members of Army Dust Off units in Vietnam were some of the most heroic and talented Service Members in the history of American aviation warfare.

“Dust Off” was the tactical call-sign for helicopter ambulances operated by crews who performed aeromedical evacuation for United States, Vietnamese, and allied

forces that were wounded on the battlefields of the Vietnam War.

“The Vietnam War imposed an extraordinary cost of life and limb suffered by so many of our Service Members who fought there,” Gower said.

The Dust Off mission in Vietnam was to expedite the relief and remedy of pain and injury by transporting the wounded to a waiting US medical facility as fast as human and machine would allow.

“These intrepid American warriors boldly executed this humanitarian mission by rescuing nearly 900,000 souls in the process,” Gower said.

At great risk to their own safety, they often designed new procedures and techniques that allowed our wounded on the battlefield to be rescued in the face of insurmountable odds and unrelenting conditions, he noted.

Cornyn’s bill recognizes that United States Army Dust Off crews pioneered the concept of dedicated and rapid medical evacuation and rescued almost 900,000 US, Vietnamese, and allied sick and wounded. The legislation highlights their extraordinary innovation and resourcefulness, whereby some Dust Off units in Vietnam were able to deliver a patient to a waiting medical facility on an average of 33 minutes from the receipt of the mission.

Being a member of a Dust Off crew



Right, Senator John Cornyn hosted a press conference at the U.S. Army Medical Department Museum on Veterans Day to highlight his recently filed legislation, The Dust Off Crews of Vietnam War Congressional Gold Medal Act. Left, Medal of Honor recipient Maj. Gen. Patrick Brady, a Dust-off Veteran, described the contributions of Dust Off crews during the Vietnam War. (U.S. Army photo by Phillip Reidinger)

in Vietnam meant that there was a one in three chance of being wounded or killed. Dust Off crews experienced a rate of aircraft loss that was more than three times that of all other forms of combat helicopter missions in Vietnam.

General Creighton Abrams, Commander of Military Assistance Command in Vietnam (1968-1972) highlighted the heroism of Dust Off crews when he said, “A special word about the Dust Offs ... Courage above and beyond the call of duty was sort of routine to them. It was a daily thing, part of the way they lived. That’s the great part, and it meant so much to every last man who served there. Whether he ever got hurt or not, he knew Dust Off was there.”

# USARIEM Soldier honored as an ‘Angel of the Battlefield’

By Mallory Roussel, U.S. Army Research Institute of Environmental Medicine

NATICK, Massachusetts -- When Sgt. 1st Class Adam Morelli learned he had been nominated as the Army’s “Angel of the Battlefield” honoree, he was surprised.

“In my mind, I was thinking, ‘It is not a big deal. I was just doing my job,’” Morelli recalled.

While the detachment sergeant from the U.S. Army Research Institute of Environmental Medicine portrays his accomplishments modestly, the Armed Services YMCA recognized him among other service men and women at the Ninth Annual Angels of the Battlefield Gala in Washington, D.C., on Nov. 4 for providing life-saving medical treatment on the battlefield.

“They were basing the award off my time in Iraq, when I was deployed there,” Morelli said. “We had an incident in April of 2008 where there was a vehicle-borne improvised explosive device that had detonated next to the building near our compounds. I got there and I was the only medic on-scene because there was only one medic assigned per team.”

Alone, Morelli provided triage and treatment to 28 wounded Soldiers and cared for another Soldier trapped on a rooftop while under enemy fire.

“Those 29 Soldiers are alive today because of the efforts of then Staff Sergeant Adam Morelli,” said U.S. Army Chief of Staff Gen. Mark A. Milley, who presented Morelli with the honor.

Each year, the Angels of the Battlefield Gala honors medics, corpsmen and pararescuemen who administer lifesaving medical treatment and trauma care on the battlefield. The honorees are compassionate men and women who have risked their lives to protect other Soldiers. These Angels of the Battlefield



U.S. Army Chief of Staff Gen. Mark A. Milley presents Angels of the Battlefield honoree Sgt. 1st Class Adam Morelli with an award for heroism at the 9th Annual Angels of the Battlefield Gala in Washington, D.C., Nov. 4, 2015. Angels of the Battlefield honors medics, corpsmen and pararescuemen who administer life-saving medical treatment and trauma care on the battlefield. (U.S. Army photo by Staff Sgt. Steve Cortez)

are the reason why many Soldiers wounded in battle have made it home to their Families and communities. To date, ASYMCA has honored over 450 medics, corpsmen and pararescuemen for their service.

“This recognition is truly an honor to receive on behalf of all Army medics,” Morelli said. “We have medics saving lives every day. The ASYMCA is an outstanding organization that supports Soldiers worldwide. For them to take the time to recognize medics is very humbling.”

Not only has the Angel of the Battlefield recognition been humbling for Morelli, but it has also helped drive home the essential mission of USARIEM and Army Medicine: to help Soldiers, whether that is through research or

action.

“For Army Medicine as a whole, as is in USARIEM, our job is to save lives on the battlefield,” Morelli said. “Whether that is through prevention or treatment, our research at USARIEM helps Soldiers every day.

“I think that medics share the Army Values of selfless service and personal courage and hold those values very close. These are the tenets as to why we act in the way we do. We join the Army to help people and serve our country. The ASYMCA operates within those same values, as well. We are here to take care of Soldiers.”



Serving To Heal...Honored To Serve