



AMEDDC&S Newsletter

The AMEDD Center & School...Army Medicine Starts Here!

AMEDD Regiment celebrates 27th anniversary



Left, Staff Sgt. Amy Davis, youngest Soldier in attendance at the 27th anniversary of the AMEDD Regiment, assists Col. Randall Anderson, commander, US Army Medical Department Center and School and keynote speaker, and Staff Sgt. Adam Sahlberg, president, Sgt. Audie Murphy Club, cut the birthday cake during the social at the AMEDD Museum July 25.

By Esther Garcia
AMEDDC&S Communications Office

United States Army Medical Department personnel and friends gathered at the Army Medical Department Museum July 25 to celebrate the 27th anniversary of the AMEDD Regiment with a social and a birthday cake hosted by members of the Sgt. Audie Murphy Club.

Keynote speaker, Col. Randall Anderson, commander, US Army Medical Department Center and School, focused on the history and symbolism of the regiment during his remarks.

The Army Medical Department was born on July 27, 1775, when Congress authorized the establishment of “an hospital”, the language of the congressional resolution, which in those days meant a hospital system or medical department, for an Army of 20,000 men.

Over the course of the years
See page 2.

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Upcoming events:
Sept. 2, Labor Day.

Sept. 19, 9 a.m.,
AMEDDC&S Change of Command & Change of Responsibility, AMEDD Museum.

Oct. 16, National Boss' Day.

Oct. 18, 1st Annual
AMEDD NCO Academy Golf Tournament, see page 17 for more information.

Oct. 19, Retiree Appreciation Day, Blesse Auditorium, Willis Hall, Bldg. 2841.

Oct. 24, Fall-Winter Safety Stand Down day.

Dec. 13, AMEDDC&S Holiday Formal Hilton Airport. Call 221-2486 or 221-9946 for more information.

238th anniversary of Army Medicine



Both the Army Medical Department and the Army Medical Corps trace their origins to July 27, 1775, when the Con-

tinental Congress authorized the establishment of “an Hospital” to be led by a “Director General and Chief Physician.”

It created the Hospital Department and named Dr. Benjamin Church of Boston as Director General and

Chief Physician (first Surgeon General). The hospital would have four surgeons, one apothecary, 20 surgeon's mates, one clerk and two storekeepers. It also provided one nurse to every 10 sick and laborers as needed.

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From page 1, AMEDD Regiment celebrates anniversary

the Army's history and reorganization occurred. As a result, some Army units lost their identity, their history and their lineage.

Anderson said, "This loss did not go unnoticed and in 1981 then the Chief of Staff recommended a regiment and corps affiliations that would provide us a long term affiliation - a tie to one unit or regiment where one Soldier could go back to the same unit or place - a link to history."

Five years later, the US AMEDD Regiment was activated during ceremonies here on Fort Sam Houston.

Anderson said, "One thing that is very important to us in the military is symbolism. We can read each other's uniforms and I can tell what schools you have been to. I can look at your patch and tell where you have been and if we rally around the same patch. We also use the symbolism of our flags, our colors or our guidons to center us."

Anderson then brought everyone's attention to the AMEDD Regimental Flag on display and described each of its symbols and their meanings.

When he finished he said, "That built the symbolism of our regiment flag and is something we carry forward today, what we rally around as a regiment. Hopefully, you get a better understanding of the symbolism because it is important."

Anderson said we need to know the history of our regiment and we need to understand what it represents.

He said, "As we enter our 27th year, we can't forget our history;

we have to keep it alive, it gives us a central focus for us to rally around. As we in the AMEDD continue to change and morph and bring in the civilian corps, and everyone else, it is important that we are our own team. And that is what our flag represents."



Sgt. 1st Class Tiffany Skelton, Sgt. Audie Murphy Club member, holds up the Army Medical Department Regimental Flag as the keynote speaker describes what each symbol represents during a social celebrating the 27th anniversary of the AMEDD Regiment held at the AMEDD Museum July 25.

Right, Staff Sgt. Douglas Smith, C Co., 187th Medical Battalion, enjoys a slice of the birthday cake celebrating the 27th Anniversary of the AMEDD Regiment during a social held July 25 at the AMEDD Museum.



Left, 1st Lt. (Dr.) Nabaz Hussein accepts a piece of the birthday cake from Staff Sgt. Adam Sahlberg at a social July 25 held at the AMEDD Museum celebrating the 27th Anniversary of the AMEDD Regiment. Hussein is with the International Student Office attending medical classes at AMEDDC&S.

From page 1, **Army Medicine history**

Per the recommendations of the Chief Physician on July 1, 1776, Congress authorized the employment of "Hospital Stewards" (Medical NCOs) which were the forerunners of the AMEDD NCO Corps. Although not authorized, Hospital Stewards were assigned to the hospital as early as December 1775. In April 1777, one Hospital Steward was allowed for every hundred sick or wounded.

In 1908, Congress officially made the designation "Medical Corps" although the term had long been in use informally among the Medical Department's regular physicians.

Currently, the MC consists of over 4,400 active duty physicians representing all the specialties and subspecialties of civilian medicine. They may be assigned to fixed military medical facilities, to deployable combat units or military medical research and development duties.

Army Medical Corps officers have served in every major conflict and humanitarian mission since the Corps' inception on July 27, 1775.

Dates:

1777—George Washington ordered the inoculation of all Continental Army recruits to prevent smallpox.

1778—Army doctors at Valley Forge published the first American pharmacopoeia, a 32 page list of medications.

1779—Dr. James Tilton built a well-ventilated, uncrowded Army Hospital with isolation wards, influencing hospital design for decades.

1784—The Army had only one surgeon and four surgeon's mates.

1812—the Army replaced smallpox inoculation with Jenner's safer cowpox vaccination.

1818—Congress included a permanent Army medical service in a military reorganization act. Dr. Joseph Lovell became the Army's first true surgeon general.

1847—Congress authorized medical officers to receive military ranks for the first time.

1861—First Medal of Honor action was by an Army doctor named Bernard Irwin at Apache Pass, Arizona. Irwin took command of troops and pursued Apache raiders led by Cochise. The award was not created until 1863. Irwin received his in 1894.

1862—Surgeon General Dr. William Hammond founded the Army Medical Museum in Washington.

1887—Congress created the Hospital Corps for enlisted men, making the AMEDD a real enlisted career. Though the corps was abolished later, the idea of a professional enlisted medical force has continued growing.

1893—the Army Medical School opened in two rooms of the museum in 1893, with four part-time teachers. It later became the world-leading Walter Reed Army Institute of Research.

1918—Col. William Gorgas, using research to fight malaria, made building of the Panama Canal possible. Gorgas later became Army Surgeon General and received the first Distinguished Service Medal ever issued.

1920—the Medical Service School opened at Carlisle Barracks, Penn., then moved to Fort Sam Houston in 1947 and became the AMEDDC&S.

1908—Dentists were admitted to the AMEDD.

1911—A true Dental Corps was created. Later acts created the Medical Administrative Corps, Sanitary Corps and Veterinary Corps.

1922—Congress authorized "relative rank:" to Nurses. Nurses wore officer insignia, but legally were still not commissioned officers.

1943—Congress authorized the commissioning of female military doctors for the first time, though only for wartime service.

1944—Congress granted nurses temporary commissions with true officer status.

1945—Capt. Edwin Pulaski established a medical research unit at Halloran General Hospital, Staten Island, N.Y. to study antibiotic use in surgery. In 1947, the unit moved to Fort Sam Houston where it would become the Institute of Surgical Research.

In 1951—The first helicopter ambulance unit began operations in Korea.

1961—the AMEDD started formal aviation-medicine training at Fort Rucker, Ala.

1966—the first MUST (medical unit, self-contained transportable), "instant hospital" that could be moved by truck or aircraft arrived in Vietnam. The inflatable rubber shelter had electrical power, air conditioning, heating and water supply and waste disposal system.

1966—Osteopathic physicians were admitted to the Medical Corps.

1973—Academy of Health Sciences graduated the first class of Army physician assistants.

