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

The Presidents’ Day holiday was established in 1971 by an executive order from President Richard Nixon to celebrate the birthdays of two famous presidents – George Washington and Abraham Lincoln. Presidents’ Day is now popularly viewed as a day to celebrate all U.S. presidents past and present. As you and your family celebrate and enjoy some well-deserved time off, please remember to keep safety in mind at all times.

When making your plans, whether it is spending time at home with family or traveling, consider the potential risks. If traveling, check the weather and road conditions ahead of time. If you are planning to stay in town and possibly attend some local events like the San Antonio Livestock Show and Rodeo, please be aware of the possible hazards such as impaired or aggressive drivers and be mindful of weather conditions.

I encourage all supervisors to talk with their personnel about their plans and conduct safety briefings prior to this holiday weekend. Discussions should include safe alcohol consumption, vigilant driving tips, avoiding fatigue and other topics that may be associated with their holiday weekend plans. Topics and information can be found on the Army Safety Center website (https://safety.army.mil), BAMC Command Safety Office intranet website, or you can contact safety personnel directly at 210-916-7359 for assistance.

CSM Crews and I wish all our BAMC team members and their families a safe holiday weekend. Be Safe-Stay Safe, and have an enjoyable Presidents’ Day holiday.

A Team Of Teams ... Creating Tomorrows, Today.
New 68W Utilization Program increases readiness, improves patient care

By Lori Newman
BAMC Public Affairs

Brooke Army Medical Center launched a new program Jan. 17 to help increase the readiness of enlisted health care specialists who serve within the organization. The 68W Utilization Program will allow medics to practice the skills they need to maintain their core competencies so they are ready if deployed downrange.

“The 68W’s are a foundation group to start with then we will continue to work through our other enlisted series to make sure we are giving them the same exposure,” said Col. Margaret Nava, BAMC chief nursing officer.

The program supports the new Army Medical Command Regulation 40-50, which outlines the core competencies Army healthcare specialists are required to maintain.

“We looked at the things medics are currently allowed to do in the hospital; things they are not currently allowed to do, but should be allowed; and things they can’t do because of state or federal regulations,” Nava explained.

A 68W Competency Assessment Tool was developed and broken down to three categories of required competencies: skills medics gain through direct patient care, skills gained using Table VIII validation exercises at Camp Bullis, and skills gained using the simulation lab here.

During the initial phase of the program, which was named “Return to the Fight,” parent unit leaders and individual 68W staff will be responsible for performing and validating all skills and clinical experience available within the unit.

“What we wanted to do is invigorate the parent unit to allow the medics to be part of the care team, pulling them into different patient scenarios they should be exposed to, letting them use the skills they should be allowed use,” Nava said. “However, we realize that there are places within our organization where they may not have the exposure to do certain things.”

During phase two, parent unit leaders will be informed of secondary sites that can be scheduled through the Department of Health Education when parent unit validation is not possible. This phase will begin in March.

In April the third phase will be begin using the Simulation Center and Semi-Annual Skills Validation to achieve the competencies that can’t be done through direct patient care. The program should be fully operational by May 2017.

“It’s not just about signing them off for a year in readiness, it’s about making them part of the team in their parent unit,” Nava said.

As an extra incentive, the medics will receive a different colored badge for each level of competency they achieve. Level one is a black badge, which signifies the new 68W possesses basic skills. Level two’s silver badge shows the medic has demonstrated all the skills in category one, but not yet completed category three. If the medic achieves all their competencies, they will be called “Master Medics” and obtain a gold badge.

“The medic’s competencies are first and foremost their responsibility, so they have to be an active player in this process,” Nava said. “It’s now a leader’s responsibility to make sure the parent unit is being held accountable to give the medic the opportunity to achieve their competencies.”

The first junior noncommissioned officer to receive their silver badge and the first senior NCO to receive their gold badge will be presented a commander’s coin of excellence by the BAMC commanding general.

“I think this program will show the providers that we can be utilized in a much broader spectrum,” said Staff Sgt. Alfredo Herrera Jr., NCO in charge of 2 East. “I believe that the best training is hands-on training. Learning from muscle memory is a lot better than learning from PowerPoint.”

