

summer
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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

SRMC Team!

I hope all of you have had a great summer, so far, and I hope you get a chance to enjoy time with your families. As we enter the dog days of summer in the South, I want you to be safe when you're outdoors. Remember to hydrate, apply sunscreen and stay in the shade. Make sure you read the summer safety article on page six, and practice your situational risk management.

Lt. Gen. Horoho, the Army Surgeon General, has entrusted us with a complete makeover of Army Medicine, and we are in the middle of that paradigm shift. Her priorities for shaping the future are:

1. Combat Casualty Care
2. Readiness of the Force
3. Ready and Deployable Medical Force
4. Health of Soldiers and Beneficiaries (Families and Retirees)

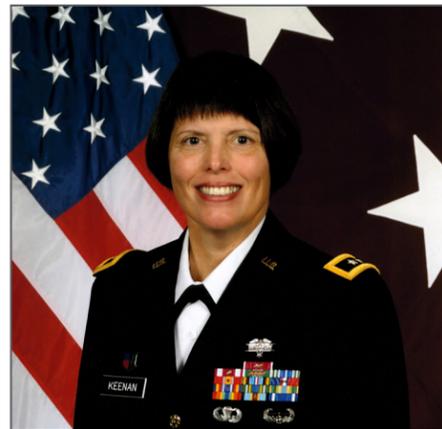
These four tenets represent the very basic missions of Army Medicine, missions that we have met and surpassed over and over again. What is new, however, is the innovative way we are achieving these goals. From Lt. Gen. Horoho:

"Army Medicine is committed to strategic performance improvement to ever-increase value to Soldiers, Retirees, the Family members, and Commanders in support of the Nation. I will operationalize these four priorities further embracing an Operating Company Model through Soldier/Family-centered care in an optimized Army Medicine System for Health improving sleep, activity, nutrition, and brain health; Soldier/Family-centered medical research and development; and Soldier-centered training and leader development."

Each of you should be working toward these goals every day, affecting your area of influence. Be the change. It is up to each of us to do our part to ensure that Army Medicine remains the premier healthcare provider for America's Sons and Daughters.

Serving to Heal... Honored to Serve

Jimmie O. Keenan
Major General, U.S. Army
Commanding General



CSM NOTE

GETTING STRAIGHT TO THE POINT!

As an observer/controller at the Joint Readiness Training Center I could always tell the level of discipline and professionalism of a rotational unit early on while they were at the intermediate staging base

preparing for the move to the "box" by the way they wore their uniforms, prepared vehicle load plans, and conducted rehearsals.

Sadly, my days as an O/C are behind me. Today, the ISB is the local Post Exchange which I always seem to inadvertently stop by as I travel across the region visiting your medical treatment facilities. I think it is time we had an open and honest discussion about Standards and Discipline – to include who should be enforcing the regulatory guidance clearly articulated in our regulations that have been fully endorsed by our senior Leaders.

While visiting SRMC MTFs I never fail to encounter a Soldier wearing their combat or skill badges displayed inappropriately on their uniform or a combat uniform coat that is too small. [Department of the Army Pamphlet 670-1 dated 31 March 2014](#) provides clear guidance on the appropriate wear of combat and skill badges to include how the combat uniform coat should fit.

I have also noticed Soldiers who seem to feel the regulatory guidance is not applicable to them. For example, the Airborne Tab above the 44th Medical Brigade shoulder sleeve insignia for wartime service has been unauthorized for several years. Yet Soldiers try to rationalize why they are authorized to wear that particular SSI-FWTS. It only confirms that they know the tab is not authorized with that insignia; however, they persist on violating the published regulation.

Let's look at our physical training and height and weight standards. Do you believe that organized physical readiness training is intended only for enlisted Soldiers? If I took a snap shot across SRMC on any given day of who is standing in the formations at zero dark thirty, you would see that the majority of those Soldiers are enlisted. One thing I appreciate about my time on jump status is that there were no 'get out jail free' cards issued when it came to airborne operations. You were expected to exit a high performance aircraft every 90 days regardless of rank, stature, or duty position. That act alone demonstrated leadership across all spectrums within the organization. As for the Army Body Composition Program, I do not believe that subordinate commands implement it in a fair and equitable manner. The policy is simple and clear – if

you are not in compliance with the published height and weight, parameters then you will be flagged and enrolled in the program. There are no exceptions based on area of concentration, duty position, years of service, or rank. However, I routinely see Soldiers who are not in compliance with the regulation, not enrolled in the program, and not flagged.

I have concluded that some of the officers and noncommissioned officers within the SRMC are afraid to make on the spot corrections, or simply don't care and that has to change. Failing to enforce standards is a slippery slope. If we don't enforce minor standards, we risk degradation of core standards. You may think it's not important to correct a uniform violation; but then don't be outraged when a Soldier doesn't render a salute or offer a military courtesy.

