

ARMY MEDICINE

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ARMY MEDICINE PRIORITIES

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Horoho Hosts Vice Chief of Staff at Infectious Disease Research Facility

By Ron Wolf, *Army Medicine*



Lt. Gen. Patricia D. Horoho

Vice Chief of Staff Gen. Daniel B. Allyn visited the Walter Reed Army Institute of Research (WRAIR) in Silver Spring, Md., on May 20. Gen. Allyn was escorted by Lt. Gen. Patricia Horoho, the surgeon general and commander Army Medical Command, and Col. Steven Braverman, commander of WRAIR.

Although Allyn was briefed on the overall missions of WRAIR, the visit highlighted WRAIR's recent roll to combat Ebola; long-term research on vaccines to fight malaria and acquired human immunodeficiency virus (HIV); infectious diseases being studied at the Clinical Trial Center; and military psychiatry and neuroscience.

WRAIR began conducting clinical trials on an Ebola vaccine in Oct. 2014. There are at least five strains of Ebola, and researchers at WRAIR are working to develop a vaccine that is effective for at least two of the strains simultaneously.

"The Ebola crisis shined a spotlight on a group of quiet professionals here at WRAIR," Allyn said. "They were prepared

when their services were needed." That preparation has paid off; the contributions of WRAIR helped Liberia to be recently declared Ebola free.

The Military Malaria Research Program at WRAIR leads international malaria drug and vaccine development efforts by providing knowledge, expertise, training, and products. The most important goal is health protection of military personnel during future deployment to areas where malaria is endemic.

Soldiers or Marines weakened by malaria are placed at great risk in combat or are unavailable to fight at all. During the recent deployment to Liberia, malaria was considered a much greater threat to Soldiers than Ebola itself. Research at WRAIR also aims at a reduction of morbidity and mortality caused by malaria worldwide.

The U.S. Military HIV Research Program (MHRP), based at WRAIR, conducts research to develop an effective HIV vaccine. The work at WRAIR ties prevention, diagnostics, treatment and monitoring together as part of an international effort to protect American and Allied military personnel. Reducing the worldwide impact of HIV infection is also a goal.

Other infectious disease under study in the Clinical Trials Center include dengue, hantavirus, anthrax, plague and many other of the world's most feared diseases.

Neuropsychiatry investigators at WRAIR have sought to understand, prevent and treat the complex and sometimes poorly understood threats to the behavioral health of Soldiers for the past 60 years. The neuropsychiatry and neuroscience program examines critical topics such as effect of lack of sleep during continuous military operations; head injury from blast



Col. Steven Braverman, commander of the Walter Reed Army Institute of Research (left), briefs Gen. Daniel Allyn, vice chief of staff (center), and Lt. Gen. Patricia Horoho, the surgeon general and commander Army Medical Command, on the mission of WRAIR. Allyn was briefed on the overall missions of WRAIR with focus on WRAIR's recent roll to combat Ebola in Liberia; long-term research on vaccines to fight malaria and acquired human immunodeficiency virus (HIV); infectious diseases being studied at the Clinical Trial Center; and military psychiatry and neuroscience. (U.S. Army photo)

exposure; and psychological functioning, so Soldiers can remain ready and resilient.

The need is clear for continuing to conduct research that promotes behavioral health resilience. Post-traumatic stress disorder and helping Soldiers recover has become a keen focus of the overall health of Soldiers and is important in operational readiness.

Building trust was one of Allyn's main points as he spoke to WRAIR staff. "Trust requires that we do not send any Soldier on a mission unprepared," said Allyn, "We succeeded in our mission to West Africa because of the trust your work enables."

Horoho added to the theme of trust. "Our Soldiers and Marines can go with confidence," she said. "That is the power you bring to Army Medicine."

WRAIR is a subordinate command to the Army Medical Research and Materiel Command (MRMC). MRMC and its subordinate commands have 4,700 well-trained personnel ready to deploy in support of missions such as combating the Ebola virus.

What's an HRO?