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Over 40 Years of Providing Care: An interview with Diane Haley Smith

By Andy Watson

AMEDD Center of History and Heritage

Diane Haley Smith has some interesting stories to tell. She has traveled the world and helped countless people by serving as a nurse in the Army and in the civilian world. In an oral history interview through the AMEDD Center of History and Heritage she describes some of her adventures.

"I had always wanted to be a nurse," she recalls. Her parents tried to encourage her into another direction by having her attend Colby Jr. College in New London, New Hampshire to become a medical secretary. After trying it for a year she continued to follow her dream and pursued her education at the Cooley Dickinson School of Nursing, graduating in 1955. Working through school as a part of the program, Diane provided care at Columbia Presbyterian Hospital in New York City, Northampton State Hospital, Northampton, Massachusetts. In some instances she worked isolation wards that were filled with victims of the polio epidemic of 1953.

Graduating with both a degree and practical experience, Diane considered her future. "I was offered a position as an office nurse, but I thought at the time that was something I could do when I was 60," she laughs. Looking for a little more adventure, she chose the Army. Braving a snowstorm, she traveled by car and then train to her initial physical appointment. She was impressed by her positive treatment.

Diane Haley joined the Army on April 5, 1957 and was commissioned as a Second Lieutenant. Her first duty station was at Fort Sam Houston, Texas, where she attended the six-week AMEDD Officer Orientation Course. "There were 46 men and 13 women in the class. We (the women) had constant attention." Most of the course centered on classroom material, but there was also time spent in the field. All of the students went to the rifle range and qualified with the M-1 carbine.

After completing training at Fort Sam Houston, Diane was sent to Walter Reed Army Medical Center in Washington, DC. She ap-

proached her daunting duties without hesitation, at first providing care in the neurosurgical ward and to quadriplegic and comatose patients. Later her tasks would change to Recovery Room Nurse, involving individualized care to active duty personnel, Family members, and dignitaries including Vice President Richard Nixon's daughters following their tonsillectomy surgeries.

Working at Walter Reed also provided some other adventures as well. One Sunday afternoon, in a rush to get to the dining facility before its closing, 2nd Lt. Haley hurried through the hospital's main hallway, turned a corner and found herself directly in the arms of President Dwight Eisenhower. Amused and surprised, he asked what caused her to be in such a hurry. Diane replied truthfully she was trying to make it in time for dinner. Pioneering work on open heart surgery was also being completed during Diane's tour at Walter Reed. While not involved in the operations, she and other staff members were able to view some of the procedures from special viewing areas.

In 1958, tensions and unrest in the Middle East prompted the deployment of American troops into Lebanon. As a part of the contingency plan for support of U.S. Forces, medical Soldiers would travel from Walter Reed through Germany and then to the Middle East. Diane remembers, "I was on alert to go to Lebanon. It was a tense time. We had more carbine training and vaccinations at Fort Meade." The alert expired and her medical section was not called upon for deployment.

"I thoroughly enjoyed my time at Walter Reed," Diane recalls. The work had its challenges, but it was rewarding and there were some benefits as well. Diane met her future husband while working in the same ward. Not long afterward, Sgt. Herbert O. Smith and 2nd Lt. Diane Haley were married in the Walter Reed Chapel. The officer and enlisted union had some fallout. After the wedding he was sent to Iceland for a year. Keep in mind the Army did not have a contingent in Iceland at the time. Working with the Air Force, Sgt. Smith enjoyed his year and remained in service after his tour. He later retired as a Command Sergeant Major.

After being promoted to First Lieutenant by Maj. Gen. Leonard Heaton,



Diane Smith promoted to 1st Lt. by Major General Leonard Heaton, then commander of Walter Reed Medical Center and later Surgeon General (1959-1969). (Courtesy Photo)

the commander of Walter Reed Army Medical Center and later Surgeon General (1959-1969); Diane Smith considered her next journey. After fulfilling her obligation to the Army she left the military, the uniformed portion. Diane Smith continued to serve as a dedicated spouse traveling throughout the United States and overseas to numerous Army posts, while raising three daughters.

When possible, she continued to provide care as a nurse in different capacities. Constantly updating her skills as medical technology advanced, Diane Smith retired as an occupational health nurse in 1997. She said it was a good way to retire after previously serving as a recovery room, psychiatric, emergency room, geriatric, and private duty nurse.

A Tradition of Service

Diane's nephew, Raymond F. Chandler III, is the current Sergeant Major of the Army. She will not take credit for his enlistment, but states that he may have been influenced to join by other military members of the Family including several uncles who retired from the Army and a great uncle who served in the U.S. Marine Corps.

Akeroyd: the man behind the blood donor center



Col. Joseph Akeroyd examines early versions of plastic blood storage bags. His work led to improved transportation and storage of blood products.

(Courtesy photo)

By Andy Watson

Office of Medical History

An innovator in Army medicine and a pioneer in the field of hematology, Col. Joseph H. Akeroyd improved the storage, collection, and distribution of blood and blood components. Serving as a dedicated advocate, Akeroyd's research and publications had a direct effect on saving lives. Appropriately, the blood donor center at Fort Sam Houston, Texas, is memorialized in his honor.

Akeroyd was born in Morgantown, W.Va., in 1909. He attended the University of Pittsburg from 1928 through 1930. He received his Bachelor of Science degree, majoring in organic chemistry from the University of Michigan in 1932. After earning his degree, Akeroyd worked as a research chemist in the Department of Medicine at Vanderbilt University from 1932 to 1935. His next stop was Ohio State University where he served as a research Chematologist in the Department of Medicine and continued his education, obtaining a Master of Science degree in 1937.

During World War II, Akeroyd was called to active duty on May 13, 1943. He served as a clinical laboratory officer and a biochemist. One of his first assignments was with the U.S. Army's Ashburn General Hospital at McKinney, Texas, in August 1943. Then 1st Lt. Akeroyd served as assistant chief of the laboratory section for the hospital. Akeroyd would also serve with the 178th, 197th, and 124th General Hospitals in the European Theater. Serving in Austria with the 124th at the close of hostilities, Akeroyd also performed further study and research at the University of Vienna.

From 1947 to 1952, Akeroyd served as a laboratory officer at Brooke General Hospital on Fort Sam Houston. During this assignment, he began testing the utilization of plastic blood storage bags. His work led to improved transportation and storage as well as blood component separation. Instead of whole blood, plasma or platelets could be managed as needed for patient care.

After his tour at Brooke General Hospital, Akeroyd became the chief of immunohematology at the Walter Reed Army Institute of Research in Maryland. Continuing his studies and advocacy, Akeroyd reviewed transfusion records for World War II and the Korean War seeking improvement. He strived for the elimination of waste and enhanced distribution of blood components for both military and civilian organizations.

Akeroyd served as the Army representative to the Task Force on Military Blood Collecting from 1957 to 1958. In 1958, he established the Blood Bank Fellowship at the Walter Reed Army Institute of Research. In addition to his support for blood collection and research, Akeroyd discovered President Abraham Lincoln's blood type from bloodstains preserved at the Armed Forces Institute of Pathology (type A).

In 1961, Akeroyd returned to Brooke Army Hospital as chief of the blood bank until his death in September 1963. Serving in both active and reserve capacities, his research, instruction, and publications greatly enhanced Army and civilian medicine in the fields of blood banking and transfusions. The blood donor center at Brooke Army Medical Center was memorialized in his honor in April 1993.

Largest dining facility in Defense Department named for combat medic veteran of three wars



Left, Maj. Gen. Steve Jones, U.S. Army Medical Department Center and School commanding general, is joined by David Slagel, Princess Slagel-Bucshon, and Noncommissioned Officer Academy Commandant Command Sgt. Maj. Christopher Walls, to unveil the plaque designating Dining Facility No. 3 as the Sgt. First Class Wayne Slagel Dining Facility during a dedication ceremony Aug 8. The plaque hangs at the entrance of the dining facility.

Esther Garcia
AMEDDC&S Public Affairs Office

The Department of Defense's largest dining facility officially became known as the Slagel Dining Facility during a dedication ceremony at Joint Base San Antonio-Fort Sam Houston Aug. 8.

The facility is named in honor of Sergeant First Class Wayne E. Slagel, a combat medic who served in World War II, the Korean War and the Vietnam War.

