

Pulse

OCTOBER 2020

***BDAACH
Conducts
Patient Air Evac***

**Brigade Change of
RESPONSIBILITY**

**FAREWELL
CSM BARONE**



SAMSUNG MEDICAL CENTER



BASIC INFORMATION

- **International Healthcare Center**
Working hours: **M ~ F** 08:00~17:00, **S** 08:00~12:00
- **24/7 English speaking service:** available
- **Contact Point**
 - Phone: 02-3410-0232, 0200
 - Fax: 02-3410-0231
 - Email: ihs.smc@samsung.com
 - Address: 81 Irwon-ro Gangnam-gu Seoul NA06351
- **Website:** www.samsunghospital.com/english
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Physiotherapy, Podiatry, Psychiatry –Adult,
Psychiatry –Pediatric, Psychology –Adult,
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Pulmonary, Radiology, Rheumatology,
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Neurosurgery/ Plastic/ Vascular/ Urology

To International Healthcare Center

Annex building 2nd floor From gate 4 or gate 1(main),
go to ophthalmology clinic(annex bldg, 1st floor)
→ take an elevator in front of the clinic
→ get off at the 2nd floor



E-C INTERNATIONAL LAW OFFICE



Ms. Annette M. Eddie-Callagrain Esq.

Professional Experience

Attorney-at-Law

E-C International Law Office (1995-2019)
General practice, private law practice.

Judge Advocate (Major)

United States Air Force Reserves (1995-2006)
Served as a Judge Advocate in the Air Force
Reserves, retiring in October 2006.

Judge Advocate

United States Air Force (1983-1995)
Active Duty Judge Advocate, practicing all areas
of military law

Law School Professor

University of the Ryukyus Law School
Okinawa, Japan

Practice Areas

- Collections
- Criminal Law
- Divorce
- Domestic Violence
- Employment Law
- Entertainment & Sports Law
- Family Law
- International Law
- Medical Malpractice
- Military Injury
- Personal Injury
- Workers' Compensation

E-C INTERNATIONAL LAW OFFICE

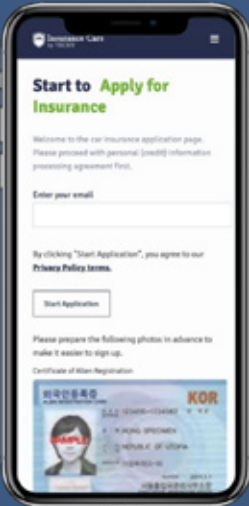
E-C LAW CENTER BUILDING, 1F
2-4-2, GINOWAN CITY
OKINAWA, JAPAN 901-2221
TEL: (+81) 98-898-0162
FAX: (+81) 98-899-2142



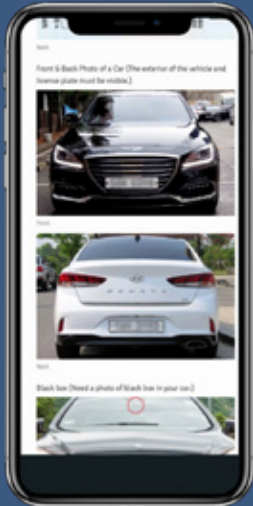
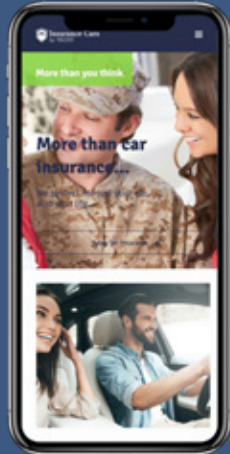
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Farewell CSM Barone!

The 65th Medical Brigade and Medical Activity Command Korea (MEDDAC-K) bid farewell to the Brigade's Command Sergeant Major, Command Sgt. Maj. Thomas Barone, who retires after 29 years of service to our nation. See pages 62-67 for a pictorial view of his service to the nation.

Cover: Courtesy Photo



BDAACH Conducts Patient Air Evac



Brigade Change of Responsibility



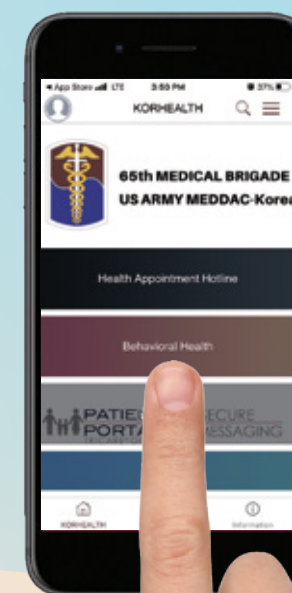
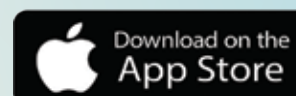
Halloween Movie Guide

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The 65th Medical Brigade/MEDDAC-K Presents

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Commander

Col. Dave Zimmerman

Command Sergeant Major

Command Sgt. Maj. Mark X. Riddick

Public Affairs Office

William Wight – Public Affairs Officer (Senior Editor)

Art Director

Eric Young-Seok Park

Comments or submission for PULSE65 should be directed to the Senior Editor at DSN 315-737-1808 or by email at pulse65editor@gmail.com

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Phone: DSN (315)738-2222 ext. 6815/
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E-mail: oriental_press@outlook.com
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Mail address: PSC 450, Box 758, APO AP 96206-0758

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What is Influenza?

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications.

Symptoms: Can begin about 2 days (but can range from 1 to 4 days) after the virus enters the body. Fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue (tiredness), and some people may have vomiting and diarrhea, though this is more common in children than adults.

Transmission: Flu is spread from person to person. People with flu can spread it to others up to about 6 feet away. Flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk., but can also spread from touching objects containing the virus (ex: door knobs, telephones, etc..)

Prevention: Take Three Actions to Protect Against Flu

1. Get vaccinated: Everyone 6 months of age and older should get a flu vaccine every season, especially people at high risk.

2. Take actions every day to help stop the spread of germs

- Avoid close contact (mind the meter!)
- Stay home when you are sick (sickly? Leave quickly!)
- Cover your mouth and nose (wear your mask!)
- Clean your hands (wash with water, use hand sanitizer!)
- Avoid touching your eyes, nose or mouth
- Practice other good health habits: Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is sick

3. Treatment: Prompt treatment for people who have flu infection or suspected flu infection and who are at high risk of serious flu complications, such as people with asthma, diabetes or heart disease.

Influenza Vaccine Facility Requirements

- If you're sick or having symptoms DO NOT come inside the facility
- Wear your mask at all times (covering your mouth AND nose)
- Use hand sanitizer
- Social distance (mind your meter)
- If you can, do not bring anyone who is NOT getting the vaccine
- Wear clothing that allows access to your upper arm/shoulder area
- Follow instructions given at facilities

Community Influenza Schedule

	LOCATION & DATE	TIME
Area I	USAG Casey	
	30 Nov-3 Dec — Hansen Field House	0900-1545
	3-4 Dec — Carey Fitness Center	0900-1545
Area II	7-9 Dec — Hovey Fitness Center	0900-1545
	USAG Yongsan	
	3-4 Dec — Dragon Hill Lodge	0900-1545
Area III	10-11 Dec — K16 Community Activity Ctr	0900-1545
	Humphreys	
	14 Nov — Drive thru	TBD
Area IV	16-20 Nov — Super Gym (bldg. 1949) (Active Duty Only)	0900-1500
	1-4 Dec — Super Gym (bldg. 1949)	0900-1500
	7 Dec — Humphreys Central Elem School	1100-1700
Area V	8 Dec — Humphreys West Elem School	1100-1700
	9 Dec — Humphreys Middle School	1100-1700
	10 Dec — Humphreys High School	1100-1700
Area VI	14-18 Dec — Super Gym (bldg. 1949)	0900-1500
	14-16 & 18 Dec — Sitman Gym (bldg. 6815)	0900-1500
	5-8 Jan — Super Gym (bldg. 1949)	0900-1500
Area VII	Camp Walker	
	18 Nov — Wood Clinic (bldg. S221) (Active Duty & Essential Personnel)	0900-1700
	20 Nov — Wood Clinic (bldg. S221) (Active Duty & Essential Personnel)	0900-1700
Area VIII	2 Dec — Kelly Gym (bldg. S261)	0900-1700
	4 Dec — Kelly Gym (bldg. S261)	0900-1700
	Camp Carroll	
Area IX	19 Nov — Carroll Clinic (bldg. 180) (Active Duty & Essential Personnel)	0900-1700
	3 Dec — Carroll Clinic (bldg. 180)	0900-1700

All dates and times are tentative based on availability of vaccine.
Humphreys vehicle drive thru option to be determined at later date.

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70TH ANNUAL

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EDITOR'S LETTER

Dear readership of the PULSE65, WELCOME to the 40th edition. It seems hard to believe that almost four years have past since we began this journey of a new publication highlighting all things medical, dental, veterinary, and public health throughout the peninsula and Pacific areas. Thanks to my design team and publisher for without them, this would not be a successful publication. Most importantly, I would like to say Thank You to the PULSE65 readership for taking the time to pick up a copy of our magazine. Throughout the peninsula, the racks are either empty or almost depleted each and every month and for that I say THANK YOU!



Continuing on with that sentiment I must take the time this month to say thanks as well as farewell to a great leader and friend, Command Sgt. Maj. (Retired) Thomas Barone. It saddens me that a great senior enlisted advisor such as Mr. Barone departs not only the 65th Medical Brigade, but the U.S. Army as well. I have come to respect and enjoy working with him. Farewell and God speed to you on your next journey in life --- retirement.

As with change, which comes frequently in the military, I want to welcome the incoming command sergeant major, Command Sgt. Maj. Mark Riddick, and look forward to working with him on showcasing the many things that the 'Mighty 65th' Soldiers, KATUSAs and Civilians within our organization do on a daily basis.

The editorial team and I ask that if you have an interest in photography or take a family tour within Korea and want to share your experience with others to please submit to the following email: pulse-65editor@gmail.com. We are always looking to broaden our coverage. Please continue to share our publication with your family and friends so that others can see what the 'Mighty 65th' is accomplishing on the Korean peninsula. Suggestions and comments are always welcome. We hope that you enjoy our publication.

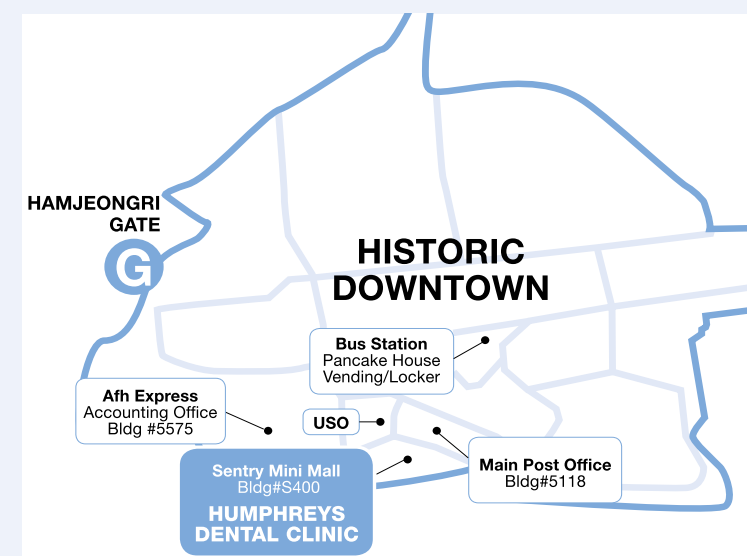
William Wight
PULSE65 Senior Editor
65th Medical Brigade
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SCENE & HEARD

NATIONAL & INTERNATIONAL

By Eric Young-Seok Park

EGYPT REVEALS 59 ANCIENT COFFINS FOUND NEAR SAQQARA PYRAMIDS



Egypt's tourism and antiquities minister said archaeologists have unearthed dozens of ancient coffins in a vast necropolis south of Cairo. Khalid el-Anany said at least 59 sealed sarcophagi, with mummies inside most of them, were found that had been buried in three wells more than 2,600 years ago. "I consider this is the beginning of a big discovery," el-Anany said, adding that there is an unknown number of coffins that have yet to be unearthed in the same area. He spoke at a news conference at the famed Step Pyramid of Djoser in Saqqara where the coffins were found. The sarcophagi have been displayed and one of them was opened before reporters to show the mummy inside. Several foreign diplomats attended the announcement ceremony. The Saqqara plateau hosts at least 11 pyramids, including the Step Pyramid, along with hundreds of tombs of ancient officials and other sites that range from the 1st Dynasty (2920 B.C.-2770 B.C.) to the Coptic period (395-642). Mostafa Waziri, secretary general of the Supreme Council of Antiquities, said initial studies show that the decorated coffins were made for priests, top officials and elites from the Pharaonic Late Period (664-525 B.C.). He said archaeologists also found a total of 28 statuettes of Ptah-Soker the main god of the Saqqara necropolis, and a beautifully carved 35 cm tall bronze statuette of god Nefertum, inlaid with precious stones. The name of its owner, Priest Badi-Amun, is written on its base, he said.

TENS OF THOUSANDS MARCH TO SUPPORT BELARUS POLITICAL PRISONERS



Belarusian police used water cannon to disperse protesters in the capital Minsk as tens of thousands marched to demand the release of political prisoners. Demonstrators took to the streets despite warnings they could face prison and dedicated their latest march -- which came after Brussels and Washington introduced sanctions against some Belarusian officials -- to the plight of dozens of political prisoners. Ahead of the march, the government sought to complicate media coverage of opposition rallies against strongman Alexander Lukashenko's regime, withdrawing the accreditation of all foreign journalists. Internet and cell phone services were disrupted. But pictures and videos posted on social media showed huge crowds gathering in Minsk and protesters marching towards a detention centre, with some carrying portraits of victims of police abuse. Other protesters waved red-and-white opposition flags and beat drums. "Set them free!" demonstrators chanted after they reached the notorious jail on Okrestin Street which some have dubbed a "torture chamber". After the march had begun in the centre of the capital, police confirmed they had moved in on the protest, which like others was considered an illegal gathering.

