

Fall  
**14**



A Quarterly Newsmagazine Serving the Soldiers, Staff, and  
Beneficiaries of the U.S. Army Southern Regional Medical Command

# S R M C S T A R SENTINEL

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## COMMANDER'S CALL

It is truly an honor and a privilege to take command of the Southern Regional Medical Command and to become the Market Manager for the San Antonio Military Health System. I've been told from a variety of sources that SRMC is the best region in the MEDCOM and I'm excited to have the opportunity to be part of the best.

My responsibility as the commander is to provide the resources, training, and guidance to help each of you accomplish your mission. My staff and I work for you and we will all work together. Imperative to our success is open, frequent communication; building trust and relationships within and between our teams; following common values; instilling discipline; and maintaining a healthy life balance.

I envision both SRMC and SAMHS as leading the way in establishing a true patient-centered culture of safety. Every decision we make and every process we use must have patient outcomes as the focal point. Like us, our patients and their families have either served, are serving, or will serve our Nation as a member of the Armed Forces. This makes them all special and all part of our large military family. I expect that our teams will provide the same care and compassion we want for our own parents, grandparents, siblings or children. We must ensure we keep them safe, provide the best care possible to enhance their health, and focus on prevention of future illness or injury.

We are continuing to evolve our System for Health, and the next few years will provide many opportunities to progress towards our goals. These opportunities will require us to be flexible, adaptable, and reliable; to be innovative while we achieve common standards; and maintain our readiness skills to decrease risk. We must be patient with each other; listen to hear and understand; and share our experiences and knowledge to bring the best options forward. Every employee or volunteer in SRMC and in the SAMHS is an important, valuable member of the team and we will not be successful without everyone's full focus and engagement to their work. The most important person on the team is the patient. I ask you each to treat them with the respect, courtesy and compassion they deserve.

CSM Johnson and I are here for you; to lead, challenge and help you all grow professionally. We expect you to take care of each other; be responsible and accountable; train and develop your juniors; look for and eliminate hazards and risks; and foster a pride within your teams for the work you accomplish together. I look forward to the journey ahead with you all. Thank you for your Selfless Service and Happy Holidays.

Serving to Heal... Honored to Serve

Barbara R. Holcomb  
Brigadier General, U.S. Army  
Commanding General



### SRMC STAR SENTINEL STAFF

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Unless otherwise indicated, all photos are U.S. Army Photos.



## CSM NOTE



Team,

To begin, I want to express my gratitude to Maj. Gen. Jimmie O. Keenan for the last year, and the opportunity I had to work with such an outstanding

leader. Her dedication to her troops and the people doing the day-to-day job of taking care of America's Sons and Daughters was apparent during every site visit, and every time she spoke with both caregivers and patients. As she takes a position of leadership within MEDCOM as the deputy surgeon general for operations, I want her to know that we wish her the absolute best, and look forward to the great things she will do for Army Medicine.

I would also like to take this time to welcome Brig. Gen. Barbara R. Holcomb to the SRMC Family! She has had a distinguished career and has a wealth of experience and leadership. She most recently served as the Army Action Officer for the Military Health System Review, and prior to that served as the Command Surgeon for the U.S. Army Forces Command Headquarters. I am confident that we have the right person to lead us through the changing landscape of Army Medicine.

With the holidays coming up, I want to remind each of you to exercise your risk management protocols and good judgment when traveling. Don't text and drive and don't get behind the wheel if you are impaired in any way, whether from alcohol or exhaustion. I expect every one of you who goes on leave to return when the holidays are over. You are all important to the mission, and we can't afford to lose anyone.

Serving to Heal... Honored to Serve

Jayme D. Johnson  
Command Sergeant Major, U.S. Army  
Southern Regional Medical Command

# AMERICA'S ARMY OUR PROFESSION



<http://CAPE.ARMY.MIL>





# BG Holcomb assumes command of SRMC

by SRMC Directorate of Communications

On a sunny fall morning, approximately 300 guests witnessed Brig. Gen. Barbara R. Holcomb assume command of the Southern Regional Medical Command on Oct. 8 from Maj. Gen. Jimmie O. Keenan. Lt. Gen. Patricia D. Horoho, U.S. Army surgeon general and commanding general, U.S. Army Medical Command, presided over the change of command.

Holcomb has held numerous clinical and staff assignments, including her recent assignment as the Army Action Officer for the Military Health System review and command surgeon, FORSCOM Headquarters, Fort Bragg, N.C. She is a 1987 Distinguished Military Graduate of Seattle University's Army ROTC where she earned a Bachelor of Science degree in Nursing. She earned a Master's degree in Nursing Administration from the University of Kansas, a Master's level Certification in Emergency and Disaster Management from American Military University, and a Master of Military Strategic Studies from the U.S. Army War College, Carlisle, Pa.



*Brig. Gen. Barbara R. Holcomb, left, stands before the chief of staff, color guard, and hospital commanders for the first time as commander of the Southern Regional Medical Command during a change of command in which she assumed command from Maj. Gen. Jimmie O. Keenan, on Oct. 8 at Joint Base San Antonio-Fort Sam Houston, Texas. U.S. Army Photo by Erin Perez.*

“It’s an honor and privilege to take command of the Southern Regional Medical Command. Lt. Gen. Horoho, thank you for the opportunity to lead a region filled with innovative, dedicated command teams and an experienced region staff that understands transformation and the need for continuous progression,” said Holcomb during her command speech.

Maj. Gen. Keenan’s next assignment is to serve as the deputy commanding general (operations), U.S. Army Medical Command, Joint Base San

Antonio-Fort Sam Houston, Texas and she will continue to serve as the chief, U.S. Army Nurse Corps.

The mission of the Southern Regional Medical Command is to provide responsive, innovative, and reliable health services, and influence health to improve readiness, save lives and advance wellness in support of the force, military families and all those entrusted to our care. SRMC is the Army’s largest medical region with 11 military treatment facilities throughout the Southeast, plus the Commonwealth of Puerto Rico and the Virgin Islands.

# Three actions to prevent the spread of Flu

by Lt. Col. Lisa Lute, Army Public Health Nurse, Brooke Army Medical Center

## The Flu Is Contagious

According to the Centers for Disease Control, “Most healthy adults may be able to infect other people beginning one day before symptoms develop and up to five to seven days after becoming sick. Children may pass the virus for longer than seven days. Symptoms start one to four days after the virus enters the body. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Some people can be infected with the flu virus but have no symptoms. During this time, those persons may still spread the virus to others.”

Receiving the annual influenza vaccination, good hand washing and avoiding sick people are the best ways to greatly decrease your chances of suffering from influenza this flu season.