By Phillip Reidinger, AMEDDC&S, HRCoE

According to Maj. Gen. Steve Jones, US Army Medical Department Center and School, US Army Health Readiness Center of Excellence commanding general, “The nature of healthcare is a complex, risk-filled human endeavor, full of uncertainty. Healthcare is an emotionally charged, stressful and high stakes endeavor due to the uncertainty of a patient’s reaction to treatment.”

During the first High Reliability Organization (HRO) Quality and Safety Short Course taught at the Fort Sam Houston Community Center July 19 to 23, Jones noted that Army Medicine influences the lives of hundreds of millions of people around the world often in austere, extreme conditions. He said “Army Medicine requires leaders who are disciplined and make right decisions adding that good leaders provide teams the purpose, direction and motivation required for safe, effective healthcare.” He explained that teamwork must be based on trust, shared vision and command understanding. He emphasized that commander’s intent is the basis of mission command and is important for commanders to visualize and describe the mission while clearly articulating expected behavior.

Jones said the focus of an HRO is safe, reliable performance and referred to the practice of strategies, and tools to enhance performance and patient safety or TeamSTEPPS. Based on performance, knowledge and attitudes the TeamSTEPPS model encourages the patient care team to incorporate leadership, communications, situation monitoring and mutual support principles to improve quality of care. It is the key enabler of Army Medicine’s Culture of Trust with deference to expertise and not organizational hierarchy or rank to achieve zero preventable harmful events.

Course attendance included a total of 103 operational level leaders and managers from across each Regional



Col. Donna Whittaker, Ph.D., Lean Six Sigma Deployment Director, U.S. Army Medical Department Center and School, U.S. Army Health Readiness Center of Excellence, is one of several speakers at the first High Reliability Organization Quality and Safety Short Course held at the Fort Sam Houston Community Center July 19 to 23. (U.S. Army photo by Col. Laura Feider)

Health Command, Forces Command, and Dental Command. The course integrated Arbingier, HRO principles and imperative, and Lean Six Sigma Yellow Belt training.

During a recent command summit in June, Lt. Gen Patricia Horoho, Army Surgeon General and U.S. Army Medical Command commanding general, told assembled leaders that achieving high reliability organizations requires processes that are consistent.

She said, “Achieving an HRO is a journey that requires leaders looking at the environment, how it is changing, adapting, and achieving the highest standards possible.”

Status quo is not an option, she emphasized. “We need to look at where we need to improve to be better enablers for our Army today and in the future,” she said.

Horoho noted the importance of acquiring the cognitive ability and knowledge to thrive, to think faster than our adversaries and look at our pattern of behavior where we have become complacent about needed improvement in

order to achieve the strategic advantage.

Noting that Army Medicine is in the business of health readiness and MEDCOM organizations are health readiness platforms she highlighted Army Medicine’s role, in diplomacy during the Ebola response medical personnel in Africa proving we have Soldiers ready to do a job in an austere and variable environment.

According to Col. Denise Hopkins-Chadwick, Directorate of Training and Academic Affairs, the role of the AMEDDC&S, HRCoE, is to incorporate HRO principles in the course curricula at all levels of training and education using the Army Learning Model. Incorporating HRO in the academic environment means insuring faculty have mastery of course content, course content is relevant and instruction is taught in the appropriate environment. The challenge for the AMEDDC&S, HRCoE is to re-imagine, re-think, reinforce and reinvest the practices of an HRO in the pursuit of envisioning, designing, educating, training and inspiring a premier military medical force.

Fort Sam Houston Primary Care Clinic renamed in honor of Army Nurse Corps officer

By Lori Newman, Brooke Army Medical Center Public Affairs

The Fort Sam Houston Primary Care Clinic was renamed the Capt. Jennifer M. Moreno Primary Care Clinic during a memorialization ceremony in honor of the young Army Nurse Corps officer who died on the battlefield.

The clinic provides primary care for about 27,000 beneficiaries enrolled in Family and adolescent medicine along with behavioral health services, physical therapy, nutritional medicine, and the ancillary support services of pharmacy, laboratory and radiology.

