

FEBRUARY 2019



BROOKE ARMY MEDICAL CENTER

FOCUS



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BG George N. Appenzeller
Commander

CSM Thomas R. Oates
Command Sergeant Major

Elaine Sanchez
Chief,
Communications Division

Lori Newman
Editor

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Deadline for submission is six business days before the first of the month. We reserve the right to edit submissions selected for publication.

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O U R C O M M I T M E N T



COMMANDING GENERAL
BG George N. Appenzeller
(210) 916-4100



COMMAND SERGEANT MAJOR
CSM Thomas R. Oates
(210) 916-5061

BAMC Family,

CSM Oates and I are so proud of the exceptional staff in our BAMC Trauma Division. Our integrated team of 57 Active Duty Military and Civilian health care professionals delivers care to more than 4,000 traumatically injured patients per year.

Our Trauma Division admits an average of 150 patients a month to trauma and surgical ICUs, and performed over 800 operations that involved over 6,000 contacts with Active Duty personnel, directly increasing their combat readiness.

Additionally, the Trauma Division received the prestigious Army Medicine Wolf Pack Award for this past year. In an announcement message, LTG Nadja West, Surgeon General of the U.S. Army and Commanding General, U.S. Army Medical Command, lauded our trauma team as a model of inter-service cooperation and an indispensable part of the greater San Antonio community.

The Army Surgeon General highlighted BAMC's adult Extracorporeal Membrane Oxygenation (ECMO) program, which has been recognized internationally, nationally and locally as an innovative standard for training and sustaining combat casualty care, and has been verified as providing exemplary care to other traumatically injured patients. She also praised our conduct of regional training and prevention programs, and military specific readiness training such as the Emergency War Surgery Course.

CSM Oates and I are proud to be part of this world-renowned organization and to work shoulder-to-shoulder with outstanding Military and Civilian health care professionals every day. Without your hard work and commitment, we would not receive accolades such as this.

In the words of LTG West, please join us in congratulating the BAMC Trauma Division for their efforts in establishing a worldwide standard for combat casualty care, training and sustainment. Their exceptional teamwork and dedication epitomize the highest standards of the Army and Army Medicine.

George N. Appenzeller
Brigadier General, U.S. Army
Commanding General

Thomas R. Oates
CSM, USA
Command Sergeant Major



Mission

We protect the Nation by ensuring Total Force Readiness through innovative, high quality care and the development of elite healthcare professionals.

Vision

*To be the pinnacle of military healthcare
— Anytime, Anywhere!*

It's A New Day Collaborative Medicine Saves Sick Cell Patient

BY LORI NEWMAN

Brooke Army Medical Center Public Affairs

Imagine being alone at home lying in bed, your loved one hundreds of miles away and you're experiencing debilitating pain in both legs. You call 911 for help, and crawl down a flight of stairs so paramedics don't have to break down the door.

This is exactly what happened to 36-year-old Alexis Piper, who has been battling sickle cell anemia since she was 7 years old.

"The pain in both my legs was severe," Piper said. "It kept getting worse. I couldn't move my legs. I couldn't walk."

Sickle cell anemia is an inherited form of anemia, in which there aren't enough healthy red blood cells to carry adequate oxygen throughout the body. With sickle cell anemia, the red blood cells become rigid and sticky and are shaped like sickles or crescent moons. These irregularly shaped cells can get stuck in small blood vessels, which can slow or block blood flow and oxygen to parts of the body.

People who have sickle cell anemia often experience pain and other serious problems, such as infection, lung-related complications and stroke.