Jenedra Curry, a registered nurse on 2 East, believes the program will not only benefit the medics but also the unit to which they are assigned.

“This program reinforces the concept of teamwork and individualized patient care,” Curry said. “The 68W will become proficient in identifying changes in patient clinical conditions, which also promotes patient safety. I see the 68W program making a difference because the 68W are part of the
interdisciplinary care team.”

Sgt. 1st Class Alexander Ratliff, NCOIC at the Moreno Clinic, believes it is very important that medics practice their skills while in a garrison environment. While in Iraq, Ratliff used the skills he learned during his training as a combat medic to save the life of a Soldier pinned under a vehicle.

“I just did it, it was like muscle memory,” Ratliff said. “It was the repetition that I received during training that made what I did possible. The fact that I didn’t freeze or I didn’t even have to think about what I was doing came from the fact that it was drilled into me.”

Maintaining skill level is just as important as initial training, Ratliff said. “[If a Soldier is deployed] there is a certain level of expectation when they arrive at their unit. Their Soldiers are relying on them. The expectation is there … the skill set needs to be there.”


“I’m concerned that when we send our medics downrange they are not ready to do their full scope of practice,” the general said. “We expect them to be ready on a moment’s notice to do their skillset when they are deployed. Why wouldn’t we do the same while they are in garrison?”

What’s new at BAMC ...

New golf carts are available to make it easier for patients to park and get to and from the hospital from their vehicle. (Photo by Robert Shields)

Navy Ensign Marcela Osorio and Army 2nd Lt. Fatima Safi sit by the new fountain area on the lower level of Brooke Army Medical Center. (Photo by Robert Shields)

Seventy-eight flags representing the people of our country, the people of each state and territory, each branch’s service members, civilian employees, contractors and volunteers who support the individual services, as well as multiple segments of the Army’s structure line the second and third floor balconies in the Medical Mall. (Photo by Robert Shields)
Cancer patient praises BAMC’s team approach to care

By Lori Newman
BAMC Public Affairs

After being a military spouse for 15 years and moving several times, Shawna Jones had her checklist, which included dental appointments and physicals, a mammogram, the usual things she did before a move.

Jones, her husband Lt. Col. Dale Jones, and their daughters Piper, 12, and Kinley, 8, were leaving Italy to come to Joint Base San Antonio-Fort Sam Houston. In the midst of the chaos that goes along with any move the 41-year-old received devastating news, she had breast cancer.

“My whole world changed,” Jones said.

Before arriving in San Antonio and becoming a patient at Brooke Army Medical Center, Jones had a bi-lateral mastectomy and one dose of chemotherapy.

“Coming to a new treatment facility was a little scary,” she admitted. “We were concerned about the level of care we would receive.” Because her treatment began at another facility, her oncologist spoke to an oncology doctor at BAMC to ensure it would be a smooth transition. When the Jones arrived for her first oncology appointment, there was some confusion with the appointment schedule.

“As soon as I met the receptionist up in oncology, she squared everything away,” Jones said. “Our first impression was how on top-of-it she was. She took the situation personally and said she wouldn’t go home that day until I was set up for my next chemotherapy appointment and that I was on track.”

“I will do whatever I need to so my patients are taken care of here,” said Cassandra Aaron, oncology receptionist. “I love to help people. I love to feel that I’ve helped them through something difficult. It gives me joy, it’s a reward to me not a job and I do the best that I can.”

The next morning Jones received two welcome phone calls from different oncologists telling her not to worry, everything would be on track. One of the doctors who called was Army Capt. (Dr.) Joshua Fenderson her primary oncologist.

“To us that was huge,” she said. “It’s not normal to have two doctors take time out of their schedule to do that.”

She was impressed with Dr. Fenderson from the very beginning because of how prepared he was during their first appointment.

“He didn’t have to go over my medical history with me because he had already done the paperwork and had printouts,” Jones said. “He just went through it with me to confirm things. It was so nice not to have to go through everything again.”

The next morning, she had appointments scheduled with surgical oncology and met the head of her surgical oncology team. She had an appointment with plastic surgery and an appointment with radiation oncology. Army Lt. Col. (Dr.) Garth Herbert, her surgical oncologist, coordinated the appointments for Jones.

