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


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## BAMC tourniquet training triggers dramatic strength gains for wounded troops

 By Elaine Sanchez  
BAMC Public Affairs

Wounded and injured service members are getting pumped up about a cutting-edge strength training program at Brooke Army Medical Center on Joint Base San Antonio-Fort Sam Houston.

This groundbreaking program, called blood flow restriction training, offers warriors huge gains from low-resistance exercise.

"I've seen some very dramatic results," said Johnny Owens, Human Performance Optimization Program chief at BAMC's Center for the Intrepid. "The training is proving a game-changer for our warriors."

In blood flow restriction, a physical therapist applies a specialized surgical tourniquet to an injured limb to partially restrict blood flow during low-weight strength training. This signals the body to use fast-twitch muscle fibers typically set aside for high-resistance exercise, such as heavy weight lifting, Owens explained.

As a result, the brain triggers an "anabolic cascade," he said, meaning substances such as human growth hormone are released at a higher than normal rate.

Results have been "very dramatic," Owens said, citing 30 percent to more than 300 percent strength gains. "The best part



Photo by Robert D'Angelo

Johnny Owens, chief Human Performance Optimization Program, adjusts a setting on a tourniquet worn by Marine Staff Sgt. Brandon Kothman during blood flow restriction training at the Center for the Intrepid, Brooke Army Medical Center's outpatient rehabilitation center. Owens implemented the groundbreaking program at the CFI to help wounded service members build muscle strength and function.

is the results seem to happen very quickly – within two to four weeks."

Marine Staff Sgt. Brandon Kothman started BFR three months prior to knee surgery to build muscle strength and func-

tion, then resumed training immediately after. His surgeons told him he should be back running in nine months to a year, but thanks to the BFR, "I was running after

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# Army in final steps of defining service 'ethic'

By C. Todd Lopez  
Army News Service

As guests of Secretary of the Army John M. McHugh, about 100 Army civilians within the Senior Executive Service met Nov. 20 at the National Defense University in Washington, D.C., to discuss and provide input on a new addition to Army doctrine called the "Army Ethic."

This coming June, the Center for the Army Profession and Ethic at Fort Leavenworth, Kansas, will release the second edition of the Army Doctrine Reference Publication 1, called "The Army Profession." This time around, that publication will contain an entire chapter dedicated to defining the Army Ethic, something that was mentioned only in brief in the first edition of ADRP 1 in June 2013.

At the National Defense

University, Army civilians discussed options for integration of the Army Ethic throughout the professional development process for Army civilians and provided their thoughts on how to strengthen morale, retention, and esprit within the Army Civilian Corps.

"We think of ourselves as ethical people," McHugh said. "We have standards and measurements by which we guide our lives – it's kind of the glue that holds our society together."

But he said person to person, ethical standards vary. And that is why there needs to be a unifying ethic for the Army.

"As an organization, we really need to think of ourselves more as a single organism, as a single profession," he said. "Which means it's better if we can come together, if we can come to the most common



Photo by John G. Martinez

About 100 senior Army civilians within the Senior Executive Service met Nov. 20 at the National Defense University, in Washington, D.C., guests of Secretary of the Army John M. McHugh, to discuss and provide input on a new addition to Army doctrine called the "Army Ethic."

understanding we can as to what it means to be an Army professional and what it means to live the Army ethic."

The secretary asked senior Army civilians for their "honest reac-

tions" and "candid input" regarding a proposed version of the Army Ethic. The document has already been seen by and commented on by officers attending the May 2014 class of the

Command and General Staff College. Additionally, two-star Army generals had their own chance to provide input in July during a forum hosted by Chief of Staff of the Army Gen. Ray Odierno at the U.S. Military Academy at West Point, N.Y.

"What I hope we can all take away from today's effort ... we have to have that shared vision among all of us – uniform and civilian – because we are one Army and we are very proud of that fact," McHugh said. "We have to reinforce guidance we generate here today on how we live the Army ethic."

McHugh told the civilians he needed their "observations, and council, on how we can integrate these principles throughout our professional development effort. It has to permeate the entire

See ETHICS, P15

## Army Emergency Relief releases new smartphone app

Army Emergency Relief has released an app which will provide Soldiers and families instant access to AER information 24/7.

This app will provide basic information about AER, explain the specifics of both the assistance and scholarship application process, as well as explain loan repayment procedures, said retired Col. Guy Shields, AER's chief of communications and public affairs.

Highlights of the app are the "Frequently

Asked Questions" buttons in each category. These FAQs address the vast majority of questions that are received at AER Headquarters every day.

Another key feature of the app will be the "AER News" button, which will be the "live" Twitter feed of @aerhq that will provide the latest AER news, updates and financial management tips.

The app is available for both iPhones at the Apple App Store and for phones that use the Android operating system

at Google Play. Soldiers will be able to go to their respective app store and download the AER app for free. Simply enter "Army Emergency Relief" in the search field.

"Our analytics have been telling us that more and more of the visitors to our website are using mobile devices," Shields said. "In October 2013, 24 percent of the visits to our website came from mobile devices. That grew to 40 percent in October 2014.

"We know that many of

our Soldiers and families use their smart phones as their computer, as well as their primary means of communication," he added. "We believe that making AER information available to them in a format that they are familiar with will help expedite the assistance process."

In addition to providing loans and grants for emergency travel, initial rent deposits and vehicle repairs, AER continues to be the organization of choice for Soldiers' unique financial needs

to include household and appliance repair, family dental care and initial home furnishings, he said.

AER is a private, non-profit organization dedicated to providing financial assistance to Soldiers, active and retired, and their families. Since its incorporation in 1942, AER has provided more than \$1.6 billion to more than 3.6 million Soldiers, families and retirees.

(Source: Army News Service)



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## News Briefs

### JBSA-Fort Sam Houston Legal Office Hours Change

The office hours of the 502nd Force Support Group Judge Advocate Legal Assistance Office have been extended to 7:30 a.m. to 4:30 p.m. Mondays, Tuesdays and Wednesdays. On Thursdays, office hours are 7:30 a.m. to 3 p.m. On Fridays, office hours are 7:30 a.m. to noon. Powers of Attorney and notaries are available during regular office hours. Legal assistance appointment times have not changed and are available Monday, Wednesday and Friday mornings and Monday and Wednesday afternoons. Walk-in legal assistance times also remain the same from 8:30-10:30 a.m. Tuesdays for all military ID card holders and from 8:30-10:30 a.m. Thursdays for active duty only. For more information or to schedule an appointment, call 808-0169.