"It is important that we take time today to remember this true hero," said Maj. Gen. Steve Jones, Army Medical Department Center and School commanding general and host for the ceremony. "Not only for

the fact that he is one of only two individuals who have earned the Combat Medical Badge during three different conflicts, or that he has been awarded the Bronze Star Medal with V device for valor and four oak leaf clusters, along with the Purple Heart and numerous other awards."

Slagel earned his first Combat Medical Badge and Bronze Star for Valor while serving in the Philippines on the island of Mindanao during World War II .

When war broke out in Korea he was assigned to the 27th infantry Regiment, the famed Wolfhounds. He joined them for the tough fight on Heartbreak Ridge when he frequently accompanied

his platoon on five to seven man patrols beyond the front lines. He often found himself treating wounded comrades under heavy fire and was again awarded the Bronze Star and Combat Medical Badge.

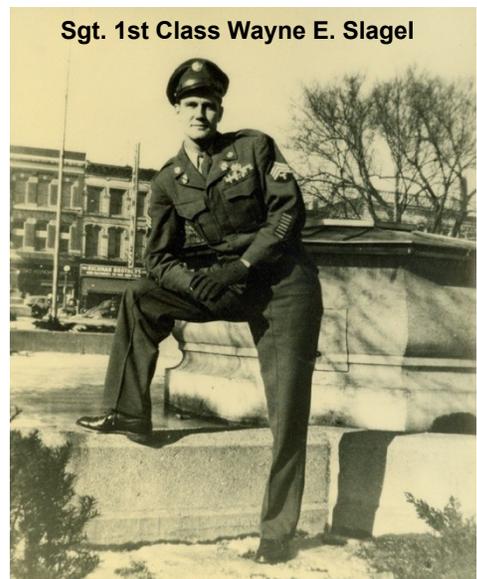
With the end of the Korean War in 1953, Slagel remained in Seoul retiring 10 years later. He was recognized for outstanding work in entomology and was named an honorary colonel in the Korean National Police Force.

In June 1967, Slagel volunteered to return to active duty and serve in Vietnam because of a shortage in experienced medics. He frequently accompanied medical civic action teams out to treat villagers outside the base.

In 1968, a heavy mortar and rocket attack marked the start of the Tet Offensive, one of the largest military campaigns of the Vietnam War.

Leaving his bunker to treat those injured in the initial attack, Slagel was wounded in the hand, leg and knee by mortar fragments.

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Sgt. 1st Class Wayne E. Slagel

From page 6, Largest dining facility in Defense Department named for combat medic veteran of three wars

He continued treating casualties, and made his way down to the battalion aid station which he knew would be overwhelmed. Only after he finished there did he allow himself to be treated. For his service in Vietnam, Slagel was awarded the Purple Heart and his third award of the Combat Medic Badge.

"We should remember him for his long and distinguished career marked by sacrifice and selfless service to our nation," Jones said.

Attendees toured the dining facility following the unveiling of the plaque.

The Slagel Dining Facility is the largest dining facility in the Department of Defense. It is approximately 60,000 square feet over two floors and is built to serve 4,800 personnel in 90 minutes.

It provides three meals daily to thousands of Soldiers, Sailors and Airmen attending medical training at the Medical Education and Training Campus. It has one kitchen and two dining rooms, one on the top floor and one on the bottom floor, each have 1,008 seats per floor for a total of 2,016 seats.

There are seven double stack convection ovens and the walk-in bread ovens. The six steam kettles can each hold 60 gallons while the five tilting braising pans can hold 40 gallons. The walk-in refrigerator/freezer space is over 3,000 square feet and there are an additional 21 roll-kin refrigerators and freezers throughout the facility.

Entrees are served on four main lines on each floor and short order menu items are served on four other lines. Slagel Dining Facility has four deli sandwich lines for patrons as well as eight self-service salad and pastry bars and 12 self-service stations.



Left, James Butler, Joint Base San Antonio Fort Sam Houston and Camp Bullis food service assistant, Maj. Gen. Steve Jones, commanding general, Army Medical Department Center and School, Princess Slagel-Bucshon, David Slagel, Sgt. Maj. Christopher Walls, commandant, Noncommissioned Officers Academy and William McGinley, Slagel Dining Facility manager, stand next to the photo of Sgt. 1st Class Wayne E. Slagel that is hanging on the first and second floors of the dining facility.

"There were two things my father loved, the Army and eating, so this is the perfect facility to be named after him," said Princess Slagel-Bucshon, who attended the ceremony with her brother, David.

A previous dining facility, Building 1377, was named after Slagel on April 2, 1999. This dining facility was closed as an Army Medical

Department facility on January 31, 2013 and its services were transferred to the new dining facility.

Building 1377 was demolished Feb. 1 and the designation transferred to Dining Facility No. 3, now renamed as the Slagel Dining Facility.



The Slagel Dining Facility provides three meals daily and serves 4,800 personnel in 90 minutes.

32nd Medical Brigade holds Best Warrior Competition



By Esther Garcia
AMEDDC&S Communications/Public Affairs Office

Eleven Noncommissioned Officers and three Soldiers competed in the 32nd Medical Brigade Best Warrior Competition June 28 to 29 at Joint Base San Antonio-Camp Bullis with Staff Sgt. Seamus Bradley and Pfc. Rafael Martinez chosen to represent the brigade at the U.S. Army Medical Command level competition.

Day one of the competition began with the Army physical fitness test, weapons qualifications with an M16 rifle, daytime land navigation, a multiple choice test and an essay. The day ended with the night land navigation which - for

some - did not finish until 6 a.m. the following morning.

The second day began with a 6-mile road march through hills and uneven terrain. After a short break the competitors were tested in their knowledge of medical skills and warrior task and battle drills.

Testing began with the assembling and reassembling of an M16 rifle, reacting to indirect and direct fire, reacting to an explosive device and the treatment and evacuation of a wounded Soldier.

The next competition - a mystery event the competitor's had no prior knowledge of - tested the knowledge of a field ambulance.

The final test was an oral board that consisted of a five-member

panel of senior NCOs that covered 23 subject areas and four situational questions from each area.

"It was very difficult. The hills were steeper than I thought they would be, the terrain was rougher, the rocks were bigger," said Bradley, who finished the road march in 1 hour and 17 minutes. "After having been up for so long doing land navigation, it was the hardest road march I've ever done."

Command Sgt. Maj. Jayme Johnson of the 32nd Medical Brigade presented various prizes and awards to the winners and certificates of appreciation to all the participants at a special ceremony

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From page 8, 32nd Medical Brigade recognizes winners of the brigade best warrior competition



Left, Col. Jonathan Fristoe, commander, 32nd Medical Brigade, presents the Army Commendation Award to Staff Sgt. Seamus Bradley during an awards ceremony July 3 at Beethoven Halle and Garten.

Below, Staff Sgt. Adam Sahlberg, president of the Sgt Audie Murphy Club, presents Pfc. Rafael Martinez the combat medic statue. Seamus and Martinez, as the NCO and Soldier winners of the competition will now compete in the U.S. Army Medical Command Best Warrior level competition. Both received the Army Commendation Medal, the bronze combat medic statue, courtesy of the Sgt. Audie Murphy Club, and other prizes.



held at Beethoven Halle and Garten July 3.

"I want to thank my company commander, my first sergeant, all the NCOs for always teaching me how to maintain myself and be a Soldier," said Martinez. "They showed me the right way to do things and taught me everything I need to know to be a good Soldier and how to conduct myself off duty."

"I want to thank my fellow competitors, you definitely raised the bar," Bradley said. "I was chasing you the whole time, trying to figure out where I stood. Every time I turned around, someone was doing something better. It was a team effort and a fun event."

Right, Staff Sgt. Seamus Bradley prepares to transport a wounded Soldier using a "SKEDCO" during the 32nd Medical Brigade Best Warrior competition at Camp Bullis June 29.



Right, Staff Sgt. Abram Umphrey disassembles and reassembles an M16 during competitions at the 32nd Medical Brigade Best Warrior Competition at Camp Bullis June 29.



32nd Medical Brigade highlights

264th Medical Battalion

Cadre and Soldiers assigned to A Co., 264th Medical Battalion, traveled approximately 100 miles to Leakey, Texas, to participate in the town's annual July Jubilee Parade July 6.

