

fall
13



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

**DHA BRINGS
CHANGES**
Page 5

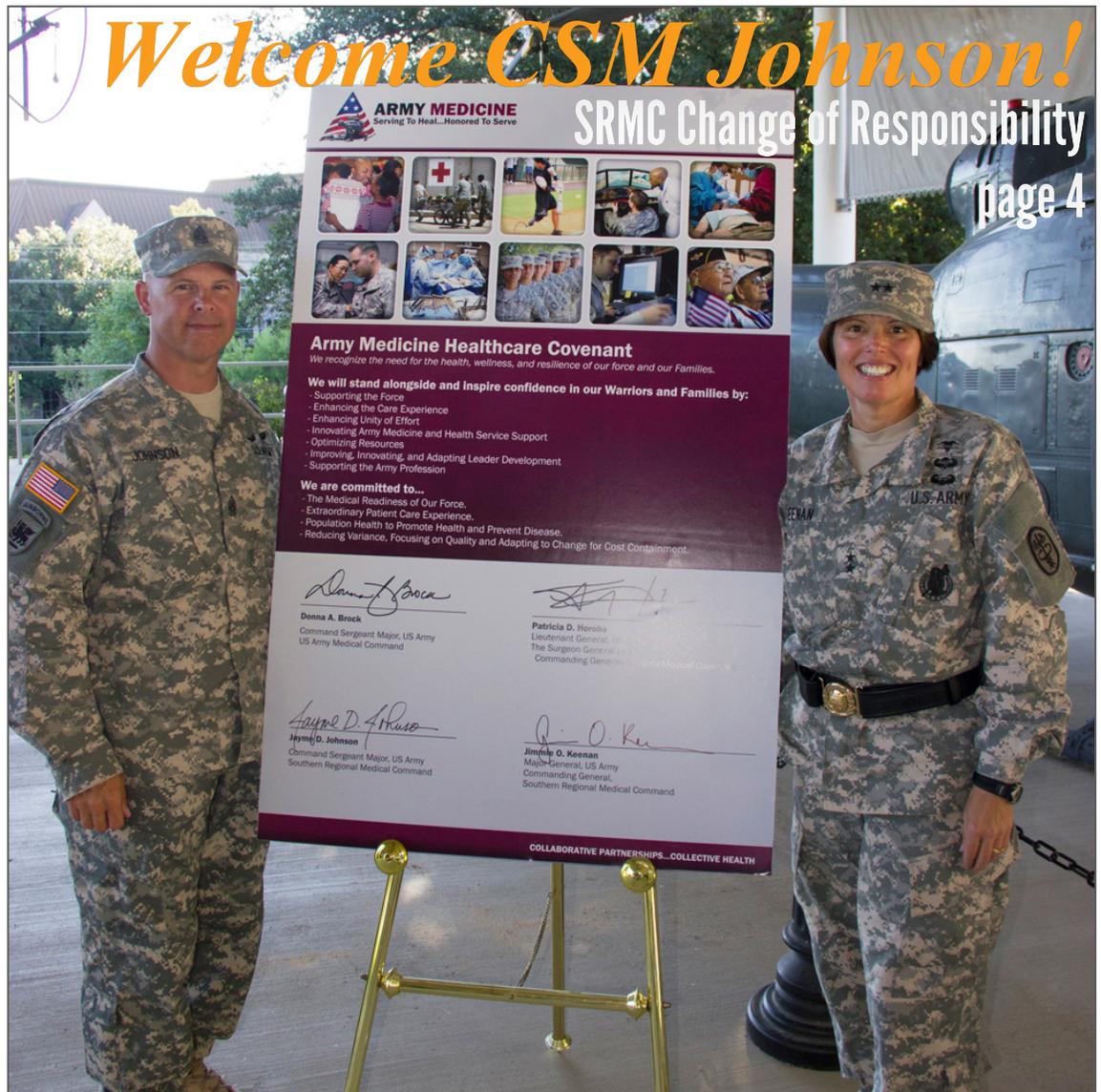
SRMC 6
Page 5

**FALL/WINTER
SAFETY**
Page 6

FLU VACCINE
Page 7

TRICARE UPDATES
Page 8-9

**AROUND THE
REGION**
Page 10

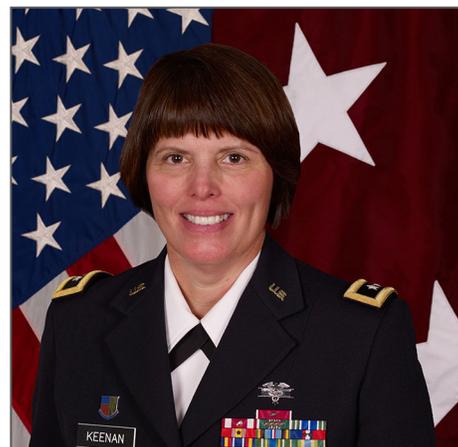




COMMANDER'S CALL

SRMC Team!

Since I took command in June, I've had the honor of hosting a few Purple Heart ceremonies at Brooke Army Medical Center. I cannot accurately express how moving and powerful those moments are. I take my responsibility to America's Sons and Daughters very seriously. And I have to tell you, standing there with the men and women who have sacrificed so much in the defense of our Nation is very humbling, and it serves as a poignant reminder that we are the very first line of care for our ill and wounded Soldiers and their Families. It is up to us to do everything in our power to insure that our quality of care and compassion never falters.



During the month of November, we will observe Warrior Care Month. Warrior Care Month is a concerted effort by the Army to educate wounded, ill or injured Soldiers and their Family members about the Army's programs and initiatives to help them transition back into the force or into civilian life. It is designed to encourage Soldiers and Families to use these programs to successfully advance their transition. Along with Warrior Care Month, Veteran's Day is also upon us. Look for opportunities to support Veterans and Wounded Warriors in your local Army Medicine community, and not just on Veteran's Day.

To underscore our support for America's Sons and Daughters in all that we do, we have updated our Mission and Vision (see below). I want each of you to take the time to think about all that you do for Army Medicine and how it fits into SRMC's mission, because I guarantee that we could not accomplish it effectively without you.

As healthcare providers and support staff, your compassion and drive to take care of America's Sons and Daughters is vital to our success as an organization, and I sincerely appreciate all that you do.

Serving to Heal... Honored to Serve