### ADAPT Relocates

The Alcohol and Drug Abuse Prevention and Treatment Clinic at the Wilford Hall Ambulatory Surgical Center is now located on the fifth floor. Visitors should proceed to Room 5B29 to check-in. For more information, call 292-4452.

# Navy Medicine Education and Training Command selects top Sailors for 2014

By Petty Officer 2nd Class Jacquelyn Childs  
Navy Medicine Education and Training Command

Three Sailors from Navy Medicine Education and Training Command subordinate commands located across the country were named as the command's 2014 Sailors of the Year Nov. 21 during an awards ceremony at Joint Base San Antonio-Fort Sam Houston.

Petty Officer 1st Class Don Giuy represents the Navy Medicine Training Support Center at JBSA-Fort Sam Houston and was selected as the Senior Sailor of the Year.

Dallas native Petty Officer 2nd Class Billy Juniel, also representing NMTSC, was selected as Junior Sailor of the Year; while Petty Officer 3rd Class Maya Torrence from Mansfield, Ohio, representing the Navy Medicine Professional Development Center in Bethesda, Md., is the Blue Jacket Sailor of the Year.

Earlier in the week, seven Sailors

from NMTSC, NMPDC and the Navy Medicine Operational Training Center in Pensacola, Fla., and their respective command master chiefs, arrived in San Antonio for four days of carefully planned events and selection boards, all leading up to the awards ceremony.

"Approximately 2,500 Sailors serve in the Navy Medicine Education and Training Enterprise," said Rear Adm. Rebecca McCormick-Boyle, NMETC commander. "From 2,500 to these seven, they have certainly passed through many levels of competition to be here today."

NMETC senior leaders said competition was fierce since all seven Sailors had already set themselves apart as Sailors of the Year at their respective commands.

"I had an opportunity to look through each of their nomination

See NMETC, P14



Photo by Petty Officer 2nd Class Jacquelyn D. Childs

(From left) Petty Officer 1st Class Don Giuy, Petty Officer 2nd Class Billy Juniel and Petty Officer 3rd Class Maya Torrence stand at attention Nov. 21 after winning Sailor of the Year honors for their respective categories for the Navy Medicine Education and Training Command. Giuy and Juniel represent the Navy Medicine Training Support Center at Joint Base San Antonio-Fort Sam Houston and won senior and junior sailor of the year honors, respectively. Torrence is assigned to the Navy Medicine Professional Development Center in Bethesda, Md., and is the Blue Jacket Sailor of the Year. Each sailor was also awarded the Navy Achievement Medal.

## AETC COMMANDER RECIEVES 502ND AIR BASE WING IMMERSION TOUR

Vernalyne Carter (right), clothing department section chief at the Air Force Clothing Initial Issue at Joint Base San Antonio-Lackland, shows Gen. Robin Rand, commander of Air Education and Training Command, and Chief Master Sgt. Gerardo Tapia, AETC command chief master sergeant, a portion of the uniform alteration process Nov. 21. The AETC commander and command chief and their spouses were provided a 502nd Air Base Wing immersion tour at JBSA-Randolph, JBSA-Lackland and JBSA-Fort Sam Houston Nov. 20-21. The 502nd ABW is responsible for installation support across all JBSA locations.

Photo by Senior Airman  
Lynsie Nichols



Gen. Robin Rand, AETC commander and Chief Master Sgt. Gerardo Tapia, AETC command chief master sergeant, talk to a trainee Nov. 21 at the Air Force Clothing Initial Issue Flight, Joint Base San Antonio-Lackland, about his Air Force experience so far.

Photo by Senior Airman  
Lynsie Nichols

Caleb Schaefer, 502nd Trainer Development Squadron, briefs AETC Commander Gen. Robin Rand Nov. 20 on the T-45 Goshawk cockpit operations trainer at Joint Base San Antonio-Randolph.

Photo by Joel Martinez



# Army Materiel Command leader commends MICC's operational role

By Daniel Elkins  
MICC Public Affairs

The current operational role of contingency contracting Soldiers was the subject of a briefing provided by Mission and Installation Contracting Command officials to the deputy commanding general for the Army Materiel Command during a Nov. 21 visit to Joint Base San Antonio-Fort Sam Houston.

Lt. Gen. Patricia McQuiston met with MICC contracting leaders for an operational briefing on the command's support for Operation United Assistance in West Africa and Operation Inherent Resolve in the U.S. Central Command area of responsibility.

Brig. Gen. Jeffrey Gabbert, MICC commanding general, led the operational update. Briefing by teleconference were Lt. Col. Robert McDonald,

922nd Contingency Contracting Battalion commander who is deployed with the Expeditionary Contracting Command's 414th Contracting Support Brigade to Monrovia, Liberia, and Capt. Daphne Austin, 614th Contingency Contracting Team at Fort Benning, Ga., who is deployed in support of Operation Inherent Resolve with the 408th CSB as a contracting team leader.

Soldiers from the command began deploying forward in support of combatant commanders this summer. The 614th CCT and the 735th CCT from MICC-Fort Leonard Wood, Mo., are in the CENTCOM area of responsibility in support of forward operations. Members of the 922nd CCBn at Fort Campbell, Ky., are deployed to West Africa in support of the U.S. government's response to the Ebola epidemic. Once MICC Soldiers are deployed

forward, they fall under operational control of the ECC.

Responsible for the professional development of uniformed contingency contracting officers in the 51C contracting military occupational specialty, McQuiston praised the efforts by the MICC as force providers to the 408th CSB, 414th CSB, ECC and partners in the fight.

"Tremendous effort went into this work," McQuiston said. "You are part of that developmental process and have to feel good because you see that hard work paying off."

