



December 16, 2011

“ONE TEAM”

Script

Darnall meets Soldiers’ growing demand for behavioral health services



The Marriage/Couple and Family Therapy Clinic recently relocated to new facilities as part of the ongoing efforts to better meet the increased behavioral health needs of Soldiers and their families.

By Patricia Deal, CRDAMC Public Affairs

With more than 13,000 Warriors still expected to return to Fort Hood over the next few months, CRDAMC is up to the challenge of an increasing demand for behavioral health care.

Darnall’s commander, Col. Patrick Sargent, said the hospital has been preparing for months to make sure Soldiers have access to behavioral health care.

“The most common question I’m asked is, ‘Darnall has all these great services to help me deal with PTSD (Post Traumatic Stress Disorder) and other issues, but how long will it take before I (or my spouse) get to see someone?’” said Sargent. “I want to assure our patients that we can, and will continue to, provide world-class health care—physical and mental—to our patients, in a timely fashion.”

The medical center has ramped up its resources to handle the expected surge of Soldiers and family members needing behavioral health services for both triage and out-patient care, according to Sargent. More staff has been added within many departments, and more than 200 providers in the community have been contracted for support. All Soldiers

and their families, not just the returning ones, who seek help for behavioral health issues, will be given the best care available, Lt. Col. Sharette Gray, chief of CRDAMC Behavioral Health, added.

“I want to reassure everyone that we do have the resources to get you the help you need, either on-post or through the TRICARE network,” she stated. “Actually, we are proactive when it comes to addressing the Soldiers’ behavioral health needs, from re-deployment to deployment, and all the time in between.”

Before deploying, each Soldier must be screened for behavioral health issues to determine deployability status. As part of the re-deployment process, every Soldier is screened for any behavioral health issues within 5 – 30 days of returning. Then within 90-180 days after that initial re-deployment screening, Soldiers must complete another behavioral health screening as part of the post deployment health re-assessment.

“We do thorough assessments before, shortly after, and again several months after that,” Gray said. “Not many companies are as diligent with their employees’ behavioral health needs.”

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Highest level of leadership ensures wounded warriors get the help they need

By Patricia Deal, CRDAMC Public Affairs

“We made a commitment to the men and women who volunteer and wear the cloth of this great nation to care for them in the event they become wounded, ill or injured in combat, and we’re keeping that promise,” stated Gen. Peter W. Chiarelli, Army vice chief of staff.

The importance of that promise is not lost on the senior leadership at Fort Hood, which boasts one of the largest Warriors in Transition (WT) populations in the Army.

“We are absolutely committed to providing the care and assistance our wounded warriors deserve. Our intent is to take care of all of their wounds, visible and not visible, and help them transition either back to the force or to fulfilling lives in the private sector,” said Lt. Gen. Donald Campbell, Jr., III Corps and Fort Hood commanding general.

To ensure Warrior Transition Units (WTU) have sufficient resources to meet the requirements of care and support required by all WT and their family members, Campbell meets monthly as part of the Triad of Leadership to review and discuss Soldiers’ eligibility to be assigned to the WTU.

Triads of Leadership, comprised of the senior commander at the installation, military treatment facility commander and WTU commander, were initiated as part of the Army Medical Action Plan (AMAP) to develop a balanced WTU structure at each installation that is enduring, expandable, collapsible, and responsive to the medical needs of every WT.

“Our goal is to ensure that every wounded, injured or ill Soldier gets the appropriate care to help them heal and recover,” said Col. Patrick Sargent. As CRDAMC commander, Sargent weighs in at each monthly Triad of Leadership meeting at Fort Hood, providing insight as to the hospital’s resources to address the diverse medical needs of Soldiers that are medically not-ready. “We provide world-class health care to each warrior, whether they have multiple, complex medical issues or less serious wounds or injuries.”

The Triad reviews each Soldier’s case independently, and makes a determination if the Soldier needs long-term care and extensive case management services provided within the WTU, or if the Soldier can

continue to recover and heal at the unit level using the standard health care system.

