

July 15, 2011

“ONE TEAM”

# Script

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## New Command Team brings fresh ideas and perspectives to CRDAMC



Sgt. 1st Class Victor Price

By Brandy Gill,  
CRDAMC Public Affairs Office

Carl R. Darnall Army Medical Center, recognized as the “face of Army Medicine,” welcomed its newest command team members and said goodbye to familiar faces in a change of command ceremony June 23 at Sadowski Field here.

Colonel Patrick D. Sargent, a Panama City, Fla., native, and Command Sgt. Maj. Christopher Walls

assumed command from Col. (Dr.) Steven E. Braverman and Command Sgt. Maj. Keith Seidler, who have led the hospital for the last two years.

Maj. Gen. M. Ted Wong, commander of the Southern Regional Medical Command and Brooke Army Medical Center, praised Sargent at the change of command ceremony saying he is confident in Sargent’s ability to lead Fort Hood’s medical center.

“Patrick’s numerous achievements and accomplishments are well known in the Army Medical Department. He brings tremendous leadership and deployment experiences that will benefit Darnall and Fort Hood,” Wong said. “Patrick, you have my complete trust and confidence as you take command of CRDAMC, a distinguished medical center that provides high quality health care for military beneficiaries in the Fort Hood community, ‘the great place.’”

This is Sargent’s fourth tour at Fort Hood. He was first commissioned into the Army as an Adjutant General Corps officer and soon after became a medical evacuation Blackhawk helicopter pilot.

Throughout his career he has gained a great deal of operational and deployment experience with the Army health care system, leading a series of medical units such as the 236th Medical Company; Charlie Company, 115th Forward Support Battalion, 1st Cavalry Division; 421st Medical Evacuation Battalion; and 62nd Medical Brigade, Medical Task Force.

“I appreciate the opportunity to command this outstanding organization. I am committed to honoring the sacred trust that exists between the medical and tactical unit commanders, providing world class health care to our Soldiers, Family members and retirees,” Sargent said. “I have witnessed the destructive nature of combat operations and its impact on the Soldier and Army Family. I embrace the

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## NEW COMMANDER | CONTINUED

ethos of ‘providing strength for the warrior, hope for the wounded and comfort for the dying.’”

Sargent said his previous assignment as the Chief of Staff for the Army Medical Command’s Warrior Transition Command in Arlington, Va., has made him uniquely qualified and prepared to lead CRDAMC.

“In my previous job, I learned a valuable lesson: when you wound a Soldier you wound a family, and for the recovery process to be effective, the medical staff and patient must focus on the patient’s abilities, not their disabilities,” he said. “I am committed to being the Medical Command’s number one patient advocate.”

Braverman, who faced many challenges during his time as CRDAMC’s commander including the tragic events that occurred at Fort Hood on Nov. 5, 2011, said he too has full faith in the new command team’s ability to lead the medical center.

“Col. Pat Sargent and Command Sgt. Maj. Chris Walls will

make a great command team for CRDAMC. Their operational experience leading FORSCOM medical units in garrison and on the battlefield will set the stage for the critical medical coordination among all of the Fort Hood units during this time of high operational tempo,” he said.

Sargent said he will continue to improve upon Col. Braverman’s successes, but looks forward to implementing new ideas as well.

“It’s all about access to care for the Soldiers and their families,” he said. “I want to make sure that the community understands that we appreciate their support, and we are



Patricia Deal, CRDAMC Public Affairs

*“I embrace the ethos of ‘providing strength for the warrior, hope for the wounded and comfort for the dying.’” Col. Patrick Sargent*

going to reciprocate by providing only positive experiences for them when they come in for their medical care. They can continue to trust in Darnall.”

Carl R. Darnall Army Medical Center has more than 4,000 Soldiers, civilians and contract employees and serves approximately 175,000 military and retiree beneficiaries and their family members. Daily, the medical center averages about 4,622 outpatient appointments, 26 admissions, 26 surgeries, eight births, 202 emergency room visits; and its pharmacies fill about 4,500 prescriptions.