The ceremony was attended by Moreno's two sisters, Jearaldy Moreno and Yaritza Cordova as well as many of her classmates from the University of San Francisco along with numerous service members and civilians.

"We are honored and grateful that you have joined us all on this beautiful day to perform one of the most important and most memorable things we will participate in perhaps in our military career -- that's the remembrance of a fellow Soldier and officer who has given the ultimate sacrifice," said Army Col. Evan Renz, Brooke Army Medical Center commander.

"It is truly an honor to have the Family here so we can recognize Jennifer's service," said Army Maj. Gen. Jimmie O. Keenan, deputy commanding general (operations), U.S. Army Medical Command and chief of the U.S. Army Nurse Corps.

The 25-year-old Army Nurse Corps officer received her training here and was assigned to Madigan Army Medical Center. She deployed as a member of the Cultural Support Team assigned to the U.S. Army Special Operations Command, supporting Joint Task Force -Afghanistan in support of Operation Enduring Freedom.

Keenan praised Moreno's success as a

young Reserve Officers' Training Corps cadet at the University of San Francisco.

"ROTC provided her with the foundation to understand the Army's mission, vision and values which really shaped her brief yet heroic career," Keenan said. "As a strong, quiet professional she arrived here in San Antonio anxiously awaiting the challenges she would face in Basic Officer Leader Course and at the Leader Academy.

"She rapidly transformed from that ROTC cadet to a committed Soldier and Army officer," Keenan said. "One capable of effectively and efficiently leading our forces, one who embodied the warrior ethos and believed she must always place the mission first, never accept defeat, never quit, and never leave a fallen comrade."

Keenan explained that it was fitting that Moreno be honored at Fort Sam Houston, the home of Army Medicine. "This is where she started her career and if she would have lived she would have come back here many times," the general said.

Moreno was killed in action on Oct. 6, 2013, in the Zhari District of Kandahar, Afghanistan, while moving through an improvised explosive device belt in order to render medical aid to several casualties and assist with their evacuation.

During her distinguished Army career, Moreno was posthumously promoted to the rank of captain and awarded the Bronze Star Medal with "V" device, the