Soldiers must meet specific eligibility criteria to be assigned to a WTU. According to the Warriors In Transition Consolidated Policy Guidance, Soldiers must have a profiled medical condition that precludes the Soldier from training or contributing to unit mission for more than six months. The Soldier’s medical condition must require clinical case management to organize complex treatment plans and ensure appropriate, timely and effective utilization and access to health-care services.

Before cases get to the Triad, candidates’ commanders must complete a packet to start the application process. The Fort Hood Warrior Transition Brigade (WTB) Surgeon, Maj. Robert Collins, reviews each candidate’s complete medical history and circumstances.

“I provide each candidate’s case an unbiased and comprehensive review. This review can only be accomplished properly without influence,” Collins said, adding that he looks at all factors involved such as medical complexity, projected timelines, available resources and retainability to help him determine if the candidate meets eligibility requirements.

Collins then compares his findings to the information provided within the Soldier’s nomination packet. His collaborative findings are then reviewed with the hospital commander and clinical services leadership and the WTB commander before being presented to the Triad. All cases, even those that have been determined not to meet eligibility requirements, are sent forward for consideration at the Triad meeting.

“It’s not just a matter of rubber-stamping ‘no or no-go.’ The Triad is a discussion group, where all entities involved have the opportunity to provide input to the individual cases,” Collins said. “There may be cases during the review process first identified as not meeting entry criteria, however, open dialogue and further disclosure may actually demonstrate a Soldier’s entry into the program is warranted. The ultimate goal is to ensure every aspect of the Soldier’s unique case is considered.”

Soldiers should be confident that the Triad’s determinations are not arbitrary, nor are they made based on quotas or accessibility to care, according to Sargent.

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BEHAVIORAL HEALTH | CONTINUED

In addressing concerns about CRDAMC’s access to care standards, Gray said she feels that Darnall does well overall. “There may be some isolated cases where someone may have a long wait for an appointment, but in most instances, access to care is within standards,” she said.

Access to care standards for behavioral health are hard to define as they do not fall into easily defined categories as in the case of primary care visits, according to Chuck Lauer, CRDAMC TRICARE administrator.

“Generally speaking, non-urgent referrals are managed locally to get the patient to the appropriate behavioral health provider with the least amount of waiting time for a first appointment,” he explained. “Waiting times will vary, depending on the type of care needed. For instance, wait time to the first appointment for a psychiatrist is going to be more than 28 days, due to a regional shortage of licensed psychiatrists. Referrals to counselors such as psychologists, social workers, and others are generally done within the 28 day access

to care standard timeframe. For situations determined to require crisis (urgent) treatment, providers will arrange for immediate care.”

There is a nationwide shortage of qualified, licensed behavioral health providers, according to a 2011 National Alliance on Mental Illness Policy Brief, which states that 55 percent of U.S. counties

have no practicing psychiatrists, psychologists or social workers. In some areas with available providers, less than half can accept new patients, and the average wait time for individual, non-emergency mental health services appointments ranges from six to 12 weeks.

While they have been affected by the shortage of providers somewhat, Gray said that the behavioral health department’s access to care standards fare better than in some civilian sectors. Appointment times at some of the different clinics are made within a much shorter timeframe, averaging two to four weeks for certain services.

“For instance, an individual appointment can be made within three to four weeks at our outpatient social work clinics,” she said. “Appointments for Marriage/Couple and Family therapy are now being booked two to three weeks out.”

For behavioral health and substance abuse issues, Soldiers referred to the Intensive Outpatient Program can expect to begin at the start of the next four-week cycle. There’s currently no waiting list for the next few cycles, Gray added.

“Some clinics, such as the R&R (Resilience and Restoration) Center, offer an initial triage assessment which can be done on a walk-in basis and performed the same day for acute issues,” she continued. Initial triage assessments determine whether the patient requires urgent or non-urgent care, the type of care needed and then which clinic or service will best help the patient.

The one area where patients may experience longer wait times for appointments is the Child and Adolescence Psychiatric Evaluation Service (CAPES), Gray said, where it may take five weeks for a comprehensive therapy evaluation and six weeks for a comprehensive medication evaluation.

“The advantage still goes to Darnall as our access to care standard for most services is better than the nationwide average, plus, some of the unique services we offer are not available at all in some areas,” she said. “We also promote overall behavioral health well-being through our many educational and support group programs and classes that run on a regular basis—all with open availability.”

