

AUGUST 7, 2015
VOL. 57, NO. 31
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A PUBLICATION OF THE 502nd AIR BASE WING – JOINT BASE SAN ANTONIO-FORT SAM HOUSTON



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HEAT-RELATED INJURIES

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Photo by Robert Shields

Army Maj. (Dr.) Tyson Sjulín (right) explains the difficult airways station to Karriemah Munson (center), registered nurse, and Kenneth Hughes (left), intensive care unit technician, during the SIM Center open house July 22.

BAMC Simulation Center open house showcases new healthcare technologies

By Lori Newman
BAMC Public Affairs

Brooke Army Medical Center's Simulation Center held an open house July 22 to highlight their recent expansion of centralized simulation training space on the third floor of the consolidated tower at 3 North.

"The purpose of our open house was to emphasize some of the opportunities we have in healthcare education through the use of simulation," said Army Maj. (Dr.) Heather Delaney, chief of the BAMC SIM Center. "In particular, the vision we have in promoting

healthcare education that is rooted in both quality and patient safety."

With the addition of the space on 3 North, the SIM Center encompasses more than 10,000 square feet within San Antonio Military Center.

"With the expansion, we have been able to significantly increase the amount of training we support and are now the busiest simulation center across the Department of Defense," Delaney said.

BAMC's SIM Center is one of 31 simulation centers in the world that is accredited by the Society for Simulation in Healthcare.

During the open house, there

were demonstrations of a wide variety of simulators including task trainers and high-fidelity simulators.

"Our virtual reality simulators have very impressive features where we can create an immersive environment to help train our general surgeons, obstetricians and urologists," Delaney explained. "A variety of different departments can also utilize these simulators."

The SIM Center is equipped with all the same equipment medical personnel use in their normal work areas including gas, suction,

See BAMC, P15



Editorial Staff

502nd Air Base Wing/JBSA
Commander

Brig. Gen. Bob LaBrutta

502nd ABW/JBSA
Public Affairs Chief
Todd G. White

502nd ABW Command
Information Chief
Karla L. Gonzalez

Writer/Editor
Steve Elliott

Writer/Editor
L. A. Shively

Layout Artist
Joe Funtanilla

News Leader office:

2080 Wilson Way
Building 247, Suite 211
JBSA-Fort Sam Houston
TX 78234-5004
210-221-1031
DSN 471-1031

News Leader Advertisements:

EN Communities
P.O. Box 2171
San Antonio, TX 78297
210-250-2440

News Leader email:

usaf.jbsa.502-abw.mbx.
fsh-news-leader@mail.mil

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Commentary: The importance of broadening our NCO Corps

By **Command Sgt. Maj. John A. Murray**
1st Squadron, 1st Cavalry Regiment
and **Sgt. Maj. Jason Mosher**
XVIII Airborne Corps

As young Soldiers going through basic training in the late 1980s, we were taught that when given an order by an officer or a noncommissioned officer, you executed that order without question.

You didn't ask why you needed to do it, and you certainly didn't argue about the justification for doing it. You simply did it because you knew, unequivocally, that it was the right thing to do. I believe that this lack of questioning was based on an internal trust and respect in our leadership, which was taught to us at an early age.

To change with the times and to bring the NCO Corps in line with what is expected of us in the future, we must be better prepared to answer the "why" in any question that is asked of us. To do this successfully, we must become relevant by broadening ourselves through more education and training.

Today, when giving a Soldier tasks to complete, the Soldier often will ask "why" and question

the validity of the task or detail.

We do not believe this is because of a lack of trust or to be disrespectful. One must remember the culture in which our young Soldiers have grown up. They do not know a life without immediate access to knowledge; they have grown up with smartphones, computers and social media.

If they need to know something, they do not have to find a book to look it up as we were often told to do. They simply look it up on the World Wide Web. Because of this instant knowledge, they have a stronger desire to know the "why" of things.

Both the officer and the NCO Corps need to understand their jobs in ways that were not required 20 years ago. If they cannot answer or explain the "why," their Soldiers will get the "why" somewhere else – perhaps from other Soldiers, the Internet or from a source outside their chain of command.

When a Soldier seeks answers in this manner, can we really control the validity of the answers received, and more importantly, passed along as truth? Each of these solutions takes away from the trust building between Soldiers and leaders.

Conversely, young leaders were taught there was a difference between officer

business and NCO business, and seldom did the two overlap. As a young sergeant, I can recall platoon sergeants saying not to worry about certain things because that was officer business and the platoon leader would take care of it.

As I moved up the NCO ranks to a position where I needed to advise my platoon leader, I quickly learned that officers took information from their NCOs with a grain of salt. They listened to it, but more often than not, it was quickly dismissed if the officer received different advice from another officer, no matter the other officer's rank, duty position or area of concentration. Simply put, officers trusted officers.

The root issue is relevance. The non-commissioned officer of today must evolve and understand that, as we ascend in rank, we must modify our leadership style and performance to keep our relevance as our situation changes.

A team leader must comprehend and master troop-leading procedures. The platoon sergeant must become a master trainer and facilitator. The unit first sergeant must become a master of systems while simultaneously being the up-front,

See NCO, P9

Separated but not alone, help available

By **Senior Airman Lauren-Taylor Levin**
366th Fighter Wing Public Affairs Mountain
Home Air Force Base, Idaho

As the dawn broke out over the mountains, I woke up to the sun peeping through my window. Once I got up I went straight to the kitchen to make my family breakfast yet in the back of my mind, all I could think about was, "how am I going to manage taking care of my children, dogs and work life."

Just the thought of knowing I'll have twice the amount of things to do at home all while balancing my military work, made my heart sink a bit.

Growing up as a military child myself, I knew separation could be extremely hard and hit at

any time. Looking back, I now know how alone my mother felt whenever my father went on deployments or temporary duty. It seems like an eternity waiting for your loved one to return home so you aren't carrying all the weight on your shoulders.

There are dozens of base agencies to make these separations easier, but I didn't realize it yet.

After just three days of being with my children and trying to balance everything I felt like the world was crashing down on me. It was as if I was a first-time mother trying to figure out if I was doing anything right and becoming completely

See SEPARATED, P9



Photo by Petty Officer 3rd Class Jonathan P. Idle
Navy Lt. j.g. Angel Olivera spends time with his daughter at Naval Air Station Sigonella, Italy.



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News Briefs

Westover Medical Home Open

The Westover Medical Home on the Northwest side of San Antonio is open. TRICARE beneficiaries who want to enroll or move to the new Westover location can visit <https://www.humanamilitary.com> or call 800-444-5445. For beneficiaries age 65 or older, call 808-2721 for more information. People are encouraged to call soon as enrollment opportunities are limited. Beneficiaries who sign up for care at the new clinic will need to see their provider at the Fort Sam Houston Clinic or the Taylor Burk Clinic at Camp Bullis until the clinic opens. The 12,500-square-foot community-based medical home will house 13 board-certified providers with varied backgrounds and a multitude of experience to serve their patients. People will also have the benefits of on-site laboratory capabilities and a drive-through pharmacy. The address is 10010 Rogers Crossing, which is located off State Highway 151 and Westover Hills Boulevard.

Air Force Military Ambassador Program Accepting Applications

Two articulate, self-confident Air Force, Air Force Reserve or Air National Guard members are needed to serve as military ambassadors at community events to represent Joint Base San Antonio in 2016. One male and one female ambassador are chosen each year to represent the Air Force at many community events and promote the military's commitment and relationship with the local community around South Texas. All E-4 to E-7 Air Force members, who are 21 years old and older and assigned to Joint Base San Antonio are eligible to apply to be a military ambassador. Nomination packages will be distributed to public affairs offices across JBSA Sept. 1. Once nominated, candidates appear before a selection board of chief master sergeants and former Air Force ambassadors. The selection panel reviews applications, conducts interviews and selects the ambassadors. Nomination deadline is Oct. 16. For more information, call 808-0002.

North New Braunfels, Harry Wurzbach West Access Control Points Open In Mornings

The North New Braunfels Access Control Point, located by the Quadrangle, and the Harry Wurzbach West ACP, also known as

See NEWS BRIEFS, P6

FDA approves cold-stored platelets for resuscitation

By Steven Galvan
USAISR Public Affairs

The Food and Drug Administration announced June 29 the approval of cold-stored apheresis platelets for the resuscitation of bleeding patients. The agreement by the FDA allows storage of apheresis platelets for three days at refrigerator temperature, which is between 1 to 6 degrees Celsius or 33.8 to 42.8 degrees Fahrenheit.

The change is welcomed by military researchers at the U.S. Army Institute of Surgical Research at Fort Sam Houston who see this as a first step to further development of cold-stored platelets for treatment of combat wounded warriors on the battlefield.

"This was a very important decision from the FDA," said Dr. Heather Pidcoke, research physiologist and deputy task area manager of the USAISR Coagulation and Blood Research Program.

According to Pidcoke, research conducted at the USAISR on platelets collected by apheresis and stored in the cold shows that the platelets retain blood clotting qualities longer and are less likely to be contaminated by bacteria than the current standard-of-care room temperature stored platelets.

"We found that platelets were active and functional in the cold up to 14 days, whereas we found much diminished aggregation response in the platelets stored at room temperature after day



Photo by Steven Galvan

Armando Rodriguez draws platelets to prepare them for a series of tests to determine platelet function at the U.S. Army Institute of Surgical Research on Fort Sam Houston.

three," Pidcoke said.

