

Winter
15



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

INSIDE THE ISSUE

**COMMANDER'S
CALL**
Page 2

CSM NOTE
Page 3

**FORT HOOD
SHOOTING VICTIM
AN INSPIRATION**
Page 4

**PATIENT
APPRECIATION
MONTH**
Page 5

**HOUSE FIRE
PREVENTION
AND SAFETY**
Page 6

**SRMC
HEADQUARTERS
BLOOD DRIVE**
Page 8

**AROUND THE
REGION**
Page 10





COMMANDER'S CALL

Happy 2015 Team SRMC! I hope you are energized for this New Year. The second quarter of the fiscal year is a unique time. It's the first quarter of the calendar year, just after major holidays, usually the coldest part of the year, and the start of tax season. It's a new school term for our children and sadly, the end of football season, but basketball season is in full swing and baseball fans can look forward to spring training. It is a time when resolutions are made, hopes for the future are high, yet also a time when there is often a post-holiday let-down. It is during this time that we must be vigilant to our co-workers and friends, supporting each other through new opportunities and changes in our lives.

This quarter we celebrate Martin Luther King and President's Day where we pay tribute to our forefathers who paved the way for us to be where we are today. We also celebrate our AMEDD history: the Army Nurse Corps celebrated its 114th anniversary on 2 February; the Army Enlisted Medical Corps turns 128 years old on 1 March, while the Dental Corps celebrates its 104th anniversary on 3 March, and the Army Civilian Corps celebrates its 19th anniversary on 26 March. Each Corps represents important partners on our team and I encourage you to take some time to recognize the significant contributions made by the members of these four Corps.

From a System for Health perspective, there are several health awareness events we will recognize and participate in over the next three months. These National Awareness months include Sleep, Nutrition, Brain Injury, Cancer Prevention, and American Heart month. These fit very well with the Performance Triad as do many of our New Year's resolutions so I encourage you to keep your resolutions and work toward a healthier lifestyle. Help your beneficiaries become more aware of these topics through activities in your communities.

This is also the time when our staffs receive new assignments and begin planning for summer moves. Leaders must begin working on evaluations and awards, establish transition plans and ensure preparations for the semi-annual Army Physical Fitness Test. With so many things going on, we must not forget our first priority – that of taking care of our patients and creating for them the same experience we want for members of our own families. I ask that you continue to be innovative as you focus on our priorities and take care of your patients, your families and each other.

Serving to Heal... Honored to Serve

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



SRMC STAR SENTINEL STAFF

- Brig. Gen. Barbara R. Holcomb.....Commanding General
- Diana Struski.....Director of Communications
- Erin Perez.....Editor
- Lindan Moya.....Public Affairs Officer

The Star Sentinel is an authorized publication for members of the U.S. Army Southern Regional Medical Command, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government Department of Defense, Department of the Army or this command. The Star Sentinel is published quarterly by the Directorate of Communications, Southern Regional Medical Command. Questions, comments or submissions for the Star Sentinel should be directed to the editor at usarmy.jbsa.medcom-srmc.list.web@mail.mil.

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



CSM NOTE



Team SRMC!

Another year older! The Medical Enlisted Corps, one of the oldest corps in the Army Medical Department, celebrates 128 years of service on March 1.

Our scope of responsibility has expanded; however, the basic tenets have stood the test of time. I am extremely proud to serve in the Enlisted Corps, and I thank each and every one of you within our ranks for your willingness to serve our nation wherever you are needed. I would also ask that we remember those enlisted Soldiers who came before us and their immeasurable contributions that have enabled us, the Enlisted Corps, to be the envy of every Army in the world.

The one constant in life is change, and the enlisted corps—noncommissioned officers specifically—will undergo a significant change in September as the Army unveils the new Noncommissioned Officer Evaluation Report. This will be the first time in 28 years the NCOER has been revised. The revisions will reflect current leadership doctrine outlined in [Army Doctrine Publication \(ADP\) 6-22](#), further establish and enforce rating official accountability, and encourage counseling through improvement of the NCOER support form. There will be three NCOER forms:

1. Sergeants (E-5), or the direct leadership level
2. Staff Sergeants – Master Sergeants/First Sergeants (E-6 – E-8), geared toward organizational level leadership
3. Command Sergeants Major/Sergeants Major (E-9), focused on the strategic level

NCOERs will require a combination of bullet comments as well as narrative comments for E-5s through E-8s, with only narrative comments for E-9 evaluations.

