FORT SAM HOUSTON
News Leader
JUNE 5, 2015
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A PUBLICATION OF THE 502nd AIR BASE WING – JOINT BASE SAN ANTONIO-FORT SAM HOUSTON

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877-995-5247
JBSA Sexual Assault Hotline
808-SARC (7272)
JBSA Domestic Abuse Hotline
367-1213
JBSA Duty Chaplain
221-9363

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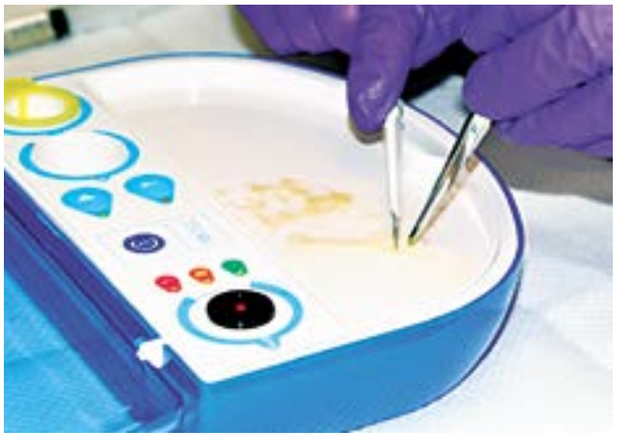
COMMUNITY EMERGENCY RESPONSE TEAM PAGES 6



REGROWING SKIN NO LONGER SCI FI PAGES 10-11

'Step into history' at the new Fort Sam Houston Museum

By Staff Sgt. Corey Baltos
Army North Public Affairs

After nearly two years, history buffs will finally be able to "step into history" and visit the newly renovated and relocated Fort Sam Houston Museum in the historic Quadrangle starting Tuesday.

"After two long years, we are happy to finally open the new museum to the public," said Jackie Davis, museum director.

The Fort Sam Houston Museum closed in October 2013 in preparation to move to the U.S. Army North Quadrangle.

"The old museum was originally built as a mess hall in 1905," Davis said. "We moved into it in 1976 and outgrew the space years ago, but we had nowhere to move to until Army North invited us into the Quad."

"We're happy we can offer the museum a home in the Quadrangle," said Lt. Gen. Perry Wiggins, commanding general, U.S. Army North, and senior Army commander for Joint Base San Antonio-Fort Sam Houston and JBSA-Camp Bullis. "The Quad is the most historic place on JBSA-Fort Sam Houston, so it's fitting the museum moves here."

"It is a win-win-win situation," Davis said. "JBSA-Fort Sam Houston wins because the museum will stay here and Army North wins because they will have people in the Quad who can educate visitors."

The museum opens to the public Tuesday. It will be open from 10 a.m. to 4 p.m. Tuesdays through Fridays, noon to 4 p.m. Saturdays and closed Mondays, Sundays and holidays.

Photo by Army Staff Sgt. Corey Baltos
Contractors from Custom Creation, an exhibit company from Austin, hang an interpretive panel Jan. 8 on the wall of the new Fort Sam Houston Museum. The museum will be opening Tuesday at its new location at the U.S. Army North historic Quadrangle.

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'Army Values' key in detoxifying workplace

By David Vergun
Army News Service

Among the most effective strategies for dealing with workplace bullies and building effective teams and organizations is reinforcing values, said Col. Kenneth Williams, with the Pentagon Chaplain's Office. He spoke at a recent seminar titled "The Toxic Workplace: Dealing with a Bully," in Washington, D.C., May 27.

"The Army Values consist of loyalty, duty, respect, selfless service, honor, integrity and personal courage," Williams said. "Fostering an atmosphere of respect is paramount."

The other military services and many organizations have codes that are remarkably similar to the Army Values, Williams pointed out, since those in attendance, included civilians and personnel from the other services.

Before showing how values can be used to detoxify the workplace, Williams went over the symptoms of bullying and let everyone share their own experiences.

Bullies are easily identifiable by some or most of the following characteristics, Williams said: public humiliation, name-calling, gossiping, teasing, withholding information, ignoring someone, preventing access to opportunities, imposing impossible standards or deadlines, failure to give credit, repeated reminders of mistakes, manipulation, denial of wrongdoing, pitting folks against each other, arrogance and verbal abuse.

Williams asked the audience if they have ever encountered such a person. Everyone indicated that they had.

The chaplain then asked each to describe the effects this had on themselves and their organizations. Responses included stress, intimidation, feelings of being devalued, decreased productivity, avoiding the bully and a stifling of communications.

Photo by David Vergun
Col. Kenneth Williams, a Pentagon chaplain, speaks at a seminar titled "The Toxic Workplace: Dealing with a Bully" at the Pentagon May 27.

Williams then cited research backing up some of these effects from Drs. Mitch Kusy and Elizabeth Holloway, who authored a study in the Leader to Leader Journal, titled "Cultivating a Culture of Respectful Engagement," in 2010.

They found that 68 percent of those surveyed, who worked for bullies were less productive, 78 percent were less committed, 27 percent discouraged others from taking jobs with their employers and, "this is telling," 13 percent refused to use their employer's products.

Williams then asked the attendees to share their own experiences.

A Soldier described dealing with a bully, who actually created a physically hazardous workplace.

A female related dealing with a female toxic boss. She said many quit and "others tried to make her look good so she'd get promoted up and outside the organization, which is what happened. That's horrible to do that, but it was the only way out from underneath her."

The chaplain then made a surprising revelation, saying he "worked for and with some very toxic people," one of whom was a chaplain.

The chaplain, who was a bully, had "volumes of meetings that focused almost solely on himself," Williams said. He sent out "a lot of emails questioning status, behavior, decisions, public criticism and humiliation of other chaplains. When things went good, he said, 'look what I did.' When things went bad, he said, 'look at what you did.'"

First, showing what not to do, Williams said, is research from Dr. Barbara Broome, author of "Dealing with Sharks and Bullies in the Workplace," published in the Association of Black Nursing Faculty Journal in 2008.

Broome equated bullies with sharks, since sharks usually have an exploratory look around to size up their prey. If the prey looks tasty and vulnerable, they go in for the kill.

In the same way as this, bullies size up their victims, Broome said. If the victims cry, go on the defensive or try to explain themselves, this incites more bullying.

"The shark knows it's inflicted injury" and goes on a feeding frenzy, he said.

Also to be avoided, according to Broome, is ingratiating or befriending behaviors. This may work for a while, he said, but the shark can turn on you at any moment.

Williams summed up the research for dealing with bullies.

- Keep a detailed log of observed toxic behaviors.
- Ensure your organization has strong policies against bullying and against retaliation for confronting bullies.
- Raise awareness about bullying and its deleterious affects.
- Conduct training on workplace policies on abuse and harassment.

While most people would probably try to avoid confronting bullies, this is a strategy that can actually work if done right, Williams said.

A tactful way to do this is to appeal to the bully's sense of personal ambition and competitiveness with data-driven feedback. This is best done in private in a one-on-one talk, he said.

The Soldier, who earlier shared his experience about the hazardous workplace, vouched for this technique. He said he and his team collected data and facts on the hazards and presented it to him in a professional and non-confrontational manner. When the bully could not refute the facts, he backed down.

Another tactic is to focus on your own internalized values, such as trust to guide your behavior, Williams said. In study after study, the organizations that have been shown to be the most effective, employ values-based leadership where it is used to evaluate performance.

People do what they are supposed to do in a trusting relationship that does not rely solely on rules for enforcement, he said. "Our behaviors either instill trust or detract from trust."

It may be appropriate to confront the bully and gently remind him or her that certain behaviors detract from the organization's trust and other values, he suggested.

Lastly, the "opposite of bullying is empowering," he said. In a healthy organization, leaders "give people the power to act and make decisions. It's all about trust."

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News Briefs

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 eligibility 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.

Volunteers needed to test gender-neutral physical standards

Joint Base San Antonio area Airmen are needed to volunteer for physical standards studies required to potentially open the last six Battlefield Airmen career fields to women and to ensure gender-neutral standards across all Air Force specialties. The Physical Tests and Standards Study runs through July 18 and will consist of familiar physical tests like running, pull ups, push ups, as well as combat-related simulations like swimming, carrying life-size dummies, rock climbing, and climbing walls. Interested Airmen should get permission from their supervisors and then email T2@us.af.mil or call 652-2043. The Re-validation of Strength Qualification Standards Study runs through Aug. 1 and will consist of familiar entry physical tests, to include those that measure strength. Airmen volunteers should contact Katie Linnenkohl

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Program volunteers provide free rides to stop drunk driving

By David DeKunder
Joint Base San Antonio-Randolph Public Affairs

Joint Base San Antonio volunteers are offering a safe alternative to making it home alive after having a few drinks in the local area.