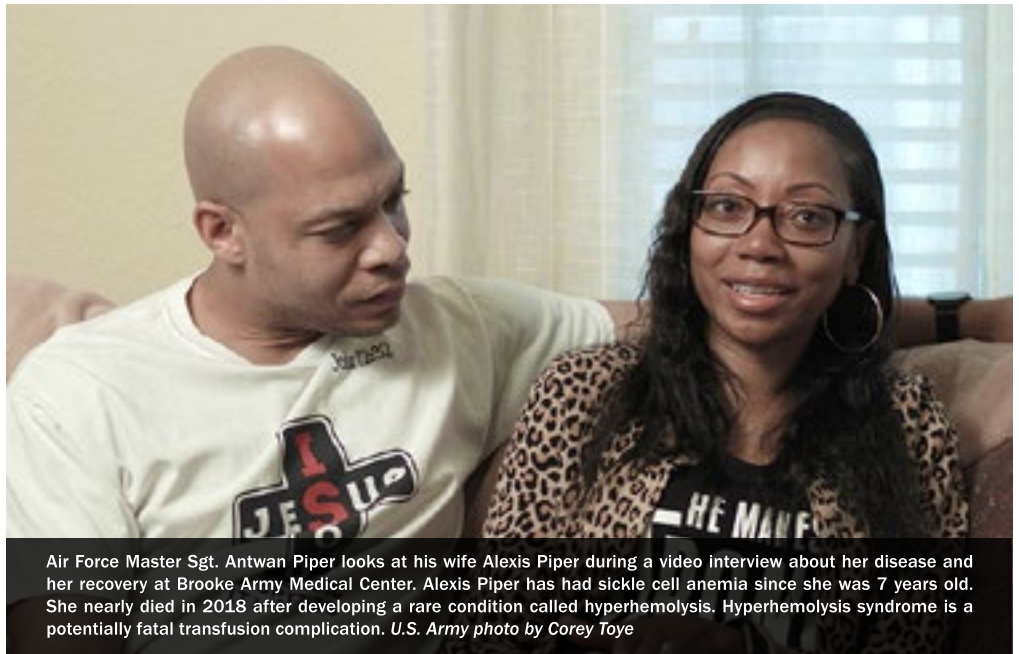
"I have noticed that as I get older the episodes have decreased, but they have become more severe when they do happen," Piper said. "The pain hits in random places of the body. It may start as a slight throbbing and then intensify to a sharp pain."

Piper's husband, Air Force Master Sgt. Antwan Piper, had left that morning for a business meeting out of state. He was having dinner with his coworkers when he received his wife's phone call.

"Talking to her on the phone was so hard," Antwan said, remembering his feeling of helplessness. "It hurt me even more, because she crawled from upstairs to open the door. I could picture her crawling just to open the door. Words can't even explain that."

Once Alexis arrived at Brooke Army Medical Center the doctor's began treating her with the normal protocols for a patient with the disease.

"I thought it would be a simple case of her just needing intravenous fluids, pain medications, and potentially a blood transfusion," said Air Force Capt. (Dr.) Lauren Lee, the hematology/



Air Force Master Sgt. Antwan Piper looks at his wife Alexis Piper during a video interview about her disease and her recovery at Brooke Army Medical Center. Alexis Piper has had sickle cell anemia since she was 7 years old. She nearly died in 2018 after developing a rare condition called hyperhemolysis. Hyperhemolysis syndrome is a potentially fatal transfusion complication. U.S. Army photo by Corey Toye

oncology fellow who was on the inpatient service the next morning. "It's not uncommon for sickle cell patients to come in with a lot of bone pain. We treat them supportively, sometimes with a blood transfusion, and they go on their way. That's what I expected with Alexis."

Alexis was given a blood transfusion, but her body did not react as expected.

"We noticed that her blood counts didn't change," Lee said. "In the absence of bleeding, normally we would expect to see the hemoglobin rise after a unit, but hers didn't improve."

She had developed a rare condition called hyperhemolysis.

"With hyperhemolysis, the body not only breaks down all of the transfused blood, but it begins to breakdown the patient's own blood and this is what happened to Alexis," Lee explained.

"Approach to therapy is challenging because it's such a rare condition," Lee added. "Generally speaking these patients respond to steroids and intravenous immunoglobulins (antibodies)."

It became clear after about three days that treatment was not working. At this point Alexis'

hemoglobin count was about three. A person with sickle cell anemia normally has a hemoglobin count of seven to eight. A healthy person's normal hemoglobin range is 12 to 14.

After days of steroids and IV immune globulins, the doctors decided to give her an additional unit of blood, but about 20 minutes into the transfusion Alexis started experiencing severe pain and her hemoglobin continued to decrease. She started to become confused and showed evidence of heart failure.

"Things were only getting worse, by the minute really," Lee said. "A hemoglobin of two is essentially incompatible with life."

"Somehow Alexis survived, but her body could not tolerate this for a prolonged period of time," she added. "Her heart was working very hard and she was not getting enough oxygen to her brain."

During this time, Antwan and Alexis' family were at the hospital night and day hoping and praying for a miracle.

"Every day we were hoping, but every day things were decreasing, not getting better," Antwan said. "During that time, I really, real-



MARCH
2019

Air Force Capt. (Dr.) Lauren Lee, hematology/oncology fellow at Brooke Army Medical Center, reflects on the care BAMC staff members provided Alexis Piper, a patient with sickle cell anemia, who nearly died from a rare condition called hyperhemolysis. Hyperhemolysis syndrome is a potentially fatal transfusion complication. Many BAMC staff members collaborated to find a treatment for the life-threatening condition. U.S. Army photo by Corey Toye



ly depended upon my faith. No one had any answers about what she was going through.”

