

**Army Medical  
Specialist Corps**

# The Medallion

Volume 16, Issue 3

July 2004

## Corps Chief's Message

*COL Rebecca Hooper*

*Chief, Army Medical Specialist Corps*

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SP Corps celebrates 57th Anniversary!

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Update from the 67th CSH in Mosul

#### **Friend indeed!**

6 years after camp, buddy offers kidney to an OT

SPs are in the News doing great and wonderful things!

#### The Rumor Mill

I was scanning the "Early Bird" yesterday and ran across a quote attributed to Mark Twain that I liked. (For those of you not familiar with the daily press clippings put together by the Defense Technical Information Center (DTIC) at <http://ebird.dodmedia.osd.mil/> it's well worth the read on a frequent basis.) Twain's quote goes like this, "The trouble with the world is not that people know too little, but that they know so many things that ain't so."

That thought is particularly apt in today's world and today's changing Army. People know A LOT of information. How can we help but know lots and lots about lots and lots when the internet and email are just a mouse click away?

The problem as I see it is that because things are changing so rapidly, many of you may have heard some subtle (and some not so subtle) things about Army Transformation, Modularity, Military to Civilian Conversion, BRAC, and many other significant activities going on around us.

I need to repeat what Twain said and assure you that much of what you hear "ain't so". Much of what you hear is rumor or speculation. From where I sit, I assure you that the details regarding the size and future structure of the Army Medical Specialist Corps is neither set in concrete nor is it all doom and gloom. The senior SP leadership is involved in all of the processes that are occurring and bringing important issues to the table. We know what you do and how well you do it. When all is said and done, I am of the opinion that the Corps is as viable and as valuable to the AMEDD and to the Army as it has ever been. I'm also confident that the Specialist Corps is structured to afford the OTs, PTs, Dietitians, and PAs of today a full and rewarding career in the military.

Thanks for everything you do everyday. May all of our deployed Soldiers be safe and return to us soon.



**"Fairness, diligence, sound preparation, professional skill and loyalty are the marks of American military leadership."**

**GEN Omar Bradley**

# Chief, Occupational Therapist Message

**COL Karen Cozean**  
**Chief, Occupational Therapist Section**

On July 8<sup>th</sup> we had a change of command for the Surgeons General and I'd like to share a snapshot of what I observed. It was an impressive ceremony and this tradition reinforced that we all are part of a bigger whole and the tremendous responsibility each member of the AMEDD has in providing medical care to our beneficiaries. The soldiers on the parade field did an outstanding job, they were sharp, and they impressed the many dignitaries present for this occasion. Army Chief of Staff, General Peter J. Schoomaker, during his speech, respectfully acknowledged how the line appreciates and counts on the medic to save Soldiers lives. MG Kiley, during his speech, shared four important points worth repeating. They were: 1) Always strive to provide the best **Quality** care to our patients; 2) It is about **Service** to the Soldier, to the Army and to our Nation, 3) **Discipline** to maintain the Army core values in all that we do, and 4) To **Empower** people to do their jobs. I invite each of us to incorporate these directives in our day to day.

## **Deployments**

We welcome back CPT Joanna Atherton and SSG Tina Hamilton who have just returned from serving six months with the 31<sup>st</sup> CSH. We thank them for their service and look forward to having them share their lessons learned and experiences with you. CPT Charles Quick, SFC Berrie Land, and MAJ Kurt Brower continue to do a great job, returning Soldiers to duty while serving with the 31<sup>st</sup> CSH. Rehabilitation in Iraq is minimal and CPT Quick has been working with a local 4-year-old girl to help her regain function after sustaining a SCI from a GSW to her back. Both OT and PT have helped her regain function and her mobility with a walker beats the WC she started with. CPT Michael Kim is deploying with the 115<sup>th</sup> FH, and is presently making preparations at Ft. Polk this week. SSG Damon Rush, SSG Tim Jones, SSG Rachelle Neal and SSG Ryann Ortiz will also deploy with the 115<sup>th</sup>. SSG Darryl Suarez deployment was extended and we hope it won't be long before he returns home safely with the 98<sup>th</sup> CSC Detachment. SPC Megan Martin is supporting the 67 CSH. Continue to keep all of our Soldiers in your prayers.

To capture our deployment lessons learned, we will be hosting an after action review September 11<sup>th</sup> at the AMEDDC&S, utilizing video teletraining technology to broadcast this day conference. OT's in the RC will be participating with us as well. OT/OTA's who have deployed to OIF/OEF will need to forward their AAR to me by 6 August so that your information can be incorporated into this program. All OT's are welcome to attend, just let me know, so we can find you a VTT site to participate.

## **Updates**

A number of you have shared with me that we need a leadership course to prepare you for clinic chief positions. MAJ Matt Garber, posted a survey in early May on the Corps community web page to get Corps members feedback on the types of topics you would like offered during the Officer Captain Career Course. I thank those of you who gave us valuable suggestions and we will begin working to incorporate your recommendations into the Captain Career Course. Some of the suggestions included: database management and utilization; how to do a business case analysis; more on leadership and mentoring; logistics, how CEEP and the PBAC process works; OER and NCOERs; and a number of operational training needs were identified to better prepare for deployment.

SFC Lee, MSG Kinsey, and SSG Robinson continue to work on our enlisted staff shortages and are making head way. They have established a process to better monitor the locations of N3's working in N3 positions and 91W positions. They will cross-reference this with our TDA (clinic) and TOE staffing shortages so that we have objective evidence to take forward to HRC. The present way we do business is not working. MSG Kinsey is working with the enlisted chain of command to open the lines of communication between HRC and the enlisted consultants, with the goal of a more responsive system to move N3's to the locations that need them. Presently, 16 TDA/TOE authorized positions are unfilled. Know that we are working to correct this problem.

Remember, to begin the process of requisitioning an N3, make sure your local personnel has entered the requisition into the Enlisted Distribution Assignment System (EDAS), 90 days prior to the departing N3. We continue to miss this critical step and without it, the system will not know of your staffing need. *(continued on next page)*

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## Chief, Occupational Therapy Message continued:

SFC Lee has a new exit survey for our N3's and will begin to capture the reasons our N3's are leaving the Army or leaving the Occupational Therapy profession. All N3's who ETS or work in the 91W MOS permanently, will be asked to complete this survey so again we may capture this important information.

### ***Congratulations!***

Congratulations to CPT Colleen Daniels who was this year's recipient of the Myra L. McDaniel Writers Award for her article, An Ergonomics Based Approach Towards Preventing Work-Related Musculoskeletal Disorders in the Army. I thank all the therapists who submitted, and for your hard work to promote research and publish. We had four excellent submissions this year, and I'd like to share the other three submissions:

1. Restoring Function – EIP Opponensplasty in a USAF F-16 Pilot, A Case Study by CPT David Admire.
3. The Role of the Occupational Therapist in Combat Stress Control Operations by LTC Steve Gerardi and MAJ Sharon Newton
4. The Proper Treatment of Lateral Epicondylitis: An Evidence Based Practice Case by CPT Katie Yankosek

LTC Robinette Amaker received the American Occupational Therapy Association prestigious Fellow Award for her contributions to AOTA, research and teaching. This was presented to her during this year's national conference.

CPT Arthur Yeager received first place, Maddack Award for his Ergo-Knife during this year's AOTA national conference. Please see his article in this Medallion.

I'd like to thank LTC Steven Gerardi and SFC Carlton Lee for providing another outstanding Management of Soldiers with Combat Operational Stress course this past May. LTC Gerardi incorporated the lessons learned from OIF for a timely and relevant course, and it received high marks by the participants who attended. Please see LTC Gerardi's article in this Medallion.

Just a reminder, the Corps Chiefs Award of Excellence for Company Grade Officers is just around the corner. We have outstanding Company grade Officers who deserve this recognition and please submit your applicants by 30 October. Look for the Corps message coming out this week.

### ***Departing Therapists***

It is always difficult to say goodbye to wonderful therapists and the following will be leaving the Army this summer:

CPT Carlos Stanford has been with us for 10 years. Carlos, we thank you for your many contributions to Army OT. You always stepped up to the plate when there was a need and you were always a team player. Your clinical skills in hand rehabilitation helped to heal many Soldiers and we thank you for your service. You will be missed and we wish you well in the PHS.

CPT's Marianne Pilgrim and Philip Guzman, we were graduates of our WR Internship program and they completed their obligation and have decided to continue their careers in the civilian community. We thank you and wish you great success and hope our paths will cross with all three.

Winner of the Myra L. McDaniel Writers Award goes to CPT Colleen Daniels.

Thank you, CSC course

Nominations for the SP Chiefs Award of Excellence are due by **30 OCT**. This award recognizes our outstanding company grade officers. Information about this award is on the SP web site. Please send your completed form to the **Office of the Chief SP Corps, ATTN: MCCS CA, 2250 Stanley Road Suite 276A, Fort Sam Houston, TX 78234-6100**.

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# Chief, Physical Therapist Message

**LTC, Theresa Schneider**  
**Chief, Physical Therapist Section**



LTC (Ret) Agnes Snyder passed away last week.

Do you know who Agnes Snyder was? Like many of you, I didn't, and that's a shame.

LTC (Ret) Snyder played an important role in Army Physical Therapy, as well as the profession of Physical Therapy. She served as an instructor at the Walter Reed General Hospital Physical Therapy Training Program in the 1930's, and was instrumental in keeping the program going during the Great Depression. She later served as the Director of the Army Physical Therapy Program at Fort Sam Houston – twice, first, from 1949-1953 and then from 1958-1960. In between tours as Program Director, LTC (Ret) Snyder served as the Chief, Physical Therapist Section, Office of the Surgeon General, from 1954-1958. Nationally, she served as the speaker of the House of Delegates of the American Physical Therapy Association from 1956-1958, and was elected president of the APTA in 1958, performing the duties of president concurrently with those of Chief, PT and then Program Director. Upon retirement from the Army, Agnes returned to the educational arena, serving as the Director of the State University of New York's Physical Therapy Program for a number of years.

In the words of another of my predecessors, COL (Ret) Metcalf, "LTC Snyder was a wonderful woman and an impressive, historical figure in our profession. We all owe her a great deal for her many contributions to the physical therapy profession, to physical therapy education, and to the U.S. Army."

On behalf of this generation of Army Physical Therapists, I want to say thank you to all those who came before us, especially LTC (Ret) Snyder, for providing the foundation that has enabled us to be who we are today.

## Landstuhl hosts European Spring Physical Therapy Conference

**CPT Alex Brenner**  
**Chief PT, Vicenza Health Clinic**

The European Physical Therapy Conference was held in Landstuhl from May 21-22 and was well attended by Army and civilian PTs and PTAs from all over Europe including Bosnia, Germany and Italy. This was a unique conference because the complete agenda for the conference was constructed using the knowledge and expertise from the PTs and PTAs attending from Europe. Some of the Day 1 topics included: Prevention of ACL injuries in female athletes by CPT Tom Feldman, Running shoe clinic concept by CPTs Don Goss and David Feltwell and Mr. Tortorelli, Rehab considerations for Bankart and SLAP repairs by Robin Silver, Vestibular Rehab by CPT David Feltwell, and Differential diagnosis and treatment of myofascial trigger and fibromyalgic tender points by LT McDonald. Day 2 topics included Aquatic Rehabilitation by SSG Wendy Hansen, Review of lab studies by MAJ Roger Behrman, and Transitional DPT programs by Mr. Panaro. LTC Mahoney provided an update of ERMC physical therapy staffing predictions. After the final presentation the group transitioned into the lab and received a presentation on basic upper extremity splinting by MAJ Fabrizio. Each therapist then partnered up and practiced making thumb spica splints. The last few hours of the conference were spent in the lab working on manual therapy techniques for the shoulder girdle and thoracic spine led by CPT David Feltwell.

Overall I believe everyone agreed that the conference was a huge success and a great opportunity to learn from each other. This was also a good time for the European therapists to network learning about each others skills and expertise. Special thanks go out to CPT Brandon Sullivan and LTC Mahoney who took the time to organize this great event.



*CPT David Feltwell performing manual therapy on a volunteer*

# Chief, Dietitian Message

*LTC Maria Worley*  
*Chief, Dietitian Section*

It is with so much excitement and joy that I write my first message in the Medallion as your new chief dietitian. Many of us watched as COL Forman stood on the parade field and ducked her head to be decorated with a Legion of Merit Award. I thought of how much she had accomplished in her short 3-year tenure and prayed that I could be a good torchbearer for her vision. I also asked for the strength and wisdom to be the vehicle for adapting that vision to what evolves from the lessons of OIF/OEF and the Army's future force concept. Most important I hope that I can help us get it right for the Soldier.

I hope that all of you have read or memorized the Soldier's Creed. I saw this presented in a video at AUSA. It was very moving and, I was struck with a theme that I think is vital to 65C's and 91M's at this very moment. Those arresting words are "I will never accept defeat," and along with that, "I will never give up." Think about what this means. Are you frustrated by a lack of skill sets or training or because you feel there is not enough manpower and money to do your job? How about your frustrations with militant Iraqis that keep your CSH buzzing with wounded Warriors? Maybe summer crunch has you working every other weekend and it will be fall before there is relief. Maybe, you just got to your new assignment, barely unpacked and will now be leaving the family for a "short tour" in Iraq! What do these words mean in your world?

Whatever you are being challenged to do or endure, these words do not mean that we should just walk out on the job, hibernate in our offices and read email, find another job that is less chaotic or challenging or tell the boss that part of the operation is just not worth the effort. What if our Soldiers in Baghdad took that same opinion and action? I don't think they would be living the Creed.