The new NCOER will further delineate rating official roles and responsibilities. Raters will only assess performance, and senior rater's assessments will focus on potential. This should help to eliminate inconsistent ratings and reinforce rating chain accountability. Senior raters will be required to counsel twice during the rating period, at a minimum. One of the most significant changes is how our individual performances will be evaluated. Leaders will have to be more judicious and forthright when counseling subordinates. Individuals who are not meeting the standards must be counseled on their shortcomings with specific guidance on what they need to do to improve. Standards of excellence must be clearly articulated to allow Soldiers the ability to achieve the best possible rating based off quantifiable and obtainable standards. Senior raters for the Staff Sgt. – 1st Sgt./Master Sgt. and Command Sgt. Major/Sgt. Major population will have a constrained senior rater profile, limited to less than 50 percent for "MOST QUALIFIED" selection, which is a significant change to the previous evaluation system. I personally feel this will enhance our ability to select those NCOs that are 'best-in-show' versus 'best-in-breed' to lead at the next level. However, this will require us all to take a hard look at ourselves to ensure we are truly performing at our optimal level. It will require leaders to be honest with those they rate and senior rate on their performance with the emphasis being on face-to-face counseling.

The Army will send out mobile training teams to each installation, beginning April 2015, in preparation for a September 2015 implementation date. I strongly recommend attendance at the MTTs by our senior NCOs so they can train and educate their Soldiers on the new evaluation process.

Thank you again for all you do for Army Medicine, your patients, and your Families.

Compassion – Care – Commitment

Serving to Heal... Honored to Serve

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



1st Lt. John Arroyo seeks to inspire others

by Elaine Sanchez, Brooke Army Medical Center Public Affairs

An Army officer who was severely wounded in a shooting at Fort Hood last year is using his near-death experience to give others a new lease on life.

“I believe I was given a second chance,” said 1st Lt. John Arroyo, who is recovering at Brooke Army Medical Center. “I hope my story inspires others to realize that it’s never too late to make a change or to make a difference.”

Arroyo had three deployments under his belt when he arrived at Fort Hood, deep in central Texas, in November 2013. The California native had enlisted in 1998 as a truck driver, but jumped at the opportunity to become a Green Beret just a few years later. After a dozen years in Special Forces, Arroyo was commissioned and selected for the Medical Service Corps. He was assigned to the 1st Medical Brigade at Fort Hood as a platoon leader. On April 2, 2014, Arroyo was pulling into brigade headquarters parking when he heard shots fired.

He had just stepped out of his car as another car parked close by. He had no idea the driver was Army Spc. Ivan Lopez, who was just minutes into a shooting spree across post. Lopez had already shot and killed two Soldiers and wounded more than a dozen others in another building by the time he pulled into the Brigade parking lot. The next shot Arroyo heard was the one that ripped through his throat. Gasping for breath, Arroyo stumbled back to his car and fell to the ground. He lay there, bleeding profusely, and struggling to breathe.

“I thought, ‘Is this it? Am I going to die?’ he recalled. “But then I heard a voice telling me to get up, to hurry and get up.”

With his wife and three children in mind, Arroyo drew on his last reserves of strength to stand up and find help. He held his throat to staunch the bleeding and stumbled toward a man. He suddenly realized he was about to seek aid from the shooter.



John Arroyo boards an aircraft in Iraq in September 2007. Courtesy photo

“I was within 10 feet of him, but he never saw me,” he said. “He walked right past me into the building and started shooting again.”

A few Soldiers spotted Arroyo from across the parking lot. They called out: “Soldier, are you OK?” He was somehow able to answer: “I’ve been shot.” With no time to spare, they raced Arroyo to Carl R. Darnall Army Medical Center.

Meanwhile, the shooter was confronted seconds later by a military police officer. She fired a shot at him and he responded by committing suicide. Four Soldiers, including Lopez, were killed and 16 others wounded that day.

Critically injured, Arroyo was rushed to surgery and transferred to Scott and White Memorial Hospital for further care.

He was told his voice box and right arm were damaged beyond repair. Yet, two months later he was talking again and, after months of intense rehabilitation at the Center for the Intrepid here, has regained the use of his right hand.

His swift recovery wasn’t surprising, he said. “I was given a second chance by God,” he said. “I should have died in the parking lot that day. I believe I am here for a purpose and will continue to heal.”

Hoping to inspire others, Arroyo began sharing his story with everyone from inmates to students to fellow patients and service members. “I want everyone to realize that if they’re breathing, they have the opportunity for a second chance.”

Arroyo returned to Fort Hood last month to speak at the hospital’s Holiday Ball, and to thank the staff for saving his life. One of the nurses was in tears after Arroyo told her another Soldier who had been shot in the spinal cord was walking again, thanks in part to her care.