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## Controlled substance use limited to six months from dispense date

By Brandy Gill,  
CRDAMC PAO

Recent changes to Army Medical Command regulation 40-51, Medical Review Officers and Review of Positive Urinalysis Drug Testing Results, now limits the length of time Soldiers can use prescribed controlled substance medications to six months from the date it was dispensed.

The all Army activities message (ALARACT), was issued by the Office of the Surgeon General Feb. 23, 2011, and the changes are now being implemented Army-wide.

This announcement may seem minor, but it could potentially be a career-ender for any Soldier who has these types of medicines, Col. Kimberly Kesling, Carl R. Darnall Army Medical Center medical corps deputy commander for clinical services, said.

All it would take is a positive urinalysis test.

“A positive urinalysis that occurs after the prescription dispensing date may result in a ‘NO LEGITIMATE USE’ finding and subsequent Uniformed Code of Military Justice (UCMJ) action,” Kesling said.

This is a major change from how positive urinalysis tests due to prescribed controlled substances used to be handled, Lt. Col. Gwendolyn Thompson, CRDAMC’s chief of the department of pharmacy, said.

“Previously, if a Soldier had a positive urinalysis test all they had to do was present their medication profile showing they were prescribed the controlled substance drug within that year and a valid use would be assumed,” she said. “But now, after six months from the dispensing date, it’s no longer considered valid use.”

Some of the most commonly prescribed controlled substances dispensed at CRDAMC pharmacies are Percocet, Oxycontin, Morphine, Vicodin, Tylenol No. 3, Xanax, Ambien and Lunesta, but there are others Soldiers should be aware of, too.

Anyone who receives a controlled substance medication from a CRDAMC pharmacy should be fully aware of it before they leave the facility, Kesling said.

“Controlled substance medications are

classified by the Drug Enforcement Agency (DEA) as a medication with the potential for abuse,” she said. “These medications are easily identifiable when dispensed at your pharmacy because a signature for receipt will be required and a pharmacist will counsel you that the medication is a controlled substance.”

Pharmacists are also handing out a letter that explain the change in policy which includes a list of the most commonly prescribed controlled substances, Thompson said.

“In addition to individually counseling each Soldier your prescription bottle will have a distinct red warning label which states, ‘Do Not Use six months after dispensing date. May result in ‘NO LEGITIMATE USE’ on urinalysis,” she said.

Providers and pharmacies are limiting prescription quantities for these types of medications to a 30-day supply maximum for acute conditions, too.

However, if a Soldier has a chronic condition they can still get the medications they need, but instead of one large prescription that would last for several months they will now get an initial 30-day supply with up to five 30-day refills.

Providers can still write 90-day prescriptions for controlled substance medications that treat attention deficit hyperactivity disorder, and deploying Soldiers will continue to receive a six-month supply of their medications before they deploy.

Even though providers and pharmacies are required to follow these new rules, responsibility still falls on the Soldier to make sure they are in compliance Thompson said.

“We all have medicine cabinets or shelves full of prescription medications. Soldiers tend to keep medications that are for pain if they don’t use it all initially,” she said. “A year later the Soldier has trouble with pain again

and goes to the medicine cabinet and grabs the controlled substance. That’s what’s going to get them in trouble. They have to read the labels and pay very close attention to the dispense date.”

Soldiers can avoid this situation all together by safely disposing of the prescribed medication once the six-month grace period ends.

According to the U.S. Food and Drug Administration’s website there are several different ways to appropriately get rid of unused medications.

One way would be to look for medicine take-back programs. Another way would be to mix the medication with unpalatable substances like kitty litter, put the mixture in a sealable plastic bag and throw it away with household trash.

However, there are highly dangerous medications, like Oxycontin, Morphine and Percocet that should be flushed down a toilet or sink instead the website says.

“There is a small number of medicines



Patricia Deal, CRDAMC Public Affairs

Specialist Felipe Carreno picks up his prescription from CRDAMC Pharmacist, Stephanie Kohan.

that may be especially harmful and, in some cases, fatal in a single dose if they are used by someone other than the person the medicine was prescribed for,” the website states. “When you dispose of these medicines down the sink or toilet, they cannot be accidentally used by children, pets, or anyone else.”