## Flu vaccine is at your clinic

The CDC encourages everyone six months old and older to get vaccinated. The timing of flu is very unpredictable and can vary from season to season. Flu activity most commonly peaks in the U.S. between December and February. However, seasonal flu activity can begin as early as October and continue to occur as late as May.

The upcoming season’s flu vaccine will protect against the influenza viruses that research indicates will be most common during the season. This includes an influenza A (H1N1) virus, an influenza A (H3N2) virus, and one or two influenza B viruses, depending on the flu vaccine.

## Influenza is a contagious respiratory illness caused by influenza viruses

It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. While we encourage vaccination for everyone six months and older some people are at high risk for serious flu complications; therefore, people 65 and older, pregnant women, young children and those with chronic health conditions are at higher risk for serious complications and even death if they get the flu and should minimize that risk by getting vaccinated. The best way to prevent the flu is by getting **vaccinated** each year.

In addition to getting vaccinated, people should stay away from sick people and stay home if sick. It is also important to wash hands often with soap and water. If soap and water are not available, use an alcohol-based

hand rub. Linens, eating utensils, and dishes belonging to those who are sick should not be shared without washing thoroughly first. Utensils can be washed either in a dishwasher or by hand with water and soap and do not need to be cleaned separately. Furthermore, frequently touched surfaces should be cleaned and disinfected at home, work and school, especially if someone is ill.

According to the CDC, people with the flu can spread it to others up to about six feet away. Most experts think that flu viruses are spread mainly by droplets made when people with the flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Less often, a person might also get the flu by touching a surface or object that has flu virus on it and then touching their own eyes, mouth or nose.

For more information please contact your primary care provider or Army public health nurse, or visit <http://www.cdc.gov/flu>





# Cold Weather Safety

by Lou Olive, SRMC Safety Director

As the air turns cooler and leaves drop from the trees, remember fall season safety tips help keep you and your family protected from seasonal dangers. When the weather turns cold most people spend more time inside their homes using fireplaces, furnaces and heaters to keep warm. Make sure your home heating system is in good working order before the cold weather sets in. Have chimneys cleaned and furnaces inspected. Use a fireplace screen to keep sparks from flying out of the fireplace. Allow at least three feet of empty area around space heaters. Never leave a burning fire unattended. Make sure a fire in a fireplace is completely out before going to bed. Never leave candles burning if you go out or go to sleep. Never use your stove or oven to heat your home.

The days are shorter in the fall, and that makes it more difficult to see children playing or people walking and riding bicycles. It is also harder to see motorcycles and other cars. Children love to play in piles of leaves, so use extra caution where leaves are piled at curbside. Always drive carefully making sure to be aware of poor visibility during certain weather conditions and times of the day. Keep a safe distance from the car in front of you because wet roads make it more difficult to stop. Dim your headlights in bad weather to increase visibility.

Fall is the time for yard clean-ups and readying your house for the cold winter ahead. Change the batteries in your smoke alarms

and carbon monoxide detectors when you turn back your clocks for Daylight Saving Time. Make sure to test the alarms with the new batteries installed. Use extra caution when climbing ladders for fall jobs such as cleaning gutters or hanging holiday decorations. Shoes or boots may be wet causing you to slip as you climb the ladder. Keep your driveway and walkway clear of falling leaves. They get very slippery when they are wet. Check and replace any home fire extinguishers that have expired. Always wear work gloves.

Last of all, hunting season is upon us and many other things besides animals will be moving about in the woods. If you are a hunter ensure your target is the game you are hunting for and not another hunter who did not wear appropriate safety gear. Remember to always keep your weapons on safe until you are ready to fire. Conduct maintenance on all your weapons safely by ensuring they are unloaded and on safe. This time of the year brings about too many injuries and fatalities due to weapon carelessness and horseplay. Attend all required hunter safety courses and be sure that someone knows your plans to include where you are going and when you will be back.

As always enjoy the holiday season and "BE SAFE." Southern Regional Medical Command has a mission of taking care of our Nation's son and daughters and we need everyone in order to complete that mission.

## Tips to Help you Safely Deck Your Halls

Safety Checklist before the Holidays:

- Put any fuel that can catch on fire in a container outside the home
- Test your home's multipurpose fire extinguisher
- Test the batteries of your fire alarm/smoke detector
- Clear any clutter out of escape routes from your home
- Install safety gates at the tops and bottoms of stairs if you have toddlers
- Check your throw rugs for non-slip backings
- Put night lights in hallways
- Test the ground fault circuit interrupters both indoors and out

## Holiday Decorations and Tree Trimming

- Before you buy a live tree, bend some needles in half. If they break easily or don't spring back, the tree is too dry.
- At home, put your tree in a non-tip stand kept filled with water.
- Place it at least three feet (one meter) away from a heat source, and near an electrical outlet.
- Before you string on the lights, inspect the bulbs, sockets, and cords for damage. Never put candles on a tree.
- String no more than three strands of lights together.
- If you buy a decorative plant for the holidays, ask the florist if it's poisonous to kids or pets. Keep questionable plants out of their reach.

# World AIDS Day: Get the facts. Get tested. Take Care of yourself.

Do you remember the fear that the words 'AIDS' and 'HIV' would cause among people during the 1980s and 1990s? There was good reason to have concern. Since 1981 – 2012, AIDS has killed more than 36 million people worldwide, and an estimated 35 million people are living with HIV, making it one of the most important global public health issues in recorded history. The AIDS epidemic continues to claim an estimated two million lives each year, of which about 270,000 are children.

The World Health Organization established World AIDS Day to be observed every Dec. 1 since 1988 to reflect on those who died from HIV/AIDS and to raise awareness of the pandemic. This year's theme is, *Focus, Partner, Achieve: An AIDS-free Generation.*

## What Is HIV?

**H – Human** – This particular virus can only infect human beings.  
**I – Immunodeficiency** – HIV weakens your immune system by destroying important cells that fight disease and infection. A “deficient” immune system can't protect you.  
**V – Virus** – A virus can only reproduce itself by taking over a cell in the body of its host.

Human Immunodeficiency Virus is a lot like other viruses, including those that cause the flu or the common cold. But there is an important difference – over time, your immune system can clear most viruses out of your body. That isn't the case with HIV – the human immune system can't seem to get rid of it. Scientists are still trying

to figure out why.

## What Is AIDS?

**A – Acquired** – AIDS is not something you inherit from your parents. You **acquire** AIDS after birth.  
**I – Immuno** – Your body's immune system includes all the organs and cells that work to fight off infection or disease.  
**D – Deficiency** – You get AIDS when your immune system is “deficient,” or isn't working the way it should.  
**S – Syndrome** – A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with a wide range of complications and symptoms.