"We will now be able to conduct research on extending the FDA-approved storage time of cold-stored apheresis platelets to beyond three days," said Lt. Col. (Dr.) Andrew Cap, USAISR Coagulation and Blood Research Program chief.

"That's where our research is focusing now," Pidcoke added.

Before the change by the FDA, bleeding patients could only be transfused with apheresis platelets stored at room temperature, which circulate in the body for longer periods of time than cold-stored platelets, but lose most of their blood clotting function during storage.

According to FDA regulations, platelets can be stored at room temperature for only five days because of the increased risk of bacterial growth in room temperature products. This risk forces hospitals to quarantine platelets for bacterial testing before transfusion.

"That takes two days," Pidcoke said. "If nothing is growing on day two, then it can be transported or used on or after day three when the results are known. In essence, room temperature platelets only have a three day functional shelf life – like cold-stored platelets."

See PLATELETS, P16

August is Army Antiterrorism Awareness Month

By Brad Barrett
Army Support Activity
Antiterrorism Officer

August marks the Army's sixth annual observance of Antiterrorism Awareness Month. The terrorist threats we face today are as complex as they have been at any time in our nation's history.

These threats are persistent and constantly evolving as evidenced by the fight against the Islamic State of Iraq and the Levant.

The purpose of Antiterrorism Awareness Month is to instill Army-wide heightened awareness and vigilance to protect Army critical assets

and personnel by preventing acts of terrorism.

Awareness of terrorist threats and an understanding of personal protective measures remain paramount.

The four focus areas planned for this year include recognizing and reporting suspicious activity, participating in antiterrorism training, countering insider threats and becoming familiar with the risks associated with the use of social media.

Antiterrorism awareness also empowers the entire Army – including units, leaders, Soldiers, Department of the Army civilians, families

and contractors – to take prevention measures and encourages each individual to serve as a "sensor" continuously aware of and reporting suspicious activity.

Every member of the Army community plays an important role in preventing terrorist acts. By embedding antiterrorism principles and concepts throughout our plans and programs we protect the Army community from terrorists.

Key Reminders:

- Terrorists can attack anywhere, anytime – the threat is real.

- Army activities and people remain vulnerable.

- Persistent vigilance can help counter the threat and prevent a terrorist attack.

- Units must provide the best antiterrorism training and education possible.

- Individuals should know how to identify and report suspicious activities.

- Antiterrorism measures integrate security into all Army operations and activities.

- Leaders must get the entire Army community involved in antiterrorism efforts.

For more information, call 295-0534. To submit an iSalute Suspicious Activity Report, visit <https://www.inscom.army.mil/isalute/>.

VFW recognizes Army medics at 116th convention

By Lora Strum
Army News Service

In front of nearly 10,000 veterans from World War II through Afghanistan attending the 2015 Veterans of Foreign Wars Convention in Pittsburgh, July 18-22, the VFW honored all Army combat medics with one of its most prestigious annual awards.

The Army medics received the 2015 VFW Armed Forces Award for valor in battle and extraordinary commitment to national security.

Command Sgt. Maj. Gerald Ecker of the Army Medical Command, or MEDCOM, accepted the award on behalf of all combat medics.

"Guys like me and those who are going to do this after me have truly stood on your broad shoulders to maintain the same high standards to continue this art," Ecker said of the commitment Army medics have given since the Revolutionary War. "Our infantry and all combat Soldiers can move out confidently on their mission because, yes, they do know that 'doc' will be there as needed."

MEDCOM personnel focus on saving lives on the battlefield. With constantly improving technology and training, medics in Afghanistan have been saving lives that might have been

lost in previous wars, officials said.

"Army medics make hope a reality, a reality that is as real as life. And life is a great course of action in combat," Ecker said.

In attendance at this year's convention was President Barack Obama, who spoke about healthcare, the performance of the VA, civilian and military relations, and American foreign policy and leadership abroad.

"Our nation endures because citizens like you put on the uniform and serve to keep us free," the president said, praising the dedication and service of American veterans. "We endure because the freedoms and values you protected are now defended by a new generation."

The VFW's annual convention includes the opportunity for veterans from all four military branches to interact and network, as well as to attend workshops focused on estate and financial planning, healthcare, leadership and personal development. Memorial services are also held each day in remembrance of fallen comrades.

Celebrating its 116th year, and the return of its annual convention to Pittsburgh, where the organization first convened to discuss veterans' rights, the VFW is more than a million strong.



Courtesy photo

Command Sgt. Maj. Gerald Ecker accepts the 2015 VFW Armed Forces Award on behalf of all Army medics at the recent 116th VFW National Convention in Pittsburgh.

Burn Research in Texas consortium holds quarterly meeting at USAISR

By Steven Galvan
USAISR Public Affairs

The Burn Research in Texas consortium, composed of the five burn centers in Texas, held its quarterly meeting July 14, hosted by the U.S. Army Institute of Surgical Research Burn Center at Fort Sam Houston.

All five burn centers are American Burn Association-verified and include the USAISR Burn Center in San Antonio; University of Texas Southwestern Medical Center Parkland Hospital Burn Center in Dallas; University of Texas Medical Branch Truman G. Blocker Burn Center in Galveston/Shriners Hospitals for Children-Galveston; John S. Dunn Burn Center at Memorial Hermann-Texas Medical Center in Houston; University Medical Center Timothy J. Harnar Regional Burn Center in Lubbock; and recently, burn researchers from the University of Texas Health Sciences Center San Antonio have joined the consortium.

“Independently, each of these five burn centers have a proud and long history of leading the world in research and inno-



Photo by Steven Galvan

Lt. Col. (Dr.) Kevin Chung (left) provides closing remarks at the Burn Research in Texas consortium quarterly meeting July 14 hosted by the U.S. Army Institute of Surgical Research Burn Center at Fort Sam Houston.

vation in the field of burn care,” said Lt. Col. (Dr.) Kevin Chung, USAISR Director of Research. “The BRIT was established in 2012 to continue this long tradition and to synergize our efforts to help accelerate future advances in burn care.”

According to Celeste Finnerty, Ph.D.,

at UTMB associate professor and associate director for research at the Shriners Hospital for Children in Galveston, Texas, the meetings rotate through each of the centers in order to allow all staff and trainees from each site to participate in the consortium efforts.

“The meetings include educational components, project updates and planning sessions for developing new initiatives,” Finnerty said.

Finnerty added that the meeting at the USAISR was exciting and productive. The group of 43 burn clinical and scientific experts reviewed the progress of the clinical trials that are already underway within the consortium – many of which are funded by the Department of Defense.

“Additionally, we were able to identify several areas of investigation that the group will now focus on, leveraging the expertise and resources within BRIT in order to obtain additional funding,” she said.

Some of the current projects that the BRIT consortium is collaborating on include a multi-center study to evaluate oil and gas related injuries in Texas; aggressive exercise regimen for burn rehabilitation; early inflammatory markers in burn related sepsis (life-threatening complications due to infection); and burn resuscitation studies involving automated decision support systems.

News Briefs

Continued from P3

the Pershing Gate, are open from 5:30-8:30 a.m. Mondays through Fridays, except on federal holidays, according to the 502nd Security Forces Squadron.

New Joint Base San Antonio Website

The Joint Base San Antonio website has a new look and includes easier access to family-related resources. Visit the new site at <http://www.JBSA.mil>.

Feds Feed Families

The 502nd Force Support Group, in conjunction with the Joint Base San Antonio-Fort Sam Houston Commissary, is working with Feds Feed Families Campaign through Aug. 15. The campaign is a voluntary effort undertaken annually for Federal employees to bring non-perishable food items to their offices for distribution to local food banks. The 502nd FSG and commissary have prepared pre-packed dinner meals available for \$8 packaged in brown grocery bags for easy purchase. There are also bins in the commissary and other buildings throughout Fort Sam Houston for dropping off non-perishable food items.

Traffic Flow Altered Near Fort Sam Houston Elementary

The traffic flow at the intersection of Nursery and Williams Roads near Fort Sam Houston Elementary School on Joint Base San Antonio-Fort Sam Houston will be altered through Aug. 23. The project realigns the intersection from a "Y" intersection to a 90-degree intersection, which JBSA civil engineers said will improve traffic flow and safety. Since this construction is timed to take place during the Fort Sam Houston Independent School District summer vacation, it should have negligible impact on the school. Provisions will be made for the shoulders alongside Nursery and Williams Roads to be used as vehicle lanes to allow traffic to continue to flow in both the northbound and southbound directions during construction. Once traffic is diverted to the shoulders, the construction contractor will close the main lanes of Nursery and Williams Roads to rebuild the intersection. Biesenbach Road, in front of the school, will carry eastbound and westbound traffic between Nursery and Williams Roads.

See NEWS BRIEFS, P17

High Reliability Organization course helps Army Medicine leaders

By Phillip Reidinger
AMEDDC&S, HRCoE Public Affairs

"The nature of healthcare is a complex, risk-filled human endeavor, full of uncertainty. Healthcare is emotionally charged, stressful and a high stakes endeavor due to the uncertainty of a patient's reaction to treatment," said Maj. Gen. Steve Jones, commanding general, U.S. Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence at Fort Sam Houston.

During the first High Reliability Organization Quality and Safety Short Course taught at the Fort Sam Houston Community Center July 19-23, Jones noted that Army Medicine influences the lives of hundreds of millions of people around the world, often in austere, extreme conditions.

"Army Medicine requires leaders who are disciplined and make right decisions adding that good leaders provide teams the purpose, direction and motivation required for safe, effective healthcare," Jones added.