Soldiers’ can also get free, readily available behavioral health care and support through



Mariella Reano, licensed clinical social worker at Child and Adolescence Psychiatric Evaluation Service (CAPES), plays a game with one of her young patients to help encourage positive behaviors in a recent therapy session.

several different organizations and help lines, both locally and nationally, Gray added.

The Comprehensive Soldier Fitness Center (formerly the Resiliency Campus) offers a unique program for Soldiers and their families directed toward achieving optimal physical, spiritual and mental fitness. All services are readily available, and its spiritual fitness center is open 24-hours a day.

Military Family Life Consultants offer confidential, non-medical family life counseling services to help Soldiers and their families with behavioral health issues. According to one local consultant, appointments can usually be made as soon as the next day.

Military One Source also provides Soldiers and family members free telephonic support and arranges referrals for face-to-face counseling with a licensed professional counselor in the caller’s local community.

Soldiers and their families can also seek immediate assistance from numerous help lines.

“This is just a sampling of what’s available to help Soldiers and their families. When you take into account all of our services and programs, I find it hard to believe the claims that Soldiers can’t get the help they need,” she said. “I think the hundreds of Soldiers and family members that we do help everyday shows that we readily provide world-class health care to every patient.”



At the TBI Clinic, new appointments with a TBI medical provider generally are scheduled for a few weeks after the consult is placed. For behavioral health issues, patients can get appointments with TBI social workers within a few days of being referred by their TBI provider. Appointments for other services such as physical and occupational therapies are generally made within a week or two of being referred by their TBI provider. Medevac or demobilization patients are seen on a priority basis.

Patricia Deal, CRDAMC Public Affairs

Warrior Care Year-Round Commitment

The cornerstone of Care: the CTP

By Gloria Montgomery, WTB PAO

Key to a Soldier's recovery and subsequent transition is the Comprehensive Transition Plan, which enables the team that manage a Soldier's care, to all be on the "same sheet of music" and know exactly what the Soldier is thinking and feeling and how he or she is progressing in the transitioning process. The CTP addresses every aspect of a Soldier's life: social, spiritual, physical, family, nutrition, financial, career and emotional domain, as well as tracks everything medically related such as appointments, medications and specialized care.

According to Janique Parnell, who supervises all the brigade's social workers, the CTP has been invaluable in improving behavior health care.

"Automated CTP has opened doors for us," she said, "because the Soldier is now speaking more freely, thanks to the self-evaluation portion of the CTP. It's a wonderful process because the Soldier owns it."

The tracking portion of the CTP also ensures Parnell and her social workers that the Soldier is getting the help he or she needs.

Parnell said that at first, the CTP process can be overwhelming because of all the tasks that go with it.

"It takes a moment really to soak it all in because it's so different from anything Soldiers have ever done before," plus, she adds, they don't understand the process here. "You mean you really care about my family? Yes, we really do."

Parnell said that once the hurdles of acceptance and trust are broken, then the transitioning process goes well.

Thomas adds that some Soldiers may not like to talk because they don't like any kind of confrontation, good or bad, but being able to write down their feelings helps them because they avoid the face-to-face confrontation.

Soon to be medically retired, Staff Sgt. Eric Madden, Company B, said the CTP has helped him plan his future.

"It addresses issues you're having and guides

you to the right resources to resolve them, however," he said, "you've got to be honest about your answers for it to work for you."

"If a Soldier does has an issue, but doesn't want to tell me personally about it, I'll get wind of it because he's put it on his CTP, and together, we'll try and resolve it," said Staff Sgt. Joseph Ruda, a squad leader with Company D.

"Every day is different," said Ruda about the 10 Soldiers whose care he manages. "Some Soldier issues are the same, but the majority of days they're different. And as a squad leader or platoon sergeant, it's imperative you know your Soldiers and their issues and take care of them."

Although the demands of 24-hour duty days, seven days a week can wear on you, Ruda said, being a WTB squad leader has been the most rewarding of his career.



