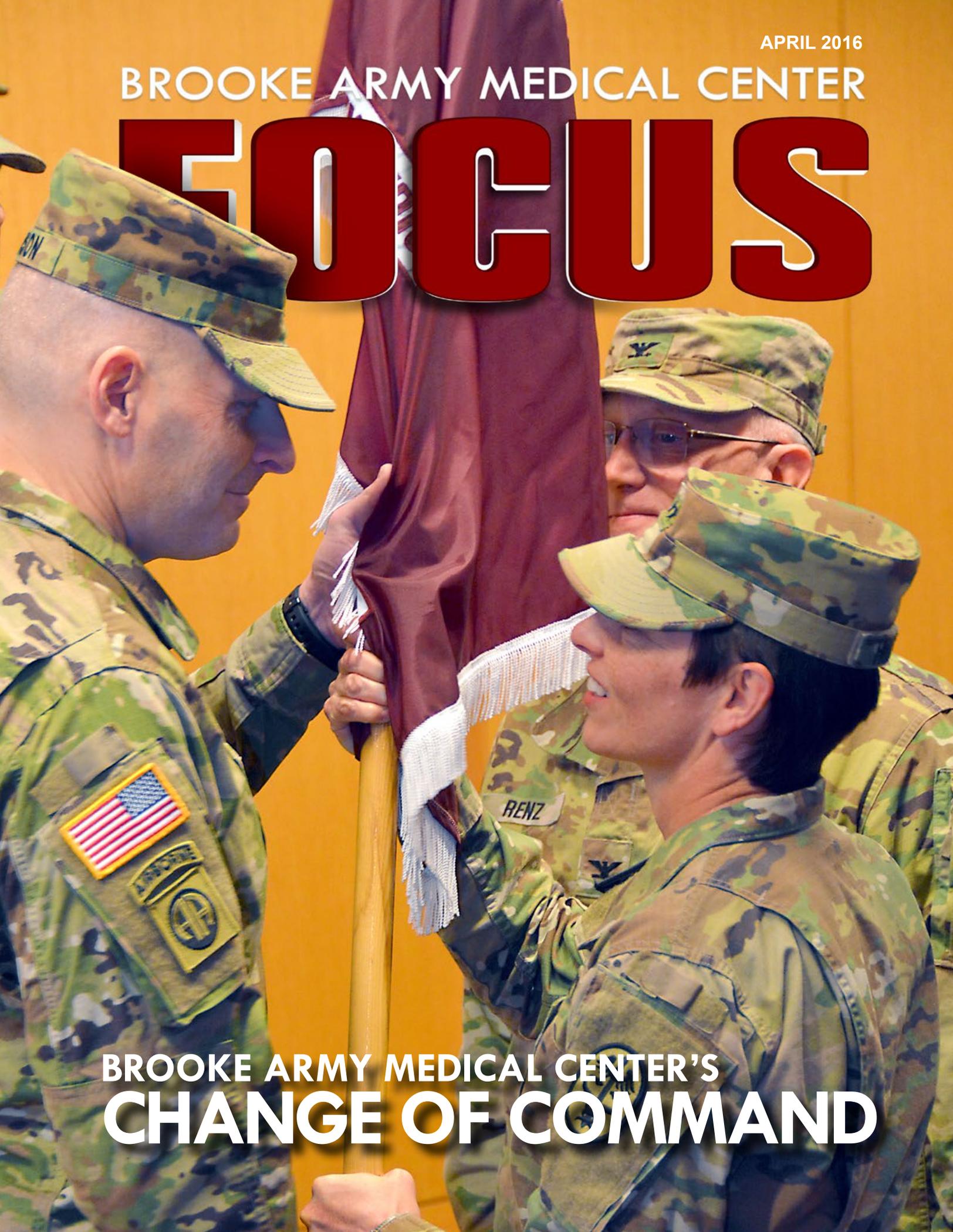


APRIL 2016

BROOKE ARMY MEDICAL CENTER

FOCUS



BROOKE ARMY MEDICAL CENTER'S
CHANGE OF COMMAND

INSIDE THIS ISSUE ...

4 New Commander

Brooke Army Medical Center welcomes new commander

5 New procedure

Heart procedure offers new hope to high-risk patients

6 Partners in Healing

Ghanaian, US hands work, heal together

8 Helping hands

Serving is 'labor of love' for BAMC volunteers

10 Socks for Safety

Colorful footwear decreases patient fall risk

11 Dedication to Duty

Goal for Soldier at Army Trials is to return to duty

12 Celebrating Military Kids

April is Month of the Military Child

13 For Your Health

Energy Drinks: Are they worth the cost?

14 Other Happenings

See photos from other events happening throughout BAMC

BAMC FOCUS

APRIL 2016

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OUR COMMITMENT



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Team –

I am humbled and deeply honored to join this team and serve in this storied organization as we serve our Nation's treasure and the Department of Defense's center of gravity -- our service members, their families, and our retirees ... we are truly fortunate to serve those who are giving and have given so much.

This is my first assignment at BAMC, and I can tell you that your reputation is the finest in the Department of Defense and the Military Health System. Every single member of this team --military, civilian, contractor, volunteer -- is critical to our success.

I am very excited about what lies ahead; our journey is definitely worth the effort. Together, we will focus on readiness, quality and empowerment.

I want our staff to be the model of a medically ready force to best support you, our Soldiers, Sailors, Airmen, Marines, Family members and retirees. We will ensure you are ready to meet life's challenges in the boardroom, in the classroom, in the living room or where ever your journey leads you.