Acquired Immunodeficiency Syndrome is the final stage of HIV infection. People at this stage of HIV disease have badly damaged immune systems, which put them at risk for opportunistic infections.

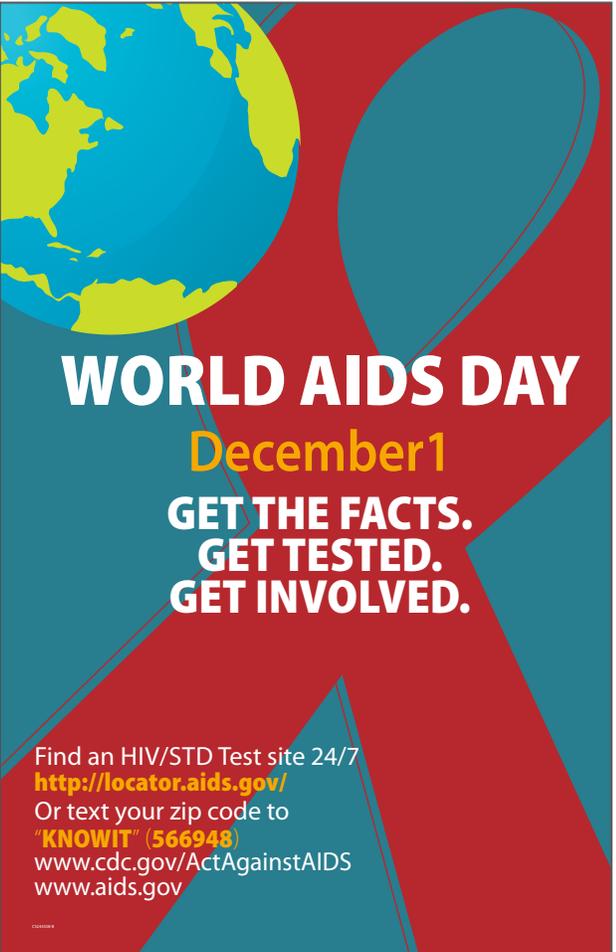
## What should I do on World AIDS Day?

- Take the opportunity to learn the facts about HIV/AIDS and use the information to take care of your own health and the health of others.
- Wear a red ribbon, which is the universal symbol of awareness and support for those living with HIV.
- Get tested, one in six people with HIV are unaware of their

infection. That's why the Centers for Disease Control recommends that everyone between the ages of 13 and 64 get tested at least once and that high-risk groups get tested more often.

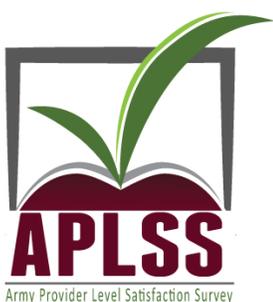
HIV is a preventable and treatable disease. Information is powerful medicine and by knowing how to reduce risk factors and adopting healthy behaviors will help avoid becoming infected. For more information, visit [www.cdc.gov](http://www.cdc.gov).

Sources: [AIDS.gov](http://AIDS.gov); Centers for Disease Control and Prevention



**WORLD AIDS DAY**  
**December 1**  
**GET THE FACTS.  
GET TESTED.  
GET INVOLVED.**

Find an HIV/STD Test site 24/7  
<http://locator.aids.gov/>  
Or text your zip code to  
“KNOWIT” (566948)  
[www.cdc.gov/ActAgainstAIDS](http://www.cdc.gov/ActAgainstAIDS)  
[www.aids.gov](http://www.aids.gov)



After your appointment you may receive an **Army Provider Level Satisfaction Survey** in the mail.

Please don't throw it away. Fill out the survey on the paper provided (prepaid return envelope included), online at the link provided, or call the number listed to complete the short telephone survey.

**Thank you!**

# Special Information: Ebola Virus Disease



**EBOLA Facts**

Ebola is **NOT** spread through:

- Casual contact
- Air
- Water
- Food grown or legally purchased in the U.S.

Source: WH.GOV/EBOLA-RESPONSE

## What will the treatment be for an EVD patient?

While there is no specific medication that effectively treats Ebola infection, typical treatment for Ebola patients involves:

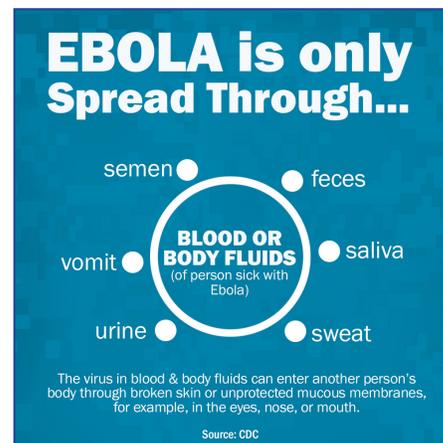
- Excellent nursing care
- Intravenous fluids and blood products as needed
- Obtaining frequent vital signs, with frequent laboratory monitoring

## How do healthcare workers protect themselves when treating patients with Ebola?

All healthcare providers must wear protective equipment, such as masks, gowns, gloves and eye protection. All providers putting on or taking off this equipment will be assisted by another team member to provide an extra measure of safety. These protocols and practices are routinely followed when treating patients with communicable disease.

## If a patient arrives at an Army medical facility with Ebola-like symptoms, will other patients there be at risk for infection?

The physicians and health care staff at all Army medical facilities are ramping up procedures to ensure they are fully prepared for the potential arrival of a patient (or these patients) and have put infection control measures in place to protect health care workers, other patients and hospital visitors. Should a patient at one of our facilities be confirmed with Ebola, the patient would be immediately housed in a special isolation unit separate from other units and patients, while coordination with the CDC is conducted to determine next steps.



**EBOLA is only Spread Through...**

**BLOOD OR BODY FLUIDS**  
(of person sick with Ebola)

semen • feces • saliva • sweat • urine • vomit

The virus in blood & body fluids can enter another person's body through broken skin or unprotected mucous membranes, for example, in the eyes, nose, or mouth.

Source: CDC

## How is Ebola virus transmitted?

The virus is transmitted through direct contact with the blood or bodily fluids of an infected person or through exposure to objects (such as needles) that have been contaminated with infected fluids.

## Do you think this virus is going airborne? Why are so many healthcare workers getting infected?

Army Medicine has no public health or scientific information that EVD is airborne. Army Medicine has contingency plans for all scenarios involving infectious diseases and will use them as necessary. Army Medicine believes that disciplined adherence to Personal Protective Equipment standards and procedures will protect service members and healthcare workers.