He explained that teamwork must be based on trust, shared vision and command understanding and emphasized that commander's intent is the ba-



Photo by Col. Laura Feider

Col. Donna Whittaker, Ph.D., Lean Six Sigma Deployment director, U.S. Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence, was one of several speakers at the first High Reliability Organization Quality and Safety Short Course taught at the Fort Sam Houston Community Center July 19-23.

sis of mission command and is important for commanders to visualize and describe the mission while clearly articulating expected behavior.

Jones said the focus of an HRO is safe, reliable performance and referred to the practice of strategies, and tools to enhance performance and patient safety or TeamSTEPPS. TeamSTEPPS is a teamwork system designed for health care professionals.

Based on performance, knowledge and attitudes, the TeamSTEPPS model encourages the patient care team to incorporate leadership, communications, situation monitoring and mutual support principles to improve quality of care. It is the key enabler of Army Medicine's "Culture of Trust" with deference to expertise and not organizational hierarchy or rank to achieve zero preventable harmful events.

Course attendance included a total of 103 operational level leaders and managers from across each regional health command, Forces Command, and Army Dental Command. The course integrated Arbiner leadership training, HRO principles and imperative, as well as Lean Six Sigma Yellow Belt training.

During a command summit in June, Lt. Gen. Patricia Horoho, Army surgeon general and commanding general, U.S. Army Medical Command, told assembled leaders that achieving high reliability organizations requires processes that are consistent.

"Achieving an HRO is a journey that requires leaders looking at the environment, how it is changing, adapting and achieving the highest standards possible."

Status quo is not an option, she emphasized.

"We need to look at where we need to improve to be better enablers for our Army today and in the future," Horoho said. Horoho noted the importance of acquiring the cognitive ability and knowledge to thrive, to think faster than our adversaries and look at our pattern of behavior where we have become complacent

See HRO, P16

METC medical logistics NCO nails perfect score

The Medical Education and Training Campus Medical Logistics Specialist program at Fort Sam Houston recently graduated its first Army student to attain 100 percent in the course.

Sgt. Tiffany D. Joe received perfect scores on all practical exercises, quizzes and 11 course exams. Due to the fast pace, it is rare for a student to score 100 percent in the program. Only four others – Navy and Air Force students – have previously accomplished this.

The 5 ½-week medical logistics specialist course is a consolidated program with students from the Army, Navy and Air Force. Graduates are allied health professionals focused on procurement, distribution and life cycle management of all necessary supplies and equipment to sustain fixed and contingency medical treatment facilities and other medical activities.

Joe, a Prattville, Ala., native, will join her new National Guard unit in Mountain View, Calif.

(Source: METC Public Affairs)



Photo by Master Sgt. Peter Fredsholm

Sgt. Tiffany D. Joe (center) with Medical Logistics Specialist program instructors Sgt. 1st Class Bobby McNeil (left) and Sgt. 1st Class Clyde Forland (right). Joe received perfect scores on all practical exercises, quizzes and 11 course exams.

264TH MEDICAL BATTALION SOLDIERS VOLUNTEER AT FOOD BANK



Photo by Sgt. 1st Class Paul Newman

A total of 25 volunteers, including Soldiers and family members from the 264th Medical Battalion, 32nd Medical Brigade at Fort Sam Houston, volunteered at the San Antonio Food Bank July 25, contributing three hours sorting and packing perishable food items. A total of 16,000 pounds of food were sorted and packed, providing more than 8,500 meals for area families in need. The San Antonio Food Bank provides food and grocery products to more than 500 partner agencies in 16 counties throughout Southwest Texas.

FORT SAM HOUSTON HONORS RETIRING SOLDIERS



Photo by Sgt. 1st Class Christopher DeHart

Fort Sam Houston recognized 29 Soldiers for their service to the nation with a consolidated retirement ceremony July 30 at the U.S. Army North Quadrangle. The retirees included Col. Mark C. Boussy, U.S. Army North; Col. Gerald L. LeMasters, U.S. Army Medical Readiness and Training Command; Col. Octavio C. Montvazquez, 187th Medical Battalion; Chaplain (Col.) Gary L. Norris, Brooke Army Medical Center; Col. Samuel H. Prugh, U.S. Army South; Lt. Col. Tonya L. Collins, 106th Signal Brigade; Lt. Col. Tarolyn Y. Eskridge, Warrior Transition Battalion; Lt. Col. Demetrius L. Jackson, WTB; Lt. Col. Cyle R. Richard, Department of Defense Military Working Dog Veterinary Service; Lt. Col. John M. Williams, WTB; Lt. Col. James A. Woods, Army North; Maj. Adam C. Rodgers, Army South; Capt. Dennis J. Radnovich II, WTB; Chief Warrant Officer 3 David Ayala Jr., 470th Military Intelligence Brigade; Sgt. Maj. Jerome W. Thanheiser, Army North; 1st Sgt. Steven C. Baxter, 323rd Army Band; 1st Sgt. Gerald T. Dove, U.S. Army Medical Command; Master Sgt. Wilson Astacio, Army South; Sgt. 1st Class Ralph R. Brown III, 232nd Medical Battalion; Sgt. 1st Class Daniel G. Fernandez, Fort Bliss, Texas; Sgt. 1st Class Glenn G. Gonzalez, 32nd Medical Brigade; Sgt. 1st Class Jenise R. Herron, BAMC; Sgt. 1st Class Khristina L. Hoover-Baxter, 323rd Army Band; Sgt. 1st Class Clifford J. Martinez, 4th Infantry Brigade Combat Team, Fort Carson, Colo.; Sgt. 1st Class LeVan F. Smith Jr., San Antonio Recruiting Battalion; Sgt. 1st Class Alma A. Vargas, Texas Physical Evaluation Board; Staff Sgt. Stewart S. Clements, Texas Physical Evaluation Board; Sgt. Antoniette M. Pierce, U.S. Army Institute for Surgical Research; and Sgt. Jason E. Walker, WTB.

NCO from P2

in-the-thick-of-it-leader, and the sergeant major must understand intricacies and nuances of complex situations so that he or she can better advise and assist officer counterparts.

In the late '80s and early '90s, NCO education came from the noncommissioned officer education system, and really nothing else. College was not pushed, and it was rarely sought out.

Officers knew that they were better educated. So, officers believed that their reasoning and understanding of complex tasks and strategies was better than that of the enlisted corps. Bottom line: Education equaled knowledge.

There is a very big difference between the Army of the '80s and today.

To begin with, there is no such thing as "officer business" and "NCO business." As my first squadron commander stated in his initial counseling to me in 2012, there is only "leader business."

The confusion originates

with the word "business." We should call it what it is: responsibility. Army Regulation 600-20, Army Command Policy, clearly identifies in Chapter 2-18 that the NCO support channel will assist the chain of command in accomplishing 10 specific aspects of our profession.

It is a misunderstanding that leads us to believe that there is a prohibition on NCO involvement, when the preceding sentence identifies it as the NCO who "assists" the chain of command.

Additionally, education is now a necessity. In 2010, 29.9 percent of enlisted Soldiers had a bachelor's degree or higher.

This is a far cry from the less than 10 percent who had any type of secondary education in 1987. In 2015, roughly 59 percent of the enlisted corps has some college, and many at the sergeant major level have graduate degrees. The education gap between the officer and enlisted corps is dwindling.

This narrowing of the education gap means that

our NCO Corps must continue to receive advanced training and broadening experiences beyond their NCOES requirements as they move up their career ladders, just as our officer counterparts receive.

Failure to allow advanced training and studies could be detrimental to the advisory role noncommissioned officers provide to their commissioned counterparts.

One type of broadening experience is the Strategic Fellows Program at The Institute of World Politics.

This is an intensive three-week program focused on providing selectees a guided introduction to the development of national security policy at the strategic and federal level.

Led by expert scholars-practitioners from the institute, the participants explore key strategic issues through a combination of graduate-level lectures and hands-on activities.

The program emphasizes critical thinking, effective oral and written communication, and enhanced

appreciation for the Department of Defense's geo-strategic priorities. In addition, participants explore sources of friction and opportunities to enhance integration in the policy-making process among the Department of Defense and the congressional and executive branches.

Participants also learn about one another's functions so that critical decision-making can be more collaborative. When Soldiers master the arts of statecraft, they will be better at discerning, forecasting, preventing, mitigating, managing and, if necessary, prevailing in international conflicts.

Including NCOs in broadening seminars has proven to be a challenging task. Our culture has not allowed for such an inclusion.

The U.S. Army has rightly invested the time and resources into educating its members in an attempt to groom the next generation of future thinkers, capable of comprehending the complexities that are included in the many facets of today's global

community and threats.

NCOs must search for and attend these broadening experiences. They must get out of their comfort zones and strive for advanced knowledge. They must do this for several reasons.

First and foremost is to improve our relevance as the "backbone of the Army." Second, we must do this to better explain the "why." We must be able to explain the "why" to our Soldiers, and we must be able to explain the "why" to our officer counterparts whom we advise.

Army leadership is making a conscious effort to provide NCOs these broadening opportunities, and we must take advantage of them. The ball is in our court. Let's not drop it.

Command Sgt. Maj. John A. Murray is the command sergeant major for 1st Squadron, 1st Cavalry Regiment at Fort Bliss, Texas. Sgt. Maj. Jason Mosher is the XVIII Airborne Corps Provost Sergeant Major at Fort Bragg, N.C.

SEPARATED from P2

overwhelmed. My office was starting to notice a change in my attitude and how quickly I would become agitated to otherwise insignificant events.

My co-worker and I decided to hang out once a week to discuss everything that was on our minds. Although it was nice to vent and get some relief, it only went so far with reducing the stress.