Next, quality of care will remain paramount as we strive to become a High Reliability Organization, emphasizing quality, safety and discipline in all we do to care for you.

Finally, we are an organization which empowers each individual - to speak up, to bring forth ideas or concerns, to step in and intervene – our staff and leaders are the accelerant for the flame behind this organization's burning excellence.

I look forward to working to ensure we are executing our mission of promoting health, generating readiness and providing quality, compassionate, patient-centered care each and every day.

The accomplishments of the entire BAMC team are truly legendary. I am blessed to be a part of this team.

You are not satisfied with average and neither am I.

JEFFREY J. JOHNSON
Colonel, MC
Commanding



Brooke Army Medical Center welcomes new commander

By Elaine Sanchez
BAMC Public Affairs

Col. Jeffrey J. Johnson assumed command of Brooke Army Medical Center from Col. Evan M. Renz during a ceremony at San Antonio Military Medical Center here today.

Maj. Gen. Thomas R. Tempel Jr., commanding general, Regional Health Command-Central (Provisional), who presided over the ceremony, had high praise for BAMC and Renz's legacy. "I want you to know the caliber of the organization and command team we are honoring here today," he told the audience, packed with current and former leaders, family members and BAMC staff.

The general spotlighted just a few of the accolades and honors BAMC earned under Renz's watch, including a Joint Commission Gold Seal of Approval and a first place ranking for overall surgical and medical inpatient satisfaction in the TRICARE inpatient survey. Additionally, the labor and delivery department is the highest-rated facility in the Defense Department for patient satisfaction, he noted.

Speaking directly to Renz, Tempel called his career contributions "immense." "I hardly know where to begin to describe the 33 years of selfless, devoted service you have provided as a world-renowned physician, a leader and a surgeon," he said. "You are responsible for countless lives saved whether serving as chief of the Army's Burn Flight team during our peak years of combat support operations or as senior trauma surgeon and intensivist at the most active combat hospitals in Iraq and Afghanistan.

"Colonel Renz has touched the lives of so many, in so many ways while he has worn the cloth of our nation," he added. "He is the epitome of what it means to serve a cause greater than himself."

The general thanked Renz's wife, Diane, and his family for their support and contributions to BAMC, the Region, the Army and the San Antonio



(From left) Col. Evan M. Renz, Maj. Gen. Barbara R. Holcomb and Col. Jeffrey J. Johnson participate in the Brooke Army Medical Center change of command ceremony at San Antonio Military Medical Center April 1. (Photo by Robert Shields)

community.

Tempel also extended a warm welcome to Johnson and his family, calling the new commander "the right leader at the right time."

"You have my complete confidence in your skills as a leader ... as you assume command of a hospital that is so absolutely vital to this community, the readiness of our military, and the health and resiliency of all entrusted to our care," he said. "Under your leadership, I'm confident the BAMC healthcare team will continue to excel in its role as a key partner in San Antonio and surrounding communities, the enhanced multi-service market and the entire Military Health System."

Renz thanked current and former leaders, mission partners, the entire San Antonio community, and the BAMC staff, who he called "fiercely dedicated and compassionate."

"Thank you, especially to the patients here today, for allowing us to be a small part of your family," he said.

Renz also expressed his confidence in Johnson to lead BAMC to the "next level of excellence." "His reputation as a skilled

and caring leader precedes him," he said.

Johnson, a board certified fellow in family medicine, is a former commander of Irwin Army Community Hospital, Fort Riley, Kansas, and, most recently, the command surgeon for Combined Forces Command and U.S. Forces Korea.

Johnson expressed his excitement to serve at BAMC for the first time among a staff that exemplifies "professionalism, collaboration, innovation and an unwavering sense of duty."

"I am very excited about what lies ahead," he said. "BAMC leads the way in patient care, innovation, medical education, readiness and safety. I'm in awe of your many successes – balancing each of these responsibilities while supporting the installation, South Texas and the region."

Johnson also had a message for the service members, family members and retirees cared for at BAMC. "Know that we will continue to provide you with the quality, compassionate, patient-centered care each one of you deserve," he said. "We are truly fortunate to serve those who currently are giving and have given so much."

Come celebrate the 20th Anniversary of 'New BAMC'

Everyone is invited to celebrate the 20th anniversary of the "New BAMC," which opened its doors on April 13, 1996. The event will be at 12 noon on April 13 in the Medical Mall and will feature a guest speaker and cake cutting.

The employees in this photo have been here since the new facility opened its doors.



Photo by Robert Shields

Heart procedure offers new hope to high-risk patients

By Elaine Sanchez
BAMC Public Affairs

Doctors here are pumped up about a new procedure for high-risk patients needing heart valve repair.

Transcatheter aortic valve replacement, or TAVR, is a minimally invasive surgical procedure that involves inserting a replacement valve into the aortic valve's place, similar to a stent placed in an artery. Once the new valve is expanded, it takes over blood flow regulation.

Typically, valve replacement requires an open heart procedure, which is a viable option for most patients needing aortic valve repair, explained Lt. Col. (Dr.) Daniel Bellin, interventional cardiologist at San

Antonio Military Medical Center. An open heart procedure, however, is off the table for certain high-risk patients, such as older patients or those with other medical conditions.

TAVR is proving a game-changer for these high-risk patients. "TAVR is providing these patients with new hope," Bellin said. "We are very excited to offer this option to our patients. There's a growing population for this type of procedure and has been for a while."