A complete list of medications that should be flushed can be found at U.S. Food and Drug Administration, [www.fda.gov](http://www.fda.gov).

If a Soldier has questions about the new regulations concerning the proper use or disposal of a prescribed controlled substance medication, they can always ask any CRDAMC pharmacist Thompson said.

## High temperatures and heat-related injuries can go hand in hand

By Brandy Gill,  
CRDAMC Public Affairs

Many consider summer the season of endless fun in the sun, but Texas heat and humidity are both potential factors for serious, or even life-threatening, heat-related injuries.

In 2010, there were 1,734 reported heat injuries among Soldiers Army-wide. Of that number, 207 suffered from heat strokes, and sadly, one Soldier died, Maj. Rebecca Zinnante, the Carl R. Darnall Army Medical Center chief of environmental health said.

“Statistically those numbers may seem low, but it’s still frustrating because it (heat injury) is one of very few injuries that is completely preventable with training and proper acclimation,” she said.

Zinnante said what most people fail to understand is that heat injuries start with minor symptoms, but left untreated, they can lead to serious medical conditions or even death.

“Heat-related injuries are cumulative. Today’s dehydration can lead to tomorrow’s heat exhaustion and the next day’s heat stroke, and in extreme cases, death,” she said.

Still, even though it’s hot outside, mission requirements must be met.

That’s why leaders should be able to balance meeting those requirements with the best interest of Soldiers, Sgt. George Soliz, CRDAMC noncommissioned officer in charge of preventive medicine, said.

“Soldiers need leadership support. Don’t

wait for a policy letter. Do the right thing because it’s the right thing to do,” he said. “If you are going to have Soldiers cut the grass or do a police call, have them do it in the morning right after PT instead of at 4 p.m. in the heat of the day.”

Sometimes however, Soldiers are training and there is no way to avoid the hottest part of the day. In those instances Soliz said it’s important to plan ahead.

“Make sure your Soldiers take breaks and always have plenty of water available,” he said.

Everyone should be aware of the widely varying symptoms of heat injury.

Some, like dry mouth, sunburn or heat rash are more common and are usually easy to recover from if you drink plenty of water, use sun block and rest regularly in a cool or shady location.

Other symptoms, like dizziness, fatigue, headaches, shortness of breath, nausea or vomiting, muscle cramps or spasms, or an altered mental state are considered to be severe. If you are experiencing these symptoms you should seek medical aid immediately.

Several things can determine how heat will impact you.

If you are physically fit, well hydrated, get plenty of rest, proper sleep and eat balanced meals you are probably less likely to become a heat casualty.

On the other hand, if you smoke, are overweight, consume excessive alcohol or if you are taking medications that make you more sensitive to sunlight, your chances of succumbing to heat-related illnesses increases.

Those who are new to extremely hot areas like Texas may be particularly at risk until they have had time to adjust to their new environment, which usually takes about two weeks, Zinnante said.

Following Army guidelines on how to prevent heat-related illnesses is even more

important now since Central Texas is experiencing record-breaking temperatures. These temperatures have kept the Fort Hood area in heat category five (above 90 F) throughout the month of June, Senior Master Sgt. Paul Walker, operations superintendent with the 3rd Weather Squadron, said.

“The average high temperature for June at Fort Hood is 90 F, and through the 13th of the month, the average high temperature has been 97 F,” he said.



Sgt. George Soliz, CRDAMC preventive medicine NCOIC, trains Spc. Ravibol Nissay, a CRDAMC preventive medicine specialist, on the proper use of a Wet Bulb-Globe Temperature Kit, a device that tells the ambient temperature. A WBGT is part of a unit’s field sanitation kit, and it should be monitored closely during training, especially in hot and humid conditions.

According to Walker, there may be no relief from the dangerously high heat any time soon.

“For the next two weeks, temperatures are forecast to remain 5-7 degrees above normal,” he said. “Long range temperature forecasts point to above normal temperatures throughout the summer.”

So whether you are training, working in the yard, playing sports or just hanging out you should always be aware of the temperatures, drink plenty of water and take regular breaks in a cool area.