NEVADA DAM CHANGES GIVE RARE TROUT NEW LIFE 115 YEARS LATER

U.S. and tribal officials are celebrating completion of a \$34 million fish bypass system at a Nevada dam that will allow a threatened trout species to return to some of its native spawning grounds for the first time in more than a century. Construction of the side channel with fish-friendly screens is a major step toward someday enabling Lahontan cutthroat trout to make the same 100-mile (160-kilometer) journey -- upstream from a desert lake on tribal land northeast of Reno to Lake Tahoe atop the Sierra -- that they did before the dam was built in 1905. "This is a great day for conservation," said Paul Souza, the regional director of the U.S. Fish and Wildlife Service who said it wouldn't have been possible without support from the Pyramid Lake Paiute Tribe. "This is an iconic species. This project is going to help get it home," he said at a ceremony at Derby Dam on the Truckee River 20 miles (32 kilometers) east of Reno. The U.S. Bureau of Reclamation began reconfiguring the dam just a year ago in partnership with the USFWS, Pyramid Lake Paiute Tribe and Farmers Conservation Alliance, a nonprofit group that developed the screens.



BOSNIA: UNNERVED BY VIRUS DENIAL, SURVIVORS MOURN THEIR DEAD



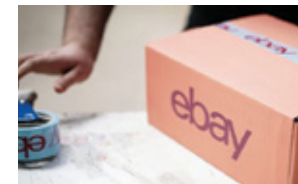
In August, both of Denis Zekic's parents were dead, joining the people who would be counted as the coronavirus pandemic's global toll climbed toward 1 million. Zekic says his mother, Sefketa, and father, Muharem, both were comparatively healthy before they died at age 68. They were rule followers who practiced social distancing in the city of Zenica. Before his father was hospitalized, his mother wore gloves and a face mask while caring for him, but she ended up as a COVID-19 patient in the same intensive care wing, Zekic said. Yet Zekic discovered that some neighbors and acquaintances had little sympathy for their sudden double loss, but plenty of opinions and, at times, cruel disdain. One time, a random man taunted the siblings in a store, alleging that authorities had paid them to say the coronavirus killed their parents. Bosnia's coronavirus rebels have grown increasingly vocal, and hostile, in recent months as the number of confirmed virus cases rose in the small, impoverished Balkan nation of 3.5 million. Social media and the comment sections of news websites have become platforms for vicious arguments that occasionally have spilled over into invasive confrontations. While other countries around the world also have outspoken contingents of coronavirus conspiracy theorists, the voices of the virus deniers have the potential to echo farther in Bosnia, which bears economic, political and social scars from the fratricidal ethnic war fought there during 1992-95.

'HUMAN-SIZED' SPIDER WEB FOUND IN MISSOURI FOREST

Just in time for Halloween, a giant spider web was discovered by the Missouri Department of Conservation's Francis Skalicky off a trail near Springfield. People began freaking out accordingly after a photo of the web, spun by an orb weaver spider, was posted to Facebook. "Those are the kind that literally 'catch' people if they walk through them at night lol," said Facebook commenter Jennifer Duffy Russell. While the orb-weaver spider is large and hairy, they're generally harmless to humans, according to the Missouri Department of Conservation. Also known as spotted orb weavers or barn spiders, they mostly eat insects such as moths and crane flies, and also their own webs.



FEDERAL AUTHORITIES ORDERED A TEXAS WOMAN TO PAY \$3.8 MILLION FOR SELLING STOLEN GOODS ON EBAY FOR 19 YEARS



A Texas woman will serve prison time and has to pay \$3.8 million in damages for selling shoplifted merchandise on eBay for 19 years, the Department of Justice said. Kim Richardson, a 63-year-old Dallas resident, participated in a "multi-million dollar interstate theft ring" that spanned from August 2000 through April 2019. In that time, federal investigators said she traveled around the United States and shoplifted merchandise that she later sold directly to customers on eBay. "She used shoplifting tools to disable security devices and would exit the store by placing the stolen merchandise in a large black bag she carried," the release said. "Richardson assisted in the sale of the items on the internet as well as packaging and mailing the stolen items." About \$3.8 million was sent in total to four PayPal accounts linked to Richardson from buyers, throughout the 19 years. The Secret Service and FBI investigated the case and assistant US Attorney Belinda Beek of the Southern District of Texas prosecuted the case. Richardson pleaded guilty in December. She was ordered to serve 54 months in federal prison and her sentence will be followed by three years of supervised release.

A RARE 1957 MERCEDES AUCTIONED FOR \$1.15 MILLION



Among Mercedes cars, the 300SL Gullwing is perhaps the most iconic. With a classic Mercedes front fascia and striking gull-wing doors, the 300SL represents some of the best of Mercedes design, ever. Examples of the car regularly fetch more than \$1 million, like this one from car auction website Bring a Trailer. On September 25, this 1957 Mercedes-Benz 300SL Gullwing sold for \$1.152 million, according to its listing. Shipped from the Mercedes factory on February 22, 1957, the listing said it's one of the 1,400 Gullwing coupes built over the course of three years of production.

SMOKE CHOKING CALIFORNIA AGAIN AS DANGEROUS FIRE CONDITIONS CONTINUE

Smoke from nearly two dozen wildfires burning across California will continue to darken skies across the west this weekend, as residents prepare for more heat, toxic air and conditions that are expected to keep fueling the flames. The National Weather Service reports that both excessive heat warnings and heat advisories will remain in effect along California's coast, while the Bay Area Air Quality Management District has extended its Spare the Air Alert with air quality deemed "unhealthy". Meanwhile the state is closing in on a devastating new record, with close to 4m acres now consumed by wildfires this season. The grey smoky haze coating much of the west -- from Portland, Oregon, to Santa Barbara, California, has created hazardous conditions that public health officials are concerned will have an impact even after the smoke clears.



SCHOOLS AND MOSQUES CLOSED IN TEHRAN AS COVID-19 INFECTIONS RISE

Schools, libraries, mosques and other public institutions in Tehran were closed for a week on October 3 as part of measures to stem a rapid rise in COVID-19 cases. The closure plan, which will also affect universities, seminaries, libraries, museums, theatres, gyms, cafes and hair salons in the Iranian capital, came after Alireza Zali, head of the Tehran Coronavirus Taskforce, called for the shutdown to help control the epidemic. Zali warned in an interview on state television that if the spread of the epidemic continues at the current rate in Tehran, there would be a three- to five-fold increase in cases and a rise in the fatality rate to between 1.5% and 3%. The lockdown which also applies to all social and cultural ceremonies and conferences will run to Friday Oct. 9. Iran's death toll from the coronavirus rose by 179 on Oct. 3 to 26,746, and identified cases by 3,523 to 468,119, health ministry spokeswoman Sima Sadat Lari told state TV.



MORE THAN 2,000 US-BOUND MIGRANTS ABANDON TREK IN GUATEMALA

More than 2,000 migrants dropped their bid to reach the United States after Guatemala threatened to expel them out of concern they might spread Covid-19. The group, mostly made up of Hondurans who set out from San Pedro Sula, asked local authorities to help them return home, the Guatemalan president's office said. Some were loaded into army trucks for the return trip. But some small groups said they remained determined to reach the US to escape the poverty and violence in their home country. Guatemalan President Alejandro Giammattei had ordered the Hondurans detained and sent home. However, he urged them to return voluntarily. "Amid the current health emergency, not only did they fail to respect measures to enter the country but also health measures established to protect our citizens," he said.



SHARP Outreach and Awareness

Photos provided by Sgt. 1st. Class Gerrick C. Galvez,
65th Medical Brigade SHARP



The 65th Medical Brigade and other Area III (Sexual Harassment Assault Response Prevention) SHARP Teams posted up at the Humphreys Exchange to conduct SHARP outreach and awareness. Passer-bys were given information and a chance to spin the “What Would You Do?” wheel. The team reinforced SHARP knowledge and ensured everyone knew about the 24/7 SHARP Hotline phone number.



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RDML Kwon Visits USAMMC-K

Photos courtesy of USAMMC-K



The Naval Special Warfare Flotilla Chain of Command and NSWF medical personnel were on a good will visit to United States Army Medical Center, Korea, September 22nd, 2020 to gain a better understanding of U.S. Military Medical Emergency Procedures and see what ideas and concepts can be used to augment ROK Naval Special Operations/Personnel Recovery Medical Procedures.

The commander of NSWF, Rear Admiral Jung Sub Kwon had a short command brief from the deputy commander of USAMMC-K and a look around from Medical Maintenance to Optical Lab, Customer Support, and Materiel Management. The visit was to cement the alliance between the two organizations.

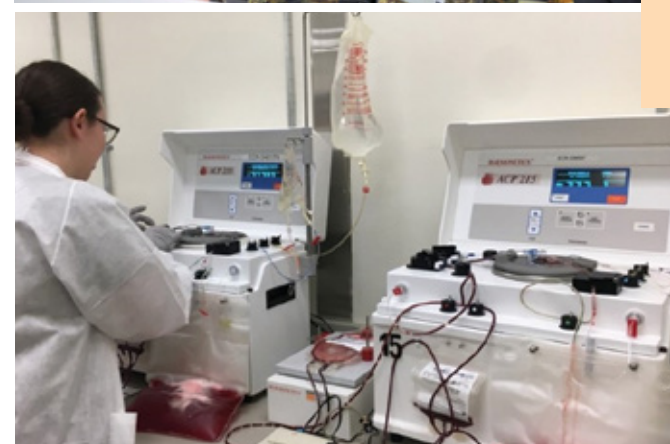


Eighth Army Command Sergeant Major Visits USAMMC-K

Photos courtesy of USAMMC-K



Command Sgt. Maj. Robert Cobb, the Eighth Army Command Sergeant Major visited the 95th Blood Support Detachment (BSD) facility at Camp Carroll on September 25th, 2020. The visit began with Cobb receiving a capability briefing from the United States Army Medical Center, Korea team before touring the facility. During the tour, the USAMMC-K command team and Cobb discussed the systems and processes used for storing and preparing blood products for use in the Korean Theater of Operations, in relation to the future needs of the joint force.



DLA Distribution Korea Visits USAMMC-K

Photos courtesy of USAMMC-K

The commander of Defense Logistics Agency Distribution Korea conducted a site visit on September 24th, 2020 at United States Army Medical Center. She was especially impressed with the optical laboratory's enterprising process and expressed its achievement. Lt. Col. McClellan was briefed on the capabilities of the unit and how the Soldiers and Civilians keep world class medical logistics support throughout the Korean peninsula by providing Class VIII medical supplies in support of COVID-19 efforts as well as the unit's ongoing armistice mission.



COVID-19 Delays Military's Plan to Downsize, Close Medical Facilities

Story by Jennifer-Leigh Ophory
Air Force Magazine



Defense Health Agency Director Army Lt. Gen. Ronald J. Place speaks to David Grant Medical USAF Center personnel during a town hall meeting on Feb. 27, 2020, at Travis Air Force Base, Calif. (Photo by Cameron Otte, Airman 1st Class)

the Office of the Assistant Secretary of Defense for Health Affairs, which Place said likely won't happen until early 2021 or later, "depending on how long this pandemic lasts."

That means any changes to these facilities likely won't happen before summer 2021.

How the Calls Were Made

Place said the rationale behind choosing which military medical facilities to close and which to downsize was shaped by the Military Health Systems threefold mission.

This mission consists of maintaining the U.S. military force's readiness; ensuring that the U.S. military has a "ready medical force" that can care for its service members regardless of where in the world they're operating, tend to them in-theater or medically evacuate them as needed, and "get them back in the fight;" and caring for military "family members, retirees, and retiree family members."

When it came to addressing what's the right infrastructure to accomplish that mission, he said DHA asked itself a few questions about each military medical facility it analyzed:

1. Is the facility doing what it must "to deliver the medical readiness of the force," and if so, is the location needed? Place said that if the answer to both of these questions is yes, the facility is still necessary.
2. Is the location helping DOD

medical personnel currently and competently? Since a crucial part of the Military Health System's readiness is its ability to provide combat care, domestic medical centers' ability to keep medical personnel's training top-notch is also a significant factor in these considerations, according to Place.

3. If a location isn't contributing to medical personnel readiness, Place said, DHA asks whether military families, military retirees, and retirees' families can get the care they need "outside the installation." If they can't reasonably get their healthcare outside of the facility in question, it's still needed, Place said.

Since military hospitals are "the key readiness sustainment platform for the medical staff," if and when DOD decides to shutter any of them, those efforts will entail "a several year process that we would be very transparent about," he added.

DHA's "ultimate goal" is to ensure that DOD beneficiaries get the best possible healthcare—whether it comes from the military, a contract provider, or the civilian sector, Army Command Sgt. Major Michael L. Gragg, DHA's command senior enlisted leader, told Air Force Magazine during the same interview.

As of February, the only USAF facility slated for closure was MacDill Air Force Base's 6th Medical Group-operated Sabal Park Clinic. Of the 11 other impacted facilities, 10 outpatient ones was slated to limit the scope of their care to occupational health treatment for Active-duty Airmen. The sole USAF inpatient clinic to make the restructuring list—the 633rd Medical Group's inpatient facility at Joint Base Langley-Eustis Air Force Base, Va.—was earmarked to become an ambulatory surgical center.

A Pentagon plan to shutter or downsize the scope of services offered at 50 military hospitals and/or clinics across the country—12 of which are located on Air Force bases—has been slowed by the COVID-19 pandemic, Defense Health Agency Director Army Lt. Gen. Ronald J. Place told Air Force Magazine in an exclusive interview. As a result, facility closures and changes are unlikely to take place before next summer, he said.