Earlier, I asked who should be the one enforcing the regulatory guidance clearly articulated in our regulations that have been fully endorsed by our senior Leaders. The answer is clear – Leaders! That is everyone in uniform; all Soldiers regardless of rank or position must think like a leader and act accordingly. Tactful on the spot corrections should be encouraged and reinforced across our formations – much like everyone is a safety officer on the range, everyone is a standard bearer within our formations.

Take a look around your organization and see how you measure up when it comes to enforcing Standards and Discipline. Does your unit represent an outwardly disciplined organization? A few questions you might want to ask yourselves – I ask myself these routinely to ensure I stay on the appropriate azimuth:

When did I become too busy to adhere to the basics of Soldiering? Do our titles and positions exempt us from adhering to the basic standards outlined in the regulations? When did leading from the front become a catch phrase versus a physical presence at training events?

I challenge all of you to engage as leaders. Enforcing standards requires that you know the standards, that you obey the standards and that you teach the standards. As we drawdown the force, make sure you make a difference.

Serving to Heal... Honored to Serve

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



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



Success with the Performance Triad

by COL David A. Bitterman, SRMC Chief of Staff



Col. David Bitterman reattaches the front wheel of his bicycle after work before cycling the 13 miles back home. U.S. Army photo by Erin Perez.

I've been told I have a great Performance Triad story. I don't know about that, but what I do know is that I've been taking control of my life, and I'm feeling much better physically, emotionally, and mentally.

I've been in the Army for 29 years, and while I have always maintained my weight and physical fitness well within the Army standard, it is harder and harder as I've gotten older. Like many of you, I have had fairly stressful jobs in Army Medicine, but the very reason for this stress is why I continue to Soldier. I believe in Army Medicine, our Senior Leaders, and what we are doing in service to our Nation. That values system doesn't change the stress, it only provides a reason for it. So, I was stressed at work, gaining weight, and I didn't like how I felt every morning when I got up from bed.

Last fall I decided to take control of my own life. If I couldn't control the stressors in my life and the impact it was having at home and work, then I knew I needed to make a tough

decision and transition from our Army. That is a painful decision, and I wasn't ready to make it.

Although I have been an avid runner in the past, I have traded running for bicycling over the years. Cycling is a great lifetime sport, but it can be a real challenge to cycle after daylight hours and on some of our busy San Antonio streets.

I spent days poring over different routes and considering my ability to commute to work on my bike. Showers at work? Check. Secure parking? Check. Safe route? Check. Lights on bike? Check. I was set.

The day after we rolled our clocks forward for daylight savings time, I rolled out of the garage and down the street on my bike that was lit up like a Christmas tree. The 26-mile round trip was both exhilarating and exhausting. I arrived at work with a sense of achievement, and then work at my stand-up desk all day with tired legs. After a couple of weeks, my legs weren't tired anymore, and I had more energy at work. As time went on, I found that I was eagerly anticipating the ride home more than ever, as it gave me the opportunity to think, decompress, and de-stress. That was incredibly valuable to me.

I started to lose weight. Before I knew it, I had lost 10 pounds, then 15, then 20. People commented on how healthy I looked. I ate up the encouragement. What I didn't eat was the cookies, cake, doughnuts and other comfort food that always seemed to be part of the workplace. Over time, I began to eat more vegetables, fruit and healthy snacks, thanks to my understanding co-workers.

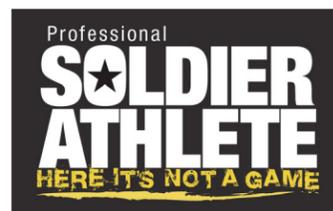
I may sound like the poster child for the Performance Triad, but the truth is, this is a journey. I have had to deal with rain, flat tires, emergencies and one really late night when I rode home at 10:30

p.m., but I haven't stopped. This is a lifestyle change; it is a good habit that I've adopted. It is a journey, very literally, from my home to work and back again, every day, and to better physical and emotional health. Stress at work hasn't stopped, but I know that every night I can get on the bike and decompress for an hour on my ride home.

What about sleep? Five years ago I was diagnosed with sleep apnea, and I am the most compliant patient ever when it comes to use of my continuous positive airway pressure machine. I roll into bed at 9:30 p.m. almost every night, and nearly always get seven hours or more of good sleep every night. "Eight is great," and I get that, and more, on the weekends. It takes self-discipline, but you can do it, too.

Can you change your life? You can. Your outlet may not be bicycling, and your work hours and family commitments may challenge you, but it is all about making a decision to take control of your own life, and sticking with it. It's about rounding up your family on the weekends and visiting Enchanted Rock State Park, or walking the Mission Reach Trail, or playing soccer with your kids instead of watching them play. It's about walking past that doughnut, and instead eating the small, healthy snack that you brought from home.

I feel better, I'm told I look better, and I want to keep getting better, in every way. You can too, and you can start today.