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

Mission: 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.

Vision: Preserving the strength of our Nation by providing trusted, valued, and compassionate care to America's Sons and Daughters.

SRMC STAR SENTINEL STAFF

- Maj. Gen. Jimmie O. Keenan.....Commanding General
- Diana Struski.....Director of Communications
- Lindan Moya.....Public Affairs Officer
- Erin Perez.....Editor

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!

I am honored and humbled that our leadership has entrusted me with the incredible responsibility of serving as the Command Sergeant Major for the Southern Regional Medical Command. CSM Marshall Huffman provided phenomenal leadership during his tenure and clearly established SRMC as the region to emulate. I would like to publically thank him for his mentorship and guidance throughout this transition.

Having served previously in the Southern Regional Medical Command as the Command Sergeant Major for Bayne-Jones Army Community Hospital, I would like to say that I know first-hand the challenges that lay ahead of me.

Unfortunately, the landscape is quite different since I last served in SRMC. The San Antonio Military Health System was in its infancy as was the initiative to transform Army Medicine from a Healthcare System to a System for Health. However, what has not changed, are the people. The Southern Regional Medical Command has always been an organization known for its ability to meet the challenges placed before it head on with resounding success. SRMC's civilian corps is an essential part of the team. Your reputation of selfless service and dedication is well known within the MEDCOM, and I am honored to be the newest member on the team.

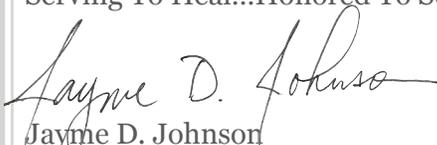
Being selected to serve as the senior enlisted advisor for the 11 military treatment facilities within the region is a responsibility I will not take lightly. I understand the urgency of the times as it relates to the strategic requirements our Surgeon General has laid out for us in the Army Medicine 2020 Campaign Plan.

