



The Journal

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United States Army Element-North Conducts Change of Responsibility Ceremony

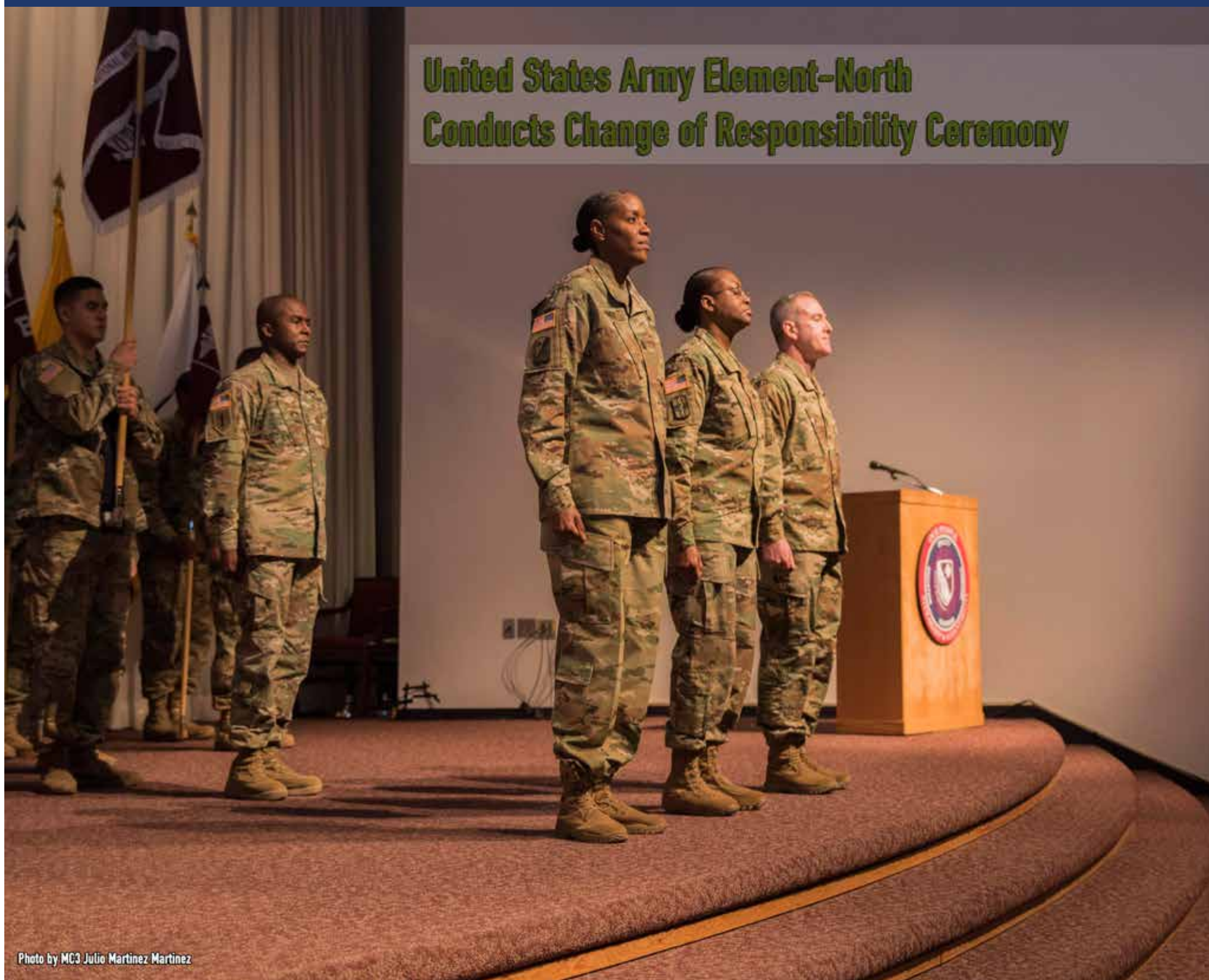


Photo by MC3 Julio Martinez Martinez



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CNO's Naval History Essay Contest: The Influence of History Upon Seapower

From Naval History and Heritage Command

The Chief of Naval Operations (CNO) has announced the requirements for the 2018 Naval History Essay Contest with a submission deadline of June 30.

The essay requires entrants to elaborate on a naval history topic of their choice that relates a lesson from history that applies to establishing and maintaining maritime superiority in today's environment. Specific requirements can be found in NAVADMIN 029/18. There are a number of prizes at stake, including \$5,000 for first place, \$2,500 for the second place entry, and \$1,500 for third place.

According to the message, the CNO directed the contest to further our understanding of how lessons from history inform our way ahead. The goal of the contest is to inspire insight and dialog from across the widest spectrum of academic, operational, military and civilian personnel both from within the naval services and those with a sincere interest in the history of the Navy, Marine Corps and Coast Guard.