## Can I donate blood if I traveled to countries where Ebola is prevalent?

The Armed Services Blood Program concurs with the joint statement issued by the U.S. civilian blood banking community (AABB, America's Blood Centers and the American Red Cross) with respect to Ebola and the safety of the blood supply. Individuals who have traveled to countries where Ebola is prevalent are currently deferred from blood donation because these areas are also considered at risk for malaria.

## For more information on Ebola:

CDC's public webpage:  
<http://1.usa.gov/1ur48cx>

World Health Organization (WHO) Ebola Virus Disease webpage:  
<http://bit.ly/1g3T7Cr>

US Army Public Health Command's Ebola Virus Disease webpage:  
<http://1.usa.gov/1pkbloX>

Army Medical Command Ebola Information Line:  
**(800) 984-8523**

## What are the Symptoms?

*It is important to bear in mind that the presence of a fever alone does not indicate that a person has contracted Ebola.*

### EBOLA

Fever  $\geq 100.4^{\circ}\text{F}$   
Severe headache  
Muscle pain  
Weakness  
Diarrhea  
Vomiting  
Stomach pain  
Unexplained bleeding or bruising

### FLU

Fever/Chills  
Cough  
Sore Throat  
Runny Nose  
Muscle or body aches  
Headaches  
Fatigue  
Possible vomiting and diarrhea

### ENTEROVIRUS D68

Fever  
Runny nose  
Sneezing  
Cough  
Body & muscle aches  
Vomiting  
Wheezing/Difficulty breathing

SOURCE: CDC



# Operation United Assistance

## Information for DoD Families of Deploying Personnel

The President and the Secretary of Defense have called upon the men and women of the US Armed Forces and other government personnel to provide critical support as part of the international response to the Ebola outbreaks in West Africa. This fact sheet highlights the actions that are in place prior to, during, and after deployment in order to protect our service members, families and communities.

- The safety of our people is one of our highest priorities. DoD is taking every precaution to ensure the health and welfare of all service members and their families.
- The Military Health System brings deep expertise in infectious disease and how to medically prepare our people for all contingencies. All deploying personnel will receive needed equipment, get the right training, and be closely monitored before, during, and after deployment.
- The Department of Defense will provide command and control, logistics, training, and engineering support. DoD personnel will not be involved in direct patient care of the local population.
- We are working closely with our federal partners on policies and communications, and our policies build upon CDC guidelines and are tailored to our mission needs.

<b>Before They Deploy</b>	<ul style="list-style-type: none"> <li>• Everyone will receive needed training and the right equipment to perform their mission</li> <li>• Everyone will go through pre-deployment medical screening to ensure they are ready and prepared to deploy</li> </ul>
<b>Deployment</b>	<ul style="list-style-type: none"> <li>• Throughout the deployment, <b>all personnel</b> will be monitored for exposure to Ebola <b>two times per day</b> for clinical symptoms (fever, nausea, etc.) and exposure risks</li> <li>• Anyone with symptoms- or potential risks will be evaluated immediately by medical personnel to decide whether to medically evacuate the individual or return them to duty</li> <li>• Prior to departure from deployment locations, medical personnel will interview and assess each DoD individual and either clear them for flight or retain them for further medical evaluation</li> </ul>
<b>Post-Deployment</b>	<ul style="list-style-type: none"> <li>• All military personnel (other than transient personnel) returning from deployment to West Africa in support of Operation United Assistance will undergo controlled monitoring and evaluation for 21 days following deployment (the Ebola virus is considered to have an incubation period of 2-21 days).</li> </ul>

### Exposed Personnel

- Individuals who were removed from the theater due to elevated exposure risk will be quarantined and monitored for 21 days at a designated DoD facility.

### Transient Personnel

- DoD personnel supporting Operation United Assistance who transit to and from an airfield of a country where an Ebola outbreak is occurring will not be held for controlled monitoring so long as they:
  - o Do not come into contact with blood or body fluids of individuals in the affected country.
  - o Do not participate in the medical transport or care of an individual suspected of having Ebola, and
  - o Close contact is limited to airfield operations and DoD personnel being monitored daily for signs of Ebola



## 203 Soldiers and 44 qualify for EFMB at Fort Campbell

By Laura Boyd  
Blanchfield Army Community Hospital, Public Affairs

The Expert Field Medical Badge provides Army Medical Department Soldiers an opportunity to train and improve medical skills, demonstrate their efficiency while also competing to earn the coveted badge.

According to 86th Combat Support Hospital commander Col. Ned Bailey, “The Expert Field Medical Badge is a tremendous opportunity for Soldiers in the Army Medical Department whether they are in a FORSCOM unit or a TRADOC unit to come out and improve their medical skill, demonstrate their proficiency and if they meet the standard, they earn the coveted expert field medical badge. But for me as a commander, it’s just a tremendous training opportunity.”

Two hundred and three Soldiers assigned to the 101st Airborne Division and Fort Campbell, Blanchfield Army Community Hospital, the Southern Regional Medical Command, 160th Special Forces and the 86th Combat Support Hospital trained for the Expert Field Medical Badge Sept. 14 – 17 at Fort Campbell. Forty-four Soldiers earned the badge Oct. 3 as they ended a 12-mile grueling road march in less than three hours just before the graduation ceremony was held for the individuals crossing the finish line.

Preparing for the event, each Soldier went through a series

of lanes where they were trained to standard and enhanced the skills that they already had. Then they went back through the lanes a second time and were tested on the reviewed skills. Tests during this school included a road march, lanes, land navigation and a written exam.

According to BACH Soldier and EFMB graduate Private 1<sup>st</sup> Class John Murphy, “There was a lot to learn and memorize every day.”

Murphy compared the training portion of EFMB to Advanced Individual Training but stated that each task was modified to EFMB.

“Key points differed (between AIT and EFMB), challenging people

to see how much we can pay attention to detail,” said Murphy. “It goes hand-in-hand with being a Soldier to execute when needed.”

At the EFMB Graduation, BACH Commander Col. George N. Appenzeller told the 44 Soldiers earning the badge that he remembered 18 years ago standing where they were, and thinking, “I wish that guy would be quiet so I can go home, get these boots off and take a shower.”

With a short ceremony in mind, Appenzeller left badge earners

*Continued on p. 14*



Blanchfield Army Community Hospital dietitian Capt. Jeffery Heilesen comes across the finish line of a 12-mile road march in less than three hours after two weeks of intense training and testing, earning him and 43 others the Expert Field Medical Badge.



Congratulations to the following SRMC clinics for their recent level 3 recognition by the National Committee for Quality Assurance!