These are uncertain times, especially with the current fiscal situation - we must keep in mind that our mission guides all our actions. Our mission 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.* We will face challenges and obstacles, but if we link up with our battle buddies and rely on our teammates, the obstacles won't slow us down. Teamwork is truly the key to success.

The Soldiers and Families across the Region deserve leadership that is caring, compassionate, and steadfast. I accept that responsibility and ask for your support and assistance in ensuring we do just that!

Compassion – Care – Commitment

Serving To Heal...Honored To Serve


Jayme D. Johnson
Command Sergeant Major



SRMC bids farewell to CSM Huffman

Command Sgt. Maj. Marshall L. Huffman relinquished responsibility as command sergeant major of Southern Regional Medical Command to Command Sgt. Maj. Jayme Johnson during a change of responsibility ceremony at the AMEDD Museum Amphitheater, Oct. 8. Maj. Gen. Jimmie O. Keenan, SRMC commanding general, officiated the ceremony.

“Sgt. Maj. Huffman, I have enjoyed the short time we have worked together. Your leadership as the senior enlisted advisor has made a positive difference at SRMC. You will be missed by all of us,” Keenan said. “I wish you and Patricia the very best in your new assignment as the Command Sgt. Maj. for Western Regional Medical Command.”

During his tenure as the SRMC Command Sgt. Maj. Huffman also served as the command sergeant major of Brooke Army Medical Center for 18 months. He worked side by side with former commanding general Maj. Gen. Wong, providing support during the transformation of BAMC through the Army’s portion of the Base Realignment and Closure process, seamlessly integrating with Lackland Air Force Base’s Wilford Hall Medical Center, the largest Air Force military treatment facility. Huffman also supported Generals Wong and Keenan during their tenure as the San Antonio Military Health System deputy director.

Huffman, an Alabama native enlisted in the U.S. Army and entered basic training at Fort



Maj. Gen. Jimmie Keenan, left, Southern Regional Medical Command commanding general, presents the Legion of Merit medal to outgoing Command Sgt. Maj. Marshall L. Huffman for his leadership and commitment to taking care of Soldiers over the course of his two years of service as the command sergeant major for SRMC. U.S. Army photo by Nichole Riley.

Jackson, S.C., in Jan. 1984. He completed advanced individual training for combat medic at Fort Sam Houston, Texas, and immediately afterwards, completed Basic Airborne School at Fort Benning, Ga. His previous assignments were as Command Sergeant Major for the 56th Medical Evacuation Battalion, 44th Medical Command (Rear)(Provisional), and 28th Combat Support Hospital, all at Fort Bragg, N.C. He deployed to Iraq with the 28th Combat Support Hospital in support of Operation Iraqi Freedom from 2006 to 2008. He also served as the Command Sergeant Major for the 32nd Medical Brigade, Fort Sam Houston, Texas. Prior to SRMC, he served as the Command Sergeant Major at Bassett Army Community Hospital at Fort Wainwright, Alaska, and

the Senior Enlisted Medical Advisor for the state of Alaska.

Incoming Command Sgt. Maj. Johnson enlisted in the U.S. Army on Jan. 19, 1988. After completing Basic Combat Training and Advanced Individual Training, he attended the Basic Airborne School at Fort Benning, Ga. Johnson’s previous leadership positions include, Forward Support Medical Company First Sergeant, MEDEVAC Observer/Controller, USASAM First Sergeant, 6th MLMC Sergeant Major, USAMEDDAC Bavaria Command Sergeant Major, Bayne-Jones Army Community Hospital; Command Sergeant Major, and 32d Medical Brigade Command Sergeant Major.

DHA brings changes to military medicine

Earlier this year, the Deputy Secretary of Defense directed the establishment of a Defense Health Agency to assume shared functions, services and activities of the Military Health System. Effective October 1, Maj. Gen. Keenan became the first market manager of the San Antonio enhanced multi-service market.