A Company was the lead element, behind the colors, of the parade that had over 150 different organizations marching. This event brought between 7,000-10,000 people to a town that has a listed population of only 425.

American Legion Post 489 provided a venue for Soldiers to stage and also provided refreshments throughout the day and lunch to all Soldiers.

After the parade, the Soldiers moved to the town square where they took part in the many different vending booths, that included homemade craft items and food, and interacted with the community.

The entire community was more than welcoming to the Soldiers as they were met with many thanks, long discussions, and requests for photos with the Soldiers.

This is the second time A Company, 264th Medical Battalion has participated in the July Jubilee Parade at Leakey, Texas.

(Source, 264th Medical Battalion)



Above, cadre and Soldiers with A Co., 264th Medical Battalion march in the annual July Jubilee Parade at Leakey, Texas, July 6, as parade goers welcome them with a standing ovation.



Cadre and Soldiers of the 264th Medical Battalion pose for a group photo with members of American Legion Post 489, Leakey, Texas. The Soldiers were in town participating in the annual July Jubilee Parade held July 6. The American Legion sponsored the Soldiers, providing refreshments throughout the day and lunch following the parade.

32nd Medical Brigade highlights

232nd Medical Battalion

On the early morning of August 1, as you moved throughout the 232nd Medical Battalion you could hear the mighty roar of 1,400 Soldier Medics during the first battalion run for Commander, Lt. Col. Philip Sheridan and Command Sgt. Maj. Jawn Oilar.

The Soldier medics woke up early, donned their Army physical fitness uniforms, and formed up for what would be a 3.5-mile motivational run. Following the battalion run an awards ceremony was held.

Capt. Dequan Jones, commander, Foxtrot Company, received the Meritorious Service Medal for his service while serving at Brooke Army Medical Center.

Staff Sergeant Seamus Bradley, an instructor for the Solider Medic Training Site, received an Achievement Army Medal for winning the 232nd Medical Battalion Best Warrior Competition.

The presentation of these awards demonstrated to the young Soldier medics of 232nd Medical Battalion that you can achieve great things through hard work and dedication.

(Source: 232nd Medical Battalion)

Right, Staff Sergeant Seamus Bradley, an instructor for the Solider Medic Training Site, received the Army Achievement Medal for winning the 232nd Medical Battalion Best Warrior Competition.



Cadre and Soldiers of the 232nd Medical Battalion gather for an early morning battalion run on Aug. 1, the first run for their Commander and Command Sergeant Major.



Above, Capt. Dequan Jones, commander, F Company, 232nd Medical Battalion, is presented the Meritorious Service Medal for his service while serving at Brooke Army Medical Center.

Spotlight on command events



Above, Army National Guard recruiters 1st Lt. Andrew Jewkes, Utah; Capt. Shawn Pyer, Conn.; Capt. Amber Fredericksen, Florida; Capt. Tony Woodruff, Nebraska; and Capt. Trevor Batten, Oregon, visited AMEDDC&S July 31. Academy of Health Sciences, Department of Preventive Medicine, the Graduate School Program, Department of Nursing Science, and the Department of Combat Medic provided overviews/tours about their departments to the visitors.



Above, Col. Randall Anderson, chief of staff, AMEDDC&S, presents a trophy to 232nd Medical Battalion Commander, Lt. Col. Philip Sheridan. The 232nd battalion won the trophy for collecting the most points at sporting events held at the AMEDDC&S Organizational Day on June 20.

Below, former AMEDDC&S Commander, retired Army Maj. Gen. Philip Volpe, presents Capt. Charles Choi the Army Commendation Award for his service while serving as his Aide-de-Camp.



Above, right to left, Brig. Gen. John Poppe, chief, Army Veterinary Corps; Col. Sugog Park, chief, Army Veterinary Corps Republic of Korea; Capt. Kyung Young Sung, Assistant to the Chief; Dr. Jai Hun Yang, President, Korean American Association of San Antonio; and his wife, Bang Ja, place a wreath at the Korean War Memorial July 29 in memory of Korean War veterans.



You are welcome to visit the recently opened Fort Sam Houston Spouses Club Thrift Store

3100 Zinn Road
Fort Sam Houston

(210) 221-5794 or 221-4537.

More information about the store is at

http://www.scfsh.com/thrift_shop.html

Expert Field Medical Badge is symbol of proficiency, dedication



Staff Sgt. Seamus Bradley calls in to report an unidentified object during the 32nd Medical Brigade Best Warrior Competition at Camp Bullis. Bradley is a recent recipient of the Expert Field Medical Badge.

Photo by
Esther Garcia

By Meghan Portillo
NCO Journal

With only a 17-percent pass rate, the Expert Field Medical Badge remains one of the most prestigious and coveted awards a medical professional can obtain in the Army. It is a symbol of excellence, an outward sign of technical and tactical proficiency. Even though by regulation the Combat Medical Badge, awarded to medical personnel who have accompanied infantrymen into combat, is the higher award and must be worn if earned, Soldiers awarded the EFMB show they have distinguished themselves far above their peers.

The badge is awarded to medical personnel, including enlisted Soldiers with an Army Medical Department primary MOS and Special Forces medical sergeants, who demonstrate exceptional

competence and outstanding performance during a grueling 120-hour testing event. During testing, hosted throughout the year by units across the country and abroad, candidates are required to exhibit superior physical fitness and mental clarity when faced with life-or-death situations. They must rise above the rest in their abilities to perform medical, evacuation, communication and warrior skills

Staff Sgt. Seamus Bradley, a senior instructor for the Army Medical Department Center and School's Department of Combat Medic Training at Camp Bullis, Texas, was one of the few who earned the EFMB after testing from April 27 to May 2 at Fort Hood, Texas. He said the badge's mystique is legendary in the medical community.

"I've done a lot in the Army," Bradley said. "I've been to several different units, been to Afghanistan three times, Iraq once. I already had

my Combat Medical Badge. The EFMB has always been this crazy, mystical totem or something. People talk about it as if it's so elusive, like it's impossible. I hear people say, 'It's just tough — you'll never get it.' Many people I know who did get it earned it on their second or third or fourth try.

"I gravitate towards things that are very difficult, and I thought it would be so great if I got it on my first try. So when they asked for volunteers to go, I was the first to raise my hand."

Testing

When participants arrive at the testing site, they begin with a four - to seven-day standardization period. The candidates are shown the standard for each task and how each task should be performed. The testing includes a written exam, combat testing lanes (CTLs), daytime and nighttime land navigation, and a 12-mile road march.

At the conclusion of the standardization period, candidates are given 90 minutes to complete a written test. Sixty questions are gleaned from four resources, covering topics ranging from medical treatment and field sanitation to Warrior Tasks and Battle Drills and medical support for captured Soldiers.

"The test is very difficult — there is no way around it. I barely passed that thing, and I studied everything," Bradley said. "I feel a lot more confident as a medic, though, because it forced me to, quite literally, crack manuals I have only ever perused before and go through them with a fine-

See page 14.

From page 13, EFMB

toothed comb. ... Doing so, I admit, is painful, and it is the driest read on the face of the earth – it makes *War and Peace* look like *Jersey Shore*. But it is doable.”

In 2012, only 37 percent of Soldiers passed the written test. Those who fail are given the opportunity to retake it, but not until the end of the testing week, the night before the road march.

After the written exam, candidates are rushed right into the land navigation tests and CTLs. Though EFMB testing has changed very little since its inception in 1965, in 2008, the testing process was altered to better mirror the role medics play in operations today. According to Sgt. 1st Class Kristine Sutton, NCO in charge of the EFMB Test Control Office at the Army Medical Department Center and School at Fort Sam Houston, Texas, the CTLs were added to the testing process to replicate situations Soldiers face downrange. For each of the CTLs, Soldiers are usually given one to two hours to complete the given tasks, all while reacting to obstacles and stressors placed in their path.

“Combat testing lanes are not your typical round-robin training,” Sutton said. “Candidates start at the beginning, and they are given a mission. They have to react the entire time down the lane. ... They react to the situation at hand. There will be indirect fire, direct fire at them, and they have to react to that. There are artillery simulators going off; there is smoke going off. So all these stressors are added to it, and they have to react.”