What can we do to keep our eye on the horizon and look for the sunrise? Well, some real smart dietitians got together at AUSA and decided that there were some things we can do to help ourselves be less frustrated and more able to deal with our challenges. We set some goals that we can achieve in the next 12-18 months that will help us as individuals and as a group. The major categories were training, resource management, Soldier care and relationships. The following will give you the preliminary chart of our aspirations in each of these areas.

- Education and training:
    - LTG Peake recently approved funding for the conversion of the internship to a Masters of Science in Nutrition. This is a start for a new direction for our clinical skills. LTC Ann Grediagan, the current internship director and educators at BAMC and WRAMC and LTC Dilly are going to help us develop the right curriculum for an "Army/DOD" specific dietetic skill set. COL Forman began this project two years ago and LTC's Sweet, Ellison and Kemmer have been very involved in the process. Those efforts were tremendous and we are grateful for their dedication.
    - MSG Kinsey and I have been looking at Training With Industry for both 65C's and 91M's. This is a big undertaking but I am confident that we can crack the code on training and that it will be a great opportunity for someone each year to work in the retail/cafeteria operations and to work within ADA. LTC Hutson is bringing so much awesome experience, knowledge and a great network to our table from her last year in the ADA Washington D.C. office. MSG Kinsey discussed the need to do something similar for the 91M and I think we would all agree that this would be an excellent idea.
    - BAMC continues to work the Super Training Center template which will do much to achieve OJT proficiencies for 65C's and 91M's.
    - We are exploring resourcing a middle manager course for 65C's and 91M's in a TDA and TOE environment.
    - Finally, BG Fox pledged his support for a Nutrition Support/Burn/Trauma residency program at BAMC to assist us in improving Soldier survivability in combat. LTC Desmond, MAJ Joyce Gilbert and MAJ Marybeth Salguiero will be working this program. After we get this up and running, we plan to start another in Sports Nutrition. We have discussed starting this up at West Point which will put it in the NARMC region and might be able to share some resources with the Physical Therapy Sports Medicine Program. *(continued on next page)*
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## Chief, Dietitian Message continued:

- Resource Management:
  - LTC Ellison will continue to work the productivity model and we will move towards changing our benchmarking to Healthcare Foodservice Managers program so that we can really assess our resource issues and approach shortfalls corporately instead of everyone fighting the same battles at each site.
  - MSG Kinsey and I will be going to small sites to get a corporate plan for our smaller facilities that we will try to sell at MEDCOM. It should include staffing and budget issues.
  - Budgets across MEDCOM should be based on earnings. We will work this at MEDCOM through the MEDCOM budget office.
  - We will support COL Hoedebecke and LTC Geisler's efforts to get beta test sites for Computrition started. MAJ Moran will be a great asset to selling the MEDCOM on making this a replacement system for NMIS.
- Soldier Care:
  - Weight Management has become a major issue at Health Affairs and OTSG. COL Bathalon and LTC Hutson will spearhead our efforts to set the Army and even DOD agenda on treatment. 65C's and 91M's will assess Weigh to Stay and see if it meets the needs or if a DOD program of a different design will be best. Christine Edwards will be working a pediatric obesity program to help us meet the needs of the Soldiers family.
  - CPT Stavinoha has agreed to take on the diabetes data in NOMAD as her thesis when she begins her Masters program this fall. We will be able to report our outcomes and move on to another disease state to study. Those outcomes will become the basis for clinical practice guidelines that we will use as standard nutrition intervention for this disease state. The Navy agreed to analyze the hyperlipidemia data as part of one of their long-term schooling theses.
- Relationships:
  - All senior dietitians will be involved in this project. LTC Rowbotham will bring her enthusiasm for coaching to take the lead on this much neglected aspect of our current military and professional set of connections. Email and business will not keep us from helping each other and especially being a guiding light for a junior officer. Relationships take two, so we will expect both partners to communicate. I am especially excited about this project. The Way Ahead, states that, "We must never forget that it is the Soldier-fierce, disciplined, well-trained, and well equipped-who ultimately represents and enables the capabilities we as an Army provide....." If this isn't true, then nothing else makes sense.

So, in just a few short months, we have many irons in the fire and lots of support from the 65C leaders to make things better for our young and mid-level "spoons." Be patient, call when things aren't going right or you are frustrated and then help us find a solution that we can implement. Mostly, hold on and "never quit, never accept defeat."

Keep our Soldiers in your prayers, hearts and minds as we face off a tough time in Iraq this month. Two of our 91M's, SFC Reese and SPC Aguilar were on a supply run and their convoy took enemy fire. If you haven't sent anything to your "Adopt a Soldier" group, please make sure that you do this.

The 115<sup>th</sup> will be deploying in June/July and staff will be CPT Crombie and 91M's from the unit.

The 86<sup>th</sup> CSH will be deploying again soon. MAJ Edwards will return with the unit and CPT North will be with her.

We are asking for backfills but we all may be shifting around faster than intended so if you have been on station greater than 2 years, it might be your time (I know, I've been here longer than 2 years but MEDCOM is not moving). We are most in need of mid level CPT's and MAJ's to fill our voids. If you would like to move please call MAJ Syler and let her know so when she is figuring out how to fill our holes, she will have something to work from.

Thanks again for many of the nice notes I received from active, retired and civilians. My sleeves are up!!!!

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# Chief, Physician Assistant Message

**COL William Tozier**  
**Chief, Physician Assistant Section**



Last time I thanked you all for doing such a fine job. Now it appears you may be doing too good a job. We are about to have a significant increase in the budgeted end strength (BES) for PAs. This is at a time when the AMEDD is being asked to give up 3514 positions so the Army can grow more combat arms Soldiers.

Starting with the 3ID, and the modularity or brigade transformation into Units of Action, (UA), 144 new 65D positions are being added to the Army. These new positions are projected to be developed over the next three years. That is a big bill to fill that will require several different approaches to keep these new positions filled.

I have already requested and been granted an increase in the number of students attending the Interservice PA Program (IPAP). We have been sending 55 students a year through the program and will be increasing to 65 students. However, that change will take almost three years before the new graduates are practicing. In the meantime, we will get permission to open up active duty (AD) positions to PAs from outside. It is not clear who will be allowed to apply, but if you know of any PA who wants to come on AD, have them contact me or MAJ Balsler.

What makes this process more difficulty is the speed with which it is happening. I just found out about the increase a couple months ago. Normal documentation of these new positions is not occurring before the requests are being forward to Human Resources Command (HRC) to be filled. Without the documentation, the target need is difficult to visualize and demonstrate. More importantly, other sections of the AMEDD manpower and personnel systems cannot react to support the "projected" increase of PA positions.

The downside is that this means I have no discretionary or unauthorized assignments available. I have had to turn down at least 4 requests from PAs to take command opportunities, as I needed to fill unit positions. I ask your patience during these times.

## PA Readiness and Recertification Preparedness Symposium

CPT Archer continues to work on this years symposium. The dates this year will be November 1-5. We moved the time to avoid the rotation of OIF/OEF units that now tends to occur in March. We again plan a resident course, a televideo broadcast, and plan to produce another CD.

## Category 1 CME CDs

As you may remember, we have touted the benefits of our Annual PA Readiness and Recertification Symposium as spreading beyond those funded to attend. In addition to the resident lectures and televideo presentations, a CD was created in 2002 and now in 2004. These CDs are available for you to get CME while deployed or a location where attending conferences is difficult. MAJ Anne Albert has included the following instructions on how you can obtain the CD that is currently available, as well as the new CD coming out this summer. She said to note that we are not certain how long the contract with Swank Health will continue, so if you are not successful that route, use the ATRRS site. Also, the course numbers of the CDs may change, but the directions to find them should remain the same. Currently, 17 hours of category 1 CME are available and in the next few months there will be another 30 hours.

I want to thank CPT Archer, MAJ Albert, and LTC Kuwamoto for all the work they have done to make these CDs possible. I hope you will find this useful in keeping your knowledge current. *(continued on next page)*

***Believe you can, and you can; believe you will, and you will. See yourself achieving, and you will achieve. Never give up; giving up is like letting go of a life preserver when you are almost saved***

**Gardner Hunting**

## Chief, Physician Assistant Message continued:

### Instructions for CD-ROM PA Recertification Course

#### ATRRS

1. Type in the URL <https://www.atrrs.army.mil>
2. On right hand of screen find ATRRS CHANNELS
3. Under ATRRS Channels find and click on **Self Development**
4. Click on **Continue to Self Development**
5. Fill in required information on the log in screen (SSN & Date of birth)
6. Under find a course either type the information or use the pull down tab  
**6H-A0626-CD Physician Assistant Read & Recert Pre Symp**
7. Hit enter
8. Click on course number
9. Click on Class 201—This is the 1<sup>st</sup> CD produced
10. Continue to fill-in the required information and follow the screen instructions

This is an application for the CD-ROM and it will be ship to the user. This similar the correspondence courses.

### On-line Swank Health

1. Type in the URL <http://www.swankhealth.com>
2. On the left hand side of the screen find **Military Healthcare Service**
3. Under Military HealthCare Services click on **Homeland Security Courses/C.B.R.N.E.**
4. Scroll down to **Readiness Training/CE/CME Courses**
5. Click on **Physician Assistant (PA) Recertification 2002 Interactive Training**
6. Click on **Users Start Program**

#### Death Certificates

Currently no policy exists authorizing PAs to sign death certificates. However, it is important to remember that most MEDCOM policy is based upon the CONUS MTF environment. There is guidance regarding medical care and death for detainees and EPWs in AR 190-8. The policy of who may sign death certificates is being examined at OTSG, but I do not have any indication what it may conclude. In the mean time, I encourage those of you asked to sign a death certificate to get a physician countersignature. I will add that OTSG is currently involved in a Tri-service effort to develop guidance for detainee health care including an ethics portion. When that becomes available, I will be sure and send it forward.

#### The Surgeon Generals 2004 PA of the Year Award

CPT Christopher Van Winkle, C Company, 82<sup>nd</sup> Forward Support Battalion, 3<sup>rd</sup> Brigade, 82<sup>nd</sup> Airborne Division, Ft. Bragg, received TSG PA of the Year annual award. There were almost three times the number of nominations from unit commanders. The outstanding performance of PAs was detailed in the narratives of these nominations. I want to commend all those who were nominated. Reading the nominations was an incredible experience of selfless duty and remarkable professionalism.

## Chief, Physician Assistant Message continued:

### ***Notes from the Field***

#### Note from the MAJ Myslenski, Connecticut ARNG.

I am with HSC 118th Med BN (AS), one of three PA's in our company, one RN (all here for 1 year), plus 3 90-day rotational Docs and 90-day rotational dentist. We have one x-ray tech, a crude machine, and no Lab. Other units have come to use space in our clinic which allows us to have an optometrist and physical therapy. BN has PM and Mental health.

We are the Connecticut National Guard. A PA, CPT Michael McMahon is with us. He and I were deployed with the Connecticut Guard to Bosnia for SFOR 10 and were there on Sept 11, 2001. We were home about 18 months and were called up for this. We expected OIF II to be similar Peacekeeping type of mission, as was Bosnia.

This has been far more challenging and stressful. As a Corps asset, we see 100 plus patients per day on sick call and follow up. We run the LSA Anaconda, Balad, TMC. Our medics staff the Camp ERC vehicle. (emergency response center) There is a CSH on base, but since we do all immunizations, sick call, and most of the medical on base, I find frequently that soldiers on convoy that get hit by IED's enroute, that do not require helicopter transport, roll in the gate and come straight to us, not the CSH. I think they see us as their contact point for medical care, and let us decide if they need evaluation by the CSH. Its a compliment to us, and so far we have managed all of them. We have had 2 bad mortar/rocket attacks just outside our door, as we are located across from the PX. Many injured soldiers and KBR workers, a real eye opener for many of us and our medics, that people are getting hurt and killed not only "out there" but also "in here". Of our BN, one of our other companies had a PA injured in a mortar attack, I heard that there was another PA was injured someplace, not sure of the unit, so 2 that I know of. There are several units with PA's here on post, we are trying to network, meet and help each other as best as possible. This deployment has been somewhat of a PA "reunion" of sorts for me. As I said earlier, CPT McMahon and I were in Bosnia 2 years ago.

On my arrival to Kuwait I ran into Major Anthony Labadia, Florida National Guard, he was returning from OIF I. We were in the Connecticut National Guard together. I crossed paths with CPT John Elliot. He is with the 82nd Airborne and had just been to Afghanistan prior to OIF. We were junior enlisted medics together in the 3rd Infantry Division, 1987 Germany. CPT Dennis Hays was here on Anaconda with the Stryker Brigade, 2nd Infantry Division, we were Army PA Students together 10 years ago.

As I look back on all of this, I realize how small of a PA community we are. There are so many of us are here, during this time. I am happy to see so many old and new friends. I hope that everyone returns home safe and sound to their families and communities. I am certain that they are dearly missed.

Major Michael Myslenski,  
SP, PA-C  
HSC 118th Med BN (AS)  
LSA Anaconda, Balad, Iraq



## Chief, Physician Assistant Message continued:

### Note from CPT Salloway, Massachusetts ARNG

I was activated 7 Dec 2003 and spent two months at Fort Drum with A Co. 118<sup>th</sup> ASMC, a National Guard Unit from Massachusetts. No one was quite sure what we were going to experience. I am assigned to A Co. But I do not drill with them. CPT Cavanna, LT. Dupuis and myself, Captain Scot E. Salloway were unknown to the unit. The only good thing about the time spent at Fort Drum was that I really got to know the men and women of the unit. As an AMSC we provide echelon I and II level of care. We have a treatment team, ambulance team, lab, x-ray, holding, and headquarters. The medical care can be divided into three areas, illness, war wounds and ortho.