After the fiscal 2017 National Defense Authorization Act charged the Defense Department with taking a hard look at its hospital and clinic footprint, DOD analyzed over 300 of its stateside facilities and proposed that 50 of them be restructured to boost operational- and medical-force readiness, accord-

ing to a report Under Secretary of Defense for Personnel and Readiness Matthew P. Donovan sent to Congress in February, Air Force Magazine previously reported. Information about how that revamp would be carried out, how long it was expected to take and cost, and how much money it could save DOD were notably absent from the document.

But DHA can't proceed with those changes until it reaches what Place called "a steady state" with respect to COVID-19—where the agency is either operating under the assumption of a prolonged pandemic or working within a post-pandemic "new normal."

Once DHA achieves that state, he said, it must reevaluate each impacted market, brainstorm a game plan with its collaborators in each location, and then present a plan to

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Army Medical Logistics Command Commander Brig. Gen. Michael Lalor, center, receives his one-star shoulder boards from Army Materiel Command Commanding Gen. Ed Daly, left, and his wife, Michelle, during a promotion ceremony at Fort Detrick, Maryland, on Sept. 11.

Army Medical Logistics Command Commander Pins on First Star

Story and photos by Ellen Crown
Army Medical Logistics Command



S. Army Medical Logistics Command leaders and staff gathered in ceremony on Sept. 11 to celebrate the promotion of their commander, Col. Michael B. Lalor, to the rank of brigadier general.

After pinning on his new rank, Brig. Gen. Lalor took to the podium and reminded attendees, both in person and virtual, that this achievement was a “team win.”

“This ceremony is about us. It’s not about me. It was never about me. And it will never be about me. This moment -- this day -- belongs to all of you,” he said. “I have the great honor of leading America’s best -- its sons and daughters, Soldiers, department of the Army civilians and contract workforce. And there is no bigger honor than to serve others, and I am glad to do it.”

Gen. Ed Daly, commanding general of Army Materiel Command, presided over the promotion ceremony and

spoke of Lalor’s experience and character.

“His entire career, he has proven himself to be a capable and tremendous leader, staff officer and commander who can deliver readiness to the tactical points of contact in support of sustainment warfighting,” he said. “Make no mistake about it, he is a warrior and he is a Soldier -- and he sets the example in both.”

Lalor, who has more than 25 years of service in the Army, has served as AMLC commander since its activation nearly one year ago on Sept. 17, 2019.

Headquartered at Fort Detrick, AMLC oversees an enterprise of worldwide organizations focused on distributing and sustaining medical materiel for the operational Army and Joint Forces. AMLC also centrally manages and integrates medical Army prepositioned stocks and other contingency programs.

While designed to enable readiness for warfighters in

large-scale combat operations, AMLC has also played a critical role in the global fight against the COVID-19 pandemic. AMLC teams distributed personal protective equipment, supplies and medical devices to protect and enable Soldiers in Europe and Asia.

AMLC staff issued medical supplies for three Army hospital centers supporting New York and Washington states. The mission included support packages for the 531st Hospital Center from Fort Campbell, Kentucky, 627th Hospital Center from Fort Carson, Colorado, and 9th Hospital Center from Fort Hood, Texas, bolstering these units’ capabilities to deliver health care support to locations hit hardest initially by COVID-19.

Lalor said the pandemic mission has provided the Army with a unique opportunity to test operational medical logistics -- and every time, AMLC has delivered with speed and accuracy.

“I have always told my teams in my organizations to be ready, and now...We would be needed and that people needed to know that anywhere at any time, we would come running at a full sprint into the toughest battlefield,” he said. “I always said the same thing: Send us.”



Army Medical Logistics Command Commander Brig. Gen. Michael Lalor, left, unfurls the new one-star flag with Sgt. Maj. Monnet Bushner during a promotion ceremony at Fort Detrick, Maryland, on Sept. 11.



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This Army-Backed Research Could Unlock Ways to Combat Sleep Deprivation

Story by Todd South
armytimes.com



Army National Guard soldiers catch a few minutes of sleep onboard a C-17 Globemaster. Army-sponsored researchers are studying the effects of sleep deprivation. (Heide Couch/Air Force)

New discoveries uncovered by Army-backed scientists may help future soldiers better combat the ever-present problem of sleep deprivation.

Researchers at the University of Rochester Medical Center in New York recently published a study that shows how a complex set of molecular and fluid dynamics that clear waste from the brain during sleep may be affected when soldiers sleep during the day, out of sync with their natural rhythms.

“This knowledge is crucial to developing future countermeasures that offset the deleterious effects of sleep deprivation and addresses future multi-domain military operation requirements for Soldiers to sustain performance over longer periods

without the ability to rest,” said Dr. Frederick Gregory, program manager for the Army Research Office’s neurophysiology of cognition initiative.

And it goes way beyond the lab.

If soldiers today think that nighttime patrols and months-long deployments are straining their sleep, researchers see a host of challenges for future troops.

The types of combat scenarios strategists envision in the not-too-distant future are especially concerning, such as multi-domain operations against peer adversaries such as Russia or China. A focus on such scenarios is embedded in many of the scientific approaches undertaken by the Army’s Combat Capabilities Development Command.

“People are probably going to be awake longer, with even more involved missions,” Gregory said.

Some of the new findings about sleep deprivation come from another discovery, made in 2012, of a glymphatic system, which is a network that parallels blood circulation in the brain. This system moves fluid through brain tissue mostly when a person is sleeping.

That movement cleanses the fluid of “toxic proteins and other waste,” according to an ARO release.

But the new research found that it’s not just whether a person is sleeping that determines how well the waste cleanup process is working, but when.

Daily cycles, known as circadian rhythms, are how the human body sets a kind of biological clock, shifting its functions to sync with daytime and nighttime.

Disrupting sleep — or trauma — can cause the glymphatic system to

misfire, which allows toxic proteins to accumulate in the brain. That could increase the risk of degenerating neurological diseases such as Alzheimer’s, according to the statement.

The researchers found that when a person is awake, the glymphatic system diverts cerebrospinal fluid to lymph nodes in the neck, according to an Army statement.

The lymph nodes are way stations in immune system regulation, which suggests that cerebrospinal fluid may represent a “fluid clock” that helps wake up the body’s infection-fighting capabilities during the day.

Gregory and Dr. Matthew Munson, who specializes in fluid dynamics, as well as other researchers are looking at the glymphatic system to determine if there are controls or factors to influence how it operates. By cracking that code, they might eventually be able to minimize or even control the damaging condi-

tions associated with lack of sleep.

When molecular, sleep and fluid dynamics researchers combine their efforts, interesting things happen.

“The short answer is, no, nobody’s done work on this,” Munson told Army Times. But by pairing his research in how fluids flow with the research done by experts in electrochemical factors, they started finding pieces to a larger puzzle.

“People working on this are really in uncharted territory,” Munson said.

He takes principles that apply to water flowing around a rudder, or air around a plane’s wing, and then begins microscopic measurement of the tiny tubes that clear waste from the brain.

“We see these flow phenomenon, then see that clearance is enhanced and we can probe the system,” Munson said.

By those observations they can see what contributes to better waste clearance.

The research, done in rodents, enabled the scientists to see how the fluid moved inside the rodents’ brains under different scenarios.

Gregory said they’re 18 months into the five-year project. Though they’ve already put the call out and done work with a variety of labs in the Army’s research sector, they hope to also partner with the Military Operational Medicine Research Program.

Some of the sleep factors could help with mechanisms that influence the severity of symptoms of traumatic brain injury or even post-traumatic stress disorder.


“The push now is to take that deep dive into fundamental mechanisms in an animal model,” Gregory said.

Research was supported by the Army, along with the Novo Nordisk and Lundbeck Foundations, the National Institute of Neurological Disorders and Stroke, and the National Institute of Aging.


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Automatic US Citizenship Restored for All Military Children Born Overseas

Story by Richard Sisk
Military.com



A United States Embassy employee discusses the passport application process with a family at a United States Embassy Outreach event at Yokota Air Base, Japan, May 22, 2019. (Photo by U.S. Air Force/Senior Airman Matthew Gilmore)

In compliance with a new law, U.S. Citizenship and Immigration Services has changed its rules to give children born overseas to U.S. military families and civil servants immediate American citizenship.

The changes adopted by USCIS on Sept. 18 will, in a small number of cases, allow military families and civil servants to avoid a laborious and potentially costly application process to get citizenship for their children, according to Sen. Tammy Duckworth, D-Ill., a sponsor of the new law passed by Congress and

signed by President Donald Trump.

The new law scraps rules put in place by USCIS in August 2019 that caused widespread confusion for military families.

The August 2019 rules still gave citizenship in the vast majority of cases, but said that it was not automatic for children born overseas if the parents adopted them while serving abroad; the parents became U.S. citizens after their children were born; or the parents were American citizens but had never lived in the U.S.

In a statement, Duckworth said the new law will make sure that children born while stationed

abroad, as well as stepchildren and adopted children, will automatically acquire U.S. citizenship.

In addition, service members and civil servants who were subject to the old rules can now avoid application fees that can amount to \$1,000 or more to gain citizenship for the children, she said.

"Children of Americans serving their nation abroad are just as worthy of automatic citizenship as any other children," Duckworth said. "Forcing military families to jump through bureaucratic hoops and spend hundreds of dollars applying for citizenship on behalf of their children was not right."



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BDAACH Continues Patient Air Evacuations Amid Global Pandemic

Story and photos by Inkyeong (Stacey) Yun
Brian D. Allgood Army Hospital Unit Public Affairs Representative



tiny but resilient passenger got on a KC-135 on September 17, 2020 at Osan Air Base.

An aeromedical evacuation was executed for Nehemiah Miller, a one month old premature infant, in need of neonatal intensive care. Brian D. Allgood Army Community Hospital (BDAACH) followed the care of baby Nehemiah before and after birth. Once he was stable BDAACH staff coordinated his transfer to ensure continued care at Tripler Army Medical Center, Honolulu, Hawaii. Multidisciplinary efforts were made to successfully complete the mission of sending off the newborn baby across the Pacific Ocean. This marks BDAACH's second neonatal air evacuation since the outbreak of the global pandemic, COVID-19.

Nehemiah was born at 25 weeks on August 17, 2020 in one of the BDAACH's Network Hospitals.

Because of the nature of premature birth, he was moved to the Neonatal Intensive Care Unit in this hospital. Spending a month in a Neonatal Intensive Care Unit (NICU), the infant received care for his medical conditions while awaiting permanent relocation to a place where he can receive the required long term neonatal intensive care and follow-on care.

On the day of his flight, Nehemiah was picked up by BDAACH's Neonatologist and Deputy Commander for Clinical Services, Col. Joseph Hudak. Nehemiah was transferred to Osan Air Base by ambulance in a specially designed neonatal transport system (NTS). He was then transferred to an aircraft-approved NTS brought

to Korea by a Neonatal Critical Care Transport Team out of Okinawa and loaded onto the KC-135. Throughout the movement, the neonate's vital signs were carefully monitored. Nehemiah remained stable as if he wanted to show his appreciation for his care team by doing his part, being resilient and healthy.

"Having to go through many medical conditions and also a surgery with his tiny body weighing not even 1kg (2.2lbs), Nehemiah was small and fragile but unbelievably resilient. As he has a long journey ahead of him as he is an extremely low birth weight infant, we are hoping that he overcomes those obstacles with abundant love from his parents and care of the new NICU team" said Dr. Yum Suk-Kyung, Nehemiah's doctor from the Host Nation Hospital as she



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thanked the Air Evacuation team and all parties involved who worked tirelessly to make this happen. She wished for the day to come for Nehemiah to be able to grow big enough to go back to the arms of his parents soon.

Spc. Davion Miller and Mrs. Rajeyah Miller, Nehemiah's parents, were next to him throughout the evacuation, holding little fingers of the baby and comforting him whenever possible. The Miller family came to Korea from Fort Hood on their first duty assignment in the Army. As part of the evacuation process the Active Duty father will be reassigned to a unit in Fort Shafter, Honolulu, Hawaii.

Three Air Force NICU specialists, Air Force Maj. Joshua Anchan, Air Force Nurse Capt. Viviana Pearson, and Staff Sgt. Bianca Felan, Respiratory Technician, joined from Okinawa, Japan, to provide care during the flight from Osan to Hawaii. Dr. Anchan shared that the days like this is the most rewarding part of his job as he gets to make a lasting impact on someone's life. Army Nurse Capt. Shannon Glanton, Intensive Care



Nurse, assigned to 135th Forward Resuscitative & Surgical Team of the 549th Hospital Center, also shared how rewarding it was for her to be part of the operation making a difference in an infant's life.

The challenge of aeromedical evacuations during the global pandemic has increased but has not stopped BDAACH's mission of providing healthcare to the fighting force and their beneficiaries. The hospital manages all cases where patients receive care from more than 30 Host Nation hospitals under a Memorandum of Understand-

ing (MOU) to monitor the care they receive and ensure appropriate follow-on care is coordinated.

"Today's mission was very successful. It was actually not just Nehemiah but a complicated move of five patients from two different countries, covering all three services that is culminating here today with the final leg of the pick up to move over to Hawaii" said Hudak. "Amid COVID-19 we had to be more creative to remain ready to protect the force by enabling all medical care possible for our warfighters and the beneficiaries."

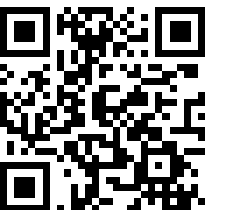
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EXCHANGE

Military Medicine Forging Pathways to Treat and Prevent Lung Cancer

Courtesy of Military Health System Communications Office



for Military Medical Education and Research at the Uniformed Services University in Bethesda, Maryland.

