

July 2017

BROOKE ARMY MEDICAL CENTER

FOCUS



BREATH OF FRESH AIR
NEW UNDERSEA & HYPERBARIC
MEDICINE CLINIC OPENS AT BAMC

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BAMC FOCUS

JULY 2017

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Team,

Sixteen years have quickly gone by since our country witnessed the worst attack on our shores since Pearl Harbor. September 11 ushered in a new generation of volunteers who decided to put on the distinguished uniforms of our military and fight to maintain the freedom that so many patriots bled and died for in our nation's storied history.

Since Operations Iraqi Freedom and Enduring Freedom began, over 6,900 service members gave their life so we can maintain the freedoms we experience on a day-to-day basis. What many people do not know is over 52,000 service members were wounded. Some of those wounds, injuries and illnesses are obvious, and some are not. Nevertheless, they are all important because we sent the best we had to offer into harm's way and they fought with great honor and courage.

Command Sgt. Maj. Hough and I had the privilege of witnessing personally those Sailors, Airmen, Soldiers and Marines, continuing the fight and persevering during the 2017 Department of Defense Warrior Games, held in Chicago, June 29-July 8. If you're not familiar with Warrior Games, it is an annual Paralympic-style event hosted by one of the services (Navy was this year's host), designed to showcase the resilient spirit of our nation's wounded, ill and injured service members and veterans from all branches of the military. Not only were our services well represented, but teams from the United Kingdom Armed Forces and the Australian Defence Force competed as well.

The athletes competed in archery, cycling, field, shooting, sitting volleyball, swimming, track, and wheelchair basketball. Injuries and illness ranged from double amputees, cancer, to PTSD. We call them "wounded warriors," but that is not quite the term that best describes them. They inspire us to overcome the difficulties we face, and teach us that anything is possible. The focus of the competitors at some point along their recovery journey changed from an inward focus of how could this happen to me, or what can't I do, to an outward focus of look how I will overcome. We all can learn from this.

Our Soldier/athletes begin their road to recovery in Warrior Transition Units. They get involved in adaptive reconditioning while determining a path for transition to become a civilian or returning to duty. Adaptive reconditioning gives Soldiers the opportunity to grow physically, mentally and spiritually in non-athletic programs like cooking, gardening, music, and photography. Others immerse themselves into athletic programs that can lead them to the competition at Warrior Games where spirited rivalries are fierce, but the camaraderie is infectious.

We had the opportunity to watch several of the events, including the gold medal wheelchair basketball game between Team Army and Team Navy. The athletes battled against each other until the final horn blew. It was heated, just like any Army-Navy contest has ever been. When the game ended (with Team Army prevailing 56-55), every Soldier and Sailor who participated left the court victorious. Warrior Games is not about beating your sister service, it is about overcoming and proving to yourself that whatever challenge you may have, it cannot stop you from succeeding, or continuing to contribute to the greatest military force on the planet.

Next year, Warrior Games will be hosted by the Air Force at the academy in Colorado Springs, CO. If you have never been to Warrior Games, I recommend you go. You will never forget the experience, and you will have a golden opportunity to honor those who have honored you.

A Team of Teams ... Creating Tomorrows Today

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Undersea & Hyperbaric Medicine Clinic opens at BAMC

By Lori Newman

BAMC Public Affairs

A June 16 ribbon-cutting ceremony marked the official opening of the Undersea & Hyperbaric Medicine Clinic at Brooke Army Medical Center. The clinic, previously located at Wilford Hall Ambulatory Surgical Center, uses oxygen therapy to treat a wide range of illnesses and injuries.

Army and Air Force leaders gathered to celebrate the joint effort that led to the clinic's opening at BAMC. "I believe through these collaborative efforts we continue to improve the care we provide our military beneficiaries and our civilian trauma patients," said BAMC Commander Brig. Gen. Jeffrey Johnson at the morning ceremony. "Together we are able to provide a more robust health benefit, which has depth and experience neither of our individual services could provide on their own."

"The joint efforts and hard work of both Brooke Army Medical Center and the 59th Medical Wing over the past several years leading to this day epitomizes the motto ... patients first and partners always," added 59th Medical Wing Vice Commander Brig. Gen. John DeGoes.

The new building took about 21 months to complete at a cost of more than \$12 million.

"Having this clinic nested inside the Department of Surgery and academically affiliated with our Emergency Medicine training programs positions this clinic well for the future," Johnson said.

The new clinic houses a multi-person chamber to accommodate up to six patients at one time. It is pressurized with air and patients breathe oxygen underneath a hood or with a mask. Generally, a treatment plan will consist of 90 minutes of hyperbaric oxygen daily for six weeks or more. While in the chamber, patients can recline in a comfortable chair and watch TV or read.



Army Capt. Kyle Salik is the first patient to receive oxygen therapy at the new Undersea & Hyperbaric Medicine Clinic at Brooke Army Medical Center June 20, 2017. Hyperbaric oxygen can be used to treat 14 different indicators including wound healing. (Photo by Robert Shields)

A single chamber is also available for an individual patient to receive treatment. The facility was built so that an additional multi-person chamber can be added if needed in the future.

According to the Undersea & Hyperbaric Medical Society or UHMS, hyperbaric oxygen is an intervention in which an individual breathes nearly 100 percent oxygen while inside a hyperbaric chamber that is pressurized to greater than sea level pressure.