“You can still beat the heat,” Zinnante said. “With proper rest, fluids and a good diet you don’t have to stop working or playing just because it’s heat category five.”

For additional information and resources on preventing heat injuries please visit the Army Public Health Command website at: [www.phc.amedd.army.mil/Pages/default.aspx](http://www.phc.amedd.army.mil/Pages/default.aspx).



Sgt. George Soliz, and Spc. Ravibol Nissay, both from Darnall’s preventive medicine department, take a break from training to rehydrate while resting under a tree. Record breaking temperatures in Central Texas kept the Fort Hood area in heat category five throughout the month of June.

# Medically ready to deploy validated by Fort Hood SRP site

By Patricia Deal,  
CRDAMC Public Affairs

“Ready or not” may be an old cliché, but it’s the staunch motto for the Operational and Deployment Medicine professionals at Darnall.

Since the “readiness of the force to fight is determined by the readiness of its Soldiers,” U.S. Central Command policy dictates that each Soldier who deploys to their area be validated as “medically ready to deploy” by one of the deployment processing centers.

“It’s our responsibility to validate a unit’s preparation to deploy. Guided by strict standards set by the Army, we determine if Soldiers who deploy are medically and mentally fit to perform their mission under austere conditions,” said Lt. Col. Jeffrey M. Callin, chief, Department of Operational & Deployment Medicine. “We have to make sure that Soldiers with medical needs that exceed the capabilities of the theater of operations do not enter that theater of operations.

“Medical readiness does not happen overnight, or without effort,” Callin continued. “There are a number of resources and systems that enable commanders to effectively manage the readiness of their Soldiers. Plus, understanding how each of the different sets of standards impact the readiness of the unit is crucial for commanders to be successful in preparing to deploy.”

To ensure Soldier medical readiness, MEDCOM has implemented a series of health assessments and readiness tools to optimize the health/fitness of peacetime forces, maintain the health/fitness of deployed forces, and ensure the physical and mental health of redeployed Soldiers to original optimal levels. Callin stated that all the medical readiness support assets of the hospital are available in one department, providing convenient access and improved coordination and responsiveness for units.

All units leaving and returning from deployment must go through Soldier Readiness Processing, where units undergo administrative and medical screening services. The CRDAMC SRP center handles the medical readiness portion for all active-duty personnel and Reserve and National Guard units de-

ploying from Fort Hood. In 2010, the center processed almost 28,000 Soldiers for pre-deployment and 16,000 for post-deployment.

“We know how important it is to achieve a high deployable status. But we also know the importance of making sure that every single Soldier who leaves here is medically ready to deploy,” said Lt. Col. Mark Young, commander of the 7239th Medical Support unit that manages the SRP. “We don’t push things through just to meet deadlines or meet quotas. There are just too many negative consequences for taking shortcuts when it comes to the medical readiness of Soldiers.”

His staff is well-versed in the medical standards and requirements set by MEDCOM to determine a Soldier’s medical readiness, Young said. Not only are the staff competent, they are very conscientious, too. They are willing to do whatever is necessary to process units through, whether it’s working extra hours to process units or working with individual Soldiers who have missing records or specific medical requirements.

Most Soldiers are very familiar with the SRP, as many have had multiple deployments.

An Ohio National Guardsman on his second deployment, referred to the SRP as a “necessary evil.”

“It might be confusing and painful, as it’s a long process, but trust me, it is vital. You have to be fit and ready the minute you land in theater,” Chief Warrant Officer3 Jeff

Beard said. Beard’s Ohio National Guard unit, the 1484th Transportation Company recently processed through the SRP.

Keeping track of a Soldier’s and a unit’s, medical readiness is simple and easy with the Medical Protection System (MEDPROS) developed by MEDCOM, according to Stacey L. Daniels, MEDPROS readiness coordinator for CRDAMC.

“MEDPROS is an excellent tracking tool. All data is current, accurate and immediately available. Since it’s stored electronically, it follows Soldiers wherever they are. The information is never deleted, so it will always be accessible for retirees and veterans,” Daniels added.

MEDPROS, originally started in 1998 as an electronic means to track anthrax shots for Soldiers, has since evolved over the years to include even more information and to be more efficient and timely, Daniels said.