“Within a week, I had all those appointments and had met everybody on my team and had a plan for how the next year was going to go,” Jones said.

“One of the great things about oncology at BAMC is we have the capability to diagnose, stage, and treat our cancer patients within our institution, which makes communication and treatment planning quite efficient,” Fenderson explained. “I think our approach to breast oncology is one of the best examples. We have a weekly clinic where newly diagnosed breast cancer patients are evaluated by surgical, medical, and radiation oncologists, often before staging is complete.”

“Instead of just following the protocol I feel like everyone has looked at me as an individual and my situation individually,”

Shawna Jones, oncology patient, shows Army Capt. (Dr.) Joshua Fenderson, her primary oncologist, her fingernails during her appointment Dec. 21 at Brooke Army Medical Center. Jones appreciates that she can ask questions about her treatment and feels she is being treated as an individual, not just a number. (Photo by Lori Newman)
Road on U.S. base in Iraq honors Navy SEAL doc

By Steven Galvan
USAISR Public Affairs

Need directions to the Forward Surgical Team facility at the Logistical Support Area just south of Mosul, Iraq? It’s easy to find. It’s on the corner of the base runway flight line and Frank Butler Blvd. The road was named in November 2016 to honor retired Navy Capt. (Dr.) Frank K. Butler Jr.

Butler started his career as a Navy SEAL officer, went on to become an undersea medical officer, and then an eye surgeon. He retired as the command surgeon of the U.S. Special Operations Command in 2006.

“This was a complete surprise,” said Butler, chairman of the Committee on Tactical Combat Casualty Care and chief of prehospital trauma care at the U.S. Army Institute of Surgical Research Joint Trauma System. “Navy Capt. Tom Craig, a deployed emergency medicine physician, e-mailed me from Iraq and told me about it.”

Craig, a physician serving at a medical facility in Mosul, led the effort to name the road at the LSA after Butler as a result of Butler’s 20 years devoted to developing and improving Tactical Combat Casualty Care (TCCC).

TCCC is a set of evidence-based, best-practice prehospital trauma care guidelines customized for use on the battlefield. TCCC is has become the standard throughout the Department of Defense and in allied militaries for battlefield trauma care and has been credited with saving thousands of lives in combat in Iraq and Afghanistan.

Butler’s involvement in developing TCCC began in 1996 when he co-authored a manuscript that was published in a supplement to the peer-reviewed medical journal Military Medicine. The document, titled “Tactical Combat Casualty Care in Special Operations” presented the results of a four-year research effort that reviewed the evidence base for every aspect of battlefield trauma care as it was practiced in the U.S. military in 1992 and proposed sweeping changes in this care.

“That 1996 article did as much as any other single piece of medical literature to nudge the military medical community forward in modernizing combat casualty care,” according to story published on the website sofrep.com in December 2016. “Frank Butler’s contributions to TCCC have continued unabated over the course of the 20 years since the publication of the 1996 paper.”

Having a road named to honor him means a great deal to Butler, “Because it happened as a spontaneous ‘thank you’ for TCCC from the Navy docs and Corpsmen at our Role II in Iraq, and they are the ones out there using TCCC to save lives downrange,” he said.

“Also, and very importantly, this is a strong endorsement for the work done by the Committee on TCCC and the TCCC Working Group over the last 15 years to improve battlefield trauma care,” added Butler. “Many advances in combat casualty care achieved by the military in wars past have been lost during the ensuing peace interval. After seeing the dramatic reduction in preventable deaths that TCCC has helped to achieve, the U.S. military has to ensure that we sustain this success, so that it will benefit our country’s combat wounded in the future. Our country’s men and women in uniform count on military medicine to provide them with the best care possible if they are wounded in combat – and we must live up to that trust every day.”
Patients, staff the stars at CFI’s 10th anniversary celebration

By Lori Newman
BAMC Public Affairs

More than 500 people attended the 10th anniversary celebration of the Center for the Intrepid Jan. 27 at Brooke Army Medical Center.

The stars of the day were the patients and staff members, both past and present. Several former patients, including motivational speaker and author retired Army Staff Sgt. Shilo Harris, comedian retired Staff Sgt. Hobby Hendline and many others were on-hand for the event.