The essay contest is open to professional and amateur historians alike, whether they're in the Navy or not; whether they're U.S. citizens or not. The selections will be screened by the United States Naval Institute (USNI) and the finalists will be presented to a joint committee comprised of senior staff from USNI (1 person), the U.S. Naval Academy (1), the Naval War College (1), the Naval History and Heritage Command (1), the Office

of the Chief of Naval Operations (2), and one distinguished naval historian from outside the Navy.

History's impact on the modern age can be a pretty broad question, so essay entries should be able to cut across an enormous array of answers. Maybe Capt. John Paul Jones or Adm. Chester Nimitz's leadership inspires you as a model when discharging your duties. Or perhaps the successful effort, in the face of overwhelming odds, of the crew of USS Samuel B. Roberts (FFG 58) in saving their ship after it struck a mine emboldens you to hone your damage control abilities.

The contest is not limited to specific subjects like those. You can also think more strategically, such as how the Navy has projected power differently across time. Unintended consequences of actions — good or bad — are also fair game. If it has to do with history, today, and the sea services write about it!

"We're looking for subjects that study the history of the U.S. Navy, for sure, but any other historical, maritime history that relates to our maritime strategy," said Cmdr. Ryan Ahler, Naval History and Heritage Command's (NHHC) assistant director for the Director's Action Group. "I think this is a really good opportunity for us to take a look at the long history of lessons learned and apply them to the present and how we maintain maritime superiority."

"The Navy is really looking for entries from a full spectrum of writers, not just professional historians and people who do this for a living, but also for entries from those on the deck plates," said Ahler. "The hardest part will be getting

amateur historians and Sailors out in the fleet to submit, but honestly I think that's where a lot of the best stuff will come from."

Submissions may not exceed 3,500 words (excluding footnotes/endnotes/sources), nor may you include your name on the entry. All submissions will be judged blind, so in addition to the essay, please create a separate attachment including your biography, phone number and mailing address.

Your submission package should be emailed to cnoessaycontest@usni.org with the subject heading the title of your essay. For more details, see the NAVADMIN, or go to www.history.navy.mil/get-involved/essay-contest.html. For more details about this contest, please visit the NHHC CNO Naval History Essay Contest web page, or email jday@usni.org.

The Naval History and Heritage Command, located at the Washington Navy Yard, is responsible for the preservation, analysis, and dissemination of U.S. naval history and heritage. It provides the knowledge foundation for the Navy by maintaining historically relevant resources and products that reflect the Navy's unique and enduring contributions through our nation's history, and supports the fleet by assisting with and delivering professional research, analysis, and interpretive services. NHHC is composed of many activities including the Navy Department Library, the Navy Operational Archives, the Navy art and artifact collections, underwater archeology, Navy histories, nine museums, USS Constitution repair facility and the historic ship Nautilus.

Bethesda Notebook

NPDS Seeking Patients Needing Root Canal Treatment

The Endodontics Department at the Naval Postgraduate Dental School is currently accepting new patients in need of root canal treatment. If your dentist has told you that you need a root canal or you are having tooth pain and you have been putting off having a root canal, contact us and let us help you free of charge. Patients authorized to be seen in our facility are active duty, retirees and eligible beneficiaries of both groups (priority will be given to active duty personnel). A written referral for both root canal treatment, as well as the tooth restoration following root canal treatment, may be required before the root canal treatment is started. Permanent fillings or crowns required following the root canal will be the patient's responsibility. Please contact the NPDS Endodontics front desk if you have questions or to schedule an appointment for a root canal evaluation at 301-295-0077.

Retirement Seminar

A two-day pre-retirement seminar for Walter Reed National Military Medical Center Department of Defense GS employees planning to retire within the next five years will be March 20-21 from 8 a.m. to 4 p.m. each day. Location will be sent upon registration, which must be done in advance and space is limited. Topics to be discussed during the seminar include eligibility requirements, survivor benefits, health/life insurance benefits, Social Security/Medicare benefits, income tax, Thrift Savings Plan, and more.

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Zak Replaces Jones as USAE-North Senior Enlisted leader



PHOTOS BY MC3 JULIO MARTINEZ MARTINEZ

The change of responsibility ceremony for United States Army Element — North was held at Walter Reed National Military Medical Center March 9. Command Sgt. Maj. Michelle L. Jones was relieved by Command Sgt. Maj. Jeffrey M. Zak.

**By Andrew Damstedt
The Journal**

During a change of responsibility ceremony March 9, the one word of advice outgoing Command Sgt. Maj. Michelle Jones, U.S. Army Element-North senior enlisted leader, gave her replacement was “listen.”

“When you come across a challenging moment, always go back to that word and most of all listen to your heart,” Jones told Command Sgt. Maj. Jeffrey Zak.

Jones said she has reflected on her two years as senior enlisted leader and thanked the two commanders she worked for, as well as the Soldiers she led — who she called the “unsung heroes.”

“You are a phenomenal group and the work

you do in the service to the most seriously ill, wounded service men and women as well as the many beneficiaries that receive care here is above par,” she said.

The ceremony, held in Memorial auditorium, included the passing of the Battalion Colors, the National Anthem sung by Sgt. Danielle Vandiver and remarks by U.S. Army Element-North Commander Col. Tonya L. Dickerson.