**Troop Medical Clinic 12** - Carl R. Darnall Army Medical Center, Fort Hood, Texas

**Internal Medicine Clinic** - Carl R. Darnall Army Medical Center, Fort Hood, Texas

**Pediatric Clinic** - Carl R. Darnall Army Medical Center, Fort Hood, Texas

**Monroe Medical Home** - Carl R. Darnall Army Medical Center, Fort Hood, Texas

**Schertz Medical Home** – Brooke Army Medical Center, JBSA Fort Sam Houston, Texas

## Blanchfield Soldier earns MEDCOM's top Career Counselor Award



*Brig. Gen. Barbara R. Holcomb and Command Sgt. Major Jayme Johnson congratulate Sgt. 1st Class Kenneth Parrish, from Blanchfield Army Community Hospital, who was recently selected as the U.S. Army Medical Command Career Counselor of the Year. He will compete against other major commands in the Secretary of the Army Career Counselor of the Year board in January. U.S. Army photo by Erin Perez.*

## AMEDDD implements new Regimental Crest



Effective immediately, the Army Medical Department implemented an updated regimental crest. It will be available in Military Clothing Sales after the first of the year. It is similar to the old version, with the addition of the historically significant rooster on top of a silver hill. The symbolism is described in the following paragraph from the Institute of Heraldry.

“The design is based on a historic heraldic device probably first used in 1818 by the Army Medical Department. The white stars on a blue background and the red and white stripes represent the United States flag

of 1818. The green staff entwined with the serpent, originating in mythology, is symbolic of medicine and healing. Green was a color associated with the Corps during the last half of the nineteenth century. The rooster has a strong connection in medicine which dates back to Aesculapius, the Greek God of Healing. This connection was seen in 399 B.C., a practice at the time was to pay for medical services with poultry. On May 7, 399 B.C., Socrates died under judicial poisoning by drinking hemlock. His last recorded words were, ‘I owe a cock to Aesculapius, see that it is paid.’ The motto translates to Experiment/Experience and Advance.”



# Program enables surgeons to save sawed off thumb

by Elaine Sanchez, Brooke Army Medical Center Public Affairs

Homer Mora had the afternoon off so decided he'd check a "honey do" item off his list. Rodents had been getting into the trash on his ranch, so his plan was to build a trash can bin they couldn't breach.

A seasoned woodworker, Mora headed out to his barn, switched on the table saw and got to work. Nearly finished, he reached down to get one last long board. He mistakenly lifted it up at an angle and the board, along with his hand, got sucked into the spinning blade.

"It went in at a diagonal and cut every finger," recalled Mora, a county attorney from Falfurrias, a small town a few hours south of San Antonio. His ring finger fell to the floor and his thumb was cut so severely it was hanging on by the skin.

Mora raced into his house and asked his wife Virginia, a nurse by trade, to call an ambulance. As he struggled to remain calm, he



*Lt. Col. (Dr.) Joseph Gower (left) and Maj. (Dr.) Peter Rhee perform microvascular surgery on a patient at Brooke Army Medical Center in August 2014. Earlier this year, Gower and Rhee launched a microvascular surgery call program at BAMC to better serve military and civilian trauma patients throughout the region. U.S. Army photo by Dwayne Snader.*

wrapped a towel around his hand and went back to the barn to retrieve his ring finger.

Mora was first brought to a hospital in Corpus Christi, about 80 miles away. However, the

doctors there took one look and referred him to Brooke Army Medical Center, a Level I trauma center.

*Continued on p. 14*

## Check out our NEW Social Media sites!



[www.pinterest.com/SouthernRMC](http://www.pinterest.com/SouthernRMC)



[www.flickr.com/SouthernRMC](http://www.flickr.com/SouthernRMC)



[www.facebook.com/SouthernRMC](http://www.facebook.com/SouthernRMC)



[www.twitter.com/SouthernRMC](http://www.twitter.com/SouthernRMC)



[www.youtube.com/SouthernRMC](http://www.youtube.com/SouthernRMC)

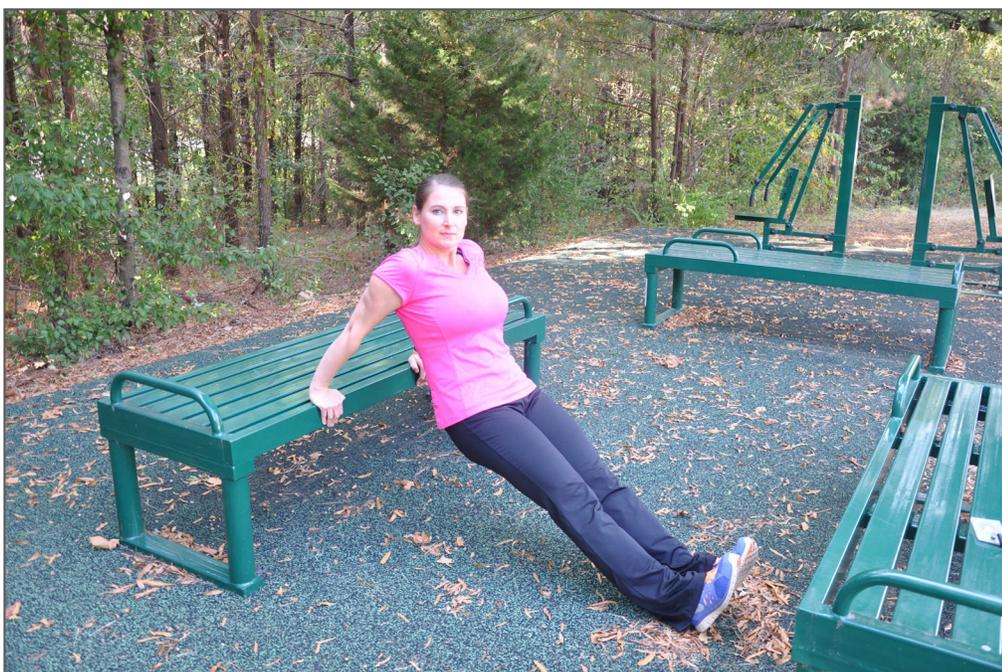
# Fox AHC implements Project Lifespace

by Patricia Terry, Fox Army Health Clinic Public Affairs

Ms. Heather Hough, Dietitian, Fox Army Health Center, first heard about the Performance Triad while working for the Air Force. Someone suggested that she watch the Army Surgeon General's Fireside Chat on moving to a System For Health, a more patient-centered health care system, and the Performance Triad. "As a dietitian, it made complete sense to me. We should be affecting the Lifespace of individuals as much as possible with targeted focus placed on sleep, activity, and nutrition," said Hough. The Army surgeon general defines Lifespace as the time patients spend outside of their clinics when they are making decisions about their health.