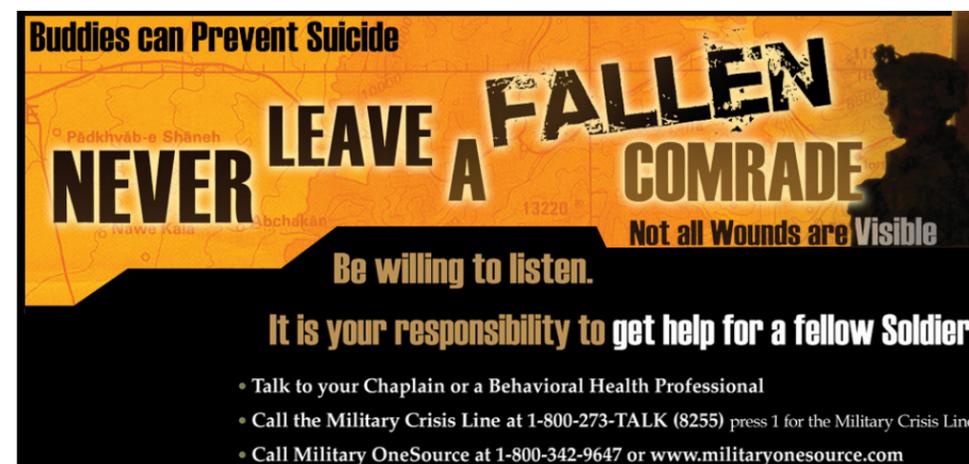


Preventive Lifeguarding: Suicide Awareness and Prevention

by Chaplain (COL) John D. Read, SRMC Command Chaplain

I am going to take a slightly different approach to this article. It has long been my view that we have overly focused our attention on preventing suicides through enhancing our awareness. I have always felt, as I presently do, that this falls short. I can give you a class on the current demographics, associated with attempted and completed suicides; with all of the warning signs and risk factors. We can even talk at length, using video clips, and vignettes to take a look at an interventional model and at the end of the day, this may all fall short for one simple reason. It may not lead to a life being saved! What does it take to save a human life from the depths of despair and aloneness? Another human life!

Broken relationships remain the number one compelling reason leading to suicide, couple this with financial problems, the possibility of adverse administrative actions, and



we have a much higher likelihood for a suicide attempt or completion.

The image of preventive lifeguarding is important to me. This is what I did for employment as a teenager, as well as teach lifesaving for the YMCA and the American Red Cross. The skills that I learned have served me well in life. I learned to scan all of the areas

where the greatest risk was present. In swimming pools this would be a wet deck, the place where the shallow end begins to dramatically transition into the deep end of the pool and the area in front of the diving board, just to name a few.

Continued on p. 9



Spread music. Not Flu.

Even healthy people can get the flu, and it can be serious. Everyone 6 months and older should get a flu vaccine. This means you. This season, protect yourself—and those around you—by getting a flu vaccine.



THE FLU ENDS WITH U

For more information, visit <http://www.flu.gov>



How to weather summer's heat

by Lou Olive, SRMC Safety Director

Warm weather has arrived, and families are maximizing their summer activities. Swimming at the local pool, hiking in the woods, grilling with friends, and traveling are things that many people will do during the summer months. You can prevent illness and injuries while enjoying the outdoors by following some simple, yet important health and safety tips.

Healthy swimming:

If you plan to swim in a river or stream, use extreme caution and stay away from swift moving water. Heavy rain and flash flooding makes many swim holes, rivers and streams unpredictable and dangerous and ALWAYS swim with a buddy. Weak swimmers and children should always wear life jackets.

8 Signs of Heat Overexposure

1. Heavy sweating- But if heat stroke sets in, the body can no longer compensate and stops sweating.
2. Pale skin
3. Muscle cramps
4. Feeling tired and weak
5. Altered mental status (confusion or disorientation)
6. Headache
7. Becoming semi-conscious, or passing out
8. Nausea or vomiting

11 Tips for Staying Cool This Summer

1. Be aware of the heat. Pay attention to it and modify your activities appropriately.
2. Pay attention to your hydration status, and be sure to drink plenty of water.
3. Try to stay in relatively cool areas, even when outside. Many public places such as libraries, shopping malls and movie theatres are air conditioned.
4. Avoid hot enclosed places, such as cars. Never leave children or pets unattended in a car parked in the sun.
5. Use a fan, if available.
6. Stay on the lower floor, remember heat always rises.
7. Eat well-balanced, light and regular meals.
8. Wear loose-fitting, lightweight and light-colored clothing and wear sun block.
9. Cover windows that receive a significant amount of sun with drapes or shades to help keep your house cool.
10. Weather stripping and proper insulation will keep cool air inside your home.
11. Cool beverages are good for cooling down the body, but alcoholic drinks can impair the body's ability to regulate its temperature.

water safety tips



Swim in lifeguard-supervised beaches and pools.