Three testing lanes require Soldiers to complete 42 tasks from

four categories: tactical combat casualty care, evacuation, communication and warrior skills. An evaluator shadows each candidate, judging their reactions and their performance of each task without giving any feedback. Simply performing steps in the wrong order, forgetting to check a pulse or not marking a T on a casualty’s forehead after applying a tourniquet will cause a Soldier to fail a task. Soldiers who fail a certain number of tasks from any category are eliminated immediately.

“It was hot. It was tiring,” Bradley said. “Trying to remember every single step, every precise detail— it was mentally taxing more than anything.”

The tactical combat casualty care lane wound through the woods at Fort Hood. Bradley began the lane by clearing, disassembling, re-assembling and performing a functions check on an M16-series rifle. While under simulated direct fire, he applied a tourniquet to a “casualty” with a gunshot wound to the leg. After dragging him to safety, Bradley turned his attention to the casualty’s chest wound. He applied dressing to the entry and exit wounds and assessed his breathing. He started the casualty’s IV, called in a 9-line medevac, then continued to conduct a head-to-toe assessment. He treated a shrapnel wound in the casualty’s arm and searched for signs of other injuries, including pupil constriction, burns, lacerations or swelling. After the casualty’s injuries had been addressed, Bradley wrapped him in a hypothermia blanket and loaded him on a litter.

Bradley moved on to treat three other casualties in the lane before carrying them through the smoke and loading them into an ambulance.

“You have only 60 minutes to complete patient assessment and casualty triage, treat four casualties ... and you are still carrying casualties and completing your seven-page patient assessment,” Bradley said. “It’s a lot. If you are not really proficient, you can easily get sidetracked. You have to be good at managing time in the environment given.”

The testing culminates with a 12-mile road march, which Soldiers must complete in less than 3 hours while carrying approximately 35 pounds of gear.

Bradley, who was the first to cross the finish line in his road march with a time of 2 hours, 28 minutes, 7 seconds, said the march was the most physically rewarding part of the test.

“I ran for 12 miles with a ruck on my back,” he said. “I wasn’t sure I was first for a while, because there was somebody else who wasn’t in EFMB road marching half a mile ahead of me on the last portion of the course. He was in the same uniform and everything, so I was convinced someone had passed me somehow and I didn’t realize it in the dead of the night. I was sprinting that last bit to catch up to him, and then he just turned off the course and went back to his barracks.”

Approximately 360 started the testing with Bradley at Fort Hood. About 60 made it to the road march, and only 40 finished in time to earn their EFMB.

EFMB Standards

In addition to the sheer difficulty of the testing, the EFMB remains such a coveted award

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because there is no compromise when it comes to upholding the high standard. The EFMB Test Control Office validates each site before testing begins and oversees each stage of the process. The test board and test board chairperson from the hosting unit make most decisions and monitor the evaluators, and if there is a discrepancy, there is a rebuttal process.

“If Soldiers say they did something right, but the evaluator says they did something wrong, they have the ability to file a rebuttal, and they go in front of that board,” said Capt. David Vise, officer in charge of the EFMB Test Control Office. “We oversee that process to make sure they are making the right decisions based off the standards.”

Because the standards are meticulously followed during testing, Soldiers are able to study and prepare themselves beforehand. Candidates are encouraged to concentrate their studies on the areas with which they are least familiar, in addition to the areas of their own expertise. Nonetheless, the tasks Soldiers fail often involve duties required of them in their jobs every day.

“The grading I had was exactly verbatim from the standard in the book,” Bradley said. “I failed three tasks in total, and they were 110 percent my fault. It wasn’t a question of grading. On one task, I failed to deactivate the ‘no go’ switch on the humvee during an evacuation task. Surprisingly, this is what I work with all the time. I’ll swallow my pride. It’s the simplest thing. They even call it the ‘no go’ switch. If you don’t hit it, you’re going to get a no-go... It even

goes click and makes a sound. I looked at it and thought, ‘Yep, I’m good,’ but I got ahead of myself.” Thorough studying of the references, intense training for the CTLs and land navigation, and rigorous physical preparation for the road march are essential for a candidate’s success. Though some units provide train-ups months before testing begins, unfortunately, not all Soldiers are given this advantage. Soldiers seeking training material and NCOs looking to start a train-up will find the information they need at the EFMB Test Control Office website, www.us.army.mil/suite/page/140048. An AKO login is required.

Encouraging Soldiers

An NCO’s job is to set their Soldiers up for success, and earning the EFMB is a sure way for Soldiers to set themselves apart, Sutton said. Though 14 percent of active-duty enlisted personnel have the CMB, only 6 percent have earned the EFMB. NCOs can encourage Soldiers to earn the badge by showing them what it represents and how it will brighten their future in the Army, she said.

“It’s promotion points. It sets you above your peers,” she said. “If it’s a young PFC looking to become a specialist, and there are five PFCs looking to be promoted, that one PFC who gets EFMB is most likely going to get the promotion.” Because of the low pass rate, there are many more in the Army who have tried but failed than those who have successfully earned the badge, Vise said.

“If an NCO is not successful, that changes their attitude about it,” he said. “If it’s not important to them, they don’t make it important to younger Soldiers.”

Sutton said NCOs, whatever their personal experience, should always encourage Soldiers to pursue the badge and should help them train beforehand. Without the support of their NCOs and thorough preparation, a Soldier has very little chance of earning the badge.

“The NCO Corps needs to be motivated and positive,” Sutton said. “You never know what career path that younger Soldier is going to have. It’s important to show them what the badge is and motivate them to get it, even if the NCOs can’t themselves.”

As an instructor for other combat medics, Bradley wanted to earn the badge to lead the way for his students, several of whom were also testing for the badge.

“Unfortunately, a lot of them didn’t make it. But I know one did for sure,” Bradley said. “It was really awesome to see one of the Soldier medics I had trained finish and get her EFMB the same time I did.”

Earning the EFMB is no simple feat, but once earned the badge is a permanent award. The confidence recipients gain through the testing process will help them throughout their entire career, Vise said.

“One of the most important things EFMB does is give you a sense of accomplishment — probably more than anything else these young Soldiers have done in the military, maybe even in life,” he said. “You can watch young Soldiers who are just barely skating by, maybe getting into some trouble and who don’t even want to be in the military ... they will go

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out and earn their EFMB, and they will completely turn around. They will go from being a standard Soldier to one of the best Soldiers you have seen just from that sense of accomplishment.” Bradley added that the knowledge gained will aid Soldiers in their day-to-day duties at home and while deployed. Even if they fail to earn the badge, the experience broadens their knowledge base and solidifies the skills they learned in basic training.

“In the middle of nowhere operating as a medic, the expertise I learned on the EFMB would have been really useful to me, especially field sanitation,” Bradley said. “As a PFC, I was putting into practice what I studied later to earn the EFMB ... controlling flies, digging trenches, processing latrines and cooking equipment for a battalion. ... It’s worth it. ... It will build confidence in your skills. It’s definitely helped me.”

Eligibility Requirements

- Eligible enlisted personnel include those with an Army Medical Department primary MOS and Special Forces medical sergeants.
- Other eligible personnel include officers assigned or detailed to an AMEDD Corps, warrant officers with an AMEDD primary MOS and aero medical evacuation pilots assigned to an air ambulance unit.
- Other service and allied candidates must be medical personnel or serving in comparable positions.
- Additional prerequisites include weapons qualifications

and CPR certifications.

- Soldiers who have profiles or who are not able to pass the Army Physical Fitness Test are not eligible for the EFMB. However, if an injured Soldier is able to pass an alternate PT test, they can use that test to qualify.
- To visit the EFMB Test Control website. An AKO login is required.



The Expert Medical Badge is awarded to military medical personnel who demonstrate exceptional competence and outstanding performance during a 120-hour testing event.

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Army Medical Corps officers lead our nationally recognized education and training programs as well as innovative programs that focus on unit-level health and human performance optimization, disease and injury prevention and outcomes research.

