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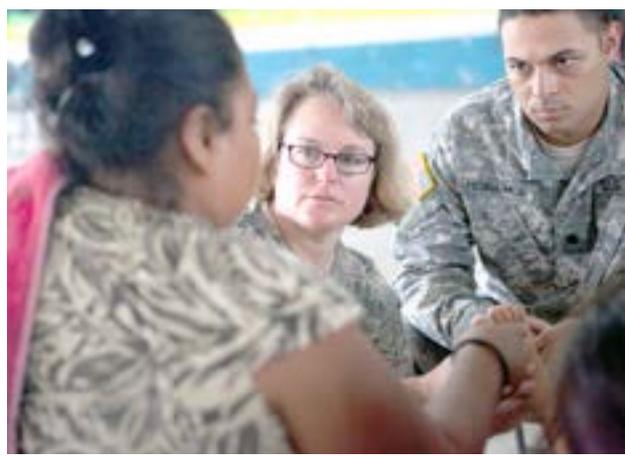
A PUBLICATION OF THE 502nd AIR BASE WING – JOINT BASE SAN ANTONIO-FORT SAM HOUSTON



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# NMETC Sailors connect with veterans at Honor Flight departure



**Photos by Petty Officer 1st Class Jacquelyn D. Childs**  
 Petty Officer 2nd Class Brandon Ponder (above left) and Petty Officer 2nd Class PaulJames Johnson III (right) speak with veterans at the San Antonio International Airport prior to the veterans' flight to Washington D.C. as part of the Honor Flight San Antonio program.



Petty Officer 2nd Class PaulJames Johnson III escorts a veteran to security at the San Antonio International Airport May 20 as part of the Honor Flight San Antonio program.

**By Petty Officer 1st Class Jacquelyn D. Childs**  
 NMETC Public Affairs

Four Sailors from the Navy Medicine Education and Training Command, or NMETC, were at the San Antonio International Airport May 20 as volunteers to visit and assist with veterans with their departure to Washington, D.C.

The veterans were flown to Washington that weekend by Honor Flight San Antonio, a nonprofit organization transporting America's veterans to the nation's capital in order to visit the

memorials dedicated to honor their service and sacrifices.

Before they left, the Sailors had the chance to talk to more than two dozen veterans who lined the airport departure area.

"I thought it was a great opportunity to meet some of our veterans, hear their stories and just give something back to them for all their sacrifice," said Petty Officer 2nd Class PaulJames Johnson III. "I feel it went really good."

Johnson expressed awe in the incredible history represented that morning, with veterans from World War II, Vietnam,

Korea and, in one retired Navy veteran's case, all three wars in one career.

Retired Master Chief Chris Wilson left the Navy in 1964 after an eventful career as a boatswain's mate turned anti-submarine warfare sonar technician who experienced all three wars during his service.

"I'm excited to go on this trip," said Wilson, who was experiencing the Honor Flight program for the first time. "I'm most looking forward to the World War II memorial.

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# Changes to retention control points providing increased promotion opportunity for mid-grade Soldiers

By **C. Todd Lopez**  
Army News Service

Sergeants first class seeking another stripe saw increased opportunity during the fiscal year 2016 master sergeant promotion board, as the selection rate jumped 3.5 percent, from 8.4 in FY15 to 11.8 in FY16.

Those increased opportunities to serve come as a result of projected openings in the master sergeant ranks that will come as a result of changes to retention control points, or RCPs, for sergeants first class, master sergeants and sergeants major announced May 26 in Army Directive 2016-19.

The changes to RCPs are part of an effort to right-size the Army for the current mission, reduce the need for forced separations and create increased opportunities for promotion, according to Sgt. Maj. of the Army Daniel A. Dailey.

Similar increases in selection rate to sergeant first class are also expected during the 2016 board. Last year's board selected about 25.4 percent of the staff sergeants considered.

Beginning Oct. 1, some senior enlisted Soldiers will find they have a new "expiration, term of service," or ETS, as a result of changes to their retention control points.

Those changes roll back RCPs for sergeants first class and above who are in the Regular Army,

or who are serving under the Active Guard Reserve program. The changes will shorten RCPs by two to three years, and will help reduce the total size of the Army, in keeping with congressional mandates to do so; shape the NCO promotion system and NCO Corps; and help ensure upward mobility for mid-grade NCOs.

An RCP indicates the number of years of time in service a Soldier may not exceed for the grade they serve in. For instance, the RCP for a sergeant is 14 years. Sergeants must either leave the Army at 14 years, or get promoted to staff sergeant. The RCP for staff sergeants is 20 years. At 20 years, a staff sergeant must either retire, or get promoted to sergeant first class in order to continue to serve.

For sergeants first class, including those who are promotable, their RCP will change from 26 to 24 years. For first sergeants and master sergeants, their RCP will be reduced from 29 to 26 years. For first sergeants and master sergeants who are promotable (upon graduation from U.S. Army Sergeants Major Academy), their RCP will drop from 32 to 30 years. And finally, for command sergeants major and sergeants major, their RCP will also drop from 32 to 30 years.

The changes to RCPs will be applied incrementally to those affected over the course of three

## Current RCPs

PVT-PFC	5
CPL/SPC	8
CPL/SPC (P)	8
SGT	14
SGT (P)	14
SSG	20
SSG (P)	20
SFC	26
SFC (P)	26
1SG/MSG	29
1SG/MSG (P)	32
CSM/SGM	32

## New RCPs (1 Oct 2016)

PVT-PFC	5
CPL/SPC (including P)	8
SGT (including P)	14
SSG (including P)	20
SFC (including P)	24
1SG/MSG	26
1SG/MSG (P)	30
CSM/SGM	30

[http://armypubs.army.mil/epubs/pdf/r601\\_280.pdf](http://armypubs.army.mil/epubs/pdf/r601_280.pdf)  
Army Directive 2016-19 (retaining a quality NCO Corps)

### U.S. Army illustration

Beginning Oct. 1, the start of fiscal year 2017, the Army will adjust the retention control points, or RCPs, for sergeants first class, master sergeants and sergeants major. The RCPs will be reduced by as many as three years. The changes to RCPs are part of an effort to right-size the Army for the current mission, reduce the need for forced separations, and create increased opportunities for promotion.

years, ensuring every Soldier affected will have at least a year's notice to plan with their family for their retirement. The first retirements due to the RCP changes will start to take place in October 2017. Most Soldiers will have well over a year to prepare.

Additionally, every Soldier affected is already retirement-eligible, has more than 20 years of service under the belt, and will be able to take advantage of a full military retirement.

"This is the best course of action to right-size the Army with regards to a readiness perspective for the future," said Dailey. "It's the right thing to do.

This is not a small decision. It was eight months of running numbers, projections and outcomes."

It's expected that approximately 3,000 NCOs will leave the Army earlier than anticipated due to the RCP changes, said Sgt. Maj. LeeAnn M. Conner, senior Army career counselor.

Dailey said, back in 2007 the Army needed to grow in size in order to fight in Iraq and Afghanistan.

"We were at war, and the Army needed to get bigger, quick, and build more brigades and battalions," he said.

The Army used recruiting and retention tools to help grow the Army. An-

other tool they used was to increase the RCPs for senior enlisted personnel.

Now that the conflicts in the Middle East have drawn down significantly, and the Army has been told to shrink its force size, the Army is reversing the tools it used almost a decade ago to grow in size, Dailey said.

"Now we are in the inverse," he said. "We were directed to make the Army smaller, historically consistent with every post-war era."

The Army is "focused on doing a talent-based drawdown." The changes to RCPs are part of that drawdown, Dailey said.

**See RETENTION, P15**



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## News Briefs

### JBSA SAPR Advocate Training

The Joint Base San Antonio Sexual Assault Prevention and Response office is recruiting people for its victim advocacy and community advocacy programs. Victim advocates provide on-call crisis intervention, referral and ongoing non-clinical support to victims of sexual violence. Community advocates assist the SAPR office by providing education and awareness to JBSA military members. VAs and CAs are volunteers who are active duty, Reserve or Guard personnel in active status or Department of Defense employees. Applicants must get leadership approval, have a background check and be approved by the JBSA SAPR office. A 40-hour training class must also be completed. The next training is from 8 a.m. to 4:30 p.m. June 20-24. For more information, call 808-8976 at JBSA-Fort Sam Houston, 671-7273 at JBSA-Lackland or 652-4386 at JBSA-Randolph.