As the market manager, Keenan has direct authority to create and sustain a high-quality health system, manage the allocation of the budget for the market, direct the adoption of common clinical and business functions, optimize readiness to deploy medically ready forces, and direct the movement of workload and workforce among market military treatment facilities. Her authority and responsibilities

as the market manager include: optimizing the enhanced multi-service market in support of readiness, executing a five-year performance plan, allocating and

regardless of service affiliation. The San Antonio market is unique to the Military Health System as its private sector costs are less than the direct care costs. What this means is that compared to other areas, more beneficiaries have chosen to use military treatments facilities, as opposed to getting their care from non-military medical providers.

The San Antonio enhanced multi-service market, also known as the San Antonio Military Health System, will drive efficiencies and optimization of the direct care system and use of the purchased care network by providing improved healthcare services, supporting graduate medical education and training, and supporting basic and clinical biomedical research.



managing the enhanced multi-service market budget, implementing best practices and cost containment. Market managers are provided additional authorities to assist in managing the entire market

SMRPCP is #3 in the SRMC Six

The SRMC Six was developed to assist in prioritizing efforts and establishing on-going standardization actions.

Implementing the Soldier Medical Readiness Processing Campaign constitutes the most important work done in order to maintain a deployment ready, combat capable force. The SMRPCP supports Army Force Generation in each of its phases to increase the medical readiness of the Army. SMRC and its 11 military treatment facilities continues to partner with our Soldier beneficiaries to effectively and efficiently provide the right care at the right time to promote a healthy population and ready force. Through the execution of this campaign, SRMC expects to support the deployment of healthy, resilient, and fit Soldiers; increase the medical readiness of the Army;

and effectively manage the Medically Not Ready population to return the maximum number of Soldiers to deployable status. Soldiers are Warriors and a Soldier on the

Staying medically ready to deploy involves two key functions, SMRPCP and the Performance Triad, which focuses on the individual taking personal responsibility for their “life

space.” The life space is where decisions on activity, nutrition and sleep are made. Army Medicine’s operational approach to these three key components of health – activity, nutrition and sleep is the “Performance Triad.” Getting back to the basics of activity, nutrition, and sleep

as both leaders and healthcare providers are fundamental in optimizing health, performance and resilience, which results in a medically ready force. SRMC, united with its Army partners, is committed to a cohesive effort to increase the medical readiness of the Army.

The SRMC Six

- 1. Patient Centered Medical Home*
- 2. Integrated Disability Evaluation System*
- 3. Soldier Medical Readiness Processing Campaign Plan*
- 4. Comprehensive Behavioral Health System Of Care*
- 5. Comprehensive Pain Management Plan*
- 6. Core Business Operations Metrics*

battlefield is akin to a professional athlete at the top of his or her game. Success as a lifelong Soldier Athlete demands physical performance optimization that enables full medical readiness.

SMRPCP, along with the Performance Triad are integral to the success of the Army’s Ready and Resilient Campaign efforts.



Cooler weather increases safety risks

by Lou Olive, SRMC Safety Director

The cooler days and longer nights of autumn are finally here, and with them come hazards unique to this time of year. As the temperature drops and Soldiers, Family members and Civilians take to roads and the great outdoors, they'll be exposed to risk more often than they might think.

The fall months offer something for everyone - a return to regular schedules with kids back in school, football season, hunting season, while others are ready to start the countdown to time off during the holidays. What cannot be done is have a slow season for safety — just because the summer is over doesn't mean complacency sets in.

Fall and winter are the Army's high seasons for negligent gun discharges and hunting accidents. For the Army, most negligent discharges and hunting accidents occurred when someone was under the influence of alcohol and/or were guests in someone's home playing with weapons that they did not own. Given the Army profession and training with firearms, Soldiers may feel they are invincible and know how to handle all types of weapons. Army leaders need to remind Soldiers that they are not immune to bullets, especially when cutting up with friends and having alcohol involved.