She told of Jones’ many accomplishments during her tenure as senior enlisted leader. Those included:

- Increasing Troop Command Readiness to 89.6 percent.
- Overseeing the development of a comprehensive Expert Field Medical Badge train-up program, which

resulted in 16 Soldiers earning the EFMB badge.

- Taking an active role in increasing weapons qualifications by more than 40 percent.

- Playing a key role in retention.

- Overseeing a basic leader core train up program, resulting in 28 Soldiers on the Commandants list.

- Taking part in two non-commissioned officer induction ceremonies.

“But her span of influence is not just with Army Soldiers,” Dickerson said. “She has served on numerous panels and forums, such as the Walter Reed National Military Medical Center Leadership Academy and the Joint Enlisted

See **LEADER**

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**- NSA BETHESDA -
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For more information,
contact Karrie Reckley.
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Service members race against the clock to quickly yet efficiently construct a decontamination shelter during a timed exercise.

PHOTOS BY BERNARD S. LITTLE

Service Members Train in First Receiver Operations

By Bernard S. Little
WRNMMC Command Communications

Walter Reed Bethesda's Department of Emergency Management conducted the Navy Bureau of Medicine (BUMED) First Receiver Operations Training (FROT) March 7-8 at the medical center.

Designed to education medical first receivers, the course focuses on lifesaving skills required to triage, initiate field treatment, decontaminate and save victims from chemical, biological, radiological and nuclear, or other hazardous materials. The training involved classroom instruction, as well as time devoted to gear inventory, equipment set-up, and utility checks.

The training culminated with a timed decontamination exercise to test the new Patient Decontamination Team and Emergency Department Personnel on the skills which they had just spent nearly 20 hours honing. WRB's Director Navy Capt. (Dr.) Mark Kobelja observed the timed decontamination exercise.

During the timed exercise, service members raced against the clock to quickly yet efficiently construct a decontamination shelter, which included a pump, electric hook-up, heater, plumbing and other necessary gear. The Sailors and Soldiers also had to swiftly don personal protective equipment to treat mock casualties from a simulated weapon of mass destruction incident.

Christopher Gillette, command emergency



Service members treat a mock casualty of a chemical, biological, radiological and nuclear, or other hazardous materials incident during a training exercise at Walter Reed Bethesda.

manager for WRNMMC, explained how all training and every exercise provide opportunities for improvement. As with all exercises conducted



A Sailor dons personal protective equipment to treat mock casualties from a simulated weapon of mass destruction incident during a training exercise.



Service members put on personal protective gear to treat mock casualties exposed to chemical, biological, radiological and nuclear, or other hazardous materials during a training exercise.

throughout the year, Gillette stated the FROT serves to maintain continuous readiness at the medical center.

NSAB Changes Carpool Parking Distribution

By Andrew Damstedt
The Journal

Naval Support Activity Bethesda (NSAB) is changing the way it distributes carpool parking permits and plans to move the carpool parking spaces into three garages.

Instead of twice a year, NSAB Transportation Officer Ryan Emery said applications can be turned in on an ongoing basis with carpool parking permits issued on a rolling basis as they become available.

Previously, carpool parking permits were only distributed twice a year at a pre-announced location, Emery related. But in feedback from the commuter surveys, people suggested changes to the carpool parking permits.

"We took a look at it and I determined a better way to do it – instead of doing an open call is to have a consistent enrollment," he said. "[As] with any permitting system, we get to a limit and stop issuing permits, but will have a waiting list."

Eligibility for a carpool parking permit includes:

- Two or more members assigned to a command on NSAB commuting at least four days a week.
- Carpool members must travel together daily as a group to the carpool parking space.

- Each member fills out a carpool application

- Register all vehicles listed on the carpool application for the shared carpool permit with NSAB Pass & ID.

- Identify one member as the carpool coordinator.

- Permits expire after one year, but can be renewed.

- One permit issued per group.

"We're trying to offer an alternative way to drive to work by providing the opportunity for staff to form carpool groups to obtain a carpool permit," Emery said.

Applicants can also now list an alternate work-day schedule on the application with a supervisor's signature, Emery added.

In addition to permitting changes, the 150 carpool parking spots will be moved from Bldg. 55 into three garages. The majority will be on the top level of Bldg. 54 with 100 spaces, and 25 spaces each in Bldg. 17 and 32, Emery said. He said the move should take effect on or around March 23, and the change will be announced via NSAB's Facebook page, Postmaster and flyers on vehicles parked in the current carpool parking spots.

"That's going to be a major change, and I really hope to get feedback after a few months on how it's working," Emery said.

Emery asked for people to email him with any comments or suggestions at ryan.d.emery3.civ@mail.mil.

Carpool Rules

- Two or more members assigned to a command on NSAB commuting at least four days a week.
- Carpool members must travel together daily as a group to the carpool parking space.
- Each member fills out a carpool application
- Register all vehicles listed on the carpool application for the shared carpool permit with NSAB Pass & ID.
- Identify one member as the carpool coordinator.
- Permits expire after one year, but can be renewed.
- One permit issued per group.