Hyperbaric chambers and hyperbaric oxygen therapy have been in use for centuries, but it wasn't until the early 1930s that the military developed and tested hyperbaric oxygen for purposes specifically in the area of deep sea diving and later in aeronautics.

"San Antonio has a long history with hyperbaric medicine," said Air Force Col. (Dr.) Michael Richards, Undersea & Hyperbaric Medicine Service chief.

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Air Force Staff Sgt. Maribel Cortez, certified hyperbaric technician, places the oxygen hood on Christen Hesser to demonstrate how a patient would receive oxygen therapy in the multi-person chamber at the new Undersea & Hyperbaric Medicine Clinic at Brooke Army Medical Center June 13, 2017. If the patient is not comfortable with the hood, they can also wear a mask to receive their treatment. (Photo by Robert Shields)

Medal of Honor recipient celebrated with run, ceremony

By Lori Newman

BAMC Public Affairs

Brooke Army Medical Center's quarterly cohesion run held a special meaning June 23 as service members and civilians ran to the McWethy Troop Medical Clinic to honor the 50th anniversary of the heroic actions of the clinic's namesake.

Spc. 5 Edgar Lee McWethy Jr., B Company, 1st Battalion, 5th Cavalry Regiment, 1st Cavalry Division received the Medal of Honor posthumously for his heroic actions June 21, 1967 during the Vietnam War.

McWethy's sister, Christy McWethy-Case, and her husband, Jim Case, attended the ceremony featuring one of his platoon members who reminisced about her brother, the hero, who gave his life fighting to help his injured comrades.

"We referred to him as Doc, that's the only way we ever addressed him," said John Olcott, describing McWethy as a tall, lanky fellow who was quiet and unassuming.

"He was always pushing his glasses up on his nose," Olcott said. "He looked more like an out-of-place college professor than he did a medic."

Olcott said McWethy frequently helped his platoon mates through difficult times and always had a positive attitude.

"We would often talk about what we were going to do when we got out of the service," Olcott said. "I was going home to my girlfriend, others were going off to college, but Doc was studying the Vietnamese language. He was going to join the Peace Corps and return to Vietnam to work in some orphanage or hospital."

"He was a very kind, loving person," he said, trying to abate his emotion as he spoke about his friend. "We all had our dreams but unfortunately, some of them never were fulfilled."

According to the Medal of Honor citation, McWethy accompanied his platoon



John Olcott speaks about his platoon mate Spc. 5 Edgar Lee McWethy Jr. during a ceremony at the McWethy Troop Medical Clinic June 23 to honor the 50th anniversary of heroic actions of the clinic's namesake. McWethy received the Medal of Honor posthumously for his heroic actions June 21, 1967 during the Vietnam War. (Photo by Robert Shields)



Brooke Army Medical Center Commander Brig. Gen. Jeffrey Johnson shakes hands with Jim Case and Christy McWethy-Case at a ceremony June 23 honoring her brother, Spc. 5 Edgar Lee McWethy Jr. at the McWethy Troop Medical Clinic on Joint Base San Antonio-Fort Sam Houston. McWethy received the Medal of Honor posthumously for his heroic actions June 21, 1967 during the Vietnam War. (Photo by Robert Shields)

to the site of a downed helicopter. Shortly after the platoon established a defensive perimeter around the aircraft, a large enemy force attacked their position from three sides with heavy automatic-weapons fire and grenades.

McWethy rushed across the fire-swept area to render aid to his platoon leader, and realized the radio operator was mortally wounded. McWethy's timely first aid enabled the platoon leader to retain command during this critical period.

Hearing a call for aid, he started across the open toward another injured man. McWethy was wounded in the head and knocked to the ground. He regained his footing and continued on but was hit again in the leg. Struggling onward despite his wounds, he reached his comrades and treated their injuries.

Observing another fallen rifleman lying in an exposed position McWethy moved toward him without hesitation. He was then wounded a third time but reached his fallen companion. Weakened and in pain, McWethy gave the wounded man artificial respiration but suffered a fourth and fatal wound.

"We were all trained to take lives, but not Doc," Olcott said. "He was trained to heal the sick and take care of the wounded. His mindset was to save lives not to take them. Doc's overwhelming desire to save lives at all costs fulfilled the unspoken Soldier's code of honor, laying down one's life for your fellow brothers in arms."

The Medal of Honor citation states, "Through his indomitable courage, complete disregard for his safety, and demonstrated concern for his fellow Soldiers, McWethy inspired the members of his platoon and contributed in great measure to their successful defense of the position and the ultimate rout of the enemy force. McWethy's profound sense of duty,

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New potential approach to TBI assessment, treatment



Jeffrey Howard, a general health scientist and epidemiologist at the U.S. Army Institute of Surgical Research and primary investigator, uses a transcranial Doppler technology called the Neurovascular Complexity Index to evaluate a new algorithm that measures cerebral blood flow velocity. (Photo by Steve Galvan)

By Dr. Steven Galvan
USAISR Public Affairs Officer

Researchers at the U.S. Army Institute of Surgical Research in collaboration with NeuroChaos, Inc., in Austin, Texas, are looking at a novel approach to assessing traumatic brain injuries, which could assist in the way patients with TBI are identified, assessed and treated.