Also, a number of CCTs falling under the MICC Field Directorate Office at Joint Base Langley-Eustis, Va., as well as a team from the 410th CSB at Joint Base San Antonio-Fort Sam Houston are supporting Operation Inherent Resolve. Operation Inherent Resolve involves fighter



Photo by Daniel P. Elkins

Brig. Gen. Jeffrey Gabbert (center) provides Lt. Gen. Patricia McQuiston an overview of Mission and Installation Contracting Command operations while Command Sgt. Maj. Stephen Bowens looks on during a working lunch Nov. 21 at Joint Base San Antonio-Fort Sam Houston. McQuiston is the deputy commanding general of the Army Materiel Command at Redstone Arsenal, Ala., while Gabbert is the MICC commanding general and Bowens is the MICC command sergeant major.

and bomber airstrikes by U.S. and coalition nations on targets in Islamic State of Iraq and Syria controlled areas in Iraq and Syria.

Austin briefed that the buildup in support of Operation Inherent Resolve

entails a surge of competing requirements. The AMC deputy commanding general emphasized that contingency contracting officers deployed forward need the backing of their leaders in prioritizing those requirements.

"When there is nothing, everyone wants something," Austin said, in regard to being deployed to an austere environment.

"Prioritization is critical when requirements exceed capability," McQuiston replied.

McQuiston also had a chance to hear about innovative solutions driving contracting operations at Joint Base Lewis-McChord, Wash., via video conference. Pam Munoz, the director of MICC-JBLM, discussed the metrics employed by her office to prepare, manage and execute its mission that is resulting success.

While at JBSA-Fort Sam Houston, McQuiston also met with leaders from the U.S. Army Medical Department Center and School, U.S. Army Installation Management Command, U.S. Army North, 410th CSB and the Medical Education and Training Campus.

## U.S. Army Medical Department unveils new regimental insignia

The new U.S. Army Medical Department Regimental Insignia is based on an old design, in fact, one of the oldest coats of arms used by the U.S. Army.

Developed during the Civil War and approved by Surgeon General William Hammond, the symbolism of the Medical Corps Coat of Arms was selected to symbolize the medical profession, the Union and the year of the Medical Department's creation, 1818.

The coat of arms was placed on items that had been inspected and approved for use by departmental personnel, such

as medicine bottles and medical textbooks.

In 1886, the Army established the Regimental Affiliation Program. Combat service support (now sustainment) Soldiers were affiliated with their newly established regiments and regimental distinctive insignia were created to represent those regiments.

The AMEDD regimental insignia incorporated the



The ca. 1863 Medical Corps Coat of Arms



The 1986 Army Medical Department Regimental Insignia



The 2014 Army Medical Department Regimental Insignia

Illustration courtesy U.S. Army Medical Department

shield from the Medical Corps Coat of Arms and the motto, "To Conserve Fighting Strength," of the Medical Field Service School's distinctive unit insignia, which was established in 1920.

In 2014, the Army

Surgeon General received permission for the Army Medical Department to adopt the former Medical Corps coat of arms as the AMEDD's regimental insignia.

The central part of the insignia is a silver shield

with a representation of the national flag on the left side of the shield. The flag's union contains 20 stars for the 20 states in the Union in 1818, the date of the establishment of the Army Medical Department. On the right of the shield is the symbol of medicine, the Staff of Aesculapius, a rod wrapped by a single serpent.

Above the shield is the crest, with a rooster, also a symbol of Aesculapius and ancient medicine, moving forward (to the viewer's left), but looking backwards. This symbolizes the department's motto, "Experientia et Progres-

sus," Latin for "Experience and Progress."

The Medical Department provides world-class medical care, grounded in the centuries of medical experience passed down to each successive generation, while constantly moving forward to improve the quality of the care we provide, in service to the nation.

Preparations are underway for the insignia to be made available through clothing sales outlets.

(Source: U.S. Army Medical Department Center of History and Heritage)

## TOURNIQUET from P1

three months and released back to full duty in six," he said during a recent ESPN interview.

This day at the CFI, he's lifting a 10-pound weight on a leg extension machine while wearing a tourniquet. "It feels like I'm lifting 40 or 50 pounds," he said, slightly out of breath.

Owens first learned of the training about three years ago when researching ways to help his patients with injuries to the lower extremities. He wanted to help them build strength without the pain or risk of further injury to an already compromised limb.

"To get strong, you need to lift heavy weight, but warriors with severely damaged limbs often can't do that," he explained. "I wanted to find a solution that would prevent my

patients from a frustrating recovery or opting to amputate their leg due to a lack of strength gain over time."

Owens' enthusiasm for the training was tempered by a lack of research. It's been used sparsely in Europe and Japan, but he's yet to hear of a practical clinical application in the U.S.

However, when some well-respected journals began publishing literature on its effectiveness, he pitched it to his bosses and decided to try it on himself. After six months of positive results and the green light from leadership, he implemented the program at the CFI.

Owens cited a recent case where a CFI patient showed a 372 percent increase in calf strength nine months post-Achilles tendon surgery.

Moving forward, Owens and a team of CFI researchers are looking to

see how BFR can benefit a variety of populations, such as post-anterior cruciate ligament surgery and post-arthroscopy of the knee.

"Injuries can be just as devastating to a service member's military career as to a pro athlete's career," Owens said. "If you can't carry a pack or run, you can't do your job. Tourniquet training has the potential to make a remarkable impact for recovering warriors."

Owens stressed the importance of proper application. His system automatically monitors and maintains pressure and is applied and monitored by a physical therapist. In other words, at this point, "don't try this at home," he said.

After using BFR successfully on more than 200 warriors in the past two years, Owens said, "the training has tremendous potential."

## JOINT BASE SAN ANTONIO RECEIVES CHECK FROM CPS ENERGY



Photo by Albert Cantu

Garrick Williams (left), director of Joint Base San Antonio Energy Solutions for CPS Energy, presents an oversized check for \$78,389 to Col. Mark Lee, deputy commander for JBSA and vice commander of the 502nd Air Base Wing at the 502nd ABW conference room Monday at Joint Base San Antonio-Fort Sam Houston. The wing, CPS Energy's largest customer, received the check for participating in a demand response program by the utility. The demand response program's objective is for the customer to reduce its power demand load during an event to earn the rebate. In 2014, increased their contracted kilowatt amount to 995 kW up from 2013, when they contracted approximately 611 kW. From June 1-Sept. 30, JBSA reduced their load across 15 sites on 10 different occasions during CPS Energy's peak demand times. They reduced their consumption by raising temperature set points, turning off hot water pumps and reducing unnecessary lighting. The rebate check amount reflected a total reduction of 1,170 kW. This is the second year all JBSA locations participated in the demand response program.