Lee began researching other treatment options. She contacted an expert in England, Dr. Win Nay, who had published extensive research about sickle cell patients with hyperhemolysis.

After discussing the treatment options with a multidisciplinary team of doctors and Alexis’ family, they decided to try an off-label drug primarily used to treat other conditions as such rheumatoid arthritis.

“This was a situation where we clearly had to think outside the box,” said Air Force Maj. (Dr.) Brad Beeler, hematology/oncology fellow, Alexis’ primary hematologist.

The drug was successful in stopping Alexis’ body from breaking down the red blood cells; however, her body was not producing new red blood cells fast enough to recover.

This is when the use of bovine-hemoglobin came to mind, because of the extensive research being done on the use of hemoglobin-based oxygen carriers for injuries received on the battlefield.

Lee reached out to one of her former professors, Dr. Mark Zumberg, a sickle cell specialist at the University of Florida. He described a similar case in which they supported a patient with a hemoglobin-based oxygen carrier. Currently the medication is approved for use in South Africa, but is only available under investigational status through the Food and Drug Administration in the United States.

“Within 24 hours we were able to get FDA compassionate release and hospital approval to use the drug and had it flown in from across the country,” Lee said.

Alexis was given four infusions of the drug.

“Her response was pretty remarkable,” Lee said. “She went from being non-respondent to lucent.”

However, shortly afterwards Alexis started having seizures that weren’t responding to the typical medicines.

“In order to control the seizures we had to put Alexis into a medically-induced coma and insert a breathing tube for support,” said Air Force Capt. John Hunninghake, pulmonary and critical care fellow. “That was a really difficult conversation to have with her husband [Antwan] over the phone in the middle of the night.”

Antwan now had to make medical decisions for his wife, because she was not able.

“That rocked my world, because things were starting to get better,” Antwan said. “I was feeling defenseless because I couldn’t do anything for her. She was laying there going through this and all I could do was watch and hope and pray. It was tough.”

After talking with the doctors, Antwan agreed to keep treating her with the drug, because he believed that if the treatment didn’t work for her, the lessons they learned could possibly help someone else.

“Her family was exceptional in this situation,” Lee said. “They never once doubted our ability,

they had faith and they continued to encourage every one of the providers. They kept a positive outlook the entire time.”

Miraculously, after seven infusions of the drug, Alexis made a full recovery.

Antwan praised the doctors for their compassion, “They would answer all of our questions. Take time to pray with us. To give me a hug. To cry with me. What doctor would do that?”

“I don’t consider them just doctors, I consider them now my friends,” he said. “That’s beyond a doctor. That’s the love they had. That’s the love we have for them.”

Alexis agreed.

“They were all understanding, not just from a medical perspective, they stood down and got to my bedside with me and helped me journey through this,” she said. “I’m very appreciative for all of them. The whole team.”

Alexis described hearing Lee’s voice each morning and Beeler coming to see her each evening.

“I remember him (Beeler) saying, ‘it’s not a setback it’s just an obstacle,’” she said tearfully. “I began to call him my doctor angel. When I was having a bad moment or was not feeling well he would come and give a medical opinion or medical advice. It would be just what I needed to hear at that moment.”

The Pipers continue to maintain a close relationship with Alexis’ doctors.

“I am a miracle,” said the self-proclaimed sickle cell warrior, survivor and military spouse. “My health and strength are back. I’m stronger now actually, in more ways than one.”



Alexis Piper keeps a framed photograph as a reminder of her time at Brooke Army Medical Center and the loving support of family, friends and staff members during her long recovery. Piper has sickle cell anemia, an inherited form of anemia, in which there aren’t enough healthy red blood cells to carry adequate oxygen throughout the body. U.S. Army photo by Corey Toye.



CELEBRATING
CIVILIAN CORPS
ANNIVERSARY

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BAMC Hosts JBSA Event to Honor Dr. Martin Luther King Jr.

BY LORI NEWMAN

Brooke Army Medical Center Public Affairs

Brooke Army Medical Center hosted the Joint Base San Antonio Martin Luther King Jr. Day observance at the historic Fort Sam Houston Theater Jan. 17.

Brig. Gen. George Appenzeller, BAMC commanding general, provided opening remarks for the celebration.

"We are here today to celebrate and remember the achievements of a great man," the general said. "Someone who truly understood that our nation's greatest strength is our diversity. With that understanding he spent his life fighting for social justice."