Surgeons performed SAMMC's first TAVR procedures last month with a highly successful outcome. "The surgeries went very well," Bellin said. "We were very pleased with the procedures and near-term recovery, and look forward to seeing the

long-term results."

Bellin praised TAVR's interdisciplinary approach to care, noting the collaboration between interventional cardiology, cardiothoracic surgeons, anesthesiologists, and technicians and nursing from the surgical and catheter lab side. "The teamwork is an exciting feature," he said.

First introduced in Europe, the FDA-approved procedure is relatively new in the U.S., Bellin said, but is catching on across the country.

"This is one more excellent example of our commitment to advancing care on all fronts for the ultimate benefit of our patients," he said.

Ghanaian, US hands work, heal together

Surgical lights shine brightly onto operating tables where hands of Ghanaian and American doctors and nurses work together to treat patients.

Through Medical Readiness Training Exercise 16-2 held at the 37 Military Hospital in Accra, a small team of U.S. military medical professionals worked side-by-side with Ghanaian medical professionals in a program that allows both militaries to strengthen their medical treatment capabilities and capacities while conducting routine, trauma and surgical procedures.

Events like MEDRETE 16-2 provide valuable medical training and experience to U.S. active and reserve component medical personnel. U.S. Army Africa in coordination with 3rd Medical Command (Deployment Support), the 7th Civil Support Command and the U.S. Embassy Ghana, partnered with the Ghanaian Defense Force to bring the exercise to Ghana.

“There were tremendous learning opportunities here,” said Col. Kevin Moore, a family medicine doctor at Brooke Army Medical Center in San Antonio, Texas, who worked in the Medical Emergency Department during the MEDRETE. “I had to read up on things for hours on what I saw here, because I don’t see them regularly in the U.S.,” Moore said.

Lt. Col. Tyson Becker, trauma surgeon, and Lt. Col. Scott Howard, head and neck surgeon, both from BAMC, performed a tracheotomy on the last day of the exercise. Surgery consisted of removing a tracheal tube from a patient’s mouth and surgically inserting another into the neck allowing for easier weaning-off of a ventilator, said Becker.

“Dr. Howard does a lot of tracheotomies as an ENT [ear, nose, and throat] surgeon, and I do a lot as a trauma surgeon, but we



During the Medical Readiness Training Exercise 16-2, Army Lt. Col. Tyson Becker, a general surgeon, and Army Lt. Col. Scott Howard, a head and neck surgeon from Brooke Army Medical Center, lead a tracheostomy procedure on a male patient while working with Ghanaian medical students at the 37th Military Hospital Feb. 25 in Accra, Ghana. MEDRETE 16-2 is one of several mutually beneficial exercises promoting partnership and enhanced medical capacity. (Courtesy Photo)

use different techniques. So not only were we teaching the Ghanaian ENT resident how to do it, but we were showing each other how to,” said Becker.

The Ghanaian ENT resident had previously observed tracheotomies but had not conducted one prior to the surgery performed by both Becker and Howard. Through the MEDRETE, the resident was able to participate in her first tracheotomy.

“It’s really helpful working with your colleagues, both Ghanaian and home station colleagues,” Howard said. “You get to learn a lot just by doing other cases that you wouldn’t normally do, whether it be with a neurosurgeon from Ghana or your general surgeon colleagues. It’s a great opportunity,” Howard said.

MEDRETE 16-2 allowed U.S. doctors

and nurses to train in an austere environment, share medical procedures and build lasting relationships with Ghanaian medical professionals.

Col. Joseph Paulino, chief of the Department of Anesthesia and Operative Services at BAMC, worked as the lead preoperative nurse throughout the various operating rooms during MEDRETE 16-2.

“The purpose of the mission is to practice medicine and nursing in those austere environments,” Paulino said. “With some things, we don’t get the opportunity to do until we are deployed, and as deployments start to shrink and shrink, we become less and less prepared to take care of America’s sons and daughters at the tip of the spear. So we have to use these things and leverage them so that we’re ready to go when it’s

Army Col. Joseph Paulino, a perioperative nurse from Brooke Army Medical Center, presents souvenirs to the Ghanaian medical staff in the Central Sterilization Supply Department and thanks them for their support during the final week of their Medical Readiness Training Exercise held Feb. 3-26, at the 37th Military Hospital, Accra, Ghana. The CSSD is responsible for all sterilization of reusable equipment throughout the 37th Military Hospital. MEDRETE 16-2 is one of several mutually beneficial exercises promoting strong partnerships and enhanced medical capacity on the African Continent. (Courtesy Photo)



our turn to get on a plane and head to other places,” he said.

Many MEDRETE 16-2 U.S. Army doctors and nurses said their comfort levels were pushed as they faced challenges during the exercise.

Maj. Michael Fisher, a certified registered nurse anesthetist at Carl R. Darnall Army Medical Center at Fort Hood, Texas,

said, “The takeaway message is to be flexible. When supplies run low, you still have to get the job done effectively,” he said. “Working with the Ghanaian military hospital, I was able to learn new ways to think about how I would maintain U.S. standards of care in supply or resource-constrained environments.

“I take advantage while on different missions to cross-train,” said Sgt. Daniel Soto, an operating room specialist at CRDAMC. “When you’re at home station, you have to do your job. So I feel that being cross-trained is very important in this environment,” he said.

U.S. engagements with African countries aren’t new. For the past few decades, America has partnered with African militaries in medical capacity-building events, various training engagements and across a number of other key skill sets.