### 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>.



## 323RD ARMY BAND 'FORT SAM'S OWN' CHANGE OF COMMAND

Chief Warrant Officer 5 Douglas Paarmann (center) relinquishes command of the 323rd Army Band "Fort Sam's Own" to Chief Warrant Officer Thomas Hager (right), stepping down as bandmaster and commander, by turning over the company guidon to Lt. Col. Stephen Fabiano (left) during a change of command ceremony held Nov. 19 in the band hall on Joint Base San Antonio-Fort Sam Houston. Fabiano is the battalion commander of Headquarters, Headquarters Battalion, U.S. Army North (Fifth Army).



Members of the 323rd Army Band "Fort Sam's Own" play several tributes to their departing commander during the unit's change of command Nov. 19 at the band hall on Joint Base San Antonio-Fort Sam Houston.

**Photos by Sgt. 1st Class Christopher DeHart**





# ARNORTH stands up additional troops to fight Ebola stateside

By Staff Sgt. Kulani Lakanaria  
24th Press Camp Headquarters

U.S. Army North (Fifth Army) trained 31 medical officers from different branches to treat and prevent the spread of Ebola during a Medical Support Team Augmentation Course from Nov. 17-21 at Brooke Army Medical Center on Joint Base San Antonio-Fort Sam Houston.

Although the team trained at JBSA-Fort Sam Houston, they will be ready to respond to a mission anywhere in the United States.

The training prepared military professionals to work alongside civilian counterparts to respond to Ebola in the U.S. if and when needed.

ARNORTH is the primary headquarters for overseeing Defense Support of Civil Authorities missions and JBSA-Fort Sam Houston is also the home of the Defense Health Agency's Medical Education and Training Campus.

"The primary mission of this training is for the medical support team to deploy within the United States and take care of patients afflicted with Ebola," said Kristie Yeakle, an alternate biosafety officer with the U.S. Army Medical Research Institute of Infectious Diseases and the lead personal protective equipment instructor for the Medical Support Team Augmentation Course. "This course is very important. We want to ensure that the team were sending out under-



Photo by Senior Airman Westin Warburton

Military medical personnel surround a medical mannequin to perform an ultrasound during the Ebola Medical Support Team Augmentee Training Course Nov. 17-21 at Brooke Army Medical Center on Joint Base San Antonio-Fort Sam Houston. The training was to familiarize the medical personnel with the personal protective equipment and to allow them to get proficient in their medical tasks while in the cumbersome equipment.

stands the mission, and practices proper safety principles."

This is the second such Medical Support Team Augmentation Course class to train military medical officers. ARNORTH stood up the first medical support team earlier this year. The second class is designed to augment the existing medical support team.

"I'm honored to be on this team and work with the Army, Navy and Air Force," said Maj. DeAnn Callanan, a nurse with the Office of the Army Surgeon General.

ARNORTH partners with civilian agencies to provide military support when requested by the Department of Health and Human Services and approved by the Secretary of Defense.

The outbreak of the Ebola Virus and the willingness of the United

States to help in the prevention of an increased outbreak have spurred

the need to have trained personnel that can treat and contain the virus.



Photo by Sgt. 1st Class Wynn Hoke

A Military Register Nurse practices inserting an intravenous needle into a medical mannequin's arm while in personal protective equipment during the Ebola Medical Support Team Augmentee Training Course Nov. 17-21 at Brooke Army Medical Center on Joint Base San Antonio-Fort Sam Houston. Thirty military doctors and nurses worked through several medical tasks to become familiar and able to perform in their personal protective equipment.

"We just don't normally deal with exotic diseases like this with such a high mortality rate," said Navy Lt. Cmdr. Steven Schutt, an environmental health officer with Naval Hospital Bremerton, Wash. "With this training and the skill sets of health care pro-

fessionals on the team, we could respond and do a great job."

Service members learned how to properly don and doff the Tyvek Personal Protective suit in a manner to prevent the spread of the Ebola

See EBOLA, P15



Photo by Senior Airman Westin Warburton

In green medical scrubs, Navy Commanders Ryan Maves and James Lawler, medical doctors who specialize in infectious diseases, work with 30 new Ebola medical support team augmentees in donning their personal protective equipment during the Ebola MST training held Nov. 17-21 at Brooke Army Medical Center on Joint Base San Antonio-Fort Sam Houston. These medical doctors and nurses will supplement the first team if needed to be called up to fight the spread of the Ebola virus.

# Army Medicine trained, prepared for Ebola threat

By Dr. Valecia Dunbar  
Army Medicine Public Affairs

Army Medical Command personnel are trained and prepared to treat any potential Ebola patient arriving at an Army treatment facility.

All healthcare providers working in MEDCOM treatment facilities have received new training protocols ensuring continuation of daily operations, while practicing aggressive, rigorous, and consistent methods to screen, identify, isolate and treat a potential patient from arrival to admission and ensuing care.

Family members seeking care at civilian hospitals will also benefit from enhanced training and guidelines for military responders to ensure a safe healthcare environment, while providing effective treatment and care for potential Ebola patients.

The Department of Defense's activation of a 30-person Ebola rapid response medical team, led by U.S. Northern Command, Joint Base San Antonio-Fort Sam Houston, is now in place to bolster civilian hospital efforts to combat domestic cases of Ebola.

The joint team will include 20 critical care nurses and five doctors trained in treating infectious patients. The team will also include five trainers who are experts in infectious disease protocols and on the proper use of personal protective equipment. The group will receive specialized training from the U.S. Army Medical Research Institute of Infectious Diseases, which has played a sig-



Photo by Air Force Staff Sgt. Chris Hubenthal

Pfc. Kaiya Capuchino (left), U.S. Army Medical Research Institute of Infectious Diseases combat medic, helps a student don personal protective equipment during hazardous material training Oct. 30 at Tripler Army Medical Center, Hawaii. Members of the USAMRIID conducted the class to help ensure Service members and civilians are better prepared to react to and defend themselves against infectious diseases at Tripler Army Medical Center.

nificant role in assisting the Ebola virus outbreak response in West Africa.