Many Soldiers and civilians try to 'enhance' their off-duty

activities with alcohol. In fact, fixtures of autumn like football games and tailgate parties seem to invite alcohol use. And there's nothing wrong with that, as long as one drinks responsibly. Frank discussions about the risks of drinking and driving, and even drinking and walking should be part of weekend safety briefs. And, leaders should walk the talk by setting the standard and being the right example to follow.

Enjoy the cooler weather and the holiday season, and always "BE SAFE." Southern Regional Medical Command has a mission of taking care of Soldiers, their Family members and our Civilians.

QUIT TOBACCO.
make everyone proud

Almost 70 percent of smokers want to stop smoking, and about 52 percent of them try to stop each year. The Great American Smokeout on Nov. 15 is sponsored by the American Cancer Society and takes place every year on the third Thursday of November. It was established to encourage smokers to not smoke on that day and to make plans to quit smoking for good.

Smoking is the single largest preventable cause of disease, disability and premature death in the U.S. The numbers are sobering:

⊗ About 43.8 million Americans

smoke cigarettes, which is nearly 1 in every 5 adults;

⊗ As of 2010, there were also 13.2 million cigar smokers in the U.S.

⊗ 2.2 million smokers who smoke tobacco in pipes.

When smokers quit, what are the benefits over time?

⊗ 20 minutes after quitting, heart rate and blood pressure drops.

⊗ 12 hours after quitting, the carbon monoxide level in the blood drops to normal.

⊗ Two weeks to three months after quitting, the circulation

improves and lung function increases.

⊗ One to nine months after quitting, coughing and shortness of breath decrease; cilia start to regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.

For more information on smoking cessation programs, view the following web sites: The Department of Defense at www.uceanquit2.org, or The American Cancer Society at www.cancer.org. TRICARE beneficiaries (who are not Medicare eligible) can call the South Region TRICARE Smoking Quitline at 1-877-414-9949.

(Source: The American Cancer Society)



New vaccine protects against additional flu strain; Free flu vaccine for medically-related civilian staffs

Each year, flu season affects millions of people. Flu season usually begins in October, so now is a great time to protect yourself and your family by getting vaccinated. The flu shot is easy to get and inexpensive – often free – for TRICARE beneficiaries, and this year the flu vaccine offers even more protection.

The influenza vaccine at military treatment facilities is for all DoD beneficiaries and MTF healthcare civilian personnel at no charge.

Non-medical civilian staffs who work on the installation must use their regular medical services to obtain the vaccine. If they are TRICARE eligible, they can get the vaccine from the MTF. Otherwise, they must use their medical insurance to cover the vaccine.

Until now, seasonal flu vaccines have only protected against three strains of flu - two strains of influenza A, which usually causes more cases and more severe illness, and one of influenza B, which is less common but also circulates in multiple forms.

The new vaccines include protection against a second strain of influenza B, which experts expect will prevent the vast majority of type B infections. The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. Symptoms include fever, cough, sore throat, stuffy nose, body aches, headaches and fatigue. According to the Centers for Disease Control and Prevention, the flu virus can be more serious for young children, older adults, pregnant women and people with medical conditions. It can cause mild to severe illness and at times can lead to death.

TRICARE covers both the flu shot and flu mist. Beneficiaries may be able get their flu vaccine, at no cost, from a MTF, hospital or from a pharmacist at one of the 45,000 network pharmacies that administer vaccines to TRICARE beneficiaries.

CDC officials also recommend steps to prevent the spread of germs, which can lead to the flu:

- Avoid close contact with people who are sick;

- Stay at home when sick;
- Cover mouth and nose when coughing or sneezing;
- Wash hands often with soap and water; and
- Avoid touching eyes, nose or mouth.

CDC officials also recommend getting plenty of sleep, being physically active, managing stress, drinking plenty of fluids and eating nutritious food.