Past and present, Army physicians continue to lead nationwide efforts to improve the care for Soldiers and Civilians with Traumatic Brain Injury, Post Traumatic Stress Disorder, amputations, limb salvage and transplantation, and multi-trauma such as the complex dismounted battle injuries sustained by Warriors in Iraq and Afghanistan.

(Source: AMEDD Regiment website and Col. Steven Braverman, MD, Medical Corps Branch Proponent)

Pathway to a Fit and Healthy Force Improving Performance, Resilience, and Readiness in the Army



As part of the Army's Ready and Resilient Campaign efforts, Army Medicine is advocating a culture shift by encouraging every Professional Soldier to develop a mindset that drives them to optimize their own health in order to improve their performance and resiliency. There must be an effective way to change mindsets, not just dictate behaviors. As Army Medicine continues to open the aperture, we must look at where health is truly influenced.

It is in the Lifespace where the choices we make impact our lives and our health. We understand the patient healthcare encounter to be an average interaction of 20 minutes, approximately five times each year. Therefore, the average annual amount of time spent with each patient is 100 minutes; this represents a very small fraction of one's life. It is in between the appointments -- in the Lifespace -- where health really happens and where we desire a different relationship with Soldiers, Families, Retirees, and our Civilians. We want to reach beyond the physical

boundaries of our medical treatment facilities. In other words, we want to partner with those entrusted to our care during the other 525,500 minutes of the year where people are living their lives and making their health choices. The connection between health and Army readiness is clear. The more we positively influence health, the better our Army is able to answer our Nation's call.

The Lifespace is where we make decisions on Activity, Nutrition and Sleep (ANS). Army Medicine's operational approach to these three key components of health -- Activity, Nutrition, and Sleep -- is the Performance Triad. We want to illustrate to our patients that they can positively impact their health by investing in these triad of factors. Getting back to the basics of Activity, Nutrition, and Sleep---as both leaders and healthcare providers---are key in optimizing personal and health, performance and resiliency.

Physical activity encompasses more than just exercise at the gym. Regular activity throughout

the day can improve health by reducing stress, strengthening the heart and lungs, increasing energy levels, and improving mood. Similarly, quality nutrition and sleep management can serve as key components in promoting health, preventing disease, and achieving or maintaining a healthy body weight. Chronic poor sleep may increase your risk for stroke, cardiovascular disease, diabetes, and obesity. We think better, feel better, and perform better when our bodies are well nourished, well rested, and healthy.

While the Army may have a more visible influence in the Lifespace and health of its active duty population, the challenges become greater with the Army Reserve and National Guard -- the reserve components (RC). The RC provides strategic depth and flexibility to the capabilities of our Force and has a valuable connection to the broader US population. A significant percentage of Army capabilities are within the RC, therefore, when it pertains to readiness of the Force, the Performance Triad is just as important for the reserve component Warriors as it is for those who serve on active duty full-time. Finding innovative ways to extend our influence into the Lifespace of the Reserve and National Guard is an important avenue to pave, and may set the stage for Army Medicine to truly strengthen the health of our Nation by impacting those in uniform who work within our civilian communities.

Across all age groups and medical conditions, the impact of restful sleep, regular physical activity, and good nutrition are visible in
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in both the short-and long-term. While each component is independently important, optimal performance is achieved when all three are addressed simultaneously. Making lasting changes in health behaviors works best when approached through multiple channels. There will be a change in how we educate our medical providers to view activity, nutrition, and sleep – making the pillars of the Performance Triad a part of any medical encounter.

The Performance Triad is bringing together the US Army Public Health Command (PHC), US Army Medical Research and Materiel Command (MRMC), US Army Forces Command (FORSCOM), Army Medical Department Center and School, US Army Training and Doctrine Command (TRADOC), and the US Army Installation Management Command (IMCOM). The people who have the greatest impact on Soldier behaviors do not reside in military hospitals and clinics – they are the unit leaders, mentors, and Family in the Lifespace. The goal is to make this a part of the DNA of the Army – sleep discipline, daily activity, and good nutritional decisions.

Sleep is vital for health, performance, and well-being – and the better the sleep, the greater its benefits. That is why proper sleep hygiene practices (i.e., that promote optimal sleep duration and quality) are important for all adults.

1. Create a quiet, dark, comfortable sleeping environment. Cover windows with darkening drapes or shades (dark trash bags

work too) or wear a sleep mask to block light. Minimize disturbance from environmental noises with foam earplugs or use a room fan to muffle noise. If you can, adjust the room temperature to suit you. If you can't, use extra blankets to stay warm. Use the room fan to muffle noise AND keep you cool.

2. Use the bedroom only for sleep and sex. Remove the TV, computer, laptop, etc. from your bedroom. Don't eat or drink in bed. Keep discussions/arguments out of the bedroom.

3. Stop caffeine at least 6 hours before bedtime. Caffeine promotes wakefulness and disrupts sleep.

4. Don't drink alcohol before bed. Alcohol initially makes you feel sleepy, but it disrupts and lightens your sleep several hours later. In short, alcohol reduces the recuperative value of sleep. Nicotine – and withdrawal from nicotine in the middle of the night – also disrupts sleep. If you need help to stop drinking or using nicotine products, see your healthcare provider for options.

5. Get your exercise in by early evening. Exercising is great – just be sure to finish at least 3 hours before bedtime so that you have plenty of time to wind down.

6. Don't go to bed hungry. A light bedtime snack (e.g., milk and crackers) can be helpful, but do not eat a large meal close to bedtime. And empty your bladder just before you go to bed so that the urge to urinate doesn't disrupt your sleep.

The following sleep hygiene habits are especially critical for those experiencing sleep problems:

7. Maintain a consistent, regular

routine that starts with a fixed wake-up time. Start by setting a fixed time to wake up, get out of bed, and get exposure to light each day. Pick a time that you can maintain during the week AND on weekends. Then adjust your bedtime so that you target 7–8 hours of sleep.

8. Get out of bed if you can't sleep. Only go to bed (and stay in bed) when you feel sleepy. Do not try to force yourself to fall asleep – it will tend to make you more awake, making the problem worse. If you wake up in the middle of the night, give yourself about 20 minutes to return to sleep. If you do not return to sleep within 20 minutes, get out of bed and do something relaxing. Do not return to bed until you feel sleepy.

9. Nap wisely. Napping can be a good way to make up for poor/reduced nighttime sleep, but naps can cause problems falling asleep or staying asleep at night – especially if those naps are longer than 1 hour and/or if they are taken late in the day (after 1500 hours). If you need to nap for safety reasons (e.g., driving), try to take a short (30-60 minute) nap in the late morning or early afternoon (e.g., right after lunch), just enough to take the edge off your sleepiness.

10. Move the bedroom clock to where you cannot see it. If you tend to check the clock two or more times during the night, and if you worry that you are not getting enough sleep, cover the clock face or turn it around so that you can't see it (or remove the clock from the bedroom entirely).

Source: <http://www.armymedicine.army.mil/performancetriad/>

Third quarter accident data show Army on right track for safety

By Julie Shelley
 Directorate of Communication and Public
 Affairs U.S. Army Combat
 Readiness/Safety Center, Fort Rucker

With a little less than three months to go in fiscal 2013, accidental deaths throughout the Army continue on a downward trajectory, according to data recently released by the U.S. Army Combat Readiness/Safety Center.

Fatalities in nearly all accident categories have either stayed stable or declined — most by double digits — from the first three quarters of fiscal 2012, including a 19-percent drop in private motor vehicle deaths. Fatal all-terrain vehicle mishaps are on the rise, however, with three versus zero fatalities this time last year.

“The Army is in flux with our combat drawdown and Soldiers returning to readiness posture at home,” said Brig. Gen. Timothy J. Edens, director of Army Safety and commanding general, U.S. Army Combat Readiness/Safety Center.

“Safety successes in the midst of this change are a reflection of the commitment our leaders and Soldiers have to one another.”

Both on- and off-duty accidental fatalities were down 20 percent or more at the end of the third quarter. Off duty, both sedan and motorcycle deaths fell for the year, with PMV-2 declining 35 percent from 2012 numbers. Equally dramatic declines were seen on duty, with Army combat vehicle deaths falling 75 percent, and aviation, which experienced difficult first and second quarters, stabilized to finish on par with the previous year.