The research was designed to evaluate a new algorithm that measures cerebral blood flow velocity using transcranial Doppler technology called the Neurovascular Complexity Index (NCI).

According to Jeffrey T. Howard, Ph.D., a general health scientist and epidemiologist at the USAISR and primary investigator, data was collected from about 170 healthy participants and compared to 12 patients with moderate and severe TBI.

“The objective of this research was to test

the hypothesis that a measure of cerebral blood flow velocity variability would distinguish patients with moderate and severe TBI from healthy patients,” said Howard.

Howard added that this type of research is relevant for the military since about 90 percent of combat casualties with TBI also suffer additional injuries, often including hemorrhage requiring resuscitation that can exacerbate brain injuries.

“What we’re hoping to do is to provide a tool that will help battlefield medics with the ability to diagnose TBI quickly, identify the severity of the TBI, and monitor the combat casualty continuously for prolonged periods of time,” Howard said.

A current approach for diagnosing a patient with a TBI is by using the Glasgow Coma Scale. Patients are assigned a numerical score according to three criteria: eye opening; best motor response; and best verbal response. A normal patient would be given a score of 15 using this scale. A patient with 13-14 score has mild TBI; 9-12 moderate TBI; and a score of 3-8 would be severe TBI.

“One problem with the Glasgow Coma

Scale is that it can be challenging to consistently perform due to differences in knowledge level and training of providers, combined with the complexity of individual variability of symptoms,” Howard said. “The advantage of the NCI is that it provides a quantitative, physiological measure of blood flow velocity to the brain and can detect disruptions in the normal patterns of blood flow variability that result from injuries.

“It is difficult to use the Glasgow Coma Scale to accurately diagnose and determine the severity of TBI at the point of injury or quickly thereafter, especially in austere environments with patients who have multiple injuries and may be unconscious due to a variety of factors. This new individualized approach is specific to the individual and is showing some encouraging results in distinguishing between healthy and injured patients with TBI. We still have a while to go with this new approach, but it’s looking promising.”

The preliminary findings are being published in an upcoming issue of the Journal of Trauma and Acute Care Surgery.



Jeffrey Howard, Ph.D., a general health scientist and epidemiologist at the U.S. Army Institute of Surgical Research and primary investigator, right, explains the functions of the compensatory reserve measurement to Javier Chapa during an Awareness Program Fair at the U.S. Army Institute of Surgical Research. (Photo by Steve Galvan)

It's not easy being green

BAMC receives award for environmental sustainability efforts

By Lori Newman

BAMC Public Affairs

Brooke Army Medical Center received the 2017 Greenhealth Partner for Change award May 18 during a ceremony held in Minneapolis, Minn. This award recognizes medical facilities with superior performance in environmental sustainability.

"We have made great strides over the past year with many of our sustainability efforts," said Army Col. Gerald Dallmann, chief of Logistics at BAMC. "This award shows the commitment of our staff and leadership. I'm sure we will continue to strive for environmental excellence in the future."

Current Initiatives

When the new consolidated tower was being built, an underground spring was struck and water continued to flow up through an emergency elevator shaft. Until recently, the water was being diverted into the storm drain.

To rectify that, "we were probably pumping a million gallons a month into the storm drain," Dallmann said. "It wasn't being used for anything."

We installed a pipe to divert the water into our two reclamation ponds by the highway. And an irrigation system was added so that water is used to maintain the lawns around the facility."

Kevin Edward, chief of the Environmental Services Branch at BAMC, said many other initiatives have already been implemented. The paper curtains that were used in several areas throughout the facility are now being changed to cloth, and the paper curtains are being recycled.

"By going to the cloth curtains, washing them and reusing them we are saving approximately \$1 million annually," Edwards said.

Another cost saving measure is the re-



Debra Bratton hands Kartha Navya a plate during lunch in the Brooke Army Medical Center dining room June 20. BAMC Culinary and Hospitality Branch would like patrons to ask for a regular plate rather than a to-go container when eating in the dining facility. (Photo by Robert Shields)

purposing of white towels that become old or dingy. They are dyed brown and used in other areas of the facility or donated to the veterinary clinic on main post.

The Culinary and Hospitality Branch has taken several steps to eliminate food waste by more closely tracking the amount of pre-made sandwiches and salads sold at the "Grab-and-Go's." They were able to save about \$3,600 a month and avoid food waste.

Patient meals are prepared on-demand and food production in the dining facility is being more closely tracked to reduce leftovers and discarded foods.

"We would like people who are planning to eat in the dining room to ask for a plate rather than a takeout container," said Army Lt. Col. Julie Rylander, chief of the Culinary and Hospitality Branch. "This would greatly help in our cost containment efforts."

The takeout containers are made from recycled materials, but the facility currently

does not have the ability to recycle them again once they have been used.

"In the kitchen we use mostly fresh or frozen vegetables," Rylander said. "We don't use a lot of canned food items, but we do recycle the cans we do use."