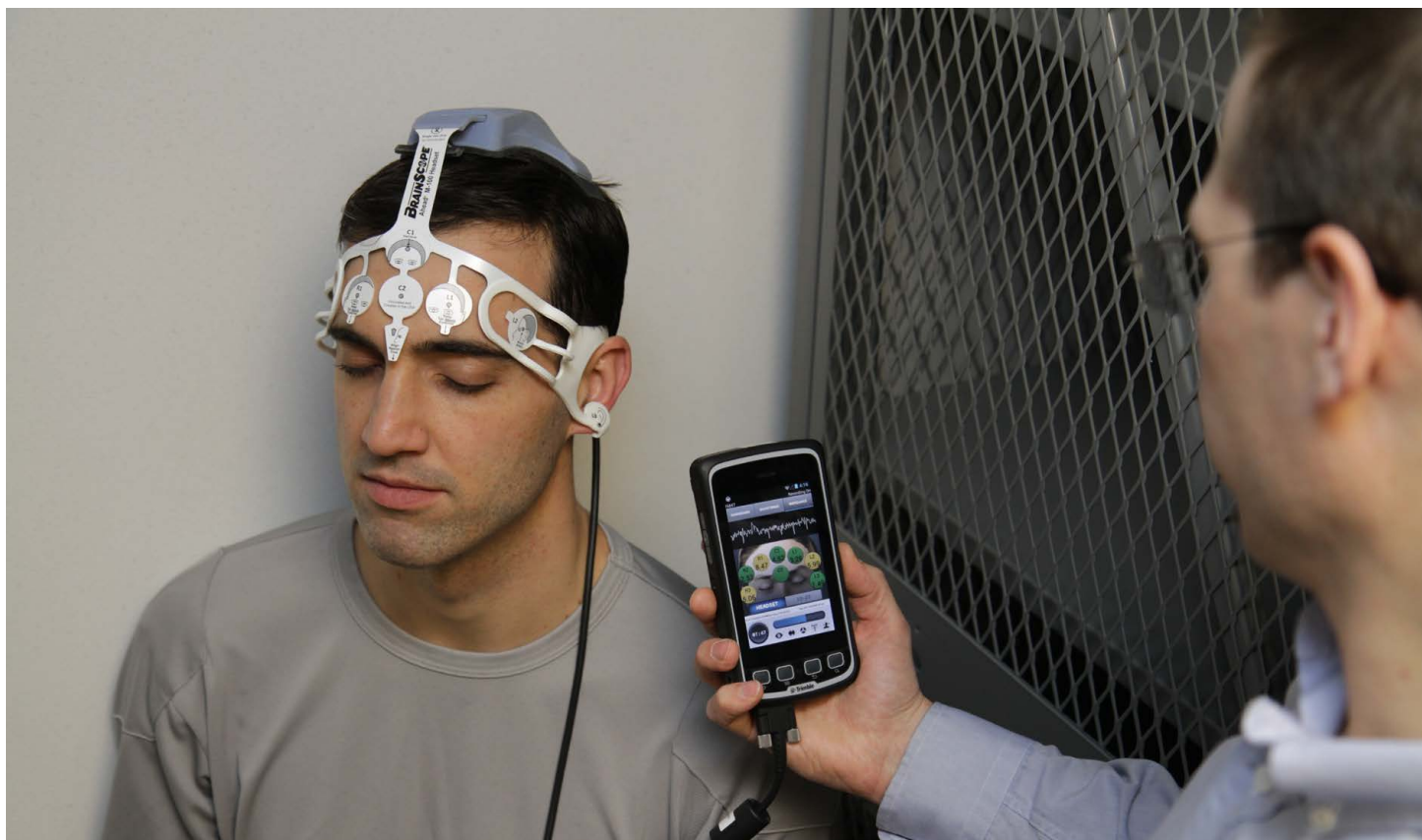
Jearaldy Moreno (left) and Army Maj. Gen. Jimmie O. Keenan (center), deputy commanding general (operations), U.S. Army Medical Command and chief of the U.S. Army Nurse Corps, unveil a plaque during the memorialization ceremony July 24 to rename the Fort Sam Houston Primary Care Clinic the Capt. Jennifer M. Moreno Primary Care Clinic to honor the young Army Nurse Corps officer who died on the battlefield. Yaritza Cordova, Moreno's sister, looks on as the plaque honoring her sister is unveiled. (U.S. Army photo by Robert Shields, Brooke Army Medical Center Public Affairs)

Bronze Star Medal, the Purple Heart, the Meritorious Service Medal, the NATO medal, and the Combat Action Badge.

"When her team came under attack on the night of 6 October Capt. Moreno ran forward to provide medical care to a fallen comrade where others might have turned away and said 'not my job.' Spurred on by her values, training and dedication to always protect America's sons and daughters Capt. Moreno died a hero that night thinking of others instead of herself and believing her actions would make the world a better place," Keenan said.

Moreno was laid to rest with full military honors at Fort Rosecrans National Cemetery in San Diego, Calif.

"The memorialization of the clinic was a very humbling experience," said Jearaldy Moreno. "I am extremely grateful that all these people came. So many people knew Jenny and so many people didn't know Jenny but now everybody will know about Jenny. She will be forever remembered."



The Ahead 200, which was developed by the U.S. Army Medical Research and Materiel Command's Combat Casualty Care Research Program and the BrainScope Company, Inc., uses commercial smartphone technology to analyze a patient's brain activity for signs of a traumatic brain injury within 24 hours of the injury. (Photo courtesy of BrainScope Company, Inc.)