Those gains are holding steady in the early weeks of the fourth quarter, with overall fatalities holding steady at a 20 percent decrease from fiscal 2012.

Edens urged leaders and Soldiers to keep the momentum going by continuing to do what works for safety: staying engaged, holding themselves accountable for their personal well-being and always looking out for one another.

“These efforts are extremely important during the fourth quarter,” he said.

“The third quarter has historically been a bad time of year for accidents, but we came through this one without any major missteps. The fourth quarter is a little different, though, because summer is coming to an end and Soldiers will be in a rush to enjoy the rest of the season.

“If we stay on top of risk, we can close both the quarter and the year with record-setting declines in accidental deaths and the personal grief that comes with them.”

Command Sgt. Maj. Richard D. Stidley, USACR/Safety Center, asked leaders to pay special attention to ATV riders in their ranks.

“These vehicles are essentially specialty items, and many leaders don’t know or inquire if their Soldiers own or ride them,” he said. “Riders must know the regulatory requirements before they climb on their machines. Like motorcycle riding, helmets and eye protection are required for ATV operation.

“At the end of the day, Soldiers who abide by the rules and regulations and know how to operate and ride responsibly may live to ride another day.”

A range of safety products and tools are available at <https://safety.army.mil>, including the Army Safe Summer Campaign, designed to help leaders address risks common to the season’s activities.



The Army Medical Department Center and School Sexual Assault Response Coordinator (SARC) is Sgt. 1st Class Carmen R. Ross. She can be reached at (210) 471-9244.

Secretary Of Defense Chuck Hagel's Message on Reducing Civilian Furloughs

Department of Defense Office of the Assistant Secretary of Defense News Release

When I announced my decision on May 14 to impose furloughs of up to 11 days on civilian employees to help close the budget gap caused by sequestration, I also said we would do everything possible to find the money to reduce furlough days for our people. With the end of the fiscal year next month, managers across the DoD are making final decisions necessary to ensure we make the \$37 billion spending cuts mandated by sequestration, while also doing everything possible to limit damage to military readiness and our workforce. We are joined in this regard by managers in non-defense agencies who are also working to accommodate sequestration cuts while minimizing mission damage. As part of that effort at the Department of Defense, I am announcing today that, thanks to the DoD's efforts to identify savings and help from Congress, we will reduce the total numbers of furlough days for DoD civilian employees from 11 to six.

When sequestration took effect on March 1, DoD faced shortfalls of more than \$30 billion in its budget for day-to-day operating costs because of sequestration and problems with wartime funding. At that point we faced the very real possibility of unpaid furloughs for civilian employees of up to 22 days.

As early as January, DoD leaders began making painful and far reaching changes to close this shortfall: civilian hiring freezes, layoffs of temporary workers, significant cuts in facilities maintenance, and more. We also sharply cut training and maintenance. The Air Force stopped flying in many squadrons, the Navy kept ships in port, and the Army cancelled training events. These actions have seriously reduced military readiness.

By early May, even after taking these steps, we still faced day-to-day budgetary shortfalls of \$11 billion. At that point I decided that cutting any deeper into training and maintenance would jeopardize our core readiness mission and national security, which is why I announced furloughs of 11 days.

Hoping to be able to reduce furloughs, we submitted a large reprogramming proposal to Congress in May, asking them to let us move funds from acquisition accounts into day-to-day operating accounts. Congress approved most of this request in late July, and we are working with them to meet remaining needs. We are also experiencing less than expected costs in some areas, such as transportation of equipment out of Afghanistan. Where necessary, we have taken aggressive action to transfer funds among services and agencies. And the furloughs have saved us money.

As a result of these management initiatives, reduced costs, and reprogramming from Congress, we have determined that we can make some improvements in training and readiness and still meet the sequestration cuts. The Air Force has begun flying again in key squadrons, the Army has increased funding for organizational training at selected units, and the Navy has restarted some maintenance and ordered deployments that otherwise would not have happened. While we are still depending on furlough savings, we will be able to make up our budgetary shortfall in this fiscal year with fewer furlough days than initially announced.

This has been one of the most volatile and uncertain budget cycles the Department of Defense has ever experienced. Our fiscal planning has been conducted under a cloud of uncertainty with the imposition of sequestration and changing rules as Congress made adjustments to our spending authorities.

As we look ahead to fiscal year 2014, less than two months away, the Department of Defense still faces major fiscal challenges. If Congress does not change the Budget Control Act, DoD will be forced to cut an additional \$52 billion in FY 2014, starting on October 1. This represents 40 percent more than this year's sequester-mandated cuts of \$37 billion. Facing this uncertainty, I cannot be sure what will happen next year, but I want to assure our civilian employees that we will do everything possible to avoid more furloughs.

I want to thank our civilian workers for their patience and dedication during these extraordinarily tough times, and for their continued service and devotion to our department and our country. I know how difficult this has been for all of you and your families. Your contribution to national security is invaluable, and I look forward to one day putting this difficult period behind us. Thank you and God Bless you and your families.

Secretary Hagel's memorandum can be viewed at http://www.defense.gov/home/features/2013/docs/080613_Furlough_Reductions.pdf

Twins celebrate birthday by giving back to their community

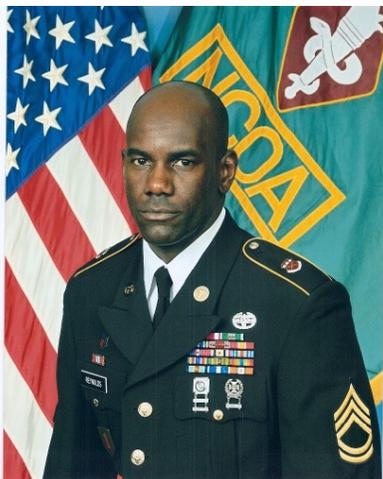


Left photo, twins Ale, Diego and their mom Maj. Gina Esparza, are interviewed by a local television station. The 11 year-old twins celebrated their birthday with a Box Fan Drive during their birthday party on Sunday, July 28 at their home. Family, friends and neighbors donated the fans. The San Antonio Fire Department then came by to pick up the fans, part of the department's 'Project Cool' program. The fans will then be distributed to seniors in the community who need help to keep cool during the hot summer months. Esparza is assigned as the Army National Guard Advisor with the Army Medical Department Center and School.



Right, Members of the San Antonio Fire Department pose with, left, Ale, Diego and Maj. Gina Esparza outside their home on Sunday, July 28. Maj. Esparza encourages her children to count their blessings and help others when they can.

Congratulations!



Left, congratulations to Sgt. 1st Class Ronnie Reynolds for winning the U.S. Army Medical Command 2013 Best Warrior Competition. Reynolds is with the Noncommissioned Officers Academy as a Small Group Leader for the Senior Leader Course. Reynolds will represent the MEDCOM at the upcoming Army Best Warrior competition at Fort Lee, Va., in October.



Former AMEDDC&S commander Maj. Gen. David Rubenstein presents the Certificate of Promotion to Col. Robert Cornes at a promotion ceremony held in front of the Combat Medic Statue outside the AMEDD Museum. Cornes is currently assigned with the Directorate of Combat and Doctrine Development. Standing next to Cornes is his wife Tegen.

HHD, 228th Combat Support Hospital welcomes new commander



Center, 228th Combat Support Hospital Commander, Col. John Fasano, presents the HHD, 228th CSH guidon to incoming commander 1st Lt. Kortney Flete during a change of command ceremony held at Camp Bullis Aug. 18. Standing to the right is outgoing commander Capt. Mercedes Gonzalez.

By Esther Garcia
AMEDDC&S Public Affairs Office

Soldiers, Family and friends of the Headquarters, Headquarters Detachment, 228th Combat Support Hospital, gathered on the grounds of Joint Base San Antonio-Camp Bullis as Capt. Mercedes Gonzalez relinquished command of the detachment to incoming commander 1st Lt. Kortney Flete during a change of command ceremony held Aug. 18.

The 228th Combat Support Hospital is a trauma center providing surgical care, post operative care, intensive care and intermediate care. Normally a deployable unit, the hospital can be packed up, deploy to a theater, set up and start to treat patients.