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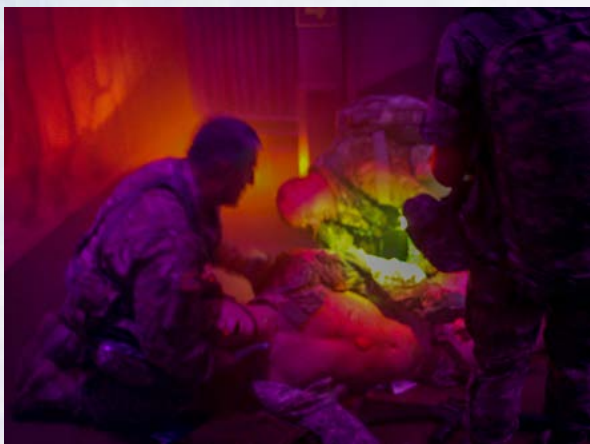


Graciela Pena puts paper and magazines into a large shredder June 28 at Brooke Army Medical Center. BAMC recycles an average of 12,000 pounds of cardboard and shredded paper a month. (Photo by Robert Shields)

Emergency Medicine physicians culminate training with exercise

By John Franklin
BAMC Volunteer

The Brooke Army Medical Center Emergency Department recently graduated 26 Army and Air Force emergency medicine physicians after a weeklong exercise June 12-17.



A Special Forces noncommissioned officer and an emergency medicine physician conduct an assessment of a casualty at the point of injury under simulated battlefield conditions at an Army Medical Department simulation facility at Joint Base San Antonio-Fort Sam Houston June 12, 2017 as part of the Joint Emergency Medicine Exercise. (Photo by John Franklin)

During their internship, the physicians provided medical care to a variety of seriously injured people in the emergency medicine department at BAMC, a Level 1 Trauma Center. However, combat casualty care in wartime environment is different from practicing medicine at a huge, urban hospital.

The combat experienced leaders at BAMC and the hospital's Emergency Department knew their graduating emergency medicine doctors needed one final segment to prepare them for emergency medicine in combat. Joint Emergency Medicine Exercise 2017 was designed to provide the experience of wartime operational medicine.

Army Maj. (Dr.) John Knight, director, Residency Operational Medicine and former Special Forces medic turned doctor, was the creator and exercise director for Joint EMX 2017.

"This year's Joint EMX was, in my opinion, the best ever," Knight said.

By refining past years' exercises and employing continuous process improvement, Knight has developed a program that gives the new emergency medicine doctors practical experience and classroom presentations exposing them to operational medicine under combat conditions.

Dr. John Devlin, program director for the Emergency Medicine Residency Program at the Portsmouth Naval Medical Center, brought 10 Navy emergency medicine doctors to participate in the training.

Army, Navy, and Air Force physicians taught the classes, sharing lessons learned and best practices. Three general officers also shared their perspectives on the challenges they have faced as doctors and military officers.

Army Maj. Gen. Brian Lein, commanding general, U.S. Army Medical Department Center & School; Navy Rear

Adm. Rebecca McCormick-Boyle, commander, Navy Medicine Education, Training and Logistics; and Army Brig. Gen. Jeffrey Johnson, commanding general, Brooke Army Medical Center, spoke individually to the class and then participated in a panel at BAMC to answer questions from the class.

During training at the Bulverde/Spring Branch Emergency Medical Services site, the physicians and Special Forces personnel had an opportunity to practice difficult emergency medical procedures they may not have had the opportunity to perform while working in the Emergency Department. Experienced military physicians and EMS personnel were there to help them refine life saving techniques.

The 19th Special Forces Group at Camp Bullis demonstrated combat assault techniques, care under fire, and casualty evac-

uation. The Special Forces personnel also benefited from the joint training because they were able to attend the emergency medicine physician's classes during the EMX to enhance their medical skills.

A C-130 from Dyess Air Force Base allowed the 19th Special Forces Group to conduct several airborne operations allowing the doctors to observe what is involved in a Critical Care Air Transport Team's movement of a patient.



19th Special Forces Group personnel and emergency medicine physicians load simulated wounded into the back of a Humvee at Camp Bullis as part of the Joint Emergency Medicine Exercise June 15, 2017. (Photo by John Franklin)



A Special Forces noncommissioned officer and an emergency medicine physician conduct an assessment of a casualty at the point of injury under simulated battlefield conditions at an Army Medical Department simulation facility at Joint Base San Antonio-Fort Sam Houston June 12 2017 as part of the Joint Emergency Medicine Exercise. (Photo by John Franklin)



Army Maj. Gen. Brian Lein, commanding general, U.S. Army Medical Department Center & School; Navy Rear Adm. Rebecca McCormick-Boyle, commander, Navy Medicine Education, Training and Logistics; and Army Brig. Gen. Jeffrey Johnson, commanding general, Brooke Army Medical Center, participate in a panel at BAMC to answer questions from Army, Navy and Air Force emergency medicine physicians June 13, 2017 as part of the Joint Emergency Medicine Exercise. (Photo by John Franklin)



Army Maj. Donald Keen, deputy director for the Critical Care Flight Paramedic Program (third from left) talks to participating emergency medicine physicians about considerations when treating severely wounded at a location without the full capabilities of a Level 1 Trauma Center as part of the Joint Emergency Medicine Exercise June 13, 2017. (Photo by John Franklin)



A Dyess AFB C-130 takes off from the Camp Bullis assault airstrip June 15, 2017 with emergency medicine doctors on a simulated Critical Care Air Transport mission as part of the Joint Emergency Medicine Exercise. Earlier in the day, the aircraft flew high altitude, low opening and static line parachute jumps for the 19th Special Forces Group as they simulated an airdrop insertion into hostile territory. (Photo by John Franklin)