Months later Hough moved to Alabama to take a job at Fox Army Health Center, and she was excited for the opportunity to be part of this System For Health. The idea behind the patient-centered medical home model was especially exciting to her because it afforded the opportunity to work as part of a healthcare team. Within weeks, she realized, "Many of my patients shared a very similar goal. They were focused on weight loss, but also voiced wanting to "feel" better. Targeting weight loss was not problematic but addressing the vague request of "feel" better required a more creative approach."

"As I brainstormed possibilities for a weight loss program, I repeatedly was drawn to the fact that weight loss can be complex and dynamic journey involving many facets of one's life space. Nutrition is an important consideration but equally as important is activity and sleep," Hough continued. "In the patient centered medical home model, the foundation is set on the use of multidisciplinary teams to meet the needs of the patients. What if we approached a weight loss class the same way," she said.



Heather Hough gives herself a dose of her own medicine by showing off her exercise skills.

Project Lifespace is a 12-week weight loss and lifestyle modification program, which focuses on nutrition, activity and behavioral strategies for initiating and maintaining change. The program is not a one-size-fits-all approach to weight loss. It is tailored to the individual through meal planning and goal-setting within a group setting which allows for accountability and motivation. The class is facilitated by one of the multidisciplinary team members consisting of a dietitian, a clinical psychologist, a certified personal trainer, and a physical therapist.

Participants are actively engaged in discussions regarding making lasting behavior changes and maintaining health habits long after the 12 week class has ended. Participants end the 12 weeks with a one-on-one appointment with the dietitian, similar to their initial individual appointment at the start of the program. The final meeting allows for continued goal setting.

Project Lifespace was piloted with a small group first with favorable

results. The positive response made it clear that it would be beneficial to consider ways in which Fox could make the program's content more attainable to beneficiaries, such as taking the program offsite to other places on post to allow for greater participation. The response for the program was well-received with the class at full capacity within hours of its announcement. The team has launched their first offsite session, and has already received requests to bring this program to other areas on post.

By using the concepts of the Performance Triad, and the Army patient-centered medical home model, Fox is focusing on helping its community improve their Lifespace through the balance of sleep, activity and nutrition.

# Fort Campbell EFMB Competition

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with a couple of thoughts. “First, Congratulations, this is a big deal. You have set yourself apart from your peers,” Appenzeller told EFMB graduates.

“You set a goal and with your skill and mental and physical toughness you achieved it, but what really sets you apart is your will and desire to achieve.”

Registered dietician deputy chief of BACH’s Nutrition Care Capt. Jeffery Heilesen, “Although I’m not a medic, I wanted to go through

this training. It solidifies much of the training I received early in my Army career and helps validate the training I received.”

With earning the badge, Appenzeller told graduates that more would be expected of them.

“You are the expert and are going to be the Soldier others go to when they need to get things done...because you can make it happen.”

Appenzeller congratulated

Soldiers again, “You have done an outstanding job, but don’t rest of your laurels. Set your sights on that next goal and you will achieve it.”

Murphy was happy he went through the grueling process, “It’s a good badge to have and tough to get so it looks good if you have it.”

Heilesen agreed with Murphy, “I’m glad I went through the training. It’s a prestigious badge to have and held by a select number of Army Soldiers.”

## BAMC microvascular surgeons reattach thumb

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A few days earlier and Mora would have been diverted to another hospital, noted Air Force Maj. (Dr.) Peter Rhee, an orthopedic hand and microvascular surgeon. Fortunately, BAMC had just launched a formal microvascular surgery program to better serve military and civilian trauma patients throughout the region. Microvascular surgery involves reconstruction of small arteries, veins, and nerves under a microscope anywhere in the body and, as in Mora’s case, re-implantation of a finger, hand or limb.

BAMC never lacked the specialty, Rhee explained, just the formal system that would enable them to receive patients through the trauma network.

“We saw a great opportunity to institute a service that would enable

us to better care for our military and civilian trauma patients,” he said. As a teaching hospital, the service also broadens the scope of training for residents, he added, skills that ultimately “translate to better care of our combat wounded downrange.”

To institute the multidisciplinary program, Rhee and his colleagues, including Air Force Lt. Col (Dr.) Jeremy Cannon, Lt. Col (Dr.) Patrick Osborn and Lt. Col (Dr.) Dmitry Tudor, gained buy in from a number of hospital services, and launched the on-call program in January.

Mora was their program’s first patient. The surgery took 10 hours, with Rhee and Air Force Lt. Col (Dr.) Joseph Gower peering into a two-sided microscope, carrying out the intricate reconnection of tiny

blood vessels, bones, tendons, veins and arteries; then placing sutures that are finer than a strand of hair. “It takes a steady hand to do this work,” Gower noted.

Too much damage had been done to save Mora’s ring finger, but the surgeons were able to preserve his little finger and thumb, a key concern since thumb loss impairs the entire limb. The little finger later proved too injured to be viable, but the thumb reconnection was a resounding success.

With the ability to work and drive, Mora said he’s thrilled his surgeons took that chance. “We were treated with respect, courtesy and above all, care and concern,” his wife, Virginia, added. “We are forever thankful and appreciative of everyone.”

### Congratulations to Dwight D. Eisenhower Army Medical Center

The Eisenhower Army Medical Center Director of Pharmacy, Col. Keith Wagner, was recognized as the 2014 Next-Generation Military Pharmacist by Parata and Pharmacy Times. Wagner was chosen for driving excellence and his innovative approach to patient care.

Dwight D. Eisenhower Army Medical Center celebrated a national 2013 study by the American College of Surgeons that found the Fort Gordon hospital has consistently ranked among the best in the country for lower-than-expected surgical complication rates (below two percent).

# Wounded Soldiers benefit from musical therapy

by Lori Newman, Brooke Army Medical Center Public Affairs

Occupational Therapy offers wounded Soldiers assigned to the Warrior Transition Battalion many leisure activities as part of their recovery process, but one activity seems to be a hit.

Once a week for a few hours the small portable building that houses the WTB Rehabilitation Department is transformed into a practice studio where novice performers can learn to play the guitar or piano.

A nonprofit organization provides the instruments and instructors to help the warriors obtain their musical goals.

“In the therapeutic music group, Soldiers work on improving their skills by learning to play an instrument,” said Dr. Cynthia Jones, registered occupational therapist.

The benefits can include increased memory, concentration, planning, communication, leisure exploration, anger and stress management, and increased range of motion, Jones explained. While a client may have fun doing a therapeutic activity, there are specific goals targeted at the desired skills the OT is having the client work on.

“Occupational therapy is an evidence-based profession that achieves health, well-being and participation in life through engagement in occupation,” Jones said.