“Ten years ago today really makes me feel a bit emotional,” Harris said. “I’ve been struggling for words most of the morning.”

“Thank you for being here on this special day to reflect on the accomplishments of the alumni patients, the former and current staff members and the generosity of the Intrepid Fallen Heroes Fund who gifted the Center for the Intrepid to the Army 10 years ago,” said Brig. Gen. Jeffrey Johnson, BAMC commanding general.

Arnold Fisher, honorary chairman, Intrepid Fallen Heroes Fund, reflected on the fact the Center for the Intrepid was built with 100 percent of the funds donated by 600,000 Americans.

“Appropriately that’s not going to happen,” he said. “It’s important for centers like this to stay open and keep abreast of all the current technology.”

Fisher highlighted the other Intrepid sites throughout the United States for service members with traumatic brain injuries and post-traumatic stress, which were also built by the Intrepid Fallen Heroes Fund.

“I’ve been lucky in my life to be an American and living in this country,” said 1st Lt. John Arroyo, a patient at the CFI. “We just want to say ‘thank you’ to America.”

“Last year we had over 35,000 patient visits to the Center for the Intrepid,” Alderete said. “Our patients continue to challenge us … we take a piece of every patient with us. We are grateful for what they teach us and most importantly, we are honored to participate in every struggle. They help us stand firm in readiness for our next conflict.”

Lt. Col. Kathleen Yancosek, CFI director, explained the holistic approach the CFI uses to help their patients rehabilitate.

“We operate under a sports medicine paradigm called POWER, performance optimization, warrior enhanced rehabilitation,” Yancosek said. “This is a place where high expectations are set by our staff and met by our patients. We remain in the business of restoring patients to the highest level of function possible.”

“The work that is being done here is incredible,” Fisher said. “The advances that you have made in helping rehabilitate the men and women who have served our country is fantastic. It is very heartwarming to come back here and see the progress that has been made by the medical profession and the therapists that have worked here.”

“You truly set the bar,” Alderete said, despite the decline in the number of combat wounded patients the CFI continues to serve those with limb amputation, limb trauma and complex orthopedic patients.

“Last year we had over 35,000 patient visits to the Center for the Intrepid,” Alderete said. “Our patients continue to challenge us … we take a piece of every patient with us. We are grateful for what they teach us and most importantly, we are honored to participate in every struggle. They help us stand firm in readiness for our next conflict.”

As the guests entered the Center for the Intrepid on Jan. 27 during a ceremony for the Intrepid’s 10th anniversary celebration at Brooke Army Medical Center, a new logo adorns the lobby of the Center for the Intrepid. The mosaic was unveiled Jan. 27 during the Center for the Intrepid 10th anniversary celebration at Brooke Army Medical Center. (Photo by Robert Shields)

A mosaic in the lobby adorns the lobby of the Center for the Intrepid. The mosaic was unveiled Jan. 27 during the Center for the Intrepid 10th anniversary celebration at Brooke Army Medical Center. (Photo by Robert D’Angelo)

Former Center for the Intrupid directors and program managers (from left) retired Army Col. Don Gajewski, retired Army Col. Jennifer Menetraz, retired Army Col. Mark Baggi, retired Army Col. Becky Hooper and retired Army Maj. Stuart Campbell are honored during a ceremony Jan. 27 celebrating the 10th anniversary of the CFI at Brooke Army Medical Center. (Photo by Robert Shields)

Karen Johnston, a guest who attended the ceremony, said she has seen a video about the CFI but was grateful for the opportunity to tour the building.

“The building itself is impressive, but the state-of-the-art equipment and the innovations for amputees is really impressive,” she said. “I’m so glad I had the chance to see it first-hand.”

“This is the best facility with the best patients and it’s a family,” said 1st Lt. John Arroyo, a patient at the CFI. “We just want to say ‘thank you’ to America.”