Everyone has role in stopping the spread of Ebola. That role is to work with the healthcare community to cross-communicate information and promote healthy behaviors gained from knowledge, experience, and lessons learned of survivors, caregivers, and providers who have successfully contained and eradicated Ebola since it first appeared, in 1976.

## Prevent Ebola

Ebola Virus Disease, or EVD, is an illness that can start in a patient two to 21 days after they became infected with the virus, but typically illness begins in eight to 10 days. The most common symptoms of EVD are fever, tiredness, loss of appetite, vomiting, diarrhea, headache and stomach pain. Rash, red eyes and the bleeding some people

think of when they hear about Ebola are not commonly seen.

The most common signs and symptoms of EVD are the same as more common diseases found in Africa, such as malaria or influenza. Even food poisoning or a heat injury can cause these symptoms. Caregivers, healthcare providers, and members of the total force can avoid being exposed by following good personal hygiene practices and using appropriate protective equipment when in contact with ill people.

At this time, no U.S. military personnel will be providing medical care directly to patients with Ebola and are at low risk of becoming infected. Soldiers deploying to the affected countries are provided specialized training on Ebola and how to protect themselves. They will understand how to avoid

being exposed, how to use personal protective equipment, how to decontaminate themselves and their equipment if a potential exposure occurred, how to recognize signs of illness and how to access medical care if needed.

The jobs the Soldiers are doing are not expected to put them at high risk of being exposed to Ebola, but they will be ready to protect themselves if an unexpected situation occurs.

Ebola has not spread through casual contact with other people during normal activities, such as dining out or shopping. You cannot get Ebola from drinking water, eating cooked food or being bitten by insects like mosquitoes or ticks.

## Army Working To Protect Healthcare Providers

An important step is new guidance received

for wearing personal protective equipment, or PPE, to be used by healthcare workers. The procedures provide detailed guidance on the types of personal protective equipment to be used and on the processes for putting on and removing PPE for all healthcare workers entering the room of a patient hospitalized with Ebola.

Healthcare workers, laboratory personnel and family members of an EVD patient are at the highest risk for exposure, because they are most likely to be in close contact with very sick EVD patients.

Individuals who have close personal contact with EVD patients such as family members or medical workers not wearing proper personal protective equipment are at greatest risk of contracting EVD. Practicing standard infection control precautions, including hand washing and wearing appropriate personal protective equipment prevent exposure.

## Global Coalition For Ebola Response And Preparedness

The MEDCOM Emergency Management department is fully integrated and coordinated with national healthcare coalitions and emergency first responders to detect, protect and respond to Ebola.

National and locally integrated healthcare coalitions are in place to support member efforts to review infection control policies and procedures, and suggest that their members incorporate plans for

administrative, environmental and communication measures.

Healthcare coalitions are in place to also help define work practices that will be required to detect persons possibly infected with Ebola or other infectious germs; prevent spread throughout the community; and manage the impact on patients, healthcare facilities, and staff.

The U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Preparedness and Response, in addition to other federal, state and local members, aim to increase understanding of the EVD and encourage community-level preparedness for U.S. Healthcare Coalitions and their members in managing patients with Ebola and other infectious diseases.

New CDC Guidance for Ebola PPE Calls for "No Skin in the Game," stressing the importance of adhering to detailed guidance on PPE processes.

## Next Steps For You And Your Family

MEDCOM recommends that individuals continue to monitor the Army Medicine Public Health Command website for the latest information at <http://phc.amedd.army.mil/topics/discond/diseases/Pages/Ebola-VirusDisease.aspx>.

Additionally, it is recommended that at home, work and socially, individuals continue to monitor their family's movements and those of





# METC degree bridge programs save time, money; change lives

By Cmdr. Mitch Seal  
METC Strategic Planning and Partnerships

One of the challenges the services faced with the startup of the Medical Education and Training Campus was the requirement of associate degrees for instructors.

Compounding the issue was that civilian institutions of higher education didn't recognize all of the credit hours that were recommended. This resulted in additional course work for instructors, which slowed the time to completion of degree requirements. This also frustrated the instructor and required expenditure of additional funds. METC then set a course to address the problem.

In 2010, METC officials met with representatives of all the service leads at all service opportunity colleges. At that meeting, it was determined that the level of support required to build on the existing Department of Defense and SOC mechanisms to support more expeditious degree completion in healthcare were beyond the scope of the SOC contract.

Although METC didn't have additional funds for new contracts, it did have contacts with expertise in healthcare education and training. METC reached out to the San Antonio community and soon became involved with the Texas Workforce Commission and the White House Roundtable for Veteran Credentialing and Licensing.

Flash forward to 2014 and

METC, in conjunction with the Joint Base San Antonio-Fort Sam Houston educational services office, the deputy director of force readiness and training directorate in the Office of the Deputy Assistant Secretary of Defense, as well as multiple state and federal task forces and accreditation and credentialing bodies, has established new METC curriculum-based, degree-completion bridge programs with 43 schools in 23 states.

These programs have been recognized with the Innovation Award from the American Association of Colleges of Nursing and a DOD Spotlight from the Office of the President of the United States, among others.

Several of these programs have been adopted as models for other higher learning institutions around the country supported by agencies such as the Health Resources Services Administration veteran to registered nurse grant program, the Texas College Credit for Heroes grant program and the White House Roundtable for Emergency Medical Services.

Not only are these programs of the high quality required by DOD and the professional standards of healthcare, they are saving time and money.

For example, prior to METC, Soldiers and Sailors were receiving as little as six semester hours for their military education, training and experience. That was because the translation of recommended military

credit to recognizable civilian credit was difficult.

Most of the recommended credits did not end up in a degree plan – save for electives – because the recommended credits didn't completely match the existing courses in the degree plan.

The solution was to reach out directly to DOD- and SOC-approved schools that had similar programs of instruction. Once it was recognized that, for example, military medical laboratory students possess the identical certification as the civilian sector, it became apparent that none of the supporting coursework needed to be repeated.

The recognition of technical equivalency showed that a large portion of enlisted military medical personnel only needed general education credits to complete an associate's degree.

The solution for the school was to add or modify existing degree plans to their catalog based on accredited METC curriculum. Locally, that translated into the entire first semester of nursing school (10-12 semester hours) or as much as 34 semester hours or credit recognition in non-nursing programs of study.