Three ongoing lung cancer research projects within the Department of Defense aim to do just that by investigating the building blocks of lung cancers to find effective treatments and perhaps even prevent lung cancer one day. The Applied Proteogenomics Organizational Learning and Outcomes network, or APOLLO, is a tri-federal initiative between the National Institutes of Health, the Department of Veterans Affairs, and DoD that resulted from the Cancer Moonshot. Spearheaded by retired Army Col. (Dr.) Craig Shriver, director of the Murtha Cancer Center Research Program,

Department of Surgery, School of Medicine, USU, and director of the Murtha Cancer Center at WRNMMC, APOLLO leverages the technology and expertise in the tri-federal initiative to accelerate a cure for cancer, including lung cancer, said retired Navy Capt. (Dr.) Robert Browning, medical director of interventional pulmonary at WRNMMC.

"It's really important because the APOLLO project is mainly focused on active duty military service members in the DoD and veterans," said Browning, noting that 10 different military medical treatment facilities are collecting and testing lung cancer specimens as part of the project. "We're going to find some answers about lung

cancer in the military and the DoD, among other cancers, that just were not possible before this project."

In addition to APOLLO, the Detection of Early Lung Cancer Among Military Personnel, or DECAMP, and the Genomics of Early Lung Cancer Among Military, or GELCAMP, both hold ramifications for why certain people get lung cancer and some don't among military service members. Cigarette smoking contributes to 80% to 90% of lung cancer deaths, according to the Centers for Disease Control and Prevention. Smoking cessation remains a priority for preventing lung cancer, but not all lung cancers are a result of smoking, said Browning. "Some smokers don't get lung cancer and there are people who have never smoked who do," he said. "All of these DoD studies have some component where we are looking for biomarkers to detect early- or high-risk patients, and even looking for precancerous markers."

Wilkerson agreed, adding that quitting smoking is one way to

prevent lung cancer, but with the advances in molecular imaging and genetic sequencing of tumors, lung cancer prevention can also mean preventing the cancer on a whole new level. "The DECAMP project is another way to look at lung cancer prevention as we learn more about these lesions that occur in individuals who smoked, differentiating growths that are cancerous versus noncancerous," he said.

By understanding who is more likely to develop lung cancer and why, scientists could develop a test to screen for lung cancer based on genetic markers, not just smoking history. Today lung cancer screening is limited to a low-dose CT scan in people ages 55 to 80 who have a history of heavy smoking. But in the future, Browning imagines lung cancer screening could be more prescriptive.

"In cardiology, you give a statin to prevent cholesterol buildup so a patient doesn't have a heart attack," he said. "We're not there yet, but that is where we are headed in lung

cancer prevention."

Advances in treatment, including therapies that train the immune system to detect and kill cancer cells, are already changing the lives of Zeman's lung cancer patients. "We have patients who can have better quality of life with therapies that are less toxic. And for patients fit enough, even more effective therapies are available," she said.

"Lung cancer. When you hear that term, there's a lot of fear," she added. "We've come a long way and we're going much farther."

Browning agreed: "Lung cancer is a terrible diagnosis, but if there's any message to get to lung cancer patients diagnosed now, it's to hang on because there are treatments coming at a pace we have never seen in our lives or in history," he said. "We all were trained in treating lung cancer that had the same death rate for the past 50 years. And then in the past five years, things have exploded and we've made tremendous progress."

The treatment landscape for lung cancer has changed dramatically in the six years since Navy Lt. Cmdr. (Dr.) Karen Zeman began her lung cancer training.

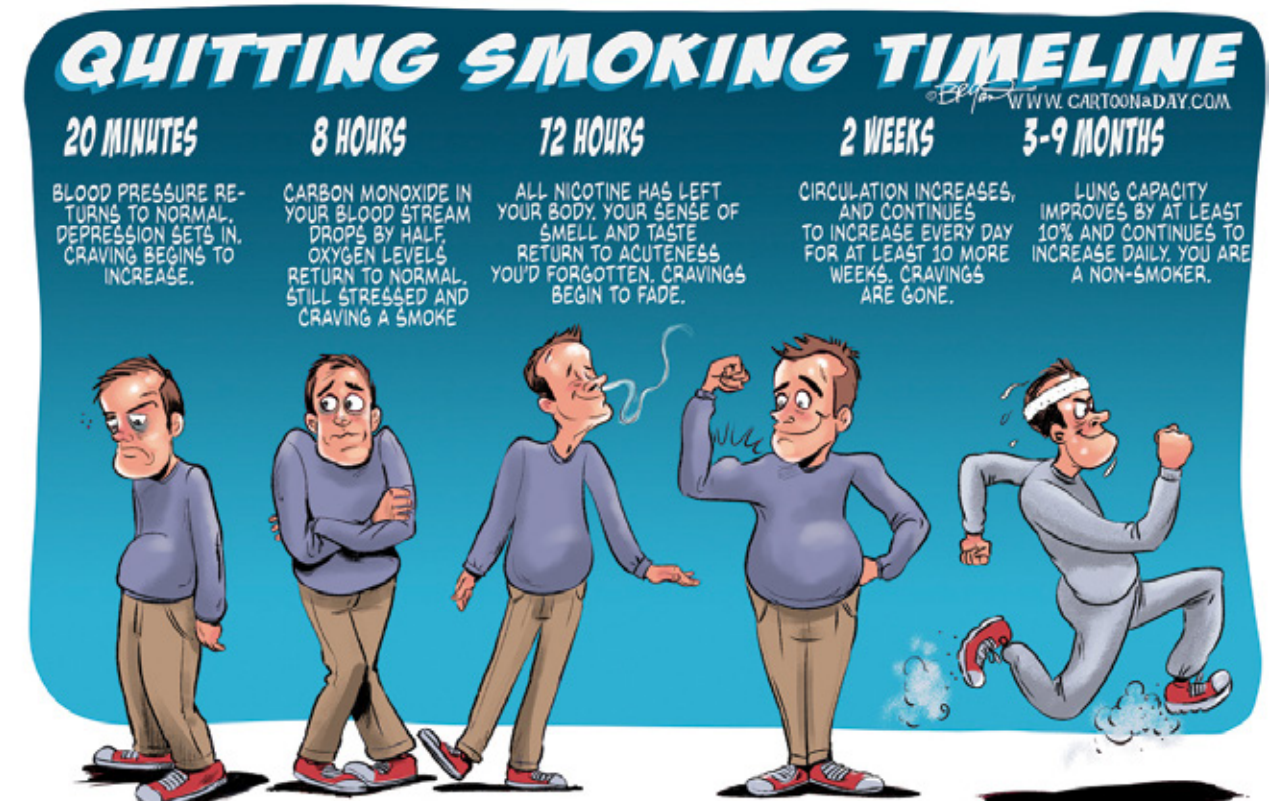
Just a decade ago, little was known about the leading cause of cancer deaths among both men and women. A newly diagnosed patient coming into her clinic would have a tumor checked for, at most, four genetic mutations. In comparison, now every lung cancer tumor is sent for next generation genetic sequencing to check for over 100 different markers to help identify the most effective treatment to combat the patient's unique cancer.

"In my clinic, I have more survivors today than I had years ago," said

Zeman, an oncologist at Walter Reed National Military Medical Center or WRNMMC in Bethesda, Maryland. "The lung cancer patients are doing significantly better in 2020 than they were doing in 2014."

Within the last two years, the Food and Drug Administration approved nearly two dozen new drugs to treat lung cancer. Among those was a new drug for a fast-growing and deadly lung cancer common among smokers, the first in over a decade, according to Zeman.

New treatment advances are made by understanding the disease itself, through analyzing the mutations and proteins that drive lung cancer, said Matthew Wilkerson, an HJF employee serving as the director of the Data Science Core of the Center for precision Medicine





Pacific Medics *Welcome* New Senior Enlisted Advisor

Story and Photos by William Wight
65th Medical Brigade Public Affairs Office



he 65th Medical Brigade and Medical Activity Command Korea (MEDDAC-K) bid farewell to the Brigade's Command Sergeant Major and welcomed the incoming top enlisted leader during a change of responsibility ceremony, Sept. 18, at the Humphreys Morning Calm Conference Center under HPCON-Charlie conditions.

Command Sgt. Maj. Thomas M. Barone relinquished responsibility of the 65th Medical Brigade and MEDDAC-K to Command Sgt. Maj. Mark X. Riddick during the morning ceremony, which was hosted by the Brigade Commander, Col.

Dave Zimmerman. The ceremony represented the pride, discipline and teamwork of the Brigade, while also fostering unit pride, esprit-de-corps, and preserving tradition.

Command Sgt. Maj. Barone served as the Brigade's Senior Enlisted Advisor not only as the principal advisor to the commander, but also to execute the commander's vision for the Brigade.

Command Sgt. Major Riddick comes to the Brigade from Ft. Jackson having served as the senior enlisted advisor for the Moncrief Army Health Clinic.

"Command Sgt. Maj. Riddick, you have a tremendous reputation for leading soldiers and your diverse

background and experiences make the ideal candidate to serve and lead this Brigade and I look forward to our time together," said Zimmerman.

The commander continued those sentiments as he spoke by saying that behind every military ceremony there is a story. A recognition, a place, a change and always something significant. "Our unit's story is highlighted by the senior enlisted leaders and colors assembled today, representing our proud and heroic lineage," said Zimmerman. "I am reminded of the countless noncommissioned officers who have fought, led, and pushed our Soldiers to achieve what they did not believe

possible. That excellence reflects on their command sergeant major."

During his remarks to the unit, Command Sgt. Maj. Riddick stated that he was humbled and honored to assume the position. "I believe that our role in this alliance is vitally important to the quality of life for our Soldiers and their families, the health and wellness of those Soldiers who presence along with our Republic of Korea partners serve as a deterrence and even more importantly to the survivability of our forces should the need arise. Nothing is as important as getting that right."

Riddick said that he is committed to investing in the Soldiers, civilian and their family members to training to develop the highest levels of readiness and growing and developing leaders of character.

"I am not an accessory or figure-head or simply a photo in your support channel," continued Riddick. "I will be accessible, approachable, an advocate and supporter with the intent of this organization fulfilling its purpose on the peninsula."

Command Sgt. Maj. Riddick brings the breadth of leadership and experience the unit needs to continue along a path of increased readiness while sustaining the medical mission command and Armistice Health Services Support and Force Health Protection mission and Alliance partnerships across the peninsula.

The ceremony was also a two-fold ceremony in that it not only signified the changing of responsibility for the organizations but honored a Soldier (Barone) who gave 29 years of his life in defense of a nation as a retirement ceremony was held immediately following.

Col. Zimmerman spoke highly of Command Sgt. Maj. Barone's achievements throughout his career leaving the United States Army bet-





ter than when he entered it. “(Barone’s) milestones include starting the first pilot home station paramedic program for the Army at Vanderbilt University, re-establishing compensation and pension exams in partnership with the Veterans Affairs office and the BDAACH (Brian D. Allgood Army Community Hospital), which brought back a service to the Korean peninsula that was absent for many months.”

Zimmerman also thanked, Shannon Barone, Command Sgt. Maj. Barone’s wife, who could not attend but viewed virtually via social media. “(Her) impacts on the Army are not forgotten from coordinating the Multiple Sclerosis Walk for Life in Vicenza Italy, leading all family Readiness groups at all levels all while holding the family together, sacrificing and raising the children (during deployments).”

The Pacific Medic family presented virtual a certificate of appreciation to Mrs. Barone.

Despite being overwhelmed with emotion, Barone took to the podium for his last address in uniform.

“This has been one heck of a ride over the past 30 months serving in this dual hatted command,” said Barone. “The experience has been such an amazing opportunity to both execute a ‘Fight Tonight’ mission and day-to-day armistice health care mission to over 60,000 beneficiaries on the peninsula.”

This was not the first time that Riddick has replaced Barone.

“The Army works in mysterious ways as Riddick replaced me as a First Sgt. at the AMEDD NCO Academy ten years ago,” said Barone. “Today he is replacing me as Command Sgt. Maj. And I can tell you that he is the right person for this job and is fully ready for this next chapter in the unit’s history.”

In closing the final chapter of his Army career, Barone stated that he has no regrets, doubts or worries and is looking forward to his retirement in Clarksville, Tennessee with his family, grandkids and his dogs (aka three amigos: Sargie-Poos, Teddie-Teds and Barky-Barks).

COVID-19 Risk Reduction

Face Coverings



The primary purpose of a cloth face covering is to prevent the spread of coronavirus between people interacting in close proximity where social distancing measures cannot be maintained.

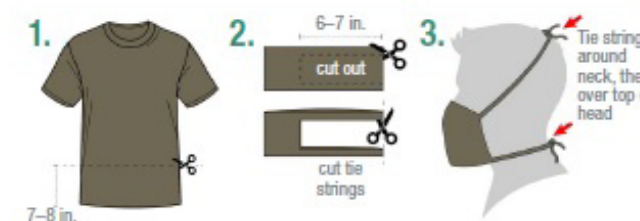
To the extent practical, DOD requires all persons on DOD property, installations, and facilities to wear cloth face coverings when they cannot maintain 6 feet of social distance in public areas or work centers (not to include housing).*

* For the guidance, visit <https://media.defense.gov/2020/Apr/05/2002275059/-1/-1/1/DOD-GUIDANCE-ON-THE-USE-OF-CLOTH-FACE-COVERINGS.PDF>



Army Combat Uniform (ACU) material is not recommended for use as a face covering because of the type of fabric used and the different treatments, like insect repellent and flame retardant, applied to the fabric.

Make a cloth face covering from a t-shirt



Learn more: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

YOU SHOULD WEAR A SURGICAL MASK:

- when a medical provider diagnoses you with COVID-19
- if you are caring for someone confirmed to have COVID-19 (both you and the patient should wear masks when in close contact)



The face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must be reserved for healthcare workers and other medical first responders.