### 106th Signal Brigade Change Of Command, Assumption Of Responsibility Ceremony

The 106th Signal Brigade holds a combined change of command and assumption of responsibility ceremony at 8 a.m. July 20 at the Quadrangle on Fort Sam Houston. Col. Bradford J. Davis will take over command of the brigade from Col. Patrick W. Ginn, while Command Sgt. Maj. Maurice S. Greening will assume responsibility from Command Sgt. Maj. Mathew I. Acome. In case of inclement weather, the ceremony will take place at the Evans Theater, 3834 Garden Ave.

### Jadwin Entry Control Point Temporary Closure

The existing Jadwin Entry Control Point is closed through Aug. 28. All traffic will be re-routed to the commercial and regular lanes at the Walters Entry Control Point. This closure is to allow installation of active vehicle barriers and supporting utilities at this gate. For safety reasons, this gate must be closed to all traffic during this time. The North New Braunfels gate is open for regular, non-commercial traffic to Department of Defense ID holders from 6-9 a.m. weekdays. For more information, call 221-5283.

See NEWS BRIEFS, P6

# Reclaiming lives purpose of PTSD intensive outpatient program

By Elaine Sanchez  
BAMC Public Affairs

Army Spc. Jen Smith\* struggled with the aftermath of a sexual assault for nearly six months before she hit rock bottom. Plagued by nightmares and depression, Smith told her supervisor she was contemplating suicide.

"I was at the end of my rope and that was my cry for help," she said. "I knew something had to change."

Smith was referred to the Intensive Outpatient Program for Post-Traumatic Stress Disorder, or PTSD, at Brooke Army Medical Center at Fort Sam Houston, which proved a game-changer for the Soldier. "It was like my prayers had been answered," she said.

"My life and my attitude have changed," Smith said since attending the program last year. "I went from complete isolation to going out and having fun with friends again. Life isn't perfect, but the program has given me an amazing foundation to build from."

BAMC's six-week program launched two years ago to offer short-term, focused care to service members with PTSD resulting from traumatic experiences such as combat, childhood abuse or sexual trauma. Providers have seen tremendous success combining individual and group sessions with evidence-based treatments, said Capt. Rich-

ard Schobitz, U.S. Public Health Service program chief.

"The program is making a tremendous impact and is changing lives for patients with PTSD," he said.

When they first begin the program, many patients are suicidal or struggling with substance and alcohol abuse. The resultant depression and anxiety can lead to crippling isolation, Schobitz noted, as well as nightmares, insomnia, panic attacks and outbursts of anger.

"Patients with PTSD are less apt to engage with family and friends and do enjoyable activities, such as going to birthday parties or the pool with their kids," he said. "Some stop leaving their homes at all. We focus on helping our patients recapture the joy in their lives."

Providers encourage patients to end the isolation and re-engage with the world around them through therapies called prolonged exposure and acceptance and commitment. They take trips downtown and to department stores and re-learn how to navigate crowds. They also focus on mindfulness, or being present in the moment, Schobitz said, which is an important aspect of acceptance and commitment therapy.

"PTSD patients often dwell in the past or have anxiety about the future," he said. "Walking around gardens at the Warrior and Family Support Center, observ-



Photo by Robert T. Shields

Capt. Richard Schobitz, U.S. Public Health Service, and Melissa Ramirez, licensed clinical social worker, conduct a planning meeting June 2 for the next session of Brooke Army Medical Center's Intensive Outpatient Program for Post-Traumatic Stress Disorder.

ing nature, just being present in the moment, can be very healing. We want patients to feel their emotions, not fight them."

Providers also encourage patients to identify and take steps to achieve their values, such as being a better spouse or parent.

Smith is among the nearly 100 service members who have attended the program. The success has been impressive across the board, Schobitz noted, both anecdotally and statistically.

At the conclusion of a recent female-only cohort, the scores on the post-traumatic diagnostic scale, or PDS-5, a self-report measure used to measure the severity of PTSD symptoms, decreased by an average of 49 points. This is important as PDS-5 scores range from 0 to 80, with 80 reflecting the most severe symptoms, noted Melissa Ramirez,

licensed clinical social worker at the program.

Other cohorts have reported a nearly 25 point drop on the PDS-5, Ramirez said.

"A drop of 10 is significant," she said. "We're doubling that on average in only six weeks."

"These results are very rewarding," Ramirez added. "We see service members who are five to 30 years post-trauma, and it's had a major impact on their lives. We are seeing people regain the joy in their lives, reconnect with their loved ones. They still have moments of challenge, but now they can better handle it."

Ramirez said what's most striking is the difference in their appearance post-program. Providers take a photo of patients at week one and during the final week.

"There's a profound difference in their face," she noted. "In the final

week, they look well-rested, less stressed, happier, more relaxed. The impact is highly visible."

A year out from the program, Smith has good and bad days, but feels confident she now has the tools to cope. "I still see counselors to keep myself on track. But I'm doing so much better than I would have done otherwise," she said. "My biggest take-away is life does go on. It gets better."

"It's important to step forward and get help," she added. "People do care. If you don't find the help you need right away, keep asking. Keep on searching for what's going to help you."

For more information on the intensive outpatient program, people can speak to their provider or call 808-2585.

\* (Note: Smith's name was changed to protect her privacy.)

# Team BAMC runs to promote fitness in Beach to Bay Marathon at Corpus Christi

By 1st Lt. Elyshia Lederer  
Clinical Staff Nurse

Brooke Army Medical Center was well represented at the 41st Annual Beach to Bay Marathon held May 21 in Corpus Christi, Texas.

More than 2,000 teams from across the U.S., as well as Kenya, England and Mexico, took part in the six-leg marathon. The race is always held on the third Saturday in May, on Armed Forces Day, to honor men and women serving in the U.S. military.

The first race, founded by Capt. John Butterfield, was held in 1976 and has grown in size over the years to become the largest marathon relay in the U.S.

Multiple teams competed from BAMC. The offi-

cial Team BAMC included Army Col. Mark Swafford, first leg; Army 1st Lt. Elyshia Lederer, second leg; Army Staff Sgt. Jeffrey Ward, third leg; Army Maj. K. Singer, fourth leg; Air Force Senior Master Sgt. Brian D. Vidrine, fifth leg; and Army Command Sgt. Maj. Albert Crews, sixth leg.

The team participated to encourage others to engage in physical fitness regularly and continue to strive toward the Performance Triad model, which focuses on activity, sleep and healthy nutrition in order to move Army Medicine to a system of health.

The course began on the sands of North Padre Island, then wrapped through Corpus Christi Naval Air Station and finished at

McCaughan Park. Each leg averaged around 4.4 miles with some legs running right along the waterline.

With sand under their feet, the first leg runners began around 7 a.m. in the humid morning air. Runners stretched their limits through each leg, crossing the finish lines drenched in sweat, with some runners completing the 26.2 miles solo.

First aid tents were stationed at the finish to help participants that came in with heat exhaustion, along with several checkpoints with water and aid. The race wrapped up with a downpour over the city, but it didn't stop race participants from grabbing a slice of pizza and a drink to cool off with their medals in tow.



Courtesy photo

The official Team BAMC at the 41st Annual Beach to Bay Marathon held May 21 in Corpus Christi, Texas, included (from left) Army 1st Lt. Elyshia Lederer, Army Staff Sgt. Jeffrey Ward, Army Col. Mark Swafford, Army Command Sgt. Maj. Albert Crews, Air Force Senior Master Sgt. Brian D. Vidrine and Army Maj. K. Singer.

## PAYING TRIBUTE



Photo by Johnny Saldivar

The Joint Base San Antonio Honor Guard sets the POW/MIA table during the Air Force Band of the West's Memorial Day Concert May 28 at the Majestic Theater in San Antonio. The ceremony paid tribute to those military members who have yet to return home from defending America. Set for six, the empty chairs represent Americans who were or are missing from each of the services – Army, Marine Corps, Navy, Air Force and Coast Guard – and civilians.