19th Special Forces Group personnel establish a blocking cordon around the raid objective and now block enemy response forces as the casualties are being removed from the battle field area as part of the Joint Emergency Medicine Exercise June 12, 2017. (Photo by John Franklin)



19th Special Forces Group team members approach a simulated helicopter crash near hostile forces and the start of a mass casualty event is set in motion as part of the Joint Emergency Medicine Exercise June 17, 2017 at Camp Bullis. (Photo by John Franklin)



Emergency medicine doctors accompany 19th Special Forces Group personnel conducting a raid to seize an individual declared a high value target at Camp Bullis as part of the Joint Emergency Medicine Exercise June 15, 2017. The exercise allows the doctors to observe what happens when there is a casualty and how the patient is treated and moved. (Photo by John Franklin)

SAM Junctional Tourniquet among exhibits at the 2017 Military Invention Day

By Steven Galvan
USAISR Public Affairs

A researcher from the U.S. Army Institute of Surgical Research was among several Armed Forces scientists, engineers and inventors at the 2017 Military Invention Day held May 20 at the Smithsonian's National Museum of American History.

Michael A. Dubick, chief of the USAISR Damage Control Resuscitation Research Program, displayed and demonstrated the function and capabilities the SAM Junctional Tourniquet to attendees at the event including Chief of Staff of the Army Gen. Mark A. Milley.

"It's important for military leadership to know about this work because they make the plans to send Soldiers, Sailors, Airmen and Marines into harm's way," said Dubick. "Leadership needs to know that we're working on solutions to take care of these service members should they get injured."

The SAM Junctional Tourniquet was awarded the 2015 Major General Harold "Harry"

J. Greene Award for Innovation (Group category), formerly known as the Top 10 Army's Greatest Invention Award. The SAM Junctional Tourniquet is designed to stop bleeding in junctional areas of the torso where limb tourniquets cannot be used like in the groin area or shoulder.

"We shared our booth with the 'ballistic shirt' which won the individual Innovation Award," added Dubick. "The event coordinator from our headquarters at the U.S. Army Medical Research and Materiel Command said that of all the exhibits visited by Milley, he spent the most time with us and the ballistic shirt."

Dubick said he had a great experience at the event where he said he was visited by more than 1,000 attendees.

"I know I spoke to several military veterans and medical personnel, but the majority of people I spoke with were the lay public of all ages," said Dubick. "The young kids liked to inflate the bladder on the SAM. One woman said she found this much more interesting than visiting Julia Child's kitchen."



Michael A. Dubick, chief of the U.S. Army Institute of Surgical Research Damage Control Resuscitation Research Program, explains the function and capabilities the SAM Junctional Tourniquet to Chief of Staff of the Army Gen. Mark A. Milley at the 2017 Military Invention Day held May 20 at the Smithsonian's National Museum of American History. (Courtesy Photo)

Continued from page 4

"It began at Brooks Air Force Base back in the 60s then moved to Wilford Hall in March 2008 and stayed there for the next eight years, until it was decided that it should move to BAMC."

Oxygen therapy has become very popular in treating a wide variety of things, explained Richards. "We follow the guidelines, or 14 indications, outlined by the UHMS," he said.

"Other specialties focus on one organ system; we treat 14 different things and they are very broad in their scope," Richards said. "We have one drug and we treat 14 different things. The one drug we have is oxygen under pressure."

Richards said most of their patients are seen on an outpatient basis. The most common indicators treated at the clinic are people who have wounds that won't heal and injuries from radiation therapy.

Some of the other illnesses and injuries that can be treated with oxygen therapy are air or gas embolism, carbon monoxide poi-

soning, decompression sickness, crush injuries, arterial insufficiencies, severe anemia and acute thermal burns.

"The most important thing is to have a facility where we can treat all 14 of our indications," Richards said. "Some of the big ones are only things you would see in a tertiary care center like carbon monoxide poisoning, traumas and crush injuries."

The BAMC hyperbaric facility is the only hyperbaric medicine facility in South Texas with 24-hour capability to treat emergencies.

"The capabilities and capacity described by Dr. Richards demonstrate our continued and joint commitment to excellence in both operational medicine and delivery of health care to even the most complex patients at the Medical Health System's largest and most productive inpatient facility," DeGoes said.

More information about the indicators for hyperbaric oxygen therapy can be found on the UHMS website at: <https://www.uhms.org/resources/hbo-indications.html>.

Continued from page 5

bravery, and his willingness to accept extraordinary risks in order to help the men of his unit are characteristic of the highest traditions of the military service and reflect great credit upon himself and the U.S. Army.

Olcott asked the Soldiers in attendance to remember McWethy for the man he was. "When you come to this facility I hope that when you walk through the doors you just don't see a plaque or see a name on the wall, but that you will actually see the man," he said.

"For those of you coming through those doors seeking medical help, know that you are under the watchful eyes of the best medic the Army ever had," Olcott said. "I count it a privilege and an honor to have known and served with this true hero who continued to do his job until his last dying breath."