Proper wear and care of cloth coverings

- Do not place cloth face coverings on children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance.
- Clean your hands with soap and water or an alcohol-based hand sanitizer before and after putting on the cloth face covering.
- Ensure your nose, mouth and chin are covered; ensure the areas around the nose, sides, and chin are tight, but do not restrict your ability to breathe.
- Avoid touching the cloth face covering. Remove by grasping the elastic ear bands or untying. Do not touch the front of the covering.
- Routinely wash by hand, or in a washing machine, using warm water and regular detergent.



TA-524-0420
04/07/2020

For current COVID-19 information:
<https://phc.amedd.army.mil/covid19>
<https://www.coronavirus.gov/>

The Military Health System Nurse Advice Line is available 24/7:
Call 1-800-874-2273 option #1
or visit <https://www.health.mil/1-Am-A/Media/Media-Center/NAL-Day-at-a-glance>

For more information, contact your installation's Department of Public Health.

Approved for public release; distribution unlimited.



The Army COVID-19 Information Hotline:
1-800-984-8523
Overseas DSN 312-421-3700
Stateside DSN 421-3700

version 1.0

Blood Protein Test Could Detect Severity of Head Trauma in Minutes

Courtesy of Medical News



level 1 trauma centers nationwide over four years. GFAP is a Food and Drug Administration-approved marker for ruling out whether a patient needs a head computed tomography (CT) scan within 12 hours after a mild TBI.

For years, scientists have studied blood tests involving GFAP. They also have studied a similar protein called S100B. Both proteins are released in the bloodstream in response to specific injuries, including TBI. But this study showed that GFAP substantially outperformed S100B as a TBI diagnostic marker.

"Knowing this protein can show the severity of a TBI through a simple blood test is promising when considering we can use a device that already is in widespread use in hospitals, doctors' offices and urgent care facilities. All we would need to do is add an extra cartridge to the device to analyze blood for the GFAP protein," said Okonkwo. He estimates this device could potentially decrease unnecessary CT scans by 20% or more, saving nearly \$100 million in medical expenses annually.

With support from the U.S. Army Medical Materiel Research and Development Command's U.S. Army Medical Materiel Development Activity, Abbott Point-of-Care and TRACK-TBI have begun a pivotal, FDA-regulated trial to validate the i-STAT to evaluate the effectiveness of Abbott's point-of-care blood test technology, using whole blood sample type.

A blood protein test could detect the severity of head trauma in under 15 minutes, according to research published recently in the Journal of Neurotrauma.

By showing that glial fibrillary acidic protein (GFAP) can accurately determine the severity of a brain injury through a blood test, the research team working on this study, led by author David Okonkwo, M.D., Ph.D., director of the Neurotrauma Clinical Trials Center at UPMC and professor of neurological surgery at the University of Pittsburgh School of Medicine, advanced the development of a point-of-care testing device designed to help clinicians

assess traumatic brain injury (TBI) in minutes.

For the rapid test, the vision included using a hand-held device with a cartridge that would measure GFAP in a patient's blood. Researchers at Abbott Laboratories, a global health care company, will need to finalize the test for the i-STAT device, which already is used by the military and health care providers around the world to perform several common blood tests within minutes. The blood test would reveal a patient's GFAP level.

For this study, which expanded upon previous GFAP findings, researchers enrolled 1,497 people who sought care at one of the 18 Transforming Research and Clinical Knowledge in TBI (TRACK-TBI)

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For Women:

Basic Skin Care, Facial Mask Packs
Eye Cream, Wrinkle Care Cream
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Mascara, Concealer
Hair Treatment Products

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Aftershave Lotion
Shaving Gel, Shaving Foam
Deodorants, Men's BB Cream
Basic Skin Care Products
Facial Mask Packs



K-Cosmetics Beauty Shop

Located in Osan Airbase Exchange Concession

Tel. 010-2698-7427

E-mail: jjjin34@gmail.com

Soldiers Drill Medical Logistics Procedures, Readiness in Event of Conflict in Korea

Story by C.J. Lovelace
Army Medical Logistics Command Public Affairs
Photos by Staff Sgt. Erik V. Freeman

Soldiers with the 563rd Medical Logistics Company loaded up and hit the road to test its transition-to-hostilities readiness on the Korean Peninsula as part of a field training exercise in August.

During the Aug. 15-22 exercise, called Operation Maverick Lead, the unit completed a pair of long convoys, moving over 100 pieces of medical equipment and over 80 tons of Class VIII medical materiel to forward-operating distribution points.

Over 70 Soldiers, including 63 from the 563rd MLC, took part in the exercise to drill medical materiel and maintenance support procedures during a simulated scenario in response to a threat or attack.

“This exercise affirmed that the 563rd is ready for (transition to hostilities, or TTH),” said 2nd Lt. Phat Huynh, platoon leader and warehouse officer in charge for the unit. “We had two convoys that were over 160 miles and this ensured that our vehicles are up to the standard and can handle deliveries of Class VIII in TTH.”



Soldiers load their bags onto vehicles prior to starting a 160-mile convoy from Humphreys to Camp Carroll during a 563rd Medical Logistics Company field training exercise.



Soldiers with the 563rd Medical Logistics Company's forward logistics element load power distribution cables as part of a field training exercise



Soldiers assigned to the 563rd Medical Logistics Company's forward logistics element load field sets prior to executing convoy operations during a field training exercise.



Spc. Katrale D. Brown operates a forklift to load deployable shelter equipment as part of the 563rd Medical Logistics Company's field training exercise.

With standing armistice and TTH missions, the 563rd MLC provides Class VIII medical materiel, maintenance and optical fabrication support to U.S. Forces Korea, or USFK, and joint forces on the Korean Peninsula. The unit operates under the U.S. Army Medical Materiel Center-Korea, a direct reporting unit of Army Medical Logistics Command.

Among the goals of the exercise, the unit dispersed to various locations across Korea Peninsula, where they carried out fleet movement, set up and maintained communication links and transported Soldiers, equipment and supplies, including in zero light conditions.

“The rapidly evolving COVID-19 environment further tested our systems and procedures by raising demands exponentially,” said Capt. Kirk Proctor, commander of the 563rd MLC.

Proctor said the unit successfully navigated the scenario despite challenging weather conditions and heightened health protection declarations by USFK, “adding realism to the training being a real-world event yet forcing leaders to remain agile with the adversity that the condition level brings.”

In response, leaders had to adjust on the fly, limiting the number of passengers per vehicle, along with altering loading plans, time lines and team assignments.

“Through all these obstacles, Soldiers came together through a common purpose and shared understanding which enabled the organization as a whole to meet the mission,” Proctor said.

Sgt. Benedick Aguin, a non-commissioned officer with the 563rd MLC's forward-deployed team, called the overall experience “great,” saying it really helps to simulate what the unit would encounter during a real-world event.

Throughout the mission, Proctor said his “Log Dog” team embodied the operation's name, “Maverick,” a reference to a leader who is independent, critical and decisive, creating a ripple effect of forward change and setting an example for others.

“It is exercises like Operation Maverick Lead that enable the relationships of trust for our customers to ‘know,’ whether it's armistice, COVID-19 or transition to hostilities, the 563rd MLC can deliver and exceed requirements,” he said.

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November 9 – December 14

I AM A/AN...	I WANT TO CHANGE MY TRICARE HEALTH CARE PLAN	I WANT TO ENROLL IN A FEDVIP VISION PLAN	I WANT TO ENROLL IN A FEDVIP DENTAL PLAN
 Active Duty Service Member	You can only change plans when you retire. (While on active duty, you can only be TRICARE Prime®/TRICARE Prime Remote) At retirement, active duty Prime coverage ends. Learn about your options and what to do at www.tricare.mil/retiring	You do not qualify to purchase a FEDVIP vision plan. You will continue to get care as you do now.	You do not qualify to purchase a FEDVIP dental plan. You will continue to get care as you do now.
 Active Duty Family Member	You can enroll or change plans during the 2020 TRICARE Open Season .	You qualify to purchase a FEDVIP vision plan. You must enroll during Federal Benefits Open Season.	You do not qualify to purchase a FEDVIP dental plan. You can purchase dental coverage through the TRICARE Dental Program.
 Reserve Component Member or Family Member enrolled in TRICARE Reserve Select or TRICARE Retired Reserve	Not applicable. This does not apply TRICARE Reserve Select® (TRS) or TRICARE Retired Reserve® (TRR).	You qualify to purchase a FEDVIP vision plan. You must enroll during Federal Benefits Open Season.	You do not qualify to purchase a FEDVIP dental plan. You can get your dental care through the TRICARE Dental Program.
 Retired Service Member or Family Member Enrolled in TRICARE Select Group A	Starting Jan. 1, 2021, TRICARE Select® Group A Retirees will have to pay a monthly enrollment fee. Call your regional contractor to set up an allotment or risk disenrollment.	You qualify to purchase a FEDVIP vision plan. You must enroll during Federal Benefits Open Season.	You qualify to purchase a FEDVIP dental plan. You must enroll during Federal Benefits Open Season.
 Retired Service Member or Family Member in TRICARE Select Group B and TRICARE Prime Groups A and B	You can change plans during the 2020 TRICARE Open Season .	You qualify to purchase a FEDVIP vision plan. You must enroll during Federal Benefits Open Season.	You qualify to purchase a FEDVIP dental plan. You must enroll during Federal Benefits Open Season.
 Retired Service Member or Family Member using TRICARE For Life	Not applicable. This doesn't apply to TRICARE For Life (TFL). TRICARE Select enrollment fees for Group A Retirees do not apply to TFL.	You qualify to purchase a FEDVIP vision plan. You must enroll during Federal Benefits Open Season.	You qualify to purchase a FEDVIP dental plan. You must enroll during Federal Benefits Open Season.

To learn more about TRICARE Open Season, visit www.tricare.mil/OpenSeason20





Changing the Scope of Healthcare through Simulation at Brian D. Allgood Army Community Hospital

Story and Photos by William Wight
65th Medical Brigade Public Affairs Office



roviding top quality healthcare is more than a mission at the Brian D. Allgood Army Community Hospital (BDAACH), it is the cornerstone of everyday operations to include training.

On Sept. 10, the BDAACH team conducted the first of its kind simulation training with the Women and Infant Care Unit (WICU).

With more staff participating for maximum training efforts, the scenario involved participants from the WICU, Operating Room, Pathology, Anesthesiology, Respiratory Therapy, Department of Surgery, Laboratory, Pediatrics, Department of Nursing and several spectators.

The training was designed to

stress the system by running a maternal postpartum hemorrhage drill that required the initiation of the Massive Transfusion Protocol (MTP) and a cesarean hysterectomy, while simultaneously running an extensive neonatal resuscitation. This well-orchestrated event drew heavily on collaboration between the departments of obstetrics, surgical services, pathology, respiratory therapy, anesthesia, and pediatrics.

This training also involved the utilization of the revolutionary simulation patient (sim mom) which introduced an aspect of realism never before seen at the BDAACH. The sim mom is able to simulate breathing, convulsions, and project vital signs like heart rate, blood pressure, and respirations. She also





“It is critical to note that even small delays in appropriate interventions during emergency situations can lead to significantly different and life altering outcomes.”

— Capt. Shaun Partridge

has a blood reservoir and a deliverable sim baby that allows for real time assessments and procedures to be performed.

“I didn’t expect that level of training,” said Spc. Allan Ingal. “The environment really helped me get carried away in the moment.”

The training kept patient safety at the forefront by familiarizing new staff with hospital protocols, helped identify process gaps, assisted staff to become familiar with responding to emergencies, and was a true testament to the BDAACH’s capabilities.

Within a short time of the sim mom exhibiting birth complications, the WICU team recognized within minutes and transferred the “patient” to the Operating Room, where the sim baby was delivered

in less than ten minutes.

“It is critical to note that even small delays in appropriate interventions during emergency situations can lead to significantly different and life altering outcomes,” said Capt. Shaun Partridge, BDAACH Operation Room Staff Nurse.