FDA Clears New Traumatic Brain Injury Assessment Device

By Crystal Maynard, U.S. Army Medical Research and Materiel Command Public Affairs Office

A new handheld medical device for analyzing brain injuries has been cleared by the U.S. Food and Drug Administration. In May 2015, the Ahead 200 was cleared by the FDA to help clinicians assess mildly-presenting head trauma patients.

The device, which was developed by the U.S. Army Medical Research and Materiel Command's Combat Casualty Care Research Program (CCCRP) and the BrainScope Company, Inc., uses commercial smartphone technology to analyze a patient's brain activity for signs of a traumatic brain injury within 24 hours of the injury.

"Traumatic brain injuries have been one of the signature injuries in Iraq and Afghanistan," said Lt. Col. Chessley Atchison, the Program Manager for the Technology Enabled Capability Demonstration: Brain in Combat portfolio of the CCCRP.

"There is a great need for a tool like this in theater. A normal EEG machine is a big piece of machinery and can't be used in the field."

The device works by measuring the brain's electrical activity via a disposable headset that is placed on the forehead. Once recorded, the Ahead 200 uses algorithms that quantify

and characterize activity associated with traumatic brain injuries. Used in conjunction with other tools, the Ahead 200 medical device will help assist clinicians in the real-time screening and care of Warfighters with head injuries.

"The size and ease of use of the Ahead 200 allows medics to triage wounded Warfighters quickly," said Atchison. "Our goal is to not only save lives, but to ensure the best possible outcome for those injured in the line of duty, and tools like the Ahead 200 help us reach that goal."

“Mission Critical” MEDCOM Resource Managers Convene for HRO Training

By Dr. Valecia Dunbar, Adjunct Professor Army-Baylor University MHA/MBA Program & Army Medicine Public Affairs

More than 150 Army Medical Command resource managers convened Aug. 10-14 for hands-on high reliability training focused on standardizing healthcare management practices mandated by the Department of Defense (DOD) and requirements set forth by the Army surgeon general. The end state is to standardize efforts to transform Army Medicine from a healthcare system to a System for Health.

“This training is mission critical to the MEDCOM [Army Medical Command] which is currently transforming its traditional funding model to fit that of a System for Health, service lines, and to be a resourcing model for a High Reliability Organization,” said Army Surgeon General Lt. Gen. Patricia Horoho.

A high reliability organization (HRO) is one that, despite operating under normal conditions with catastrophic potential, consistently

achieves high safety performance records. The focus of military healthcare is to become a HRO by pursuing a culture of patient safety with a goal of “zero patient harm.”

For budget officers and comptrollers from MEDCOM’s regional health commands, the road ahead requires hands-on and highly-focused training to deliver knowledge sharing, reduce variances in operations, and educate the budget community on upcoming funding models and methodologies. The training is designed to help effectively manage and align resources in accordance with (HRO) and operating company models (OCM).

The conference follows the first successful convening in 2014, and Department of Defense (DOD) recognition of the MEDCOM Integrated Resourcing & Incentive System (IRIS) Development Team who won the FY13 Outstanding Resource Management Team Award

presented by the assistant secretary of the Army Financial Management and Comptroller. The award recognizes the exemplary efforts of MEDCOM’s assistant deputy chief of staff Resource Management /G8 for their multidisciplinary team effort resulting in an integrated resourcing system to support Medical Treatment Facility (MTF) cost management while maximizing the value of patient care services.

The IRIS funding model is designed to distribute over \$6.3 billion in Defense Health Program funding, while taking into account mission variability and accomplishments at the MTF level. A significant achievement of IRIS is the flexibility it gives commanders to manage mission change.



It's All About Health.



Army Col. Richard Evans, deputy commander for nursing, discusses the upcoming schedule for his “Suits to Scrubs” shift on the 6 East inpatient ward with Army 1st Lt. Courtney Elliott at Brooke Army Medical Center in San Antonio, Texas, May 14, 2015. (U.S. Army photo by Corey Toye)

Nurse leaders go ‘Undercover Boss’ to improve patient care

By Elaine Sanchez, Brooke Army Medical Center Public Affairs

Brooke Army Medical Center’s nurse leaders are trading their uniforms for scrubs each month to join their staff on the hospital frontlines.