The main emphasis for MEDRETE 16-2 was focused on building partnerships to further cross-training opportunities and in-

teroperability

“I’ve been able to talk to my partners about the way they conduct business on a daily basis, as well as share experiences from both my deployments and my normal job at home,” Fisher said. “The Ghanaians provide very excellent medical care here and it’s been a nice partnership.”

“I’m proud of being part of this mission,” said 1st Lt. Frank Goka, a mobilized U.S. Army Reserve Soldier with the 7238th Medical Support Unit assigned to Fort Hood, Texas, as a nurse case manager for the Soldier Readiness Processing station.

Goka was a critical care nurse for the intensive care burn unit during MEDRETE 16-2. Originally from Accra, Ghana, Goka trained as a nurse and worked at the 37th Military Hospital for eight years before emigrating to the U.S. in 2004.

“Coming back to my old fold is a real pleasure,” Goka said. “The pleasure was reciprocated by the Ghanaian folks here. They were so happy seeing me back home, and coming to partner with them.”

A shipment of U.S. Army medical supplies was delivered to the 37 Military Hospital as a replenishment of materials used during the MEDRETE.

MEDRETE 16-2 directly supports the U.S. Army’s Ghanaian counterparts in building partner capacity and will enhance the effectiveness of the Ghanaian military by improving the health of their forces and mission readiness.

(Article courtesy of U.S. Army Africa)



Army Sgt. Daniel Soto, an operating room specialist from Fort Hood, helps Army Sgt. Mark Holt, an emergency medical specialist from Brooke Army Medical Center, by using a laser pen to point to the next surgical instrument needed to assist Ghanaian Col. Samuel Awuku (not pictured), chief of orthopedics at the 37th Military Hospital, in a wound debridement procedure on a 8-year-old boy during the Medical Readiness Training Exercise 16-2 in Accra, Ghana Feb. 23. (Courtesy Photo)

Serving is 'labor of love' for BAMC volunteers



Shirley Adcock, a volunteer at the burn center, hands Mary Juarez, medical clerk, a batch of hand-knitted stuffed dolls and animals as part of a donation to the pediatric hematology/oncology clinic at the San Antonio Military Medical Center, Nov. 19, 2013. (Photo by Robert Shields)

By Elaine Sanchez
BAMC Public Affairs

Joyce Earnest sat in the waiting area anxiously awaiting an update on her husband, who was undergoing bypass surgery in San Antonio Military Medical Center.

The first person who came out to reassure her was not the doctor or nurse, she recalls, but a volunteer.

"I was so grateful for all of the care, especially from that volunteer ... I decided that day to come back after I retired and give back," she said.

Twelve years later, in 2012, Earnest became the first volunteer clerk in the 2T intensive care unit. "I love helping people – whether it's a patient or family member or the staff – using my knowledge and experience to be there for them, even if it's just holding someone's hand or providing a shoulder to cry on," she said.

Earnest is one of about 425 volunteers serving throughout the hospital and outlying clinics in every

aspect of patient care, from caremobile drivers and front desk clerks to doctors and nurse midwives. Most, donned in red, burgundy or blue vests, pop popcorn in the Medical Mall, listen to family members' concerns, guide people to appointments, serve in the ministry, provide wheelchair transportation or in-person escorts and pull records for patients -- to name just a few of the jobs they do.

Situated in nearly every office and clinic, together, they give more than 80,000 hours of their time each year, said Michael Dulevitz, chief, Brooke Army Medical Center Volunteer Services.

"The volunteers here amaze me every day with their dedication and caring," he said. "I attribute a great deal of our mission success to their service."

Most volunteers have military ties of some kind, while others are community members with a strong desire to give back, Dulevitz noted.

"It's a labor of love for both the staff who create the

positions and the volunteers who serve in them," he said. "Our volunteers are incredibly selfless and caring, and are absolutely vital to the success of the hospital."

"They all really appreciate what the military has done and continues to do," he added. "They give back out of gratitude and a sense of service."

Tony Meyer, a 30-year Navy veteran, signed up to volunteer in 2004. He'd just retired for a second time from a business career, and missed the military's camaraderie and sense of service. He started as a caremobile driver, shuttling patients to and from the hospital's front door. He soon took charge of the program and built it up from four carts to 10, and from 16 drivers to 48. For his efforts, he was named Office of Volunteer Services Volunteer of the Year for BAMC. He will now vie for recognition honors at the JBSA-Fort Sam Houston and San Antonio United Way levels.

"I used to tell everyone that the military is not just a job, it's a way of life," said the former Command Master Chief of the Pacific Fleet Seabees, who currently serves as a tour guide at the Center for the Intrepid. "I'll volunteer for as long as they'll have me."

Linda Sanders, whose husband is an Air Force retiree, offers coffee and refreshments donated by the Ministry Department to family members with loved ones in surgery. "We do our best to take care of families during a stressful time," she said as she offered a cup of coffee and a cookie to a visitor at the Post-Anesthesia Care Unit Volunteer Station here.

Sanders said she always carries a few extra cookie boxes just in case they run out. "We grandmas always feel you can't have too many cookies. It may be a small thing, but I hope it makes a difference for these families."

Shirley Adcock, a volunteer in the U.S. Army Institute of Surgical Research Burn Center, offers comfort to family members waiting to see their loved ones after surgery or a treatment. When the waiting room is empty, she reaches for the knitting needles and sews hand-crafted dolls and stuffed animals that she donates to the pediatric hematology/oncology clinic.