“I went back to the spot where I was shot,” he said. “And I wasn’t upset at what had happened. I felt grateful that I was given a second chance to make a difference. I don’t focus on tomorrow; I finish today,” he added. “And I plan to make each day count for something.”

February is Patient Appreciation Month!

National Patient Recognition Week is celebrated annually Feb. 1-7, throughout the country and is recognized officially with events on National Patient Recognition Day, Feb. 3. This presents an incredible opportunity for Army leaders and Army Medicine providers to honor all Military Health System beneficiaries. Army Medicine will recognize its patients throughout the entire month of February, demonstrating that the Army and Army Medicine remain committed to patient centered care, focusing on quality and the highest standards in providing safe care. The theme for 2015 is "Committed to your Well-being."

Army Medicine is committed to delivering responsive, reliable and relevant healthcare that enhances Soldier and unit readiness, optimizes value and transforms the healthcare experience for our beneficiaries. Army Medicine continues to lead the way in medical innovations, programs and support services to enhance access and continuity of care, patient satisfaction and inspiring continued confidence in Army Medicine. These medical innovations include, but are not limited to, pain management, amputee care, regenerative medicine/burn care, telehealth, and the Ready and Resilient Campaign and Performance Triad programs to enhance the performance of its Soldiers.

As it transitions to a System for Health, Army Medicine will reinforce and enhance its commitment to becoming



PATIENT RECOGNITION MONTH
FEB 2015

Committed to your well-being

THANK YOU...
for entrusting Army Medicine with your Health. Our priority is to provide you safe, quality care.

a high reliability organization, leading the way in creating a culture of safety in medical care and zero preventable harm. It will also continue providing reliable, responsive and compassionate services as they partner with their beneficiaries on health and wellness promotion, both in their health readiness platforms and in their Lifespace - that space outside of traditional medical settings. Army Medicine honors and thanks its beneficiaries for their honorable service and sacrifices made on the battlefield and at home.

Military Health System beneficiaries deserve the finest care and support the Army can provide. Army leaders are vigilant of their beneficiaries' unique needs, and improving their well-being is vital to improving patient outcomes and satisfaction. Army Medicine will continue to enhance and improve medical capabilities and services to those we provide care to. Army Medicine is: Serving to Heal ... Honored to Serve!

[Source: Army Stand To!](#)

WHY SLEEP?

REM sleep helps your brain consolidate MEMORIES

Sleep helps your muscles and organs to REST and RECOVER.



Sleep CLEANSSES your brain of TOXINS

FEBRUARY IS SLEEP AWARENESS MONTH



Home fire prevention begins with you

by U.S. Army Combat Readiness Center

Whether in the kitchen, bedroom, living room, basement or garage, on or off an installation, most fires can be avoided. All too often, they're a direct result of complacency. Individuals neglect to take the necessary precautions and complacency kills.

According to the Federal Emergency Management Agency,

each year an estimated 364,500 residential fires account for 2,450 deaths and 13,900 injuries. In addition, damages as a result of these fires cost property owners nearly \$6.7 billion annually. If you were to investigate the root cause of these fires, you'd find that most of them began as a direct result of just plain, careless neglect.

Planning your family's safety begins at home and taking these few preventive measures will help ensure they'll be around for years to come. For more information on fire safety, visit <https://safety.army.mil>.

For more Fire Safety checklists go to <http://bit.ly/1iYOAY>

Source: <http://bit.ly/1iYOAY>

Escape Plans

Implement and practice an escape plan with all home occupants, especially children.

Keep bedroom doors shut while sleeping. If you think there's a fire, feel the door and knob for heat before attempting to open.

Map an escape route for each area of the home and designate a meeting place outside.

Instruct children to "crawl underneath the smoke" to escape a fire and not to hide.

Once outside, "stop, drop and roll" is another safety principle that should be ingrained in children's minds.

Everyone must understand that once you've escaped, never

re-enter a burning building, no matter what you might have left behind.

Call emergency responders (911) from a neighbor's house. Ensure young children know their street address, last name and how to dial 911.