## BAMC HOLDS SOLDIER READINESS PROCESSING



**Photo by Lori Newman**

Malik West (right), supply supervisor, and Robert Jackson (center), supply technician, check Staff Sgt. Michael Leach's clothing records to ensure his annual mandatory inventory/inspection requirement had been performed during Soldier Readiness Processing, or SRP, at Brooke Army Medical Center May 25. The SRP verifies Soldiers' individual readiness for deployment and includes checking Soldiers' medical records, family care plans and readiness and deployment checklists among other items.

## BAMC TROOP COMMAND CHANGES LEADERS



**Photo by Lori Newman**

Incoming commander Lt. Col. Lee Freeman (left) accepts the colors from Brooke Army Medical Center Commander Col. Jeffrey Johnson (center) assuming command of BAMC Troop Command during a ceremony May 27 at Freedom Park Amphitheater at the Warrior & Family Support Center as outgoing commander Lt. Col. Gary Cooper (right) looks on.

## News Briefs

### Continued from P3

#### Winans Entry Control Point Operations

Beginning June 18, entry into Watkins Terrace Housing, Youth Services, Fort Sam Houston Independent School District, Dodd Field Chapel and the Army Reserve Center through the Winans Entry Control Point, will require an approved Department of Defense-issued access credential. All visitors, contractors, and vendors with non-DOD issued credentials such as a driver's license, passport, etc., will stop at a visitor center located on Joint Base San Antonio-Fort Sam Houston, to be identity proofed, background vetted and issued a credential prior to entering the Winans Entry Control Point. Visit the JBSA webpage at <http://www.jbsa.mil/Home/VisitorInformation.aspx> for visitor center hours, locations, contact information and more detailed instructions or call 221-1902 or 221-1903.

#### Save The Date For The Annual Air Force Ball

The U.S. Air Force hosts its annual ball Sept. 16 at the Hyatt Hill Country Resort with the theme of "You are what makes our Air Force diverse!" Social hour begins at 6 p.m. and main event at 7 p.m. More information on ticket prices and sales contacts to follow.

#### FEGLI Open Season

The Office of Personnel Management holds a Federal Employees' Group Life Insurance, or FEGLI, open season from Sept. 1-30, when eligible employees can elect or increase their FEGLI life insurance coverage. The effective date for changes to FEGLI coverage under an open season election will be delayed one full year to the beginning of the first full pay period on or after Oct. 1, 2017. Department of the Army civilians must log into the Army Benefits Center-Civilian website at <https://www.abc.army.mil> and go into the Employee Benefits Information System. For assistance, call 877-276-9287 or visit <https://www.opm.gov/healthcare-insurance/life-insurance/>.

#### Cave Quest Vacation Bible School

Cave Quest Vacation Bible School is available at the Dodd Field Chapel on Joint Base San Antonio-Fort Sam Houston from 5:30-8:30 p.m. June 19-23. Cave Quest is for kids from pre-kindergarten to 6th grade. Adult Volunteers are also needed. Volunteers and participants can register at <http://www.groupvbpro.com/vbs/ez/FSH>. For more information, call 221-3749.

# USAISR researchers looking for eye injury treatment

By Steven Galvan  
USAISR Public Affairs

Researchers at the U.S. Army Institute of Surgical Research at Fort Sam Houston are looking for a novel way to treat eye injuries that can result in blindness.

A non-invasive treatment could be available to wounded warriors with eye injuries within the next two to three years, according to USAISR researchers.

"We are currently investigating proliferative vitreoretinopathy, or PVR, a potentially blinding disorder that can result following a tear or detachment of the retina," said Capt. Elaine Por, USAISR Ocular Trauma Division principal investigator and deputy task area manager.

Por said that following a retinal tear or injury, approximately 5 to 10 percent of the U.S. population develops PVR; however the occurrence of PVR is significantly higher in warfighters who sustain an ocular injury on the battlefield. Currently, the standard treatment of care for PVR involves surgery to the retina or posterior segment of the eye.

"Unfortunately, the success rate for repairing a retinal tear or detachment through surgery is not great," Por said. "It is an invasive treatment option that often leads to recurrent detachment of the retina and sub-



Photo by Steven Galvan

Capt. Elaine Por, a principal investigator and deputy task area manager in the U.S. Army Institute of Surgical Research's Ocular Trauma Division at Fort Sam Houston, is looking for a novel way to treat eye injuries that can result in blindness. Por is working with induced pluripotent stem cells, which have been differentiated into retinal pigmented epithelial cells to investigate proliferative vitreoretinopathy or PVR, a potentially blinding disorder that can result following a tear or detachment of the retina.

sequently the need for additional surgeries."

To search for a non-invasive treatment for PVR, researchers are actively working with induced pluripotent stem, or iPS, cells, which have been differentiated into retinal pigmented epithelial, or RPE, cells. Extensive literature suggests RPE cell activation as a major contributor to

the pathology of PVR. Following a significant injury to the eye or head, a retinal tear can lead to the activation of RPE cells.

"When RPE cells become activated they demonstrate abnormal increases in cell migration, proliferation and contraction," Por said. "These processes altogether are thought to be involved in the development and progression of PVR."

Por has a recently accepted manuscript, scheduled to be released later this year in the *Journal of Ocular Pharmacology and Therapeutics*, which details her research and the data gathered thus far.

She added that the laboratory research involves testing different drugs or compounds that can block the activation of RPE cells.

"I really love this

project because we are attempting to find a promising therapeutic to treat a problem that is prevalent among our wounded warriors," Por said. "Our in vitro, or cell-based research, is providing us with some promising data, but we are continuing to test different compounds and techniques to identify a therapeutic(s) for PVR that can be translated to the clinic."

# FORT SAM HOUSTON HONORS RETIRING SERVICE MEMBERS, CIVILIANS



**Photo by Johnny Saldivar**

The following service members and two civilians were honored May 26 during the monthly Fort Sam Houston retirement ceremony at the Fort Sam Houston Theater: (from left) Col. Todd J. Briere, Regional Health Command-Central (Provisional); Col. Katherine E. Taylor Pearson, Brooke Army Medical Center; Nancy F. Quick, Army Medical Department Center & School; Lt. Col. Debra Russell, Eisenhower Army Medical Center, Fort Gordon, Ga.; Lt. Col. Larry J. Roberts, U.S. Army South; Lt. Col. (Chaplain) Charles B. Rizer, Jr., Madigan Army Medical Center, Joint Base Lewis-McChord, Wash.; Douglas W. Meyer, 502d Air Base Wing; 1st Sgt. Kevin T. Jackson, 5th ROTC Brigade, Texas State University; Master Sgt. Angela R. Spry, U.S. Army North; Master Sgt. Antwoine E. Valentine, U.S. Army North; Sgt. 1st Class Cecilia R. Aguilar, 106th Signal Brigade; Sgt. 1st Class George M. Shelton, II, Warrior Transition Battalion; Sgt. 1st Class Eimee E. Cotto, BAMC; Sgt. 1st Class Gregory R. LeClerc, WTB, Staff Sgt. Christopher Pina, 551st Signal Battalion, Fort Gordon; and Staff Sgt. Kaitlin Guastafierro, BAMC.

# Advanced Trauma Life Support Course: life in the balance

By John Franklin  
BAMC Public Affairs Volunteer

Sometimes one person can make a difference.

In 1976, Dr. Jim Styner, an orthopedic surgeon, and his family were injured when he crashed his small aircraft.

They were taken to a small, rural hospital nearby when Styner realized that the staff of this remote medical facility did not know how to effectively care for his family's trauma injuries. He resolved to correct the discrepancy in the quality of care available in all hospitals.

In 1980, the American College of Surgeons, or ACS, Committee on Trauma introduced the first course to certify physicians in trauma care. The Advanced Trauma Life Support, or ATLS, course, taught by the American College of Surgeons, has become a world standard for care of traumatic injuries. The course teaches physicians a standard set of protocols to evaluate trauma patients. The course is now taught in more than 60 countries.