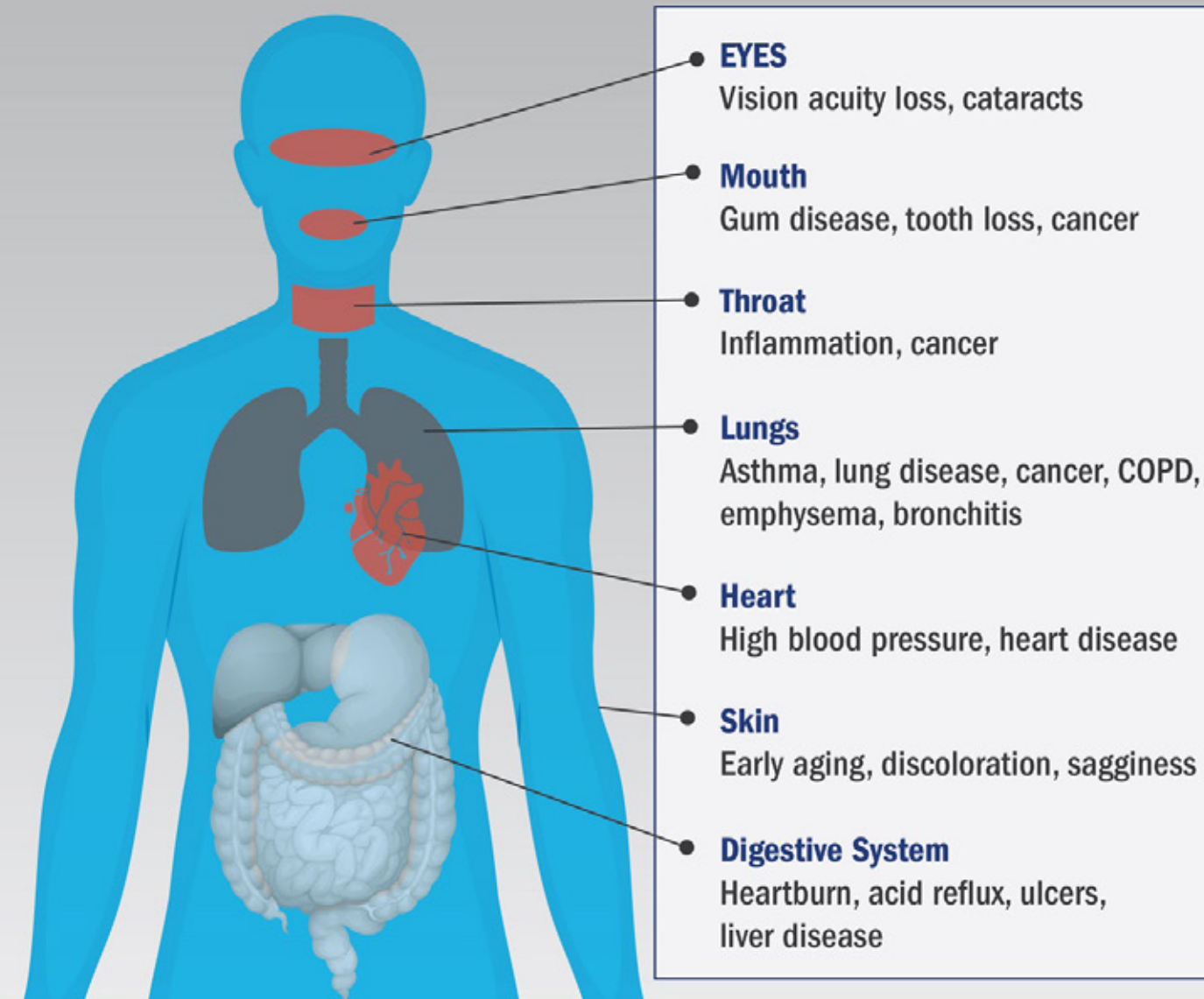
He lauded the teams’ communication and the instruction given by the physicians while running the code, which ultimately challenged the team. By involving all areas within the BDAACH, Partridge said that bringing in the heads of the departments to observe the simulation training will help to foster a positive working relationship between all the departments.

The collaborated training was heralded as extremely beneficial and will set the standards higher for many future trainings to come as the BDAACH staff continue to strive to provide outstanding care.

EDITOR’S NOTE: Maj. Erin Rodriguez, BDAACH WICU Clinical Nurse Officer in Charge, contributed to this article.

The Impact of Smoking on Your Health

Smoking is the leading cause of preventable death and affects nearly every organ in your body.



Other forms of tobacco, such as smokeless tobacco, e-cigarettes and vaping are also damaging to your body and health, and are not safe alternatives.

www.tricare.mil/tobaccocessation



GETTING THE FLU VACCINE



2020 Seasonal Influenza Vaccine

While it's not possible to say with certainty what will happen in the fall and winter, CDC believes it's likely that flu viruses and the virus that causes COVID-19 will both be active. The following messages provide communicators at military hospitals and clinics with important CDC and Defense Health Agency information to share with patients and beneficiaries.

Key Messages

- ◆ For the 2020-21 flu season, flu vaccination will help reduce the overall impact of respiratory illnesses on the population and decrease the burden on the health care system during the COVID-19 pandemic.
- ◆ Receiving the flu vaccine will not protect against COVID-19; however, flu vaccination has been shown to reduce the risk of illness, hospitalization and death from an influenza infection.
- ◆ Flu vaccination should be postponed for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the criteria to discontinue their isolation. While mild illness is not a contraindication to flu vaccination, vaccination visits for these people should be postponed to avoid exposing healthcare personnel and other patient s to the virus that causes COVID-19.
- ◆ Flu vaccines for beneficiaries will arrive on a rolling basis at MTFs beginning in September and extending into December. The bulk of the earliest arriving vaccine will be given to overseas locations, deployed service members, and other beneficiaries who otherwise have no access to the flu vaccine.
- ◆ Contact your local MTF for information on safety precautions being taken to protect visitors against COVID-19, and be sure to check flu vaccine availability before you plan a visit.
- ◆ Beneficiaries can also get a flu vaccine at no cost by visiting a TRICARE participating network pharmacy. The vaccine must be administered by a pharmacist. Beneficiaries may also receive a flu vaccine administered by a TRICARE network provider at no cost. Call first to see if your provider is offering the vaccine and whether they are a TRICARE network provider. Visit www.tricare.mil/flu to learn about TRICARE coverage and the flu vaccine.
- ◆ If you or your child receives a vaccine outside of the MTF, remember to get a record of it and share the information with your primary care provider or military clinic. This will ensure your family's vaccination records are current.



Additional Resources for 2020 Seasonal Influenza Vaccine

- The TRICARE flu website has information on no-cost and co-pay options should you decide to go out to the retail pharmacy network for your flu vaccination. www.tricare.mil/flu
- The Seasonal Influenza Resource Center 2020-21 has more information: www.health.mil/fluresourcecenter



TRICARE.mil/flu

2020 Seasonal Influenza Vaccine Key Messages

AUDIENCE	KEY MESSAGE	TALKING POINTS
Active Duty service members	<p>Required to get the flu vaccine annually.</p> <p>Seasonal influenza vaccine is recommended for everyone 6 months of age and older with rare exception.</p>	<p>Options for getting the flu vaccine:</p> <ul style="list-style-type: none">- Your unit: Check with your chain of command.- Military hospital or clinic: Contact the facility for availability.- TRICARE participating network or non-network pharmacy at no cost: The pharmacist must administer the vaccine. If you use a non-network pharmacy, you may have to pay out-of-pocket and file a claim for reimbursement.- TRICARE network provider at no cost: Get a referral from your Primary Care Manager. Then call to see if the provider is offering the vaccine and confirm they are a TRICARE network provider.- TRICARE non-network provider: To get the vaccine at no cost from a non-network provider, first, get a referral from your Primary Care Manager. You may have to pay out-of-pocket and file a claim for reimbursement. <p>If you get a flu vaccine from a TRICARE-authorized civilian pharmacy or provider, follow your service guidance for recording the vaccine in your service medical record.</p>
Reserve/National Guard service members	<p>Required to get the flu vaccine annually.</p> <p>Seasonal influenza vaccine is recommended for everyone 6 months of age and older with rare exception.</p>	<p>Options for getting the flu vaccine:</p> <ul style="list-style-type: none">- Your unit: Check with your chain of command first.- Military hospital or clinic: Contact the facility for availability.- If on active duty status, you can use:<ul style="list-style-type: none">• TRICARE participating network or non-network pharmacy: The pharmacist must administer the vaccine. If you use a non-network pharmacy, you may have to pay out-of-pocket and file a claim for reimbursement.• TRICARE participating network provider: Get a referral from your Primary Care Manager. Then call to see if the provider is offering the vaccine and confirm they are a TRICARE network provider. <p>If you get a flu vaccine from a civilian pharmacy or provider, follow your service guidance for recording the vaccine in your service medical record.</p>
Beneficiaries under 3 years old	<p>Seasonal influenza vaccine is recommended for everyone 6 months of age and older with rare exceptions.</p> <p>Receiving the influenza vaccine will not protect against COVID-19; however, influenza vaccination has been shown to reduce the risk of illness, hospitalization and death from influenza.</p>	<p>For beneficiaries younger than 3, DHA has enough flu vaccines to support demand.</p> <p>Options for getting the flu vaccine:</p> <ul style="list-style-type: none">- At a military hospital or clinic at no cost: Contact the facility for availability. If the vaccine is not yet available and you want to get the vaccine, you may use the TRICARE network.- TRICARE network provider at no cost: Call first to see if the provider is offering the vaccine and to confirm they are a TRICARE network provider.- TRICARE non-network provider or non-network pharmacy: Deductible and cost shares may apply based on your TRICARE plan. You may have to pay out-of-pocket and file a claim for reimbursement. <p>If your child gets a vaccine outside the military hospital or clinic, make sure to take your child's shot record with you or get a record from the pharmacy/ provider's office to put in your child's medical records.</p> <p>Note: Beneficiaries under 3 years old may NOT go to a TRICARE participating network pharmacy to get a flu vaccine. DHA has planned for enough flu vaccines to support beneficiary demand.</p>
Beneficiaries over age 3 and under 65	<p>Seasonal influenza vaccine is recommended for everyone 6 months of age and older with rare exceptions.</p> <p>Receiving the influenza vaccine will not protect against COVID-19; however, influenza vaccination has been shown to reduce the risk of illness, hospitalization and death from influenza.</p>	<p>DHA has planned for enough flu vaccines to support beneficiary demand.</p> <p>Options for getting the flu vaccine:</p> <ul style="list-style-type: none">- At a military hospital or clinic at no cost: Contact the facility for guidance and availability. If the vaccine is not yet available and you want to get the vaccine, you may use the TRICARE network.- TRICARE participating network pharmacy at no cost: A pharmacist must administer the vaccine.- TRICARE network provider at no cost: Call first to see if your provider is offering the vaccine and to confirm they are a TRICARE network provider.- TRICARE non-network provider or non-network pharmacy: Deductible and cost shares may apply based on your TRICARE plan. You may have to pay out-of-pocket and file a claim for reimbursement. <p>Make sure to get a copy of your vaccine record.</p>
Age 65 and over with Medicare Parts A and B; those who show as TRICARE For Life in DEERS	<p>Seasonal influenza vaccine is recommended for everyone 6 months of age and older with rare exception.</p> <p>Receiving the influenza vaccine will not protect against COVID-19; however, influenza vaccination has been shown to reduce the risk of illness, hospitalization and death from influenza.</p>	<p>For beneficiaries 65 and older, DHA has enough flu vaccines to support demand.</p> <p>Options for getting the flu vaccine:</p> <ul style="list-style-type: none">- At a military hospital or clinic at no cost: TRICARE For Life beneficiaries get care on a space-available basis at military hospitals and clinics. Call first to see if the facility will be providing vaccines to your age group.- TRICARE participating network pharmacy at no cost: A pharmacist must administer the vaccine.- TRICARE non-network pharmacy: Deductible and cost shares may apply based. You may have to pay out-of-pocket and file a claim for reimbursement. <p>Make sure to get a copy of your vaccine record.</p>
Pregnant beneficiaries	<p>Pregnant women are at an increased risk for severe illness and complications if infected with the influenza virus.</p> <p>With few exceptions, everyone over the age of 6 months should receive an annual influenza vaccination, including pregnant women, during any trimester.</p>	<p>DHA has planned for enough flu vaccines to support beneficiary demand.</p> <p>Options for getting the flu vaccine:</p> <ul style="list-style-type: none">- At a military hospital or clinic at no cost: Contact the facility for guidance and availability. If the vaccine is not yet available and you want to get the vaccine, you may use the TRICARE network.- TRICARE participating network pharmacy at no cost: A pharmacist must administer the vaccine.- TRICARE network provider at no cost: Call first to see if your provider is offering the vaccine and to confirm they are a TRICARE network provider.- TRICARE non-network provider or non-network pharmacy: Deductible and cost shares may apply based on your plan. You may have to pay out-of-pocket and file a claim for reimbursement. <p>Make sure you get a copy of your vaccine record.</p>

To find a participating network pharmacy, visit <https://militaryrx.express-scripts.com/find-pharmacy> or call 1-877-363-1303

TRICARE.mil/flu



Sesame Street Supports Military Families with Health Care Transitions

Courtesy of Connected Health Communications Office

A permanent change of station (PCS) brings a myriad of changes to a military family's life.

In addition to a new role for the service member, a new home, a new base, and a new school, they also have the need of finding new health care providers for everyone. Changing to a new doctor or dentist can be a confusing, and even scary, experience for the younger members of a family.

Sesame Street for Military Families in partnership with the Defense Health Agency will now help make the move to a new health care provider easier and less stressful for parents and children with the Sept. 15 launch of its new Transitions in Health Care topic section.

"The Defense Health Agency is committed to providing the best health care to our service members and their families," said Dr. Kelly Blasko, mHealth lead for the Defense Health Agency's Connected Health branch. "By collaborating with Sesame Workshop and developing Sesame Street for Military Families, we have developed health care resources, like Transitions in Health Care, for parents, providers, and caregivers. These resources enable us to reach out to the youngest members of our military community to ensure they have what they need to cope with military life."

The new Sesame Street for Military Families Transitions in Health Care topic section provides fun and valuable digital health tools to help



kids through feelings of stress and anxiety that may be associated with a PCS. The new "Visiting the Doctor" online game provides an interactive experience allowing kids to virtually walk through a doctor visit, while creating opportunities for parents to provide answers to their child's questions. Videos and printable coloring and activity pages give military kids a look into the doctor or dentist office and allow them a way to engage with what they will see and do during an upcoming visit. Articles for parents also provide tips on how to support children in positive and encouraging ways.

"Caregivers are already the best advocates for their families' health; when it's time to relocate and transition their children's health care, we want to empower them every step of the way," said Dr. Jeanette Betancourt, Sesame Workshop's senior vice president, U.S. Social Impact.

A new provider can also be vital in making the transition to a new health care setting smooth for new patients.

"Our Military Health System providers can play a key role in helping ease the transition of military children to a new provider," Blasko said. "Their knowledge, coupled with understanding of the challenges experienced during a PCS, can help reduce the stress and anxiety felt by children during this change, and ultimately make the experience more pleasant."

The Transitions in Health Care topic section also delivers provider-focused tools to help understand and support young patients. Providers wishing to incorporate this content into their practice can request a live webinar or view a pre-recorded version on the media-based materials. The new printable materials are also the perfect resources to provide prior to visits or for use in waiting rooms.