Unfortunately, because of the hours my husband worked, I could only see him for an hour or two each day on Skype, after I put the children down to sleep for the night.

A week went by and I had to pick up my children one afternoon, and I was stopped by a staff member at the child development center.

She asked, "Is there anything going on in your household?"

I explained how my husband was currently on TDY and I've been dealing with a lot of stress lately.

Shortly after my explanation she notified me that my son wasn't acting

like himself either. I was so consumed with my own problems I didn't even notice how my family was doing.

The caregiver said, "Your son is starting to become antisocial, not eating as much food and becoming a bully at daycare."

I felt as if I was failing as a mother and I had to get help, not only for my son, but myself as well. The only problem is I had no idea where to start.

The caregiver gave me a pamphlet about dealing with separation and inside was a card. I called to make an appointment to talk to the counselor about how I could help my son and myself through this time of separation.

As I met with the counselor, we discussed my everyday routine. Not only did I find out I wasn't failing as a mother, but I felt some kind of comfort.

The counselor explained that regardless of a child's age, they can tell when a family member is gone or stressed. Although you may think it won't rub off on them, it does.

As we continued our conversation he recommended I try some exercises with

my children and see their reactions to it.

One exercise in particular was the 1-2-3 method, also known as the "count" to stop behavior method. If your child happens to have a tantrum or isn't listening this is a great exercise to try.

This exercise helps to lead your child to learn, think and take responsibility for their actions. Doing this gives the message that your authority is not negotiable before you act with a consequence.

This consequence doesn't necessarily have to be a big thing. It can simply be redirecting your child toward doing something else, like assisting you with putting items away or reading a book with them.

Once we finished discussing how I could help my children; the counselor asked, "How are you handling all this?"

Just as I was going to start talking my face turned bright red because I knew everything I was carrying on my shoulders was finally about to be lifted off of me. I began to discuss my struggles of trying to make sure everything was the same as it was before my husband left. I was so focused on trying

to make sure everything was perfect I became overwhelmed and stressed, not only myself, but my kids too.

He later explained that no matter how much I want things to be the same, they aren't, and all I can do is make the best of each situation. Not only that, but I should take time to help myself relax by finding a hobby to diminish the stress.

I really took what he said to heart. My son is no longer being antisocial; he's eating more and being a lot nicer. I still have to deal with his "terrible-two" moments, with and my 1-year-old daughter deciding to join him, but with some redirection, they're back to normal.

Even when you feel there's nowhere to turn for help, there's always someone who cares and can guide you in the right direction. There are other resources on base to support you in times of need, such as the Military & Family Readiness Center, key spouse groups, first shirts and mental health.

Whether it's a friend, family member, counselor or even just writing a journal there are always avenues for help.

You're not alone.

Heat-related injuries prevalent, yet easily avoided with right tools

CLIMATE CHANGE & EXTREME HEAT CAUSES MORE DEATHS each year than hurricanes, lightning, tornadoes, earthquakes, and floods **COMBINED!**

WHO'S AT RISK?

Adults over 65, children under 4, people with existing medical problems such as heart disease, and people without access to air conditioning

WHAT CAN YOU DO?

STAY COOL

- Find an air-conditioned shelter
- Avoid direct sunlight
- Wear lightweight, light-colored clothing
- Take cool showers or baths
- Do not rely on a fan as your primary cooling device

STAY HYDRATED

- Drink more water than usual
- Don't wait until you're thirsty to drink more fluids
- Avoid alcohol or liquids containing high amounts of sugar
- Remind others to drink enough water

STAY INFORMED

- Check local news for extreme heat alerts and safety tips
- Learn the symptoms of heat illness

LEARN MORE!

Visit CDC's Environmental Public Health Tracking Network to learn more about climate change and extreme heat at www.cdc.gov/ephracking

Courtesy graphic

By L.A. Shively
JBSA-Fort Sam Houston Public Affairs

Many people succumb to heat-related illnesses and even death due to inexperience with extreme summer temperatures and humidity or a lack of caution outdoors. Military personnel in the San Antonio area are especially vulnerable to heat-related injuries because of exposure during training or duty requirements.

"Since the start of the fiscal year we have had 5,694 heat-related injuries across Joint Base San Antonio," said Staff Sgt. Jerome Montoya, noncommissioned officer in charge of the Environmental Health Section at Brooke Army Medical Center on JBSA-Fort Sam Houston.

A majority of the reported injuries were due to dehydration or a lack of electrolytes, Montoya said; but a plethora of other types of heat injuries such as sunburn and photokeratitis – a painful sunburn of the cornea of the eyes – were also reported that could have easily been avoided.

Montoya advised that although no heat-related deaths have been reported and the majority of injuries were a result of improper hydration or drinking alcohol, once a person has had a heat-related injury, he or she may be more susceptible to another heat injury that could lead to death.

"Once you have become a heat casualty you are deemed high risk, because not all casualties recover completely from the initial injury," Montoya explained.

The sergeant pointed out that first heat injury may result in the body's susceptibility to a follow-on injury especially during a repeat of the previous situation, such as inadequate hydration during training.

Adequate hydration translates to consuming both the proper amounts and types of fluids. So what is the proper intake of fluids?

In an online article (<http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/water/art-20044256>), Mayo Clinic staff say studies have produced varying recommendations over the years, but that an individual's water needs depend on many factors including health, activity level and location.

The Institute of Medicine determined that adequate intake for an average, healthy male is roughly about 13 cups or 3 liters of fluids a day. Adequate intake for an average, healthy female is about nine cups or 2.2 liters of total fluids per day.

Total fluids includes water, sports drinks, juice, milk and soup but not sugary, caffeinated or alcoholic beverages.

"People who are more active should drink more water to sustain the amount of water they lose while sweating," Montoya recommends. "The best way to remember the amount is the '8-by-8 rule' which is drink 8 eight-ounce glasses a day, which equates to 1.9 liters."

Drinking too much water may also be hazardous to one's health.

Hypnatremia, also known as water intoxication, is caused by the failure to maintain correct levels of sodium in the body that is lost through sweating.

The signs are similar to dehydration such as nausea, disorientation, muscle cramps and mainly occurs during competition in events lasting for several hours, Montoya explained. He said drinking sports drinks or a simple glass of salt water prevents this injury from occurring.

Alcohol should be avoided during hot weather because it alters mental status. Generally, an individual consumes alcohol to quench thirst, which lowers water intake and actually creates dehydration.

Playing sports during summer barbecues while drinking is a



Photo by Esther Garcia

Sgt. 1st Class Owen Davis with Company E, 232nd Medical Battalion, takes a water break following an 8-mile foot march June 12 at Camp Bullis.

common scenario where heat injuries from lack of hydration occur Montoya said. He added that although caffeine and sugary drinks served at parties don't alter mental status, they are diuretics which increase urine production ultimately reducing the amount of water in the body and should be avoided as much as possible.

Training or duty risks for military personnel outdoors are mitigated via the Wet Bulb Globe Temperature Index, a tool used to prevent heat injuries. According to the WBGT Index, 5 degrees Fahrenheit should be added to the environmental temperature if a member is wearing a rucksack or body armor and 10 degrees Fahrenheit if in Mission Oriented Protective Posture, or MOPP, 4 gear.

The WBGT Index is a heat stress indicator used to gauge the relative severity of environmental temperature on the human body by measuring humidity, wind speed or wind chill and visible and infrared radiation, or sunlight, and then compositing the information into an actual temperature experienced by personnel.

Derived from a combination of temperatures from three ther-

mometers – wet globe for humidity, black globe for solar factor, and dry bulb for ambient levels – the WBGT is a unit set on a tripod in full sunlight.

The index consists of five color-coded categories with associated temperature information derived from the WBGT and specifies fluid intake requirements and work allowed. Flags with corresponding colors are flown to indicate current heat-work conditions.

Black is at the bottom of the index and signals hazardous working conditions.

"Most training may be restricted during black flag conditions, based on commander directives," said Ken Talley, an industrial hygienist with the 559th Aerospace Medical Squadron/Bio-Environmental Engineering.

Talley explained that a WBGT is located at Joint Base San Antonio-Lackland Bioenvironmental Engineering and the Lackland Basic Expeditionary Airman Skills Training, or BEAST – the Airmen recruit training site on Joint Base San Antonio-Lackland.

"We record temperatures on an hourly basis and transmit the information via a call to the command post," Talley said. "The command post sends an

email notifying units of the flag condition."

A WBGT is located at the 359th JBSA-Randolph clinic building, explained Airman 1st Class Tyler Brantley, 359th MDG bioenvironmental technician.

Brantley said that readings are taken continuously, especially during the "101 Critical Days of Summer" where 91 degrees Fahrenheit, based on the WBGT reading, occurs daily and is a black flag condition.

The 101 Critical Days of Summer traditionally begins the Memorial Day weekend and ends Labor Day weekend and supports commands' focus on safety in hot weather.

"Each flag category has work-rest cycles and everyone has to have thermal stress training if they work outside," Brantley said, adding that training is familiarizing personnel with the WBGT work-rest cycles and fluid intake requirements.

At JBSA-Randolph, flags are flown on the flight line and at the fitness centers as well as any place people are working outside as well as near unventilated hangars.

"You're basically outside because those hangars can get really hot," Brantley explained. "Some people have the black pirate flag flying – the Jolly Roger – in place of the regular black flag, it's pretty funny."

"JBSA-Fort Sam Houston relies on command post information for WBGT readings and flag conditions," explained Mark Magalski, chief of 502nd Air Base Wing Operations, "but units training downrange at JBSA-Camp Bullis are required to take their own readings."