We arrived in Kuwait 8 Feb 2004 and spent two weeks training and getting briefs on the rules of engagement. A Co was split into three and we covered at least 7 sites north of Baghdad.

I was assigned to a treatment team that does sick call, holding and provides emergency coverage for part of the base. The finishing touches were being done to our hardened TMC as we set up tents to start providing medical care 2 days after we arrived. In the beginning we were the only health care facility so we saw every injury, accident, gunshot wound, chest pain, shrapnel wound, walking wounded, civilian casualties and unfortunately US KIA. Now there are several BAS and a Medical Battalion so we cover only a portion of the base. We have been developing a mass casualty plan that is quite comprehensive and unfortunately we had to put it to use after several car bombs rocked one of our gates and we had 35 injured.

Initially we were dealing with patients who were having allergies commonly referred to as the "Iraqi Crud". The next wave dealt with patients who had pre-existing conditions who should not have deployed but proudly came over to help their unit out. However, they found out that the demands of a soldier in a war zone are far different than a weekend drill. Other patients had to deal with anxiety issues, combat stress and the reality that we were a long way from home. Soldiers reported with chest pain and had to be ruled out and we evaded to a CSH then referred to Germany for a stress test. Most ruled out and were returned to the unit several weeks later. However this decreased the fighting strength of their unit.

The second round of patients included febrile illnesses, diarrhea, IED injuries, VBIED injuries, mortar wounds, shrapnel wounds and Gun shot wounds. As Soldiers became accustomed to the climate and tired of the DFAC food they began to eat the local food and drink local beverages. This plus the chronic use of pot-o-potties lead to several cases of gastroenteritis. Some of which we kept in holding for IVF's or antibiotics for several days. The attacks picked up shortly after we arrived. I have been extremely impressed with the combat survivability of the HUMVEE, especially if it is up-armored. It provides great protection from IEDs and unless the soldier receives a direct hit to the head or face their injuries are limited. IBA provides excellent protection and limits injuries to shrapnel wounds or amputations to the extremities. So far I have removed shrapnel from the scalp, eyes, face, neck, back, arms, legs and pubic area. Mortar wounds are a bit more complicated with traumatic amputations and multiple shrapnel wounds.

The third wave of trauma has been more orthopedic in nature. During periods of less frequent attacks soldiers perform more physical training. The terrain here is very unforgiving, unlevelled and dusty. Soldiers report to sick call with sprained ankles, lateral epicondylitis, wrist pain, or just name a joint pain. One soldier jumped off a five ton and dislocated and fractured his ankle, which we had to reduce. We also saw a soldier who dislocated his shoulder when he fell out of a 113 and landed on his arm during a mortar attack.

Labs and x-ray have been a bit of a challenge. We did not receive the ISTAT machines until 3 months in theater. The X-ray machine has been up and down. However our staff has never lost focus and they have performed other duties as assigned without hesitation. *(continued on next page)*

## Chief, Physician Assistant Message continued:

We have been blessed to have the most motivated and eager Soldiers that I have ever met. Some Soldiers work, as Paramedics, EMT's Fire Chief and others are students who do not work in the medical field outside of the military. Everyone must remember that they are a Soldier first as most everyone has pulled guard duty, provided security on convoys or performed jobs that are not their primary MOS. Medics have received training in ABC's, trauma management, suturing and wound care. There truly is no substitute for on the job training. Some medics have come a long way and I am encouraging some of them to advance their knowledge and consider PA school.

I would encourage everyone to train his or her medics to feel comfortable and skilled enough to perform the ABCDE survey, per ATLS protocol. Medical personnel should be able to secure an airway, needle decompress and apply Israeli dressings appropriately. I certainly wish I had more training time.

The Commander and his staff have been extremely supportive. They have let the medical personnel do their job. They have all provided assistance during mass casualties and even during sick call. Our supply budget does not seem to be a problem but the orders come in piece meal. All the headquarters staff have been extremely proficient in networking and obtaining supplies by alternate methods. In many ways this is an ideal medical practice. All I need to worry about is treating patients.

CPT Scot E. Sallaway  
scott.sallaway@us.army.mil  
Aco 118th ASMC  
APO AE 09334

### Note from CPT Marin, Butler Range Complex Support Mission

The 1CD has a new rotational mission for it's BCTs. The Butler Range Complex (BRC) Mission was from 15 May to 16 June 2004. As the "Standing By" Forward Support Battalion for 2BCT, 15<sup>th</sup> was tasked with several support elements (cooks, mechanics, & medics etc...) to provide "Outstanding Gambler Support" to 1CD personnel assigned to BRC, rotational 2BCT Force Protection Forces, and Contractors running the BRC, etc.

Some history on BRC, it was established September 2003 and run by 1AD until mid-May 2004 when 1CD took over. It is a 150 square kilometer, multi-range complex to include armored vehicles, artillery, aviation, small firearms, and explosive live fire. MPRI contractor personnel accommodate it with weapon familiarization, training, qualification, and convoy live fire exercises. Recently, BRC is the location for the 1CD ICDC Basic Training Academy; first 13 day training cycle started the 30<sup>th</sup> of May 2004.

BRC was named after a courageous 1AD scout soldier, SGT Jacob L Butler. SGT Butler was Killed in Action (KIA) 23 April 2003 during the Division's attack to liberate Baghdad and the Iraqi people.

During our 30-day mission we saw a total of 262 patients. The patients were mostly Iraqi contractors, soldiers, some MPRI contractors, and a few severely sick and injured ICDC trainees. Seven different patients with various illnesses and injuries necessitating higher echelon point of care and evaluation were air evacuated. The medics did an excellent job stopping the bleeding and stabilizing a local father and son that had encountered a UXO. The BRC forward medical team consisted of SGT Brisson, SPC Ahern, SPC Kuykendall and CPT Marin.

The cooks did an outstanding job and were recognized several times by visiting VIP's (1CD CSM Hernandez & ADCM BG Jones). Kudos to SSG Herve and her cooking team, their food made the mission tolerable. As a rotational mission, 2BCT's next rotation will be mid-August to mid-September. The 1CD will hand it over to the incoming Division O/O mid-January 2005.

## Chief, Physician Assistant Message continued:

### Notes from LT Schaaf

Since her arrival to Iraq in March 2004, 1LT Sherrill F. Schaaf PA-C, MPAS, the 4-5 Air Defense Artillery Task Force Medical Officer, has taken the lead in conducting Community Health Outreach Programs (CHOPS) in the rural villages southwest of Baghdad. These medical missions identify villages that are medically underserved in the rural countryside west of the Tigris River and to provide vital medical care to the Iraqis that are less fortunate than most. The 4-5 ADA Task Force mission is to conduct armored and motorized infantry patrols within the Renegade zone. The Soldiers interact with the local population on a daily basis and often find that there are a large number of people needing medical care. Once a village has been identified, it is targeted for a medical mission. The next step in providing care to these villages is to conduct a site survey by the Task Force Medical Officer and the maneuver battery that will provide security during the mission. The medical mission provides an excellent opportunity to interact and mingle with the local village population, gain additional knowledge of their customs and culture, and to gain the trust and cooperation of the villagers.



1LT Schaaf has participated in five separate CHOPS and has personally orchestrated and conducted three within the Renegade Task Force Area of Operations. All of the medicines distributed to the Iraqis are procured locally through a pharmacy in downtown Baghdad. In order to conduct successful CHOPS it is vital to have the assistance of other medical providers to assist with diagnosis and treatment of the large numbers of patients that arrive to the site of the medical mission. Other physician assistants and doctors that have joined 1LT Schaaf in bringing desperately needed medical and dental care to the Iraqi farmers and their families are : an Iraqi doctor and dentist, several fellow Black Jack Brigade PA's, 1<sup>st</sup> Cavalry Division LSA PA's, Special Forces MD and PA, and SEAL team medical personnel.

The advantages of such a mission are far reaching. These unique experiences are ones that will stay with all who have participated for a lifetime. The rare medical diseases the medical providers see first hand leaves a lasting impression on their hearts and minds. At the most recent mission, 23 JUN 04, two siblings suffering from Macro-encephalitis is one example. Various other diseases such as Cerebral Palsy, Hydro-encephalitis, Lishmaniasis, and untold numbers of parasitic infections fill the day with amazing patient encounters not common in the USA. As the mission draws to a close, everyone in the village is asking when will we come again. The villagers are anxious for the medical providers to return and all of the providers are eager to go again. Even the Arabic linguist and interpreters volunteer to go on future Renegade medical missions. Currently, two additional CHOPS are in the planning stages for future medical missions.

4th Battalion, 5<sup>th</sup> Air Defense Artillery Regiment  
2<sup>nd</sup> Brigade Combat Team, 1<sup>st</sup> Cavalry Division  
Camp Black Jack, Iraq



Almost every day someone forwards a picture or news story of PAs in Iraq or other places around the globe. Whether you are active, Guard or reserve you are doing an incredible job. Again I thank you for all you do and the sacrifices you make every day. You are doing the hard work of the AMEDD!

COL Bill Tozier  
PA Consultant to The Surgeon General  
william.tozier@cen.amedd.army.mil

# Human Resources Command Update

**COL Bonnie DeMars**  
**HRC Branch Chief, SP Corps**

## **Summer rotations and OPTEMPO**

Many of our officers are on the move!! And, OPTEMPO remains high! Consequently there have been some impacts on our officers necessitating last-minute assignment changes. We realize that this is very stressful and we appreciate your patience, understanding and cooperation. The SP professionals have been terrific and are adapting and adjusting to these changes and suspenses in a remarkable fashion. I cannot stress enough that the country is at war and requires that each of us does our part whether it be directly through deployments or in support of our soldiers at home and abroad.

## **Email--Be Informed**

HRC communicates with each of you using your AKO account. We suggest that you forward your AKO account to the work email address that you use most regularly. Some of you may be missing out on important information. Take care of this today!

## **Army Transformation and Modularity**

Many TOE units are reorganizing and changing from an Army based around large, powerful, fixed organizations to an Army designed around smaller, self-contained organizations supported by multifunctional units of action (UA).

These changes are requiring us to fill these new configurations according to a specified timeline. All of this poses some interesting challenges and we are most appreciative of your willingness to work with us. Remember, manning the force to win the nation's wars is paramount.

## **Voluntary Indefinite Status (VI)**

The SP VI list was released May 04. Additionally officers that are on the recently-released Captain's list were granted VI with the promotion to Captain. Everyone must submit an acceptance/declination form to our office within 90 days indicating your decision about VI status. Our office sent emails to everyone that included this form for officers to download, complete and send back to us. Please remember to indicate your choice of do or do not accept VI. We receive many of these forms without the appropriate statement circled.

The VI year starts on the day after your initial Active Duty Service Obligation (ADSO) ends. For many of you that is a few years from now. Just be aware that once you begin your VI year, you must serve the entire year. If you choose not to select VI, you must leave the service once your initial ADSO is completed. If you have any questions, please contact us here in the SP Branch.

## **Officer Advanced Course (OAC) Phase I & II**

It is important that LTs and CPTs keep MAJs Syler and Balsler informed of your status with Phases I and II of the Officer Advance Course. Most of you are aware that there are time limits with the completion of OAC. We need to work with you in order to balance the needs of the entire group. Generally you need to have it completed by the time you go before the Major's board.

It is also important for officers either reporting to or returning from overseas tours to go to the course enroute. You will not be allowed to attend while you are assigned to these locations. Most of the slots that we have during the summer months are used for this purpose.

There is a provision for officers deployed to request waivers to the timelines. You can ask our assistance if you find yourself in this situation. *(continued on next page)*

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## Human Resources Command continued:

Please use the attached form to keep your Assignment Officer informed about your OAC plans.

To enroll in Phase I of the Officer Advanced Course go to : <https://atrrs.army.mil> (**GO TO SELF DEVELOPMENT NEAR BOTTOM ON RIGHT SIDE OF PAGE, CLICK ON CONTINUE TO SELF-DEVELOPEMENT, ENTER YOUR SSN & BIRTH DATE, GO TO SELECT COURSE DROP DOWN MENU & LOOK FOR 6-8-C22(DL)**). We do not manage the enrollment in this course. Refer all questions and problems to 1-800-344-2380, or DSN: 471-5990/5896.

### **2005 ASSIGNMENTS**

In the past it has been the goal of HRC (Formerly known as PERSCOM) to provide a list of assignment openings approximately one year out. Due to the current world events, OPTEMPO, and unexpected moves/losses, everything is very fluid. Look for potential openings to be listed on the web site some time in August.

### **AWARDS**

The Korean Defense Service Medal (KDSM) and Global War On Terrorism (GWOT) awards were automatically uploaded into our system here at HRC. If you were eligible for the award you should now see it on your ORB. If you were eligible but don't see the award listed, you should contact your career manager in the SP Branch.

To find out more information about this topic, see the following websites:

KDSM: [https://www.perscomonline.army.mil/tagd/awards/KDSM\\_feb04.doc](https://www.perscomonline.army.mil/tagd/awards/KDSM_feb04.doc)

GWOT: <https://www.perscom.army.mil/tagd/tioh/Awards/GwotServiceMedal.htm>

#### Armed Forces Reserve Medal

SP officers who have served for a minimum of 10 years with a USAR commission are entitled to wear the Armed Forces Reserve Medal. Since many of our officers complete our training programs, they usually have a USAR commission until they make the grade of MAJOR at which time officers are integrated in the Regular Army (RA).

An hourglass device is authorized for wear on the medal and service ribbon according to the following scheme: Upon completion of the first qualifying ten-year period, a bronze hourglass shall be awarded. Upon the second ten-year period, a silver hourglass shall be awarded.