Put up barriers around the pool or hot tub.



Always swim with a buddy. Even experienced swimmers can tire or get muscle cramps.



Keep an eye out on children around water. Stay within reach.



Learn proper swimming and safety skills.



Wear a life jacket while boating.



LiveRightNow.ca

Food Safety: proper food-handling saves lives

by Maj. Ronald Havard, Environmental Science and Engineering Officer

When cooking the foods you look forward to every year, food safety must be considered so that you and your guests have a great meal without the nasty side effects of a food-borne illness. Bacteria and viruses that cause food-borne illness can contaminate your food if you don't follow the proper time, temperature or sanitation standards.

To kill all the bacteria that already exist in potentially hazardous foods (raw meat, eggs, dairy and some vegetables) you must heat the food to proper internal temperatures.

After the proper temperature is obtained you should start thinking of the holding time. Strive to hold hot foods at 140 degrees Fahrenheit or above and cold foods at 40 degrees Fahrenheit or below until it is time

to serve. Bacteria can double their population in potentially hazardous foods every 20 minutes when food is held within the temperature danger zone, the range of 41-139 degrees Fahrenheit. Potentially hazardous food held in the temperature danger

Turkey, poultry.....	165°F
(for 15 seconds)	
Stuffed meats.....	165°F
(for 15 seconds)	
Ham.....	155°F
(for 15 seconds)	
Pork, beef.....	145°F
(for 15 seconds)	
veal, lamb steaks.....	145°F
(for 15 seconds)	
Roast.....	145°F
(for a minimum of 4 minutes)	
Cooked vegetables.....	140°F
(for 15 seconds)	

zone for more than three hours should be discarded.

Before you start touching any food make sure you WASH YOUR HANDS! Failing to demonstrate proper personal hygiene is the leading cause of food borne illnesses. Ensure you wash your hands after working with raw or undercooked meat, before starting a new task, or if a task was interrupted.

Cross contamination is also a common cause to food-borne illness. When working with raw meat, fruits or vegetables clean and sanitize your cutting boards and utensils between uses. Never place cooked foods near raw turkey or other raw meats.

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August 26th is Women's Equality Day

At the behest of Rep. Bella Abzug (D-NY), in 1971 the U.S. Congress designated August 26 as "Women's Equality Day."

The date was selected to commemorate the 1920 passage of the 19th Amendment to the Constitution, granting women the right to vote. This was the culmination of a massive, peaceful civil rights movement by women that had its formal beginnings in 1848 at the world's first women's rights convention, in Seneca Falls, New York.

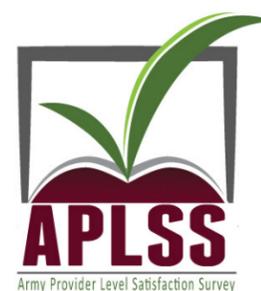
the passage of the 19th Amendment, but also calls attention to women's continuing efforts toward full equality. Workplaces, libraries, organizations, and public facilities now participate with Women's Equality Day programs, displays, video showings, or other activities.

Source: www.nwhp.org/resourcecenter/equalityday.php



Votes for Women! Suffragettes in a decorated car ride in a parade during the long campaign for women to gain the right to vote in the U.S. Photo from www.old-picture.com.

The observance of Women's Equality Day not only commemorates



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!

9/11 - A day to remember

by Alejandro, A. Mata, DPT, Deputy Chief Medical Information Officer

As September 11th approaches this year, you may notice an increase of television programs remembering that day in American history. It is said to be one of those days that people, despite their age can recall exactly what they were doing or where they were. For myself, I was an active duty lieutenant junior grade Navy officer serving as the assistant department head in the Physical Therapy Department at the DiLorenzo TRICARE Health Clinic, Pentagon. I remember it being a regular work day at the Pentagon. As the morning went on, I believe it was around 8:30 when one of the Navy physical therapy technicians, came into my office and said “A plane just crashed into the World Trade Center, one of the towers!”

I remember saying, “Wow, that’s a bad accident” and not thinking there could be an attack on our building.

When this same physical therapy technician came back into my office 30 minutes later to say, “Another plane has hit the other tower of the World Trade Center.”

I said, “That’s hardly an accident.”

As I called my 9:30 patient back, I heard the clinic Air Force nursing supervisor say, “Evacuate the building.” My staff and I began to immediately evacuate the patients from our clinic. That was the beginning of a day that changed my life forever. We had been hit. As my staff and I began to leave the building, we noticed the mass of people exiting through Corridor 8 in a very chaotic fashion. When we ran out of the building, we immediately set up our triage area outside the Pentagon and began to treat what patients we could. After about five minutes, our plan was changed and we were instructed by our clinic leadership to go back in the building. We donned our blue vests that designated us as medical personnel and ran back through the mass of people until we reached the center courtyard. It was there, as a combined medical team, that we came upon injured people coming out of the building and laying on the ground. We began triaging patients and began to clear out the “walking wounded” while others treated burns, intubated patients who could not breathe, and placed oxygen masks on others. It was really chaotic amidst the burning building, billowing black smoke, the yelling from first responders, all while continuing to treat patients.