Kindertag and Barbecue



Singer JW Riza entertained at the Fisher House Kindertag and Young Farmers Luau Barbeque event at Brooke Army Medical Center's Fisher House on June 10. The event included a clown show, a Zoomagination Animal Show, and more. (Photo by Robert Shields)



Kem Hedrick, Butch Gandre and Michael Baker, from the Gonzales Young Farmers, prepare for the Fisher House Kindertag and Young Farmers Luau Barbeque event at Brooke Army Medical Center's Fisher House on June 10. The event included a clown show, a Zoomagination Animal Show, and more. (Photo by Robert Shields)



Donna Bell the Clown kept children tickled during the Fisher House Kindertag and Young Farmers Luau Barbeque event at Brooke Army Medical Center's Fisher House on June 10. The event included a Zoomagination Animal Show, Raffle drawing, Egg races and more. (Photo by Robert Shields)



Allison and Benjamin Sanchez and Angelina Menchaca, play "Let's go fishing" during the Fisher House Kindertag and Young Farmers Luau Barbeque event at Brooke Army Medical Center's Fisher House on June 10. The event included a clown show, a Zoomagination Animal Show, and more. (Photo by Robert Shields)

BAMC Org Day: Out of this world fun



Capt. Taylor Whitten, Alpha Company commander, takes the plunge in the dunk tank during BAMC's Organization Day at the Warrior and Family Support Center's Freedom Park June 16. (Photo by Robert Shields)



Taneshia Grider, medical technician, aims for the stars playing Galaxy Darts during BAMC's Organization Day June 16 at the Warrior and Family Support Center's Freedom Park. (Photo by Robert Shields)



Army 1st Lt. Eric Bracamonte, Brooke Army Medical Center post anesthesia nurse, takes on the flames and smoke in 100 plus degree heat to prepare hamburgers for guests during BAMC's Organization day at the Warrior Family Support Center's Freedom Park June 16. (Photo by Robert Shields)



Riley Cruz hits a perfect bullseye at the dunk tank during BAMC's Organization Day at the Warrior and Family Support Center's Freedom Park June 16. (Photo by Robert Shields)



The Spazmatics provide entertainment June 16 for Brooke Army Medical Center's Organization Day at Freedom Park behind the Warrior and Family Support Center. (Photo by Robert Shields)

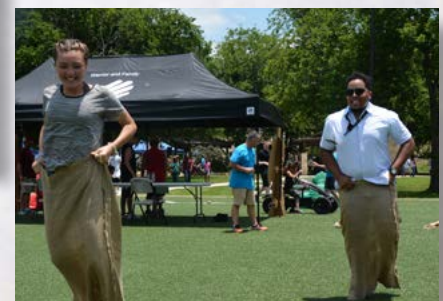


Gracie Dubey gets her face painted by USO Volunteer Sharon Restivo during BAMC's Organization day in the Warrior and Family Support Center's Freedom Park June 16. (Photo by Robert Shields)



Tina Panahj pitches horseshoes during BAMC's Organization Day in the Warrior and Family Support Center's Freedom Park June 16. (Photo by Robert Shields)

Slater Mooneyham tries to drive wearing drunk goggles on a safe course during BAMC's Organization Day at the Warrior and Family Support Center's Freedom Park June 16. This event shows the effects of alcohol while driving. (Photo by Robert Shields)



Ileana Perez challenges Corey Toye, multimedia designer, to a potato sack race during BAMC's Organization Day in the Warrior and Family Support Center's Freedom Park June 16. (Photo by Robert Shields)

Brooke Army Medical Center observes LGBT Pride Month

By Robert Shields

BAMC Public Affairs

Brooke Army Medical Center recently held a Lesbian, Gay, Bisexual and Transgender Pride Month Observance June 28.

June was selected as Pride Month to commemorate an event that happened in 1969 at the Stonewall Inn in Greenwich Village, New York. These riots were a series of spontaneous demonstrations by members of the gay community against continued police harassment.

Col. Michael E. Ludwig, BAMC Deputy Commander for Inpatient Services, said we've come a long way since then.



Col. Michael E. Ludwig, BAMC Deputy Commander for Inpatient Services and BAMC Troop Command Command Sgt. Maj. Roderick Batiste, present San Antonio Uniformed Services Health Education Consortium's (SAUSHEC) Internal Medicine Program Director Col. Joshua Hawley-Molloy a plaque during the Lesbian, Gay, Bisexual and Transgender Pride Month Observance June 28. Hawley-Molloy was the guest speaker at the event. (Photo by Robert Shields)



Col. Joshua S. Hawley-Molloy, program director of the Internal Medicine Residency for the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) at Brooke Army Medical Center, was the guest speaker at a Lesbian, Gay, Bisexual and Transgender Observance in the BAMC Medical Mall June 28. (Photo by Robert Shields)

"I believe as a nation and as a military, we have made great strides toward equality for all people, but we need to keep moving forward -- to stand up and fight for what we know to be right," said Ludwig. "People should not be measured by race, religion, background, sexual preference or sexual orientation -- but by their capabilities."

Since the "Don't Ask, Don't Tell" repeal act became law in 2010, military members can now serve openly with honor. One such military member was the guest speaker for the event, Col. Joshua Hawley-Molloy, program director of the Internal Medicine Residency for the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) at Brooke Army Medical Center.

"At my first duty assignment, I thought of just coming out to my commander and asking for a discharge but I quickly rejected the idea because I had always dreamed of serving in the Army like my father and grandfather," said Hawley-Molloy, "and I was determined to be an Army doctor and

care for service members and their families, regardless of the anti-gay policy."