Former WTB Soldier, now squad leader, Staff Sgt. Kenny Griffith, hands the baton to WTB Soldier Sgt. Christopher Ford during a relay race at the 2011 DOD-sponsored Warrior Games. Hosted by the U.S. Olympic Committee, the games celebrate the achievements and abilities of wounded, ill and injured servicemembers through athletic competition.



Peggy Thomas (left), WTB nurse, helps Pfc. Gene Hubert with paperwork. WTB nurses have a unique mission and receive about two months of training specific to WTB documentation and care plans.

"If they had cadre as a military occupational specialty (MOS), I'd request it," the 20-year career Soldier said. "I enjoy doing what I do. Yes, it gets annoying and frustrating, but it's worth it because in the long run, they're still Soldiers."

No one is more thankful for the dedication of the WTB's squad leaders and platoon sergeants than Sgt. 1st Class Roderick Johnson's mother, Janice Johnson, who also is a WTB civilian employee. Diagnosed in February with stage four liver cancer, her 40-year-old son was transferred to the WTB from the Fort Bragg, N.C. Warrior Transition Unit in April.

"I've seen the dedication of WTB's cadre firsthand," the social worker assistant said. "I can't say enough about the men and women of Company A because they are continually by his side, monitoring his care, taking him to doctor's appointments, making sure he's comfortable and making sure he has the meds he needs. They've been invaluable in their support of my son and have been such a comfort to me."

Moreover, she said, that when her son's squad leader visits her homebound son, his bad day disappears.

"He can be really down, but when he sees those ACUs," she said, "his eyes light up and his demeanor changes. They really care about their Soldiers, and it's not because I work here and he's my son: He's first, and foremost, a Soldier."

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WARRIOR CARE | CONTINUED

Life Beyond the Army

Once WTB Soldiers heal and are ready to transition, they have two options: Soldiering on or moving on in civilian life.

“Of course we want our Soldiers to get back into the fight,” Thomas said, “but we understand that some can’t so we want them to transition successfully as veterans.”

To help Soldiers in that process is WTB’s internship program, which program director Anthony Thomas said, often translates to full-time employment in a federal agency.

“It doesn’t matter what skill set an agency is looking for because they’re willing to teach those to Soldiers willing to learn them,” he said, “because it’s not about meeting certain criteria or what their MOS was, it’s about bringing different dynamics to the team, such as discipline, leadership and ethics.”

In fact, Sgt. 1st Class Johnny Shull, who said getting out of the military after 22 years is pretty much like falling off a cliff, knew his fuel-handling experiences wouldn’t land him a job, however, after attending WTB’s November career fair, he found out his management, administration and bookkeeping skills would.

“Knowing that and learning how to tailor my resume has boosted my confidence in finding a job,” he said, adding that he is hoping to start an internship soon with the Army Corps of Engineers.

Sgt. 1st Class Benjamin Paschall’s internship with Fort Hood’s Directorate for Emergency Services is his dream job, he said, and is grateful to the WTB for having the program because when he got out in 1988 after serving eight years active duty, all he got was a handshake.

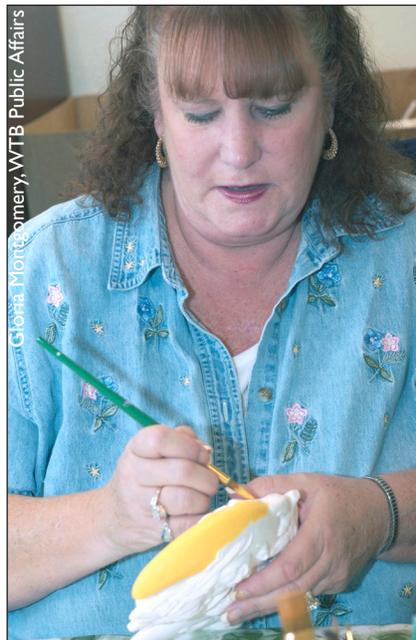
“That was it. You’re on your own,” he said, who at the time was married and had two kids. “Today, they find you a job. Everything is waiting for you. All you have to do is apply yourself.”

Nothing is more rewarding for Thomas, he said, then seeing the fear disappear from the faces of his Soldiers when they land jobs.

“There’s an enormous amount of worry and stress on both the Soldier and the family during the transitioning process because

they’re venturing into the unknown,” he said. “That’s why it’s such a beautiful thing to witness the Soldier go from intern to direct hire.”