Soon, the Pentagon police force advised us to leave the area as another plane was inbound. I have

to admit that at that moment, the fear had not overwhelmed me, but as I realized that we all were standing amidst a thick, black cloud of smoke, I began to wonder if there was any type of nerve agent as a part of this attack. As I realized the very real possibility of exposure, I became fearful that the end of my life was near and that it was going to be extremely painful. I began to panic and lose focus on my job but before it could happen, a strong presence of calmness came over me. I could only call this a “Hand of God” experience and I remember hearing a voice tell me that everything was going to be alright and that if I died in this place that I would be doing the work that God had given me. As the voice stopped talking, I was calm again and was able to resume caring for the patients and then evacuating them quickly from the center courtyard.

I think of that day often and I remember how scared I was, but I always remember how God spoke to me and helped me to see the importance of what I was doing—the importance of caring for others, even in the midst of a life-changing event. As this Patriot Day approaches, please remember to hold your families and loved ones close, to care for those in need, and know that sometimes the needs of others have to come before your own. I came to understand this important lesson very well on 9/11 and I believe it is one of the reasons that brought me to serve in the Southern Region Medical Command for these last three years.



Preventive Lifeguarding: Suicide Awareness and Prevention

Continued from p. 5

By blowing a whistle and asking folks not to run, I don’t know how many heads being split open I avoided. Ask yourself these questions:

1. Where are the areas of greatest concern in your work areas and organizations?
2. Who looks like they might be in over their head?

Here is another item of interest: *You don’t have to be a caring person to be a lifeguard or to save another life.*

You just need to know how to watch the “high risk” areas, and what to do when you sense or see someone in danger. I observe on a routine basis folks coming to work, working in a cubicle with limited interaction, and going home. It would be hard, in many cases, to determine whether some of these folks have serious problems going on in their lives.

The notion of granting folks space is kind of fascinating, isn’t it? Space in the midst of problems that seem insurmountable is not what is needed.

If I ran for office, my campaign slogan would be “No one gets a bye!” I make it a point to routinely walk through all four floors of the building to “check” on folks, because no one gets a bye. I encourage you to get to know your coworkers and use Preventive Lifeguarding in addition to the other suicide prevention tools the Army has provided.



Food Safety

continued from p. 7

The best way to avoid cross contamination is designate different cutting boards and utensils for each job.

Following simple procedures can prevent common food-borne illnesses such as Salmonellosis, Botulism, Norovirus and Hemorrhagic Colitis. Salmonella is generally associated with poultry. Cross contamination from raw or undercooked turkey or chicken can easily cause this illness. Symptoms include diarrhea, vomiting, nausea, fever or headache. Botulism is a very serious food borne illness that can cause fatigue, weakness, blurred or double vision and can possibly result in death. This illness comes from improperly

canned foods or untreated garlic and oil mixtures. If you find a can with swollen ends or containers that are not sealed correctly, **THROW THEM AWAY!** Norovirus is mostly found in ready-to-eat salads and shellfish. Never consume raw or undercooked shellfish and properly wash all fruits and vegetables prior to eating them. Symptoms of Norovirus include nausea, vomiting, diarrhea, and stomach cramping. Hemorrhagic Colitis is often caused by E. coli contamination from raw or undercooked ground beef, contaminated lettuce, or unpasteurized milk and juice. Toxins produced from this bacteria cause diarrhea, severe abdominal cramps, and even kidney failure.

Always remember that you and your kitchen helpers must demonstrate good personal hygiene, cook and hold foods to proper temperatures, and avoid cross contamination. Following these simple steps will prevent a food borne illness from joining you at the table.

For more information on food safety, contact your local Preventive Medicine Department or Maj. Ronald Havard at Ronald.w.havard.mil@mail.mil



Army Medical Corps celebrates 239 years of service

by Maj. Gen. Jimmie O. Keenan

On July 27, we celebrated the 239th anniversary of the Army's Medical Corps and the Army Medical Department. Since its inception, the Army Medical Corps has been saving lives, leading military medical research, and caring for our Soldiers on the battlefield and our Families here at home. Your selfless service, professionalism and knowledge impact the health and influence the Lifespace of America's Sons and Daughters.

Thank you for everything you do, your continued service to our country, our beneficiaries and the Army Medicine Team.



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

Have questions? Call TRICARE Nurse Advice Line

Under a new service, TRICARE beneficiaries can now access a team of registered nurses by telephone for advice about immediate health care needs.

The Nurse Advice Line, available at no cost to beneficiaries, helps callers make informed decisions about self-care at home or when to see a health care provider. The NAL is available 24 hours a day, seven days a week.