At 88 and "with nothing left to buy, this gives me something to do," she said with a smile. With a passion for volunteer work and knitting, Adcock said she's here to stay.

Earnest also plans to stay for "as long as they'll have me." As a clerk in the ICU, she feels she's paying it forward by keeping families updated about their loved ones, just as the volunteer did for her 12 years ago. "When patients come to the ICU it's often a trauma sit-

uation and any information you can provide to the families, that they can cling to, is good," she said.

"It's incredibly rewarding to give back and feel like you're making a difference."

Whether retired military or a family or community member, BAMC always has room for more volunteers, Dulevitz noted. "Our doors are always open for people wanting to give back to the military," he said.

For more information or if you'd like to become a BAMC volunteer, call 916-5388.



(Above) Tony Meyer, a 30-year Navy veteran, serves as tour guide for a group at the Center for the Intrepid, March 23. Meyer, a Brooke Army Medical Center volunteer since 2004, was named Office of Volunteer Services' Volunteer of the Year for BAMC and will now vie for recognition honors at the JBSA-Fort Sam Houston and San Antonio United Way levels.

(Photos by Robert Shields)



(Left) Linda Sanders and Jerry Ramirez, Department of Ministry volunteers, assist Harold Larkin in the Post-Anesthesia Care Unit Volunteer Station at San Antonio Military Medical Center, March 22, 2016. Sanders and Ramirez are among the Ministry volunteers who offer refreshments to family members waiting for loved ones in surgery.

Volunteer Joyce Earnest assists San Juana Hernandez and Nayeli Perez in the 2T intensive care unit at San Antonio Military Medical Center. Earnest is one of about 425 volunteers serving throughout the hospital and outlying clinics in every aspect of patient care, from caremobile drivers and front desk clerks to doctors and nurse midwives.



Socks for Safety:

Colorful footwear decreases patient fall risk

By Sgt. Jeff Shackelford
343rd Mobile Public Affairs Detachment

Like other hospitals around the nation, San Antonio Military Medical Center, located on Fort Sam Houston, is implementing new strategies to prevent patient injuries.

Members of the 6 West ward Unit Practice Council reviewed several events surrounding an increased number of patient falls and discovered that there was a need to add a visual aid to enhance programs already in place.

UPC member, Capt. Teresa A Harroun said that during their review of the events surrounding each fall, it was discovered that in several cases the staff were unaware of the patient's fall risk classification. They were not applying the appropriate interventions as suggested by the Johns Hopkins Fall Risk Assessment Tool, an evidence-based fall safety initiative that serves as a standard across the hospital.

According to the JHFRAT, if a patient is categorized as a moderate or high fall risk, they get a fall risk band, nonskid socks, and a falling star sign outside their door. If they are high fall risk, they should also have the bed alarm on and should remain in line of site when out of bed.

Based on this information, incident reviews, and the review of relevant literature, the UPC decided to employ the Yellow Sock Program to increase situational awareness and enhance the fall prevention policies already in place by adding visual cues in the form of yellow socks for high-risk patients.

"We had an increased number of falls and wanted to take action. Patients that are high risk require different interventions than those that are moderate or low risk," Harroun, who is also a clinical nurse at SAMMC, said. "Before, when staff or family walked into a patient's room, it wasn't immediately obvious what category the pa-



Shayvonna Taylor, certified nursing assistant, and Army Spc. Yanine Pedrazas Terrazas, licensed vocational nurse, place yellow socks on a patient who is at high risk for falling March 24 at San Antonio Military Medical Center. (Photo by Lori Newman)

tient fell under and therefore, the proper interventions were not always being applied.

"The addition of yellow socks to high fall patients tells the nurse or medic the interventions that need to be in place for that particular patient," Harroun continued.

With a solution in hand, the UPC moved out for approval.

"We began looking into the initiative in March of 2014 and completed a 30-day pilot on our ward from September to October 2014," Harroun said. "After pre and post surveys showed improvement in fall risk awareness and falls decreased for the remainder of the year, it was presented to leadership and implemented hospital wide. We began roll out in March of 2015 and just completed it in December."

Harroun says that she is very excited

about the improved awareness of patient safety.

"We have seen an increase in staff, patient, and family awareness of fall risk and a decrease in the number of falls on our unit," Harroun said. "Additionally, we presented the project at the tri-service nursing research conference and have been in contact with folks from other hospitals that are interested in bringing the initiative to their facilities."

Harroun said she hopes that with increased patient safety and staff awareness regarding falls, the hospital will continue to see a decrease in the number of injuries from falls and that other hospitals will adopt similar success stories in regards to fall prevention.

Goal for Soldier at Army Trials is to return to duty

By Ronald Wolf
Warrior Transition Command

Many wounded, ill and injured Soldiers come to the Army Trials at Fort Bliss with the goal of making the DoD Warrior Games' Team. Some are veterans, some reservists, some guardsmen, but many are still on active duty. For Staff Sgt. Tiffany Rodriguez-Rexroad, the goal is to use the games to heal and remain on active duty.

Rodriguez-Rexroad was injured when as a pedestrian, she was hit by a truck. In December 2015, she had hip replacement surgery and is still recovering.

Rodriguez-Rexroad was at Fort Bliss training for the 2016 U.S. Army Trials. She was trying out for the team for the first time, competing in cycling, field events such as shot put, and air rifle shooting. She was unable to participate in other events such as sitting volleyball until she fully recovers from the hip replacement surgery she had in December 2015.