Appenzeller said there is a "very important distinction" between fighting for social justice versus fighting against social injustice.

"My hope for each of you is you think about what you are for, not what you're against," he said. "Our military family is diverse, giving, loving and we really understand what it is to take care of each other, just like he did."

Guest speaker, retired Command Sgt. Maj. Marshall Huffman, focused on unity during his remarks.

"Dr. King taught us to dream of a better tomorrow," he said. "To respect our neighbors. To love one another."

Huffman shared his experiences growing up in Montgomery, Alabama during the 1960s. He said he remembered seeing the fountains and bathrooms labeled "colored only" and ordering food at a café and having to pick it up in the back because he was not allowed in the front.

The retired command sergeant major also touched on the current division in our country today.

"More needs to be done to address the racial division in America," he said.

"I believe that unity and healing must first start from within," Huffman said. "When it comes down to changing a culture it's really up to us. It's our neighborhoods, our blocks and our communities. Every man, every woman, every boy and every girl in this country should be treated with dignity and respect. No matter their background or walk of life."

Huffman spoke about King's philosophy of nonviolence and love.



Retired Command Sgt. Major Marshall L. Huffman speaks to attendees of Joint Base San Antonio's Martin Luther King, Jr. Day event at the Fort Sam Houston Theater, Fort Sam Houston, Texas, Jan. 17, 2019. The event, hosted by Brooke Army Medical Center, celebrated the life and legacy of Dr. King and served as a reminder to continue to strive toward his dream of equality for all. U.S. Army photo by Jason W. Edwards

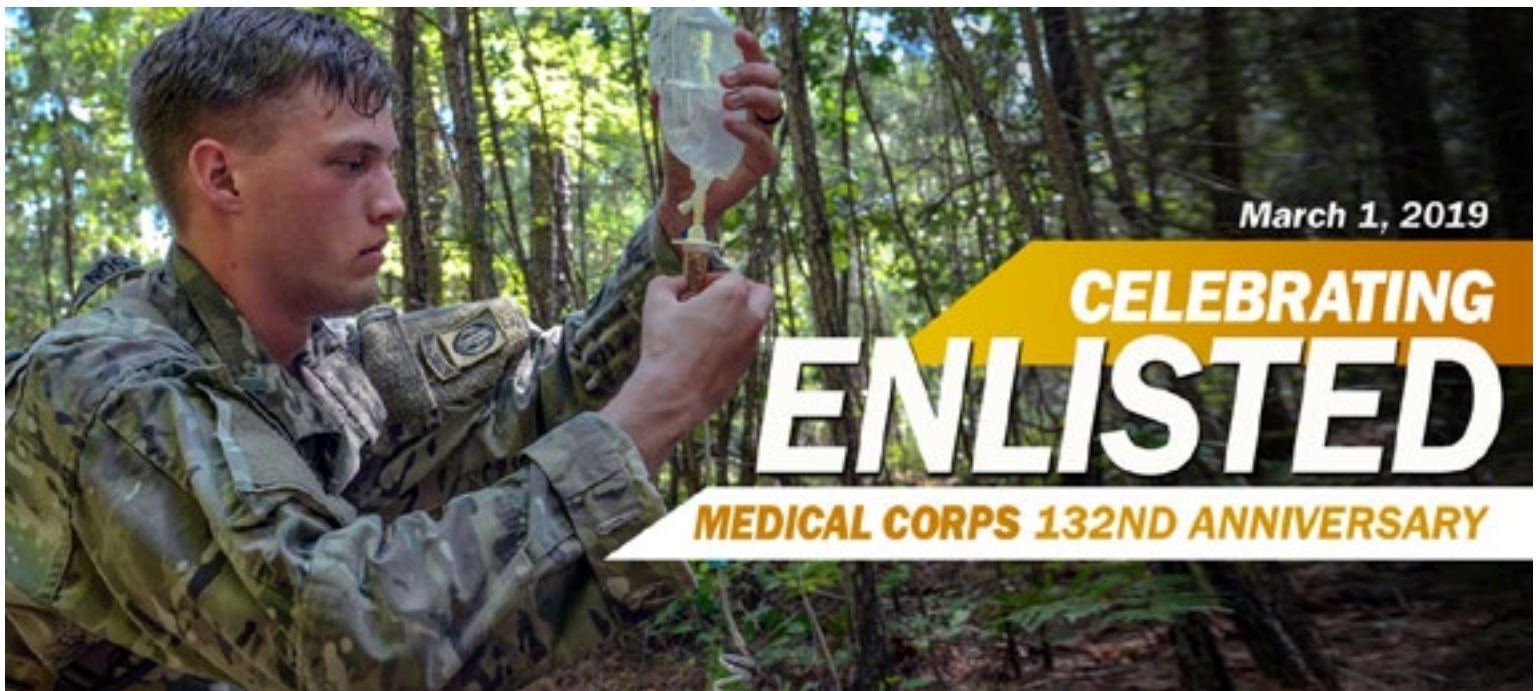
"Dr. King's wish may have been a tall order, but it was one he believed was possible to achieve," Huffman said. "In large part through unconditional acts of love and kindness."