The course teaches how to assess a patient's condition, resuscitate and stabilize the patient, as well as determine if the patient's needs exceed a facility's capacity. In addition, the course also covers how to arrange for a patient's inter-hospital transfer and assure optimum care is provided throughout the process, according to the ACS.

The prompt and correct diagnosis of traumatic injuries is key to increased survival rates for victims.

Trauma care is a balancing act with a patient's life on the line. Too much of one action or too little

of another can tip the balance toward a deadly outcome. The trauma victim needs speedy care, but the physician must assure their treatment for one symptom does not aggravate another injury. It is a tremendously demanding situation.

The ACS Military Committee on trauma has now brought the certification program to military medicine. The Defense Health Agency's Defense Medical Readiness Training Institute, or DMRTI, located at Fort Sam Houston, is the major provider of ATLS training for the military.

DMRTI is a tri-service organization staffed by professionals from the U.S. Army, Navy, and Air Force. Located at Fort Sam Houston, the DMRTI offers both resident and non-resident joint medical readiness training courses as well as professional medical programs for

more than 4,000 students a year in trauma care, burn care, disaster preparedness and humanitarian assistance.

Col. (Dr.) Kirby Gross, DMRTI division chief, explained the ATLS course teaches physicians standardized assessment tools. "These tools are the best practices as we know them," Gross said.

Capt. Rodrigo Mabasa, a physician's assistant assigned to the 7214th Medical Support Unit in the Army Reserve, volunteered to attend the course. He previously served in Afghanistan and saw value in the program. Mabasa said the course provided updated information for combat casualties, and the ability to teach.

The ATLS course is essential for many physicians and especially those in the military who may see advanced trauma in the deployed setting

regardless of specialty, according to Capt. Nicholas Drayer, an orthopedic surgeon assigned to Madigan Army Medical Center on Joint Base Lewis-McChord, Wash., and also a student.

"The course taught how to rapidly identify and treat life threatening injuries in the name of saving lives and getting patients to a point where they can receive definitive care," he said.

"It helped to review these concepts," said another ATLS course student, Navy Lt. Kathleen Russo, an obstetrician/gynecologist at Naval Medical Center San Diego. "I did not do a trauma rotation as an intern, therefore it was helpful to do the training in the classroom setting."

Russo said she was now much more confident treating trauma patients because of the course.

"The ATLS teaches the newest developments in medicine to a medical audience," Gross said. "The American College of Surgeons practice continual process improvement and the ATLS course is continually updated. It is now in its tenth edition."

The DMRTI hosted course is not limited to surgeons and emergency medicine doctors. Participants are comprised of a broad spectrum of specialties which include dermatologists, otolaryngologists, obstetricians, general practitioners, pediatricians, flight nurses and physician's assistants.

The more physicians trained in ATLS the better the survival rates for all military and their families.

The course has very demanding standards and is instructor intensive, stated Gross. He remarked each class



Col. Richard Scheuring (right), Advanced Trauma Life Support Course instructor, discusses the diagnosis of the simulated trauma victim with Navy physicians Lt. (Dr.) Bradley McNeal (left) and Lt. (Dr.) Andrew Miller at Fort Sam Houston recently.

needs one ATLS certified instructor for every four students.

DMRTI's ATLS certified instructors are active duty medical officers, but mostly augmented by retired, National Guard, and Reserve medical officers who come from throughout the country several times a year to instruct the course.

"Half the instructors must be trauma care certified surgeons," noted Gross, who explained the instructors must work to the same standards as the civilians teaching the ATLS course.

"In the past, one-half of the Army's surgeons were deployed. The retiree, Reserve, and National Guard physicians are key to being able to conduct the courses for active-duty doctors," Gross said. "These doctors are taking time from their civilian practices to return to help train and certify more military doctors. They are unknown heroes helping the military medical services. There remains a huge demand for more ATLS certified physi-

cians to help conduct the training."

For many medical officers, the ATLS course is a requirement for licensing and certification. It is also required by some of the military services prior to the physician's deployment overseas.

Military personnel trained in trauma care have been key responders in several mass casualty incidents resulting from mass shootings or bombings, with one example taking place during the Boston marathon bombing in 2013. Military members were cited as key responders because their trauma training provided them the skills to respond to those with catastrophic injuries.

The prompt and correct diagnosis of traumatic injuries is key to increased survival rates for victims.

"Simply put, this trauma course saves lives," Gross said.

For more information about the ATLS course offered at DMRTI, call 221-9769 or email usarmy.jbsa.medcom-ameddcs.list.dmr-ti-atls@mail.mil.



Photos by John Franklin

Advanced Trauma Life Support Course students practice placement of a specialized splint/brace on a fellow classmate at Fort Sam Houston recently. The brace is used to place traction on an injured limb to allow moving the victim to a facility that can treat the degree of trauma the victim has.

# 470th Military Intelligence Brigade Soldier take part in Bowden Elementary School Career Day

By Monica Yaos  
470th Military Intelligence  
Brigade Public Affairs

Soldiers from the Headquarters and Headquarters Company, 470th Military Intelligence Brigade at Fort Sam Houston participated in Bowden Elementary School's Career Day May 20.

Seven Soldiers from several Army career fields were selected to provide multiple perspectives on the different jobs the Army has to offer.

The Soldiers started off by splitting into two groups and each group visited two fifth-grade classes to focus on their specific jobs.

One group of Soldiers had a chemical detection demonstration. The Soldiers wore the protective mask and suit and provided hands-on interaction with training chemical detection devices.

"It was a lot of fun interacting with the kids," said Staff Sgt. Steven Sprowl. "They had a lot of good questions and

really enjoyed using the equipment to search around the classroom for chemicals."

In another classroom, Soldiers delivered useful information on the process, opportunities and how the day to day operations happen in the Army. The students were surprised about how many career fields the military has to offer.

"They asked a lot of smart questions for fifth-graders; the same hard questions that recruiters get at the station" said

1st Sgt. Darrel Barnes. "Many of the students wanted to work in the medical field as doctors and nurses. They were amazed the medical training was right here in their home town of San Antonio.

"I really enjoyed the interaction during the question and answer portion with the students as they seemed interested in the Army lifestyle and the jobs the Army has to offer," said Spc. Ebelise Torres.

As time ran out, the Soldiers took one last moment to emphasize to the students the importance of finishing school, being a good citizen and respecting the law and one another as these are the basics needed to join any of the military services.

Teacher at Bowden Elementary School said they were thankful for the visit and was happy the Soldiers had the chance to visit the school. She told the students that the information the Soldiers provided would have been useful for her when she was in elementary and middle school.



Soldiers participated in the annual Career Day at the 470th Military Intelligence Brigade's adopted school campus, Bowden Elementary School.



Young children listen to Spc Grant Meyer from the 470th Military Intelligence Brigade talk about his experiences while serving in the Army.



Photos by Monica Yaos

Staff Sgt. Steven L. Sprowl of the 470th MI Bde. demonstrates how to put on the protective gear in case of a chemical attack.

# BEYOND THE HORIZON

## Army South, 59th Medical Wing assist in medical readiness exercise in Guatemala

A local child waits while being in-processed into a clinic by joint service members during a medical readiness exercise May 24 in La Blanca, Guatemala.

Photo by  
Spc. Kristen Root



Photo by Spc. Kristen Root

U.S. Air Force Col. Stephanie Schaefer (center), 59th Medical Wing, Joint Base San Antonio-Lackland and U.S. Army Lt. Col. Luis Medina-Mejia (right) consult with a patient about a possible skin infection during a medical readiness exercise in La Blanca, Guatemala.

Task Force Red Wolf and U.S. Army South are conducting humanitarian civil assistance training to include tactical level construction projects and medical readiness training exercises providing medical access and building schools in Guatemala with the Guatemalan government and non-government agencies from March 5 to June 18 in order to improve the mission readiness of U.S. forces and to provide a lasting benefit to the people of Guatemala.



Photo by Spc. Kristen Root

Adam Pope, a U.S. Army ROTC cadet from Tarleton State University in Texas, provides translation assistance to patient May 24 during a medical readiness exercise in La Blanca, Guatemala.