Many schools thought losing tuition that was traditionally charged to the military student would hurt their school. But that wasn't the case for most publically funded schools that are mostly tax-funded.

It was found that when a trained military member could finish their degree in half the



Photo by Cmdr. Mitch Seal

Shane Gabriel, a former Army combat medic and sergeant first class in the Texas Army National Guard, became a registered nurse in 13 months after enrolling in the San Antonio College advanced placement and accelerated "Military to RN" bridge program.

time of a regular student, it reduced the school's per-student cost, thus saving money. It also reduced the time and cost it takes to become a METC instructor.

Shane Gabriel, a trained Army combat medic and a Sgt. 1st Class in the Texas Army National Guard, was able to enroll in the San Antonio College advanced placement and accelerated "Military to RN" bridge program.

The program was developed in conjunction with METC using its curriculum, which was also

validated by the National Council of State Boards of Nursing and was supported by a Texas Workforce Commission grant. In 13 months, Gabriel became an RN and is presently working in that capacity.

Gabriel was a stay-at-home dad with a newborn, while his wife was attending nursing school.

"Because of the online and accelerated format, I was able to stay at home five days a week and complete my clinical studies on the other two days when my wife was at home," Gabriel said.

Gabriel is a member of one of three classes of students who have successfully completed this particular METC partnership program. His employer's preceptor has reported that he and the other Military to RN graduates are getting rave reviews. Military experience was cited as the main factor that distinguished these RNs from other new graduates.

Gabriel is now using his education benefit to complete a bachelor of science in nursing program. In another 12 months, he'll likely be a BSN RN and he'll have to decide if he wants to pursue a commission.

"The program was a God-send. I wouldn't have gone back to school without it," Gabriel said. "A year ago, I was wondering if I could ever get back to school. Today, I'm wondering which school has the best master's of science in nursing program."

## NMETC from P3

packages, read their bios, as well as see and meet them first hand," said NMETC Command Master Chief Petty Officer Chris Angstead. "I'll tell you, shipmates, I am eminently impressed by each one of them. The competition was keen and I am glad I didn't have to make the sole decision."

Still, the awardees felt humbled and appreciative just to be in attendance at the event.

"It's unbelievable. It's a good feeling, especially being so new and junior," Torrence said. "I was laughing because two years ago to the day, I was walking across this stage graduating as a hospital corpsman. It's a good feeling that I'm able to represent my command and the things we've done over the past year, because I didn't do it alone."

Giuy also shared some advice for other Sailors looking to set themselves apart

from their peers.

"Pay it forward," he said. "Give it back to the other Sailors. It could be your peers. It could be your juniors. It really doesn't matter. Just let it transcend across the board. You know you're a better person for it, and the Sailor's a better person for it. In the end, the Navy's better for it."

The awardees were left with a positive impression of their peers during the week as well as those they com-

peted with leading up to this point.

"All the Sailors are outstanding Sailors," Juniel said. They're the best of the best. Getting to know them lets me know the Navy's headed in the right direction – that the Navy's going to go far because we have outstanding Sailors. It's the best organization to be a part of. You can tell that just by meeting all these guys."

Giuy is now scheduled to go to the Bureau of Medicine

and Surgery headquarters in Washington, D.C., in January to represent NMETC in competing for selection as BUMED's Sailor of the Year.

"I'm just honored to represent the Sailors under NMETC," Giuy said. "It feels good, because no Sailor stands alone. No Sailor gets to where they are just thinking it's only about them or that they did it themselves. A successful business is not because of just one person. It's the total force."

## CARING FOR ANIMALS WHEN EMERGENCIES STRIKE



Photo by Sgt. 1st Class Christopher DeHart

Dick Green and Elizabeth Dominguez, members of the American Society for the Prevention of Cruelty to Animals, showcased their cutting-edge disaster response equipment Nov. 20 outside the Quadrangle at Joint Base San Antonio-Fort Sam Houston. Green is the senior director for disaster response and Dominguez is a disaster response manager. Although the welfare of animals is always their priority, one aspect of disaster relief and crisis response the team wanted to highlight, that is often overlooked, is evacuation and care of animals during catastrophic events.

### ETHICS from P2

Army – civilian and military.”

The current draft Army ethic defines a “trusted Army professionals” as being three things: “honorable servants of the nation – professionals of character;” “military experts – competent professionals;” and “stewards of the Army profession – committed professionals.”

“As trusted Army professionals, we strive to be honorable military experts, and servants, and stewards of the army – as a professional institution – and do the right thing by the people who are entrusted to us,” he said. “That is our identity. That is who we claim we are. As we practice this profession we must uphold the Army ethic, and reflect a common understanding of why we serve and how we serve in defense of the American people.”

McHugh said Army

professionals serve out of love of country, love of the Army, love of the Army family and of the American people.

“We come, contrary to the thoughts of many, to preserve the peace,” he said. “As we put it, to prevent, shape and win in a complex world. We are committing to do our duty to lead this nation into a more peaceful environment.”

The Army professional, McHugh said, contributes to the common defense, defends American values such as those spelled out in the Declaration of Independence and the Constitution, and serves “not to promote war, but rather to preserve peace.”

The Army professional also serves ethically, he said. “We demonstrate character; we serve effectively with professional competence, efficiently ... taking care of our Army, our people, our resources.”

### MEDCOM from P11

their loved ones to ensure they are not showing Ebola-like symptoms. The Army Medicine Ebola Information Line is available 24/7 at 800-984-8523.

Ebola was first spread to humans by direct contact with infected animals. It then spread from person to person by direct contact with blood, secretions, organs or bodily fluids such as sweat, vomit and diarrhea of infected people. Only people who have symptoms of Ebola, or have recently died from Ebola, can transmit the virus to others and the risk of spreading the infection increases as the disease progresses.

Surfaces contaminated with an EVD patient's blood or other body fluids are also possible sources of infection.

Ebola is not spread through the air like a common cold or by casual contact like sitting next to someone or having a conversation.

It is not spread through drinking water, eating cooked food or being bitten by insects like mosquitoes or ticks. Just being in a country where people are ill with EVD is not dangerous. One can avoid being exposed to Ebola virus by understanding how it is spread and by taking basic preventive measures. People infected with Ebola can only spread the virus to others after they become ill.