As the guests speakers for the Center for the Intrupid 10th anniversary celebration line the stage Jan. 27 at Brooke Army Medical Center. (From Left) Arnold Fisher, honorary chairman, Intrepid Fallen Heroes Fund, Brig. Gen. Jeffrey Johnson, BAMC commanding general; Col. David Duplessis, chief, Department of Rehabilitation Medicine; Lt. Col. Joseph Alderete, CFI medical director and Lt. Col. Kathleen Yancosek, CFI director. (Photo by Robert Shields)

For more information visit us on the web: www.bamc.amedd.army.mil
www.facebook.com/BrookeArmyMedicalCenter
Tiny life-saving device receives FDA clearance

By Steven Galvan
USAISR Public Affairs

The ability to measure the body’s capacity to compensate for blood loss, also known as the compensatory reserve, has been the focus of researchers at the U.S. Army Institute of Surgical Research for years.

Hemorrhagic shock from blood loss is the leading cause of death in trauma patients. Traditional methods of taking vital signs does not detect when a patient is on the verge of crashing or going into hemorrhagic shock and potentially dying from blood loss.

With that in mind, USAISR researchers collaborated with scientists and engineers at the University of Colorado and Flashback Technologies Inc., to develop an algorithm, the Compensatory Reserve Index, to detect when a patient is going into hemorrhage shock. The tiny device is the first medical monitoring technology capable of providing early detection of impending circulatory shock in trauma patients and received clearance from the U.S. Food and Drug Administration in December 2016 to be used in pre-hospital and hospital settings.

“Our research has revealed that the measurement of the compensatory reserve is the single most important indicator for early and accurate assessment of imminent shock because it represents the body’s ability to adjust for the threat of inadequate oxygen in the tissues due to blood loss” said Victor “Vic” Convertino, Ph.D., USAISR Senior Scientist for the U.S. Army Medical Research and Materiel Command Combat Casualty Care Research Program, which funded the research.

The CRI utilizes an algorithm to take information from a standard pulse oximeter placed on the finger of a patient and gauges whether a patient requires resuscitation or immediate medical attention. Equipped with a gauge similar to a fuel gauge in a motor vehicle, the device detects when a patient is in danger of crashing or going into hemorrhage shock. This technology will be beneficial for medics who don’t have much experience in the battlefield to care for wounded Warriors needing immediate medical attention.

“FDA clearance is a significant milestone because it paves the way for fielding a compensatory reserve measurement device to give combat medics on the battlefield a tool to predict hemorrhagic shock as well as emergency medical technicians in civilian medical settings.” Convertino said.

“The ability to measure the compensatory reserve continuously and in real time will revolutionize medical monitoring from early diagnosis of the trajectory toward shock to accurately guiding fluid resuscitation or providing feedback of intervention effectiveness.”

Among the first people to try out an early prototype for measuring the compensatory reserve was former Army Surgeon Maj. Gen. Patricia Horoho, who called it a “game changer” during her visit to the USAISR in 2013.

Convertino and his team were able to use the compensatory reserve algorithm to learn from an individual’s own arterial waveform how the body is using its compensatory mechanisms. The research team learned that waveforms obtained from a simple pulse oximeter that is carried by combat medics could be used to generate a compensatory reserve measurement device.

“With newly advanced computer technologies, we now have the capability to measure features of each arterial waveform that reflect the sum of all mechanisms of compensation that affect the heart (ejected wave) and the arteries (reflected wave),” said Convertino.

With analysis of each arterial waveform, the algorithm becomes more accurate in predicting the body’s ability to protect itself from inadequate tissue oxygenation (shock) or begin to decompensate.

“The compensatory reserve measurement device will be important for triage because of stressful battlefield conditions,” said Convertino. “There’s lots of noise, lots of adrenaline, and not much equipment which can make diagnosis especially hard for medics on the battlefield. This device will help medics save lives on the battlefield.”

Additionally, the compensatory reserve measurement algorithm was recognized with an Emergency Medical Services “Top 10 Innovation of the Year Award” at the 2014 EMS Today Conference and Exposition in Washington, D.C.
BAMC celebrates legacy of Dr. Martin Luther King Jr.

By Lori Newman
BAMC Public Affairs

Brooke Army Medical Center hosted an observance Jan. 18 to celebrate the life and legacy of Dr. Martin Luther King Jr.

Brig. Gen. Jeffrey Johnson, BAMC commanding general, opened the ceremony by highlighting King’s lifelong commitment to serving others.