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USU Sports Med Docs Provide Support to the Olympics

By Sarah Marshall
USU External Affairs

Dreams were realized, records were shattered, and memories were made in PyeongChang, South Korea, by the 244 members of the U.S. Olympic Team who competed in 15 disciplines across seven sports ranging from snowboarding to ice dancing to curling.

But there is another select U.S. team in PyeongChang, this one out of the spotlight and not going for the gold. This team is charged with caring for the blisters, pulled or strained muscles, cold-related and other illnesses, broken bones, and all of the other potential health care needs of our nation's most elite athletes – and a Uniformed Services University of the Health Sciences sports medicine fellowship alumna is among them.

Dr. Allyson Howe is serving as the head physician of the U.S. Olympic Women's Ice Hockey team, which won the goal medal against Canada in this year's games. This is Howe's second trip to the Olympics – she supported the 2014 Winter Olympics in Sochi, Russia, where she served as a general physician for U.S. Olympic Committee staff, family members, and former Olympians.

Although Howe is the only USU program graduate to provide support to the international athletic competition this year, she's not alone in her support for the Olympic Games. Retired Army Col. (Dr.) Kevin DeWeber, Army Col. (Dr.) James Lynch, Army Col. (Dr.) David Haight – all alumni of the Primary Care Sports Medicine Fellowship at USU – worked behind the scenes to care for those competing for medals during the 2016 Summer Olympics in Rio de Janeiro, Brazil. Haight and fellow alum Army Lt. Col. (Dr.) Peter Muench, supported the 2014 Sochi games with Howe.

Go for the Gold

Howe, a former Air Force physician, was selected for the National Capital Consortium's (NCC) Military Primary Care Sports Medicine Fellowship based at USU in 2005. She went on to teach family and sports medicine in the Air Force at Andrews Air Force Base, and later, at the Maine Medical Center, in Portland, Maine, after leaving the Air Force in 2008. She joined the Air Force Reserve, and later the Air National Guard, retiring with 20 years of combined military service. Howe also worked



PHOTO COURTESY OF JIM LYNCH

Army Col. (Dr.) James Lynch (far right), is an National Capital Consortium Military Sports Medicine fellowship graduate.

as a team physician for American University, the U.S. Naval Academy, University of Southern Maine, St. Joseph's College of Maine, and for the Portland Pirates of the American Hockey League.

In 2010, Howe started working with Team USA as a team physician for the International Ice Hockey Federation Under-18 Women's World Championship, and has since worked with the U.S. Women's National Team. In 2014, she transitioned to her current position as the head team physician for the women's program.

"I wanted to be a hockey player when I was 10. I tried to get my dad to let me, but it didn't fit in our family plan," Howe recently told the Portland Press Herald. Instead, her path ultimately led her to Sochi, and now, South Korea. "This is a very special trip," said Howe. "It's a dream come true to work with such dedicated and high quality athletes and people. It's been quite inspiring to see how the team and staff have prepared every day over the past four years to reach the ultimate goal."

For years, DeWeber shared similar dreams, aspiring to care for the best of the best as an Olympics physician. A 1992 USU School of Medicine alumnus, he was selected to serve as medical director of the

High Performance Training Center, a 10-acre complex near the Olympic Village where a number of USA teams trained and lived for several weeks for the 2016 Summer Olympics. He was chosen out of hundreds, he said, because of his experience over the years as a volunteer at the Olympic Training Center. As the medical director in 2016, he served alongside several other providers who stood by to provide care for American athletes, officials, and delegates from wrestling, fencing, taekwondo, archery, boxing, judo, rugby, diving and gymnastics. He said the Olympics committee chose him for this position because he had graduated from a military fellowship – they liked that he had "excellent training" in addition to having the experience that helps military members think outside the box, problem-solve and embrace hardships while working as a team.

While on active duty, DeWeber served as director of the NCC Military Primary Care Sports Medicine fellowship at USU from 2007 to 2014. He was also responsible for the health and well-being of military athletes from the Army, Navy, Marine Corps, and Air Force during the 2007 Military World Games in India, which are modeled after the Olympics. In 2011, he was the medical director

for the military games in Rio de Janeiro. He retired from the Army in 2013 after 25 years. Today, he practices as a family and sports medicine physician in Vancouver, Washington, and, as he told The Columbian, his next big dream is to work as a physician for an Ultimate Fighting Championship event.

Lynch, an active duty Army physician and NCC Military Primary Care Sports Medicine fellowship graduate, also supported the 2016 Summer Olympics as a team physician for USA Swimming. He applied for the Olympics volunteer program in 2011, and his first assignment was to support an international competition in Russia and Germany. He has stuck with swimming ever since, treating chronic conditions, performing a variety of procedures, and assessing musculoskeletal injuries. He also now works as a sports medicine physician for U.S. Special Operations Command and, prior to this role, served as a command physician for Special Operations Command Africa.