**Photo by Spc. Kristen Root**

U.S. Air Force Maj. Shannon Buck, 59th Medical Wing, JBSA-Lackland, prepares vitamin packs for patients during a May 28 medical readiness exercise in La Blanca, Guatemala.



**Photo by Spc. Kristen Root**

A patient reads a newspaper during exam for new eyeglasses May 25 at the medical readiness exercise in La Blanca, Guatemala.



**Photo by Spc. Tamara Cummings**

U.S. Army Sgt. Richard McDonald, with the 413th Civil Affairs Battalion, stops to talk to a Guatemalan child May 30 while observing the early morning line for the medical readiness exercise in La Blanca, Guatemala.



**Photo by Spc. Kristen Root**

U.S Air Force Col. Stephanie Schaefer (right) and Maj. Shannon Buck (center), 59th Medical Wing, JBSA-Lackland, celebrate the successful removal of a patient's abnormal growth with his family May 24 in La Blanca, Guatemala.



**Photo by Spc. Tamara Cummings**

Guatemalan citizens gather early in the morning on May 30 at the clinic entrance during the medical readiness exercise in La Blanca, Guatemala.



## New TRICARE coverage of treatment for major depressive disorder

TRICARE recently announced coverage of transcranial magnetic stimulation, or TMS, as a treatment for major depressive disorder. TMS is used when other depression treatments have not been effective.

Research shows only half of the patients treated for depressive disorder with medication and talk therapy achieve any success. Consequently, there is a need to try an alternative treatment like TMS.

During a treatment, an electromagnetic coil is placed against the patient's scalp. The coil delivers a magnetic pulse through the skull, inducing a low-level electric current. The patient receives multiple pulses over several seconds, with each treatment session lasting about 40 minutes.

TMS is non-invasive

and treatments are typically done in an outpatient setting without anesthesia. The electromagnetic pulse stimulates nerve cells in the region of the brain that controls mood and depression. Because treatment is typically repetitive, you may hear the treatment called repetitive TMS or rTMS. Beneficiaries are covered for one session per day for five days up to six weeks.

This new benefit is now effective and is not a part of a pilot or demonstration program but a part of the basic TRICARE benefit. For more information, visit the TRICARE website at <http://www.tricare.mil/CoveredServices/IsItCovered/Transcranial-MagneticStimulation.aspx>.

*(Source: <http://www.tricare.mil>)*

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### **NMETC from P1**

I hear it's beautiful. I went one time, but I didn't get to spend any time there."

The other Sailors who volunteered their time at the airport were just as impressed with the veterans, which included one woman who served as a nurse in the Battle of Normandy, and even an ex-

plosive ordnance disposal canine who was wounded during his service in the Marine Corps.

"The satisfaction of these veterans was just incredible," said Petty Officer 2nd Class Brandon Ponder. "You can tell they were really enjoying themselves and were so excited. I really enjoyed myself being around them. It was great."

# DOD ramps up training on blended retirement system

By Karen Parrish  
DOD News, Defense Media Activity

The Department of Defense's new retirement system will affect some 2.2 million people who all need to get smart on what it will mean.

Two subject-matter experts from the department's personnel and readiness branch described the issues involved to DOD News: Army Sgt. Maj. Luther Thomas Jr., senior enlisted advisor to the Defense Department's Manpower and Reserve Affairs Division, and Wayne Boswell, DOD director of financial readiness.

Thomas described the four-phase overall training program planned for the Blended Retirement System, or BRS, as "a very comprehensive financial education strategy."

The leader training is available on the Joint Knowledge Online portal at <http://jko.jten.mil/> and the MilitaryOneSource website at <http://www.militaryonesource.mil/>, and on DVD at deployed, shipboard and other remote locations.

Thomas, who has reviewed the module, said he's impressed with the tools available in the training.

"I'm going to have service members whose situations are all different. I can go online to JKO, click 'launch the class,' and get the specific information I need to talk to my service member one on one," he said.

While leaders are required to take the first round of training, it's also available to those who aren't yet in leadership roles. Boswell noted that the online availability will also help family members

learn about the new retirement system, Thomas noted.

"We know a lot of these decisions will be made around the dinner table, with families' input in terms of the impact of lifelong financial decisions," he said.

The training is designed to inform leaders about BRS "to be able to translate this for their members," Boswell said.

The learning strategy for BRS includes four separate modules:

- Leader training began June 1
- Training for installation and command financial counselors will roll out in the fall
- Opt-in training for current service members begins January 2017
- Service members who join after January 2018 will receive training during their first months of service.

Everyone serving as of Dec. 31, 2017, will be grandfathered under the current retirement system. Service members who have served fewer than 12 years on active duty or accrued fewer than 4,320 retirement points in the reserve component will have the option of remaining covered under their current retirement system or enrolling in BRS.

Those with more than 12 years active duty or more than 4,320 retirement points in the reserve component will stay under their current system.

Both men emphasized that while training will happen at all levels, the decision on whether to opt in belongs to the individual. Leaders will be informers of – not advocates for – the new



Implementation timeline for the military Blended Retirement System.

Department of Defense graphic

system, they said.

Service members who join on or after Jan. 1, 2018, will automatically be enrolled in BRS. Members eligible to opt into BRS will have until Dec. 31, 2018, to decide if they want to switch to the new plan.

"Under the current system, only about 19 percent of service members actually leave with some type of retirement benefit," Thomas said. "We believe under this new system, about 85 percent of those who serve, if they serve two years or longer, will be able to leave with some type of portable retirement benefit that they can take with them to a future employer."

The "blending" in BRS comes from the combination of the Thrift Savings Plan and an annuity provision for those who retire after 20 or more years. BRS will use the annuity formula currently in place: the average of the service member's highest 36 months of basic pay times 2.5 percent of his or her years of service – but the

2.5 percent is adjusted downward by half of a percentage point, from 2.5 to 2 percent.

The Thrift Savings Plan is currently offered to service members without government contributions, but under BRS several changes take place.

After the first 60 days in service, all members will be enrolled in TSP and receive an automatic government contribution of 1 percent of basic pay into their account each month.

Additionally, the service member will be automatically enrolled with a 3 percent contribution from their own pay. After two years of service, the government will match the member's contributions up to an additional 4 percent. In total, members can get up to a 5 percent government contribution on top of what they contribute each month.

BRS also includes a mid-career continuation pay at about 12 years of service, as a further incentive to continue serving toward the traditional 20

years to qualify for monthly military retired pay.

Congress enacted BRS following upon the recommendations of the congressionally-mandated Military Compensation and Retirement Modernization Commission, Boswell said, adding that the commission heard from "a vast swath" of stakeholders and subject-matter experts who "are very interested in the military and are connected to the military" when making this recommendation.

So while those in BRS may see part of their pay deducted for TSP contribution, Thomas said, "what's happening is they're going to have to help contribute to their retirement, just like in the civilian world. It's still the service member's money."

The new system offers the potential for a greater retirement income than the current system for "disciplined savers," Thomas noted, adding that with DoD's 1 percent contribution plus matching contributions, members who contribute

from their own pay, even in amounts as small as the cost of a pizza or movie each week, could end their careers with potentially sizable savings for retirement. Those who don't retire won't walk away with empty pockets.

"When they go into a new job in the private sector or public sector at age 24, 25, 26, they don't start with zero," Thomas said. "They start with the retirement savings they accumulated starting 60 days after they joined the military."

The new system will add to the benefits of military service, Boswell said.

"I think lifelong success comes from self-investment and self-preparation," he said. "I think service members who leave after four years leave with a lot: they leave with skills, experience, [and] education. They've had their mettle tested to some degree."

With BRS, those leaving service will have skills, education and financial resources, he said.

# Staying sober, reducing alcohol use contribute to safe summer

By Robert Goetz

Joint Base San Antonio-Randolph  
Public Affairs

One of the keys to a safe, enjoyable summer is sound decision making.

One of the soundest decisions people can make – whether they're swimming at the beach or lake, playing one of their favorite summer-time sports or barbecuing in the backyard – is to stay sober or minimize their alcohol consumption.

The Air Force loses Airmen every year because of alcohol-related accidents – 26 in fiscal 2015, including three from Air Education and Training Command – but it doesn't have to be that way, said Joint Base San Antonio safety and mental health

professionals.