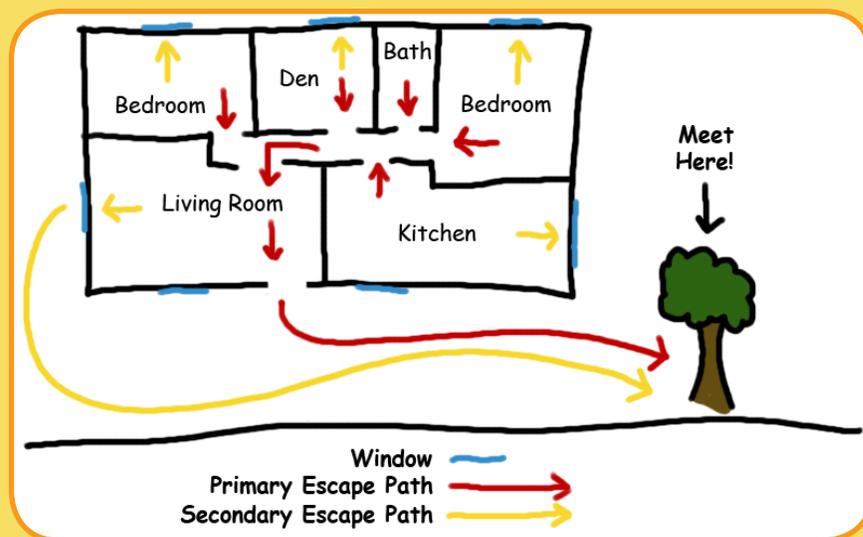
Practice, practice and practice your escape plans regularly, especially with young children to ensure they're comfortable and familiar with the actions they should take in the event of a fire.

Finally, after you've taken care of the family, alert firefighters of any pets that may be inside.



Smoke Detectors

- Install smoke detectors inside and outside each bedroom and on every level of the home, to include the basement.
- Test each smoke alarm at least once a month and replace batteries at least twice a year.
- Encourage children to test smoke alarms and become familiar with the sounds.



February is American Heart Month

by Karen S. Guice, M.D., M.P.P., Principal Deputy Assistant Secretary of Defense for Health Affairs

February is American Heart Month, and the Military Health System will celebrate the benefits of heart healthy living throughout the month. We want you to stay heart healthy for yourself and your loved ones.

Cardiovascular Disease (CVD) — including heart disease, stroke, and high blood pressure — is the number one killer of men and women in the United States. About 600,000 people die of heart disease in the United States every year—that's 1 in every 4 deaths. Heart disease is also the leading cause of death for people of most ethnicities in the United States. For example, in the African American community, more than 40 percent of black men and women suffer from some form of CVD.

Heart disease is often preventable, which is why we want to make sure we promote good health while knowing the warning signs. Early action is the key to preventing death and that starts with routine health screenings, preventive care, and early intervention when necessary. We provide a variety of programs, resources and tools through Operation Live Well to help you maintain a healthy heart and decrease your risk for heart disease. Your lifestyle choices greatly impact your heart health. Proper exercise, sleep, nutrition, and tobacco-free living are the first steps in your journey to better heart health. Small steps can become lifelong healthy habits.

Source: <http://1.usa.gov/1zRqg2H>

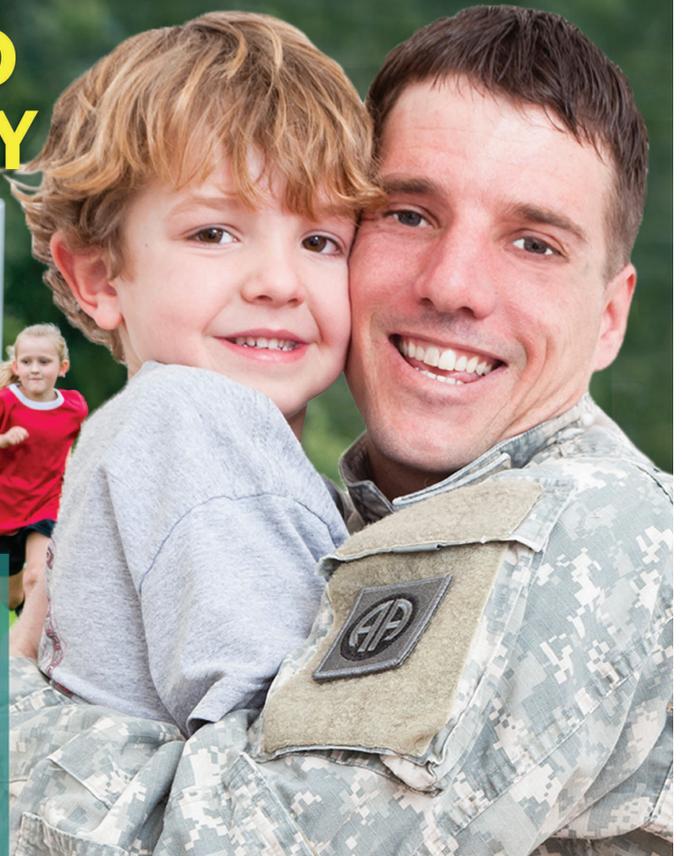


Improving your food choices is a great way to lower your risk of heart disease. Fish, nuts, avocados and liquid vegetable oils, such as olive or canola, along with fruits, vegetables, whole grains and beans offer a heart healthy balance of nutrients.