The NAL offers a variety of solutions for all TRICARE beneficiaries. For pediatric issues, the NAL will route the beneficiary to a pediatric nurse. If a follow-up is necessary or requested, the NAL will call the beneficiary back to check the child's status a few hours later. The NAL will make same-day appointments with the beneficiary's primary care manager for TRICARE Prime beneficiaries who are enrolled to military treatment facilities. If a same day appointment is not available, the NAL will re-direct the beneficiary to the closest urgent care center, and advise the PCM that an urgent care referral is needed so the patient does not have to worry about paying any point of service co-pays. All other TRICARE beneficiaries who are not enrolled to an MTF will receive

professional health advice about their urgent health concern and when to seek urgent care.

When calling the NAL, a customer service representative will verify the beneficiary's eligibility through the Defense Enrollment and Eligibility Reporting System. Beneficiaries with an acute health care concern or question will be connected with a registered nurse that will ask the beneficiary a series of very standard questions to determine the next steps and allow the NAL nurse to provide the best advice possible.

Beneficiaries can still call their PCM or clinic, but the NAL is another option for beneficiaries to access the care they need and want in a timely fashion.

To access the NAL, dial **1-800-TRICARE (800-874-2273) and choose Option 1.**

*****If you are experiencing a medical emergency dial 911 or go to the nearest emergency room.*****



Healing Wounds: Advanced therapy thrives at medical center

By Wesley P. Elliot
Dwight D. Eisenhower Army Medical Center,
Public Affairs

When Diane Scarf's sister developed cancer, she watched her struggle through chemotherapy and a double mastectomy and Scarf knew she was at a high risk for breast cancer herself.

She had several fibrous tissues in her breasts over the years and felt it was just a matter of time.

"I saw what my sister had to go through and it was one of those, do I do this now and not get it or continue playing Russian roulette with cancer," said Scarf.

Discussing her double mastectomy, "people just don't get that it's an amputation, it's hard for women to get their breasts removed and on top of that, I was one of those people where something went wrong and the wound didn't heal properly."

Following the double mastectomy, an infection began around the incisions and the surgeon brought in Col. Eric D. Martin, chief of Vascular Surgery at Dwight D. Eisenhower Army Medical Center, to examine the incision and the surrounding area that had turned dark.

"Wound care clinics, like the one at EAMC, specialize in helping patients heal difficult wounds," said Martin.

Most wounds heal with the standard medical treatment but wounds that have been present for more than 30 days, despite standard wound care, may require more specialized treatment. The typical wounds treated by a clinic would include diabetic foot wounds, leg wounds

from restricted blood flow and pressure sores.

According to Martin, "the most important thing to remember is that it is the patient that heals, not the wound. Treatment is tailored to individual medical conditions and may include a combination of education, infection control, nutritional evaluation as well as specialized wound care dressings and bioengineered skin substitutes."

With Scarf, new and innovative treatments were needed to address the infection and the skin flap necrosis caused by reduced blood flow to the tissue.

Scarf describes that each week, she went to hospital and they used stem

cells to heal her incisions. Martin would clean the wound and fill it with a putty like substance made with stem cells and for the last two procedures parts of a placenta was implanted to help regrow the muscle tissue that had deteriorated.

"Everything doctor Martin and his team did for me was amazing, it was a lot of every Thursdays and the treatments were almost three hours but he pulled me through and got me to where I am today."

Read the rest of this story at www.army.mil/article/126672/



Dr. (Col.) Eric D. Martin, Chief of Vascular Surgery at Eisenhower Army Medical Center, completes a surgical procedure on a patient, Diane Scarf, utilizing stem cells and placenta at EAMC, Fort Gordon, Ga., on April 5. DoD Photograph by Joe Smith, Red Cross Volunteer Medical Photographer, U.S. Army/Released



Military pharmacies roll out prescription transfer policy

by Defense Health Agency Public Affairs

Military pharmacies around the country are implementing a new policy to accept prescription transfers from other military and civilian pharmacies. This policy is one of the first initiatives developed by the Defense Health Agency in conjunction with the military surgeons general. The policy was effective July 1.

A standard prescription transfer process for all military pharmacies ensures patients can move their prescriptions to a new facility without getting a new prescription from their provider. This can be a time-consuming process, especially for military families moving across the country and getting used to a new home.

“This is an important step to standardize pharmacy services across the Military Health System,” said Dr. George Jones, chief of the Defense Health Agency’s Pharmacy Operations Division. “Whether patients are moving a prescription from a civilian pharmacy, or they have permanent change of station orders to move across the country, this system-wide policy takes away a potential barrier to getting their medications when they need them.”

Because military pharmacies maintain individual medication formularies, not all medications are available at all locations. Beneficiaries can call their new pharmacy before trying to refill their transferred prescription. To find contact information for military clinics

and hospitals, visit the [TRICARE website](#).