"Many people take advantage of the great weather summer provides," said Staff Sgt. Dominick Fugazzi, 502nd Air Base Wing safety technician. "Firing up the grill, having some ice cold beers and spending some quality time with your friends and family at the beach or on a boat is a common summer day. However, when alcohol is involved, have a plan."

Fugazzi said people should follow measures such as staying hydrated, pacing themselves, knowing their limits, designating a driver, staying aware and taking extra precautions.

"Staying hydrated is the foundation of safe summer drinking," he said. "Alcohol prevents the reabsorption of wa-

ter into the bloodstream by inhibiting the hormone ADH. The dehydrating effects of alcohol combined with sweating in the sun can create a serious lack of water in your body."

Fugazzi said alcohol consumption is especially risky when a person engages in physical activities such as swimming.

"Drinking alcohol can bring out the risk-taker in you while simultaneously inhibiting balance, coordination and judgment," he said. "You should be particularly wary of swimming during or after drinking. All swimmers should wear a life vest on open water, but the risk of drowning increases with alcohol. Impaired swimmers are more likely to misjudge distance, the strength of

the current, the temperature of the water and their own strength as a swimmer."

When it comes to driving, a good decision is to stay sober or have a designated driver.

If a designated driver is not available, Armed Forces Against Drunk Driving is a great option, said Capt. Erik Ringdahl, 359th Medical Operations Squadron clinical psychologist.

AFADD is a nonprofit volunteer program that provides free and safe rides home to military members. AFADD JBSA's phone number is 710-7171.

Fugazzi said boat operators must also be sober.

"It should go without saying that there should always be a sober designated driver

whenever traveling by car," he said. "The same goes for boating. One in five reported boating fatalities involve alcohol, and a sober presence will not only keep the boat operating smoothly, but ensure any drinkers stay safe."

Ringdahl said a person is intoxicated when he or she is over the legal limit of alcohol, which most states define as a blood alcohol content at or above 0.08. However, even one alcoholic drink can be too much.

"One drink being too much is contingent upon many factors, such as the size of the beverage and the alcoholic content of the drink, as well as the individual's drinking habits and ability to metabolize alcohol," he said.

According to the American Psychological Association, Ringdahl said, the consequences of intoxication include, but are not limited to, problematic behavior or psychological changes such as inappropriate sexual or aggressive behavior, mood swings and impaired judgment. Other changes may include slurred speech, lack of coordination, unsteady gait, problems with vision, impairment in attention or memory, coma and even death.

The physiological effects of alcohol on the body are also numerous, he said.

"Alcohol can impact the brain, heart, liver, pancreas, mouth and immune system," Ringdahl said. "Drinking

See SUMMER, P17

## BAMC celebrates Asian American Pacific Islander Heritage Month

By Lori Newman

BAMC Public Affairs

Brooke Army Medical Center and the U.S. Army Institute for Surgical Research members celebrated Asian American Pacific Islander Heritage Month at the San Antonio Military Medical Center's Medical Mall May 24.

Col. Jeffrey Johnson, BAMC commander, highlighted one prominent Asian American, Daniel Inouye, World War II veteran, Medal of Honor recipient and U.S. Senator.

"Daniel Inouye was truly a life-long hero, serving his country until his death at the age of 88," Johnson said.

"Today we have more than 67,000 Asian Ameri-

cans and Pacific Islanders serving in the United States military and we are all better for it."

Retired Air Force Col. Nonie Cabana was the guest speaker for the event. Cabana serves as the deputy director for Region 7 for the Filipino Veterans Recognition and Education Project and is on the board of directors for the Organization of Filipinos in Texas.

Cabana highlighted the diverse backgrounds of Asian Americans and Pacific Islanders and spoke about this year's theme, "Walk Together, Embrace Differences, Build Legacies."

"I learned early on that if you connect with others, embracing kindness and love,

it can make an impactful difference," he said. "It is imperative that we embrace our commonalities and endure as fellow Americans. Together we can connect and share our life experiences in this society."

The retired colonel talked about his experience participating in the Bataan Memorial Death March in White Sands, N.M. He said he marched in part to honor his grandfather-in-law who died during the march in 1942.

"When I was about to give up my fellow marchers encouraged me to the finish line," Cabana said. "When we walk together bonded by the love of the human race we can accomplish anything we set our mind to."

Cabana said the military is a model for embracing diversity.

"We have moved beyond tolerance to genuine acceptance and respect," he said. "No other institution offers individuals the opportunities to shine like those offered in our military institutions."

Continuing to educate people about cultural diversity and military values is paramount, he added.

"Together we can create a vibrant community where differences are embraced and individuality is celebrated, that's what America is all about," Cabana said.

Cabana concluded by talking about building legacies, highlighting many prominent Asian



Photo by Robert Shields

A group from Aloha Kitchen demonstrates a traditional Hawaiian dance during the Brooke Army Medical Center Asian American Pacific Islander Heritage Month celebration at the San Antonio Military Medical Center's Medical Mall May 24.

Americans and Pacific Islanders in American history.

Aloha Kitchen, a lo-

cal Asian eatery, also entertained the crowd with some traditional Hawaiian dances.

# How to entertain your military kids for free this summer

By Katie Lange  
DOD News, Defense Media  
Activity

It's that time of year again, where parents are thinking about summer and what to do with our days off – or, more likely, finding ways to keep our school-less children from uttering those dreaded words, “I'm bored!”

Luckily, there are a lot of options for military families that don't involve much money (or are just plain free). Check out some of the

things to do below:

## A free week of camp

The National Military Family Association's Operation Purple at <http://www.militaryfamily.org/kids-operation-purple/camps/> offers military children a free week of camp every year, giving kids the chance to connect with others like them through kayaking, zip lining, horseback riding, photography, ceramics and all sorts of other fun activities.

While several of the camps have already filled all of their spots

for this year, some of them run their own local versions of the camp concurrently, and some are still taking applications. So check out the camps in your area via the link above to see what's available.

At the very least, parents can see what's out there and plan ahead for next year.

There are also teen adventure camps and deployment support camps (<http://militaryyonesource.mil/on-and-off-base-living/recreation-and-travel>) sponsored by

the Defense Department that are offered at little to no cost, and there are camps held at each installation's Morale Wellness & Recreation facilities every year for activities such as golf, archery, swimming and crafts.

## Free national park access

Military kids and their families can hit up all of America's 2,000-plus federal recreation sites and national parks not just in the summer, but all year long and people

near Yosemite, Acadia National Park or the Badlands should take advantage of it.

Most people have to pay \$80 a year for the annual National Parks and Federal Recreational Lands Pass, but for the military community, it is free. Find out what the benefits are and how to use them at <http://store.usgs.gov/pass/military.html>.

## Free access to art, museums and exhibits

The Blue Star Museums program gives

all active-duty, National Guard and reserve personnel and their families free access to more than 2,000 art centers, museums and exhibits across the country.

That includes museums like the Metropolitan and Guggenheim museums in New York City and Rocky's iconic Philadelphia Museum of Art, as well as small-town centers like the Key West Tropical Forest and Botanical Gardens in Florida and the

See KIDS, P16

## RETENTION from P2

“We wanted to keep those with the benefits of the wartime experience they gained for the last 10 to 12 years of war, and we wanted to make sure we transitioned our Soldiers appropriately,” he said. The Army also wants to “maintain the skills we needed in an Army that was going to get smaller, and doing it appropriately in regards to mitigating the risk against the Soldier, the family and readiness.”

What Dailey said the Army hopes to achieve by putting the RCPs for senior enlisted back to where they were in 2006-2008, is to maintain upward mobility for Soldiers in the middle NCO ranks.

“You have got to create upward mobility,” he said of opportunities for mid-grade NCOs. “These are highly-qualified, very motivated individuals, they are aggressive seekers of further responsibility. That's exactly what we trained them to be. If you don't provide that opportunity, there is a risk you could lose talent.”

Dailey said Army num-

ber crunching reveals that these most recent changes to RCPs will result in increased opportunities for mid-level NCOs.