Rodriguez-Rexroad is assigned to the Brooke Army Medical Center's Warrior Transition Battalion. Her hometown is Bruceton Mills, West Virginia, which she proudly claims has a population of 85.

More than 100 wounded, ill and injured Soldiers and veterans gathered at Fort Bliss to train and compete in adaptive sports including archery, cycling, shooting, sitting volleyball, swimming, track and field, and wheelchair basketball.

The Army Trials were conducted by the Army Warrior Transition Command March 6-10, and help determine who will get a spot on the 2016 Army Team for the DoD Warrior Games. Approximately 250 athletes, representing teams from the Army, Marine Corps, Navy, Air Force, Special Operations Command and the British Armed Forces will compete in the DoD Warrior Games June 14-22 at the U.S. Military Academy, West Point, New York.

Rodriguez-Rexroad was especially appreciative of the coaches who have helped her, both at the WTB and at the Army Trials. Both her skills and conditioning have improved since arriving at Fort Bliss, she said.

She began adaptive reconditioning activities such as field events and shooting air rifles at the WTB. They helped her feel positive about herself. She started participating in cycling which enabled her to maintain weight and fitness levels and also led her to competing.

Cycling, she said, is her "favorite event," and she has been doing it for about a year. When she first saw a hand cycle at the Center for the Intrepid, she said, "That's cool, I want to try that."

Adaptive reconditioning includes any physical activities that wounded, ill and injured Soldiers and veterans participate in regularly to support their physical and emotional well-being. These activities can contribute to a successful recovery. "Being able to do this stuff makes me able to know that I'm not broken," she said.

To support each wounded, ill or injured Soldier's return to the force or transition to veteran status, the Army created a framework called the Comprehensive Transition Plan. Developed at a Soldier's WTU, the CTP is a plan of action that focuses on the their. The CTP uses six domains: career, physical, emotional, social, family and spiritual, to establish goals that map a Soldier's transition plan.

As the owner of the CTP, each Soldier takes charge of their own transition and becomes accountable for developing and achieving their goals. One requirement for



U.S. Army Staff Sgt. Tiffany Rodriguez-Rexroad, Warrior Transition Battalion, Brooke Army Medical Center, works to improve her shot put during a training session Feb. 28 at Fort Bliss. (Photo by Ronald Wolf)

goals is to comply with ongoing medical and military responsibilities. Competing in the Army Trials is one of Rodriguez-Rexroad's goals to help her transition back to active duty.

"I've always been athletic, and getting back into athletic activities is a great help for me," she said.

Rodriguez-Rexroad is clearly enjoying herself. "I like the camaraderie of the games," she said, "and I like being able to prove that Soldiers who are wounded, ill or injured are still able to accomplish things."

"If I don't make the team, I'm coming back again," she said.



April is The Month of the Military Child

By Cynthia Bell

BAMC Army Public Health Nursing

This April we celebrate our military children. Throughout the month, children, families, and staff participating in child and youth programs will wear purple to celebrate our military children and families in annual “Purple Up” events.

The color purple symbolizes all branches of the military and is the combination of Army green, Coast Guard blue, Air Force blue, Marine red and Navy blue. Military children are a very special part of our military family.

There are approximately 2 million military children, ranging in ages from newborn to 18 years old; 1.3 million military children are school-aged. Care of military children sustains our fighting force, and strengthens resiliency, health, security, and safety of our nation's families and communities.

Events In San Antonio

Last Year 1,500 schools and 760,000

students, and 3,700 parents, and volunteers observed events supporting Every Kid Healthy™ week. Every Kid Healthy week is observed April 25-29.

The goal is to celebrate school health and wellness achievements. Events strive to improve the health and wellness of children by linking the importance of healthy nutritional choices and physical activity to greater overall health. Have fun and be healthy.

Let's keep San Antonio families moving. Local San Antonio YMCA programs are encouraging Let's Move outside events. Find out more at: <http://www.letsmove.gov/> and <http://www.ymcasatx.org/>.

The Army's Performance Triad program is teaching families how important sleep, activity, and nutrition are to our health. They are vital components of healthy living. Children need quality sleep, plenty of activity and good nutrition to help them learn, grow, and live long healthy lives. Practicing the Triad as a family will help you work toward your goals for healthy living while teaching your kids

healthy habits that will follow them into adulthood. Build a strong and happy family through healthy living! Learn more at: <https://phc.amedd.army.mil/topics/campaigns/perftriad/Pages/default.aspx>.

April is also National Autism Awareness Month

Celebrate our children by learning more about Autism Spectrum Disorder. The Centers for Disease Control and Prevention estimates that 1 in 68 children in the United States has been identified with ASD.

The 12th annual Walk for Autism will be held April 16 at the Helotes Cornyval Grounds from 7 a.m. to 2 p.m. For registration information go to the official website at: <http://www.anybabycansa.org/news-events/walkforautism/>.

Enjoy a month of celebration and honor our military children throughout the month of April and **GO PURPLE!**

Energy Drinks: Are they worth the cost?

By 2nd Lt. Jennifer Carpenter
BAMC Dietetic Intern

Energy drinks promise to “give you wings,” “unleash the beast,” and help you “party like a rockstar.” They promise to increase endurance, metabolism, and concentration as well as improve reaction, speed and performance.

However, there are also reports of caffeine-related adverse events. Because of this, the safety of energy drinks is under review.

Caffeine and other stimulants are credited with the stimulating properties of energy drinks. Caffeine occurs naturally in foods like coffee beans, tea leaves, and cocoa beans.