Good praises WTB’s work program because it provides Soldiers, especially his remote care Reservists and National Guardsmen, with opportunities to build resumes, explore employment interests, develop job skills and gain valuable work experience in the community where they live.



Roberta Lathrop, whose husband is in the WTB, estimates she has poured more than 1,000 ceramic molds for Soldiers and their Families to paint during SFAC’s expressive arts classes, which are designed to promote healing by focusing on something besides an injury or illness.

Surprisingly, Good said, a misconception about Reservists and Guardsmen is that they have a job to return to when their active-duty stint is over.

“We think just because they’re 40 and older that they’ve a career,” he said, “however, we’ve discovered more than half of them don’t.”

Because of that, Good said, pushing the transitioning process in their face is key to their success.

“I’m not telling them they might transition, but that they’re going to transition, so let’s just get it started now,” the former military science professor said. “You’re not going to be sitting at home: You’re either

going to be in school, working or at a medical appointment.”

For remote care Reservist, Spec. Huard Harral, the work program has allowed him to segue from employee to intern with the same agency he had been working for before he was activated: the Fort Worth Independent School District’s ROTC program. Previously a ROTC instructor, the 37-year-old Citadel graduate is now writing curriculums, developing PowerPoint lessons and creating teacher and student workbooks. Once he is healed, Harrell hopes to return to full-time employee with the FWISD.

“I’m in a truly unique situation because of who my civilian employer is,” said Harral, who suffered severe injuries when he fell from a 35-foot obstacle course during training. “Being afforded this opportunity has been a huge boost to my morale because I wouldn’t have this opportunity if not for the WTB.”

Soon to hang up his ACU’s, Staff Sergeant Madden said his time here as been valuable in helping him heal and develop skills to succeed in the civilian world. He’s also thankful for the “fun” times here at the WTB like the hunts and the fishing trips, but more importantly, that the Army didn’t forget about his family in the process.

Fifty-four-year-old Sgt. James Earl Jones of Company C is grateful to the WTB for giving him the gift of time: time to heal, time to go to school and time to sort things out. A supply technician with the Texas National Guard, Jones credits WTB’s policies and programs with keeping him “on point” so he could focus on healing.

“It’s a blessing, really, that someone put this kind of plan in place because without a WTB, I probably would’ve have been medically discharged,” he said.

And that’s what Janique Parnell likes to hear.

“The idea is when you transition out of here, you can say for having been here and the services that we’ve provided, you have determined that you’re a better person,” Parnell said, “Outside of making sure you’re safe, we’ve gotten you connected to the right person and the right places for care. The rest is up to you.”

Post Deployment Health Assessments

Be on time, be honest

Brandy Gill, CRDAMC Public Affairs

By Brandy Gill, CRDAMC Public Affairs

Soldiers returning to Fort Hood from overseas operations are thinking about reuniting with family and friends, or enjoying creature comforts like a good meal, a hot shower and a comfortable bed.

What they are probably not thinking about is completing their Post Deployment Health Assessment (PDHA) or Post Deployment Health Re-Assessment (PDHRA), but the CRDAMC Soldier Readiness Processing Center (SRP) is keeping track of these requirements for them.

“We have been preparing for this surge of returning Soldiers for several months,” Col. Patrick Sargent, CRDAMC commander, said. “We are working closely with III Corps, Southern Regional Medical Command (SRMC), Army Medical Command and our local network providers to ensure we are prepared to meet the medical and behavioral health needs of these Soldiers as they return from combat operations in Iraq and Afghanistan.”

In order to meet the increased demand, Sargent said that SRMC has tasked behavioral health providers from across the Army to assist with the PDHA and PDHRA process. Some providers will actually travel to Fort Hood while others will provide care virtually at the SRP Center’s new 15-booth Virtual Behavioral Health Suite.

These extra resources and capabilities are a result of the U. S. Army Medical Command’s Comprehensive Behavioral Health System of Care campaign.

Completing the PDHA and PDHRA is

mandatory for all personnel returning from deployment, Col. Thomas Brooks, Officer in Charge of the SRP Center, said.