"We must stop fighting each other, and fight together in unity to better our nation," Huffman concluded. "Our core beliefs are what unite us and help us to succeed. We must come together in unity and complement one another."

The observance also featured a San Antonio College student, Jimmie Steemer II, reciting the iconic "I Have a Dream" speech and a performance of the gospel song "We Shall Overcome."

BAMC Command Sgt. Maj. Thomas Oates concluded the ceremony thanking everyone who had a part in putting the event together. He also spoke about the importance of building bridges and standing together united for one cause – Dr. Martin Luther King's dream.

"I ask you to keep that dream alive," Oates said.



March 1, 2019

CELEBRATING
ENLISTED
MEDICAL CORPS 132ND ANNIVERSARY

BAMC Celebrates 118th Army Nurse Corps Birthday

BY LORI NEWMAN

Brooke Army Medical Center Public Affairs

Brooke Army Medical Center and the Army Institute of Surgical Research celebrated the 118th birthday of the Army Nurse Corps a day early, Feb. 1, by paying tribute to the contributions of Army nurses throughout history.

Army Col. Michael Ludwig, BAMC chief nursing officer, welcomed everyone to the celebration. He also emphasized the Army Nurse Corps theme, "Anywhere, anytime, always ready."

"We truly are an integrated force here at BAMC," he said, highlighting BAMC's joint environment.

Army Maj. Deanna Hutchings presented the history of the Army Nurse Corps as nurses dressed in period uniforms showed how the uniform changed over the years.

Army Lt. Col. Jodelle Schroeder, ISR chief nursing officer, introduced the guest speaker Army Col. John Melvin, chief nurse and chief of clinical operations, U.S. Army Forces Command.

Melvin addressed the continuing need for Army nurses within the operational force. "That's where we have been and that's where we are going," he said.

"The bottom line is, since our establishment on Feb. 2, 1901, and even before that, we have been providing exceptional nursing care to Soldiers on the battlefield," Melvin said. "We continue to do that today."

Melvin highlighted some famous nurses including Molly Pitcher, Clara Barton and many others throughout American history. He also touched on how the military has evolved over time and some of the lessons learned during each conflict.

"You have to fight the fight as a total Army if you want to win the



Army 2nd Lt. Stephanie Fox, left, Army Col. Michael Ludwig, Brooke Army Medical Center chief nursing officer, and Pfc. Adriann Gifford cut the cake during the 118th Army Nurse Corps birthday celebration Feb. 1, 2019 in the auditorium at BAMC. U.S. Army photo by Lori Newman

fight," he said. "That's the medical fight as well, because our job is really to conserve the fighting strength."

Melvin also highlighted some of the changes the National Defense Authorization Act will bring to military medicine and provided an overview of FORSCOM.

"This is a great opportunity for Army Nurse Corps officers to get into the operational force so that they can learn that operational art," Melvin said. "It's really all about doing medicine the way we are supposed to do it, which is focused on the Soldier."

"This is a great time to be a nurse and a great time to be a Soldier," he added.

Seeking Mystery Shoppers to Help Improve Patient Experience

BY LORI NEWMAN

Brooke Army Medical Center Public Affairs

Retail stores often use secret shoppers to improve customer service. Brooke Army Medical Center is now implementing a similar concept to improve patient experience.

The Mystery Shopper Program is an Army Medical Command initiative to help military treatment facilities and clinics improve care for patients.

"We are trying to improve and enhance our patients' experience," said Maria Guerrero, chief of the Patient Experience Branch at BAMC. "Getting direct feedback from our patients is a great way to do that."

BAMC volunteers will be making the rounds to several different clinics to ask patients for feedback after their appointment. The patient

will be asked to fill out a simple, six-question survey about the appointment, to include timeliness, courtesy of staff and if there was adequate information provided during to appointment.

"This is a great opportunity, because the appointment is fresh in their mind," she said.

Volunteers will visit different clinics Mondays, Tuesdays, Wednesdays and Fridays to hand out the survey.