MEDPROS data includes immunizations, permanent physical profiles/duty limitations, blood type, pregnancy screening, DNA, HIV and dental status, among other data elements. Actual medical information and test results are kept private. Beyond the provider level, the only data shown are dates and status with go or no-go ratings.

“The good thing about MEDPROS is that you know the data is current and accurate. Each clinic has at least one MEDPROS coord-

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Soldiers from various units line up at different stations as they process through the CRDAMC Soldier Readiness Processing center. Specialist Nicholas Saylor (left), from the 129th Aviation Regiment in Colorado, has his blood pressure checked before receiving his anthrax and typhoid vaccines at the SRP. The center handles the medical readiness portion for all active-duty personnel and Reserve and National Guard units deploying from Fort Hood.

SRP | CONTINUED

dinator to enter the Soldier's data at point of service," Daniels said.

In addition to the point-of-service feature, another great feature of MEDPROS is that it allows designated MEDPROS administrators at units to pull data on their Soldiers for reporting purposes to determine the units' readiness percentage, Daniels stated. She holds twice-monthly training sessions for assigned MEDPROS administrators at the units to show them how to manage data for their Soldiers and to create reports that give commanders a snapshot of the unit's readiness status.

"Unit readiness is reported all way up the chain to the installation commander. The percentages by themselves don't necessarily indicate the overall readiness, as percentages can vary, depending on deployment cycles and a unit's profile status," Daniels explained. "Obviously the goal is 100 percent, but a good range for a combat unit is 90 percent and 80 percent for combat support units. Typically, when a unit is closer to its deployment, it can reach 100 percent."

The latest change to MEDPROS is the addition of eProfile, which files electronic copies of a Soldier's temporary or permanent profiles. Electronic documentation ensures commanders are aware of profiles and how it affects their units' readiness. It also helps in the medical board evaluation process to identify soldiers who may be medically not ready.

In addition to the pre- and post-deployment processes, Soldiers are required to undergo a Post-Deployment Health Reassessment, a health screening designed to protect and evaluate the health of those returning from combat. Targeted at three to six months after return from deployment, it provides education, screening, assessment, and access to care for a wide variety of questions and concerns that Soldiers/veterans may have about their health.

Service members will be asked to answer a few screening questions, and then discuss their health concerns with a healthcare provider to determine if further evaluation, additional treatment, or health-related information is needed.

"The PDHRA is an important step in ensuring the medical readiness of Soldiers. The post deployment process happens right after the Soldier gets back, and some conditions or issues may not have presented by then," Daniels said. "This way, we're ensuring that we're doing everything possible for the Soldier."

Daniels said the Operational & Deployment Medicine department completed more than 12,616 PDHRAs in 2010.

# 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.



### JeNa Green, TMC 12

June 16: Ms. Green went above and beyond to accommodate appointments for me. She was really helpful during the whole process of my physical exam.



June 23: I am a recruiter out of Dallas. I've been using the TMC 12 Flight office for three years now! Much easier process! Thanks Ms. Green for your hard work with my recruits. She was in constant contact with me via email/phone to ensure we were squared away! I've received emails from her even on Saturdays! We were able to complete both parts of the flight physicals the same day! She is compassionate to the needs of us recruiters! She also tells us like it is! Smoother process all the way around. She deserves recognition. She really works hard.



### Dr. William Price, Thomas Moore - positive APLSS comment

COMPLETELY SATISFIED: Dr. Price did an outstanding job and went above and beyond. I was in the process of conducting a PCS move and the soonest that I could get an appointment with my PCM to take care of a long standing issue that ultimately resulted in me getting a permanent profile in a time frame that would meet my PCS needs. I had spoke to Dr. Price as the OIC of Thomas Moore TMC at Fort Hood to see if there was anything that he could do to get me in to see another care manager in a time frame that fit my PCS move. When his staff was unable to find an open appointment that met my needs he (as the OIC of the TMC) personally agreed to see me. He was extremely helpful, a true professional and I sincerely appreciate him going the extra distance to help out patients assigned to his clinic.