The number of beneficiaries seeking to transfer their prescriptions to military pharmacies has increased in recent months due to the launch of the TRICARE For Life Pharmacy Pilot Program in March. The pilot requires TRICARE For Life beneficiaries to move their maintenance medications from retail pharmacies to either home delivery or a military treatment facility. More than 500,000 beneficiaries are currently impacted by this policy, and it’s anticipated that 10 to 20 percent may attempt to move their prescriptions to a military treatment facility pharmacy.

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Terminally ill Army wife gives birth to ‘miracle’ baby at Brooke Army Medical Center

by Elaine Sanchez, Brooke Army Medical Center Public Affairs

When doctors told Yesenia Ruiz-Rojo she was terminally ill, the pregnant 21-year-old put all thoughts of herself aside. Just save my baby, she asked.

Less than four months into her pregnancy, she was facing aggressive liver cancer and given two to four months to live. But rather than give up, the Army wife and her team of providers at Brooke Army Medical Center, known as BAMC, here, decided they were going to beat the odds.

Four months later, Ruiz-Rojo gave birth to a healthy boy named Luke.

“I love spending time with my son; he’s beautiful,” she said over the phone from a hospice center in California. “I’m so thankful for him.”

She shared a picture of her family on Easter. Her 5-year-old stepson close behind her, and with her baby, in a mini suit and tie, cuddled on her lap. Luke, who turned five months old in June, has received the gift of his mom’s care for longer than anyone expected.

Lt. Col. (Dr.) Raul Palacios, BAMC’s chief of interventional radiology, calls Ruiz-Rojo’s case “a medical miracle.”



Yesenia Ruiz-Rojo poses with her husband, stepson and “miracle” baby, Luke, on Easter at her family’s home in California. (Photo credit: Courtesy photo from the Ruiz-Rojo family.)

When BAMC providers heard about the case, they knew the situation was dire. Based on current literature and case reports, a pregnant woman with this type of aggressive cancer hadn’t lived very long, let alone enough to deliver a healthy child.

“There was nothing out there we found in conventional medicine that would offer her any hope,” Palacios said. “We weren’t aware of anything in the past that had been tried successfully before.”

Unwilling to give up, experts from more than a dozen specialties -- including interventional radiology, obstetrics and gynecology, gynecology oncology, gastrointestinal, hematology/oncology, hepatology, transplant surgery, pediatrics, maternal fetal medicine, neonatology, radiation safety, health physics and medical ethics -- met to explore every possible treatment option.

They couldn’t cut the tumor out due to its size and placement, and traditional cancer treatments, such as chemotherapy, would cause harm to or terminate her pregnancy, explained Col. (Dr.) Stephen Harrison, BAMC’s chief of hepatology and consultant to the surgeon general for gastrointestinal and liver diseases.

Read the rest of this story at www.army.mil/article/129413/

Ruiz-Rojo arrived at BAMC in her 15th week of pregnancy. Previously healthy, she had become alarmed by a severe bout of abdominal pain and vomiting and went the emergency room at Carl R. Darnall Army Medical Center, at Fort Hood, Texas. Tests revealed a tumor covering more than 65 percent of her liver. She was transferred to BAMC two days later.

Blanchfield earns safety recognition

by Laura Boyd, Blanchfield Army Community Hospital Public Affairs

Blanchfield Army Community Hospital earned the Army's Safety and Occupational Health "Star Status" designation for safety following an on-site review May 27-30.

"Workplace safety is critical for organizations across the Army; however it is especially critical in a medical environment," said BACH commander Col. George N. Appenzeller. He explained that worksite safety helps ensure employees and patients are protected from a variety of potential serious hazards in clinical operations.

BACH's safety team consistently works with hospital employees to ensure they understand and can address worksite safety processes at all levels. BACH

safety manager Tim Edwards felt confident that the Fort Campbell medical personnel were ready for the Army Medical Command's Safety Management System (MS2) audit.

"Our staff members are cognizant of worksite safety. My safety partner Chris Lee and I routinely visit all areas of the medical services to observe practices used within both clinical and facility maintenance; therefore we understood that BACH personnel were ready for the audit," said Edwards.

Read the rest of this story at <http://www.army.mil/article/129905/>



Blanchfield Army Community Hospital occupational health nurse Kay Wombacher spoke to Concurrent Technologies Corporation senior safety professional David Caswell May 30 as part of the audit performed by the MEDCOM Safety Management team. Caswell focuses on each question as he assesses Wombacher's role and other occupational health team members in the Department of Preventive Medicine at BACH. Caswell's assessment of the occupational health team's patient care processes was just one of numerous components of the audit performed May 27-30 that gave them Army Safety and Occupational Health Star Status recognition. U.S. Army photo by Laura Boyd/RELEASED.