Once you gather your appropriate documentation (initial DA71, orders to AD and/or your RA DA 71) that indicates you are eligible for this medal because of your 10 years as a USAR officer, go to your local PSB/MILPO so they can update your ORB.

### **CAS3**

The last CAS3 class was April 04. Much of the content of this course has been incorporated into the AMEDD OAC.

### **ILE**

There is still no official word on the implementation of ILE for the AMEDD active officers at this time. As soon as we get more information, we will pass it your way.

### **FEDEX**

Pls be advised that FEDEX mail must be screened prior to us receiving it. New mail procedures now create delays in our receiving your mail. PLAN AHEAD!

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# Human Resources Command continued:

## AMEDD Officer Advance Course Enrollment Request Form Army Medical Specialist Corps

Please complete this form and send to Human Resources Command PRIOR to submitting your request for enrollment in OAC Phase I. This is a management tool in order to ensure that seats for OAC Phase II are available when requested.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ RANK \_\_\_\_\_ SSN \_\_\_\_\_

Date of Rank \_\_\_\_\_ Email \_\_\_\_\_

Preference for Phase II class 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete and fax to:**

MAJ Balsler or MAJ Syler  
703-325-2358

HRC use only

\_\_\_\_\_ No conflicts noted in Officer's enrollment request. Projected Phase II date \_\_\_\_\_

\_\_\_\_\_ Officer's enrollment in OAC Phase I is delayed and will be contacted telephonically by his/her Career Manager.

\_\_\_\_\_  
Signature Date



## Depart of Health Education and Training (DHET)

Greetings to all AMSC officers from the Department of Health Education and Training (DHET). For those of you who are new to the Corps or not aware of what we do in DHET, let me tell you about us. Each corps within the medical department has an officer assigned to DHET to facilitate the education and development of our military personnel. The mission of DHET is *'to sustain education and training for the career AMEDD soldier throughout his life cycle; developing policies in adherence to accreditation standards; ensuring programs are relevant and current to DoD and homeland security missions; manage quotas and funds for these missions and ensuring the optimal health and readiness of the force.'* This training includes long-term education in the form of advanced degree programs and residencies leading to specialty skill identifiers as well as professional postgraduate short course program, training with industry, and training from other federal agencies. The development of individuals is tied to the needs of the Army, and the numbers trained are a reflection of those assessed needs.

Although it is early summer, the message for next year's (FY05, AY06) long term health education training will soon be released. The message will include important information regarding requirements for application for both the degree and residency training programs. The needs of the Corps vary each year therefore the specific programs you may apply for will be specified in the message. Examples of previous degree programs and residencies are:

PhD programs: 65A  
 PhD programs: 65B  
 Masters and PhD programs: 65C  
 Masters and PhD programs: 65D

Orthopedic, perfusion, and ER residencies: 65D  
 Sports medicine and orthopedic doctoral programs: 65B

Pertinent information for these programs is: First contact HRC to ascertain whether any type of waiver is required. After HRC's evaluation and waiver determination, you may submit an approval request to your AOC chief. If a waiver is required, then both the AOC and SP Corps chiefs must concur with your request for waiver. When you receive this approval, then you may submit your packet to DHET. Additionally, make sure you take the GRE exam early enough to meet the submission guidelines. (GREs are current for 5 years.) All forms required for packet submission will be included in the message.

We will also soon release the list and dates for the FY05 Professional Postgraduate Short Courses Program (PPSCP). (Courses will be listed on the SP website.) Tentative course offerings include the following:

### MEDICAL SPECIALIST CORPS

COL KERSEY NEUROMUSCULOSKELETAL EVALUATION COURSE	OCT 11-22, 04	SAN ANTONIO	LTC MOORE	471-7566
ER MEDICINE PA BASIC SKILSS CRS	OCT 31-NOV 13, 04	MAMC, WA	CPT SMITH	782-0599
PA READINESS & RECERTIFICATION PREPARATION SYMPOSIUM	NOV 1-5, 04	SAN ANTONIO	CPT ARCHER	221-7896
ADV NUTRITION SUPPORT IN FORCE HEALTH PROTECTION	NOV 1-5 04	SAN ANTONIO	LTC PODOJIL	471-6344
EVALUATION AND TREATMENT OF UPPER EXTREMITY CONDITIONS	NOV 8-19, 04	FORT BRAGG	LTC AMAKER	337-7383
ER MEDICINE PA BASIC SKILLS CRS	MAR 6-19, 05	MAMC, WA	CPT SMITH	782-0599
JOINT OPERATIONAL DEPLOYMENT COURSE	APR 4-8, 05	SAN ANTONIO	LTC MOORE	471-8410
JOINT FIELD NUTRITION OPERATIONS COURSE	APR 11-22, 05	CAMP BULLIS	CPT CRAIL	471-3284
ER MEDICINE PA BASIC SKILLS COURSE	MAY 1-14, 05	SAN ANTONIO	MAJ PETRAY	429-3598
MGT OF BURNS AND MULTIPLE TRAUMA	AUG 8-12, 05	SAN ANTONIO	CPT HEDMAN	429-1440
ER MEDICINE PA BASIC SKILLS COURSE	SEPT 11-24, 05	SAN ANTONIO	MAJ PETRAY	429-3598
EUROPEAN PA REFRESHER COURSE	TBD	POMMERSFE- LDEN, GE	LTC ZUGNER	
MARY LIPSCOMB HAMRICK RESEARCH CRS	TBA	NATICK, MA		256-4286
MGT OF COMBAT STRESS CASUALTIES	TBA	CAMP BULLIS		471-1440

## Dept of Health Education and Training (DHET) continued:

The actual budget is still being formulated so some things may change. As of right now, the following pertinent information applies for all officers:

**Short Course Attendance:** Soldiers who wish to attend a short course must submit a DA 3838, Application for Professional Training. Applicants are encouraged to seek local funding before considering Central Funding. As Central Funds are limited, the number of those chosen to attend is limited. Therefore, locally funded applicants have an increased opportunity to attend. Currently, these applications are faxed to DHET (DSN: 471-2832 or 421-0379), but beginning with FY05 (October 1, 2004) applicants should send their 3838s to the course Project Officer. Approximately 30 days from the course's start, each AOC chief will select those who may attend the course. DHET will then send the fund sites for the preparation of orders.

**Reserve Attendance:** While there are course slots allotted for Reserve and National Guard soldiers for many PPSCP courses, there is no central funding for them. Reserves and NG can be funded for 5 days of CHE by HRC-St. Louis or National Guard Bureau once a year if the funds are available. These funds are primarily for IMAs, as units should fund their TPU members. However, HRC-STL may still fund TPU soldiers if their unit doesn't send them.

**Funding for CGSC Two-Week Residency Sessions:** These USAR option CGSC two-week sessions previously funded by DHET will no longer be funded centrally. It is the responsibility of the Soldier's local funding authority to pay for this TDY.

**War Collge:** Two week residency sessions for those doing the Army War College Distance Education Course, are NOT Centrally Funded. The Soldier should seek local funding for these sessions.

**Civilian Attendees in PPSCP courses:** Civilian attendees of PPSCP courses do not receive Central Funding for attendance. However, they may attend with local funding if spaces are available in the course. Contact the course Project Officer with requests.

Finally, let me say thank you to LTC Rod Kuwamoto the outgoing SP/Vet Corps DHET staff officer. LTC Kuwamoto is retiring after 37 years in the U.S. Army. As a medic and physician assistant in the Special Forces, his career spanned from Viet Nam to Desert Storm to his current assignment where his expertise and knowledge of training requirements have been invaluable to facilitating the training needs of the force. LTC Kuwamoto's experience and knowledge will be missed.

I look forward to assisting all of you with your training needs.

LTC Beverly D. Patton  
ARMY MEDICAL SPECIALIST CORPS  
Program Manager, SP/VC Corps  
COMM: (210) 295-9428 DSN: 421-9428  
FAX, COMM: (210) 221-2832 DSN: 471-2832

"Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos to order, confusion to clarity. It can turn a meal into a feast, a house into a home, a stranger into a friend. Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow."

Melody Beattie

# AMEDDC&S: Nutrition Care Branch

*LTC Anuli Anyachebelu  
Nutrition Care Branch, AMEDDC&S*

## ***“Spring Break at Club Bullis”-JFNOC***

Once again, the Nutrition Care Branch conducted an outstanding Joint Field Nutrition Operations Course (JFNOC) at Camp Bullis, San Antonio, from 15-23 April 2004. A total of 29 students from all services, officer and enlisted, active and reserve were in attendance. For the very first time, two civilian instructors from the Regional Training Medsites at FT McCoy and FT Gordon also attended the course.

JFNOC is designed to provide military dietitians and Nutrition Care Specialists with information and hands-on training in providing optimum nutrition care in a field environment. The course teaches current concepts and doctrine along with practical experience in medical field feeding and nutrition therapy. We emphasized familiarization and utilization of field feeding equipment; preparation, delivery and service of therapeutic diets to patients; sanitation and safety; and resource management in a field environment. Instructional and practical exercises were also provided in the area of leadership opportunities and challenges in a deployed setting, and the duties and responsibilities of the dietitian and nutrition care specialist in combat and humanitarian assistance operations.

The course was organized in phases that one may experience when deployed. The stages included Soldier Readiness Processing (SRP), Situational Training Exercises (STX), Reception, Staging and Onward Movement and Integration (RSOI), Deployment and Redeployment. Training and hands-on experiences were scheduled to match the related appropriate phase of the course. For example, pre-deployment planning was discussed during the situational training exercise phase of the course and during the deployment phase, we conducted a class entitled “Food and Nutrition in Emergency Situations” to prepare students for the follow on humanitarian assistance mission. Students were then required to prepare modified meals for civilian refugee patients. We also injected a MASCAL scenario in which additional modified diets had to be prepared due to a MASCAL situation. All students had the opportunity to prepare a variety of modified diets, including making tube feeding formulas. This year we added a course on “Coping with stress in a combat environment and moral and ethical decision making”. COL Karen Cozean, C, Occupational Therapy Section and Asst, C, AMSC did an outstanding job of presenting this very timely class. These changes were made to the curriculum based on AAR feedback and input from OIF dietitians and 91Ms.

Overall, we have received very favorable comments from the course participants especially regarding the updated patient scenarios. The scenarios that we presented were based, once again on information provided by OIF dietitians and 91Ms.

We are very grateful to all the OIF veterans who assisted us in making this years’ JFNOC a more realistic and relevant course. Don’t forget to look at all the fabulous photos from this years’ JFNOC course on the SP website. See you at Club Bullis next year!!

## ***The Advanced Nutrition Support in Force Health Protection (ANSFHP)***

ANSFHP short course will be held in San Antonio from 1-5 November, 2004. This course is intended for dietitians and NCOs with three or more years experience. Priority is given to those who are PROFIS. LTC Rhonda Podojil is the OIC for this course. For more information, check out our website at: <http://www.cs.amedd.army.mil/ncb/> Select “courses”

## ***Updated Task List for 91Ms***

In January 2004, we convened a Task Selection Board at the NCB to update 91M tasks based on input from field surveys and comments from recently deployed dietitians and 91Ms. The tasks that were selected are now posted on our website. We are still in the process of completing task analysis for publication in an updated Soldier’s Manual.

## AMEDDC&S: Nutrition Care Branch continued:

### ***Nutrition Care Branch Moves to Building 1350***

We have slowly started moving into our new training facility in Building 1350. The facility will be named after the first Chief, Dietitian, MAJ Helen Burns-Gearin. The grand opening is currently scheduled for 9 September 2004.

### ***Personnel Changes in Nutrition Care Branch***

LTC Laurie Sweet, C, NCB will be PCSing to Landstuhl Germany at the end of June. Her replacement is LTC Ann Grediagin, who will be arriving by early Aug. MSG Patricia Brown, NCOIC, NCB has PCS'd and is en route to Korea. We welcome the following new enlisted instructors to the branch: SSGs Chapman, Newman, Lesure, Tacury and Covey.

## 2004 SP Monthly VTC Schedule

This is a tentative schedule. Any changes will be posted to the SP Corps web page under VTC schedule. All VTC's are scheduled from 1400-1700 EST. The first session is from 1400-1530 EST and the second session is from 1530-1700 EST.

**11 AUG**      1. PT  
                  2. DT (rescheduled)

**10 NOV**      1. OT  
                  2. DT

**08 SEP**      1. OT  
                  2. TBA

**08 DEC**      1. PT  
                  2. Council of Colonels

**06 OCT**      1. PA  
                  2. TBA



# AMEDDC&S: Occupational Therapy Branch

*LTC Steven M. Gerardi*  
*Chief, OT Branch, AMEDDC&S*

The Occupational Therapy (OT) Branch has been busy teaching our largest class of future OT assistants in over 4 years. We currently have 19 students enrolled (13 active, 6 reserve). With so many students being trained, many of our clinics are receiving a student for Phase II clinical training. Thanks to all of you for giving these students a great training experience.

**“Project Paratus”** continues to take forward strides to transform behavioral health (BH) OT practice in the Army. As part of this process, the OT Branch’s BH curriculum revision is in full swing. Based on feedback from the field, we have significantly expanded our training in the area of BH OT practice. To give our students more exposure to people with BH problems, we now have all of our students completed a Phase I clinical training experience at San Antonio State Hospital (SASH). SASH provides our students the opportunity to observe inpatient OT evaluation and treatment services for people who are seriously mentally ill. We have also expanded our students’ BH evaluation skills by training them in the use of the Comprehensive Occupational Therapy Evaluation Scale (COTE), the Occupational Therapy Task Observation Scale (OTTOS), the Mini-Mental Status Examination (MMSE) and the Allen Cognitive Level Screen (ACLS). Be prepared to offer our students opportunities to practice these newly developed evaluation skills in their Phase II clinical training rotations.