## Red Cross gives iPads to Warrior Combat Stress Reset Center

Col. (Dr.) Steven Braverman (center), former commander of Carl R. Darnall Army Medical Center, displays two iPads which were gifted to CRDAMC's Warrior Combat Stress Reset Center June 20 by the hospital's American Red Cross office. As part of its Military Hospital Outreach Program, Debbie MacDonald (left), assistant station manager for the CRDAMC Red Cross office, presented the iPads to Dr. Jerry Wesch, clinical psychologist and director of the Warrior Combat Stress Reset Center.



Patricia Deal, CRDAMC Public Affairs

## WTB Soldiers compete in Model Toy Contest

By Gloria Montgomery,  
WTB Public Affairs

Having a hobby is a great stress reliever and Soldiers from the Warrior Transition Brigade received recognition for the fruit of their labors at the WTB's model toy contest, June 15 at WTB Headquarters.

Sgt. 1st Class Julie Burgin, WTB cadre, won 1st place in the Cadre Division for her World War II-era U.S. Navy patrol torpedo boat.

Sgt. 1st Class James Newport's tank, which he covered with sand after painting, earned him 1st place in the Warrior in Transition category.



Warrior Transition Brigade Command Sgt. Maj. Kyle Crump inspects the intricate details of a World War II-era U.S. Navy patrol torpedo boat, which won 1st place in the cadre division of the brigade's model toy contest.



Staff Sgt. Queston Newell tries to speed dry a last minute touch up to the nose gear of his British Hawker Harrier jet he entered in the WTB's model toy contest.

Staff Sgt. Queston Newell, from Lubbock, Texas, earned second place in the same category for a camel-colored British Hawker Harrier jet model he assembled.

Newell said the project was challenging because of his injured right hand, and estimated it took him about three weeks from start to finish.

All Soldiers submitting models said it was challenging and fun, but "a real test in patience."

## MEDCOM Conducts Training Symposium in San Antonio

By Maria Tolleson, OTSG Public Affairs

Army Medicine has evolved tremendously since the first attempt was made to stem the flow of blood on the battlefield. This was the theme expressed by Lt. Gen. Eric Schoomaker, Army Surgeon General, who addressed thousands of attendees at the Army Medical Command's Training Symposium, held in San Antonio June 27-29.

"Army Medicine is an integral part of what keeps the Army strong," he said, addressing the assembly for the last time as the Army Surgeon General. "Meeting Warrior needs for everything from battlefield injuries and illness to preventive health, keeping them ready and resilient; and meeting the needs of the military family, beneficiaries, and retirees."

He showed a brief video with a quote from former Army Vice Chief of Staff of the Army Gen. Richard A. Cody who said, "When I think of Army strong, I think of Soldiers – their doctors, nurses, their therapists and technicians. The people who stare death in the face and say... not on my watch...not in my emergency room...not in my ward...not today...not this Soldier."

One of the reasons we are able to proclaim, "Not today... Not this Soldier," he said, is because Army Medicine is a learning organization that has evolved continually since our early roots during the Revolutionary War.

He mentioned contemporary initiatives such as the Joint Trauma Training System, the Pain Management Task Force, and the Dismounted Complex Blast Injury Task Force. He also mentioned the HIV vaccine which the Army helped develop in concert with numer-

ous partners to include the Thai government—a breakthrough which Time Magazine recognized as one of its Top Ten significant medical breakthroughs for 2009.

"As a direct result of 10 years of conflict, I believe Army Medicine is in the midst of a significant transition; one focused on addressing a broad range of health and one that places the patient at the center; ultimately responsible for holistically addressing his or her health needs—mind, body, and spirit, social and family fitness," he said.

Among the advances he cited was the evolution of the Medical Corpsman to the Combat Medic, Rapid Aeromedical Evacuation, the significant gains made in the treatment and management of Post Traumatic Stress and Traumatic Brain Injury, increased access to and reduction of stigma associated with Behavioral Health Care, the creation of Warrior Transition Units and the development of Community Based Medical Homes.

Schoomaker closed his remarks with a reminder that each war brings new challenges.