“All Soldiers, whether they are Active Duty, Reserve or National Guard will receive a PDHA within 5 – 30 days of returning, and they must also complete the PDHRA within 90-180 days after returning,” he said. “Contractors and civilians are required to complete them too.”

Even though it’s required, Soldiers shouldn’t think of completing these assessments as just ‘checking the block’ because they are designed to help identify concerns like traumatic brain injuries, post traumatic stress or other behavioral health issues.

It’s not uncommon for Soldiers who have just returned from deployment to find they are struggling with symptoms of stress Brooks said. That’s why timing is key when completing the PDHA and the PDHRA.

“It’s a critical process, and even more critical that they get it done on time, because the longer they go with sustained symptoms the more likely they are to have a bad outcome which may include a marriage that might have been saved, becoming an alcoholic, driving drunk or the unnecessary loss of a career.”

Some Soldiers may feel they don’t have much to report initially because they are still just happy to be home, but it can be an entirely different picture by the time they come back for their PDHRA three to six months later Brooks said.

“The first 30 days is usually the honeymoon period, but sometimes Soldiers start to wear down sooner than that,” he said. “However between 90-180 days, that’s when some of them really start to decompensate, and they may actually be ready at that point to say, ‘Hey, I’ve got a problem.’”

According to Brooks, Soldiers are more likely to admit they are struggling now than they were in the past. This reduction in stigma has led to a higher number of referrals and more Soldiers independently seeking help.

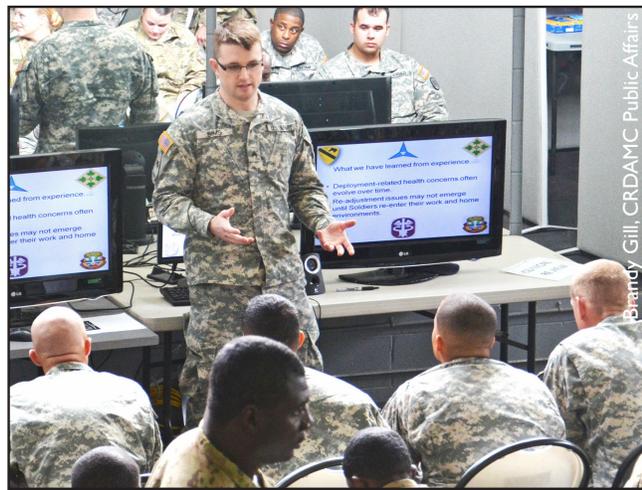
He said. “We are referring a minimum of 20 percent of our PDHRA Soldiers every single day to our on-site behavioral health providers, and that’s a lot. There are many days where literally every other Soldier I’ve seen I’ve had to send for further evaluation.”

Soldiers need to take the assessments seriously and be truthful Brooks said.

“I try to make it very clear to them that their meeting is completely confidential so they need to be honest about whatever they’re feeling,” he said. “It is OK to have some pressures, stressors, or behavioral health issues. You are not less macho. You are not less of a Soldier. We’re not throwing you out of the Army. We want to help you, and we’re here to help you and to work with you. You are not alone.”

Brooks said he frequently sees Soldiers who tell him they have been dealing with something they thought was normal for years.

“When it escalates to a point then they suddenly say, ‘I am tired of this. I realize this isn’t going away even though I’ve waited for years. It’s not going away, and I guess I better see if I can do something now.’ The sooner the better of course, but that doesn’t mean these Soldiers who have carried these stressors for a long time can’t be helped in a positive and successful manner,” he said.



Brandy Gill, CRDAMC Public Affairs

Customer Service Spotlight

Customer Service Spotlight features staff members who have received positive comments (via ICE/Strive for Five comment cards/APLSS) for going above and beyond to provide excellent care and concern.

Orthopedic Clinic
Nov. 1: Dr. Gloystein has been a God send for my personal health. He performed a 2-level cervical spine fusion surgery and has referred me to another doctor that may very well save my life. I could not be more grateful for his kindness and attentiveness to my health and well-being! He has been wonderful and my family and I thank him with all our hearts for sending me on my way to a healthy recovery.