The new RCPs will require as many as 3,000 NCOs to leave the Army earlier than they expected, but they will not all leave at the same time.

Instead, the Army will stagger the adjustment of their RCPs over a period of about three years.

All of those NCOs will be able to retire with at least 20 years of service, but most will retire with more than that, Conner said.

While for many NCOs, a new ETS will be a surprise for them, every Soldier affected will have more than a year to plan their retirement. For instance, for sergeants first class and promotable sergeants first class, the implementation of RCPs will be staggered in this fashion:

- Beginning Oct. 1, for SFC and SFC(P) who enlisted Oct. 1, 1992 or earlier, their RCP will be reset to 26 years.

- Beginning Oct. 1, for

SFC and SFC(P) who enlisted between Oct. 2, 1992 and Apr. 1, 1994, their RCP will be reset to 25 years.

- Beginning Oct. 1, for SFC and SFC(P) who enlisted Apr. 2, 1994 and after, their RCP will be reset to 24 years.

A similar staggering of RCP implementation will happen for master sergeants, command sergeants major and sergeants major so that they too will have plenty of time to plan their retirements.

For the senior-most NCOs in the Army, the sergeants major, their RCPs will be moved from 32 years down to 30. But those sergeants major will be offered the opportunity to serve longer – provided they are at Headquarters Department of the Army or Army command level, in a nominative position, and are rated by a general officer, member of the senior executive service, or equivalent.

A sergeant major who is serving as the command sergeant major at the U.S. Army Sergeants

BASD for SFC and SFC(P)	
1-OCT-1992 and earlier:	26 years
2-OCT-1992 - 1-APR-1994:	25 years
2-APR-1994 and later:	24 years

BASD for 1SG and MSG	
1-OCT-1989 and earlier:	29 years
2-OCT-1989 - 1-OCT-1990:	28 years
2-OCT-1990 - 1-APR-1992:	27 years
2-APR-1992 and later:	26 years

BASD for 1SG/MSG(P) and CSM/SGM	
1-OCT-1986 and earlier:	32 years
2-OCT-1986 - 1-APR-1988:	31 years
2-APR-1988 and later:	30 years

Army Directive 2016-19 (retaining a quality NCO Corps)

## U.S. Army illustration

Beginning Oct. 1, the start of Fiscal Year 2017, the Army will adjust the retention control points, or RCPs, for sergeants first class, master sergeants and sergeants major. The changes will be implemented in stages, over the course of three years, to allow those NCOs affected ample time to make plans for retirement. As a result of staggering of the implementation of the RCP application, all NCOs affected will have at least a year to make retirement plans. The changes to RCPs are part of an effort to right-size the Army for the current mission, reduce the need for forced separations, and create increased opportunities for promotion.

Major Academy, for instance, or as executive officer to the Sergeant Major of the Army, will also be authorized to serve beyond 30 years.

But once they leave those positions, they will need to go to similar jobs if they want to continue to serve beyond 30 years. “If a sergeant major

is past 30, they have to keep competing for a nominative position,” Conner said. “If they are not selected for another one of those positions, it's time for them to retire. It fits the Army's promotion modeling system.”

Other NCOs will also get exceptions to the new RCP policy as well, based on if their command requests an exception to policy, and if the request meets the needs of the Army.

“We expect to approve some justified exceptions to policy in the first three years,” Conner said. “We will publish a message that addresses exceptions for reasons such as assignment service obligations and promotions service obligations. For example, if a sergeant first class is on assignment to Germany for a three-year tour, with this change that Soldier may only be able to go for two years and some change. Human Resources Command will have to decide if they want to give an exception to policy for the assignment, an exception of policy for the RCP, or delete the assignment.”

# Picking the right toothbrush is key to oral health

By Airman 1st Class  
Regina Yumang  
59th Dental Group

Have you ever gone to the store to buy a toothbrush and ended up scratching your head wondering which type to buy? The options can be overwhelming.

There are many choices, including manual, battery operated and electric rechargeable toothbrushes. Each comes with pros and cons.

Brushing is vital to achieving good oral hygiene. So choosing the right toothbrush for you, one you'll be eager to use every day, is important, too.

Manual toothbrushes usually cost less than \$5 and should be replaced

every three to four months. People brushing with a traditional manual brush typically achieve 300 strokes per minute or 600 strokes for the recommended two-minute brushing time.

Costing between \$5 and \$20, a battery-operated model provides about 1,000 strokes per minute. Battery-operated toothbrushes also require regular replacement.

An electric rechargeable toothbrush, with its more advanced design, can often provide more than 10,000 strokes per minute. Users must recharge the battery and replace brush heads every three or four months. Costs can approach \$200, though prices vary

depending on the type of motor, the number and types of brushes, and other features.

Another consideration is bristle rigidity, or texture.

Bristle textures for manual toothbrushes range from extra soft to hard. Generally, dentists recommend a soft bristled brush for most people because using a medium or hard bristled toothbrush can damage gums and teeth.

Battery operated and electric toothbrushes have soft bristles but they can damage gums and teeth if used with too much pressure. When in doubt, ask your dentist or hygienist to recommend the proper bristle texture for you.



Photo by Air Force Staff Sgt. Kevin Iinuma

Brushing is vital to achieving good oral hygiene. Choosing the right toothbrush for you, one you'll be eager to use every day, is important, too.

Brushing removes plaque and stimulates gums in a way that promotes healthier tissue and prevents gum disease and cavities. Any type of

toothbrush can remove plaque and bacteria, but stains and calculus, or tartar, are not easily removed by brushing alone.

For complete removal

of calculus and surface stains, dentists recommend periodic cleanings.

Additionally, dental research shows that electric toothbrushes can motivate people to brush longer, effectively reducing dental plaque and the risk of gum disease.

Whatever brush you choose, the best way to maintain a healthy mouth is to brush your teeth and gums at least twice daily with a circular motion, and floss at least once a day. Your dental professional can help you choose the product that will benefit you the most.

For more information on toothbrushes, visit <http://www.mouthhealthy.org/en/az-topics/t/toothbrushes>.

## AFMS history: The birth of flight medicine

In 1917, Lt. Col. (Dr.) Theodore C. Lester was appointed the first chief surgeon of the aviation service of the U.S. Army and flight medicine was born.

Through his work, Lester brought awareness to the unique physiological issues affecting pilots. Considering the high pilot death rate of the time, Lester recommended that a research board be set up to investigate the cause.

In 1918 the Army established the Medical Research Laboratory at Hazelhurst Field, in Mineola, N.Y., to study flight effects on the human body. Under Lester's leadership, aviation medics conducted investigations into the cause behind the high loss of aviation personnel.

Shortly thereafter, the first aviation medicine



Photo courtesy of the National Archives and Records Administration

The first flight surgeon in the pioneer Army Air Service of 1918, Dr. Robert J. Hunter (right), tries out a newfangled noise-measuring gadget on a jet fighter at then-Randolph Field, Texas, in 1959. Demonstrating the instrument is Lt. Col. James E. Lett (left), head of the School of Aviation Medicine's ear-nose-throat department.

education program for physicians was initiated. With no basis for this new training, laboratory personnel improvised educational courses. In May 1918, the program graduated its first three students.

The term "flight surgeon" had been adopted by laboratory personnel, to refer to those physicians who specialized in care for aviation personnel. Capt. Robert J. Hunter was the first of the

three aviation medicine program graduates to arrive at his duty station, earning him the title of the first U.S. flight surgeon.

(Source: Air Force Medical Service)

### KIDS from P15

Buffalo Bill Center of the West in Cody, Wyo.

Visit <https://www.arts.gov/national/blue-star-museums> to find a participating museum.

In San Antonio, the Briscoe Western Arts Museum, Casa Navarro State Historical Site, San Antonio Museum of Art, UTSA Institute of Texan Cultures and Villa Finale Museum and Gardens are participating.

### Summer reading programs

Kids need to keep reading all summer long to keep their reading skills strong and that's what DOD's MWR Summer Reading Programs are for.

As the world watches Olympic athletes in Rio this year, military kids can join the fun and reap rewards through this year's theme, "Read for the Win!" Events include story times, crafts, STEM activities,

games and even parties. There are also prizes to motivate kids to read. To find out more about this year's program, contact your installation's library.