To ensure that **Project Paratus** is on track to help Army OT personnel meet the BH treatment needs of Soldiers; the results of the Operation Iraqi Freedom (OIF) Mental Health Advisory Team (MHAT) visit were eagerly anticipated. The MHAT report was recently released to the public and is available at this link: ([http://www.armymedicine.army.mil/news/mhat/mhat\\_report.pdf](http://www.armymedicine.army.mil/news/mhat/mhat_report.pdf)). The MHAT report outlines BH problems and lessons learned in OIF. It turns out that the OT Branch has a role to play in correcting a deficiency found in the MHAT report. One of the findings of the MHAT report was:

**"There is a lack of systematic training/education in the implementation of Combat Operational Stress Control (COSC) Doctrine**

Over half of the 41 behavioral health providers...interviewed indicated either they did not know what COSC doctrine was, or did not support it. Further, over half of the BH personnel interviewed reported they had not received adequate training in combat stress prior to deployment. Providers stated there was a need for more intense training in COSC prior to deployment."

(Annex B, page B-3)

One of the recommendations of the report was to:

**"Expand [the] existing Occupational Therapy (OT) COSC course into a multidisciplinary course and require attendance of all BH personnel prior to or in route to any TOE assignment"**

(Annex B, page B-11)

I am proud to say that the MHAT team was referring to the OT Branch’s **Management of Combat Stress Casualties Course** (MCSCC). This course has successfully trained 70% of active Army occupational therapists as well as numerous reserve OT personnel and other behavioral healthcare team members. It is the *de facto* “C<sup>4</sup>” for the BH community, a role that should be expanded in the future.

The OT Branch recently held the MCSCC at Camp Bullis, TX this past 9 to 21 May. This year’s course was our largest yet with 37 student participants. The course content was revised based on lessons learned from OIF as well as from data derived from the BH OT Questionnaire and included training in the BH OT assessments now being taught in the 91WN3 course.

*(continued on next page)*

## AMEDDC&S: Occupational Therapy Branch continued:

This year, the MCSCC had its first international student in attendance, a psychologist from the Greek Navy. We also had a US Navy psychiatrist (bound for the 3<sup>rd</sup> Marine Division) participate. In addition, this year's MCSCC teamed up the 111<sup>th</sup> Area Support Medical Battalion from the Texas National Guard. Our course served as the base for the 111<sup>th</sup> ASMB's Annual Training (AT). Fifteen of their members attend the full course and provided a medical treatment team and ambulance support during the field training exercise (FTX) portion of the course. The rest of the 111<sup>th</sup> ASMB's AT participants staffed Battalion and Company Tactical Operations Centers (TOC) and served as part of our casualty pool. It was a great experience for all involved and really supported the "One Army" concept.



***MCSCC course  
was a great  
success with 37  
students  
participating this  
year!***



As mentioned in a previous Medallion, several funded BH training opportunities are available to OT. The Alcohol and Drug Training Section of the Soldier and Family Support Branch at the AMEDD C & S provides several courses in support of the Army Substance Abuse Program (ASAP). Available courses include: Individual Counseling, Group Counseling and Advanced Counseling. Some OT personnel have already taken advantage of these training opportunities and have found them useful. More information can be found at this website [https://www.cs.amedd.army.mil/sfsb/AD\\_Courses.asp](https://www.cs.amedd.army.mil/sfsb/AD_Courses.asp).

Finally, data derived from last Fall's BH OT Questionnaire indicated that some Army OT personnel still don't have a clear understanding of OT's role in support of the broad spectrum of COSC missions. As such, look for an article on "**The Role of the Occupational Therapist in Combat Stress Control Operations**" to be published soon in the next AMEDD Journal (<http://das.cs.amedd.army.mil/JOURNAL.htm>). This next issue is a special edition on the AMSC and will have lots of other great information from across the AMSC as well.

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## Dietitian at Fort Stewart hosted an Observation Day for Dietetic Students from Georgia

On Friday, 16 April 2004, CPT Kimberly Brenda (far right) hosted the first Observation Day for 21 Georgia Southern University dietetic students. Padmini Shankar, PhD, RD, LD (2nd row, center), Associate Professor & Interim Program Coordinator at Georgia Southern University contacted CPT Brenda earlier in the year to ask if the students would be permitted to visit the operation at Fort Stewart. The objective was to provide the GSU dietetic students with more observation of both the Clinical and Production and Service aspects of dietetics. The visit was successful and also provided the students with a unique look into the practice of dietetics in a military setting. Management and administration issues were also addressed during the visit. CPT Brenda promoted the Army's dietetic internship with a question and answer session. Finally, the students finished their visit with a tour of the Nutrition Care facilities.



# SP Corps celebrates 57th Anniversary

By Jen Rodriguez  
BAMC Public Affairs

Three Soldiers, from the Army Medical Specialist Corps past, present and future, cut the 57<sup>th</sup> Anniversary cake, April 16, during the Brooke Army Medical Center ceremony.

Representing the past was Retired MAJ Velma Richardson, COL Rebecca Hooper, Chief, Army Medical Specialist Corps represented the present and 2LT Jessica Pesce, the youngest Soldier represented the future during the cake cutting ceremony marking 57 years of service to country.

The event honored each officer's commitment to the Specialist Corps and their duty to the nation's quest for peace and freedom worldwide.

"Looking back and remembering is the link between the past, the present and the future," Hooper said. "It's important to honor those who served before us, refresh and rekindle the spirit of those of us in uniform, and to preserve our history for those yet to come."

In 1947, President Harry S. Truman signed Public Law 36, establishing the Women's Medical Specialist Corps, the first leaders of the Corps who charted a course of excellence still maintained by the Corps today.

The Corps is made up of Occupational Therapists, Dietitians, Physical Therapists and Physician Assistants.

"It is very fitting to reflect on just how courageous, how visionary, and how doggedly determined the first leaders of our Corps were," Hooper said.

The first cut of the cake by Richardson, Hooper and Pesce was cut on behalf of the guests of honor -- Specialist Corps officers and enlisted Soldiers deployed throughout the world, who could not be present at the ceremony.

"They are doing great things and they are doing them for one reason – for the Soldiers they serve." Hooper said. "Their sacrifices abroad along with your sacrifices here at home made on their behalf, are a testament to all that is good in the world."

Richardson, the oldest Specialist Corps Officer received the second piece of cake and passed it to Pesce, the youngest Corps officer, symbolic of the passing of experience and knowledge from the old to the young in the Corps.

The third piece of cake was given to Richardson to further emphasize that the Army Medical Specialist Corps takes care of the young Corps officers before the needs of their own.



# 4th Annual SP Corps Golf Tournament!

On 16 April 2004, the 4th Annual SP Corps Anniversary Invitational golf tournament kicked off at the Fort Sam Houston Golf Club! Twelve, four-person scramble teams participated in the event. Everyone had a great time and enjoyed playing in the tournament!

## First Place:

LTC Richard Meaney, MAJ Scott Warner, Teruyo Seino, and Darren Rew

## Second Place:

CPT Ted Chapman, CPT Travis Hedman, Scott Dewey, and Chris Hyek

## Third Place:

COL Rebecca Hooper, Lee Hooper, Tom Brader, and Mike Kelly

## Fourth Place:

LTC George Dilly, Jeff Mankoff, Steve Owens, and Gregg Stevens

## Most Shots for your Money:

COL Lenard Cancio, LTC Guy Desmond, SSG Douglas Kay, and SSG Gilliam Christopher

## Longest Drive:

Mike Kelly and Kathy Smith

## Closest to Pin:

Bob Cole



*COL Hooper, Chief, SP Corps along with her husband were ready to get the 4th annual golf tournament started!*



*COL Cancio enjoying the SP Golf tournament!*



*Most Shots for your Money award was given to COL Cancio (not pictured), LTC Desmond, SSG Kay and SSG Christopher*

## The SP Corps says farewell to COL Forman and welcome to LTC Worley as the new Chief Dietitian

**On 25 May 2004 at 1000 hours, LTC Maria A. Worley was sworn in as the 20th Chief, Dietitian Section and Assistant Chief of the Army Medical Specialist Corps.**

Her comments:

I am honored to be sworn in as the 20th Chief Dietitian and Asst Corps Chief. I am indebted to so many good people who have invested a lot of patience and time to help me learn and grow as an officer, dietitian, sister, daughter, wife, mother and friend. Not for one day, do I take for granted the blessing of having wonderful people to journey with and for the gift of God's grace and love through which all things are possible.

I thank God each morning that I live in a nation where it is possible for a woman to put on a pair of pants in the morning, now work with me, you can thank God for your own thing but this is my list and I'm a woman, drive her own car which she bought by herself, speak openly and freely while looking others in the eyes, get an education, make a good a living, live in a beautiful home, send her son to a great school and go to worship without the fear of retaliation for my Christian beliefs. Oh, and I never under value a few other things that might not be permitted in other cultures and countries but that make my life more fun and interesting. Things like the freedom to play Bunco with the girls, argue about politics in the office, voice my opinion to the soccer refs and slow drivers in the left lane, testify in court, vote, and last but not least, select my own wonderful spouse.

It is because I value these things so much that I feel beholden to America and our Constitution. I am glad to raise my right hand today to do my small part of "support and defend."

It's rare and exciting to combine work and passion. In this job, it is possible for me to act on my passion for the benefits and healing power of nutrition and my zeal for the courageous and patriotic Warfighter who protects our American ideals.

When I selected nutrition as my major, it was because I loved the restaurant and food service business. Coming from a small town south of the Mason Dixon, I value food as a social experience and for the health that mom's golden rule of "meat starch and vegetable" at every meal brought to my family. That's right CARBS at every meal!!!!

From the beginning of my studies, I was convinced of the negative health impacts of poor or unbalanced nutrition and on the need for the earliest nutritional intervention possible to speed the healing process in injury and disease. These biological truths cannot be disputed and as of yet, science has not found a pill or patch that will provide macro and micro nutrients with the same relaxing benefits of a meal shared amongst friends, be it on the table of fancy restaurant, in the family van or SUV, in a tent in Kosovo or Stryker vehicle in Iraq or Afghanistan.

The American Dietetic Association seal bears the Latin motto "QUAM PLURIMUS PRODESEE" which means to benefit as many as possible. I believe our profession is vital to the Athlete as well as the burned Warrior in the ISR. That is what Army dietitians will focus on in the coming years. How do we use our knowledge and skills to improve, maintain or regain, optimum health for the full spectrum of needs of the Soldier in his job at home and abroad? This is where our challenge comes in and where I get a bit nervous.

There is no doubt that the transformation of the military is a much needed and warranted change. Structure, equipment, joint fighting and doctrine have been lagging behind the fast moving world of terrorists, hackers, the arms black-market, and proliferation of weapons of mass destruction into some pretty unstable and fanatical regimes.

Change is difficult but as LTG (P) McNeil said, you have two choices with transformation, "run with it or be run over by it." He says this because sending our soldiers out to fight this war and others like it to come, requires evolution beyond where we are.

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## LTC Worley's swearing-in comments continued:

Now the problem I have with figuring out what to do with transformation is that I'm not sure where existing military occupations fit into the big the picture. Chief of Staff of the Army, Gen Schoomaker says that 18,000 soldiers will be transferred to different MOS's and that by FY07 the Army will create 149 new Military police, 16 Transportation, 11 Bio-chem, 9 petroleum/water purification, 8 civil affairs and 4 psyop units. He also mentioned 22 new Infantry and 22 new Armor units. He said everything is on the table except Army Values and quote "I am getting rid of the Finance Branch because they don't do anything but screw-up our pay anyway." I sure hope he has good medical experiences!!!

He also stated that HRC had too many people and not enough work.

Now it seems that the message is pretty clear about the needs of the Army. You either carry the weapon, drive, fly or navigate the weapon or you directly touch or hold up a Warfighter. If you do this, you better be able to prove that what you're doing positively impacts the Soldier, or you don't have a place in the green suit anymore or maybe not even in civil service.

I think all of us can ask ourselves if we fit into an outdated occupation, military or civilian. Is the government spending money for our salary that could be used to buy a soldier an Interceptor bullet proof vest, while we sit idly at our desk surfing the web or putting in a 5-6 hour day because, well, that's all there is to do? What I hope for the AMEDD is that we will not point aimlessly, or because it's easy to do, take the "low hanging fruit" as targets for transformation until we have all done the honest look at the real medical care of the soldier and keep that foremost in our minds. In the least we need to honestly assess value of our own job, or the jobs within our organization, if we are the OIC/ NCOIC.

I see dietitians at this very moment as ready and willing to "fight our way out of the kill zone." We are ready to take on the challenge of determining what we can do with our knowledge to impact a soldier but it will mean a new set of skills and the jettison of some old outdated and non-effectual tasks that we perform right now. It might mean that we aren't structured the same or that our work environment changes drastically but whatever the final word is, we have to be brave and honest enough to do the right thing for the AMEDD health care team in it's efforts to care for the Soldier and for the Army. My motto is "Move out, or move out of the way."

COL Forman leaves with the ground work set for us to accomplish this difficult task. I'd like to thank her for her efforts and battles won over the last three years and for giving me something to build upon. I look forward to working with all of you intelligent and caring members of the AMEDD and SP and mostly to serving the dietitians as we "move out."



## Ergo-Knife invented by CPT Yeager receives 1st Place at the 2004 Maddack Awards!

The Ergo-Knife, designed by an Army OTR, is the winner of the 2004 Maddack Awards held at the AOTA conference in May. In February, this device and six other inventions by CPT Arthur Yeager were selected for patent filing by MRMC's Invention Evaluation Committee. For 30 years Maddack Inc. (a manufacturer of assistive equipment) sponsors a national contest with cash prizes for AOTA member. Judges, OTR's from the conference host city, selected the Ergo-Knife for 1st place in the professional category and awarded CPT Yeager with a \$1,000 prize.