If patients would like to participate in the Mystery Shopper Program, they also can stop by the Patient Experience Office to pick up a form before or after their appointment. The form can then be returned to the same office.

"Anytime a patient has any type of concern they can come see us or give us a call," Guerrero said. "We are here to help them."

The Patient Experience Office is on the first floor by the main entrance to the hospital. Patients can call 210-916-2330 or stop by between 7:30 a.m. and 4:30 p.m. Monday through Friday.

Another way for patients to get involved and help improve their health care experience is by joining the Patient Family Advisory Council (PFAC), which meets monthly. The meetings are approximately one hour and are planned for the day and time that best meets the schedules of the beneficiary members.

PFAC committee provides a "Voice-of-the-Customer" forum to facilitate dialogue between BAMC leadership and representatives of the beneficiary population about the scope and availability of services, clinical quality, and to provide feedback and suggestions on all aspects of the patient experience.

"This is a great way for our patients to have a voice and be part of the solution," Guerrero said.

For more information or to sign up for the council, call 210-916-2330.



February is American Heart Health Month

BY SANDRA ISLEY
APHN/HP Intern

There couldn't be a better time to learn more about good heart health. So, when you're showing some love to your valentine how about showing some love to your heart as well.

Heart disease is known as the silent killer and does not discriminate. It is not restricted to older adults and men, it in fact affects younger adults and more women than men.

Facts About Heart Disease

- Heart disease is the leading cause of death among men and women in the United States
- One in four deaths are related to heart disease
- Leading cause of preventable death in people 40-65
- Heart disease kills more women than men and is deadlier than all cancers combined
- 80 percent of cardiovascular disease can be prevented with education and lifestyle

Risk Factors

- High blood pressure
- Elevated blood lipids
- High cholesterol
- Smoking
- Obesity
- Sedentary lifestyle
- Unhealthy eating
- Genetics
- Diabetes



Did You Know...

92 percent of the population recognized chest pain as a symptom of a heart attack, but only 27 percent were aware of other major symptoms?

Signs & Symptoms

- Uncomfortable pressure, squeezing, or pain in the lower chest or upper abdomen
- Dizziness
- Lightheadedness

- Upper back pressure
- Extreme fatigue
- Pain or discomfort in one or both arms

Symptoms Most Common In Women

- Breaking out in a cold sweat
- Shortness of breath
- Nausea
- Vomiting
- Back or jaw pain

The good news is many of the major risks factors associated with heart disease can be prevented through healthy lifestyle changes.

- Eat a healthy diet
- Maintain a healthy weight
- Get plenty of physical activity
- Avoid smoking
- Manage stress
- Get plenty of sleep

Month of The Enlisted Medical Corps
Enlisted Medic Run
March 8th *Cohesion run to foster esprit de corps*
Starts at 05:30
BG Johnson Track
EVERYONE, MILITARY & CIVILIAN, IS WELCOME TO PARTICIPATE!
THE RUN WILL BE FOLLOWED BY A CAKE CUTTING CELEBRATION.

Resources Available to Services Members Dealing with Substance Use Disorders

BY LORI NEWMAN

Brooke Army Medical Center Public Affairs

Brooke Army Medical Center Department of Behavioral Medicine has launched a new program to make it easier for service members to get help for substance use disorders.

The new Addictions Medicine Intensive Outpatient Program is an intense five-week outpatient program offered Monday through Friday from 8 a.m. to 3:30 p.m. at the Multi-Disciplinary Behavioral Health Clinic.

The AMIOP employs a multidisciplinary team, staffed by professionals who specialize in healthcare, addictions and behavioral health. AMIOP encompasses a variety of evidence-based interventions including group and individual counseling, classroom instruction, journal writing, homework assignments and participation in self-help programs such as Alcoholics Anonymous or Narcotics Anonymous.

"Chemical dependence is a chronic, progressive, pervasive and potentially life threatening disorder," said Licensed Clinical Social Worker David Hindman, AMIOP program director. "This new program is an additional avenue for service members to get the help they need to recover from drug or alcohol addiction."

This program is in addition to two existing levels of care intended to ensure comprehensive treatment options for service members who experience substance use disorders.

The Residential Treatment Facility at BAMC is a voluntary four-week residential program that offers psychoeducation, individual and group therapy, recreational therapy and occupational therapy to active duty, and active Guard and Reserve personnel on Joint Base San Antonio and throughout the Army. The unit currently has the ability to care for up to 12 patients at a time.

The Substance Use Disorder Clinical Care, formerly known as the Army Substance Abuse Program, was an installation program, but realigned under the BAMC's Department of Behavioral Medicine in 2016. Service members who are enrolled in SUDCC typically attend one group session per week and two individual sessions per month.