BJACH 3Q Wolf Pack winner

The Ambulance Program Development and Sustainment Team at Bayne-Jones Army Community Hospital is the winner of the 3rd Quarter Fiscal Year 14 Army Medicine Wolf Pack Award. The Wolf Pack Award recognizes a collaborative team effort by military and Department of the Army Civilians working together to make a significant contribution to Army Medicine. For this quarter, the award recognized Fort Polk's 26-member BJACH team who came together in April 2013 focused on making ambulance service more efficient and cost-effective. With only seven months remaining in their existing contract, the team quickly validated the need to replace the contract, and planned and executed the optimum replacement solution.

Through their perseverance and exceptional teamwork, the team was able to ensure that the hospital had three fully-stocked and mission-capable ambulances, plus EMT and Paramedic staff in place before the contract ran out. The estimated cost savings totaled more than \$774,000 annually and \$7.74m over the lifespan of the ambulance lease.

Congratulations to this great BJACH Ambulance Program Team for their commitment, business acumen, and remarkable achievement!

BAMC: Texas Ten Step facility

by Brooke Army Medical Center Public Affairs

Brooke Army Medical Center has earned re-designation as a Texas Ten Step Program facility from the Texas Department of State Health Services. BAMC is the only Department of Defense facility to receive the recognition.

The Texas Ten Step Program encourages breastfeeding as the preferred method of feeding for newborns and infants.

San Antonio Military Medical Center joins a growing number of Texas birth facilities that are supporting new mothers and their decision to breastfeed to improve the health of newborns and infants.

"We are very proud to announce that SAMMC received re-designation as a Texas Ten Step facility," said Army Lt. Col. Thornton Mu, BAMC

pediatric neonatologist. "We'd like to acknowledge our outstanding lactation consultant team for their efforts along with all the hard-working nurses, techs, and providers who work daily to encourage, emphasize, educate, and promote the many benefits of breastfeeding for both mothers and their newborns."

Based on the World Health Organization/ UNICEF's Ten Steps to Successful Breastfeeding, the program aims to assist birth facility's support of breastfeeding mothers before, during, and after delivery; encourages them to identify breastfeeding resources for the mother after she is discharged; and assists facilities in improving on national performance measures such as the Centers for Disease Control's Breastfeeding Report Card. The goal of the Texas Ten Step Program is to

have 82 percent of infants exclusively breastfeeding when discharged.

Texas Ten Step facilities are asked to address 85 percent of the Ten Steps to Successful Breastfeeding, be designated as a Texas Mother-Friendly Worksite, evaluate their breastfeeding policies, maternity care practices and educate all healthcare staff routinely with evidence-based courses.

"We have worked very hard to earn the Texas Ten Step Program designation," said Mu. "And we are proud to join the other select Texas hospitals in promoting breastfeeding to our new mothers."

For more information on the Texas Ten Step Program, visit the web site at www.texastenstep.org



Maj. Gen. Jimmie Keenan, commanding general of the Southern Regional Medical Command, and Spc. John Ortegon, a Soldier in the Office of Soldier's Counsel, cut the cake on June 13, during SRMC's annual Organizational Day, in honor of the U.S. Army's 239th Birthday. U.S. Army photo by Erin Perez.



Lunch is served! SRMC Employees and their families enjoy a mid-day meal during SRMC Headquarters' organizational day. You can see more photos at www.flickr.com/SouthernRMC. U.S. Army photo by Erin Perez.



Army Maj. Gen. Jimmie O. Keenan, center, commanding general of the Southern Regional Medical Command and market manager of the San Antonio Military Health System, accepts an appreciation award from Air Force Maj. Gen. Bart. O. Iddins, left, commander of the 59th Medical Wing and vice market manager of SAMHS, and Army Col. Kyle D. Campbell, right, commander of Brooke Army Medical Center, for giving the keynote address at the San Antonio Uniformed Services Health Education Consortium awards and graduation ceremony on June 6. U.S. Army photo by Diana L. Struski.

Carl R. Darnall Army Medical Center
Fort Hood - Killeen, Texas

Reynolds Army Community Hospital
Fort Sill - Lawton, Okla.

Blanchfield Army Community Hospital
Fort Campbell - Hopkinsville, Ky./Clarksville, Tenn.

Fox Army Health Center
Redstone Arsenal - Huntsville, Ala.

Moncrief Army Community Hospital
Fort Jackson - Columbia, S.C.

Dwight D. Eisenhower Army Medical Center
Fort Gordon - Augusta, Ga.

Winn Army Community Hospital
Fort Stewart - Hinesville, Ga.

Lyster Army Health Clinic
Fort Rucker - Enterprise, Ala.

Bayne-Jones Army Community Hospital
Fort Polk - Leesville, La.

Brooke Army Medical Center
Fort Sam Houston - San Antonio, Texas

Martin Army Community Hospital
Fort Benning - Columbus, Ga.

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