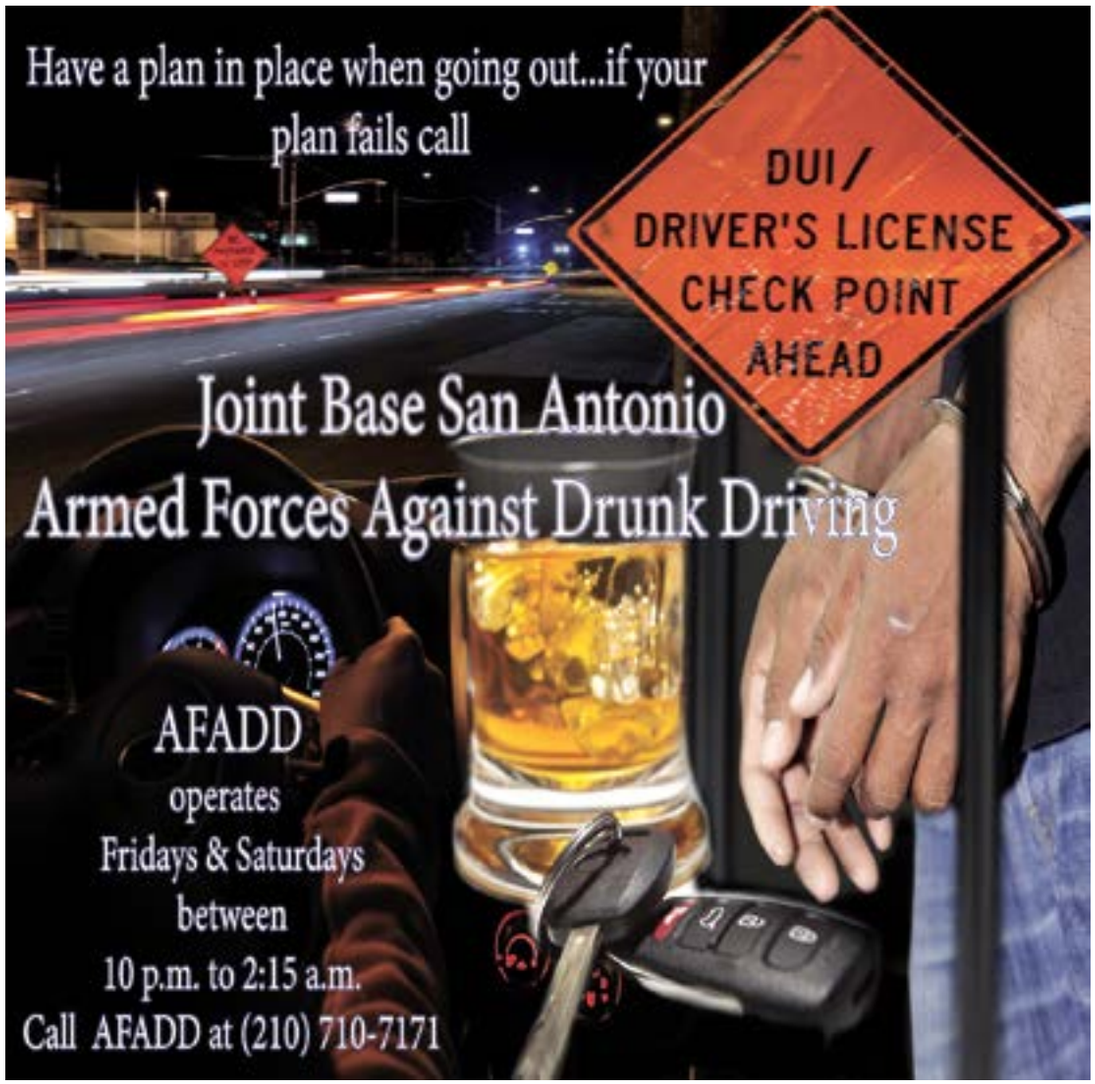
The volunteers are part of the Armed Forces Against Drunk Driving program. The program provides designated drivers, who are on call Fridays and Saturdays from 10 p.m. to 2:15 a.m., to pick up JBSA military members and their family members who are unable to drive home.

AFADD volunteers will drive active-duty members from JBSA-Lackland, JBSA-Randolph and JBSA-Fort Sam Houston.

Active-duty members who need a volunteer designated driver can call the AFADD hotline at 710-7171 and be prepared to provide their name, phone number, location and number of people to be picked up and a drop-off location.

Military members and their family members have the option to have a volunteer drive their vehicle to their residence, as long as the vehicle is insured, said Tech Sgt. Shane Kinman, AFADD president.

Once the volunteer is given permission by the service member or family member to drive their vehicle, another designated driver will follow until the military member or family member is dropped off at home.



Drunk driving continues to be a serious safety issue. According to the Centers for Disease Control and Prevention, nearly 30 people in the U.S. are killed each day in vehicle crashes involving a drunk driver, which is one death every 51 minutes.

"There's no greater service you can provide to them than to potentially save their life, or somebody else's life, or career, than giving them a ride," Kinman said. "I would rather show up and help somebody outside of work than have to have contact with them after they have made a poor decision."

Kinman said the rides are confidential. AFADD does not report any military members picked up through the program.

An average of eight volunteer drivers per night are on call each night, Kinman said. He said those volunteers have been impacted or touched in one way or another by the consequences of drunk driving.

"You are hard pressed not to find somebody that hasn't been affected by a drunk driver," Kinman said. "Many of the volunteers have stories about friends or family members that have been injured or killed, or in other ways affected by drunk drivers."

Military members, Department of Defense civilians or contractors who want to become a volunteer designated driver can call the AFADD hotline during the week, or contact afadd.jbsa@gmail.com or afadd.jbsa@us.af.mil, or go on the JBSA AFADD Facebook page at https://www.facebook.com/AFADDJointBaseSanAntonio to volunteer.

Program offers museum visits to service members, families

By Shannon Collins
DDD News, Defense Media Activity

Through Labor Day, service members and their families can visit more than 2,000 museums in all 50 states, Puerto Rico and American Samoa courtesy of collaboration among the Blue Star Museums, the National Endowment for the Arts, Blue Star Families and the Defense Department.

Ellyn Dunford, wife of Gen. Joseph F. Dunford Jr., commandant of the Marine Corps, hosted the first Blue Star Museums event in San Diego six years ago. She said visiting museums can have long-range affects.

"Museums celebrate tolerance and freedom, teach respect for cultural differences, facilitate a sense of individual and collective identity and power through knowledge, nurture and understanding of our connections to the world and each other," she said. "Military families spread messages throughout the world as they change duty stations as they move, and they eventually leave the military and go back to our communities and bring with them that wealth of knowledge and experience."

Jane Chu, chairman of the National Endowment for the Arts, said the Blue Star Museums program has something for everyone.

"Parents of young children tell us that they go to museums to learn new things and have family time together," she said. "Blue Star Museums helps them do both; by helping military families learn about the cultural resources in their communities and offering a fun, high-quality experience that's budget friendly, as well as family friendly. We're proud to help connect museums to military communities nationwide."

For Blue Star Families CEO Kathy Roth-Douquet, wife of retired Marine Corps Col. Greg Douquet, the Blue Star Museums program holds a special place in her heart.

"In 2010, when this program began, we had gotten a one week's notice that my husband was going to go to Afghanistan for a year, so he packed his bag, shaved his head and went off. It was a tough year for all of us," she said. "Going to museums enhances resilience. It's a nice, free activity in a beautiful setting that uplifts you, and you're also being told you're important. When you go to into the museum, the folks behind the counter say, 'We're so glad you're here. Welcome, this is yours for the summer. It's free because we appreciate what you do.'"

Douquet said she and her children – Sophie, 17, and Charley, 13 – have been to 27 Blue Star Museums and plan to visit more with her husband.

The free admission program is available to any bearer of a Geneva Convention common access card, a DD Form 1173 ID card (dependent ID), or a DD Form 1173-1 ID card, which includes active duty U.S. military, National Guard, reserve, U.S. Public Health Service Commissioned Corps and up to five family members.

Some special or limited-time museum exhibits may not be included in this free admission program. For questions on particular exhibits or museums, contact the museum directly. To find participating museums and plan a trip, visit the Blue Star Museums website at http://www.arts.gov/bluestarmuseums.