— MARCH 2015 NATIONAL BRAIN INJURY AWARENESS MONTH —

CHANGE YOUR MIND ABOUT BRAIN INJURY



A concussion can occur not only in our Soldiers, but also in our youth. If you think you or your child has a concussion, please seek prompt medical attention.

For more information, visit dvbic.dcoe.mil or www.cdc.gov/concussion/HeadsUp/youth.html



armymedicine.mil





Armed Services Blood Program visits SRMC!



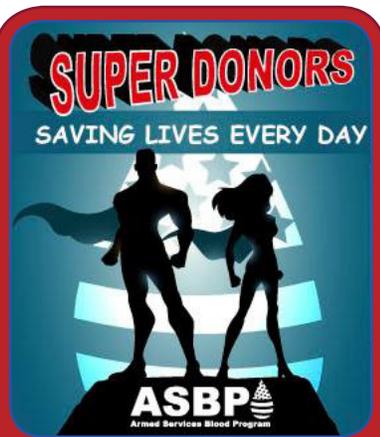
Before you can donate, you have to be screened. From left, Lori Angus, management analyst, Melinda Ruiz, accounting officer, and Martha J. Williams, financial analyst complete their initial screening forms for donation.

On December 9, the blood donor mobile from the Akeroyd Blood Donor Center parked outside of the SRMC Headquarters and opened their doors to the SRMC donors.

The Akeroyd Blood Donor Center is one of the official centers for the Armed Services Blood Donor Program, the U.S. military's blood program, which supplies the tri-service military treatment facilities.

For more information, check out their FAQs.

<http://www.militaryblood.dod.mil/Donors/donorfaq.aspx>



January is Blood Donor Month, but that doesn't mean you have to wait another year to donate! **You can donate every eight weeks.**

Each pint of blood can save three lives because it's broken down into red bloodcells, platelets and plasma. **Give today!!**



Lt. Col. Suzanne Wilson, the Southern Regional Medical Command Warrior Transition Office care and transition officer, looks on as the phlebotomist finds just the right vein and inserts the needle for blood collection.



Some of the first donors of the day!

From the far left, Christine Field, congressional liaison, Melinda Ruiz, accounting officer, Martha J. Williams, financial analyst, and Lt. Col. Suzanne Wilson, care and transition officer for the SRMC Warrior Transition Office, all relax in comfortable reclining chairs while donating their pint of blood in the Akeroyd Blood Donor Center Blood Mobile on Dec. 9.

Leah Eubanks, the assistant regional nurse case manager for the SRMC Warrior Transition Office looks on as her phlebotomist uses a blood pressure cuff to put pressure on her arm to make her veins easier to find with the needle used for blood donation.

Each donor gives a pint of blood, and the Armed Services Blood Program tests, refines and transports all of their blood products around the world for the military to use, from the battlefield to the stateside hospital.



Thank you for giving the gift of life!

For more information on donating blood, visit the Armed Services Blood Program website and Facebook page:

<http://www.militaryblood.dod.mil>
www.facebook.com/militaryblood

**THE NEXT ROUND'S ON YOU...
 GIVE 'EM A PINT!**



ASBP



BACH celebrates 114 years of Army Nursing

By Laura Boyd
Blanchfield Army Community Hospital, Public Affairs

Blanchfield Army Community Hospital staff members at Fort Campbell, KY, decided to make this year's 114th Army Nurse Corps Birthday celebration a little different than years past. The team demonstrated the "Art of Nursing" in a canvas art painting party Jan. 31, inviting other BACH staff, Family and friends to celebrate with them.

"In the nursing profession, we know that we are called upon to use our abilities to connect with patients and their families," said Maj. Alison Fransioli, BACH sterile processing nurse. "In order to do this successfully, it takes a true artist. Nurses have the ability to form a relationship with a patient and their family, all in a way that promotes a healing environment and allows the patient to participate in the process."

An artist guide allowed BACH nurses to put their skills to work and created a canvas art painting together. Each participant left the event with a beautiful canvas autographed by the creator themselves.

"It was an experience to remember and we finished the

day feeling artistic, creative and energized in our profession," said Fransioli.

In addition to the "Art of Nursing" celebration, Fort Campbell nurses and staff were joined by the 43rd U.S. Army surgeon general and the commanding general for the Army Medical Command, Lt. Gen. Patricia D. Horoho, on Feb. 2. Horoho presented the

Order of Military Medical Merit to Army Nurse Lt. Col. Elizabeth Vinson for her visionary work in information technology informatics.