The Ergo-Knife, got its start as a utility knife (Ergo-Blade) for lab techs who open hundreds of urinalysis bottle boxes a day. It was designed as a preventive measure against injury caused by uneven forces placed on the wrist when holding a utility knife. This concept was then applied to the design of an adaptive cutting device for populations with decreased hand dexterity, strength, and or range of motion.

A key feature of the knife is that the handle permits cutting without using the thumb or a closed hand. A user can perform a medium dexterity task using only the gross motor movement of the upper extremity, thereby preserving their independence, dignity and quality of life. Both the Ergo-Blade and the Ergo-Knife can be held with a traditional grip. This aspect provides grading of the task thereby increasing its utility for a wider range people whether for injury prevention or adaptation. Another version of the knife allows the user to place their own knife in the device, making it easier to clean and portable for dining out.

For more information about other winners of the Maddack Awards and next years contest, please go to the following website: <http://service.maddack.com/awardinfo.a>

Other inventions submitted by CPT Yeager for patent filing by the Army Invention Evaluation Committee include:

TAMC 03-52	tucker	Provisional filing
TAMC 03-53	arm attachment	Provisional filing
TAMC 03-54	mesh belt	Provisional filing
TAMC 03-55	prosthetic arm	Provisional filing
TAMC 03-56	bottleaze	Regular filing
TAMC 03-69	ergoknife	Regular filing
TAMC 03-71	wheelchair brake	Regular filing



## All Army Triathlon Team selects MAJ Tracy Smith and CPT David Robbins!

Congratulations to MAJ Tracy Smith and CPT David Robins for their performance on the All Army Triathlon Team 2004. The team is composed of the top 6 male and female triathletes in the Army. On May 15<sup>th</sup> the team competed in the Armed Forces Triathlon Competition at Point Magu Naval Base, California, and raced against Navy, Air force, and Marine athletes. The course consists of a 1 mile ocean swim, 25 mile bike and 10k run. The water was a bone chilling 57 degrees! The bike and run were fairly flat but windy. MAJ Smith was the second Army woman to cross the finish line and 11<sup>th</sup> overall with a time of 2 hrs 20 minutes. CPT Robbins came in 8th out of the Army men's team and 28th overall.



# Update from the 67th CSH in Mosul

*MAJ Sarah Flash  
67th CSH, Mosul*

## My Experiences In Mosul

It is 12 June 2004 and Day 150 of my deployment with the 67<sup>th</sup> Combat Support Hospital in support of OIF2. The second quarter of my deployment is probably pretty typical of long deployments. Morale has really plummeted now that we are settled in and reality hit...we still have seven months ahead. There were some close calls this quarter. Several mortars have hit near our hospital and LSA including hitting one of our air ambulance aircraft. We had sniper fire and mortars while dealing with a 16 person MASCAL on what was our most violent night here. Casualties have occurred right in front of our eyes. Some probably would not have survived had they not already been practically at our front door. Everyone appears more tired. A few have lost weight. But, many have gained weight under the stress and boredom that deployment creates. This is probably unlike medical units in the south where there is more action. Consider too, that there are no documented weigh-ins and no mandatory physical training. The food is plentiful and care packages flow into the MWR full of treats and goodies. Our KB&R Dining Facility food is pretty darn good with a variety I never expected in Iraq!

What else could a dietitian want to keep gainfully employed, but patients to counsel on the virtues of eating healthy and in appropriate portions? We all know the kinds of success folks have battling weight in the Rear. But, how do we deal with the social and psychological reasons people eat in a deployed environment? It is something I have contemplated, but have not successfully answered. How do we otherwise occupy these soldiers' time to prevent the endless snacking and overeating when the dining facility is the socialization needed for normalcy; and eating relieves the intense boredom, depression and other reasons they eat? Some soldiers have told me they eat as if they might not get to the next meal (due to shortage of food or increased violence). We had a shortage of rations due to supply routes being cut in April. When I say shortage I mean 1<sup>st</sup> ID and Tikrit CSH having to eat MREs one meal a day for a few weeks....heaven forbid.

We have a decent gym with all kinds of equipment. But, many do not dedicate effort to exercise which can fight off the extra pounds. Some fear going to the gym. Activities to pass time do not involve much movement—television, movies, games, internet/webcams, puzzles and karaoke. We are limited to our little dangerous, lonely and stressful corner of the world. Clearly, I can offer suggestions for healthy lifestyle choices and portions, but for most there are social and psychological reasons that are compounded by deployment.

Our Nutrition Care mission has declined since we arrived in January. However, Tikrit still mermitees food from the KBR contract dining facility for their staff and patients. During the shortage of rations in April, they actually cooked UGRs for the patients at the lunch meals while everyone else had to eat MREs. In Mosul, the 91Ms feed inpatients only (about 6 on an average day) by picking up plates from the contract dining facility. We do offer our staff a small "snack" and morale area with coffee, fruit drinks, cold water, fruit and snacks. We are still in a tent next to our "temporary" hospital building. Our new hospital fixed facility "grand opening" continues to push back as the 1 July date will come and go. But, we can't complain. We have air conditioning in our trailers, our tent and in the hospital where we reside in the heat of the day. We can find somewhere to cool off whereas OIF1 did not have these luxuries.

I have not had many consults for inpatients. Those really needing nutrition intervention are quickly air evaced. As with the first quarter, the nutrition consults with inpatients typically go to the Iraqi patients or foreign contractors who stay longer in the hospital and may need nutrition support. I have had some new diabetics. Mostly nutrition counseling in this environment has been captured in the outpatient area through sick call while the patient is in house. Coming back for another appointment may not be feasible. Convoys outside the wire are just too dangerous.

There are large portions of the day that we experience down time and it can be quite boring. Fortunately, we have motivated and creative 91Ms who keep busy to pass time. All are studying and participating in boards, taking courses such as the Combat Lifesaver's Course, taking classes or correspondence online and working MWR events to eke whatever little bit of laughter or morale we can conjure up at this point. Food definitely is a morale booster and we get requests to bake cookies, cakes and treats every week. We kept our oven out for that reason. The Family Readiness Group and friends send cake mixes, cookie mixes and frosting. *(continued on next page)*

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## Update from the 67th CSH in Mosul continued:

Our 91Ms work in other sections of the hospital short personnel or seeing a much heavier workload. For our mission, we are fat with 10 - 91Ms. Tikrit's Nutrition Care has done the same. SFC Edwards has taken the lead in numerous events like the Army Birthday and EO celebrations. This week he is the Acting First Sergeant. SFC Bee is the Platoon Sergeant and handles other taskings. SPCs Crosby and Deierlein-Sharp have taken up a web class and soon will have a 67<sup>th</sup> CSH Nutrition Care Division webpage! SFC Edwards has set up 14-30 day rotations for the 91Ms through other sections they are interested in like the TOC, Physical Therapy, and Nursing. SFC Bee is also doing some cross-training and inservice training in Tikrit. Recently, he opened a brand new 67<sup>th</sup> CSH Dining Facility and continues to mermite food for their staff and patients. We are all doing more physical training in Nutrition Care.

So what other role can I take on as a 65C? Well, I am off to be the LNO for RSO&I (Reception, Staging, Onward Movement, and Integration) for 2<sup>nd</sup> Medical Brigade in Kuwait. Since my workload as a "dietitian" is not full-time here, I have taken on this challenge. I am off on a 90 day mission to enhance my logistical knowledge. I will let you know how it turns out. So, my advice coming out of the second quarter of deployment is always remain flexible, do not get caught up being a 65C when clearly the workload can be slim without a food service mission on deployment, and do what you can to make it through another day mentally and physically. Friends, family (email, snail mail, webcams and phone calls) and lots of DVDs!! Email and snail mail are a huge contributor to morale. We take these things for granted any other time.

You can mail care packages to the 67<sup>th</sup> CSH 91Ms in Mosul or Tikrit c/o the NCOICs. Do not send chocolate or anything that melts until October. I am residing at Camp Doha, Kuwait. You can email me at sarah.flash@us.army.mil. Thanks!



From left to right: MAJ Hunt, Ortho Phycsian, CPT McLean, PT, SGT Blevins, PT Tech, SSG Richardons, LPN, Kneeling: SSG Sierra, Ortho Tech, SPC Martin, OT Tech



SGT Snipes-Green, SPC Crosby and SGT Albritton take the "Gator" to the DFAC to get patient meals



MAJ Sarah Flash in Iraq



CPT Cyndi McLean, 67th CSH 65B with physicians at our temporary hospital

## Dietetic Interns Graduate from WRAMC and BAMC!



WRAMC NCD held a Dietitian's Creed Ceremony 17 June for the 2003-2004 dietetic interns. All WRAMC dietitians participated in reciting the creed which was followed by a small reception

Walter Reed Army Medical Center, Nutrition Care Directorate is proud to announce the graduation of 2LT David E. Elliott, 2LT Christina L. Johnson, 2LT Michele M. Kehrle, 2LT Maryann Wheeler, and 2LT Sarah L. Billetdoux. The graduation ceremony will be 18 June, National Naval Medical Center, Bethesda, MD at 1000. We wish continued success to the US Military Dietetic Internship Graduates and a safe journey to their new assignments!



The U.S. Military Dietetic Internship Consortium at Brooke Army Medical Center graduated four dietetic interns on 4 June at the San Antonio Uniformed Services Health Education Consortium graduation ceremony held at University of Texas Health Science Center, San Antonio. Graduates included 2LT Katrina Calhoun, 2LT Susan Campbell, 2LT Maureen Giorio, and 2LT Rachel Villarreal. The lieutenants completed the intensive 39-week program and will be assigned to Fort Stewart, Fort Gordon, Fort Jackson and Brooke Army Medical Center, respectively. Congratulations to all!

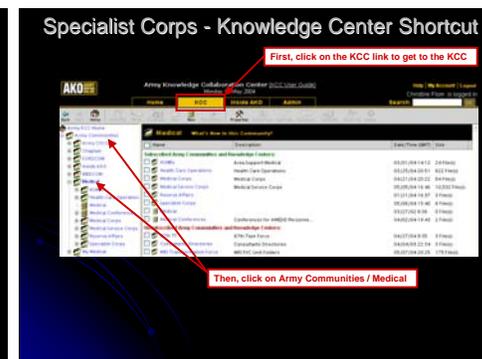
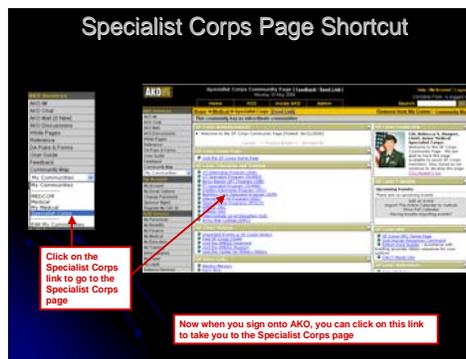
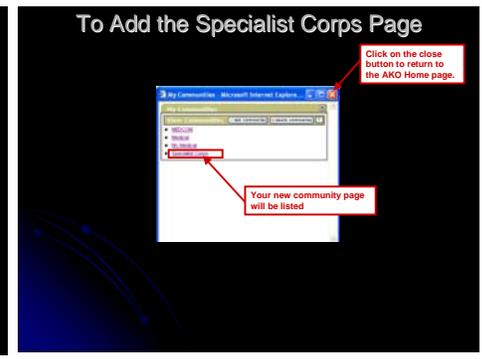
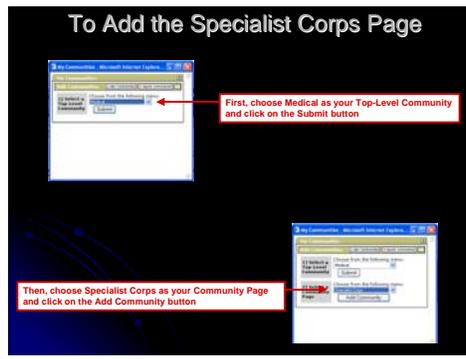
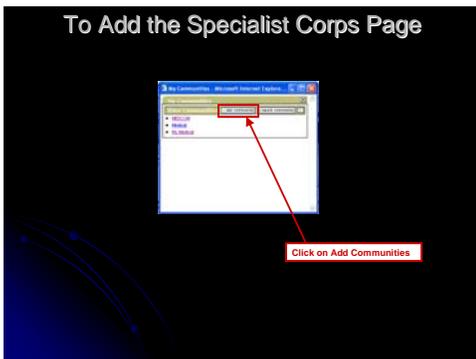
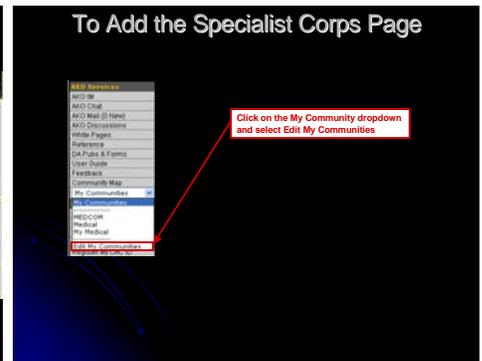
## SP Corps Programming at AUSA Medical Symposium