Safety is paramount for JBSA personnel, Montoya said, stressing that heat accidents are preventable and ensuring everyone is aware gives commanders another tool to ensure the safety of their people.

Are You Hydrated? Take the Urine Color Test

Urine Color Chart

Purpose

- With normal kidney function, your level of hydration is indicated by the color of your urine. Some vitamins and supplements may cause a darkening of the urine unrelated to dehydration.
- Since heat-related illness often follows dehydration, this simple test will help protect your health.
- Dehydration also increases your risk for kidney stones.

How does it work?

- Match your urine color to closest color in the chart and read the hydration level on the chart.
- Watch the urine stream not the toilet water, as the water in the toilet will dilute your urine color.
- In response to dehydration, the kidneys conserve water and excrete more concentrated urine; the more concentrated the urine, the darker the color.

Prevent Dehydration

- No amount of training in the new climate can reduce the body's requirement for water.
- Follow the water consumption guidelines in the water consumption table.

Fluid Replacement Guide

Heat Category	WBGT Index, (°F)	Easy Work	Moderate Work	Hard Work
		Fluid Intake (quarts/hour)	Fluid Intake (quarts/hour)	Fluid Intake (quarts/hour)
1	78° - 81.9°	1/2	3/4	1 (1 1/2)*
2	82° - 84.9°	3/4	1 (1 1/2)*	1 1/2 (1 3/4)*
3	85° - 87.9°	1	1 1/2 (1 3/4)*	2 (2 1/4)*
4	88° - 89.9°	1 1/2	2 (2 1/4)*	2 1/2 (3)*
5	> 90°	2	2 1/2 (3)*	3 (3 1/2)*

*Use the amounts in parentheses for continuous work when rest breaks are not possible. Leaders should ensure several hours of rest and rehydration time after continuous work. This guidance will sustain performance and hydration for at least 4 hours of work in the specified heat category. Fluid needs can vary based on individual differences (± 1/4 q/hr) and exposure to full sun or full shade (± 1/4 q/hr). Rest means minimal physical activity (sitting or standing) in the shade if possible. Body armor - add 5°F to WBGT index in humid climates. NBC (MOPP 4) - Add 10°F (Easy Work) or 20°F (Moderate or Hard Work) to WBGT index. CAUTION: Heavy fluid intake should not exceed 1 1/2 qts. Daily fluid intake should not exceed 12 qts.

USAPHC
http://phc.amedd.army.mil
CP-070-0015
(Also available as a tip card)
Approved for public release; distribution unlimited
Courtesy graphic

Stage 1 water restrictions implemented across JBSA

By Benjamin Martinez
Joint Base San Antonio
utility manager

The 10-day average of the Bexar County index well J-17 reached 657 feet mean sea level as of Aug. 3, triggering Stage 1 water restrictions for all Joint Base San Antonio locations. Stage 1 goes into effect when J-17 dips below 660 feet.

The J-17 well is housed in a nondescript building on Fort Sam Houston, just off Harry Wurzbach and near the Fort Sam Houston National Cemetery and serves as the official well for recording groundwater elevations in the San Antonio Pool of the Edwards Aquifer, according to the Edwards Aquifer Authority website (<http://www.edwardsaquifer.org>).

The JBSA Base Civil Engineer declared Stage 1 water restrictions effective immediately in accordance with the current JBSA Critical Period Management Plan and Biological Opinion issued by the U.S. Fish and Wildlife Service. The biological opinion limits JBSA's water draw from the Edward's Aquifer in order to protect eight endangered species which live in the aquifer and its associated springs. These species can only survive when aquifer levels and spring flows are adequately maintained.

The restrictions within Stage 1 facing base residents and personnel are substantial and all must comply with the JBSA Critical Period Management Plan.

All the Stage 1 restrictions in addition to Stage Normal water restrictions are in place:

- Continue Stage Normal water use measures

except as noted or replaced by Stage 1 rules.

- Landscape watering with an irrigation system, sprinkler or soaker hose is allowed only once a week before 10 a.m. or after 8 p.m. on your designated watering day, as determined by your address or facility number.

- Reduce water consumption by any means available.

- New turf or landscaping may be watered as identified in Stage Normal until adequate growth is maintained.

- Privately owned vehicle washing is allowed once per week on Saturday or Sunday as long as there is no water waste. A positive shutoff nozzle must be used with hoses to prevent water waste. Don't let water run into the street.

- All swimming pools must have a minimum of 25 percent of the surface area covered with evaporation screens when not in use. Inflatable pool toys or floating decorations may be used.

- Hand watering with a handheld hose, soaker hose, drip irrigation, bucket or watering can is permitted any time and any day.

- Washing impervious cover such as parking lots, driveways, streets or sidewalks is prohibited except in order to correct life, health or safety concerns.

- Irrigation of athletic fields is permitted only as required to maintain the turf viability/safety. Athletic fields continue Stage Normal water use measures.

- Landscape on golf courses are required to follow one day per week watering

See STAGE 1, P13

University of Maryland, College Park student interns at USAISR

By Steven Galvan
USAISR Public Affairs

When University of Maryland, College Park student Cynthia Njatcha enrolled for college classes during her freshman year, her ambition was to become a medical doctor.

Soon after she began her studies, she learned of an educational program that made her change her mind about being a doctor because she felt this other program would be more beneficial to her native country of Cameroon.

"I realized that I don't want to treat people when they are sick," Njatcha said. "I want to help them and educate them before they get sick."

At the age of 14, Njatcha's family moved to the U.S., having witnessed firsthand the diseases and health issues in Cameroon; many of which she feels can be eliminated with the proper training and education of the general population.

Now as a college senior, when she returns for classes after the summer break, she will continue to study for a bachelor's degree in Public Health Science.

But before she continues her studies as an undergraduate student, Njatcha is participating in a 10-week summer internship program at the U.S. Army Institute of Surgical Research at Fort Sam Houston, sponsored by the Oak Ridge Institute for Science and Education.

"This program exposes students to the lab environment and provides them with invaluable research experience," said David M. Burmeister, Ph.D., USAISR combat casualty care research scientist and lead intern mentor. "This program also helps students clarify their educational goals and enables them to reach those goals."

"The program also provides an opportunity to not only use and develop science-related knowledge and skills, but to enhance some of the skills that are transferable to any professional work setting," said Luciana Torres, Ph.D., research physiologist at the USAISR



Photo by Steven Galvan

University of Maryland, College Park student Cynthia Njatcha (center) is participating in a 10-week summer internship program at the U.S. Army Institute of Surgical Research at Fort Sam Houston, sponsored by the Oak Ridge Institute for Science and Education. Njatcha was selected to team up with research physiologist Luciana Torres, Ph.D. (right) and her husband Ivo Torres, Ph.D. (left), who is also a research physiologist and doctor of medicine. The research that Njatcha will be involved in is designed to determine how some plasma proteins are associated with changes in the microvascular system after hemorrhagic shock.

Damage Control Resuscitation task area.

Njatcha is one of 11 interns from colleges and universities from throughout the U.S. selected to conduct research with a USAISR mentor and research team.

Njatcha was selected to team up with Luciana and her husband, Ivo Torres, Ph.D., who is also a research physiologist and doctor of medicine. The research she'll be involved in is designed to determine how some plasma proteins are associated with changes in the microvascular system after hemorrhagic shock.

"She will also learn various aspects of the daily work routine at our research lab," Ivo said. "This includes

experiment preparation, performance and data analysis. She will also conduct her own project, under the supervision of experienced investigators."

Njatcha said this is a great experience for her and thinks her mentors are awesome. She also believes this summer internship confirms she is studying for the right degree.

"I love working in the lab and I know this is what I want to do," she said. "I believe this experience will someday help me do research so I can prevent people from getting sick in Cameroon."

"I have been positively impressed with her work, especially with her mo-

tivation and determination," Luciana said. "I believe Cynthia's perseverance and enthusiasm will continue inspiring her to create new ideas, embrace great opportunities, and make the best decisions about the direction of future career in public health."

Ivo said he was just as impressed with Njatcha and believes she may go in any career path she chooses.

"She is a very determined person. She has shown immediate interest in all activities she has been exposed to," he said. "Being selected to this very competitive program is testament to her tenacity and resolve."

STAGE 1 from P12

- Use of fountains, waterfalls or other aesthetic water features outdoors or indoors is prohibited, unless a variance has been granted for 100 percent non-potable water use.

In Stage 1, the watering days are as follows if address/

facility number ends in 0 or 1, Monday; 2 or 3, Tuesday; 4 or 5, Wednesday; 6 or 7, Thursday; and 8 or 9, Friday.

All water restriction measures and details are listed in the JBSA Critical Period Management Plan available online at www.jbsa.af.mil/shared/media/document/AFD-130809-013.pdf

JBSA personnel should not confuse the JBSA water

restrictions with the SAWS restriction levels. The JBSA water restrictions are more stringent and begin sooner than SAWS restrictions.

Call 652-2392 to report water abusers. Those found not abiding with the JBSA Critical Period Management Plan may face potential disciplinary measures. Reports will remain anonymous.

External health insurance must be divulged, official says

By Terri Moon Cronk
DOD News, Defense Media Activity

The Department of Defense wants to remind its health care beneficiaries who carry commercial health insurance to provide their policy information to their TRICARE providers, a Defense Health Agency official said July 29.

Mark Ellis, a DHA senior health program analyst, said the issue is important to DOD because by law, commercial health care insurance companies pay first and TRICARE pays second on medical bills.