With Horoho being the first woman and first nurse to serve as the U.S. Army surgeon general, it was fitting that she spoke and honored BACH nurses during a traditional cake cutting ceremony.

Continued on p. 14

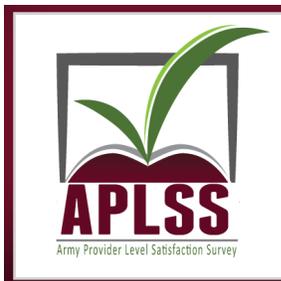


The 43rd U.S. Army surgeon general and commander for the Army Medical Command, Lt. Gen. Patricia D. Horoho, joins the oldest nurse, Wandy Friday, and the youngest nurse, Sgt. Stacey Hewins, in the ceremonial cake cutting at the 114th Army Nurse Corps Birthday celebration held at Blanchfield Army Community Hospital Feb. 2. The three nurses cut the cake using a saber, a tradition during the Army Nurse Corps Birthday celebration. U.S. Army photo by David Gillespie.

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!



Fort Stewart mom experiences unique birth

By Pat Fisher, Winn Army Community Hospital, Public Affairs

Rushed, often unexpected, early baby deliveries are nothing new to any hospital. In most cases though, at least the mother makes it into the hospital before giving birth. That wasn't quite the case at Winn Army Community Hospital, Fort Stewart, GA, in the early morning hours of Jan. 15.

Army Staff Sgt. Aquino Tippett, his wife Rosa, who was eight months pregnant, and their five-year-old daughter Mya had arrived at Fort Stewart only a few weeks earlier, following a tour of duty at Fort Campbell, KY. While they were settling into housing, Rosa began experiencing uncomfortable contractions, but they soon passed. Since her due date was Feb. 3, Rosa wasn't particularly alarmed. But after a phone conversation with a Winn labor and delivery nurse at 3 o'clock on the morning of the 15th, Rosa was told to come in to the hospital as soon as she could.

"My husband let me out in front of the hospital main entrance while he went in to find a wheelchair,"

explained Rosa. "I got a few feet from the front door and suddenly felt the baby starting to come out."

And that's exactly what happened just a few feet from the hospital's main entrance in the frigid morning air.

"I caught her about calf-high in my pants leg," Rosa said while pointing to her leg.

Meanwhile, just a few seconds later Julie Koziel, a labor and delivery nurse with 15 years of experience, showed up outside the door, alerted by the Tippett's phone call earlier.

"I got a call that the couple were on their way in so I went down to the



Staff Sgt. Aquino Tippett, his wife Rosa, and their daughter Mya welcome the newest member of their family, Ivy Faith.

lobby to meet them," Koziel explained. "I saw that the mother and father were outside and the father was holding the baby, who I learned had already come out and fallen down the mother's pant leg. I noticed that the baby's umbilical cord had become severed and I knew that the baby could soon bleed out."

Continued on p. 14

Celebrate the



United States Army Medical Department

Civilian Corps

<https://ameddciviliancorps.amedd.army.mil>

March 26th!!





BAMC Commander's secretary reflects on 60-year Civil Service career

by Elaine Sanchez, Brooke Army Medical Center Public Affairs



While a daunting task for most, Carolyn Putnam can rattle off her career numbers with ease.

As a commander's secretary, this sharp-as-a-tack Army civilian has worked for 13 generals and eight colonels in her 55 years at Brooke Army Medical Center, also known as BAMC, with another five years of service across town at Lackland Air Force Base, Texas.

This all adds up to a distinguished 60-year civil service career. But for Putnam, it's not about the numbers; it's about the people she's met along the way.

"What a fantastic journey it's been," said Putnam with a smile, impeccable in her characteristic colorful skirt suit. "From the bosses to my co-workers to staff throughout

the hospital, I've loved every minute of my time at BAMC. This place is a part of me."

THE EARLY YEARS

The years have flown by, said Putnam, recalling her childhood in San Antonio. She was the youngest of five girls in a family of nearly all government civilians. Her oldest sister was the exception; she was an Army nurse.

Putnam was 10 years old when she started her long association with BAMC. It was 1945 and World War II was nearing its end. Her sister, who had caught malaria while serving in the Philippines, was hospitalized at the then-Brooke General Hospital. Putnam was eager to check on her hero big sister; however, "back then you couldn't visit family unless you were 12, so the nurses sneaked me up the main hospital stairs

Continued on p. 15

Check out our NEW Social Media sites!



www.pinterest.com/SouthernRMC



www.flickr.com/SouthernRMC



www.facebook.com/SouthernRMC



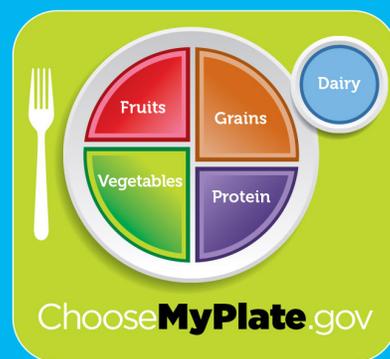
www.twitter.com/SouthernRMC



www.youtube.com/SouthernRMC



Let's eat for the health of it



Start by choosing one or more tips to help you...