Muench, also an active duty Army physician and NCC Military Primary Care Sports Medicine fellowship graduate, supported the 2014 Sochi Olympics, running the Team USA Medical Clinic, along with another physician, an athletic



PHOTO COURTESY OF KEVIN DEWEBER

Retired Army Col. (Dr.) Kevin deWeber, a National Capital Consortium Military Sports Medicine fellowship graduate, served as medical director of the High Performance Center near the Olympic Village for the 2016 Summer Olympics.

trainer, and a chiropractor. They were available 16 hours each day, at the Mountain Site, providing U.S. athletes “sideline” medical coverage at all alpine skiing, ski jumping, snowboarding, and sliding (skeleton, luge, and bobsled) events.

“We worked on a rotating basis in the clinic, so if I wasn’t at the clinic, I was on the mountain covering an event,” Muench said. “Being part of Team USA as a team physician at the Mountain Site during the 2014 Winter Olympics in Sochi, Russia, was truly the experience of a lifetime. It was incredibly busy, absolutely rewarding, and unbelievably fun.”

Haight, a former Army World Class Athlete Program physician and NCC Military Primary Care Sports Medicine fellowship graduate, supported the 2016 Summer Olympics in Rio as a primary care physician for the Olympic Village, managing respiratory and gastrointestinal issues as well as



PHOTO COURTESY ALLYSON HOWE

Dr. Allyson Howe fist bumps one of USA’s women’s ice hockey team members during the 2018 Winter Olympics.

mosquito-borne infections – even treating migraines caused by glaring lights and camera flashes. He’s also had the privilege of supporting the 2014 Winter Olympics in Sochi and the 2015 Toronto Pan Am Games, and will soon cover USA Wrestling

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National Nutrition Month: Hydration 101

By Army 2nd Lt. Courtney Thornton
WRNMMC Dietetic Intern

Want to become a healthier you and feel your best? Focusing on hydration may be exactly what you need. Hydration helps with digestion, blood flow, body temperature control and joint flexibility. Hydration can be achieved by eating certain foods (for example, fruits, vegetables and soups) and drinking beverages (for example, sodas, juice and water).

Did you know that your surroundings can also impact your hydration? How? Well, warmer temperatures, high humidity, high altitude and bulky clothing can make you feel too hot. Your body sweats to cool down when this happens. Sweat is a combination of water and certain minerals known as electrolytes. Very cold temperatures and becoming sick also lower your hydration as the body has to work harder using more water.

Water is the best beverage for hydration. Other beverages such as sodas, energy drinks, and juice can contain unnecessary calories and added sugar. An easy way to monitor your hydration is to do the urine test

(the clearer the urine, the better the hydration). You become dehydrated if your body needs more water than what is available. Headaches, dry throat, chapped lips, decreased energy, dark urine and swollen feet are common signs of dehydration.

Dehydration can also decrease your physical performance. The American Society of Sports Medicine recommends drinking 2 to 8 ounces of water every 15 to 20 minutes when exercising for less than one hour. Eating healthy foods throughout the day provides you with enough electrolytes. However, you need more

electrolytes when exercising for longer than an hour. Substituting 2 to 8 ounces of a sports drink every 15 to 20 minutes can help to provide both water and electrolytes.

You should make hydration a priority, as well as make it convenient and appealing to you. You can carry a fun water bottle with you, have a daily water challenge or aim to drink water at every meal. For those who are tech-savvy, use a water tracking app to track your intake. If you're concerned about flavor, add fresh fruit or mint to your water.

Conversely, drinking too much water

too fast can lead to over hydration. Common signs of over hydration include confusion, drowsiness, muscle cramps and weakness. This can be prevented by drinking less than one liter of fluids per hour.

Making the decision to stay hydrated will help you to help yourself. Remember the tools and recommendations provided here and do what works best for you!

For more information on this topic, make an appointment with a registered dietitian in the Outpatient Nutrition Clinic at Walter Reed Bethesda at 301-295-4065.

"You should make hydration a priority, as well as make it convenient and appealing to you. You can carry a fun water bottle with you, have a daily water challenge or aim to drink water at every meal."



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Colorectal Cancer Awareness Month: Observance Focuses on Screening, Increasing Public Knowledge

By Bernard S. Little
WRNMMC Command Communications

Observed during March, Colorectal Cancer Awareness Month seeks to increase the public's knowledge about the disease, and to encourage people to get screened.

"Colorectal cancer represents the third most common form of cancer and claims more than 50,000 lives yearly in the U.S. As common as colorectal cancer is, it is also in many cases preventable through adherence to screening recommendations," explained Navy Capt. (Dr.) James Duncan, chief of Colon & Rectal Surgery at Walter Reed National Military Medical Center.

"Colorectal Cancer Awareness Month is important to raise awareness of this common disorder and to inform the public of the benefits of screening and reducing risk," he added.

Colorectal cancer, often called colon cancer, occurs in the colon or rectum. "Symptoms of colorectal cancer include blood in the stool, a change in bowel habits, anemia (low red blood cell counts), unexplained or unintentional weight loss and abdominal pain. It is important to also recognize that in many cases, colorectal cancer may present in the absence of any symptoms."