In Texas, there are more than 100 museums participating in the program, including the Blue Star Contemporary Art Museum, Briscoe Western Art Museum, Casa Navarro State Historic Site, San Antonio Museum of Art, Villa Finale: Museum and Gardens and Institute of Texas Cultures in San Antonio; the National Museum of the Pacific War in Fredericksburg; the Heritage Museum of the Texas Hill Country in Canyon Lake; and The Museum of Western Art in Kerrville.

Photo by Air Force Staff Sgt. Jerilyn Quintanilla

Construction continues on the new Wilford Hall Ambulatory Surgical Center April 27 on Joint Base San Antonio-Lackland.

59th MDW construction update: Building the future of military medicine

Construction continues on the new Wilford Hall Ambulatory Surgical Center, as phases two and three near completion.

What has been done so far?

Phase 1 is 100 percent complete: Constructed a new energy plant, utility vault, 1000-plus car parking garage and the first wing of the new facility. The parking garage officially opened April 30, 2013 and the construction of Wing A, the central energy plant and the utility vault were completed Oct. 19, 2013.

Phase 2 is 99 percent complete: All construction in Phase 2 is complete. The contractor is performing test and balance (heating, ventilation and air conditioning calibration) and commissioning actions. A new diagnostic, surgical, therapeutic service center and associated support spaces will be provided during this phase.

Phase 3 is 91 percent complete : All major construction efforts for Wing D of the 59th Medical Wing's new WHASC have been delivered under Phase 3. Ceiling and wall work are ongoing in areas J, K, L and M. Construction of the exterior dining plaza and landscaping featuring native vegetation are also in progress.

A new specialty care, medical logistics support center and command/support center will be delivered under Phase 3.

What will be happening next?

Phase 2: Medical equipment and casework installations are ongoing. Continuing efforts also include refinement of selected architectural and engineering elements.

Phase 3: Site work is continuous; tablet walls are nearing completion and antiterrorism/force protection walls and roads are being constructed. MRI magnets were scheduled for delivery in April. Other efforts include refinement of selected architectural and engineering elements.

Phase 4: This phase will demolish the existing WHASC facility and the existing energy plant, along with identified outlying buildings. New surface parking will be constructed and the site will be restored to accommodate access to the 59th Medical Wing's new Wilford Hall Ambulatory Surgical Center.

Did you know?

One of the best things about ICE is that people can let service providers know when they do a great job, not just for poor service. It takes 5 minutes or less to submit a comment at http://ice.disa.mil.

News Briefs

Continued from P3

at kastville@humanperfsys.com. Volunteers can come from a variety of backgrounds – active duty, guard or reserve, female and male. All participants must be between the ages of 18 years and 45 years old, must have a current passing physical fitness test (all four components), current preventive health assessment/medical clearance, willing to attempt physical tasks and must complete a safety and medical screening questionnaire.

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. Effective Saturday, 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 3701Winfield 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.

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,

Community Emergency Response Team exercise prepares military community for emergencies

By Esther Garcia
AMEDDC&S, HRCoE, Public Affairs

Through a community partnership initiative with the Bexar County Office of Emergency Management and 502nd Air Base Wing emergency management, the first Community Emergency Response Team is being formed at Joint Base San Antonio-Fort Sam Houston to handle emergencies and disasters.

An incident like a hurricane hitting the installation could affect thousands of people living in post housing, as well as military members, civilian employees and students in schools and attending training.

Creation of the CERT also supports the Department of Defense "America's PrepareAthon," a grassroots campaign to increase community preparedness and resilience, according to Lt. Col. Darrell Small, JBSA-Fort Sam Houston CERT program manager.

Photo by Esther Garcia

Petty Officer 2nd Class Alexander Straker (left) and Chief Warrant Officer 3 Val Gonzales (right) provide basic first aid to a simulated disaster victim as part of the Community Emergency Response Team Cadre Basic Training exercise held outside the U.S. Army Medical Command headquarters on Joint Base San Antonio-Fort Sam Houston April 27-30.

DOD-wide participation in the national preparedness campaign was encouraged to help active duty, civilian personnel and their families prepare for specific hazards through drills, group discussions and exercises. JBSA-Fort Sam Houston served as the pilot program for implementation throughout the joint base.

The first JBSA-Fort Sam Houston CERT exercise was held April 27-30 at the U.S. Army Medical Command headquarters on Stanley Road. Cadre consisted of active duty and wounded warriors assigned to Warrior Transition Units.

The exercise goal was to ensure JBSA-Fort Sam Houston could be sustained independently of the community for approximately 72 hours during an emergency, or until help arrives from first responders.

In addition, service members assigned to warrior transition units participated in the Operation War Fighter Emergency Management internship project, which provides career options and possible job opportunities for wounded warriors transition out of military service.

"We are here to train cadre so that they can then be the trainers for DOD and do the same thing that my office is doing for them, such as providing instructors and building an exercise," said Scott Paul, a CERT master instructor and Citizen Corps Council Coordinator for the Bexar County Office of Emergency Management. "The CERT program helps communities prepare for anything up to a large catastrophic event like a hurricane or tornado."

Paul, along with Fred Reyna, a volunteer services specialist and regional CERT coordinator for the Bexar County Office of Emergency Management, served as the lead trainers and conducted classes in fire and utility control, drill exercises that included light search and rescue operations, the use of fire extinguishers to

See CERT, P9

Army vice chief of staff: Ebola work of Army Medical Command, other agencies saved thousands of lives

By Lisa Ferdinando
Army News Service

Army medical researchers have made remarkable strides in protecting Soldiers and populations around the globe, said the Army's vice chief of staff, citing a promising vaccine under development for Ebola.

"The rapid development of a promising vaccine illuminates the incredible ability and capacity of this team," Gen. Daniel B. Allyn told researchers May 20 after touring the Walter Reed Army Institute of Research in Silver Springs, Md.

A clinical trial at WRAIR of VSV-EBOV, a promising Ebola vaccine, preceded large-scale vaccine trials in Africa now. New vaccines like this one may help stave off future Ebola epidemics, Army researchers said.

See EBOLA, P9

Photo by Lisa Ferdinando

Army Vice Chief of Staff Gen. Daniel B. Allyn (second from left) and Army Surgeon General Lt. Gen. Patricia D. Horoho receive a briefing at Walter Reed Army Institute of Research May 20.

ARMY SOUTH SOLDIERS VISIT LOCAL SCHOOL'S CAREER DAY

Army Maj. Matthew Cosler, a geospatial engineer officer with the 512th Engineer Detachment, Army South, explains how to read a military map to a Booker T. Washington Elementary School student during the school's career day May 21. Geospatial engineers are responsible for using geographic data that supports military/civilian operations for disaster relief and homeland security. They collect, analyze and distribute geospatial information to represent the terrain and its possible effects.

Army Staff Sgt. Brittany Townley, a geospatial engineer with the 512th Engineer Detachment, Army South, explains her job to Booker T. Washington Elementary School students during the school's career day May 21.

Spc. Brian Salvesen, a geospatial engineer with the 512th Engineer Detachment, Army South, answers a question from a Booker T. Washington Elementary School student about his job in the Army during the school's career day May 21.

Photos by Sgt. Mahlet Tesfaye

Sgt. Teresamaria Abrego, a geospatial engineer with the 512th Engineer Detachment, Army South, answers a question from a Booker T. Washington Elementary School student about her job in the Army during the school's career day May 21.

Army Medical Specialist Corps celebrates 68th anniversary

By Esther Garcia
AMEDDC&S, HRCoE, Public Affairs

Members of the Army Medical Specialist Corps celebrated the Corps' 68th Anniversary with a ceremony April 16 at the U.S. Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence at Joint Base San Antonio-Fort Sam Houston.

"The Army Medical Specialist Corps is comprised of more than 2,900 active duty, Reserve and National Guard members," said Col. Peggy Jones, deputy corps chief for operations and corps-specific branch proponent officer.

The majority of Specialist Corps officers are educated through one of four nationally recognized entry-level programs within the AMEDDC&S, HRCoE Graduate School. The programs include the Army-Baylor Doctor of Science in Occupational Therapy, U.S. Army-Baylor Doctoral Program in Physical Therapy, U.S. Army-Baylor Graduate Program in Nutrition, and the Interservice Physician Assistant Program.