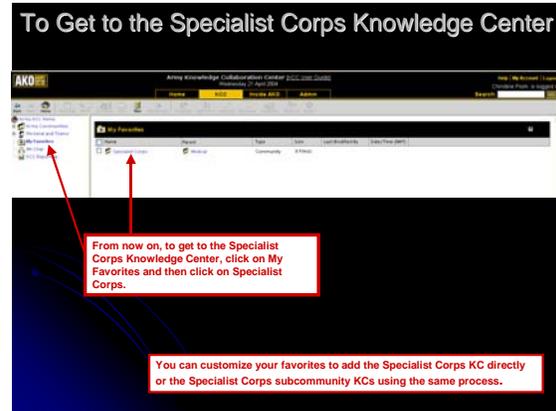
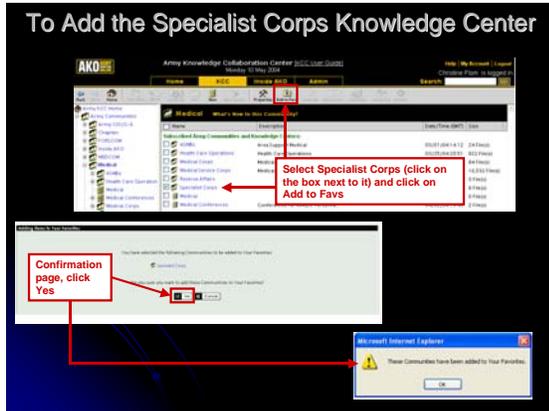
Forty-four SP officers attended the 2004 AUSA Medical Symposium in San Antonio 17-21 May. Programming specific to the SP Corps included an emphasis on business initiatives. Speakers presented on information on using AKO and how to prepare a Business Case Analysis (BCA). A roundtable discussion consisting of COL Mosley (65A), LTC Amaker (65A), COL Zurawel (65B), and LTC Desmond (65C) allowed senior SP officers to provide insight on successful business initiatives implemented at several installations. COL Mosley used her experience as a MEDDAC commander and MEDCOM IG to provide guidance on how SP officers need to approach command specific issues. LTC Amaker discussed how to use the Henry Jackson Foundation to assist with funding for continuing education courses. COL Zurawel provided insight into establishing contracts for civilian hires, while LTC Desmond shared his experiences with the Prime Vendor contract used by dietitians. Mr. Eric Hanson from OTSG shared information on how AKO can be used to disseminate information not only within the Corps, but throughout the AMEDD and the Army. The SP Corps AKO Community Page was also officially unveiled during the SP programming. Other information on the AUSA convention, including course handouts is available on the SP AKO Community Page. See the article about this exciting new initiative in this issue of the Medallion, including how to create a shortcut to the SP Corps Community page.

# Visit the SP Corps AKO Community Page

By MAJ Matt Garber

The SP Corps recently unveiled the new SP Corps AKO Community Page during the AUSA Medical Symposium in May. This exciting new initiative provides a central location for all SP Corps members to gain and share information on key issues from deployment AARs to military pay links and discussion threads. The SP Corps AKO Community Page is the central repository for sharing information and serves as a projection platform for global dissemination of valuable Corps specific and Army resources. This new web-based format is intended to improve communication throughout the Corps by providing "one-stop" shopping for many topics relevant to the Corps. Included on the page are links to professional organizations, PubMed, DFAS, HRC, reserve component topics, and other frequently used web sites and documents. The AKO Community Page replaces the Knowledge Exchange system, and can be accessed by all SP Corps members with an AKO username and password. Over the next few months, AOC specific pages will be established to provide even more information relative to each AOC. If you have suggestions for items to include on the AKO Community Page contact the Corps office or you AOC Chief. Refer to the attached instructional presentation on how to create a shortcut to the SP Corps AKO Community Page. You will have to logon to the Army Homepage first, but will be able to access the SP Corps Community Page directly from there.





## US Army – Baylor University Graduate Program in Physical Therapy

### Class of 2004 Graduation

On 9 June 2004, the US Army-Baylor University Graduate Program in Physical Therapy celebrated the graduation of the Class of 2004. Sixteen officers successfully completed the rigorous program and earned their Master's of Physical Therapy degree. The Class of 2004 was comprised of fourteen US Army and two US Navy officers. The Distinguished Honor Graduate was 1LT Philip Royer of North Mankato, Minnesota, and the Honor Graduate was 1LT Kyle Parks of Larned, Kansas. 1LT Gregory Loomis of Campbell, New York was the recipient of the Leadership Award. The graduates of the Class of 2004 are:



*LTC Josef Moore, Program Director, addresses the graduating class of 2004!*

1LT Alexandra Ayala of Catano, PR, assigned to William Beaumont Army Medical Center, Fort Bliss, TX  
 1LT Henry Matthew Deiters of Mokena, IL, assigned to Womack Army Medical Center, Fort Bragg, NC  
 1LT Yadira Milagro Del Toro of Brooklyn, NY, assigned to Walter Reed Army Medical Center, Washington, D.C.  
 1LT Kara Jean Fuehre of Sioux Falls, SD, assigned to DeWitt Army Community Hospital, Fort Belvoir, VA  
 1LT Matthew Luke Larson of Culbertson, NE, assigned to Brooke Army Medical Center, Fort Sam Houston, TX  
 1Lt Victoria Marie Leake of Valrico, FL, assigned to Wilford Hall Medical Center, Lackland Air Force Base, TX  
 1LT Gregory Aaron Loomis of Campbell, NY, assigned to Walter Reed Army Medical Center, Washington, D.C.  
 1LT Aldo M. Mendoza of Corpus Christi, TX, assigned to Eisenhower Army Medical Center, Fort Gordon, GA  
 1LT Chad E. Miltenberger of Tucson, AZ, assigned to Baynes-Jones Army Community Hospital, Fort Polk, LA  
 1LT Richard R. Moravec of Sleepy Hollow, NY, assigned to Ireland Army Community Hospital, Fort Knox, KY  
 1LT Krystal Lee Morris of Gainesville, FL, assigned to Martin Army Community Hospital, Fort Benning, GA  
 1LT Jacob Conner Morrow of San Clemente, CA, assigned to Moncrief Army Community Hospital, Fort Jackson, SC  
 1LT Kyle Edward Parks of Larned, KS, assigned to Darnall Army Community Hospital, Fort Hood, TX  
 1Lt Jennifer Nicole Pulliam of Los Alamos, NM, assigned to Wilford Hall Medical Center, Lackland Air Force Base, TX  
 1LT Philip Jon Royer of North Mankato, MN, assigned to Winn Army Community Hospital, Fort Stewart, GA  
 1LT Jared Lincoln Weichers of Brookings, OR, assigned to Darnall Army Community Hospital, Fort Hood, TX

# Friend indeed

## 6 years after camp, buddy offers kidney to OT, CPT Lisa Smurr

**by Sgt. Chuck Wagner**  
Pentagram staff writer

They struggled through physical training together. They slept the same short hours, ate the same drab food, and learned lessons on leading by example, making sound decisions, and laying it on the line for a buddy.

Although they lost contact for six years after meeting during an officer training camp, those early lessons aren't lost. Capt. Lisa Horak is giving a kidney to former platoon mate Capt. Lisa Smurr, whom she has learned is facing a lifetime of dialysis that will restrict her love of travel and take years off her life.

Horak's offer has fallen into place with such head-shaking coincidence, their reunion appears divinely fated.

Both attended a Reserve Officer Training Corps advanced camp at Fort Lewis, Wash., during the summer of '98. Like most of the 40-odd young Soldiers, they bonded under intense physical and mental duress over those five weeks. Also like most, they lost track of each other after their first assignments scattered them like the wind. Horak went to Hawaii, Smurr to Walter Reed Army Medical Center.

Smurr, an occupational therapist, later transferred to Landstuhl, Germany, a move she could have declined after blood tests showed her kidneys were not functioning. She had been on a preventative diet and received routine monitoring since her mother needed a new kidney in 2002. She went because "A big part of me thought I was invincible. I love to travel and I was excited to live in Europe."

After seven months overseas, Smurr's kidney functions did not improve, and the Army told her to return in January to Walter Reed Army Medical Center where it had specialists on staff who might help.

Horak meanwhile received orders to Walter Reed working in the short stay unit. She first realized Smurr was in Washington when she spotted her platoon-mate's name on an appointment list.

They met when Smurr arrived at the unit for a kidney biopsy. Smurr was reeling from the sudden reversal in her life and a personal crash course in mortality.

"It finally hit me. This is something I have. This is with me, it's not going to go away," Smurr says. Horak stepped in quickly as a comfort, and, for an emotionally bankrupt friend, a Godsend.

"We were discussing kidney transplants one evening. And I said 'I'll give you a kidney,'" Horak recalls, sitting up straight and squaring her shoulders while sitting on the carpet in Smurr's Arlington apartment. "The decision was that quick. I had a really hard time thinking about not helping someone in her position. I couldn't just hold her hand and say it's too bad, I wish they could find a kidney."

Smurr's health hasn't drastically deteriorated, but she senses a slow drain on her energy. She's on a national organ recipient's list, but it could take several years for a suitable kidney to be made available, especially since her O blood type, the universal type, means a matching kidney could fit most recipients above her on the list. Another option is dialysis treatment to periodically flush the kidneys. Dialysis can be brutal on the body, and each year under dialysis can mean a nine percent shortening of a person's expected life. Dialysis would also greatly cut short her passion for travel because she'd have to stay near a treatment center. Without a new kidney, she could expect to begin the treatment in February of next year.



After a surprise reunion, Capt. Lisa Horak, left, is offering a healthy kidney to Capt. Lisa Smurr.



Buddies during advanced camp six years ago, Lisa Smurr, left, and Lisa Horak in a snapshot on Fort Lewis, Wash.

## OT receives kidney from friend continued:

Smurr didn't want to build fragile hope, and she played stoic until doctors confirmed the suitability of Horak's kidney. They were astounded to discover Horak's kidney matched nearly as well as a sister's kidney might. With a living donor matching so well, Smurr has the best possible chances for the kidney to take.

"My life in the past eight months has hit rock bottom," Smurr says with consigned bravery. "I crawled my way up, and the beach is right there in front of me. I don't want to believe I'm there until it's certain. But even after the surgery, it's still a long road ahead. God seems to be pointing the direction." She looks up at Horak, then off to one side, as if into a future that is slowly taking form again. "I'm not ready to exit. There's a lot I want to accomplish. I always dreamed and hoped I might live to be 100," Smurr says, her eyes misting.

Smurr's long road includes treatment with immune system suppressants to decrease her body's rejection of the kidney, and an expected kidney transplant life of 18 years. Even if everything works out optimally, she may require another kidney in her lifetime. She may also lose her military career. A medical board considering her case may find there are too many infectious dangers in a hospital for an employee with suppressed immunity. "I love my job and I wouldn't choose another population to work with. I treat Soldiers, mostly amputees, and that gives me an incredible rush," says Smurr.

She hopes to hear from the medical board next month. Again, she is trying to avoid investing emotion in the outcome, which like so much else in her life seems out of her control.

A friend made, lost, then returned is one of the only things she can count on right now, and they spend a lot of time together. It's a friendship that often doesn't need stated; it's simply there, and powerful. "Some people tell me what I'm doing is wonderful. But I'm no superhero. It doesn't take a superhero, it just takes a person," says Horak. "If people think it takes a superhero, then few will step forward to do it. "I've already been told it's a painful procedure, but I'm not scared. She's going to get my kidney."

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## SP Officers pay respect to the late former Ronald Reagan

SP Corps staff (COL DeMars, MAJ Syler & MAJ Balser) paid respect to the late former president Ronald Reagan on 9 June in Washington D.C. As you can see, the crowd was very large and the procession was moving. Note the boots on the riderless horse. Those were President Reagan's personal riding boots.



*I call upon all who love freedom to stand with us now. Together we can achieve victory*

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## PA on the PA

by CPT Robert W. Jenkins

During the day, CPT Ron Carden manages the Interservice Physician Assistant Program (IPAP) for the entire United States Army and Army Reserves. However, by night he can occasionally be found fulfilling his hobby and passion, singing and performing. He has been performing since he was 5 years old and has twice the years of experience on stage, doubling more than his 13 years of Army service. *"My parents took me to a musical variety show. I slipped away while they were watching the show and next thing they knew I was on stage performing."* *"I went back stage and told the band that I could sing and dance."* *"They said to show them, so I did."* *"They introduced me and soon after I got my first standing ovation."* *"I was hooked."* - Carden says of his introduction to performing. Ron has had some unique exposure and influence as a youth in the music arena. At the age of 12 he worked part-time as a dressing room assistant for musicians like Conway Twitty, Willie Nelson and Charlie Daniels. As a teenager Ron was quite successful singing in school. He is the only person to have won thirteen 1<sup>st</sup> place medals in one year at the Indiana High School Music Association competition. He competed as a soloist, in a jazz choir, madrigals, boy's choir, show choir, and was the only male in a girl's choir. His vocal range went from singing 1<sup>st</sup> bass in the boy's choir to male alto in the girl's choir. He was awarded a plaque for being the "Most Promising Actor and Musician", by his High School's Arts Department. Not only has singing and performing provided him with a sense of fulfillment and satisfaction, he discovered his future wife in the process. Ron met and started dating his wife Kari in seventh grade during a trip to perform for Martha Lane Collins, then Governor of Kentucky. Belting out tunes and crooning for audiences hasn't always been good for him either. *"I quit working at McDonalds, at age 15, because they kept complaining about my singing while I flipped the burgers."* Carden says. *"I have a radio that constantly plays in my head and puts a song in my heart."*



*Maj. Gen. Michael D. Rochelle (right), Commanding General, US Army Recruiting Command presenting award to CPT Ron Carden, MPAS, PA-C*

During Ron's first enlisted tour as a Combat Medic, he was selected to the All Army Soldier Show and performed all over the globe. The show included an original song of his. Just a Private First Class back then he used singing as a way to make ends meet for he and his wife. *"I remember going to karaoke contests to supplement our income."* *"It was fun, but we still needed the money"* he says.