In small doses, 100 to 200 milligrams, caffeine can spur feelings of wakefulness and improve mood. Effects can be felt within one hour and last four to six hours. More than 200 to 300 milligrams can cause insomnia, increased heart rates, and anxiety.

In general, less than 500 milligrams per day is considered safe. However, intakes greater than 500 milligrams can lead to severe adverse reactions. People may experience increased blood pressure, heart palpitations, and even death, particularly if taken with alcohol or in a dehydrated state.

To put this into perspective, a 20-ounce soda contains 58 milligrams of caffeine, a 16-ounce coffee has 100 milligrams of caffeine, and a 16-ounce energy drink contains 260 milligrams of caffeine. Energy drinks also come in 24-ounce containers that contain 240 milligrams of caffeine.

According to one study, individuals who normally consume energy drinks have at least two per day. By drinking two 24-ounce cans, you would be at risk of exceeding the limit.

Additionally, energy drinks contain other ingredients, such as panax ginseng, guarana, and green tea extract that are reported to have stimulating effects similar to caffeine. However, there is little to no research



showing that these ingredients have beneficial effects on either cognitive or physical performance.

Remember, energy drinks do not replace sleep but only relieve symptoms temporarily. So, if you enjoy energy drinks, look for ones with fewer ingredients and keep caffeine dose under 400 mg a day.

Improvements in speed and performance only come from a good training plan and fatigue is best relieved with adequate sleep. Aim for seven to nine hours a night.

Obesogens: Is our environment making us fat?

By 2nd Lt. Jennifer Lopera
BAMC Dietetic Intern

Obesity accounts for more deaths worldwide than being underweight. Poor diet and lack of physical activity are well-studied causes of the current epidemic.

However, researchers are considering other causes of the obesity epidemic, to include genetics, stress and the environment. Studies of certain compounds, termed obesogens, are thought to be an underlying cause of obesity.

Obesogen is a term for substances that alter metabolism, appetite, and the storage of fat.

Twenty compounds that could influence weight gain have been identified, to include certain medications, cigarette smoke, monosodium glutamate (MSG), and chem-

icals to include bisphenol A (BPA), phthalates, and tributyltin (TBT) which are often found in plastic containers.

Exposure to these substances causes increased abdominal fat, blood sugar levels and inflammation. All of which are risk factors for type II diabetes and heart disease.

This research, however, is in its infancy and there are likely other contributing factors. For example, individuals that are overweight and have higher levels of these compounds in their bodies share other common factors such as smoking, little physical activity and poor diet.

This may cause us to question what has the greater influence on weight gain, food packaging or food content. While our environment may be altering our metabolism and fat cells, there are two well-researched

ways to combat these side effects: diet and exercise.

A healthy diet can aid in maintaining a normal body weight and losing weight can help shrink fat cells. Furthermore, cardio and strength training exercise can aid in increasing your metabolism, even at rest.

Ultimately, more research is needed to define the effect of obesogens on humans. Exposure to certain obesogens may be making weight loss efforts more difficult for some. Maintaining a healthy body weight and preventing obesity related diseases is still possible through the traditional routes of diet and exercise.

At the end of the day, the calories in food still play a more important role in weight gain than the container. Don't blame the plastic bottle for holding the soda-pop!

Other Happenings

at Brooke Army Medical Center



Patient Safety Poster Competition

Army Capt. (Dr.) Braden Hestermann, a Brooke Army Medical Center Anesthesiology resident, talks about his poster with San Antonio Uniformed Services Health Education Consortium Internal Medicine Residency Associate Program Director Maj. (Dr.) Kristen Glass during the National Patient Safety Week Poster Competition March 11 in the San Antonio Military Medical Center Medical Mall. The top three winners were Capt Tiffany Randall, registered nurse, "Reduction of Blood Culture Contaminations in Emergency Room," Capt. (Dr.) Jeffery Balstridge, "Use of a Metronome to Improve Quality of In-Hospital Cardiopulmonary Resuscitation Cardiopulmonary Resuscitation Cardiopulmonary Resuscitation," and Capt. (Dr.) Cameron McLaughlin, "Optimization of care to reduce readmissions for exacerbations of COPD: several PDSA cycles." (Photo by Robert Shields)

Special Visitors

Dr. Seuss along with Thing 1 and Thing 2 surprise Pediatrics Intensive Care Unit patient Teagan Shaffer March 14 during a visit to the PICU to hand out Dr. Seuss books. (Photo by Robert Shields)



Safety Minded

Army Col. Jennifer Bedick, chief nursing officer, looks at a pharmacy display March 18 in the San Antonio Military Medical Center Medical Mall during an event held in conjunction with Patient Safety Awareness Week, March 13-19. Tables highlighting different aspects of patient safety were on display and short talks were presented by staff members about the importance of safe patient care. (Photo by Lori Newman)

Social Work Month

Christine Infanti, licensed clinical social worker at Brooke Army Medical Center Warrior Transition Battalion, speaks to a group of about 30 social workers from several departments within BAMC March 23 at the Department of Behavioral Health on Fort Sam Houston. The event, which included a luncheon, was held to celebrate Social Work Month and allow social workers from BAMC a chance to network and earn some continuing education credits.