Having all the programs aligned within the Army Medical Command allows for a more seamless transition for service members to step up or down from one program to another, as needed, to address their addiction problems, explained Dr. Amber Scott, clinical psychologist, BAMC Department of Behavioral Medicine Residential Treatment Facility.

"We are what you call a dual-diagnosis enhanced program, meaning that we can work with both behavioral health and substance abuse at the same time," Scott said.



A Soldier holds his Substance Use Disorder Clinical Care commencement coin. U.S. Air Force photo by Senior Airman Kaylee Dubois

The American Society of Addiction Medicine helped develop a nationally recognized and comprehensive set of guidelines for placement, stay, discharge and transfer of patients with substance use disorders and co-occurring medical and behavioral conditions.

"We follow the ASAM criteria, which is the standardized way of treating the patient as a whole person," Scott said. "We assess things such as their addiction, their home life, their coping skills and their motivation to change."

Scott said the RTF has a 75 percent rate of success for patients who stay sober 90 days after discharge. The national average for other inpatient treatment programs is between 40 to 60 percent.

"We are well above the national average and we are very proud of that," Scott said. "What we have found is the longer the prescription of care, the better the patient is. When they step down to the AMIOP, that's when we get even better statistics in terms of their sustained sobriety."

"This is the optimal way of treating someone with a substance abuse disorder," Hindman said. "We have all three levels of care under one umbrella."

"Per regulation, any active duty service member presenting with problematic use of alcohol or an alcohol related incident, and all active duty service members with any illicit or non-prescribed substance use must be referred for substance use assessment," Scott said.

Referrals can be made to the Department of Behavioral Medicine for a substance use evaluation, or by calling the Addiction Medicine team at 210-916-7222 for a consultation.

Dental Corps

109th Anniversary

Corps

MARCH 3, 2019

BAMC GIs Storm Across Alamo Skies for Joint, Total Force MEDEVAC Exercise

BY AIR FORCE COL. KJÄLL GOPAUL

Headquarters, Air Education and Training Command

Two Brooke Army Medical Center gastroenterologists received the opportunity to participate in joint medical evacuation exercise, Operation Dust Storm, which tested multiple units and spanned across two landing zones in San Antonio Feb. 1.

Army Maj. (Dr.) Allyson Cochet and Army Maj. (Dr.) Maria Kurtz were part of a blended patient transfer team, which included Air Force Reservists. Personnel from the Texas Army National Guard from Grand Prairie and San Antonio, Air Force security forces squadrons and an active duty team from the Air Education and Training Command also participated in the large scale exercise.

The exercise began with the recovery of six litter and ambulatory patients from a CH-47 Chinook helicopter flown by TXARNG Soldiers; followed by the mass casualty movement of 26 additional ambulatory patients; static load training with a UH-60 Black Hawk interim MEDEVAC mission support system.

"First, we started rehearsing how to take the litters to the aircraft in a manner that kept the patients and the litter team safe," Cochet said. "When the Chinook helicopter arrived, that was impressive."

Kurtz agreed.

"This was the most demanding part of the whole exercise for me that gave me a new respect for the importance of those tasks," she said. "I didn't realize how powerful the force of the rotor wash was from these aircraft. I have a new appreciation for their power and capability. You have to maintain your situational awareness – where the safe zones are to approach the aircraft, where the rotor tips are, and how difficult it is to communicate with the noise."

A flight medic explained the MEDEVAC capabilities of the Black Hawk and how to load a patient. The team practiced carrying a litter and loading it safely into the aircraft.

A joint, Air Force and Army medical team carries a simulated patient to an idling Texas Army National Guard CH-47 Chinook during Operation Dust Storm Feb. 1, 2019 at Martindale Army Air Field, Texas. This exercise is a joint, total-force training event with active-duty and Reserve Air Force and Army National Guard personnel. U.S. Air Force photo by Master Sgt. Kristian Carter



The operation also included the movement of more than 50,000 pounds of medical supplies, equipment, and a Humvee and concluded with the airmobile extraction of remaining ground forces from the landing zone.

"I was in awe of the sling loading as we watched the equipment being picked up and flown overhead again and again," Kurtz said. "I thought it was amazing."

"I was amazed that those helicopters can just pick up a load like that heavy Humvee ambulance and just fly away with it like it's nothing, and then just drop it off wherever it's needed," Cochet added. "The hook-up teams knew what they were doing. It looked very safe and efficient."