Related Sites:

U.S. Army Medical Command's Website <http://www.armymedicine.army.mil/>

TRICARE <http://www.tricare.mil>

TRICARE Express Scripts Pharmacy Locator <http://www.express-scripts.com/tricare/pharmacy/>

TRICARE Flu Resources <http://www.tricare.mil/flu/>

Influenza Basics, Treatment and Prevention <http://www.cdc.gov/flu/>

(Source: TRICARE Management Activity and Army Medical Command Public Affairs Office)



TRICARE Prime Beneficiary Enrollment

TRICARE Prime is a managed care option offering the most affordable and comprehensive coverage available. It is important to note that TRICARE Prime is the minimum essential coverage under the Affordable Care Act. TRICARE Prime, which requires enrollment, is available in the U.S. in designated Prime Service Areas. Prime Service Areas were created to ensure medical readiness of the active duty force by augmenting the capability and capacity of military hospitals and clinics. Prime Service Areas were also built around the Base Realignment and Closure sites.

With TRICARE Prime beneficiaries have an assigned primary care manager, either at a military treatment facility or from the TRICARE network, which provides most of your care. PCM's refer patients to a specialist for care that they cannot provide and coordinate with the regional contractor for

authorization, find a specialist in the network, and file claims. Active duty service members and their families have no out-of-pocket costs for any type of care as long as care is received from the PCM or with a referral. All other beneficiaries pay annual enrollment fees and network copayments. Depending on the area they live in, eligible TRICARE beneficiaries will receive either a letter or a postcard encouraging them to enroll in TRICARE Prime. There are many benefits to consider when deciding to enroll in TRICARE Prime.

Benefits include 24/7 access to Army Medicine's Relay Health secure messaging service. The secure messaging service allows patients to virtually connect with their provider and care team. For example, patients can use this to renew a prescription, check on a lab test result or simply ask a medical question. By the end of 2014,

the goal is to offer this service to 100 percent of the beneficiaries who are enrolled to a military treatment facility.

Registering for TRICARE online at www.tricareonline.com allows beneficiaries to:

- schedule or cancel appointments for you and your family members
- receive email and text message appointment reminders
- refill and check the status of your prescriptions
- access online health risk assessments

All SRMC medical treatment facilities are accredited by The Joint Commission, a symbol of quality that reflects an unmatched commitment to healthcare excellence. For more enrollment information, call 1-800-444-5445 or visit the closest TRICARE service center.

Secure Messaging

Our office is online!

It's Easy To Get Started

Just give your e-mail address to our staff.



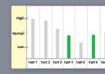
E-mail a Doctor or Nurse



Request Appointments

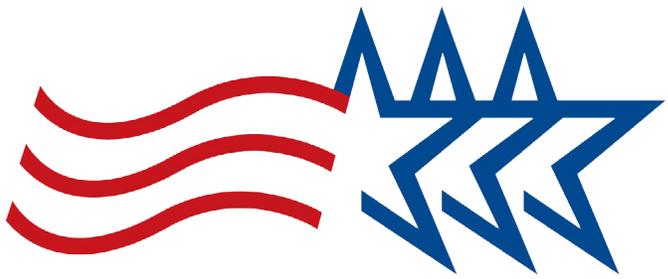


Request Medication Refills



Get Your Lab Results





T R I C A R E®

TRICARE moves forward with Prime Service Area reductions

TRICARE announced that the Department of Defense began reducing the number of TRICARE Prime service areas in the U. S. on Oct. 1, affecting about 171,000 retirees and their family members. The Prime service areas being eliminated are not close to existing military treatment facilities or base realignment and closure sites, officials said.

Retirees and their family members living in affected areas were disenrolled Sept. 30 from TRICARE Prime, but continue to be covered by TRICARE Standard and may have the option of choosing other coverage plans.

TRICARE Management Activity officials said this change has been planned since 2007 and allows them to continue their commitment to making high-quality healthcare available while supporting DoD efforts to control the rising cost of health care for 9.6 million beneficiaries.

“The first thing TRICARE beneficiaries should know about the reduction in the number of Prime service areas is that it doesn’t mean they’re losing

their TRICARE benefit,” said Dr. Jonathan Woodson, assistant secretary of defense for health affairs.