(Photo by Lori Newman)



New Dining Room Open for Business

(From left) Department of Nutritional Medicine Sgt. 1st Class Joel Diones, noncommissioned officer in charge, and Lt. Col. Sarah Flash, chief, Brooke Army Medical Center former commander Col. Evan Renz and Command Sgt. Maj. Albert Crews cut the ribbon March 24 to reopen the newly renovated dining room at San Antonio Military Medical Center. After the ribbon was cut patrons were able to get the first look and taste of some traditional favorites as well as new menu items. The dining room provides healthy menu choices for breakfast, lunch and dinner. *(Photo by Robert Shields)*



Women's History Celebrated

Brooke Army Medical Center Command Sgt. Maj. Albert Crews and BAMC former commander Col. Evan Renz present Dr. Jothany Blackwood a token of appreciation for being the guest speaker during a Women's History Month celebration March 25 in the San Antonio Military Medical Center Medical Mall. This year's theme was "Working to form a more perfect union: Honoring women in public service and government." *(Photo by Robert Shields)*

SAN ANTONIO AREA MAP



San Antonio Military Medical Center
 JBSA Fort Sam Houston, TX 78234
 (210) 916-4141



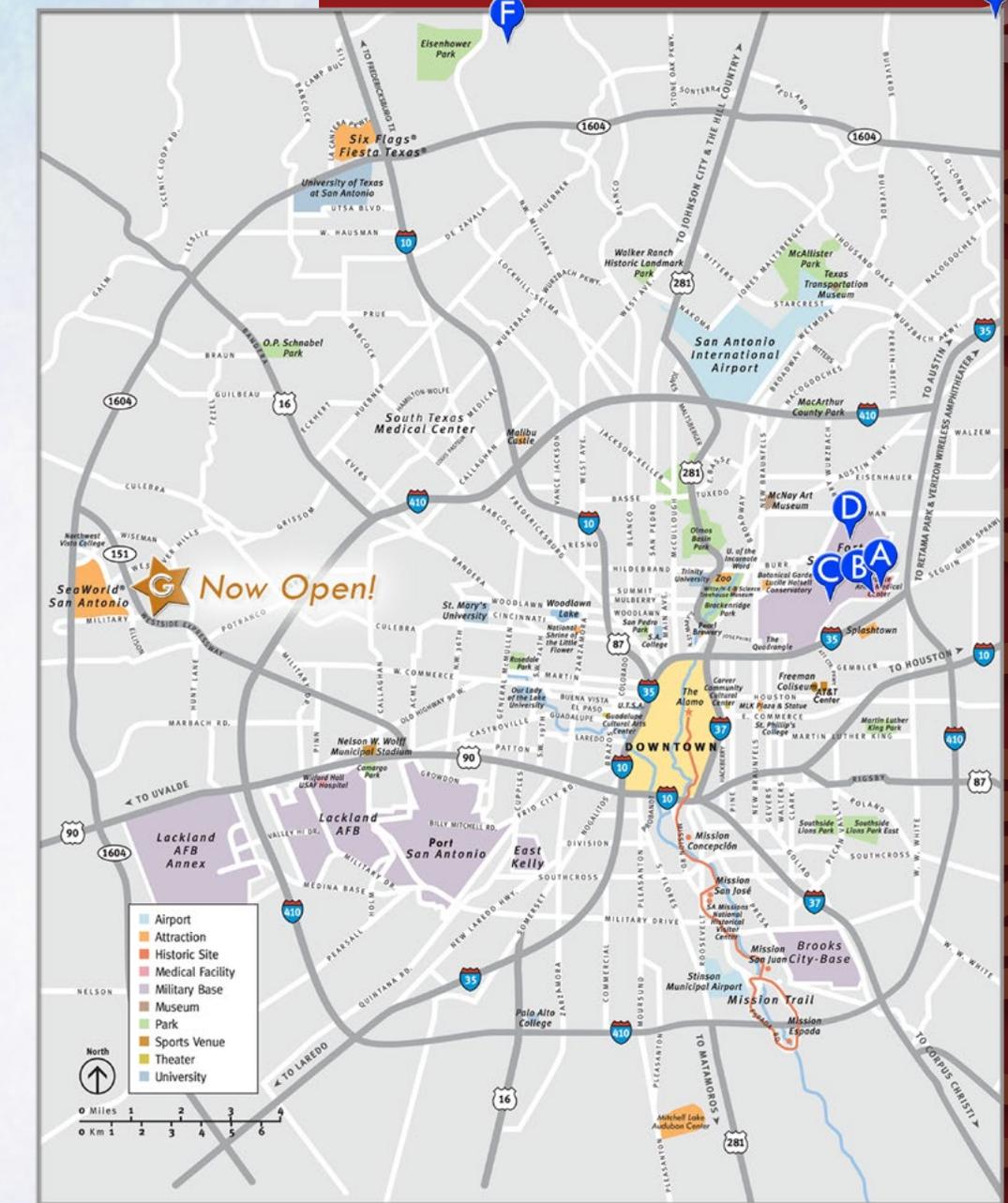
Center for the Intrepid
 Bldg 3634
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 (210) 916-6100



Moreno Clinic
 Bldg 1179
 JBSA Fort Sam Houston, TX 78234
 (210) 916-4141



McWethy Troop Medical Clinic
 3051 Garden Ave, Bldg 1279
 JBSA Fort Sam Houston, TX 78234
 (210) 916-4141 or (210) 916-4141



Schertz Medical Home
 Horizon Center
 6051 FM 3009, Suite 210
 Schertz, TX 78154
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Taylor Burk Clinic
 Bldg 5026
 Camp Bullis, TX 78257
 (210) 916-3000



Westover Medical Home
 10010 Rogers Crossing
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