“Today I would like to encourage you to take some time to reflect on Martin Luther King’s courage and conviction,” the general said. “A life devoted to selfless service and the relentless pursuit of the dream of a better tomorrow for all Americans.”

The commander encouraged others to do their part to help influence change in the world.

“By committing ourselves to noble struggles, we become better as individuals and as citizens of our nation and world,” Johnson said. “I believe that everyone has the power to influence change in some way, leaving this world a better place tomorrow than it is today.”

Dr. Isaac Hampton, the command historian from U.S. Army South and guest speaker for the event, talked about where we were as a nation in the 1960’s and where Dr. King would want us to be today. Hampton, an author himself, based his remarks on King’s literary writings.

“Dr. King’s vision for American society was a community of love and justice, an integrated society, an end to racial hatred and racial injustice and an end to economic exploitation,” Hampton said.

“By committing ourselves to noble struggles, we become better as individuals and as citizens of our nation and world,” Johnson said. “I believe that everyone has the power to influence change in some way, leaving this world a better place tomorrow than it is today.”

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Guest speaker Dr. Isaac Hampton, command historian at U.S. Army South, talks about the life of Dr. Martin Luther King Jr. during Brooke Army Medical Center’s MLK observation in the Medical Mall Jan. 18. (Photo by Robert Shields)

Seleste Cavazos and Avea Walters, Robert G. Cole Middle School and High School students read their essays about Martin Luther King Jr. Jan. 18 during the MLK observance in the Medical Mall. (Photo by Robert Shields)
Retired Army couple renews wedding vows at BAMC

By Steven Galvan
USAISR Public Affairs

Renewing wedding vows is a special occasion for many married couples. For Albert and Connie Ross, their 10-year vow renewal celebration Jan. 19 was special in many ways, for it was held at the exact same spot where they first met at Brooke Army Medical Center 12 years ago. And, the ceremony officiant was the bride’s “Battle Buddy” and as an added surprise, the person who walked her down the aisle, in this case the hospital hallway, was her surgeon while she was hospitalized.

It was Jan. 19, 2005, when then Sgt. Connie Spinks was waiting outside the entrance to the physical rehab department for one of her three-daily rehab sessions. She was sitting in a wheelchair minding her own business when she noticed a young, handsome Soldier, Spc. Albert Ross, walking in her direction.

“I looked up at him and said, ‘what you doing pimp-walking down the hallway?’” she said.

“Pimp-walking,” he replied. “I’m an amputee.”

Albert was coming from the back entrance of BAMC with a bag of popcorn that he had just picked up. With a look of disbelief on her face, Albert sat next to her and raised his uniform pant leg up and showed her his prosthetic leg, all along enjoying his popcorn.

“Then she tells me, ‘didn’t your mom teach you how to share,’” he said.

From that day they became good friend and would meet often to play video games or just hang out at a small facility specifically designed for that purpose for wounded warriors and their families at the Warrior and Family Support Center.

The year before they met, Connie had been admitted to the U.S. Army Institute of Surgical Research Burn Center and Albert was across the hallway at BAMC. Connie was injured while traveling with a convoy in Mosul, Iraq, when a suicide bomber driving a small pickup blew himself up when he drove up next to the Humvee that she was traveling in. She sustained 2nd degree burns to her face, 3rd degree burns to her hands and forearms, both of her ankles were shattered, her right femur was broken and her eardrums were perforated. Albert lost his lower right when he was hit by a rocket propelled grenade while on patrol in Baghdad, Iraq. They never met while they were hospitalized until that fateful day.

Two years to the day, the couple got married, which was an unexpected surprise to Connie.

“We spent a lot of time together, and I never knew that he liked me like that,” she said. “I love him so much; he has been there for me during this whole ordeal.”

The Ross’ have three children who are 8, 7 and 6 and live in San Antonio. Albert is an automobile and diesel mechanic, and Connie is a teacher at the First Baptist Academy. They are grateful for the opportunity to have had their vow renewal ceremony at BAMC. It was made even more special with retired Army Col. (Dr.) Evan Renz, former hospital commander and Burn Center director surprising them with his attendance.