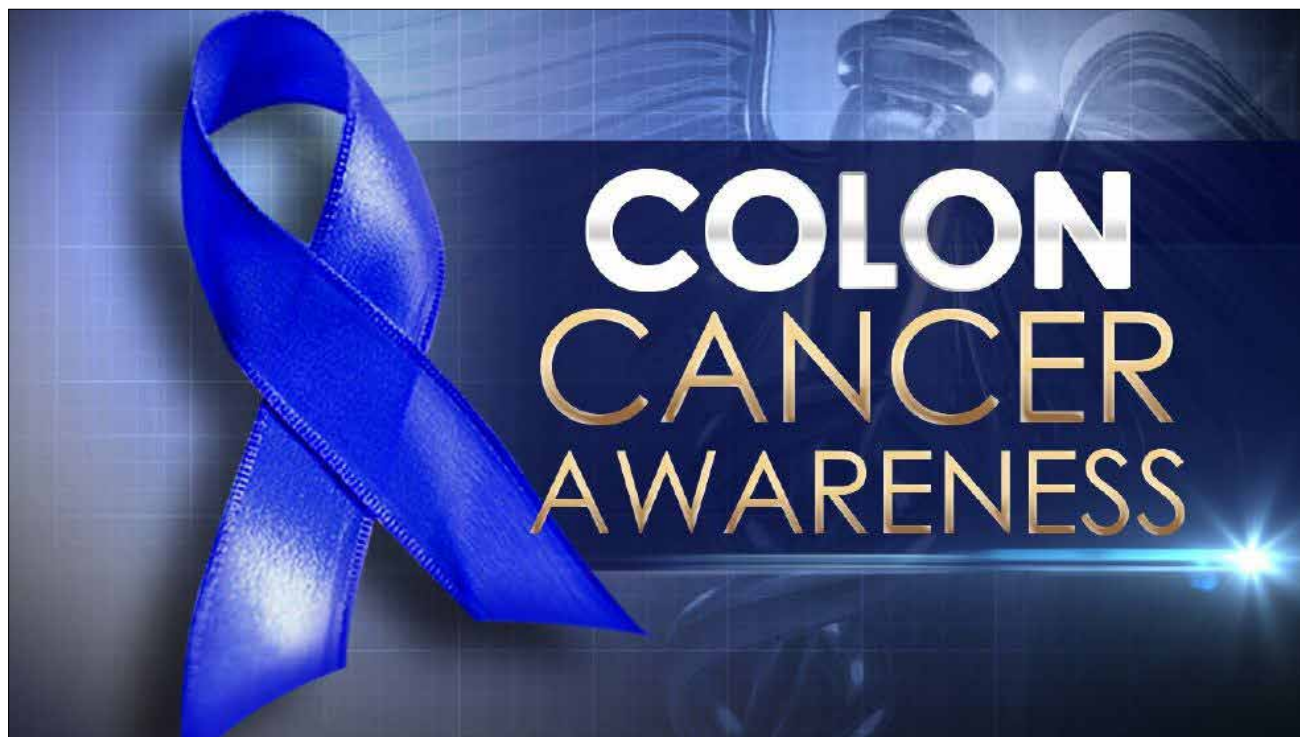
Screening for average-risk individuals should begin at age 50, Duncan explained. "For those at higher risk — people with a first-degree relative with colorectal cancer, a personal history of the disease or colon polyps, a personal history of inflammatory bowel disease — screening should begin earlier depending on a number of factors," the surgeon stated.

Colorectal cancer affects men and women of all racial and ethnic groups, making it the second leading cause of cancer-related deaths in men and women the United States. Therefore, "everyone with a colon and rectum should be considered for colorectal screening based on their personal and/or family history," Duncan emphasized.

Screening can find precancerous polyps—abnormal growths in the colon or rectum—so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure. About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later, according to the Centers for Disease Control and Prevention.

Duncan said the "gold standard" screening test for colorectal cancer remains the optical colonoscopy. "This safe procedure involves visualizing the lining of the entire colon and rectum with a colonoscope, a flexible instrument guided by a surgeon or gastroenterologist to look for polyps, cancer, or other disease in the large intestine. Other tests that are acceptable means for colorectal cancer screening include testing the stool for occult blood or performing a specialized CT scan, sometimes referred to as a 'virtual colonoscopy' or more properly, CT colonography," he explained.

According to the CDC, research continues to explore if dietary changes can reduce colorectal



cancer risk. Duncan stated that eating a healthy diet high in fiber and low in fat, exercising, avoiding smoking, and moderating alcohol intake are all healthy lifestyle habits to minimize one's risk of getting colorectal cancer.