When commercial health care insurers pay first, it saves DOD and insured patients money, because beneficiaries will have little to no copayments, he said.

“Beneficiaries don’t pay their normal cost shares and deductibles, because the other health insurance combined with the TRICARE insurance typically covers most of their out-of-pocket expenses,” Ellis pointed out.

Providing other insurance information to a health care provider is a law that’s been on the books for some time, Ellis noted.

Veterans, family members and sometimes even service members carry commercial health insurance in addition to having TRICARE coverage – for a variety of reasons, he said.

DOD surveys show about 14 percent of veterans and spouses who work receive employer-sponsored coverage, Ellis said. And the Affordable Care Act mandates all U.S. citizens have health insurance



or face penalties, he added.

In some cases, retirees purchase insurance to cover older dependents who are past the age to use TRICARE, Ellis noted.

Or, a service member’s spouse might have to pay for commercial health insurance if he or she works for a company that employs more than 50 people, according to the Affordable Care Act, he said.

Active-duty personnel who purchase other health insurance only total about 5 percent of DOD’s health care beneficiaries, Ellis added.

It’s essential for TRICARE beneficiaries to tell health care providers if they carry commercial insurance, Ellis emphasized.

“If we find out about it later, by law we have to make sure TRICARE is the secondary payer,” he said.

DOD is concerned some beneficiaries aren’t providing their commercial health insurance information to TRICARE, Ellis said.

Because of that, DOD uses what Ellis called an “industry standard” to obtain evidence from commercial firms when military beneficiaries have other health insurance.

DOD is looking for beneficiaries who do not provide their commercial health insurance information to TRICARE providers, Ellis said. DOD can retrieve money it is owed from the health care providers who performed the services, he added.

Such a process can cause frustration for the provider and the beneficiary in particular, Ellis said.

“It puts beneficiaries at risk for having to pay the whole bill,” he said.

Certain state insurance laws say claims must be filed within a certain timeframe, he said.

If DOD doesn’t find out about a beneficiary’s other health insurance in enough time, Ellis said, “the likelihood is we’ll take the money away and the provider will bill the beneficiary directly for the entire amount.”

Some beneficiaries with commercial health insurance believe their premiums will go up if they use it, Ellis said, adding that is not the case.

When beneficiaries with commercial health insurance are proactive and volunteer the information to TRICARE health care providers, it’s a win-win situation for them and the taxpayer, he said.

“We hope folks will understand we’re doing what we need to do to make sure the taxpayers and patients benefit from this project,” he said.

DOD awards contract for electronic health records

By Jim Garamone
DOD News, Defense Media Activity

The award of the new modernization contract for electronic health records is a great opportunity to “save money, save time, and most importantly, save lives,” said Christopher A. Miller, the Defense Healthcare Management Systems program executive officer.

In a culmination of a more than two-year effort, the Defense Department today awarded a \$4.3 billion contract to Leidos, Inc. July 29. Now begins the hard part: putting the contract in place, Miller said.

The new contract will cover more than 9.5 million Department of Defense beneficiaries and the more than 205,000 care providers that support them.

The contract will improve current interoperability among the DOD, Veterans Affairs and private sector health care providers, and enable each to access and update health records. The contract is based on protocols established by the

Office of the National Coordinator for Health IT and the DOD/VA interagency program office.

The DOD and the VA are interoperable now, said Undersecretary of Defense for Acquisition, Technology and Logistics Frank Kendall, but this contract ensures it will continue by including future software upgrades.

Training is also included in the contract, he said.

“The trick ... in getting a business system fielded isn’t about the product you’re buying, it’s about the training, the preparation of your people, it’s about minimizing the changes to the software that you’re buying,” Kendall said. “We’ve done a lot of work to ensure that our users ... are prepared to take on this product and use it.”

The next step in fielding the system is to test the software to ensure it is secure and does what is needed. The contractor will begin fielding the system at eight locations in the Pacific Northwest, covering each of the services late next year.

Ultimately, the system will be fielded at more than 1,000 locations worldwide. The cost over 18 years was placed at \$11 billion, but new figures suggest the ultimate cost will be below \$9 billion, Kendall said.

Dr. Jonathan Woodson, the assistant secretary of defense for health affairs, called electronic health records “a critical enabler for supporting and maintaining medical readiness” around the world.

The new system is global and must operate in remote places like Afghanistan, in addition to DOD’s 55 hospitals and more than 600 clinics, Woodson said.

“Even apart from the wartime requirements, the patients we serve are frequently on the move, as are our caregivers, so it is very important to have a highly integrated system that is portable to serve the needs wherever they may be required,” Woodson said.

The department is sensitive to potential vendor lock situations. To mitigate this risk, the government negotiated specific rights to the software and tech-

nical data that will allow future contractors access to operate or sustain the system, Miller said.

“Today is not just about picking a software vendor,” Miller said. “Today is really about making sure we provide the right team that will provide the services and all those things that are necessary to meet our objectives.”

Building the new system will be complicated, Woodson noted, adding that implementing it does not simply mean turning off one system and turning on another.

The new system will replace up to 50 legacy systems and there is a transition plan for each one of those systems, Miller said.

“You can’t just take away the old system and drive in the new one,” Kendall said. “You have to provide health care continuously – you cannot stop. You have to keep the old system running until the new system is ready to step in and take over. It requires us to keep the old systems running.”

School starts soon – is your child fully vaccinated?

By Terri Moon Cronk
DOD News, Defense Media Activity

School-age children, from preschoolers to college students, need vaccines. Making sure that children receive all their vaccinations on time is one of the most important things you can do as a parent to ensure your children's long-term health – as well as the health of friends, classmates and others in your community.

The Centers for Disease Control and Prevention has online resources and tools to help parents and doctors make sure all kids are up to date on recommended vaccines and protected from serious diseases. Get your children to the doctor if you discover they need vaccines to protect them against serious diseases.

To keep children in schools healthy, your state may require children going to school to be vaccinated against certain diseases, such as pertussis (whooping cough). If you're unsure of your state's school requirements, now is the time to check with your child's doctor, your child's school, or your health department. That way, your child can get any needed vaccines before the back-to-school rush.

It's true that some vaccine-preventable diseases have become very rare thanks to vaccines. However, cases and outbreaks still happen.

The United States experienced a record number of measles cases during 2014, with 668 cases from 27 states reported to CDC's National Center for Immunization and Respiratory Diseases. This is the greatest number of cases since measles elimination was documented in the U.S. in 2000. From Jan. 1 to June 26, there have been 178 cases of measles and 5 outbreaks reported in the United States.

From Jan. 1 through July 10, almost



Courtesy graphic

9,000 cases of whooping cough have been reported to CDC by 50 states, Washington, D.C., and Puerto Rico.

Outbreaks of whooping cough at middle and high schools can occur as protection from childhood vaccines fades. Those who are vaccinated against whooping cough but still get the disease are much more likely to have a mild illness compared to those who never received the vaccine.

Making sure your children stay up to date with vaccinations is the best way to protect your communities and schools from outbreaks that can cause unnecessary illnesses and deaths.

Getting every recommended dose of each vaccine provides children with the best protection possible.

Vaccines for young children (newborns through 6 years old)

During the early years of life, your children need vaccines to protect them from 14 diseases that can be serious, even life-threatening.

Parents who choose not to vaccinate their children increase the risk of disease not only for their own children, but also for other children and adults throughout the entire community.

For example, vulnerable newborns too

young to have received the maximum protection from the recommended doses of vaccines or people with weakened immune systems, such as some people with cancer and transplant recipients, are also at higher risk of disease.

Flu vaccines are recommended for kids in preschool and elementary school to help keep them healthy. In fact, all children 6 months and older should get flu vaccines.

Getting all of your children vaccinated – as well as other family members and caregivers – can help protect infants younger than 6 months old. Ask your family's doctor or nurse about getting flu shots or the nasal spray to protect against flu.

Parents can find out what vaccines their children need and when the doses should be given by reviewing CDC's recommended childhood immunization schedule at <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html#print>.

Vaccines for preteens and teens (7 through 18 years old)

Preteens and teens need vaccines as well. As kids get older, they are still at risk for certain diseases. Before heading back to school, three vaccines are recommended for 11-12 year olds – Human Papillomavirus, Tdap (diphtheria, tetanus and pertussis) and meningococcal conjugate vaccine – for continued protection.

The HPV vaccine is important because it can prevent HPV infections that can cause cancer later in life.

For other diseases, like whooping cough, the protection from vaccine doses received in childhood fades over time. That's why 11-12 year-olds are also recommended to get the booster shot called Tdap to help protect them from whooping cough, tetanus, and diphtheria.

Meningococcal conjugate vaccine helps prevent two of the three most common causes of meningococcal

disease, which can be very serious – even life-threatening.

It's important to know that flu can be serious, even for healthy, young people. Preteens and teens are no exception. So older kids should get at least one flu vaccine (the shot or nasal spray for healthy kids) every year.

To learn more about vaccines for your preteens and teens, talk to your child's healthcare provider or visit the preteen and teen vaccine pages at <http://www.cdc.gov/vaccines/who/teens/for-parents.html>.

CDC provides a recommended immunization schedule for people ages 7 through 18 years (<http://www.cdc.gov/vaccines/schedules/easy-to-read/preteen-teen.html#print>) for parents and doctors to follow to protect preteens and teens from vaccine-preventable diseases.

If your preteens or teens haven't already gotten their vaccines, you should get them caught up as soon as possible.