Hawley-Molloy says that even though strides have been made for LGBT rights, there are still battles ahead such as legal protection from discrimination in housing and employment and Transgender rights.

BAMC Troop Command Command Sgt. Maj. Roderick Batiste closed the ceremony by saying we all need to recognize that our openness to diversity is one of the things that has allowed us to be the best military in the world.

"Today people are more diverse, open, and tolerant than past generations. If we are going to attract the best and brightest among them to contribute to our mission, we have to be more open, diverse, and tolerant, too," said Batiste. "This is vital for developing our future leaders. Let's take pride in all who step forward to serve our country."

The DoD updated its equal opportunity program protecting service members against discrimination because of sexual orientation June 9, 2015.

USAISR Researchers Ensure Blood for Service Members is Zika Free

By Steven Galvan
USAISR Public Affairs

Researchers at the U.S. Army Institute of Surgical Research recently initiated a study to ensure that all blood collected at Department of Defense blood collection facilities is free from the Zika virus; they are continuing to test all blood donations for the foreseeable future.

The testing for the Zika virus in donor blood began in the fall of 2016 after the Zika outbreak in Puerto Rico prompted officials from the U.S. Food and Drug Administration to shut down blood collection on the island and mandated that all FDA-regulated blood collection centers in the U.S. test for Zika.

Participation in the testing for the 20 DoD collection centers around the world from Guam to Germany was mandatory and failure to comply meant that all facilities would be shut down.

According to Lt. Col. (Dr.) Andre Cap, USAISR chief of blood research, the first of the 20 facilities began testing in September 2016 and all were compliant by January 2107 in accordance with FDA's mandated schedule for testing implementation.

"We are essentially running a 20-site clinical trial," said Cap. "It was a difficult task, but it was an urgent matter to keep the facilities from getting shut down."

Shutting down DoD blood collection facilities would mean a shortage of blood to troops deployed to austere locations and those supporting overseas contingency operations.

"The urgency of this study was to keep the facilities open," added Cap. "We coordinated this effort with the three services and the Armed Services Blood Program and we got all blood donors tested for Zika to make sure that the DoD's blood supply that goes down-range is Zika-free."

Chriselda Fedyk, the USAISR blood research trial coordinator, worked with Roche Molecular Diagnostics, the developer of the



Researchers at the U.S. Army Institute of Surgical Research recently initiated a study to ensure that all blood collected at Department of Defense blood collection facilities is free from the Zika virus; they are continuing to test all blood donations for the foreseeable future. (Photo by Steve Galvan)

blood testing process, the U.S. Army Medical Research and Materiel Command Institutional Review Board, and the service blood programs to launch the study.

The trial was implemented in three phases according to Zika transmission risk: the first phase was for blood collection facilities in the southern U.S., to include Guam and Hawaii, then the facilities in the central U.S., and the final phase in the northern portion of the country.

Testing for Zika will continue until the FDA approves a license for a testing protocol. The protocol used for testing DoD blood supplies was one of two granted by the FDA under an investigational new drug or IND application. The data collected from the USAISR's study will go toward the licensing process for the IND. Once the license is granted, the testing protocol will end and Zika testing will become a routine part of blood safety evaluation.

"The good news is that we've had very few positive donors and we've been able to comply with the FDA mandate. Retesting the positive blood has come back negative in subsequent tests," Cap said. "It will be interesting to see what happens this year because we are getting close to the mosquito season."

Continued from page 7

All paper placed in blue recycle bins is collected and shredded before disposal.

"We average about 12,000 pounds of cardboard and shredded paper a month," Edwards said. "All paper should be replaced in a blue recycle bin, not just sensitive material."

Additionally, more can and plastic recycle bins have been placed throughout the facility to encourage people to recycle cans and plastic bottles.

"We are trying to make it easier for everyone to recycle, but they need to do their part," Edwards said. "Take those few extra steps to put your can or plastic in a recycling bin."

Future Sustainment Plans

New shredders with balers are being purchased. This will help with disposal because the bales will be more compact and easier to handle.

Another area that is being evaluated is regulated medical waste. "We pay more than \$100,000 a year to dispose of regulated medical waste," Edwards said.

Edwards said they are looking into more efficient ways to dispose of regulated medical waste. There is a significant cost difference between regular trash disposal and regulated medical waste disposal.

"We are looking at trash compactors instead of the regular roll-off dumpsters we currently use," Dallmann said. "The compactors would alert the disposal company when they are full. The containers we currently use get picked up on a schedule whether they are full or not."

"There is a huge spectrum of opportunity here at BAMC for savings and sustainability," Dallmann said.