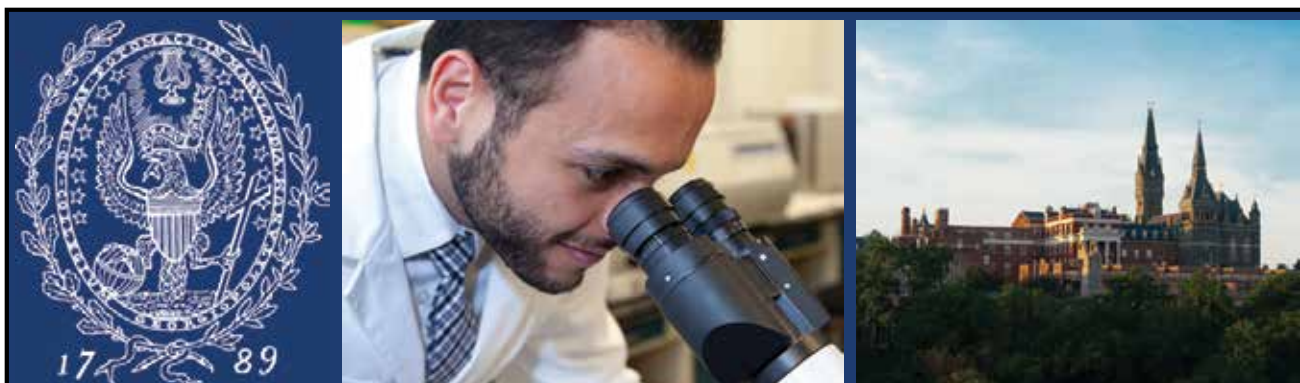
"Paramount among the steps people can take is adhering to screening guidelines and getting a colonoscopy at age 50 or sooner if they belong in a higher-risk group," he furthered.

If a person is diagnosed with colorectal cancer, Duncan explained how the person would need to be evaluated with additional tests including blood

work and a CT scan to better understand the status of the cancer and whether it has spread, or metastasized, beyond the colon or rectum to other organs such as the liver or lungs.

"In most cases where the cancer is confined to the colon or rectum, surgery is considered as the most effective option for treatment. Oftentimes there may be a role for chemotherapy depending on whether the tumor has spread to the surrounding lymph nodes or other factors," Duncan explained.

For more information about colorectal cancer, visit the CDC website at www.cdc.gov/cancer/colorectal.



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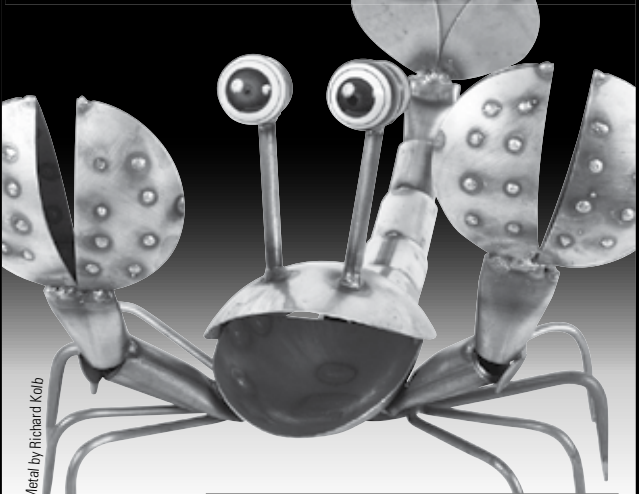
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PHOTO BY MC 3 JULIO MARTINEZ MARTINEZ

Members of U.S. Army Element-North get ready to present the command flag during a change of responsibility ceremony March 9 at Walter Reed National Military Medical Center's Memorial Auditorium.

LEADER

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Leadership Forum, providing advice, counsel and mentorship to over 150 Soldiers, Sailors and Airmen and civilian personnel on leadership challenges and career progression.”

Dickerson thanked Jones for her leadership and said she had been a great “battle buddy.”

In welcoming Zak, Dickerson said his many accomplishments and prior experience at WRNMMC would benefit the command.

“I’m excited to see all the new accomplishments to come under your leadership,” Dickerson said.

Zak said he was honored to come back to WRNMMC, where he previously worked as the Chief Clinical NCO.

“I was always in awe of the amazing things that happened at the greatest hospital in the military health system. To be able to return as a troop Command Sergeant Major is a wonderful privilege,” he said.