Getting every recommended dose of each vaccine provides children with the best protection possible. If a child misses a shot, your child's healthcare professional can use the catch-up immunization schedule (<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>) help get them back on schedule.

Keep in mind there are many opportunities to catch up on vaccines for your preteen or teen. Preteens and teens typically see their doctors or other health care professionals for physicals before participation in sports, camping events, travel, and applying to college. Beat the back to school rush and use these opportunities to get your preteen or teen vaccinated today!

More information is available at the CDC's vaccine website at <http://www.cdc.gov/vaccines/parents/index.html>.

(Source: Centers for Disease Control and Prevention)

BAMC from P1

airway carts and crash carts ... identical to what is being used throughout SAMMC.

"The good part about having the simulation center on 3N is we can immerse our medical personnel in the environment they will be working in, particularly nurses and physicians running critical care, because this is an actual intensive care unit," said Robert Coffman, administrative director for the SIM Center.

One goal of the SIM Center is to train code teams more effectively on the new Zoll defibrillator.

"With the Zoll defibrillator we can give code teams instant feedback on CPR quality metrics in both simulated

and real-life code situations," Delaney said.

"We are the only DOD facility that utilizes the wireless transmission capabilities of the Zoll defibrillator technology," Delaney added. "That's what we wanted to highlight with the Code Team Challenge."

Nine multi-disciplinary teams made up of a physician, nurse, respiratory therapist or technician and a wildcard pick participated in the Sim Code Team Challenge. Points were awarded for task management, decision making, communication, CPR quality, code documentation and style.

First place in the SIM Code Team Challenge went to 2 North's "Team Awesome," made up of Air Force Capt. Vincent Diaz, Andrea Garay, Senior Airman Sheena Hol-

loway and Air Force Capt. Juli Beadleston. In second was 3 South's "Team Voluntold" made up of Air Force Capt. Matthew Van Dam, Army 1st Lt. Andre Brown, Cadet Lauren Snodgrass and Army 1st Lt. David Gisla. Placing third were the Pediatric Intensive Care Unit "PICUties" made up of Army Capt. Stephen Barbera, Air Force Capt. Ginny Welchel, Air Force Staff Sgt. Samantha Taylor and Air Force Capt. Erika Bernardo.

Snodgrass, a student on 3 South, supervised by Brown, received the overall best compressor award. She earned the award for her near perfect depth and rate of compressions.

To schedule simulation training at the SIM Center, call 916-9318.



Tap-Goals, Plans, Success (GPS)

Monday through Aug. 14, 8 a.m. to 4 p.m., Military & Family Readiness, building 2797. This five-day workshop is mandatory for all service members separating from the military. The GPS workshop is facilitated by the Department of Labor, Veterans Administration and M&FRC. This class is for those with more than 20 years in service or mandatory retirement. Prerequisite class is "Pre-Separation Counseling." Call 221-1213.

Interpersonal Problem Solving

Monday, 12:30-1:30 p.m., Military & Family Readiness, building 2797. Discover how this skill fits into the domains and tenants, ways to avoid mind reading and various steps in interpersonal problem solving. For more information on Comprehensive Airman Fitness or to register, call 221-2418.

Employment Readiness Orientation

Mondays, 9-10 a.m. Meet your Employment Readiness Team, Military & Family Readiness, building 2797. This is an opportunity for us to get to know you and to assess how we can best assist you with your employment needs and desires. Call 221-2380.

Helping Us Grow Securely Playgroup

Tuesdays, 10 a.m. to noon, Middle School Teen Center, building 2515. Parents and their children, ages 5 and under are welcome to join the fun with an interactive playgroup. Registration not required. Call 221-2418.

Pre-Deployment Mandatory Briefing

Tuesday and Aug. 20, 9-11 a.m. and Aug 13, 1-3 p.m., Military & Family Readiness, building 2797. Service members scheduled to deploy, go on temporary duty for more than 30 days, or go on a remote assignment are required to attend this briefing. Call 221-2418.

Army Pre-Separation

Tuesdays through Fridays, 8:30-11:30 a.m., Military & Family Readiness, building 2797. Army patrons separating are encouraged to begin the process 18 months prior to their separation date. This counseling is coordinated through the Soldier for Life Program. Call 221-1213.

Air Force Pre-Separation

Tuesday and Aug 25, 9 a.m. to noon, Military & Family Readiness, building 2797. Service members planning to separate from the federal service must attend this mandatory counseling. To register, call 221-2380. Patrons separating are encouraged to begin the process 18-months prior to their separation date.

Mandatory Post-Deployment Briefing

Wednesdays, 1-3 p.m., Military & Family Readiness, building 2797. Service members returning from deployment are required to attend a resiliency training discussing ways to deal with the stressors associated with post-deployment and reintegrate back into the home life. Call 221-2418.

General Resume Writing Techniques

Wednesday, 9-11 a.m., Military & Family Readiness, building 2797. Creating a resume is one of the first steps in finding a job. Learn about the different resume formats and which one to use when writing a non-Federal resume. Get tips on how to effectively write summary statements, employment history and more. Call 221-2380.

Relocation, Overseas Orientation

Wednesday, 10-11 a.m. and 2-3 p.m., Military & Family Readiness, building 2797. Mandatory for personnel E-5 and below. This orientation focuses on pre-departure counseling, relocation planning, and preparing for a PCS move. Topics cover entitlement, shipment of household goods, the emotional stress of relocation, employment, and education. Only one session is needed. Call 221-2705.

SFAC Peer-To-Peer Caregiver Support Group

Wednesday, 9:30-11:30 a.m. and Aug 20, 12:30-2:30 p.m., Soldier and Family Assistance

Center, building 3639. This support group provides an opportunity for caregivers to build peer support networks, share experiences and information while having a safe place to talk. Lunch will be provided after the morning session and before the afternoon session. Call 221-2418.

FRG Leadership Academy

Wednesday, 8:30 a.m. to 4 p.m., Military & Family Readiness, building 2797. This training is for family readiness group key positions. Review roles, responsibilities and provide the tools needed for a successful FRG. Registration is due no later than 48 hours prior to the day of the event. Call 221-2418.

Energy Management

Thursday, 10:45 a.m. to noon, Military & Family Readiness, building 2797. Restore energy and thrive under pressure. Review techniques and develop strategies to combat chronic sleep restrictions. Call 221-2418.

Spouse Information Fair

Thursday, 9 a.m. to noon, Military & Family Readiness, building 2797. Spouses, service members and Department of Defense civilians are invited to meet with over 20 local military agencies and learn about services offered at JBSA-Fort Sam Houston. Registration is not required. Call 221-2705.

Couponing Class

Thursday, 10-11 a.m., Military & Family Readiness, building 2797.

This class is an introduction to the concept of couponing, along with information on websites, apps for smart phones and more. Call 221-2380.

Basic Budget Management

Thursday, 9-10 a.m., Military & Family Readiness, building 2797. Basic Budget Management is required before attending any financial classes and one-on-one budget counseling, unless referred by your command. This class will help get you started on budgeting and planning. A copy of your current leave and earnings statement is needed. Call 221-2380.

4 Lenses™ Discovery Workshop

Aug. 14, 9 a.m. to noon, Military & Family Readiness, building 2797. This workshop provides an insight to the way people think, feel and act. Understanding personality theory can help with motivating reluctant people, improving communication; strengthen leadership abilities, and reducing stress and conflict. A minimum of 12 participants is required for this workshop. Call 221-2380.

Teen Talk

Aug. 17, 9-10 a.m. and 1-2 p.m. Discussion group for teens about teen-related topics; must be enrolled in Youth Programs. Morning sessions meet at the Middle School Teen Center, building 2515 and afternoon sessions meet at the Youth Center, building 1630. Call 221-2418.

Car Seat 101

Aug. 17, 9-11 a.m., Military &

Family Readiness, building 2797. Motor vehicle injuries are the leading cause of death among children in the United States, according to the National Highway Traffic Safety Administration. Review the basics associated with car seat installation. This class is required for before attending the Safety Seat Clinic. Call 221-2418.

Accessing Higher Education (ACES)

Aug 17-19, 7:30 a.m. to 5 p.m., Military & Family Readiness, building 2797. Accessing Higher Education is a 3-day track for those pursuing higher education. Service members will review education requirements that support their personal goals. Topics include achieving academic success, research and comparing institutions. Call 221-1213.

Briefer Training Course

Aug. 18, 8 a.m. to 3:30 p.m., Military & Family Readiness, building 2797. Improve your briefing skills and techniques. BTC modules include introduction to effective briefings, sharpening your briefing skills and making the briefings your own. Call 221-2380.

Coffee Talk Support Group

Aug. 19, noon to 1 p.m., Military & Family Readiness, building 2797. Join us for a casual dialogue to share helpful resources and ways to overcome challenges. Monthly topic is Individual Education Program, Admission, Review and Dismissal; and 504 plans. Call 221-2705.

PLATELETS from P3

Cold storage of apheresis platelets will make them safer and will allow them to be used immediately without bacterial testing, like red blood cells. Pidcoke added that there are other benefits to cold storage of apheresis platelets.

"Cold-stored platelet bags can be added to red blood cell and plasma bags in a chilled 'Golden Hour' blood transport box," he added. "This makes it practical to give platelets on the battlefield."

Another benefit of cold-stored platelets is the need for a machine to shake the room temperature stored platelets is

eliminated, "which reduces the footprint or equipment needed in a battlefield operating room," Pidcoke said.

Platelets are a vital component in blood that combines with red blood cells and plasma to form clots that stop or minimize blood loss. Trauma patients with severe bleeding can be transfused with platelets to assist with coagulation.