Active duty family members who live in an affected area will continue to receive TRICARE Prime benefits as long as they remain in their current Prime service areas.

Current details on Prime service areas and the option for beneficiaries to sign for email updates are available at www.tricare.mil/PSA. A ZIP code tool is available on the site to help beneficiaries determine if they live in an affected area.

As always, officials noted, TRICARE beneficiaries are still covered by TRICARE Standard. For those living within 100 miles of a remaining Prime service area, re-enrolling in Prime may be an option,

depending on availability. To do this, beneficiaries must waive their drive-time standards, and they may have to travel long distances for primary and specialty care.

Those enrolled in TRICARE Prime are assigned a primary care provider who manages their health care. Retirees pay an annual enrollment fee and have low out-of-pocket costs under this plan. TRICARE Standard is an open-choice option with no monthly premiums and no need for referrals, but it has cost shares and an annual deductible.

For more information, visit www.tricare.mil/psa.



NOVEMBER ★ 2013



BAMC staff offers comfort, final memento to families

By Elaine Sanchez

Brooke Army Medical Center Public Affairs

Amy Beyer cradles a tiny plaster model of an infant's hand in her palm, gently sanding each crease, wrinkle and fingernail. After several moments, she takes a step back to survey her work, tilting her head and squinting slightly as she hunts for imperfections.

"They'll like this," she said at last with a sigh of relief, referring to parents who had lost their baby just weeks prior.

Beyer, a social worker in the neonatal intensive care unit, spends hours each month meticulously crafting 3-D models of hands, feet and even faces in the hopes of bringing a measure of comfort to family members who have lost a child at San Antonio Military Medical Center here.

"We do this to preserve memories

for families, and to show them that we care deeply about them in their time of loss," she said.

Beyer first learned of the program while working for the Neonatal Intensive Care Unit at Wilford Hall Medical Center in 2007.

When the department moved to SAMMC in 2011, Beyer and a former co-worker, Air Force Capt. Crystal Gomez, sought to keep the program's momentum going. Since that time, Beyer, along with a handful of other staff members, has painstakingly created hundreds of these models – from impressions to pouring plaster to sanding and glazing – for babies who are born as early as 20-weeks gestation and teens up to age 17. Always striving for more lifelike perfection, she has painted fingernails a perfectly matched shade of red, carefully captured the nuances of a cherished ring or the individual curve of a tiny toenail.



Amy Beyer examines new models created by Staff Sgt. Alvin Wright, Department of Maxillofacial Prosthetics, at San Antonio Military Medical Center. Wright said he's looking forward to supporting Beyer in her efforts. U.S. Army photo by Robert Shields

"For the occasional newborns who are unable to survive their illness, our focus and purpose as care providers shifts from the baby to helping the family through the painful loss of their child," explained Air Force Lt. Col. Daniel Dirnberger, chief and director of Neonatal Medicine Services at SAMMC.

"Having a tangible 3-dimensional replica of their baby's hands and feet gives them something that photos can never satisfy," he said. "They can touch and hold their baby's hand, and it keeps their connection tangible and real."

Congratulations Sgt. 1st Class Spencer!

Congratulations to Sgt. 1st Class Celeste Spencer, the winner of the FY13 MEDCOM Career Counselor of the Year. Spencer is from the Southern Regional Medical Command, Warrior Transition Battalion, Fort Stewart, Ga. She will represent the U.S. Army Medical Command at the Department of the Army Secretary of the Army Career Counselor of the Year board in January.

Her accomplishment is a reflection of the knowledge and confidence that Spencer displayed during the competition. Her ability to lead outside of her daily duties as a Career Counselor speaks volumes during these demanding times of the Army's drawdown. U.S. Army photo by Nichole Riley.



Lyster's Pharmacy upgrades to new medication refill robots

By Katherine Rosario

Lyster Army Health Clinic Public Affairs

New medication dispensing machines will soon be humming and clicking away inside Lyster Army Health Clinic's pharmacy.