Occupational therapists assist patients with activities of daily living such as bathing, dressing, money management and education as well as work, leisure and social participation. “Occupational therapists initially assess client’s competency in skills



Volunteer instructor Christian Lee works with Spc. Hyson Largo Nov. 12 during a therapeutic music group Soldiers participate in as part of their occupational therapy at Brooke Army Medical Center. U.S. Army Photo by Lori Newman

needed for success in the client’s desired life roles and use activities to improve proficiency in those needed skills,” Jones said.

For instance, Sgt. 1<sup>st</sup> Class Kenneth Simmons said he has wanted to learn to play the piano for more than 20 years.

“I really want to learn how to read music and play and understand what I am doing,” Simmons said. “I think it’s very therapeutic ... I block everything else out and concentrate on [playing the piano].”

“This is one of several leisure activities the Soldiers can participate in,” said Narciso Sorio Jr., occupational therapy assistant. “Learning to play an instrument helps them focus, manage their emotions, relieves anxiety and helps enhance their communication skills.”

Staff Sgt. Thomas Keller, who has been learning to play the guitar, agrees with Sorio.

“It’s a chance to try something new, and music is always relaxing. It helps me relax and clear my head,” Keller said. The music lessons are a starting point, explained Sorio, but they also highly encourage the warriors to try other activities such as rock climbing or golf.

“We are trying to help them regain confidence not only in their physical abilities, but also progress emotionally so they can be functionally independent in all aspects of their life,” Sorio said. “It’s about taking care of the whole person.”

# Have health concerns while traveling? Call the Nurse Advice Line wherever you go

*from TRICARE.mil*

The leaves are turning orange and red, and it's time to store the flip-flops and tank tops, but that doesn't mean travel season is over. Fall is here, and that means weekend trips and holidays for the military family. If you and your family have a medical problem while traveling you can call the Nurse Advice Line (NAL) while on the road for all of your health concerns and needs.

The NAL is the Military Health System's new initiative to improve ready access to safe, high quality care. Calling the NAL gives you access to the advice you need at the right time. Call 1-800-TRICARE (874-2273), Option 1 to talk to a registered nurse (RN) who can answer your urgent care questions, give you health care advice, help you find a doctor or schedule a next-day appointment at a military hospital or clinic.

If you or a member of your family gets ill while you are traveling, calling the NAL can help you figure out what steps to take. The nurse will ask you questions about the symptoms that you or your family member are experiencing and provide advice on whether you need to seek care and when. When you are traveling, the NAL nurse will help you find a safe, high-quality health care

facility in the TRICARE network. If you are a military hospital or clinic enrollee, the NAL will send a follow-up note to your primary care manager and medical team back home so they know how you are doing.

You can safely travel with TRICARE and the NAL. The NAL is available 24 hours a day, 7 days a week. For more information on accessing the NAL while on the go, visit [www.TRICARE.mil/NAL](http://www.TRICARE.mil/NAL).



Call 1-800-TRICARE (874-2273); Option  
24 hours a day, 7 days a week

## BAMC Civilian wins prestigious Mercury Award

Congratulations to the IM/IT Civilian of the year, **Mr. Rik R. Guinther**, Supervisor, Information Technology Specialist, Brooke Army Medical Center!



# Fort Benning Hospital set to open for business

by Sr. Airman Chelsea Smith, U.S. Army Corps of Engineers, Savannah District

Hundreds gathered for the ribbon-cutting ceremony held Nov. 7 in the atrium of the newly-constructed Martin Army Community Hospital at Fort Benning, Georgia.

The ceremony culminated the U.S. Army Corps of Engineers' \$390-million construction project and signified Fort Benning's commitment to provide quality healthcare to its wide-spread community of soldiers, families and local veterans.

The 745,000 square-foot, state-of-the-art facility doubles the size of its predecessor and improves the area's medical capacity to provide inpatient, outpatient and ancillary services for more than 75,000 beneficiaries. The hospital will open its doors to patients Nov. 17 and employ approximately 1,500 civilians and 800 military staff members, said Alan Bugg, Fort Benning area engineer for the Corps' Savannah District.

Its features include 70 inpatient beds, 24 psychiatric beds, 24 medical surgical beds, four acuity adaptable intensive care units (ICUs), four step down ICUs, five operating rooms, one orthopedic operating room, two endoscopy rooms, five labor and delivery recovery rooms and one caesarian suite, said Bugg.

The facility's evidence-based design integrates and supports a patient-centered environment, according to Col. Scott Avery, Fort Benning Medical Department Activity commander. It includes walking trails and healing gardens for patients, natural palettes and lighting to enhance the healing process, and a noise-reduction focus to respect the privacy of its patients.

The sustainable design showcases large illuminating windows, green roofs, and insulated precast exteriors to meet the U.S. Green Building Council's Leadership in

Energy and Environmental Design silver certification requirements, a nationally-recognized benchmark for green building design, said Avery.

"This new facility provides a healthier and safer atmosphere for its beneficiaries," he said. "It will maximize patient and family satisfaction and well-being by co-locating related services into care centers, providing single patient rooms, providing appropriate levels of patient privacy, as well as places where patients can socially interact with family, friends and caregivers."

BMACH opens as the Army realigns its focus on the resilient warrior, transforming from a healthcare system to a system for health, said Brig. Gen. Barbara Holcomb, Southern Regional Medical Command commanding general.

*Continued on p. 18*



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## Intrepid Fallen Heroes Fund dedicates new \$11M Intrepid Spirit Center to treat traumatic brain injury at Fort Campbell

Since September 11, 2001, psychological health conditions, including traumatic brain injury, have become an epidemic among members of the American military. Today, service members, and thousands of others who experience TBI or psychological health conditions have new hope, as the [Intrepid Fallen Heroes Fund](#) joined with military leaders to officially dedicate the new \$11 million Intrepid Spirit Center set to provide crucial treatment at Fort Campbell, Ky.

This is the third of nine planned Intrepid Spirit Centers nationwide to be completed and opened to treat active duty service members. The first two centers were dedicated last fall and have already provided care

for 2,000 service members. Two additional centers are currently under construction.

“The men and women in the United States military are among the best and bravest in the world – but even the best and bravest sometimes need some help,” said Arnold Fisher, Honorary Chairman of the Intrepid Fallen Heroes Fund. “It is our moral obligation to take care of those who have sacrificed to protect our freedoms – and this new Intrepid Spirit Center, along with all the others, will help us do just that. By making sure our service members have access to treatment for these invisible injuries we can offer a new hope for recovery to them and their families.”

The Fort Campbell Intrepid Spirit Center began treating American military heroes and their families stationed at or living near Fort Campbell in August. The Center anticipates treating 1,300 to 1,500 patients per year.