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3/16	11 am-2 pm	St. Patrick's Day <u>Lunch</u> at the Warrior Café
3/16	2 pm 3 pm	5K Check in at Below Deck St. Patrick's <u>5K</u> -Pub glasses to the 1 st 75 to register. See online. *
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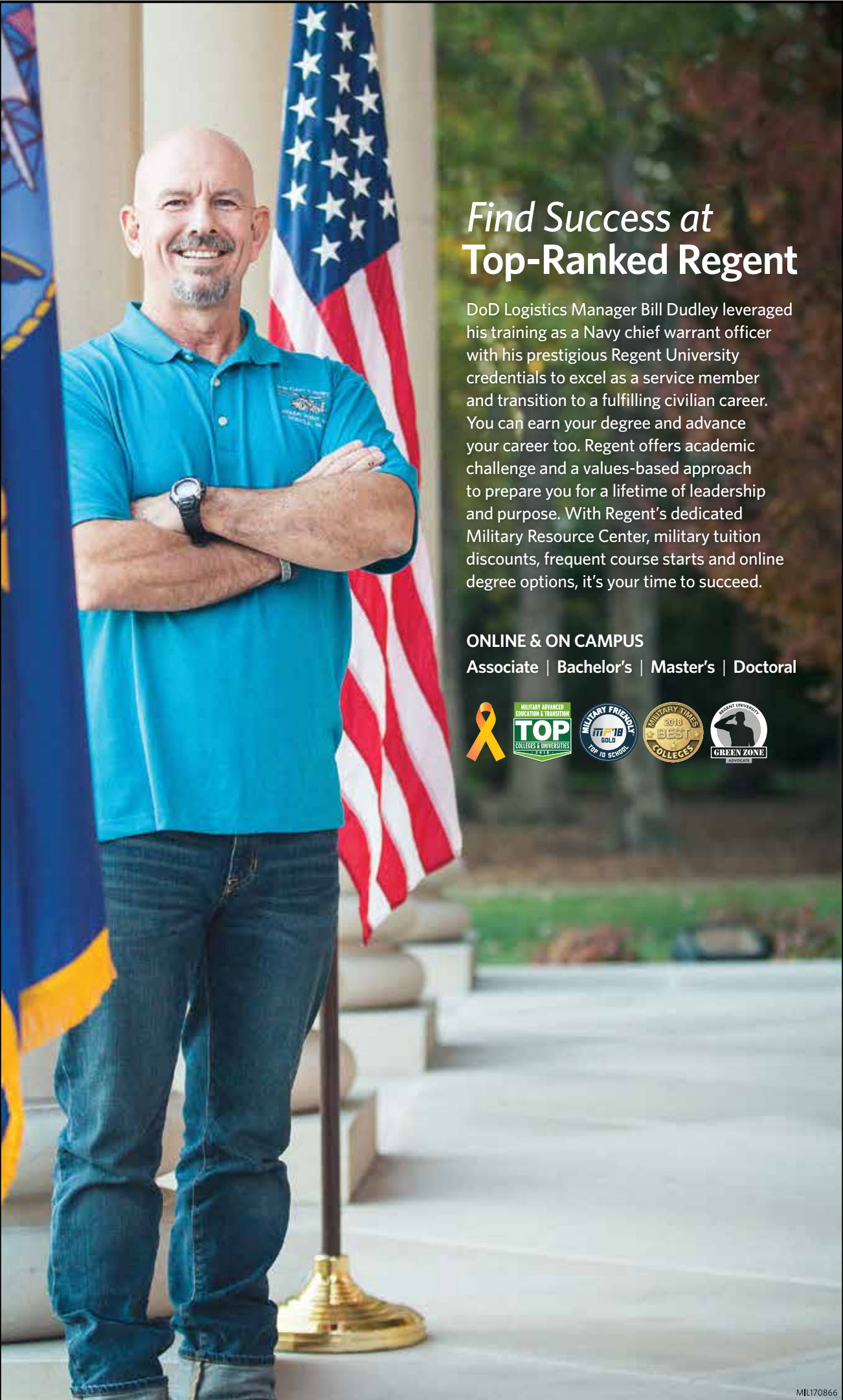
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IMAGE CREDIT: ARMY PHOTO

Col. (Dr.) David Haight, right, cared for Team USA athletes at the Rio Olympic Games along with Dr. Dave Weinstein, the head team physician for the 2016 Olympic team.

OLYMPICS

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in Zagreb, Croatia, for the World Championships this summer.

'Something Else Entirely'

At the Olympics, Haight said, he provided basic sick call and evacuation management assistance, as needed, and he also took advantage of his military training to provide basic tactical combat casualty care training to other providers. His journey started with a simple, two-week internship at the Colorado Springs Olympic Training Center, he explained, working for the Sports Medicine directors, Dr. Bill Moreau and Dr. Dustin Nabhan, and was invited back to help provide medical coverage for the Sochi Winter Olympics. There, he said, he had the unique opportunity to care for athletes in the Mountain Village, providing daily medical coverage on the mountain for skiing, snowboarding, bobsledding, and other events.

Haight said he was first hooked on operational sports medicine after he supported the Council Internationale Sports Medicine (CISM) World Championships in Baku, Azerbaijan, in 2008, during his sports medicine fellowship. The CISM was created during WWII as a way for countries to come together through sports. Traveling with athletes and providing ringside, fieldside, and poolside coverage of sporting events is "amazing" – and a noble calling – but the opportunity to interface with international peers and athletes is "something else entirely," he said. He cherishes the many fond memories and friendships that he made around the world.

"As military physicians, we have a unique perspective on 'operational sports medicine' ... you might find yourself serving your country in a means you never imagined," Haight noted. "If you have an interest in sports medicine and are serving as a provider in the Armed Forces, you should not just consider the Armed Forces Sports Medicine fellowship, you should apply immediately. If you are an Armed Forces Sports Medicine fellowship-trained provider, you should take the time to coordinate a two-week elective Internship with the US Olympic Sports Medicine Department at one of their Olympic Training Centers. You won't regret it."