The DOD Education Activity's Online Summer High School Program is available for older students who want to continue their learning over the summer. It's also for those who are at risk of not meeting DoDEA graduation requirements

### Low-cost entertainment deals

Not everything can be free, but with a military ID card, one can get a lot of extra discounts and savings on things like travel, theme park tickets, sporting events, day trips and all forms of entertainment.

For more information, visit the Fort Sam Houston Information Ticket Office at <http://www.myjbsa-fss-mwr.com> or call 808-1378.

# INSIDE THE GATE

## Citizenship, Immigration Assistance

Tuesday and June 28, 9 a.m. to Noon, Military & Family Readiness Center, building 2797. Review American customs and cultures or meet with a U.S. Citizenship and Immigration Service officer for assistance with applications. Eligible patrons will take the oath of allegiance at a naturalization ceremony beginning at 2 p.m. June 28. Registration is not required, for more information, call 221-2705.

## Peer-To-Peer Support Group

Tuesday, 9:30-11:30 a.m., Soldier & Family Assistance Center, building 3639. Caregivers have the opportunity to build a peer support network, share experiences and information with a safe place to talk. Lunch is provided after the morning session. Call 557-2018.

## Accessing Higher Education

Tuesday-Wednesday and June 20-22, 7:30 a.m. to 5 p.m., Educa-

tion Center, building 2408. A two-day track for service members that have already obtained a bachelor's degree and are interested in pursuing higher education. To register, call 221-1213.

## FRG Leadership Academy

Tuesday-Wednesday, 8:30 a.m. to 4:30 p.m., Military & Family Readiness Center, building 2797. Family Readiness Groups play a critical role in supporting commanders with their mission. This training provides commands with a better understanding of their FRGs, how to utilize their volunteers, in addition to their roles and responsibilities to the families. Call 221-2418.

## Coffee Talk EFMP Support Group

Wednesday, 11:30 a.m. to 1 p.m., Military & Family Readiness Center, building 2797. This Exceptional Family Member Program support group meets monthly for a casual dialogue to share helpful resources. Call 221-2705.

## Sponsorship Application Training

Wednesday, 2-3 p.m., Military & Family Readiness Center, building 2797. Mandatory training for military sponsors; review the roles and responsibilities or a sponsor as well

as helpful resources. The Electronic Sponsorship Application & Training, or eSAT, at <http://apps.militaryonesource.mil/ESAT>, provides registration, training certificates, sponsorship duty checklist, newcomer needs assessment, welcome packet and links to Department of Defense and service relocation websites. Call 221-2705.

## Pre-Deployment Resiliency

Thursday, June 23 and 30, 9-11 a.m., Military & Family Readiness Center, building 2797. This training draws heavily on the experiences of service members in order to prepare for the realities and challenges commonly encountered prior to and during a deployment. Call 221-2418.

## Safety Seat Clinic

Thursday, 9:30-11:30 a.m., Fire Station, building 3830. Make sure your child is safe while traveling on the road by ensuring restraints are properly installed and fit the child appropriately. Child and vehicle must be present; parents will be seen by appointment only at the. Prerequisite class is "Car Seat 101." Call 221-2418.

## Newcomer's Orientation

June 17 and 30, 8 a.m. to

noon, 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. Spouses are welcome to attend; all patrons must be seated by 7:50 a.m. Call 221-2705.

## TAP-Goals, Plans, Success

June 20-24 and June 27 to July 1, 8 a.m. to 4 p.m., Soldier for Life, building 2264. A mandatory five-day session workshop for all service members separating from the military; the GPS workshop is facilitated by the Department of Labor, Veterans Administration, and Military & Family Readiness Center. Prerequisite is "Pre-Separation Counseling." Call 221-1213.

## Pre-Separation Counseling

June 21, 9 a.m. to noon, Military & Family Readiness Center, building 2797. Airmen, Sailors and Marines planning to separate from the federal service must attend a mandatory counseling. Begin the process 18 months prior to separation date. To register, call 221-2418.

# OUTSIDE THE GATE

## Scout Strong Patriot Run

The Alamo Area Boy Scout Council conducts its annual Scout Strong Patriot Run Saturday at McGimsey Scout Park, 10810 Wedgewood Drive. There is a 5K natural terrain run/walk and a kids' 1K fun run. Registration is online at <http://www.GetMeRegistered.com>, and search for "Scout Strong Patriot Run." The kids' run starts at 7 a.m. and the 5K starts at 7:30 a.m. Boy Scouts may register at <http://www.ScoutStrong.org> and learn about other Scout-specific programs.

## Juneteenth Events

A Juneteenth Festival takes place at Comanche Park Friday and June 18, with a Freedom Parade from Sam Houston High School to Comanche Park June 18. Lineup begins at 8 p.m. and the parade is at 10 p.m. Call 902-9490 for more information.

## Art In The Dark

The San Antonio Lighthouse for the

Blind and Vision Impaired hosts its annual Art in the Dark from 6:30-9:30 p.m. June 23 at the La Quinta Inns & Suites, 303 Blum St., near the Rivercenter Mall. Enjoy food and beverages and view or participate in an auction. Tickets are \$35 in advance and are available at <http://www.salighthouse.org/events>. Call 531-1533.

## Warrant Officer Assn. Meeting

The June meeting of the Lone Star Silver Chapter of the U.S. Army Warrant Officer Association is at 5:30 p.m. June 20 at the Longhorn Cafe, 1003 Rittiman Road, at the corner of Rittiman and Harry Wurzbach. All active duty, retired, Reserve, National Guard warrant officers and family members of current or retired warrant officers are invited. For more information, call 571-4967.

## 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.

# BAMC offers free class for headache sufferers

By Lori Newman  
BAMC Public Affairs

June is National Migraine and Headache Awareness Month and Brooke Army Medical Center Neurology Services offers a free class to provide information about headaches and the treatments available.

More than 36 million people in the United States suffer from migraine headaches.

According to the Migraine Research Foundation, the majority of migraine sufferers do not seek medical care for their pain and nearly half are never diagnosed.

"Treatment for migraines can include lifestyle modifications, medication, or other alternative op-

tions," said Tammee Trawick, neurology services registered nurse.

The free headache class is for military beneficiaries 18 and older. It is held on the third Tuesday of each month from 1-3 p.m. in the neurology conference room.

"I've had people that have suffered with migraines for many years who come to the class and learn something new," Trawick said. "I discuss several different types of headaches, triggers and treatments available."

Headaches can result from a wide range of causes both benign and more serious. Brain tissue itself is not sensitive to pain as it lacks pain receptors. Rather, the

pain is caused by disturbance of the pain-sensitive structures around the brain.

Muscle contraction, vascular problems or both cause most headaches. Types of common headaches include tension, sinus and cluster headaches. There are several different types of migraines as well.

"If someone is suffer-

ing from a certain type of headache and they aren't getting the right type of treatment it's very important for them to not give up," she said. "Medication overuse is common and can lead to chronic daily headaches."

For more information about the class, call 916-2203. No referrals are necessary.



Courtesy photo

## SUMMER from P14

over a long period of time has been associated with cardiovascular conditions, stroke, cancer and high blood pressure.

"Cirrhosis of the liver is common among overuse of alcohol," he said. "Fatty liver disease and alcoholic hepatitis can also develop over time with excessive alcohol consumption, so consulting with a physician is extremely important."

Ringdahl said active-duty members should be especially mindful of alcohol consumption.

"Such behavior can reflect negatively on our military and our ability to reliably answer our nation's call," he said.

Ringdahl urged Airmen to be responsible.

"Have a safe plan and stick to it," he said. "There should always be a sober wingman in the group when drinking, and the right time to make a plan is before you take your first drink."

Fugazzi said the Air Force's 0-0-1-3 policy is sound advice – zero drinks for those under 21 years of age, zero DUIs, a maximum of one drink per hour and a maximum of three drinks per night.

In addition, the Air Force offers the Alcohol Drug Abuse Prevention and Treatment Program, or ADAPT, which promotes readiness, health and wellness through four tiers of activities, he said.

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