**Build a
healthy plate**



**Cut back on
foods high in solid
fats, added sugars,
and salt**



**Eat the right
amount of
calories for you**



**Be physically
active your way**

March is National Nutrition Month... What's on your plate?

Fort Campbell Army Nursing Celebration

Continued from p. 10

“Nurses play a key role in moving Army Medicine forward,” Horoho said.

According to Horoho, nurses are positioned to affect the Lifespace and see people at their most vulnerable times. “You stand at the frontlines of patient care. Your patients depend on and trust

you to be advocates for their well-being and safety across the continuum of health.”

BACH’s youngest and oldest practicing nurses and Lt. Gen. Horoho cut the cake.

Horoho told nurses, “I love this tradition because it symbolizes

the passing of experience and knowledge from the old to the young, ensuring the continued future of the Army Nurse Corps. At the heart of Army Nurse Corps are nurses who are caring, compassionate and dedicated to the health and welfare of patient.”

Fort Stewart baby

Continued from p. 11

She continued, “So I took off my coat and wrapped the baby up in it because it was about 40 degrees out that morning and I grabbed the exposed end of the umbilical cord and squeezed it tight with my fingers. Usually we would clamp that closed before surgically cutting it. Then we got the baby and mother upstairs to the hospital Mother/Baby unit on the 4th floor and everything ended up fine.”

If not for some quick action from nurse Kozel, baby Tippett may have had a different outcome. “I didn’t really have time to think about what I was doing. I just reacted instinctively. It may have been the most unusual delivery I’ve ever helped with,” said Kozel.

Tippet was in an in-processing status at the time of this event and will eventually be assigned to 3rd Infantry Division, 1st Brigade, 1st Brigade Combat Team.

“I didn’t even have time to think,” commented Tippett when asked to describe his thoughts during this dramatic birth.

Much like those stories about giving birth in the backseat of a taxi, the Tippetts will have quite a tale to share with their daughter when she grows up.

BAMC ‘Scholarship in Action’

By Lori Newman, Brooke Army Medical Command, Public Affairs



Staff Sgt. Brian Wallace, a respiratory therapist, retrieves a research paper from the new Scholarship in Action board, which is on display by the Emergency Department in San Antonio Military Medical Center. U.S. Army photo by Robert Shields.

A new Scholarship in Action board by the Emergency Department entrance showcases top-notch academic research accomplished by Brooke Army Medical Center staff.

“We have always prided ourselves on scholarship and doing top quality research that advances the frontiers of science, but we haven’t done a great job of advertising ourselves to our patients,” said Col. Stephen Harrison, director of Medical Education. “One of the commander’s top three initiatives is Scholarship in Action.”

According to a memorandum from Col. Evan Renz, Brooke Army Medical Center commander,

his top three priorities are Safe, Quality Care; Optimizing Resources; and Scholarship in Action.

“Our personnel represent our most valuable resource, one that must be optimized. Our faculty members teach, guide and mentor our trainees and students,” Renz said.

“Scholarship in Action requires that our institution recognize this vital resource by acknowledging and supporting excellence in clinical care and its advancement through scholarly activities, presentations and publication in journals and texts,” the commander said.

60-year Civil Service career

Continued from p. 12

so I could see her,” she recalled with a laugh.

That sister, Lillian Dunlap, went on to become a brigadier general and the 14th chief of the Army Nurse Corps, Putnam said proudly.

As a student at Incarnate Word High School, Putnam found she had a knack for typing and shorthand and set her sights on secretarial work. After graduation in 1953, she took the civil service test and scored a job-- a clerk/typist in the Finance and Accounting Office at Lackland Air Force Base. She stayed there for five years, moving up to become a military pay clerk in the Officer Pay Section in 1954.

BAMC LEGACY BEGINS

It was in 1960 that Putnam’s 55-year BAMC legacy began.

After a yearlong hiatus to care for her newborn son, Chip, she accepted a clerk-typist job in the Department of Surgery at Brooke General Hospital. Over the next decade, she served in various positions in the General Surgery Service and became secretary to the chief, Thoracic-Cardiovascular Surgery Service, in 1964. She recalls many afternoons studying surgeries from behind the observation glass.