"If you don't have platelets for trauma patients, you are going to have a hard time saving lives," Pidcoke said. "The research here at the USAISR has taken a major step forward in trying to achieve that goal."

HRO from P6

about needed improvement in order to achieve the strategic advantage.

Noting that Army Medicine is in the business of health readiness and MEDCOM organizations are health readiness platforms, she highlighted Army medicine's role, in diplomacy during the Ebola response medical personnel in Africa proving we have Soldiers ready to do a job in an austere and variable environment.

"The role of the AMEDDC&S, HRCOE, is to incorporate HRO principles in the course curricula at all levels of training and education using

the Army Learning Model," said Col. Denise Hopkins-Chadwick, Directorate of Training and Academic Affairs.

Incorporating HRO in the academic environment means insuring faculty have mastery of course content, course content is relevant and instruction is taught in the appropriate environment. The challenge for the AMEDDC&S, HRCOE is to re-imagine, re-think, reinforce and reinvest the practices of an HRO in the pursuit of envisioning, designing, educating, training and inspiring a premier military medical force.



Children's Vegetable Garden Program

The Bexar County Master Gardeners are taking applications for the Fall 2015 Children's Vegetable Garden Program. Space is limited. Children must be able to attend from 9 a.m. to noon Saturdays from Aug. 22 through Dec. 5. For more information and to register, visit the San Antonio Botanical Garden website at <http://www.sabot.org/education/childrens-education/childrens-vegetable-garden-program>.

SeaWorld, Aquatica Offer Veterans Free Admission

Military veterans and up to three guests are invited to

enjoy complimentary admission to both SeaWorld and Aquatica on scheduled operating days during their San Antonio tribute program through Nov. 8. Veterans must register in advance at <http://www.WavesofHonor.com> and verify their proof of service through the ID.me qualification process. SeaWorld is working with ID.me to provide an online verification of former military personnel in a secure manner. Once veterans and their guests have registered online, they can bring their e-tickets directly to the park's turnstiles. Tickets may be obtained and redeemed by Nov. 8.

2nd Infantry Division Reunion

The Second (Indianhead) Division Association is searching for anyone who served in the Army's 2nd Infantry Division

at any time. For information about the association and its 94th annual reunion in San Antonio from Sept. 22-26, email 2idahq@comcast.net or call 224-225-1202.

Texas Military Polo Club

Interested in a challenge and know how to ride a horse? The Texas Military Polo Club is offering polo lessons. For more information, call 512-484-4384 or visit <http://www.facebook.com/texasmilitarypolo>.

Military Salute At The Briscoe Museum

The Briscoe Western Art Museum, located at 210 W. Market St. in San Antonio, offers a military salute program that allows year-round free admission for active duty military and up to four members of their family. For more information, visit <http://www.briscoemuseum.org>.

CHAPEL WORSHIP SCHEDULE

PROTESTANT SERVICES

SUNDAYS

Main Post (Gift) Chapel

Building 2200, 2301 Wilson Way
8 and 11 a.m. - Traditional

Dodd Field Chapel

Building 1721, 5584 Dodd Blvd.

8:30 a.m. - Samoan

10:30 a.m. - Gospel

Army Medical Department Regimental Chapel

Building 1398, 3545 Garden Ave.

9:20 a.m. - 32nd Medical Brigade

Contemporary Service

11:01 - Contemporary "Crossroads"

Brooke Army Medical Center Chapel

Building 3600, 3551 Roger Brooke Rd.

10 a.m. - Traditional

CATHOLIC SERVICES

Daily Mass

Brooke Army Medical Center Chapel

Building 3600, 3551 Roger Brooke Rd.

11:05 a.m., Monday through Friday

For worship opportunities of faith groups not listed here, please visit the JBSA-Fort Sam Houston Chaplain website at <http://www.jbsa.af.mil/jbsachapel/jbsa-fortsamhouston.asp>.

Main Post (Gift) Chapel

Building 2200, 2301 Wilson Way
11:30 a.m., Monday through Friday

Saturday

Main Post (Gift) Chapel

4:45 p.m. - Reconciliation

5:30 p.m. - Evening Mass

Sunday

8 a.m. - Morning Mass, AMEDD

8:30 a.m. - Morning Mass, BAMC

9:30 a.m. - Morning Mass, MPC

11:30 a.m. - Morning Mass, BAMC

12:30 p.m. - Afternoon Mass, DFC

Jewish Services

8 p.m. - Jewish Worship, Friday, MPC

8:30 p.m. - Oneg Shabbat, Friday, MPC

Islamic Services

1:15 p.m. - Jummah, Friday, AMEDD

Latter Day Saints Services

1 p.m. - LDS Worship, Sunday, AMEDD

Buddhist Services

10 a.m. - Buddhist Services, Saturday, AMEDD

News Briefs

Continued from P6

Harry Wurzbach East ACP, Towers Intersection Blockages

Motorists entering Joint Base San Antonio-Fort Sam Houston through the Harry Wurzbach East Access Control Point are asked not to block the driveways at the Towers of Park Lane. This ensures the safety of the Towers residents and other motorists, according to the 502nd Civil Engineer Squadron. Those who stop in the marked cross-hatching could receive ticket. For more information, call 295-4784.

Closure of Ludington Road

Ludington Road, located in the industrial section of the southeast corner of Joint Base San Antonio-Fort Sam Houston, will be closed through Feb. 10, 2016, to rebuild the road. Access to the Army South organizational parking area will be from Parker Hill Road through the 502nd Civil Engineer Squadron Operations storage yard. Access to the Tactical Equipment Maintenance Facility, building 4115, is restricted to contractors only.

Stray Animals Notice For JBSA-Fort Sam Houston Residents

Many stray or roaming animal sightings are near residences. The stray or roaming animals are seeking food, water and shelter. Although this is not necessarily a housing problem, housing

officials ask that residents refrain from feeding any animal that does not belong to them or that is running wild on Joint Base San Antonio-Fort Sam Houston. If stray or roaming dogs in housing areas or entering the installation are seen, please call the 502nd Civil Engineering Squadron service call desk at 671-5555 to establish a work order and report the stray as soon as possible. Civil engineers will set traps for the strays and remove once the strays have been caught. If a wild animal is seen, keep away and make sure that no one is leaving food or water near housing areas. In addition, call Lincoln Military Housing at 221-0948 to have pest control service place a trap around the residence.

FSHISD Non-Resident Student Transfer Program

Are you active duty military or retired military and work on Joint Base San Antonio-Fort Sam Houston? Do you live off JBSA-Fort Sam Houston with children attending schools in pre-kindergarten through grade 12? If so, your children may be eligible to attend a Fort Sam Houston Independent School District school as non-resident transfer students. The FSHISD is dedicated to serving the unique needs of the military child. While maintaining high academic standards in a caring and safe environment, students excel both in the classroom and in extra-curricular competitions. Students leave high school prepared for college or the work force. The NRT checklist, application, and agreement are posted to the District website at <http://www.fshisd.net>. Parents meeting eligibil-

ity categories may complete an application and be considered for approval in the order received based on the availability of space and resources. The completed application and supporting documents can be submitted via email to NRT1516@fshisd.net or in person at the District Administration Office, 4005 Winans Road. For additional information, call 368-8725 or send email to NRT1516@fshisd.net.

Telephone Sponsorship Access No Longer Authorized

With the implementation of Air Force Manual 31-113, Installation Perimeter Access Control, dated February 2015, telephonic sponsorship for installation access is no longer authorized. Joint Base San Antonio-Fort Sam Houston visitor centers will no longer accept telephonic sponsorship for any category of visitor, vendor or contractor requesting access to the installation. The only authorized means of sponsorship will be by ".mil" government email or by physically going to the visitor center with the access request. JBSA-Fort Sam Houston has two operational visitor centers, with the Walters Visitor Center located adjacent to the Walters Entry Control Point at 2150 Winfield Scott Road, building 4179, and the Scott Visitor Center located adjacent to the Harry Wurzbach East Entry Control Point at 3701 Winfield Scott Road, building 2843. For more information, visit <http://www.jbsa.af.mil/library/visitorinformation.asp> or call 221-1108 or 221-2756. Requests for sponsorship can be sent by email to usaf.jbsa.502-abw.list.502-sfs-fsh-visitor-control-center-owner@

mail.mil. For more information concerning these processes, call 221-1108 or 221-2756.

JBSA-Fort Sam Houston Prepares For Command Cyber Readiness Inspection

From Aug. 31 through Sept. 4, the Defense Information Systems Agency will conduct a Command Cyber Readiness Inspection for the Joint Base San Antonio-Fort Sam Houston area of responsibility. The inspection focus will be on unclassified (NIPRNet) and classified (SIPRNet) networks and supporting traditional security practices. To ensure JBSA-Fort Sam Houston passes successfully, every unit and network user is responsible for being knowledgeable on proper cyber security, traditional security and physical security practices. For more information, contact your unit's G2/S2/Security Manager.

Taylor Burk Clinic Taking Enrollments

The Taylor Burk Clinic located at Joint Base San Antonio-Camp Bullis provides accessible, high quality healthcare to active duty military, their dependents, and other TRICARE Prime beneficiaries. A scope of comprehensive services are provided, including acute illness care, preventive health maintenance, health promotion and wellness, education and counseling, and specialty consultation and referral with a 97 percent overall patient satisfaction rate. Hours are 7 a.m. to 4 p.m. Monday-Friday. Call 916-9900 to make an appointment. If you would like to switch your primary care manager, call Humana Military at 800-444-5445.