“It was touching to have him there,” said Connie. “He remembered who I was, which is amazing considering that he cared for hundreds of patients. It just touched my heart and meant a lot to me.”

“It was a great privilege for me to be invited to the couple’s special event,” said Renz. “The couple represents a striking example of why our military health system must always remain focused on combat casualty care. These two Soldiers arrived here as individuals more than a decade ago, after faithfully serving and sacrificing for their country. They remain a strong couple who support each other as Veterans.”
The ceremony officiant was retired Army Staff Sgt. William Watson. Connie said that Watson was on the same Medevac flight that transported them to BAMC. Watson lost his right leg below the knee from an improvised explosive device while on patrol in Iraq. “Ever since then, I have considered him my ‘Battle Buddy,’” she said.

The last item that made the ceremony special for Connie was that the veil that she wore at her ceremony was the one that her mother wore at her 30-year vow renewal ceremony. She plans to wear the same veil at their 30-year vow renewal ceremony as well. “Connie’s resilience was inspiring to me when I first met her in 2004, and remains so today,” added Renz. “Seeing her again further validates the wonderful care provided by our military’s medical personnel.”

Retired Army Col. (Dr.) Evan Renz walks Connie Ross down the hallway/isle Jan. 19 to renew her wedding vows. The former hospital commander and Burn Center director surprised them with his attendance at the ceremony. (Photo by Steven Galvan)

By Robert A. Whetstone
BAMC Public Affairs

Babies racing against the clock has become a New Year’s ritual among local hospitals in the San Antonio area. The pinnacle for the first born baby of 2017 was a $10,000 scholarship donation from the University of Incarnate Word. Metropolitan Methodist Hospital delivered the first baby at 12:11 a.m., Jan. 1.

Lexy Curtis was not the first born in San Antonio, but she was the first to arrive at Brooke Army Medical Center at 7:22 a.m. Little Lexy didn’t know she had some competition. On the night of Dec. 31, 2016, the BAMC staff delivered three babies between 11:15 p.m. and 11:45 p.m. “We did not know we were in the running for the scholarship,” said Justin Curtis, the proud new father who currently works for an insurance adjuster in Boerne, Texas. Lexy’s prize for entering the world was two proud parents, two brothers, one sister and a basket full of helpful goodies provided by the BAMC Auxiliary and the neonatal intensive care unit staff.

“The BAMC staff was great,” said Sgt. Tiffany Curtis, a medical supply specialist in the Active Guard Reserve Program. “They were attentive and came quickly when I needed them.”

The new parents received a surprise visit from Brig. Gen. Jeffrey Johnson, commander of BAMC. Johnson personally delivered the gift basket and took time to congratulate mom and dad and welcome Lexy to the Army family. They were surprised to find out Lexy was the first baby born at BAMC for 2017. “The staff did notify us that the general would come to visit,” said Justin Curtis. “The gift basket was a nice surprise and we appreciate it very much.”

The new addition to the Curtis family is receiving plenty of attention. “They (brothers and sisters) all love baby Lexy,” said Tiffany Curtis. “They like to give her kisses and take turn holding her.”

This year marked the 17th year in a row local hospitals came together to welcome San Antonio’s “Baby New Year” by contributing and presenting gifts to the first born after midnight on Jan. 1. In addition to the UIW scholarship, Baby New Year received gift cards from local merchants, donated by local hospitals. Also donated were a baby swaddle, car seat and portable playpen.

BAMC begins new year with special delivery

Justin Curtis, Brooke Army Medical Center registered nurse Kassandra Garza, Brig. Gen. Jeffrey Johnson, commander, BAMC and U.S. Army Sgt. Tiffany Curtis, 7210 Medical Support Unit, spend time with Lexy Curtis, the first baby born at Brooke Army Medical Center, Jan. 1. (Photo by Robert Whetstone)
Other Happenings
at Brooke Army Medical Center

Things you need to know ...

BAMC Tax Center
The Brooke Army Medical Center Tax Center will be open through April 18 by appointment only. Appointments will run from 9 a.m. to 4 p.m. Monday-Friday. The tax center is located on the first floor room 119-01. Free tax assistance is available for active duty military retirees and family members. The tax center will prepare personal taxes only, no business concerns (exception for FCC home day care providers) or individuals who have more than two rental properties. Call 295-1040 to schedule an appointment.