"All Medical Specialist Corps officers are critical members of the healthcare team," Jones said. "Occupational therapists are vital members of the behavioral health team, while physical therapists promote musculoskeletal injury prevention and rehabilitation and reintegration. Dietitians provide medical nutrition therapy for inpatients and outpatients and promote the Performance Triad. Physician assistants are the primary care providers for active duty Soldiers in brigade combat teams."

The history of the Army Medical Specialist Corps dates to before World War I, when the need for hospital dietitians, occupational therapists and physical therapists was first determined. At the time, they were hired as civilians, since the Army was not authorized to commission or enlist females who were the ones who primarily performed these duties.

After World War I, civilians continued to be employed in the Medical Specialist Corps, but lacked civil service protection until 1938. Although the Army declined to commission Medical Specialist Corps civilians because they were not expected to serve in war zones, physical therapists and dietitians worked on the battlefield. Despite this, during the Japanese occupation of the Philippines, three dietitians and one physical therapist were taken as prisoners of war.

Photo by Esther Garcia

Col. Peggy Jones (center), deputy corps chief for operations and corps specific branch proponent officer, Army Medical Department Center and School, U.S. Army Health Center of Excellence, stand with members of the Army Medical Specialist Corps to celebrate its 68th Anniversary April 16.

In 1947, President Truman signed Public Law 80-36, establishing the Women's Medical Specialist Corps as a part of the Regular Army and granting permanent military status to occupational therapists, physical therapists and dietitians.

In 1955, men were inducted into the Corps and the name was officially changed to the Army Medical Specialist Corps. Physician assistants were fully commissioned and added to the Corps in 1992. Medical Specialist Corps officers have supported warfighters in Korea, Vietnam, and deployed with hospitals in operations including Desert Shield/Desert Storm and Operations Enduring Freedom and Iraqi Freedom.

"Medical Specialist Corps officers continue to serve all levels within the Army and Department of Defense," Jones said. "Caring for Soldiers and their families is our primary mission, as well as making a difference to our patients, units and organizations each and every day, whether it was through the advancement and application of life-saving measures on the battlefield, keeping our force fit to fight or rehabilitating those who have sustained physical injury."

CERT from P6

extinguish small fires and instructor training.

"We are hoping to build a cadre of individuals that can take care of on-post disasters at JBSA-Fort Sam Houston, JBSA-Lackland, JBSA-Camp Bullis and JBSA-Randolph," Paul said. "We are trying to train enough volunteer responders so that if we have any kind of an event on a military installation, there is some capacity to assist first responders."

"CERT is not something new to the non-military community," Small said. "It is a nationally recognized disaster volunteer program established by the Department of Homeland Security and Federal Emergency Management Agency and is widely implemented throughout the country by local community volunteers.

The CERT course teaches students to keep themselves safe while helping others; to identify and anticipate hazards; reduce fire hazards in the home and workplace and to use a fire extinguisher to put out small fires.

Training also includes assisting emergency responders; conducting light search and rescue; setting up medical treatment areas; applying basic first aid techniques and helping reduce stress as they participate in a series of hands-on training drills, disaster exercises and tabletop discussions.

Photo by Esther Garcia

Army Master Sgt. Luis Lopez carries out a mock casualty during a search and rescue exercise May 27 at the U.S. Army Medical Command headquarters, Joint Base San Antonio-Fort Sam Houston.

"I'm a medical planner and my past training helped with our situations and scenarios. I got a lot out of it," said Lt. Col. Arnold Leeks, a trainer and team leader. "What's challenging for a team leader is working with people you have never worked with before. I think we did an outstanding job and I see the program itself being a value added to the installation in the near future."

"I'm getting ready to retire and looking for something after I leave the military," said Army Master Sgt. Luis Lopez, a wounded warrior with the Army Medical Command mobilization office. "This is something that definitely needs to be here and I like that wounded warriors are included. It is a great program and needs to be established throughout JBSA."

CERT teams provide critical support by giving immediate assistance to victims, providing damage assistance information and organizing other volunteers at a disaster site.

"Ideally, when we get done with this, all JBSA locations should have CERT response teams," Paul said.

"The exercise was a chance to test cadre and gave us an opportunity to step back and look how they embraced their training," Small said. "They have taken ownership of it, they are excited about it and that is what we are looking for in terms of trainers."

EBOLA from P6

The work of Army Medical Command, WRAIR and the U.S. Army Medical Research Institute of Infectious Disease helped get the Ebola outbreak in West Africa under control, saving hundreds of thousands of lives, Allyn said.

The Ebola outbreak in West Africa was projected to reach 1 million cases, Allyn said.

"This team … helped stop it at 11,000 – that's 989,000 lives saved," he said. "What the Medical Command, specifically this team of professionals, achieved is absolutely remarkable."

Ebola diagnostics and research in Liberia by the Army Medical Command led to rapid identification of infected individuals and helped get a handle on the epidemic according to MEDCOM officials. This Army Ebola response made managing a deadly infection successful, they said.

Allyn and the Army surgeon general, Lt. Gen. Patricia D. Horoho, spoke with researchers about biosecurity, vaccine development and manufacturing capability, and research on HIV, behavioral health, traumatic brain injury, post-traumatic stress disorder and Ebola support.

"Army medical research plays a foundational role in the success of our all-volunteer force," Allyn said. "The success of our Army relies on trust -- trust between Soldiers and the military institution and trust between the military and the American public."

Allyn said the trust relies on a promise the Army will never send Soldiers on a mission unprepared. "And that we will do everything in our power to avoid a fair fight with our adversaries – be it an enemy with tanks and mortars, a deadly disease like Ebola, or an invisible injury like post-traumatic stress."

The research and medical advances, Horoho said, allow the Army and the armed forces to have a posture that allows for deployments around the globe.

"You all bring that dedication each and every day," she said.

Researchers focus on futuristic capabilities, Horoho said, and answer the tough questions and have the persistence of not to give up because many trials fail.

"It's the persistence and expertise that we show every day that allows us to get to success," she said, noting those traits were displayed during the Ebola response and elsewhere around the world, allowing service members to deploy with confidence.

The role of researchers is more important than ever, Allyn said.

"Today we have just over 140,000 Soldiers forward-stationed and deployed globally across nearly 150 countries, so we will remain diligent as we posture our force to remain ready and protected from the diseases that exist around the globe," he said.

In addition, Allyn said, researchers have done groundbreaking work for treating traumatic brain injury and Post-Traumatic Stress Disorder.

"Our understanding of how to treat these invisible injuries is directly attributable to the research done here," Allyn said.

Col. Steven E. Braverman, commander of WRAIR – the largest and most diverse biomedical research laboratory in the Department of Defense – said the work of researchers makes a difference around the world.

"I think we're all proud to say that we had a hand in Liberia being announced last week as being Ebola-free," Braverman said.

Regrowing a Soldier's skin no longer the stuff of science fiction at U.S. Army Institute of Surgical Research

By Jacqueline M. Hames
Soldiers Magazine

Imagine a Soldier suffered debilitating burns to 60 percent of his body while deployed. After being evacuated to a burn treatment facility and stabilized, surgeons treated his wounds using a biopsy of his own skin, and re-grew tissue over the injuries.

There was little risk of infection, as the wounds were covered quickly, and surgeons did not have to create additional wounds by harvesting large quantities of skin from his body. The Soldier's body does not reject the new skin, as it was generated from his own cells. He is able to make a full recovery.

This is the future of burn care, according to experts at the U.S. Army Institute of Surgical Research Burn Center at Joint Base San Antonio-Fort Sam Houston. The primary mission of the center is to evacuate and treat combat causalities with thermal injuries, explained director Col. (Dr.) Booker T. King.

"We have a multi-disciplinary staff, including surgeons … nurses of … both critical care as well as … normal bedside — rehabilitation, restorative therapy, you name it. We also have a burn flight team. … the burn flight team's job is to evacuate severely injured burn casualties, mostly military-related combat, from wherever we can pick them up to back here in San Antonio," King said. The burn flight team's proper name is Special MEDCOM Response Capabilities/Burn.

The center performs wound evaluation, physical and occupational therapy, patient education and is continuing to develop a psychosocial care program, King said. In addition to surgical burn treatment and rehabilitation, the center is participating in several clinical trials to advance skin treatments.

"We're currently a part of two major regenerative multi-center trials," King said. "And they are sponsored in part by the Department of Defense. Another group is also involved, they're called AFRIM, Armed Forces Institute of Regenerative Medicine — that's a partnership between the Department of Defense and civilian entities."