*(Dr. Valecia Dunbar is an Army Medicine Public Affairs Specialist and Professor of Homeland Security, Army-Baylor MHA/MBA Program.)*

### EBOLA from P10

virus disease. They were given specific medical task to preform while in their cumbersome suits which included hazardous waste disposal, drawing blood, ultrasound scans, mortuary affairs and other medical procedures. The major focus was to stop cross contamination and the spread of the disease.

“The Tyvek Personal Protective suit definitely presents some challenges that you normally don't deal with in patient care,” Schutt said. “It's something you got to get used to. We practiced putting it on and taking it off. The more you wear it, the more comfortable you get.”

The students spent many hours wearing the protective equipment and conducting meticulous sanitation procedures.

“The biggest thing is muscle memory,” said Capt. James Radike, an infectious disease physician with Naval Medical Center Portsmouth, Va.

The training the medical support team conducted over a week-long period meets the Centers of Disease Control guidelines for health professionals working with Ebola patients.

“We have been learning a lot about Ebola,” Callanan said. “We are going over case scenarios, lots of hands on training, putting our protective gear on, taking it off and basically focusing on team work.”

“The training has been excellent and were getting a good experience,” Schutt added.

The trained MST augmenters will return to their home station and be prepared to be called upon when needed.



School Teen Center. No registration required. Call 221-0349 or 221-2418.

### Musicals Highlights Holiday Season

Take a journey back to the '50s and '60s at the JBSA-Fort Sam Houston Harlequin Dinner Theatre. "Beach Blanket Christmas" plays through Dec. 20. The cast performs favorite Christmas classics and popular songs of the '50s and '60s. Additionally, there is a special Sunday matinee of "Just Us" which includes favorite holiday songs and a special salute to our military, Dec. 14 and 21. Both shows are sponsored by The Gunn Automotive Group. No federal endorsement of sponsor intended. Call 222-9694

### Have Fun Running Through The Holidays

Break up the holiday season with a healthy Holiday 5K Run/Walk at the JBSA-Fort Sam Houston Jimmy Brought Fitness Center, Dec. 13, 8 a.m. This free event is open to Department of Defense ID cardholders 18 years and older. Call 221-1234.

### Bowling Center Snack Special

Save on entertainment budgets at the JBSA-Fort Sam Houston Bowling Center during December. Bowlers that purchase \$7 or more at the snack bar can show the receipt at the front counter to receive two free games and shoe rentals Wednesdays and Thursdays from 4 p.m. until closing. Call 221-3683.

### Family Bowling Special

Bring the family to the JBSA-Fort Sam Houston Bowling Center Dec. 14, noon to 4 p.m., and get a bowling lane for one hour, a large pizza, sodas and bowling shoes for \$40. Call 221-3683.

### Helping Us Grow Securely Playgroup

The interactive playgroup for parents and children up to age 5 meets 9-11 a.m. each Tuesday at the JBSA-Fort Sam Houston Middle

### Special Musical Guest Visits Library

The JBSA-Fort Sam Houston Keith A. Campbell Memorial Library welcomes special guest Dr. Owen Duggan at 10 a.m. Dec. 18. Duggan is a local singer, musician and composer who has produced two children's music CDs titled "The Elephant Never Forgets" and "Puppy Dog Jig," both in the library collection. He sings and plays guitar or banjo for longtime favorites such as "Puff the Magic Dragon" and "The Marvelous Toy" and also performs some of his own compositions. Call 221-4702.

### Start Your New Year Resolution With Running

Ring in 2015 with a midnight 5K run/walk at the JBSA-Fort Sam Houston Jimmy Brought Fitness Center Dec. 31. Coffee and hot chocolate are available before the run/walk at 11 p.m., snacks and refreshments will be served after the run along with a sparkling cider toast to welcome the new year. T-shirts will be available for purchase as long as supplies last. This 5K is open to all Department of Defense ID cardholders and non-ID

cardholders. Register no later than Dec. 18. Call 221-1234.

A New Year's Day Run takes place at 10 a.m. Jan. 1 at the JBSA-Fort Sam Houston Pershing Sports Complex. Runners and walkers can choose between a 4-mile race or a 1.5-mile walk. Patrons may register on the day of the event. These events are free and open to all DOD ID cardholders. Call 221-3593 or 221-4887.

### Youth Delight In Holiday Camps

JBSA-Fort Sam Houston Youth Programs offers holiday camps Dec. 22-30 for children ages 5-10. Activities include arts and crafts, computer lab, outside play, drama, techno games and other fun activities. All children enrolled in after school care can register at building 1703. Children not enrolled need to register at Parent Central, building 2797. Call 221-5151.

### Take Aim at Sportsman's Range

Hours for the Sportsman's Range at JBSA-Camp Bullis are now 10 a.m. to 2 p.m., weather permitting. Cost to shoot is \$10 per DOD ID

cardholder and \$15 per non-DOD ID cardholder. A DOD ID cardholder can purchase an annual pass for \$60. DOD cardholders may sponsor two guests. Cardholders are allowed to sponsor two non-DOD ID cardholder guests. Call 295-7577.

### Spouses' Club of Fort Sam Houston Area

The Spouses' Club of the Fort Sam Houston Area has a variety of events coming up such as monthly luncheons, community outreach and activity clubs like Bunko, a book club and bingo. The club is open to all ranks, all military services and Department of Defense civilians. Call 705-4767.

### Thrift Shop For The Holidays

The Thrift Shop at Fort Sam Houston is located at 3100 Zinn Road, one block south of Outdoor Recreation, and is operated by the Spouse's Club of the Fort Sam Houston Area. Hours of operation are 9:30 a.m. to 1 p.m. Wednesday, Thursday and the first Saturday of each month for consignments from military and Department of Defense ID card holders and from 9:30 a.m. to 2:30 p.m. for shopping by all who have access to post.

Donations also accepted. The shop will be closed from Dec. 19 to Jan. 5, 2015, and will reopen Jan. 7 and 8. The first Saturday opening is Jan. 10. Call 221-5794/4537.