The dedication ceremony included a special tribute to our wounded, ill and injured Soldiers by country music artist Jamie Lee Thurston who performed his song “[Ghosts In His Eyes](#).” The song is an interpretation of the difficult and emotional journey many of our service members experience when coping with psychological health conditions.

## Fort Benning Hospital set to open for business

*Continued from p. 17*

“This facility creates opportunities to collaborate with other federal and civilian healthcare facilities that can receive and refer patients to secondary medical specialists at BMACH,” said Holcomb. “I have full confidence that the Martin healthcare team will excel in its role at Fort Benning to ensure that the very best healthcare is available to our families.”

Savannah District commander Col. Thomas Tickner and South Atlantic Division Command Sgt. Maj. Antonio Jones, both in attendance at

the ribbon-cutting, lauded the Corps’ accomplishment.

“It’s an honor to turn over the project to Fort Benning,” said Tickner. “It’s a great feeling for our folks who’ve seen the project through from start to finish.”

Jones emphasized the upgraded facility’s capability to support changing medical requirements for deploying and returning soldiers.

“We know the Army is dealing with a lot of suicide and post-traumatic stress disorder cases,” said Jones. “This facility will provide additional care that soldiers need to continue to be outstanding warriors.”

Read more: <http://www.dvidshub.net/news/147620/new-fort-benning-hospital-set-open-business#.VG-R1mPYveq#ixzz3JjVM5z58>

# Veterans Day special coverage around the Region



ESPN anchor Hannah Storm talks with San Antonio Rampage sled hockey players in the Center for the Intrepid on Veteran's Day as they show off their National Championship trophy. Two of the players, Rico Roman and Jen Lee, also brought their gold medals from the Sochi Paralympics. U.S. Army photo by Dewey Mitchell



Jay Leno pays a special visit to recognize a Fort Campbell Warrior Transition Battalion soldier, Cpl. Ethan Laberge, who shares a common interest in cars. (U.S. Army Photo by Courtney Cox APSU intern for Laura Boyd/Released)



# Welcome new MTF Commanders, CSMs!

Col. Traci E. Crawford  
*Moncrief Army Community Hospital*

Col. Gary Wheeler  
*Lyster Army Health Clinic*

Col. David Carpenter  
*Fox Army Health Clinic*

Col. Evan M. Renz  
*Brooke Army Medical Center*

Command Sgt. Maj. Mark Bivins  
*Bayne-Jones Army Community Hospital*

Command Sgt. Maj. Michael T. Brooks  
*Carl R. Darnall Army Medical Center*

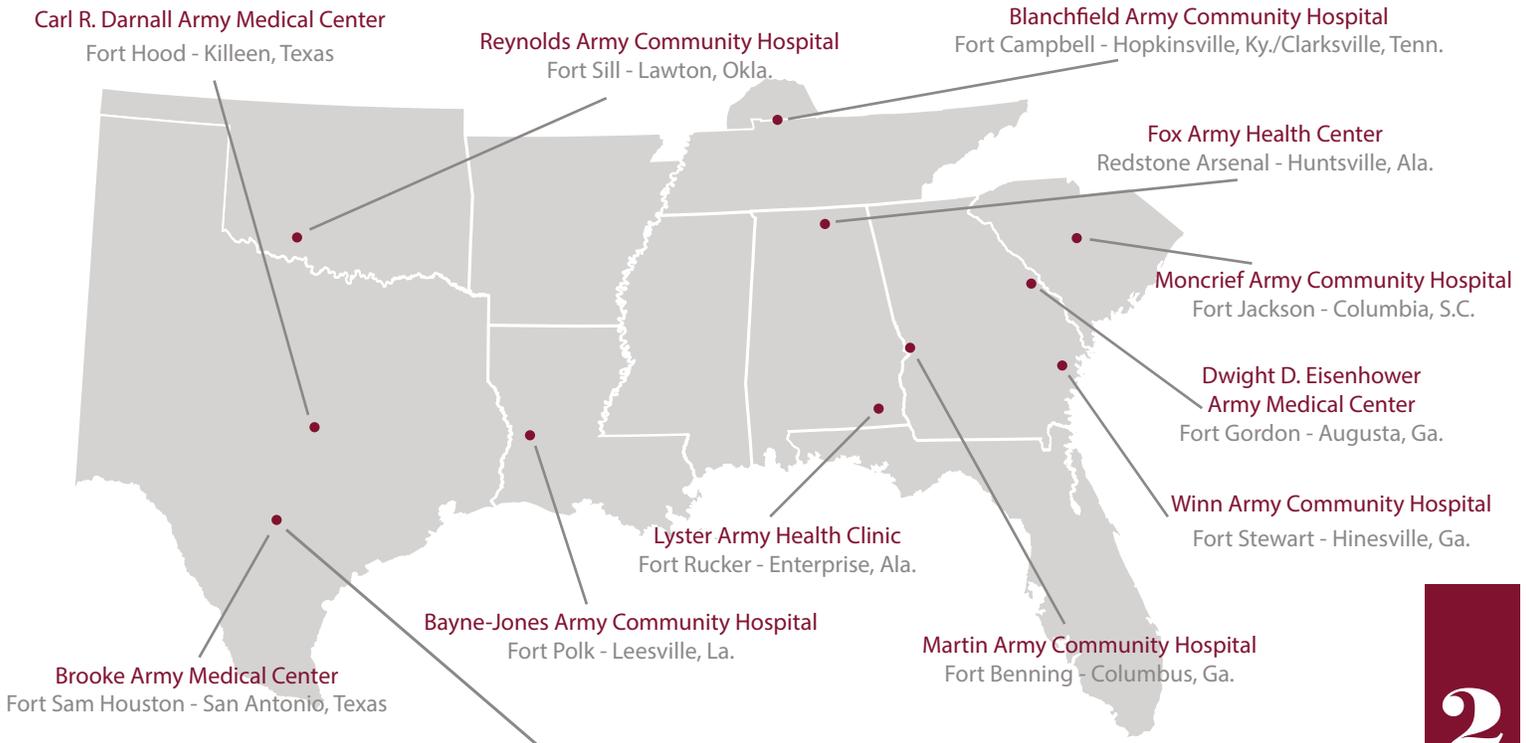
Command Sgt. Maj. Raymond T. Price  
*Dwight D. Eisenhower Army Medical Center*

Sgt. Maj. Alonzo E. Melton  
*Fox Army Health Clinic*

Command Sgt. Maj. Timothy Sloan  
*Moncrief Army Community Hospital*

Command Sgt. Maj. Thomas R. Oates  
*Reynolds Army Community Hospital*

Command Sgt. Maj. Jeffrey L. Bridges  
*Winn Army Community Hospital*



## Southern Regional Medical Command

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