The two U.S. Food and Drug Administration trials the USAISR is participating in are the ReCell and StrataGraft trials.

The ReCell trial takes a piece of skin the size of a stamp and uses it to create a solution of individual cells to cover a wound. The StrataGraft trial grows bioengineered skin from stem cell technology, King explained, adding that these skin substitutes are the "holy grail" of burn surgery.

"The StrataGraft project is the most exciting thing we've been a part of; it was a phase-two trial, sort of a pilot study to design the definitive phase three, and it is an off-the-shelf skin substitute that has lots of promise in helping revolutionize burn care," said Lt. Col. (Dr.) Kevin Chung, task area manager of clinical trials in burns and trauma.

"One of the biggest challenges with taking care of burns is getting them to have the burns taken off in a timely fashion, and then having that previously burned skin be covered with what we call definitive coverage. And the only thing that provides definitive coverage and allows patients to heal and get on their way to recovery is their own skin, at the moment," he added.

For example, if a patient with 40 to 50 percent of their skin burned goes into surgery, all their normal areas of skin will be harvested to cover the wound in an autograft.

Photo by Steven Galvan

Col. (Dr.) Evan M. Renz prepares a skin sample for the ReCell clinical trial in May 2013. ReCell takes a biopsy from a patient's skin and incubates it in a cocktail of enzymes before it is harvested for keratinocytes, or regenerative cells, that are then suspended in a solution. This solution is sprayed on a wound, where it multiplies and creates new skin tissue. In 2003, Renz was assigned to the U.S. Army Institute of Surgical Research where he served as the chief of the Army Burn Flight Team and assistant director; between 2008 and 2013 he served as the chief of the Clinical Directorate and director of the Burn Center leading in the design and transition into the sole burn center within the Department of Defense. He is now the commanding officer of Brooke Army Medical Center.

"So, if you consider that they have a 50 percent burn, by the time they are done with surgery, they are a 90 percent open wound that needs to heal," Chung said.

If the burned area is larger, more like 80 percent, the healthy skin must be spread out over a large area, which impedes wound healing.

Areas that can't be covered with the patient's own skin are temporarily covered with non-matched donor skin from a cadaver.

It functions as a short-term biological dressing, but because it isn't matched, the patient's body will reject it and it will eventually fall off. Once that happens, the hope is that donor sites on the patient will have healed and surgeons can harvest more skin for another permanent graft.

"All that time, the patient is at risk for infection and multi-organ failure and death. So this is a ... high-intensity problem that has very little solution and thus the bigger burns," Chung added. "Anyone who is 60 percent or ... higher still has a greater than 50 percent mortality, even in the best of hands, because of that problem."

StrataGraft will allow surgeons to maintain a patient's skin and simply apply an off-the-shelf skin substitute like a graft, which will heal normally.

"It's a game changer," Chung said.

Surgeons will be able to take a very small patch of skin from patients using ReCell, break that sample up and place it in a solution of enzymes, after which it is harvested for keratinocytes, or regenerative cells. Those cells are suspended in a solution and sprayed on a burn wound, where they multiply and form new skin tissue.

"The benefit of that is, the ration of what you can cover is about 80 to one, so you can cover a huge amount of wound based on a small donor site," King explained. "And that is important for us because in a lot of what we do, we have to cover wounds, and we usually use the patient's skin .... If we can use less and less of that skin, that's important for the patient."

StrataGraft and ReCell wouldn't have any immediate use downrange, because battlefield treatments are all temporary. Skin substitutes and skin grafts are permanent solutions that require a resource-intensive environment to administer.

U.S. Army photo

Harvested skin requires cell segregation before being suspended in a solution that is sprayed on a wound, where it multiplies and creates new skin tissue.

U.S. Army photo

Col. (Dr.) Evan M. Renz holds the spray-syringe with which doctors would administer a ReCell treatment.

Currently, burn patients are given initial treatment while downrange, like basic life support, resuscitation, stopping the burning process and basic wound cleaning, Chung explained. Once initial treatments have been administered, the patients are taken to a surgical facility to receive definitive care.

The USAISR is also working in parallel with civilian counterparts, developing a potential skin treatment product called a vascularized skin equivalent, which takes amniotic membrane and adds stem cells into a dermal layer to create a skin substitute, similar to StrataGraft, but able to cover a larger surface area, Chung said.

"Our research task area, one of our major pillars and one of our major efforts, is not only testing out the products that are emerging and on the market in the form of clinical trials, but also identifying gaps and figuring out ways to fill them," Chung said.

The USAISR treats many different kinds of soft tissue wounds, as well, and Chung sees a lot of promise in organ support in the future of regenerative medicine.

Several different organ support modalities, such as a bio-engineered spleen from the Vice Institute in Boston, have started to emerge. Chung believes that in the future, these modalities may be combined into one machine, and doctors could support multiple organs at the push of button.

"That's something that I see happening 10 years down the line, having organ support be more practical and more expansive and being able to support multiple organs at the same time," Chung said.

Participating in the ReCell and StrataGraft clinical trials is a prestigious achievement for a Department of Defense facility, because only the best of the best are able to join FDA trials.

Chung said he is very proud of the work the ISR has done.

"Between industry and our own research products within the USAISR, we will have a solution in the next five to 10 years."

U.S. Army Institute of Surgical Research celebrates nurses' value, diversity

By Steven Galvan
USAISR Public Affairs

Since 1993, National Nurses Day has been celebrated each May 6 to honor and recognize nurses and to raise awareness of the important role they play in society. May 6 also marked the beginning of National Nurses Week which ended May 12, the birthday of Florence Nightingale, the English nurse known as the founder of professional nursing.

To mark these annual observances, four nurses from the U.S. Army Institute of Surgical Research at Joint Base San Antonio-Fort Sam Houston were highlighted to recognize the important and diverse role they fulfill.

"We're aware that National Nurses Day and Week is a time to recognize the nurses as an important component of this organization," said Col. (Dr.) Michael D. Wirt, USAISR commander. "I offer a sincere thanks to all of the nurses who work diligently to care for our patients at the Burn Center and support combat casualty research."

Sarah Anderson is a licensed vocational nurse and Army reservist who provides burn care at the USAISR Burn Center Progressive Care Unit. She has been at the burn center for two years since earning her nursing degree through the Army's LVN program in Augusta, Ga.

"I love the way this career challenges me in all aspects – emotional, intellectual and physical," Anderson said. "I also love working here at the burn center. There is never a day that I do not learn something new or experience a situation that challenges me as a person."

Anderson also said she chose nursing as a career because she has always been interested in the medical field. "Plus, the recruiter made it sound so exciting," she added.

When asked what it takes to be a successful nurse, Anderson said there needs to be a quality in a person that allows them to put other's needs before their own.

"I believe that successful nurses are people who enjoy giving their time and service to others and motivate themselves by their hard work," she said.

Anderson credits her family for the inspiration that she needs to do her job every day. She also said she hopes the compassion and care she has for her patients is provided to her family if admitted to a hospital.

The advice that she provides to anyone contemplating a career as a nurse is simple.

"There's no salary that can compensate for the care that you give at time," Anderson said. "It would be nice if this was an 8-to-5 job, but sometimes it can be a 24/7 rollercoaster. But it's also the most rewarding experience to assist people through what can be the most traumatic incident of their lives."

Sgt. Francisco Rosario is assigned to the burn center intensive care unit as an Army licensed practical nurse. He earned his nursing license through the Army's Practical Nursing Course and has been at the burn center for two years. Rosario said he selected to be a nurse in the Army to enhance his clinical experience in preparation for medical school. "My goal is to become an anesthesiologist someday," he said.

In the meantime, Rosario says that he's happy being a nurse at the BICU because it gives him the ability to increase and enhance his critical care exposure, adding that it has a positive impact in assisting critically ill patients requiring continuous monitoring.

"It's definitely preparing me for medical school," Rosario said.

Humility, initiative and motivation are the three traits that Rosario says a successful nurse should

See NURSES, P13

NURSES from P12

possess. He believes those three qualities directly enhances resiliency in effective nurses.

Rosario attributes his success as a Soldier and a nurse to the inspiration that he draws from his family and patients.

He offers this advice to anyone who is looking at nursing as a career. "Although a demanding career field, it is definitely a gratifying experience and feeling when your patients and family members genuinely thank you for your nursing care."

Karliss F. Kimbrough, the community outreach coordinator at the USAISR Clinical Education Department, is a licensed vocational nurse and has been at the burn center for 21 years. She earned her nursing degree while on active duty in the Army in 1994 at the Army Medical Department Center and School at Joint Base San Antonio-Fort Sam Houston.