### Loan Locker/Lending Closet

The loan locker provides temporary loans of household items to incoming and departing permanent party personnel, students and TDY, retirees and civilians assigned to the area. Items available include: high chairs, pack and plays, strollers and booster seats, pots and pans, dishes, silverware, coffee pots, baking dishes, irons, ironing boards, toasters, vacuum cleaners, tables and chairs. Bring a copy of your orders. At JBSA-Fort Sam Houston, call 221-1681. The JBSA-Randolph Loan Locker is open Wednesdays 9 a.m. to 2 p.m., call 652-5321.

### Immigration, Naturalization

An Immigration and Naturalization Service representative answers immigration and citizenship questions from noon to 2 p.m. second Tuesday of every month at the JBSA-Fort Sam Houston Military & Family Readiness Center. Call 221-2418/2705.

# What you need to know about the Privacy Act of 1974

By Bobby White  
502nd Communications Squadron

Protecting personal information is necessary to deter fraudulent individuals from stealing someone else's identity.

Do you know what the Privacy Act of 1974 protects? According to Air Force Instruction 33-332, The Air Force Privacy and Civil Liberties Program, the Privacy Act establishes a code of fair information practice that governs the collection, maintenance, use and dissemination of personally identifiable information about individuals that is maintained in systems of records by federal agencies.

The AFI states that a system of records is a

group of records under the control of an agency from which information is retrieved by the name of the individual or by some identifier assigned to the individual.

The Privacy Act prohibits the disclosure of information from a system of records absent the written consent of the subject individual, unless the disclosure is pursuant to one of twelve statutory exceptions.

The Act also provides individuals with a means by which to seek access to and amend their records (the Freedom of Information Act) and sets forth various agency record-keeping requirements.

And even though AFI

33-332 doesn't pertain to personal social networks websites, all personal information entered on those sites is protected under the Privacy Act of 1974 and all applicable laws.

Nevertheless, think twice before submitting personal information to these sites. You don't know who is watching or who will hack into that computer system to gain information.

In addition, be careful when sending Privacy Act material electronically or storing this vital information on any computer. When sending personal information electronically, protect it from unauthorized disclosure, loss and alteration. When using

government equipment, fully understand the correct way to transmit personal information.

When sending an email containing Privacy Act/PII, it must be encrypted, have the acronym that stands for 'For Official Use Only' at the beginning of the subject line and include the official Privacy Act statement at the beginning of the email.

In addition, the Privacy Act statement cannot be indiscriminately applied to all e-mails. It must only be included when transmitting PII required to be protected For Official Use Only purposes.

Make sure that everyone in the email has an official need to

know, then sign and encrypt the email before you send it.

According to AFI 33-332, sending unencrypted e-mails containing Privacy Act information to distribution, group or non ".mil" email addresses is strictly prohibited. This is how a majority of Personally Identifiable Information breaches are caused.

Also, do not send Privacy Act information to distribution lists or group email addresses unless each member has an official need to know. Official e-mails containing Privacy Act information must be digitally signed and encrypted before sending.

Finally, don't store Privacy Act material on

your computer or network shared drives unless it's protected from unauthorized disclosure, loss and alteration.

The best way is to ensure that the document is password protected and only those who have a need to know that information have the password.

Protecting personal information is your responsibility. You will be held accountable if you don't take all the necessary precautions to protect personal information.

For more information, contact the Joint Base San Antonio Privacy Act Office at 466-3642 or usaf.jbsa.502-abw.mbx.502-cs-foia-pa-workflow@mail.mil.

# THANKSGIVING AROUND JOINT BASE SAN ANTONIO-FORT SAM HOUSTON



Photo by Phil Reidinger

(From left) Brig. Gen. John Poppe, Maj. Gen. Jimmie Keenan, Maj. Gen. Simeon Trombitas and U.S. Sen. John Cornyn of Texas serve service members and their families at the Joint Base San Antonio-Camp Bullis Dining Facility Nov. 26. Poppe is commanding general of the Army Medical Department Center & School, Keenan is commanding general of the Southern Regional Medical Command and Trombitas is deputy commanding general of U.S. Army North (Fifth Army).

Laura Vaccaro (left), vice president for community relations and events for Valero Energy Corporation, and the staff of Valero welcome Soldiers and Sailors attending medical training at Joint Base San Antonio-Fort Sam Houston to the 10th annual Thanksgiving With The Troops Nov. 27. The service members also had the opportunity to watch the Macy's Thanksgiving Parade, participate in a variety of games and a talent contest.

Photo by Esther Garcia



Photo by Phil Reidinger

(From left) Maj. Gen. Steve Jones, commanding general of the Army Medical Department Center & School; AMEDDC&S Command Sgt. Maj. Michael Gragg; Col. Jack Davis, commander, 32nd Medical Brigade; and 32nd Medical Brigade Command Sgt. Maj. Jawn Oilar serve military members at the Slagel Dining Facility Nov. 27 on Joint Base San Antonio-Fort Sam Houston.



Brig. Gen. Bob LaBrutta, commander, 502nd Air Base Wing and Joint Base San Antonio, joins other local military leaders to serve dinner to patrons at the Joint Base San Antonio-Camp Bullis dining facility's Thanksgiving meal Nov. 26.

Photo by Olivia Mendoza



More than 400 Soldiers and Sailors enjoyed a day of fun, food and activities at the 10th Annual Thanksgiving With the Troops at Valero Energy Corporation for Thanksgiving Day Nov. 27. Valero employees and their families volunteer to serve the service members their Thanksgiving meal.

Photo by Esther Garcia

Lt. Col. Stephen Fabiano, commander, Headquarters Battalion, U.S. Army North (Fifth Army), at Joint Base San Antonio-Fort Sam Houston talks safety with his Soldiers Nov. 26 after they took a quick lap around JBSA-Fort Sam Houston for a pre-Thanksgiving run. The formation, also led by Command Sgt. Maj. Daren Warren, battalion CSM, could be heard across the base as they made their rounds in the cool November morning.

Photo by Sgt. 1st Class Christopher DeHart



Photo by Sgt. 1st Class Wynn Hoke

U.S. Senator John Cornyn of Texas and Maj. Gen. Simeon Trombitas, deputy commanding general of U.S. Army North (Fifth Army) at Joint Base San Antonio-Fort Sam Houston, joined military members, Department of Defense civilians and their families for a traditional Thanksgiving meal Nov. 26 at the JBSA-Camp Bullis main dining hall.