As Ron moved from assignment to assignment, he has continued to shine at his new duty stations. While in Hawaii at Schofield Barracks, he competed and won 3 times on *Hawaiian Stars*, a local, American Idol-type television show. Soon after his arrival at HQ, US Army Recruiting Command, his then Director, COL Berthold, told the staff that she wanted to win the very competitive annual Christmas Door Prize. Every year departments decorate their doors and include some sort of skit or performance to win the revered prize. CPT Carden immediately knew what it would take and decorated the door in a 1950s Christmas theme. The staff dressed in 50's attire and backed him up as he impersonated Elvis singing and playing guitar to Blue Christmas. He had changed the words to sing about a recruiter who had missed his mission. They won 1<sup>st</sup> place. The very next year, CPT Carden played ukulele and designed a Hawaiian theme to win for the 2<sup>nd</sup> year in a row. *"It's always great when I can do something like this at work that makes people smile and feel good, especially during the holidays."*

Recently CPT Carden was in the spotlight again. On 30 June 2004 there was standing room only. It was the night of the Fast Track to Fame finals at Fort Knox Kentucky. More than 300 contestants had been narrowed down to 38 semi-finalists. They competed for the top 12 spots of which 4 winners were announced. Warner Brothers TV cameras filmed the event for future national air in October. The top 4 contestants won a video broadcast on local WB TV (WDRB) and National WB TV, a personal video (VHS & DVD) of performance, and a letter indicating potential from Sonic Records. CPT Carden won a top 4 position and had a blast doing it. WB television is expected to air the new Fast Track to Fame show starting in August. Although Carden appreciates placing in competitions, he balances out the competitive side with reality. *"Winning is great, but it's not all about the win, I get more enjoyment out of doing well and truly entertaining folks, it's the reaction I get from someone that enjoys the song I'm singing that is special to me."*

# US Army Reserve takes Command

**Colonel Mildred S. Rodriguez**

**Commander, 369<sup>th</sup> Combat Support Hospital**

**Capitan Euripides Rubio USAR Center**

**Puerto Nuevo, Puerto Rico**

Colonel Mildred S. Rodriguez was born on 14 July 1950 in Santurce, Puerto Rico. In 1971 she obtained a Bachelors Degree in Physical Therapy from the University of Puerto Rico and in 1979 earned a Masters Degree in Public Health Education and completed post-graduate courses on Gerontology from the School of Public Health, Medical Science Campus, University of Puerto Rico.

COL Rodriguez began her career in the US Army Reserves in 1976 as a Specialist Four assigned to the 820<sup>th</sup> Station Hospital in Aguadilla, Puerto Rico. On 30 September 1979 she received a direct commission as a Captain in the Army Medical Specialist Corps and was assigned to the 369<sup>th</sup> Combat Support Hospital (CSH) as a Physical Therapist. Subsequent assignments include: Chief, Physical Therapy, 369<sup>th</sup> CSH, Public Affairs Officer, 65<sup>th</sup> US Army Regional Support Command during Operations Desert Shield and Desert Storm and Media Liaison Officer, 65<sup>th</sup> US Army Regional Support Command during Operations Enduring Freedom/Iraqi Freedom

On 7 March 2003 Col. Rodriguez was designated Commander of the 369<sup>th</sup> CSH, CPT Euripides Rubio USAR Center, Puerto Nuevo, Puerto Rico. A hospital of over 600 Soldiers and with 296-bed capability. COL Rodriguez is the first female to command at the O-6 level in the 65<sup>th</sup> Regional Support Command establishing a historical precedent and one of the few to break the 200 year old tradition of male command in the Army.

Her military education includes the Army Medical Department's Officer Basic and Advanced Courses, Army Command and General Staff College, and the Battalion/Brigade Pre-Command Course.

Among her decorations are the Meritorious Service Medal, the Army Commendation Medal with four Oak Leaf Clusters, the Army Achievement Medal and the Medal for Voluntary Services.

She is currently the President of her own Company, BG Enterprises, which produces educational programs and entertainment festivals for Puerto Rico and international audiences. She has worked as a Physical Therapist in "Centro de Rehabilitación Vocacional" of Mayaguez and Rio Piedras. She also worked as a volunteer with sports medicine and was co founder of the Wheelchair Sports in Puerto Rico. COL Rodriguez was a founder of the Help Lines of AIDS, Regional Director of the Institute of Services to the Community and Director of Press and Education for the Department of Natural Resources. She was the recipient of the Puerto Rico Environmental Quality Board, *Citizen of the Year* Award after working for a campaign towards improving the environment.

COL Rodriguez is a member of the "Asociación Puertorriquena de Terapia Física", American Association of Physical Therapy, Asociación de Educadores en Salud de Puerto Rico and is a Life Member of the Reserve Officer Association, Association of the United States Army and Military Officers Association of America.

A resident of San Juan, Puerto Rico, COL Rodriguez has a daughter named Mildred Evenie.

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## PA Receives Purple Heart

CPT James Boone, PA with the 3rd of the 2nd BCT out of Fort Lewis received the Purple Heart from President Bush. He was injured when mortar rounds hit his compound in Iraq. CPT Boone is being treated at Madigan Army Medical Center and is expected to return to his unit.



## SPs in the News!

### LTC Guy Desmond receives 2004 HFM Operator Spotlight on Innovation Awards!

The HFM Awards Committee completed its review of nominations for the prestigious 2004 HFM Operator Spotlight on Innovation Awards. They were pleased to inform LTC Guy Desmond that his program on "Grab n Go" was selected as a winner. LTC Desmond will be presenting his program on "Grab n Go" at the HFM conference in Naples Florida on August 25th. Congratulations!!

### SAPA congratulates two Army PAs who won 1st and 2nd place in poster contest

Please congratulate 2 of our own who won 1st and 2nd place awards in the Society of Army PAs poster contest at the SAPA Conference in Fayetteville, NC in April. **CPT Rice** won 1st place (\$300) for his project that illustrates the new Tactical Combat Trauma Skills training module that was implemented during the last PA OBC track in March 04. **CPT Booth** won 2nd place (\$200) for his project that highlights the new TeleDerm program that is now available to military medical providers throughout the U.S. and in select locations overseas.

### RAMSCA ENDOWMENT Winners!

Three SP Corps Officers were selected for the RAMSCA Endowment!

CPT Sarah Lynn Harrison, Ft. Drum for \$1379.00

CPT William Anthony Loro, Ft. Campbell for \$1110.00

LT Stacey Mobley, WRAMC for \$1800.00.

Their pursuit of research and further education is commendable!

### Congratulations to the following SP Corps officers who were selected for promotion to Captain!!

AZEL MARK	DEPOLD GERALD	KIELMAN TODD	SAXE JONATHAN
BAKER AMY	DESCHAMPS BETHANY	KNIGHT III JOHN	SCAVELLI ROBERT
BALDWIN III EDWARD	ELLIOTT JOHN	KRUSTCHINSKY BRIAN	SETKA NATHAN
BANNISTER SEAN	ENGLE WALTER	LAFERRIER JUSTIN	SHORT JOHN
BEAN MICHAEL	EZELL JUSTIN HENRY	LAVELLE DAVID	SHORT MATTHEW JOSE
BIDEZ TROY	FEE TERRANCE	LUND KEITH ALAN	SINK CRAIG STEVEN
BLAZEK MARGIE JEAN	FISHER SUSAN	MATEEN JUSTINA	SMITH MICHAEL
BLEVINS LARRY	FOSTER DOUGLAS	MCMILLAN BERTIS	SNYDER NICOLE
BOHL ANTHONY	FRANK AMY	MILLER GISELLE	SONG ANDY
BOOKER WILLIE	FRASURE JOHN	MILLER JOSEPH	STAWARCZIK LINDSEY
BRAMLETT DEWAYNE	FREILER ANTHONY	MILLER MATTHEW	STEGER VALERIE
BRETON MATTHEW	GARBERICH JEFFREY	MILLER STEWART	STIBRAL ERIN JESSI
BRIGGS ROBERT	GARNER EWA N	MITSCH SARAH	STUBBLEFIELD JON
BURROUGHS COLIN	GIRAUD KELLY	MONTANO DANIE	SWAIMS WILLIAM
CAMPISE MATTHEW	GRAHAM RENITA	MORAVEC RICHARD	SWATSWORTH WADE
CARNEY AVERY	GREGG REBECCA	MYSKIW JOHN ERIC	SWEE DERIK
CAROW SCOTT DAVID	GUDORF GENEVIEVE	NORTON JESSIE	SYLVESTER CLEVE
CASMAER MONICA	GUZMAN FELIPE	OWEN MAX EDWARD	TENHOR MARK
CHINE NICOLE	HANVEY MICHAEL	PATTERSON JOHN	TERRITO BART
CHRISTENSEN JON	HARRITY BRIAN	PATTON VICKIE	TORRES KIMBERLY
CLAIRMONT RYAN	HAYWARD MARK	PHILLIPS TIMOTHY	TUOZZOLO KAREN
COULY LOUIS	HEDRICK, SHERRY	POPECK LAUREN	TYE MARY
COX DAVID	HENDRICKS JOHN E	RANDLE THOMAS	WAMPLER BRANDON
CRANSTON WILLIAM	HENSLEY CHRISTOPHER	REEVES BRET	WARE LANCE
CRIBADO DAWN	HETTICH THOMAS	REYNOLDS JEREMY	WEDEL PAULA
CRONIN AARON JOHN	HILLEMANN ROBERT	RHON DANIEL	WEDIN DIANNE
CROWELL MICHAEL	HOCK MORGAN	ROBINSON JOHN BOYD	WELCH CONNIE ROSE
CUMMINGS LATIBA	HUBBARD LAURA	ROBINSON SCOTT	WENNINGER JEROME
CURTIS RYAN ALLEN	IVERSON CHRISTINE	RODRIGUEZ JENNIFER	WHITE MICHELL
DAVILA JAIME	JOHNSON ELEONORE	ROGERS JENNIFER	WYATT LARRY
DAY CHARLES DAVID	JOHNSTON EMBER	ROSSER SHARON	ZELLER DAVID A JR
DECKER JUSTIN	JUDD COY	ROUSE JEFFREY	
DEMBROSKY JOHN	KIDD AARON	RUCHALSKI PAUL	

# SPs in the News!

## Fort Bragg

\*The Womack OT clinic received a plaque for the highest cumulative mean PT score for the spring APFT in the WAMC Department of Orthopedics and Rehabilitation.

\*LTC Amaker and LT Carney competed in the Fort Bragg 10 Miler.

\*The Upper Extremity Neuromusculoskeletal Evaluator's Course will be held 12-23 July 2004, AND 8-19 August 2004. If you would like to attend the August class, please submit you DA 3838 via fax to LTC Amaker at (910) 907-8083 as soon as possible.

\*CPT Alan Walker's family welcomes a new edition, Mason Kia, to the SP family. Congrats CPT Walker and Kathy!

## Eisenhower Army Medical Center

Lot's of things happening here in the Peach State! EAMC officially opened the food cart the end of April. It was christened "Ike's Healthy Heart Cart" which features low-fat sandwiches, salads, fresh fruit and other healthy snack items. It's been such a success that it had to be moved due to the congestion in the hallway!

One of our staff volunteered to support the additional mission in Iraq with the 31<sup>st</sup> CSH. CPT Michael Trust left EAMC the end of May and spent a week training at FT Bliss prior to his deployment into Iraq. We heard from him on 17 June via e-mail. He arrived safe and is busy covering inpatient clinical duties. He is able to receive e-mail via his AKO account and/or his Outlook account. His mailing address is:

Michael Trust (no rank)  
31<sup>st</sup> CSH  
Baghdad, Iraq  
APO AE 09348

Other updates from EAMC:

SPC Sandra Real gave birth on Mother's Day to a healthy baby girl, Ayana.

SPC Brandon Moore was selected FT Gordon's Cook of the Quarter.

SGT Paul Bailey was selected NCO of the Quarter for EAMC.

MAJ Kim Thomsen was selected as Georgia State Dietetic Association's Emerging Leader Award for 2004.

Let's make sure we congratulate these soldiers on their fine achievements!

New arrivals:

MAJ Victor Yu - Jun 04 incoming from Korea

LT Susan Campbell - Jun 04 incoming from Internship

Departures:

SGT Darrick Granger - Apr 04 - ETS

SPC Sharon Johnson - Apr 04 - ETS

SGT Paul Bailey - Jul 04 - PCS to Korea

*Coming together is a beginning  
Keeping together is progress  
Working together is success  
Henry Ford Sr.*

# SPs in the News!

## **Congratulations to the following Soldiers!!!**

**SGT Kevin D. Conner** who was inducted into the Corps of the Non Commissioned Officer and won the NCO of the Month for May

**CPT Jason Silvernail**, Physical Therapist at Martin Army Community Hospital who passed the Orthopedic Board Certification/OCS exam!

**CPT Tracy Hunter** who married MAJ Matthew Brown on May 22, 2004!

**SSG Howard** of the 85th Medical Detachment (CSC) who has completed BNCOC in June!

**MAJ Colleen Kesselring** who was awarded the Bronze Star Medal for her deployment with the 21st Combat Support Hospital during Operation Iraqi Freedom II!

**MAJ Bruce McLennan**, PA-C who is retiring 1 September after 30 years of service!

**SPC Islandia McIntyre** who passed her COTA exam!

**CPT Christopher Flaugh**, (PT) relinquished his company command of the 187th Medical Battalion, FSH, to CPT Marc Raciti, (PA) on 09 July 2004!



Let us not forget those SP Officers and Enlisted who are currently deployed around the world! Keep them in your thoughts and prayers!!

A special thanks to those who contributed to the 3rd Quarter Medallion Newsletter!