The recent Defense Health Board report on Pediatric Health Care Services identified specific effects a PCS has on the health care of military children. The Transitions in Health Care section emerged from an existing partnership between the DHA and Sesame Workshop in response to the needs identified in the DHB report. Advisors were consulted from across the Department of Defense community and from within the DHA. Input

from health care providers and military families helped identify the challenges faced when looking for a new health care team – and what information would help families in addressing them.

"Sesame Workshop has done an excellent job of leveraging our partnership to combine their experiences and support of young children with the knowledge of our MHS providers to deliver valuable resources that support positive

experiences for military children during transitions in health care," Blasko said.

Sesame Street for Military Families Transitions in Health Care provides a central resource for military parents, children, and the providers that care for them to aid in the smooth transition of military kids to new care providers. Check it out at: <http://www.sesamestreet-formilitaryfamilies.org/topic/transitions-in-healthcare>.

Pet Readiness Clinics

7 & 21 OCTOBER 2020

8:00 a.m. – 6:00 p.m.

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* Payment due at time of service *

Hosted by 106th MD(VSS) and open to pets of all Active Duty, retirees, and dependents at the following locations:

Camp Humphreys VTF, BLDG 2260

Osan AB VTF, BLDG 766

Camp Walker VTF, BLDG S341



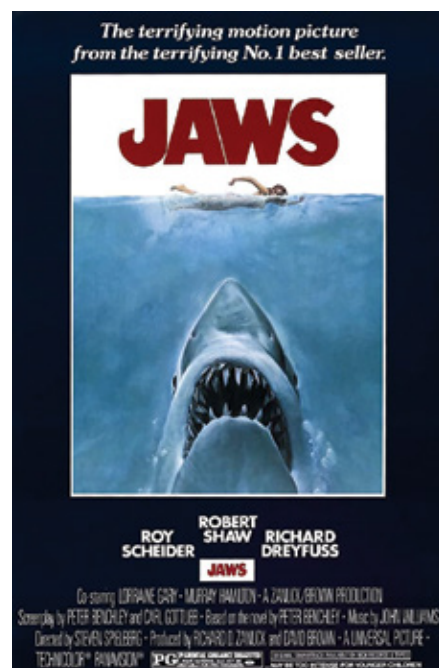
HALLOWEEN MOVIE GUIDE TO FRIGHTENING FILMS

As the sun sets on the summer season and the leaves begin to change, it's time to welcome Halloween! It means it's the chilling time to check and watch some creepy and scary movies. Here's a list of 10 recommended films for your nightmare!

Jaws

Directed By: Steven Spielberg
Starring: Roy Scheider, Robert Shaw, Richard Dreyfuss
Release Date: June 20, 1975

We know *Jaws* is one of the Spielberg's masterpieces. The reason that *Jaws* haunts you long after the credits roll is simple. One viewing and this particularly vindictive shark can potentially ruin every trip to the seaside. With legendary performances and a monster that will never leave you, *Jaws* is the ultimate creature feature.



A Quiet Place

Directed By: John Krasinski
Starring: Emily Blunt, John Krasinski, Millicent Simmonds
Release Date: April 6, 2018

Is there anything more terrifying than the idea of bringing up a young family in a world where brutal monstrosities with supernaturally good hearing hunt down the last of humanity? This film might have a simple premise but this is 90 minutes of sheer muscle-clenching tension. When you watch *A Quiet Place* make sure to turn it up.



The Descent

Directed By: Neil Marshall
Starring: Shauna Macdonald, Natalie Mendoza, Alex Reid, Saskia Mulder
Release Date: August 4, 2006

The claustrophobia of *The Descent* is horribly real. Before you even discover what's lurking down there - with a night vision reveal so spectacular that it goes down in jump scare history - this cave system is stone horror. You'll need more than just a typical drink to cheer you up afterwards.

The Witch

Directed By: Robert Eggers
Starring: Anya Taylor-Joy, Ralph Ineson, Kate Dickie, Harvey Scrimshaw
Release Date: February 19, 2016

Screaming 'don't do it' at the screen just doesn't work as William (Ralph Ineson) takes his wife Katherine (Kate Dickie) and his five children into the deep, dark woods to survive alone on a farm. Every perfectly constructed shot of the family attempting to survive in the wilderness is cranked into fear-ville with a constantly surprising hellish score of strings and vocals.



The Grudge

Directed By: Takashi Shimizu
Starring: Sarah Michelle Gellar, Jason Behr, Clea DuVall
Release Date: October 22nd, 2004

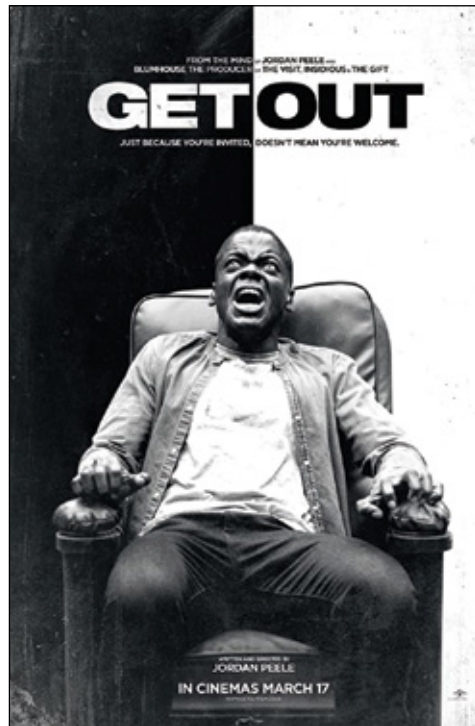
The Grudge is the Hollywood remake of *Ju-on*, a 2002 Japanese supernatural horror film written and directed by Takashi Shimizu. As the poster shows, the film has strong creepy imagery throughout a nonlinear sequence of events. The film was followed by two sequels, *The Grudge 2* (2006) and *The Grudge 3* (2009).



The Cabin in the Woods

Directed By: Drew Goddard
Starring: Kristen Connolly, Chris Hemsworth, Anna Hutchison, Fran Kranz
Release Date: April 13th, 2012

This movie has loads of the guessing games that could leave the horror fan pretty satisfied. This genre bending film mixes comedy with horror to ask pertinent questions about where the genre is heading and where it's been.



Get Out

Directed By: Jordan Peele
Starring: Daniel Kaluuya, Allison Williams, Bradley Whitford
Release Date: February 24, 2017

Get Out is a modern horror masterpiece in every sense of the word. Not content with scaring you just for its 90 minute run-time, the director wants to draw your attention to the real frightening truths rooted deep in the identity politics of contemporary America, and his grand reveal is more horrific than any jump scare could ever hope to be.

The Thing

Directed By: John Carpenter
Starring: Kurt Russell, Wilford Brimley, Keith David
Release Date: June 25, 1982

The Thing is a movie of physicality. There's intense paranoia and horror sprinkled in as the party begins to fall apart as the infection spreads but it's the very real, touchable nature of the nasties at work here that's so disturbing. The vision of the murderous monsters at work is never anything less than true nightmare fuel.



Saw

Directed By: James Wan
Starring: Cary Elwes, Danny Glover, Monica Potter, Michael Emerson
Release Date: October 29th, 2004

Now on its 7th (and hopefully last) installment *Saw* is still an important film on this list for introducing us to the craziest killer since Hannibal Lecter. Jigsaw proved to filmgoers that a psychotic engineer can be just as scary (if not more) than a madman with a chainsaw.



28 Days Later

Directed By: Danny Boyle
Starring: Cillian Murphy, Naomie Harris, Christopher Eccleston
Release Date: June 27, 2003

28 Days Later feels like a nightmare. Complete with a quite often heartbreaking as well as heart pounding soundtrack, this feels like the truest glimpse at the modern British apocalypse as Jim and his fellow survivors quest for safety in Scotland.



HEALTHIER HALLOWEEN TREATS

- Glow-Sticks
- Small Bottle of Bubbles
- Super Balls/Bouncy Balls
- Punch Balls
- Wax lips/Fangs
- Stickers
- Hackey Sacks
- Party Whistles/Kazoos
- Party Favors
- Colorful Squiggly Drinking Straws
- Tiny Pinball or Tic Tac Toe Game
- Jump ropes
- Silly Card Board Glasses
- Hand Stamps
- Small Stencils
- Halloween/Autumn Cookie Cutters
- Small Play-Doh
- Fresh Fruit
- Flying Discs
- Glow Bracelets
- Rubber Bracelets
- Small Hand Sanitizer
- Colorful Pencils
- Mini Yo-yos
- Plastic Spiders
- Temporary Tattoos
- Patterned Cloth Face Mask
- Fancy Erasers
- Small Flashlight
- Crayons
- Money
- Slime
- Miniature Magnifying Glass
- Plastic Jewelry
- Pretzels
- Boxes of Raisins/Cranberries
- Sugar Free Gum
- Tooth Brushes
- Floss





HHC 502nd Field Hospital Changes Command

Story and photos by William Wight
65th Medical Brigade Public Affairs Office

Headquarters and Headquarters Company of 502nd Field Hospital (FH) conducted a change of command ceremony on September 17 under HPCON-C conditions inside the 2nd Infantry Division Museum on Humphreys. Capt. Clint Culver relinquished command to Capt. William Burton. The reviewing officer was Lt. Col. Sarah Torres, commander of the 502nd Field Hospital.

In her welcoming remarks, Torres stated that HHC has been at the forefront of the battle against COVID-19. In February, Capt. Culver deployed his team 160 kilometers south to Camp Carroll to set up the Army's first Isolation Center. With no set guidance or direction

on how to make this new tasking happen, the policies and procedures developed by his team have become standard throughout the medical command.

"We will miss Clint's compassionate leadership. He knows his Soldiers and KATUSAs and he cares," said Torres. "He not only empowered his team, but is there alongside them day in and day out and won't ask anything of them that he wouldn't do himself. Clint, you are an amazing officer who consistently pushes yourself to be the best while taking the time to develop everyone around you. You will be missed."

During his final remarks to the unit, Culver thanked the "Bulldog" family as he departs Korea towards an assignment at Ft. Campbell.

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“A dual mission requirement is something not many of us are familiar with, and our hospital personnel have executed not only their MTOE and TDA missions, but responded flawlessly to the unknown complexities of the COVID-19 outbreak,” said Culver. “It is because of your unwavering commitment to provide the best healthcare possible in all conditions, and the disciplined partnership with our host nation friends, that we find ourselves among the best around the world in responding to this global pandemic and for that I am grateful to have been a part of this experience with each and every one of you.”

Echoing those words, Torres spoke of the reputation of Capt. Burton and the certainty of him being the right leader for the team.

“I am truly humbled to be taking the guidon,” replied Burton. “I look forward to building upon the great things this company has already done and continue to strive for greatness as we remain ready to fight tonight.”

The 502nd FH has endured tremendous growth over the previous year that has set the foundation of success for future missions to come. Exactly one year ago, Bravo Company, 121st Combat Support Hospital transcended into HHC, 502nd FH of the 549th Hospital Center. The unit operates with a dual mission concept of providing world-class armistice health care through the Brian D. Allgood Army Community Hospital while simultaneously preparing to execute comprehensive, mobile health service support in transition to hostilities.

The 549th Hospital Center went through a conversion to the Field Hospital design in July 2019. It is now comprised of two FHs; the 121st FH and 502nd FH, Four Medical Detachments; 129th, 125th, 150th, and 197th, and finally the 135th Forward Resuscitative Surgical Team.

The FH design is based on lessons learned from more than a decade of combat that have reinforced the Army's need to have forward-based medical capabilities that are advanced yet also agile and logistically scalable. Traditional Combat Support Hospitals have proven to be too large and logistically difficult to deploy as a whole, which is why the Army has historically only deployed "slices" or sections of the CSH. The move to the FH design codifies that practice by restructuring the CSH in the way it is primarily used -- as a customizable, scalable resource.



Coronavirus Disease 2019

COVID-19

What you need to know to keep your family safe and healthy.

Is it COVID-19 or Seasonal Allergies?

- COVID-19 and seasonal allergies may share many symptoms, but there are key differences!
- This is not a complete list, and symptoms may vary from person to person.
- If you're not sure, getting tested is the best way to confirm your diagnosis.

Symptoms more common of seasonal allergies

- Itchy or watery eyes
- Sneezing

Symptoms more common of COVID-19

- Fever and chills
- Muscle and body aches
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea



Symptoms common of both

- Cough
- Fatigue
- Sore throat
- Shortness of breath or difficulty breathing*
- Headache
- Congestion or runny nose

*While seasonal allergies don't usually cause shortness of breath or difficulty breathing, people with a respiratory condition like asthma could experience this symptom.

www.tricare.mil/coronavirus



'Pacific Medics' Pay Tribute to Senior Enlisted Leader

Photos by William Wight
65th Medical Brigade Public Affairs



The 'Pacific Medics' command teams gathered at the Humphreys Morning Calm Conference Center Sept. 17 as they hosted a retirement dinner in honor of Command Sgt. Maj. Thomas Barone.

The 65th Medical Brigade Commander, Col. Dave Zimmerman spoke highly of Command Sgt. Maj. Barone's achievements throughout his career leaving the United States Army (after 29 years of service) better than when he entered it. "(Barone's) milestones include starting the first pilot home station paramedic program for the Army at Vanderbilt University, re-establishing compensation and pension exams in partnership with the Veterans Affairs office and the

BDAACH (Brian D. Allgood Army Community Hospital), which brought back a service to the Korean peninsula that was absent for many months."

The staff presented Barone with various parting tokens of his tenure with the organization, one of which was an encased coin, of which he is notorious for presenting and telling the story of its contents and "how it is the most powerful coin in the United States Army."

In closing the final chapter of his Army career, Barone stated that he has no regrets, doubts or worries and is looking forward to his retirement in Clarksville, Tennessee with his family, grandkids and his dogs (aka three amigos: Sargie-Poos, Teddie-Teds and Barky-Barks).



LOOKING BACK . . .



LOOKING BACK . . .