Occupational Health (Bldg 36001)
Nov. 4: Today I visited the Occupational Health Clinic for part two of my physical exam. I was seen by a Maj. Kimberly Nesslage for review of my physical records. Maj. Nesslage far exceeded what I expected and was genuine in her concern for my overall health prior to deployment. This was the first time a physician has shown this type of concern since I have been seeing medical professionals both on and off active duty. If I was given a choice of a primary care provider, I would make Maj. Nesslage mine. I did not feel I was just another body in the line or just another dollar in my pocket as I often feel, with outside medical personnel. She is a credit to Carl R. Darnall medical staff of professionals.

Radiology
Nov. 2: Rachel, at the front desk, went out of her way to make sure that I was given an appointment for an ultrasound. She was the only one working the front desk but she was very personable and kind. I felt she exemplified the level of customer service expected at CRDAMC.

Human Resources and Troop Command
Nov. 2: Jolanta Miller from Human Resources and SGT(P) Kristie Robertson from A co training room worked diligently to locate my orders that were published last month but were "lost" in the system. These two outstanding CRDAMC team members worked quickly and effectively in locating my orders and personally retrieve them. These two team members support our MEDCEN daily and rarely get recognized, without key individuals such as these two, our organization definitely would not run as smoothly as it does.

Retiree Health Fair
Nov. 14: We received 186 ICE comment cards in regards to the Retiree Health Fair held on the last weekend in October. Comments included:

- Set up and assistance was top notch.
- Everything excellent. Look forward to coming back 2012.
- The retiree health fair was excellent. A good thing for Fort Hood.
- Absolutely found this event to be quite informative!
- Everyone was very helpful and the services offered were great.
- An excellent health & information program that is a benefit for all retirees/spouses
- The volunteers were very helpful in directing traffic, showing what stations to go to & very courteous
- Medicine disposal was a very good idea. Health fair was very informative!

Red Cross office donates iPads to Warrior Combat Stress Reset Center

The CRDAMC American Red Cross office gifted two iPads Dec.. 1 to the hospital's Warrior Combat Stress Reset Center, as part of the Red Cross's Military Hospital Outreach Program.

This is the second donation made by the Red Cross office. The office previously donated 2 iPads the Reset Center in June 2011.

Jerry Wesch, clinical psychologist and director of the Reset Center, said he is excited to get all the tablets as they are ideal to help get necessary inspirational and educational information to the Soldiers at the center.

"Today's young Soldiers are very computer literate and get most of their information via the computer," he said. "If I can reach more Soldiers through the use of modern technology, then all the better."

In addition to the inspirational and motivational material, Wesch said he plans on loading the iPads with other useful items such as tests and questionnaires used for Post Traumatic Stress Disorder assessment and some memory/concentration tools for improving cognitive function. Reset Center Soldiers will be able to checkout the iPads through the front office.



CRDAMC Commander Col. Patrick Sargent (left), poses with Red Cross volunteer Gail Pierce (center) and Jerry Wesch, clinical psychologist and director of the Warrior Combat Stress Reset Center. The hospital's American Red Cross office gifted two iPads to the Reset Center Dec.. 1.

CRDAMC holiday hours

CRDAMC and its primary care clinics will modify operating hours in observance of the III Corps and Fort Hood training holidays and the federal holidays for Christmas Day and New Year's Day, Dec. 23-26 and Dec. 30-Jan. 1. The hospital remains open every day for emergency services, inpatient care, and labor and delivery services.

Friday, December 23 - III Corps, Fort Hood, and CRDAMC Training Holiday:

Thomas Moore, Bennett and Collier (West Fort Hood) Health Clinics and the Killeen, Harker Heights and Copperas Cove Medical Homes will be open for regular appointments by calling 288-8888. The Pediatric Clinic will be closed. All pediatric patients in need of care may use the Thomas Moore walk-in clinic for acute care or the Emergency Room for acute illness of a more urgent nature. All CRDAMC pharmacies will be open from 8:30 a.m.-5 p.m.