"Like our predecessors, we have adapted, evolved, and continually improved in the realm of science, material, TTPs and clinical guidelines. An extremely tough enemy coupled with increased battlefield survival rates are resulting in increased wounded service members with multiple amputations, and complex and devastating injuries—some plain to see and some hidden. They will require our clinical and emotional support for years to come. With the trust of families and partners, Army medicine, and our fellow medical departments in other services and the VA, we will return our Wounded Warriors to maximum health."

# HOSPITAL *Happenings*

## August is Immunization Awareness Month

The Center for Disease Control emphasizes that it is always better to prevent a disease than to treat it, and vaccines are the best means we have to help prevent infectious diseases and save lives.

Be sure you and your family are up-to-date on all your immunizations. It is important for infants, children and even teenagers to receive the recommended vaccinations. Take care of your children's immunizations at Darnall's upcoming Sports Physical and School Immunization Clinic.

For more information on vaccinations, to include recommended types and timelines, visit the CDC website at <http://www.cdc.gov/vaccines/vac-gen/default.htm>.

## World Breastfeeding Week August 1-7

The World Alliance for Breastfeeding Action, a global network of individuals and organizations, has paved the way for hundreds of countries to join together and protect, promote, and support breastfeeding in their communities. Since 1991, World Breastfeeding Week is celebrated in more than 170 countries worldwide.

For those new mothers who have decided to breastfeed, Darnall's new Women's Health Center offers a two-hour class covering topics such as: getting started breastfeeding, how your body makes milk, positioning, latch on and overcoming common challenges. An overview of breast pumps and technology is also included.

If you have questions you can also call our Certified Lactation Consultant at 288-8263 before or after the birth of your baby. The Mother Baby Unit also has Certified Lactation Consultants who can help initiate breastfeeding while you are in the hospital.

## Army Medicine Bringing Value...Inspiring Trust!

July 27 is the 236th birthday for Army Medicine.

Thank your doctor, medic, nurse, technician, and all other Army medical professionals for their service!

The warrior medics of the past and present exemplify the spirit of our regimental motto, "to conserve fighting strength."

America's premier medical team is dedicated to "saving lives, fostering healthy and resilient people."

## Children's sports physicals and immunizations

Darnall is sponsoring a Sports Physical and School Immunization Clinic on Saturday, July 30 and Saturday, August 13, from 8 a.m. - 3 p.m., at the Charles Thomas Moore Health Clinic located at 58th Street and 761st Tank Battalion Avenue, Fort Hood.

Children of active duty service members and retirees ages four to 18 are eligible and must be accompanied by a parent or guardian. Children ages 10 or older must have a military ID card and be dressed in gym clothing and shoes.

The parent or guardian must bring the child's ID card, immunization record, medical record and the sports physical form provided by the child's school. Only immunizations that are required by the State of Texas for school attendance will be given at this clinic.

Fort Hood Child and Youth Services require sports physicals for children of all ages for participation. Killeen Independent School District and Copperas Cove Independent School District require sports physicals only for children in grades 7, 9, and 11 unless there has been a change in the student's medical condition since their last examination or are new to the school district. The Killeen Parks and Recreation Department does not require sports physicals for participation.

Parents should call 288-8888, Monday through Friday, 7 a.m. to 4 p.m., to schedule or cancel appointments.

## New Medical Home opening in Killeen

The third of the Fort Hood Community Based Medical Homes is scheduled to open in Killeen in August.

The other two Community Based Medical Homes, one in the Market Heights shopping center in Harker Heights and one in the Town Square shopping mall in Copperas Cove, opened their doors for patients in May.

The Fort Hood Medical Homes are among 19 community-based care units that the Army has opened in 11 communities across the continental U.S. and Hawaii.

Both revolutionary and old-fashioned, Army officials state the concept for the Medical Homes is based on a new patient-centered model of healthcare being adopted across military and civilian healthcare systems. The idea is to help military families develop the same trust and relationship with doctors and nurses that many civilians have with their local doctors.

The clinics are based where patients live, thus making access to care more convenient. The clinics also offer continuity of care as patients are assigned to a team headed by a physician that will manage and track their care. Patients see familiar faces with every visit.

Contact TRICARE for more information about enrollment in the Community Based Medical Homes.