The new machines, seven in total valued at about half a million dollars, will bring the automation pharmacy up to date with the latest in medication dispensing technology.

Six "mini" units, capable of receiving up to nine different medications at a time, and one large unit-the "max," exclusively for refills and capable of receiving up to three medications at a time, will make up the new robotics center of pharmacy.

"Patients can now look forward to shortened wait times and quicker refills on medications, said Lt. Col. Tai Bolaji, chief of pharmacy for LAHC.

"Our updated equipment will allow us to program the new robots to refill hundreds of medications each night to be ready for our patients in the morning," he said.

Pharmacy technicians will also be able to quickly fill new prescriptions and have them ready in less time.

"The pharmacy tech and staff pharmacist can input the prescriptions on the computer and the medications will be filled into the bottles and packaged in minutes, not hours," Bolaji said. "Last month, 62 percent of our beneficiaries were



Spc. Amber Young, U.S. Army Aeromedical Center, refills pharmaceuticals at the Lyster Army Health Clinic Pharmacy with the facility's new dispensing machines. U.S. Army photo by Sara E. Martin.

served in less than 15 minutes, with 38 percent being served in less than 68 minutes."

BACH provider receives lifetime achievement award

by Laura Boyd

Blanchfield Army Community Hospital Public Affairs

Blanchfield Army Community Hospital's director of Child and Family Assistance Center Dr. Quentin Humberd joined an exclusive list of honorees Sept. 13 at the 2013 Excellence in Pediatrics Reception of The Tennessee Chapter of the American Academy of Pediatrics in Nashville.

Humberd, a developmental pediatrician, was recognized with a Lifetime Achievement award for his exceptional contribution to children's health advocacy by the TNAAP. Lifetime achievement awards are presented to chapter pediatricians and community members from across the state who exemplify the following criteria: combining scientific principles with humane practice, committed to the best practice of medicine, advancing the practice of medicine through original research, creative technology application or unique practice structures, displaying imaginative,

innovative and inspirational teaching, providing organizational leadership at the local, state or national level, legislative advocacy or public health policy, displaying exemplary personal attributes, social consciousness and community involvement.

Following a 13 year active duty military career, Humberd served as a Clarksville, Tenn. pediatrician from 1992 until 2005, when he became the chief of BACH's Exceptional Family Member program. He now serves as BACH's director of the Child and Family Assistance Center, which helps link community services to better coordinate care for military Families' needs by creating partnerships with on-post and civilian community resources to promote resiliency and wellness for Soldiers, family members and the Army community for long-term sustainability.

"This award is truly humbling to me when I recall the many wonderful



The Tennessee Chapter of the American Academy of Pediatrics Dr. Allen Coffman, left, and TNAPP Vice President Dr. Shelley Fiscus pose with 2013 TNAAP Lifetime Achievement honoree and Blanchfield Army Community Hospital director of the Child and Family Assistance Center Dr. Quentin Humberd, center, following the banquet in Nashville honoring 2013 Lifetime Achievement awardees.

teachers, colleagues and families that I have had the privilege to work with in my 30 years of pediatric practice. Anything that I have achieved is really because of what they have taught me," said Dr. Humberd.

Around the Region (cont.)

Congratulations on recent NCQA recognition!

Congratulations to the following clinics on their recent recognition by the National Committee for Quality Assurance!

North Clinic (Soldier Centered Medical Home)
Fort Stewart, Ga.
Level III

Taylor Burke Clinic
Camp Bullis, Texas
Level III

Fort Sam Houston Family Medicine
Service Clinic
Joint Base San Antonio Fort Sam Houston, Texas
Level III

North Columbus Medical Home
Fort Benning, Ga.
Level II

Congratulations to MHS Female Physician Leader!



Lt. Col. Bonnie Hartstein of Brooke Army Medical Center is one of two 2013 recipients of the Military Health System Female Physician Leader Awards. She was selected from among her Army peers as the Junior Military Health System Award Winner. U.S. Army photo by Robert Shields.