The pick-up zone noncommissioned officer in charge, Air Force Tech. Sgt. Steven Rose, emphasized that his hook-up teams were definitely up to the task.

"We were constantly hustling to be ready for the next lift, and you could feel the enthusiasm and energy on the LZ from start to finish," he said.

The last event was the tactical movement of 26 joint personnel off of the landing zone for their forward deployment as part of the mission scenario.

Kurtz summed the day's events as "Amazing." "I have never trained with such realism before," Kurtz said. "The adrenaline that you feel working around a live aircraft and with live patients heightens your sense of urgency and focus."

"Operation Dust Storm was a very immersive experience," Cochet agreed. "This was an incredible, unforgettable opportunity. It's very valuable to take advantage of this training to learn about MEDEVAC tasks in a deployed environment so we can better service our patients. The more prepared you are, the better your deployment goes."

Facts About Measles

For info: 24/7 DHA Immunization Clinical Support Center at 1-877-GET-VACC.
1-877-438-8222 or DSN 761-4245. Option 1



New Reusable Container Option Available in Dining Areas

BY LORI NEWMAN

Brooke Army Medical Center Public Affairs

Brooke Army Medical Center Department of Nutritional Medicine is implementing a new reusable container option at the dining areas throughout the hospital.

Patrons now can choose to use a reusable plastic container when getting food at a dining area within the hospital. The containers can hold anything from classic fare meals to soup, salad or pizza.

"Our hope is that people will opt for this option because it will help reduce waste and costs and help us save the environment," said Army MAJ David Elliott, deputy chief, Department of Nutritional Medicine. "Each year we spend more than \$1.2 million on disposable containers, plastic cutlery and cups, etc."

How It Works

Customers going through a food line can ask the server for the reusable container option or simply pick it up when getting self-serve items such as pizza, soup or the salad bar. When checking out, the cashier will charge them a one-time non-refundable fee of \$5 for the container.

"You paid for it, you own it, you can take it home or use it however you like," Elliott said. "But the next time you come into the dining facility please don't bring your old container and try to fill it with food. Instead, you will need to get a new one, because the containers must be cleaned and sanitized by DNM staff before reuse."

To return the soiled container the customer simply inserts it, with the barcode facing up, into one of the three receptacle machines located throughout

BAMC. The machine will scan the barcode and issue the customer a token. The machines are located in the main dining room on the lower level, in the grab and go by the Garden entrance and outside the Café Express located in the Pediatrics hallway on the first floor.

"The machine is really just a receptacle to hold the dirty containers," Elliott said. "The bottom of the container has a barcode. You put the container up-side-down in the receptacle, it reads the barcode and dumps it into a bin and releases a token."

When the machine is full, it sends an email to the dining room staff so they can retrieve the bag full of soiled containers. These containers are then taken to the dish washer to be cleaned and sanitized and put back out on the lines for reuse.

"Customers should dump and scrape any food remnant from the container into the regular trash before they are put into the machine," Elliott said. "This helps the staff properly clean and sanitize them for reuse."

Patrons must have a token when checking out to avoid being recharged for the reusable container.


"The token is what you use instead of paying the \$5 again at the cashier," Elliott explained.

"Patrons will still have the option of using a regular plate and silverware or opting for the disposable container, but we hope they will opt to use the reusable container when possible," he said, noting many people choose the disposable containers even when they are eating in the dining facility.

"Those disposable food containers are expensive," Elliott said. "For example, the big clamshell container, made out of formed cardboard, costs 33 cents a piece and here at BAMC we send over 76,000 of them to the landfill each month."

"The three machines were an initial investment of about \$90,000, but if we get 20 percent of our customer to use the re-usable containers it will pay for itself in about six months," Elliott said. "The cost savings is only a secondary reason for us starting this program. Our primary goal is sustainability. We hope to save the planet by not producing more trash than we need to."






Month of The Enlisted Medical Corps

Enlisted Lunch & Learns

Joint Professional Development sessions to increase cross-service awareness on select topics

EVERY WEDNESDAY STARTING MARCH 6TH AT 11:00 IN THE DV ROOM OF THE DFAC

6 MAR	LEADERSHIP, DOCTRINE & STRUCTURE	20 MAR	COUNSELING & FEEDBACK
13 MAR	CUSTOMS & COURTESIES DRESS & APPEARANCE	27 MAR	EVALUATIONS, AWARDS & PROMOTIONS





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We protect the Nation by ensuring Total Force Readiness through innovative, high quality care and the development of elite healthcare professionals.

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To be the pinnacle of military healthcare
— Anytime, Anywhere!