Although Kimbrough's mother was also an LVN, she didn't know she'd be following in her footsteps until she was a teenager.

"I saw an accident involving a motorcyclist and an 18-wheeler," Kimbrough recalled. "The motorcyclist went under the truck and both of his legs were amputated in the crash. When the medical helicopter came for the motorcyclist, the emergency medical technicians could not find his legs. I saw them and carried them to the EMTs. From that point on, I knew I wanted to be a nurse."

Sarah Anderson is a licensed vocational nurse and Army reservist who provides burn care at the U.S. Army Institute of Surgical Research Burn Center Progressive Care Unit at Joint Base San Antonio-Fort Sam Houston.

Kimbrough has worked in all three burn care areas at the Burn Center – the BICU, progressive care unit and the outpatient clinic. She said that teaching patients and their family members how to care for their injuries once discharged from the burn center is what she likes best about being a nurse.

"I also love holistic care encompassing the body, mind and soul and moving beyond the illness or injury," she said.

Kimbrough believes that successful nurses are caring, responsible and have good communication skills who are advocates for their patients.

"We deal with extremely sick and injured patients and their families on a daily basis and we need to be able to show them that we truly care about them," Kimbrough said. "We must be sympathetic, but must be able to control our emotions. There is no room for errors and we must be ready for any and everything at all times."

Kimbrough admits that nursing is not a career for everyone and tells anyone considering a career in the field to examine themselves to see if it's for them, because being a nurse can be extremely stressful and emotional.

"But most of all, nursing can be an extremely rewarding career," she said. "It's not just about the monetary aspect of it. It's about what you can do for others that reflects who you are as a person."

Randy E. Malone is a registered nurse at the USAISR Joint Trauma System. A retired Air Force master sergeant, Malone has been at the JTS as a clinical data specialist and senior consultant for three years. He started his medical career as a medic and earned his nursing degree through the Air Force's nursing program offered to enlisted medics.

Photos by Steven Galvan

Sgt. Francisco Rosario is assigned to the U.S. Army Institute of Surgical Research Burn Center intensive care unit as an Army licensed practical nurse. He earned his nursing license through the Army's Practical Nursing Course and has been at the burn center for two years.

"As I gained tenure I desired to display the real-world training and experience afforded by numerous deployments," Malone said. "Lt. Gen. Paul Carlton, a former Wilford Hall Medical Center commander, afforded enlisted medics the upward mobility to access this value training and I was fortunate enough to be selected to participate in it."

Malone said he has loved his nursing career because he has not only been able to assist patients through hands-on care, but through the USAISR mission of being in a position to give back to future patients with the hopes of sparing suffering. He says that he is inspired daily by his varied and capable coworkers.

"Truly, many talents, professionalism and caring, lovingly interwoven into a tapestry to be gently placed upon the wounded patriots of our country," he said.

Malone believes successful nurses take advantage of the most technologically advanced equipment and supplies available to them to provide the best patient care with empathy and sympathy. His advice to anyone looking at a nursing career is to seek advice and direction from peers and elders.

"Go and converse with nurses who have accomplished the job you seek to enter," Malone said. "Sage advice is golden."

Randy Malone is a registered nurse at the USAISR Joint Trauma System. A retired Air Force master sergeant, Malone has been at the JTS as a clinical data specialist and senior consultant for three years.

Karliss F. Kimbrough, the community outreach coordinator at the USAISR Clinical Education Department, is a licensed vocational nurse and has been at the burn center for 21 years. She earned her nursing degree on active duty in the Army in 1994 at the Army Medical Department Center and School at Joint Base San Antonio-Fort Sam Houston.

Department of Defense looks to eliminate stigma for seeking mental health care

By Terri Moon Cronk
DOD News, Defense Media Activity

The Department of Defense wants service members to know there's no stigma in seeking mental health care, a DOD Health Affairs official said May 26 in Washington, D.C.

"We want troops and their families to know DOD has great emphasis on gaining access to mental health care, reducing barriers, and following where the research goes to provide them the best possible care," said Navy Capt. (Dr.) Michael J. Colston, psychiatrist and director of mental health policy, health services policy and oversight.

May was National Mental Health Awareness Month, said Colston, who noted that anxiety and depression are extremely common mental health issues.

He also related how the department has sought to improve service members' access to mental health care.

The White House, DOD leadership and partnering agencies such as the Veterans Affairs Department and Health and Human Services have for years battled to reduce the stigma of seeking mental health care, and their efforts are paying off, Colston said.

"Stigma reduction is something you need to work on every day," he noted. "We work with our partners every week, thinking of ways we can enhance access to care and to make psychological, mental health and substance abuse care are totally on par with other forms of medical care."

Mental health care access is "everywhere," Colston said. Service members and their families can talk to a primary care physician or go to a specialty care clinic. And mental health professionals are embedded during deployments, he added.

As a psychiatrist deployed to Kuwait, Colston said he worked with psychiatric nurses, a psychologist, social workers and psychiatric technicians.

"We've got easy access to care, no matter where you are," he said.

During more than a decade of conflict, DOD has quadrupled its number of mental health professionals to help active duty and transitioning service members and their families, Colston said.

Today, some 25 percent of active duty troops seek mental health care the year before they leave the service, he said.

And we are ready to help folks transition" back to civilian life, he added.

The DOD is very focused on getting good, evidence-based mental care assistance help troops in need by any possible portal, Colston said.

Discussing your psychological health with a provider

Making a plan to talk with a health care provider about your psychological health concerns is an important step toward improving your overall health.

If you have been through trauma or other challenges, it may be hard to talk about your experiences.

A health care provider can help you understand your feelings and maintain your mental fitness. This article offers useful tips to help you choose a provider, prepare for your first appointment and make the most of your visit.

Choosing a provider

Finding a health care professional that you are comfortable with can help you have a positive experience. If the first provider you meet is not right for you, keep looking until you find someone you feel comfortable connecting with. A psychological health care professional should:

- Respect you and your feelings
- Allow you to express yourself
- Understand that you may need time before you are ready to talk
- Talk to you about a plan to help address your concerns

Preparing for your first appointment

Keep track of any feelings or symptoms you experience with as much detail as possible, such as:

- How long the feeling or symptom lasts
- Triggers – such as events, experiences or thoughts – that may make your symptoms worse and what you did to make them better

List your medical information. Include any:

- Physical or psychological concerns
- Names and dosage of medications or supplements

Write down important personal information, including:

- Family members with psychological health concerns
- Major life changes
- Traumatic events

During Your Appointment

Answer questions honestly. You may be asked:

- Have you ever experienced a traumatic event? How long ago?
- Are you always on alert or easily scared? At what times?
- Do you often feel irritable or angry? How often?
- Do you drink alcohol or misuse substances? How often?
- Do you have any thoughts about harming yourself or ending your life?

Ask Questions

Examples include:

- What's causing my symptoms?
- What treatments, if any, do you recommend?
- Where can I find more information about coping with my symptoms?

Bring someone you trust or take notes

Your provider may give you a lot of information during your first appointment. You may feel overwhelmed by everything you learned, which can make it hard to remember all that was said. Ask a family member or friend to go with you or plan to take notes to keep track of all the information you receive.

Talking about your psychological health can be challenging, but getting help early can improve your chances of a full recovery.

Reaching out is a sign of strength and talking with a professional can help.

If you or a loved one needs additional support, contact the DCoE Outreach Center to speak confidentially with trained health resource consultants 24/7 by calling 866-966-1020, by using the Real Warriors Live Chat or by emailing resources@dcoeoutreach.org.

(Source: http://www.Health.mil)

Nurse Advice Line provides medical expertise, peace of mind

For Air Force Capt. Stephanie Raps, Easter weekend went from fun excursion to ordeal in a matter of hours. That's how long it took for her two small children to become ill as her own sinus infection worsened.

"We were nine hours from home, traveling in rural Ohio, and I knew we were at least two hours away from the nearest military treatment facility at Wright-Patterson Air Force Base," she said.

Raps, a nurse herself, had already contacted the Nurse Advice Line (1-800-TRICARE, option 1). Resources there provided guidance on all three "patients" and told her to call back if she needed additional help. When seven-month-old Leah's ear infection worsened to include a high fever and fluid oozing from the ear, Raps knew she had to take further action.

"I was worried it was a rupture, as was the nurse on the phone and they got me to the appointment center, which set me up with a pre-authorization at a civilian clinic within six hours," she said. "It was reassuring to talk to another nurse professional who I know was giving good advice."