Saturday, December 24 - Christmas Eve:

The Weekend Acute Care Clinic (WACC) will be open at Thomas Moore Health Clinic on 58th Street and 761st Battalion Avenue. The clinic is open for walk-in care from 8-10 a.m. and 1-3 p.m. This clinic is for active-duty Soldiers and TRICARE Prime enrollees assigned to CRDAMC's family medicine clinics, Medical Home clinics, Troop Medical Clinics, and the Pediatric Clinic. All other clinics are closed. The Main Outpatient Pharmacy and Thomas Moore Pharmacy will be open from 8:30 a.m.-5 p.m. The Refill Pharmacy at the Clear Creek PX will be open from 9 a.m.-5 p.m.

Sunday, December 25 - Christmas Day:

All clinics and pharmacies are closed. The CRDAMC Emergency Department will be open.

Monday December 26 – Federal Holiday Observed:

The Weekend Acute Care Clinic will be open at Thomas Moore Health Clinic on 58th Street and 761st Battalion Avenue. The clinic is open for walk-in care from 8 – 10 a.m. and 1 – 3 p.m. This clinic is for active-duty Soldiers and TRICARE Prime enrollees assigned to CRDAMC's family medicine clinics, Medical Home clinics, Troop Medical Clinics, and the Pediatric Clinic. The Refill Pharmacy at the Clear Creek PX will be open from 9 a.m. – 5 p.m.

December 27 – 29:

Darnall and all outpatient clinics will maintain normal operating hours.

Friday, December 30 – III Corps, Fort Hood, and CRDAMC Training Holiday:

Thomas Moore, Bennett, and Collier (West Fort Hood) Health Clinics, and the Killeen, Harker Heights and Copperas Cove Medical Home clinics will all be open for regular appointments by calling 288-8888. The Pediatric Clinic will be closed. All pediatric patients in need of care may use the Thomas Moore Walk-In Clinic for acute care or the Emergency Room for acute illness of a more urgent nature. All CRDAMC pharmacies will be open from 8:30 a.m.-5 p.m.

Saturday, December 31: New Year's Eve:

The Weekend Acute Care Clinic will be open at Thomas Moore Health Clinic on 58th Street and 761st Battalion Avenue. The clinic is open for walk-in care from 8-10 a.m. and 1-3 p.m. This clinic is for active-duty Soldiers and TRICARE Prime enrollees assigned to CRDAMC's Family Medicine Clinics, Medical Home clinics, Troop Medical Clinics, and the Pediatric Clinic. The Refill Pharmacy at the Clear Creek PX will be open from 9 a.m.-5 p.m.

Sunday January 1: Normal Weekend hours at Weekend Acute Care Clinic

The Weekend Acute Care Clinic will be open at Thomas Moore Health Clinic on 58th Street and 761st Battalion Avenue. The clinic is open for walk-in care from 8-10 a.m. and 1-3 p.m. This clinic is for active-duty Soldiers and TRICARE Prime enrollees assigned to CRDAMC's Family Medicine Clinics, Medical Home clinics, Troop Medical Clinics, and the Pediatric Clinic. The Refill Pharmacy at the Clear Creek PX will be closed.

Monday January 2: New Year's Day Federal Holiday Observed

The Weekend Acute Care Clinic will be open at Thomas Moore Health Clinic on 58th Street and 761st Battalion Avenue. The clinic is open for walk-in care from 8-10 a.m. and 1-3 p.m. This clinic is for active-duty Soldiers and TRICARE Prime enrollees assigned to CRDAMC's Family Medicine Clinics, Medical Home clinics, Troop Medical Clinics, and the Pediatric Clinic. The Refill Pharmacy at the Clear Creek PX will be open from 9 a.m.-5 p.m.

Darnall and all outpatient clinics will resume normal operating hours on Tuesday, January 3.

Darnall's Nurse Advice Line is available 24/7 by calling (254) 553-3695. Individuals living in the Fort Hood area entitled to military healthcare may talk to registered nurses about urgent health issues, guidance on non-emergency situations, and information about self-care for injuries or illnesses.



Santa Claus visited all the good children (and adults) at CRDAMC's Christmas Tree and Menorah Lighting Ceremony Dec. 12, inside the hospital's main entrance. After a holiday message from the commander, Col. Patrick Sargent, a special guest from the Pediatrics ward lit the Christmas tree and menorah. Christmas caroling and music and refreshments rounded out the festivities.