Thrift Savings Plan Class
There will be a class about the Thrift Savings Plan March 1 from 9-10 a.m. in the 4th floor auditorium. All are welcome to attend.

Blended Retirement System Class
There will be a class about the Blended Retirement System March 1 from 10:30-11:30 a.m. in the 4th floor auditorium. All are welcome to attend.

ACES Research Study
If you are active duty between the ages of 18 and 55 and were you deployed for three months or longer and have a history of combat experience you are eligible to take part in the ACES Research Study. The purpose of this study is to conduct genetic testing of DNA to identify potential risk factors that may make someone more likely to develop post-traumatic stress. ACES is coordinated by the BAMC Neurology Department and supported by the 59th Medical Wing Science and Technology. Call 916-4053 to find out more information. Participants who meet the inclusion criteria, complete a questionnaire, and undergo a successful, or attempted blood draw, will receive a $50 pre-paid VISA card.

Career Development
Maj. Gen. Thomas C. Seamands, Commanding General, Human Resources Command, conducts an Officer Promotion Development session during his visit to Brooke Army Medical Center Jan. 5. Seamands was also given a tour of the hospital. (Photo by Robert Shields)

Helping New Moms
Col. Elizabeth Murray, chief of the Maternal Child Nursing Section, cuts the ribbon Jan. 6 to officially rededicate a renovated staff and patient lactation room on the 5th floor of the hospital. Brooke Army Medical Center also offers a monthly Lactation Support Group to empower mothers to achieve their breastfeeding goals. (Photo by Robert Shields)
February is HEART HEALTH Month

Every year, 1 in 4 deaths are caused by heart disease. The good news? Heart disease can often be prevented when people make healthy choices and manage their health conditions.

Maintaining a healthy heart is important

By Army Capt. Tara J. Roman
BAMC Health Promotions

Most people will acknowledge the fact that being healthy is important. But in today’s society where we are bombarded with mixed messages of how to become healthier, it’s easy to feel overwhelmed and refrain from making healthy choices.

February is Heart Health Month. There are various ways that you can improve heart health such as increasing activity, tobacco cessation, sleep hygiene, weight loss, and the list goes on.

If you are young and active, it is easy to overlook heart health or think that it does not yet apply to you. However, it affects those young and old.

Heart disease is the leading cause of death for men and women in the United States. Every year, about 610,000 people or one in four deaths, are caused by heart disease.

According to the Centers for Disease Control and Prevention, someone in America has a coronary event every 25 seconds.

Heart disease symptoms can occur at any age, and your first symptom of heart disease might be a heart attack.

Although the average age of a heart attack for women is in their early seventies, don’t be fooled into thinking that heart disease will occur when you’re older. Over the last 20 years, rates of heart attacks among younger women ages 35 to 54 have been rising. The average age of a heart attack in men is 66, but like with women, heart disease can strike at any age and must be taken seriously at all ages. Over half of the deaths due to heart disease in 2009 were in men, according to the National Center for Health Statistics.

For people of most ethnicities in the United States, including African Americans, Hispanics, and whites, heart disease is the leading cause of death. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer.

Key risk factors include high blood pressure, high cholesterol and smoking -- 47 percent of Americans have at least one of the three key risk factors. Other risk factors are diabetes, overweight and obesity, poor diet, physical inactivity, excessive alcohol use.

The U.S. Department of Health and Human Services recommends the following to lower your risk of developing heart disease: Watch your weight, quit smoking and stay away from secondhand smoke, control your cholesterol and blood pressure, drink alcohol only in moderation, get active and eat healthy.

As we continue as a nation, particularly in the Armed Services, the focus and talk has shifted from reactive to proactive. What this simply means is taking the steps now to prevent and reduce risk factors that lead to heart disease versus treating the disease after its been diagnosed.

If you would like to know more about starting a physical assessment, contact the Army Wellness Center and BAMC Health Promotion Office/Services to help jump start your journey to heart health and wellness.

Decreasing the risk of heart disease may seem a task too great to accomplish, but with the right tools, support system and mindset, you can begin to make life long changes to improve your heart health.