“I transcribed operations and there were some very complex, long medical terms,” she said. “I kept my medical dictionary handy and learned more and more over time. I certainly honed my shorthand skills.”

In the ‘70s, Putnam continued to rise up the ranks. During the Vietnam era, BAMC swelled up to 1,000 beds to care for the wounded, and she saw a

constant influx of drafted Vietnam-era doctors.

Putnam crossed paths with a few high-profile guests at that time, including President Lyndon Johnson, who would stop by for checkups when staying at his Texas White House ranch near Stonewall, and movie legend John Wayne, who would visit burn patients. When Wayne came, the staff gathered at the main hospital’s lobby to greet the star, but Putnam managed to make her way up to the fourth row. “I swear he looked right at me and said, ‘Howdy,’ she said with a grin. “Of course, all of the ladies fell out right on the spot.”

To read the rest of the story, go to www.army.mil/article/142059/

Blanchfield Soldier earns MEDCOM’s top Equal Opportunity Leader of the Year award

Congratulations to Sgt. 1st Class Dimitrius Peggins, Blanchfield Army Community Hospital Equal Opportunity Leader, on his recent selection as the MEDCOM Equal Opportunity Leader of the Year. He has been identified by MEDCOM as one of the nominees for the Secretary of the Army Diversity and Leadership Award (Category III).

SFC Peggins aided in the success of his Commander’s mission through the management and implementation of EO programs, EO training, and policy enforcement with the goal of ensuring the fair treatment of all Soldiers solely based on merit, fitness, performance, and potential.



Col. George N. Appenzeller, BACH commander, presents Sgt. 1st Class Dimitrius Peggins with his award for being selected as the MEDCOM Equal Opportunity Leader of the Year.

Congratulations on 128 years of service!

U.S. ARMY MEDICAL ENLISTED CORPS

A History of Strength and Service

1776
The Army Medical Department NCO Corps traces its roots to July 17, 1776, when congress authorized the employment of hospital stewards or medical NCOs, which were the forerunners of the AMEDD NCO Corps.



In 1851 regulations were changed allowing a "Half Chevron" consisting of a green background with yellow trim and a caduceus to denote the rank of the Hospital Steward.

1856
In 1856, Congress authorized the Secretary of War to appoint as many hospital stewards as needed in the army and mustered onto the hospital rolls as "NCOs". This action permanently attached the stewards to the Medical Department.

1887
The Hospital Corps was formally established on March 1, 1887. General Order 29 published in April 1887 stated "the Hospital Corps of the U.S. Army shall consist of hospital stewards, acting hospital stewards, and privates; and all necessary hospital services in garrison, camp, or field (including ambulance service) shall be performed by the members thereof, who shall be regularly enlisted in the military service..."

General Order 29 also established new chevrons denoting the ranks of the hospital stewards similar to the chevrons worn by all NCOs in the Army. Hospital stewards wore full sized chevrons that had three stripes below and one on top with a Red Cross in the center. Acting hospital stewards wore the same chevrons except for the stripe on top. Privates of the Hospital Corps wore the "white arm band with a Red Cross"



Hospital Corps men who served President McKinley. Private Ernest Vollmeyer, Acting Hospital Steward Palmer A. Elliot, and Private John Hodges, 1901.



Hospital NCOs at Fort McHenry, Maryland 1898

1900
In 1900, the Hospital Corps serves an important role in the study of the causes and transmission of Yellow Fever. Soldiers volunteer to be bitten by infected mosquitoes.

WWI
During World War I, enlisted personnel of the Army Medical Department began training at Fort Oglethorpe, Georgia. Laboratory, radiology, dental, veterinary and psychiatric classes were established with some courses taught at civilian universities.



Litter bearers await their next mission during World War I.

WWII

In World War II training camps were expanded to conduct basic and specialized training for medical and surgical technicians. Even with the accelerated training at these camps, the shortage of medical personnel on the front lines remained critical.



Medics pull a boat filled with supplies for wounded troops on the other side of a river.



Newly created flight medics play an increasing role in saving lives during evacuation in the Vietnam War.

GWOT

October 1, 2006, the Combat Medic military occupational specialty (MOS) code changes from 91A and 91B to 68W. During an interim period 2001-2007, new specialty training includes maintenance of civilian EMT certification.



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.

Martin Army Community Hospital
Fort Benning - Columbus, Ga.

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

Southern Regional Medical Command
Joint Base San Antonio - Fort Sam Houston - San Antonio, Texas

4070 Stanley Road | JBSA-Fort Sam Houston, Texas | 78234-2715

Telephone: 210.295-2355, DSN: 421.2355

<http://www.srmc.amedd.army.mil>