Courtesy photos



LOOKING BACK . . .

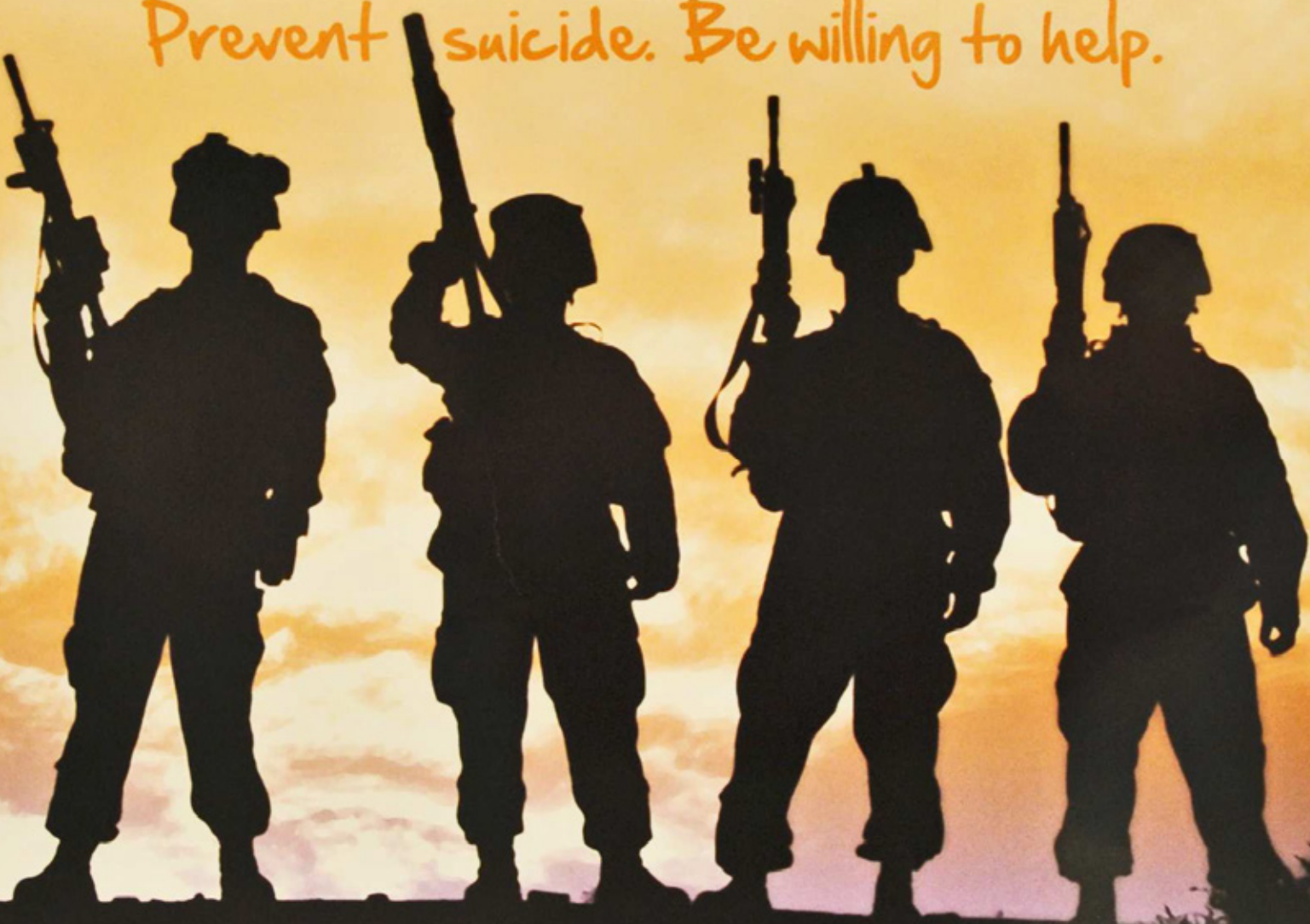
Courtesy photos



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Madigan and JBLM Participating in International COVID-19 Treatment Trial

Story by Abbie Shull
The News Tribune

Madigan Army Medical Center is in the third phase of a COVID-19 treatment trial alongside six other military treatment facilities.

The trial, sponsored by the National Institutes of Health, is an adaptive treatment trial designed to evolve alongside the pandemic and can continue as long as there is no definitive treatment for the disease, according to Dr. Rhonda Colombo, an infectious disease physician and the lead assistant investigator for the trial at Madigan.

Adaptive treatment trials allow for modifications of the trial design as data is collected, according to the U.S. Food and Drug Administration.

In the case of the trial Madigan is participating in, after the initial phase of the trial, the antiviral drug Remdesivir showed signs of reducing the recovery time for hospitalized patients with COVID-19. In each additional phase, Remdesivir has been used as the “control arm” of the study, according to Colombo.

All the participants in Madigan’s study are military beneficiaries — active duty or retired service members and their families — who have been diagnosed with COVID-19. Participants are given the drug intravenously.

In the first phase of the trial, investigators were measuring the recovery time of patients who had been hospitalized.

“It is not a symptomatic treatment per se, but more a treatment for the cause of the disease or symptoms,” Colombo said. “It seems to shorten the course of the illness in those hospitalized patients sick enough to require oxygen therapy.”

Now, in the third phase of the trial, investigators are comparing the drug Remdesivir with Remdesivir plus interferon beta-1a, an intramuscular injection tradi-

tionally used to treat adults with multiple sclerosis.

The study is double-blind, meaning neither the participants nor investigators know whether participants are receiving Remdesivir or Remdesivir plus interferon beta-1a.

Madigan and the other military treatment facilities — Brooke Army Medical Center, Navy Medical Center Portsmouth, Navy Medical Center San Diego and Walter Reed National Military Medical Center — are serving as study sites for the Uniformed Services University’s Infectious Diseases Clinical Research program. USU is one of many groups participating in the study which spans over 18 states and 10 countries and has had over 2,000 participants. The University of Washington is also a participant, as well as EvergreenHealth Infectious Disease Service in Kirkland and Providence Sacred Heart Medical Center in Spokane.

Madigan is also participating in a Department of Defense effort to collect 10,000 units of convalescent plasma by Sept. 30. Convalescent plasma is blood plasma — the yellow, liquid part of the blood that contains antibodies — collected from patients who have already recovered from COVID-19.

During a visit to Joint-Base Lewis McChord earlier this year, assistant Secretary of Defense for Health Affairs Thomas McCaffery said the DOD believes there is potential for the plasma to be converted into a treatment as a preventative measure.

The Armed Services Blood Bank Center — Pacific Northwest is accepting plasma donors who have had a documented positive COVID-19 test but have since recovered.

Since the effort to collect plasma began in early June, the DOD says it has collected 65% of its 10,000-unit goal.



During a weekly briefing Wednesday, Sept. 2, 2020, state health secretary John Wiesman emphasized that any COVID-19 vaccine should fully pass phase three trials before it's distributed.

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*Official FEVS dates for all eligible Army Civilians.

Daytime Naps Not as Good for the Brain as a Good Night's Sleep, Army Study Shows

Story by J.P. Lawrence
Stars and Stripes



Spc. Clark Choate with the 501st Infantry Regiment takes a nap in the back of a Mine Resistant Ambush Protected vehicle returning to Combat Outpost Sabari, Afghanistan, after a patrol in 2012. Taking cat naps during the day to catch up on sleep is not as good for the brain as getting a good night's sleep, and could lead to neurological disorders like Alzheimer's disease and dementia, a study has found.

Catching up on sleep by taking cat naps during the day isn't as beneficial to the brain as getting a good night's sleep, and could increase the risk of developing neurological disorders including Alzheimer's disease and dementia, an Army study has found.

That's because the brain is better at flushing out toxins during normal sleeping hours, so at night, said the study published last week in Nature Communications.

"These findings suggest that people who rely on cat naps during the day to catch up on sleep or work the night shift may be at risk for developing neurological disorders," Dr. Lauren Hablitz, lead author of the new study, said in an Army statement.

"In fact, clinical research shows that individuals who rely on sleeping during daytime hours are at much greater risk for Alzheimer's and dementia along with other health problems," said Hablitz, a research assistant professor at the Center for Translational Neuromedicine at the University of Rochester Medical Center, where the study was conducted.

The findings could be bad news for service members, who often resort to short naps during the day to make up for a lack of sleep at night.

More than 60% of service members are estimated to sleep less than 6 hours per night on average, and those who have previously or are currently deployed get even less shut-eye, said a 2019 article in the journal Neuropsychopharmacology.

Lack of sleep significantly decreases performance, and increases the risk of developing major depression,

the article said, also citing pre-deployment insomnia as a significant contributor to post-traumatic stress disorder and suicide ideation.

For the study, researchers focused on the glymphatic system, the central nervous system's waste clearance system. When a person sleeps, their glymphatic system pumps fluids through their brain tissue to wash away toxic proteins and other waste.

Disrupted sleep or trauma can cause the system to break down and allow toxic proteins to accumulate in the brain, the study said.

When researchers anesthetized mice for an entire day, they found that their glymphatic systems peaked only during the hours they would typically be sleeping.

"These findings show that glymphatic system function is not solely based on sleep or wakefulness, but on the daily rhythms dictated by our biological clock," said neuroscientist Maiken Nedergaard, co-director of the Center for Translational Neuromedicine at UPMC and one of the study's authors.

Funded by the Army Research Office, the National Institute of Neurological Disorders and Stroke, the National Institute of Aging, and the Novo Nordisk and Lundbeck Foundations, the study is part of the Army's efforts to help soldiers sustain performance, even when they don't have time to rest, said Dr. Frederick Gregory, a program manager for ARO's neurophysiology of cognition initiative.

"This knowledge is crucial to developing future countermeasures that offset the deleterious effects of sleep deprivation," he said.



HUMPHREYS UNITED SPOUSES CLUB

OCTOBER 2020- OKTOBERFEST

LETTER FROM THE PRESIDENT

UPCOMING EVENTS

**OCT 15-
Ocktoberfest
Monthly
Evening Social**

1730-2030

1800-2100

1830-2130

OCT 24th

Welcome to
Pyeongtaek
Community Market

Event in the Ville

OCT 28-

Boo Bash

BINGO/Silent

Auction

MEMBERS ONLY

THRIFT SHOP

BLDG 550

Tues 10-2

Wed/Thur 2-6



Hello and Welcome to the Humphreys United Spouses Club. I am exited to be serving as your President for the 20-21 year. The Humphreys Community is made up of some of the most adventurous, compassionate, and strong spouses I know. I could not be more delightful to serve such a wonderful group of spouses. As a member of United Club, we pride ourselves on being an all-inclusive club. We all come together to Make Friends, Give Back, and Get Involve. We appreciate that each member brings something different to the club. Whether you have been at Humphreys for a while or are brand new, we would love for you to join us!

We are looking forward to a year filled with monthly socials and small group activities. We are also looking forward to providing our community with unique opportunities to get to know Korea, supporting our local community, and putting on fun fundraising events throughout the year. We hope to see you at some or all of our events. **Katchi Kapshida!**

Deanna James

unitedclubpresident@gmail.com

Activities-

BUS TRIP: Oct 10 Pottery Trip

POC: Robyn Connell unitedclubactivities@gmail.com

Website- www.humphreysunitedspouses.com

PHILANTHROPY

Do you enjoy giving back? Come check out the Painted Thrift Shop! We sell, donated, and cosigned items to raise money for our scholarship and welfare program. Consider joining our Web Manager or Korean Welfare to learn more about the community and give back! To learn more contact our Scholarship & Community Outreach Chair Williams at unitedclubsco@gmail.com.

NOT A MEMBER?

It's ok, we all started out that way too. We would love for you to join us at our next monthly social. Come check us out and meet the awesome spouses here!

Caitlin Ward, 1st VP, United Club. unitedclub1stvp@gmail.com



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LAST VIEW

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Camp Walker: Exchange Mall (Unit 15497, Bldg. #310) Daegu, Korea | 070-7725-9887
Kadena Air Force Base: Kadena Shopping Mall, Bldg. 412 Kadena Air Force Base, Okinawa, Japan | 036-868-2278
Camp Foster: Concession Mall, Bldg. 1002, Camp Foster, Okinawa, Japan | 098-971-9307
Yokosuka Naval Base: NEX Home Gallery Bldg. 1559, Yokosuka Naval Base, Yokosuka, Japan | 046-896-5070

For any questions, please contact:
sam.lee@hrblock.com

www.hrblock.kr

Dr. Gina Sohn - U.S. Dentist Licensed to practice in Massachusetts, Connecticut & New Jersey. Tufts Graduate..., the Smile Artist!



- Graduate of Tufts University, School of Dental Medicine – Boston, Mass.
- Studied at University Paris 5 (Rene Descartes).
- Orthodontics - trained at USDI.
- NYU Trained for Implant Dentistry.
- Fluent in English, Korean, Japanese & French.



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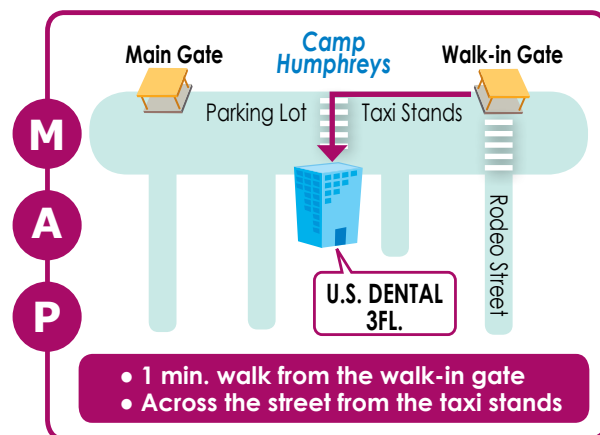
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- Root Canal & Wisdom Tooth Extraction
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