Such reassurance makes NAL especially valuable to military personnel and their families. Nurses follow a strict protocol and walk callers through a series of questions to help determine the level of care needed. Options include visiting the emergency room right away, waiting for a regular appointment or taking care of the issue at home.

For safety reasons, the patient – even if it's a child – must be present when calling the Nurse Advice Line.

"It ensures the patients receive the right care at the right time from the right provider," said Jeannine Leonard, clinical coordinator for the TRICARE Prime clinic in Chesapeake and Virginia Beach, Va. "It gives our patients a place they can call 24 hours a day and get the advice they need for their concerns. In addition, NAL helps our clinic manage its access to care, ensuring patients are seen according to protocols."

Tamika Nelson, a retired Army sergeant with 22 years of service, faced that very issue. When a urinary tract infection became too much to bear, she got in her car to face the possibility of gridlock in Washington, D.C. trying to reach her regular military clinic at Fort. Belvoir, Va. But then she remembered what a friend told her about NAL and made a quick call.

"The nurse was very helpful," said Nelson. "She said while I did need to be seen within the next eight hours, I didn't have to drive all the way to Fort Belvoir. She sent a referral to an acute care clinic just around the corner from where I live, and I was seen, got my prescription and was back home in about an hour and half. It was the best thing ever!"

Nelson was referred to an urgent care clinic because she was beyond the 30-minute drive time specified in access-to-care guidelines.

In addition to being an extra health care resource, NAL increases patient safety, especially as the patient is handed off from one care provider to another. To further ensure a safe patient experience, military Medical Treatment Facility Patient Centered Medical Home team members can access live NAL information so they are aware of their patients' situation and can provide follow-up, if needed.

"Anytime you move from one level of care or one facility to another, your patient is at risk," said Sherry Herrera, who oversees military clinical operations for the Colorado Springs, Colo., area.

TRICARE beneficiaries enrolled at her military treatment facility call NAL more than 1,700 times each month.

"The information gathered over the phone is available electronically to the military treatment facilities, enhancing patient safety because there is a much greater chance that the caller's primary care manager will have access to those records when the patient needs follow-up care," Herrera added.

Depending on call volume, some beneficiaries might experience a delay when they call, but NAL is working to address this issue. Even with potential delays, callers agree telephone wait times are shorter than those in an emergency room.

When a military treatment facility is close enough and can offer the acute care or emergency room services needed, callers are directed to that facility, even if they prefer to visit a civilian urgent care clinic. This ensures primary care managers know about the visit and have access to care records.

For Raps, the advice line provided a triple win: It addressed her daughter's potentially serious ear problem, saved mother and children from hours of waiting in an emergency room and allowed the weekend road trip to proceed.

"Easter was saved," she said. "We were able to enjoy more time with our family. And I had peace of mind."

The Nurse Advice Line is available at no cost to TRICARE beneficiaries in the Continental United States, Alaska and Hawaii and is available 24 hours a day, seven days a week. Call 1-800-TRICARE and choose option 1.

(Source: http://www.Health.mil)

New peer-to-peer service aims to provide counseling support

By Terri Moon Cronk
DOD News, Defense Media Activity

Starting this summer, the Department of Defense will offer an additional counseling service to help military service members, transitioning troops and family members deal with a host of issues before they become crises.

Peer-to-peer support, which will be available through Military OneSource (http:// www.militaryonesource.mil), will offer assistance from counselors who have at least a master's degree in the social or psychology field as well as military experience to help with a host of issues, said Rosemary Freitas Williams, deputy assistant secretary of defense for military community and family policy May 19.

Peer support counselors can chat confidentially with clients and assist with any underlying issues that might be associated with someone's need to chat, online or by phone.

"For example, a military spouse might call in and request to speak to a military spouse [counselor] because he or she is at wits' end over relocating," Williams said. "During the conversation, the counselor might recognize underlying issues that can range from finances to relationship or employment problems."

Since Military OneSource is the central one-stop service that offers military families a host of direct services as well as information on a vast array of resources, it made efficient and effective sense to add peer-to-Peer support to its list of services, Williams said.

Such counseling services are not a new concept for the DOD. Vets4Warriors currently provides peer-to-peer support and its contract runs out in August.

Peer-to-peer counseling will be available for active duty, National Guard and reserve service members, their families and veterans who are within 180 days of their military separation, Williams said.

A client can talk to a peer-to-peer counselor via Military OneSource and, if issues necessitate, clients can obtain up to 12 sessions with a clinical counselor, per issue, per person, Williams added.

The proof of peer-to-peer support as an evidence-based approach to helping others has been well documented. Intuitively, it also makes sense, when people seek out a friend to talk to who's had a similar experience, because it can alleviate stressful circumstances, explained Dr. Keita Franklin, Director of the Defense Suicide Prevention Office.

"The peer-to-peer approach gets after the issue at the earliest possible point of intervention, so folks who get help early get better quicker," Franklin said, noting the importance of getting service members and families peer support before a problem escalates.

For transitioning service members re-entering the civilian sector, peer-to-peer counselors will offer their expertise during what might be a turbulent and life-changing time, Franklin said.

"Whether someone is getting out as a young person or is retiring after 20-plus years, transitioning can be a stressful time," she said. "For six months, veterans can phone Military OneSource and get help."

While peer-to-peer support is not a crisis counseling service, Military OneSource works with other organizations such as the Military Crisis Line or the Veterans Crisis Line as necessary, Franklin noted.

INSIDE THE GATE

Newcomer's Orientation

Friday and June 19, 9 a.m. to noon at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. Mandatory in-processing briefing for all military and civilian personnel newly assigned to Joint Base San Antonio. Service members must coordinate with their unit personnel coordinator or commander support element. Military spouses are also welcome to attend. Call 221-2705.

Comedy In A Small Texas Town

Through Saturday, join the cast of the Harlequin Dinner Theater on a visit to Tuna, Texas where men are men, gossip reigns supreme and everyone knows your business. Along with perennial favorites, "Red, White, and Tuna" introduces some new Tuna denizens as they burst into the 4th of July Tuna High School Class Reunion. This show is sponsored by THE GUNN AUTOMOTIVE GROUP. No federal endorsement of sponsor intended. For more information, call 222-9694.

Time Management

Monday from 11 a.m. to 1:30 p.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. Discuss techniques to plan and prioritize each day's activities in a more efficient and productive manner, overcome procrastination and handle a crisis quickly and effectively. Call 221-2418.

Car Seat 101

Monday from 9-11 a.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. Motor vehicle injuries are a 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.

Employment Readiness Orientation Info

Mondays from 9-10 a.m., Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. Meet your employment readiness team for an 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.

Teen Talk

Mondays from 9-10 a.m. and from 2-3 p.m. A discussion group for teens on teen-related topics. Participants must be enrolled in Youth Programs. Morning sessions meet at the Middle School Teen Center, building 2515. Afternoon sessions meet at the Youth Center, building 1630. Call 221-2418.

Helping Us Grow Securely Playgroup

Tuesdays from 9-11 a.m. at the Joint Base San Antonio-Fort Sam Houston Middle School Teen Center, building 2515. This playgroup provides interaction for infants and toddlers as well as an opportunity for parents to socialize. Open to parents and their children, ages 5 and under. Registration not required. Call 221-2418.

General Resume Writing Techniques

Wednesday from 9-11 a.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, 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 from 10-11 a.m. and from 2-3 p.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. Mandatory for military members E-5 and below. This orientation focuses on pre-departure counseling, relocation planning and preparing for a PCS move. Topics covered: entitlements, shipment of household goods, and emotional stress of relocation, employment and education. Only one session is needed. Call 221-2418.

Bringing Baby Home (2-Part Series)

Wednesday and June 17 from 9 a.m. to 1 p.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. This two-part series must be attended in order. Knowing what to expect will help ease the overwhelming feeling of preparing your newborn baby's homecoming. Information will be provided on infant care, safety and more. Both parents are encouraged to attend. Call 221-2418.

Peer-To-Peer Caregiver Support Group

Wednesday from 9:30-11:30 a.m. and June 18 from 12:30-2:30 p.m. at the Joint Base San Antonio-Fort Sam Houston Soldier and Family Assistance Center, BAMC 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. Call 221-2705.

Post-Deployment Resiliency Training

Wednesdays from 1-3 p.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. All service members returning from deployment are required to attend resiliency training to help reintegrate back into the home life. Discuss how to deal with the stressors associated with post-deployment. Call 221-2418.