Other Happenings ...

at Brooke Army Medical Center



The Brooke Army Medical Center Patient Experience team was presented the Air Force Medical Operations Agency Leading Practice Award, June 7. The program is critical to the success of better care in a High Reliability Organization. The professional expertise, dedication and care of the program is evident throughout BAMC. It is the first time the Air Force award was presented to an Army program. The BAMC team from left to right is Tony Sola, Rod Temple, Nancy Castillo, Randy Akyol, Priscilla Patterson, Stephanie Hythonmaddox, Col. Kimberly Pietszak, Maria Guerrero, Janice Ellison, Chief Patient Experience and Satisfaction Team, AFMOA, Lackland Air Force Base, and Paul Kittle, Patient Advocate Program Manager for the AFMOA, Lackland AFB. (U.S. Army photo by Robert A. Whetstone)



Aries Okungbowa-Ikponmwosa, Hearing Center of Excellence clinical research coordinator, discusses her poster "Preliminary findings of the multi-site DoD/VA Noise study" with Audiologist Dr. Candice Manning during the 2017 Collaborative Auditory Vestibular Research Network meeting hosted by Brooke Army Medical Center June 13-15. More than 100 Department of Defense and Veterans Affairs subject matter experts and stakeholders from all over the country attended the 3 day event. (Photo by Robert Shields)



Student volunteers for the Red Cross Summer Youth Volunteer Program attend an orientation June 16 in the Brooke Army Medical Center auditorium before heading to their assigned work areas. The youth volunteer are working in multiple locations throughout the hospital. The program runs through August. (Photo by Robert Shields)

SAN ANTONIO AREA MAP



Brooke Army Medical Center

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Center for the Intrepid

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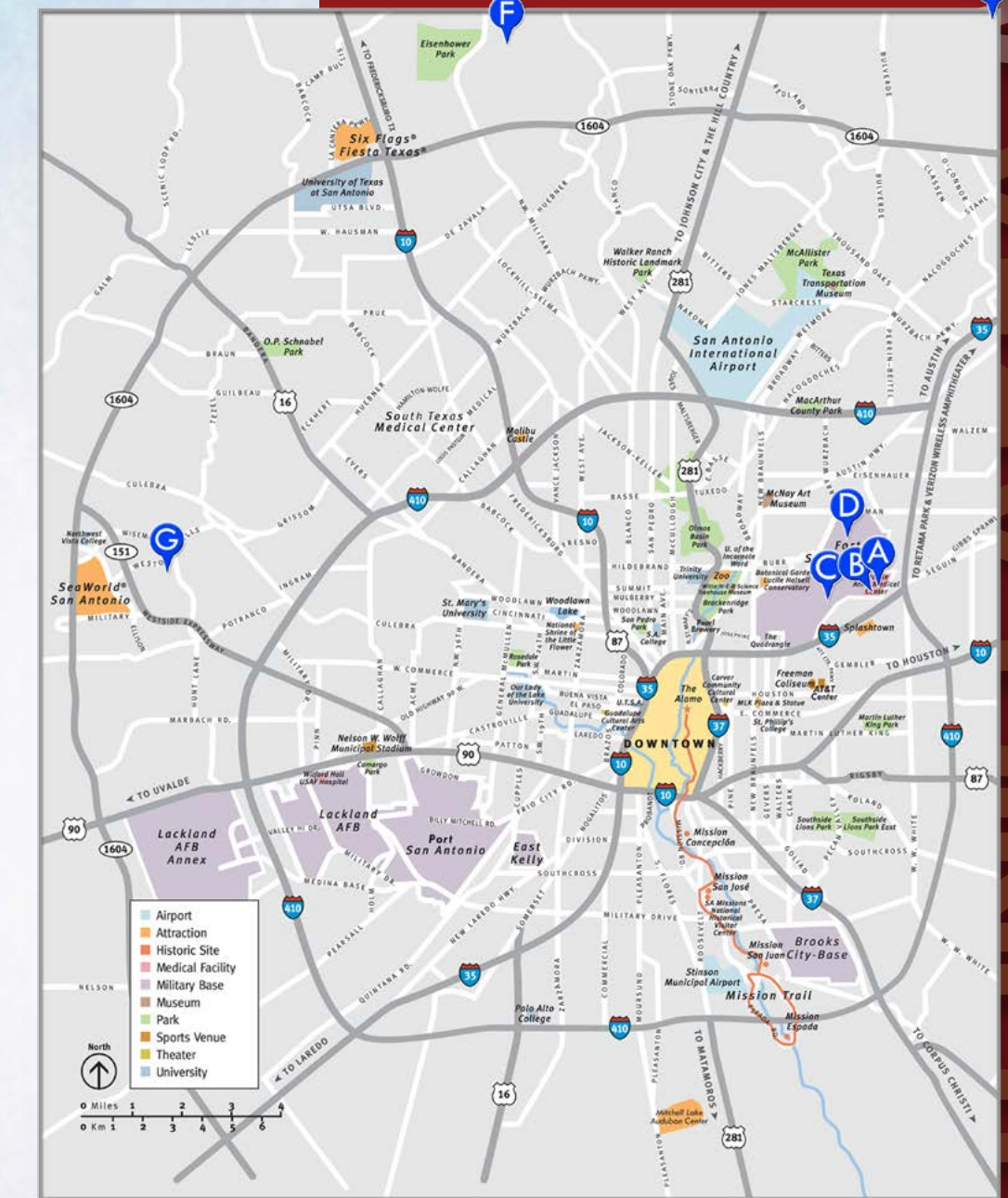
Moreno Clinic

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(210) 916-4141



McWethy Troop Medical Clinic

3051 Garden Ave, Bldg 1279
JBSA Fort Sam Houston, TX 78234
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Schertz Medical Home

Horizon Center
6051 FM 3009, Suite 210
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Taylor Burk Clinic

Bldg 5026
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