"We have been around for more than 15 years and is recognized as one of the premier combat support hospitals in the Army Reserves," said Col. John Fasano, commander, 228th CSH.

With over 500 personnel Fasano said the 228th CSH is comprised of HHD, two companies, a Forward Surgical Team and a Renal Dialysis Detachment.

Soldiers of the 228th mobilized and deployed to Monsul and Tikrit, Iraq in 2005. They provided medical care to U.S. service members, coalition forces and others with emphasis on wound care and post-operative treatment.

"We came back to Fort Sam Houston and continued our training. We have a detachment of folks going to Honduras. They will provide medical care to US forces and civilians," said Fasano.

Incoming commander Flete has been with the HHD, 228th CSH for a long

time and knows everyone.

"She has that advantage, but she will have some big shoes to fill," said Fasano.

"We provide support. We do everything from finance, personnel actions, promotions, awards, supply and services, transportation, fuel vehicles, communications, computers, and we work on life cycle management to take care of Soldiers," said Flete.

Gonzalez began her career as a private and has been with the 228th for a total of 12 years. She will be deployed to Honduras for 9 months supporting US forces and civilians.

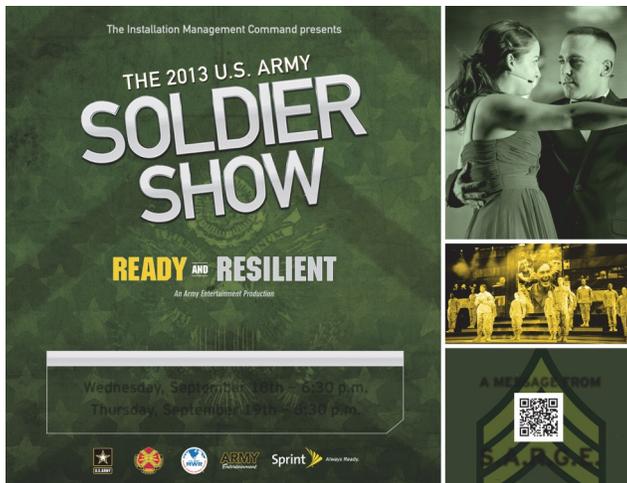
"I started with the HHD as an executive officer, and then became the commander. Now I have the opportunity to go to Honduras as a commander," said Gonzalez.

Fasano acknowledged Gonzalez's hard work with the HHD.

"She did an outstanding job. She will be going as a detachment commander for a mission to Honduras. As the saying goes, out of the frying pan and into the fire, but she is ready for that mission," said Fasano.

Below, First Sgt. Michael Talamantes and the Soldiers of HHD, 228th Combat Support Hospital render honors to the flag as the National Anthem is played during the detachment's change of command ceremony Aug. 18 at JBSA-Camp Bullis.





Final 2013 Performance

THE 2013 U.S. ARMY SOLDIER SHOW ---- This year's production, "Ready and Resilient" explores what it means to be Ready and Resilient in today's Army - as a Soldier, Spouse, Family member, Survivor, Retiree and Civilian. Army Entertainment and the entire cast and crew of the 2013 U.S. Army Soldier Show are honored to share this experience with you and are confident the performances will leave behind a positive and uplifting reminder of what makes our Soldiers "Ready and Resilient." This production serves as a reminder that the strength of our Nation is our Army; the strength of our Army is our Soldiers; the strength of our Soldiers is our Families; and that is what makes our Army Strong. The final 2013 performances are Sept. 18 and 19 at 6:30 p.m. at the historic Fort Sam Houston Theatre. Admission is FREE on a first-come first-served seated basis. Doors open an hour before show time. Call 466-2020 for more information. *Source: IMCOM MWR*

TRICARE moving forward with Prime Service Area reductions

FALLS CHURCH, Va. – The Department of Defense will reduce the number of TRICARE Prime Service Areas (PSAs) in the United States beginning October 1, 2013, affecting approximately 171,000 retirees and their family members. Those beneficiaries, who mostly reside more than 40 miles from a military clinic or hospital, received a letter earlier this year explaining their options. They will receive a second letter in mid-August.

Changing the location of PSAs has been planned since 2007 as part of the move to the third generation of TRICARE managed care support contracts and will allow TRICARE to continue the commitment to making high quality health care available while supporting DoD efforts to control the rising cost of health care for 9.6 million beneficiaries. Annually, health care under TRICARE Prime costs approximately \$600 more per enrollee, but on average each member of a family of three using TRICARE Standard will only pay about \$20 more per month than if they were using Prime.

"The first thing TRICARE beneficiaries should know about the reduction in the number of Prime Service Areas (PSAs) is that it doesn't mean they're losing their TRICARE benefit," said Dr. Jonathan Woodson, assistant secretary of defense for Health Affairs. "Next, it's important to remember this change does not affect most of the more than 5 million people using TRICARE Prime, and none of our active duty members and their families." TRICARE is committed to keeping beneficiaries informed about these changes. As a follow-up to the initial notification, a second letter will be mailed in August to make sure all affected beneficiaries have the time and information to make important decisions about their future health care options.

As always, TRICARE beneficiaries are still covered by TRICARE Standard. For those living within 100 miles of a remaining PSA, re-enrolling in Prime may be an option depending on availability. To do this, beneficiaries must waive their drive-time standards and, possibly, travel long distances for primary and specialty care.

"I urge all impacted beneficiaries to carefully consider their health care options – they should talk them over with family members and their current health care provider," said Dr. Woodson. "Many beneficiaries may be able to continue with their current provider using the Standard benefit. Being close to your health care team usually offers the best and safest access to care."

In TRICARE Prime those enrolled are assigned a primary care provider who manages their health care. Retirees pay an annual enrollment fee and have low out of pocket costs under this plan. TRICARE Standard is an open-choice option with no monthly premiums and no need for referrals, but there are cost shares and an annual deductible.

The PSAs being eliminated are not close to existing military treatment facilities or Base Realignment and Closure sites. Prolonged protests resulted in a staggered transition and it was decided to keep all PSAs in place until all three new regional contracts were in place. On April 1, 2013, the West region completed its transition. In order to provide affected beneficiaries with enough time to plan for the PSA reductions, DoD elected to delay the PSA reductions until Oct.

Dental Command welcomes new Army Dentists

By Esther Garcia
AMEDDC&S Public
Affairs Office

The U.S. Army Dental Corps held a welcome ceremony July 19 in Wood Auditorium, US Army Medical Command, to welcome more than fifty new Army dentists into the Dental Command.

Host and keynote speaker, Col. Thomas Tempel, commander, U.S. Army Dental Command, welcomed the new Army dentists to the dental command team and presented each officer with a welcome letter to the Army Dental Corps.

Tempel said, "It is truly an honor to welcome you in the Dental Command. When we travel around so much and see the quality of dental officers coming into the Army, it is truly spectacular.

"You are joining an incredible team, a team of officers, a team of our noncommissioned officers, a team of our civilians and a team of family members," he continued.

Tempel said the Army Dental Command has close to 5,000 em-



ployees who are officers, noncommissioned officers, civilians and contractors working together as a team to take care of patients who have been entrusted in their care.

Prior to ending his remarks Tempel emphasized the importance of SHARP (Sexual Harassment/Assault Response and Prevention) program, the requirements for training of all Soldiers, officers and enlisted, to work in an environment free of harassment and inappropriate conduct.

Tempel also reinforced the Army Surgeon General's emphasis on the Performance Triad, encouraging Soldiers and their families to focus on nutrition, sleep and activity to maintain a healthy life-

style.

When asked what made him join the Army, Capt. Thomas Suit said, "My dad was in the Army for 26 Years, so I am familiar with the lifestyle and it is a good lifestyle. Paying for the school was a good option for me too - but more the familiarity by growing up and moving around with my Dad."

Capt. Diondre Venable said the scholarship does help, "but knowing that I can come in here and get the best training helped push me to sign with the Army."

FOR PUBLICATION IN THE NEXT AMEDDC&S Newsletter:

All newsletter submissions should be sent NLT the 3rd of each month for posting.

Please send your submissions to Phillip Reidinger and Esther Garcia.

(We reserve the right to edit submissions)

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