Dating Dynamics (3-Part Series)

Thursday, June 18 and 25 from 6-8 p.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. This three-part series must be attended in order. Dating dynamics is geared towards singles who want to discover the major areas that predict what a person will be like in marriage and the bonding forces that must be kept in balance as the relationship grows. Call 221-2418.

Basic Budget Management

Thursday from 9-10 a.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. "Basic Budget Management" is required before attending any financial classes and one-on-one budget counseling, unless referred by your command. A copy of your current leave and earnings statement is needed. Call 221-2380.

Spouse Information Fair

Thursday from 9 a.m. to noon at the Military & Family Readiness Center, building 2797. Agencies present are the Air Force and Army Civilian Personnel Centers, legal assistance, Army and Air Force Exchange Service, commissary, Spouses Club, health/medical/TRICARE, 502nd Force Support Squadron marketing, school liaison office, Broadway Bank, Child Youth Sports & Services and all programs within the Military and Family Readiness Center. Call 221-9698 or 221-2705.

Couponing Class

Thursday from 10-11 a.m. at the Joint Base San Antonio-Fort Sam Houston Military & Family Readiness Center, building 2797. This class is designed to provide an introduction to the concept of couponing. Call 221-2380.

BIDDING FAREWELL TO RETIRING ARMY FAMILY

Photo by Staff Sgt. Corey Baltos

Soldiers and family members thanked 20 Soldiers and one civilian for their service to the nation during the consolidated Joint Base San Antonio-Fort Sam Houston retirement ceremony May 28 at the U.S. Army North Quadrangle. The retirees are (from left) Col. Theodore J. Cieslak, Brooke Army Medical Center; Col. Philip Denicolo, U.S. Army Dental and Trauma Research Detachment; Col. Randall G. Anderson, Army Medical Department Center and School; Col. Donald S. Harris, U.S. Army War College; Col. Paul T. Mayer, AMEDDC&S; Lt. Col. James H. Adams, Texas State University, 5th ROTC Brigade; Lt. Col. Francisco J. Portals, Patient Administration Systems and Biostatistics Activity; Lt. Col. Jenifer L. Breaux, U.S. Army South; Lt. Col. Kevin P. Banks, BAMC; Lt. Col. Seth D. O'Brien, BAMC; Lt. Col. Rochelle Y. Green, ARSOUTH; Chaplain (Maj.) Robert C. Gresser, ARSOUTH; Capt. Tasha E. Robles, Austin Recruiting Company, U.S. Army Recruiting Command; Chief Warrant Officer 4 Jeramy D. Bizzell, 106th Signal Brigade; First Sgt. Dion L. Weaver, Warrior Transition Battalion; SFC Oscar W. Gracia, 85th Civil Affairs Brigade, Fort Hood; Sgt. 1st Class Jose D. Larson, 4th Battalion, 227th Aviation Regiment, Fort Hood; Sgt. 1st Class Anthony L. Ridley, 1st Infantry Division, Fort Riley, Kan.; Sgt. 1st Class Michael J. Popa, WTB; and Staff Sgt. Loreatha A. Carithers, 3rd Infantry Brigade Combat Team, 1st Armored Division, Fort Bliss.

OUTSIDE THE GATE

Four Parks and Recreation Regional Pools Now Open

Stay cool at one of the Parks and Recreation Department's four regional pools open through Thursday offering open swimming Tuesday through Thursday from 4 to 7 p.m. and Saturday and Sunday from 1 to 7 p.m. Lap swimming will also be available Tuesday through Thursday from 7:30 to 9:30 a.m. Admission is free. The regional pools are Heritage, 1423 Ellison Drive; Lady Bird Johnson, 10700 Nacogdoches; South Side Lions, 3100 Hiawatha; and Woodlawn, 221 Alexander Ave. The regular outdoor pool season that includes 23 outdoor pools begins June 13 and continues through Aug. 16. For more information, call 207-3299.

Scout Strong Patriot Run

The Alamo Area Boy Scout Council conducts a Scout Strong Patriot Run June 13 at McGimsey Scout Park, 10810 Wedgewood Drive. There is a kids' 1K fun run at 7:30 a.m. and a 5K run/walk at 8 a.m. Register online at http://www.active.com and search for Scout Strong Patriot Run.

Art In The Dark

The San Antonio Lighthouse for the Blind's annual Art in the Dark is from 6:30-9 p.m. June 18 at the new children's museum, the Do Seum on Broadway. Local artists, potters, sculptors and jewelry designers in San Antonio have donated their art work which will be auctioned off. Attendees can bid on the art throughout the evening while enjoying food and beverages from dozens of local restaurants and businesses. The Lighthouse for the Blind Choir will provide entertainment. Tickets are $30 in advance or $40 at the door. For information and tickets, visit http://www.salighthouse.org/events or call 531-1533.

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.

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 htto://www.briscoemuseum.org.

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.

Van Autreve Sergeants Major Association

The Sgt. Maj. Of the Army Leon L. Van Autreve Sergeants Major Association meets at 5 p.m. on the third Thursday of each month at the Longhorn Café, 1003 Rittiman Road. All active duty, Reserve, National Guard and retired sergeants major are invited. Call 539-1178.

Enlisted Association

Chapter 80 of the Enlisted Association meets at 1 p.m. on the fourth Wednesday of each month at the JBSA-Lackland Gateway Club. Call 658-2344.

Did you know?

One of the best things about ICE is that people can let service providers know when they do a great job, not just for poor service.

It takes 5 minutes or less to submit a comment at http://ice.disa.mil.

ICE Interactive Customer Evaluation

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

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 SERVICE

1:15 p.m. – Jummah, Friday, AMEDD

LATTER DAY SAINTS SERVICES

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

BUDDHIST SERVICES

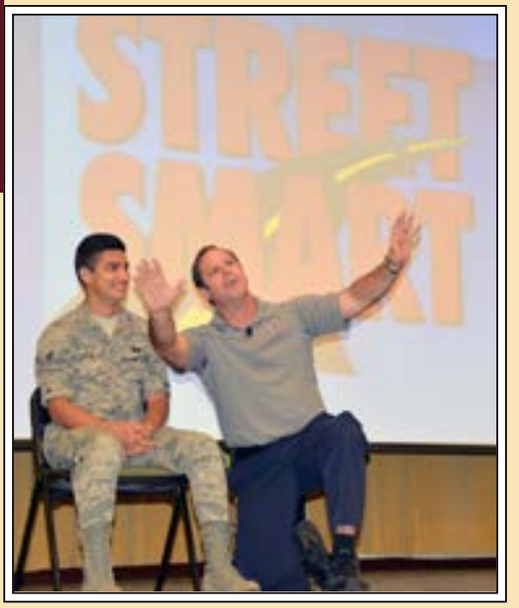
10 a.m. – Buddhist Services, Saturday, AMEDD

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

WINGMAN RESILIENCE DAY AT JBSA-FORT SAM HOUSTON

Photos by Steve Elliott

Manuela Henning, a master resilience trainer and employee development specialist for Joint Base San Antonio-Fort Sam Houston, speaks about the Comprehensive Airman Fitness domains and tenets during the 502nd Air Base Wing and JBSA Wingman Resilience Day Friday at Willis Hall at the U.S. Army Medical Department Center & School on JBSA-Fort Sam Houston.



Firefighter paramedic Ralph Jimenez (right) describes a safety scenario to Airman 1st Class Jonathon Lopez, a paralegal specialist with the 502nd Installation Support Group, during the 502nd Air Base Wing and Joint Base San Antonio Wingman Resilience Day Friday. Jimenez talked to wing members about the importance of making the right choices when it comes to driving while drunk or distracted.

June 2015 is Men's Health Month

Men's Health Month is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men.

This month gives health care providers, public policy makers, the media, and individuals an opportunity to encourage men to seek regular medical advice and early treamtent for disease and injury.

Men should visit their healthcare provider regularly, make prevention a priority, get regular screenings, get at least 7 to 8 hours of sleep per night, limit intake of alcohol and caffeine and take time for yourself, realizing downtime is OK.

"We are on the precipice of a major transformation in how we attain and sustain optimum health and well-being," said Lt. Gen. Patricia Horoho, Army Surgeon General and commanding general, U.S. Army Medical Command. "We are transitioning from a healthcare system focused on illness and disease to an integrated 'System for Health' whose focus is wellness and disease prevention to strengthen the Readiness and Resilency of Soldiers, retirees, family members and Army civilians."

(Source: Army News Service)