The program is known here as “Suits to Scrubs;” however, many are dubbing it BAMC’s version of “Undercover Boss,” a TV show that features senior executives going undercover in their own companies to identify areas for improvement.

In this case, there’s no disguise, but the goal is the same: pinpoint challenges and help find solutions, said Army Col. Richard Evans, BAMC’s deputy commander for nursing. Once a month, leaders step away from their desk and onto the inpatient floor unannounced,

taking on everything from patient bathing to patient transfers during a labor intensive 10- to 12-hour shift.

Evans implemented the program in March to get a better “pulse check” on the organization. “We wanted to see what we could learn by walking in the staffs’ shoes,” he said, noting he drew ideas from the February 2015 edition of Nurse Leader.

“At an executive level, we approve policy and implement technology,” he added. “But we often don’t have an appreciation for what those decisions do to work processes and work flow on the frontlines.”

On the second “Suits to Scrubs” shift in

April, Evans, other BAMC nurse leaders and special guest Maj. Gen. Jimmie O. Keenan, deputy commanding general (operations), Army Medical Command, and chief, Army Nurse Corps, reported for duty at 6 a.m.

Keenan, a 29-year Army nurse, recalled when she first arrived at inpatient ward 2 East for her shift. When Evans announced the general would be working a shift, the staff was surprised at first, but Keenan was quick to clarify her purpose. “I’m not here as a ‘Gotcha!’ I’m here to work as a nurse,” she told them. “I’m here to learn your challenges and what we can do to improve the work experience for you and

It's All About Health.



the patient experience.”

During their morning huddle, Keenan encouraged nurses to ask every patient a question: “What is the most important thing I can do for you today?”

This simple question can go a long way toward patient satisfaction, she explained. Healthcare providers’ goals are centered on medical care – prepping for a test, administering medications, gathering readings – but the patient’s goals are often much different. “If we don’t know what’s important to our patients, our goals will be off from the start,” Keenan explained.

Keenan asked one of her patients, who had been admitted a week prior, what she could do for her, and the patient responded she wanted nothing more than a shower that day. After care team coordination, Keenan and a nurse student donned gowns over their scrubs and helped the patient take a shower. “I washed her hair; helped wash her back. It made a world of difference,” the Army’s top nurse said.

Research indicates if caregivers establish a personal connection with patients, rather than identify them as a bed number or a diagnosis, it can improve patient experience and reduce preventable patient harm, Keenan said.

“Evidence shows if you know your

patient and see your patient as a person – Sgt. Maj. Retired Smith or Mrs. Jones – as someone’s mother, sister, father or brother or they like to be addressed with their rank ... just having a sense of who they are can help reduce preventable harm,” Keenan explained.

Increasing care provider-patient interactions is one of the key reasons BAMC implemented “Suits to Scrubs,” Evans noted. “One of our goals is to cut back on challenges drawing providers away from the bedside and from that more personal care,” he said, citing an issue he recently observed on a shift.

On one inpatient ward, the culprit was a malfunctioning lock on a linen room door, which caused staff to seek bed linens in a closet down the hall. But this closet was only stocked for a portion of the ward and the supply was quickly exhausted. At this point, staff would walk three floors down to hunt for linens. “Every sheet, every towel, was 20 minutes away from direct patient care,” Evans said.

After each shift, Evans gathers his staff to discuss these types of challenges and possible solutions. “Through this program, we can help mitigate systems issues, interact more with patients and staff, role model expected behavior and, hopefully, solve problems on the spot,” he

said.

Evans has conducted four “Suits to Scrubs” shifts so far and has plans to expand the program to twice a month, including weekend, overnight and holiday shifts to ensure the most comprehensive picture of challenges.

Evans said the experience is well worth the investment in time. “It is fun to connect with patients and assist in meeting some of their needs,” he said. “By taking a few minutes to get to know our patients, we can learn incredible things about generations of service people and the sacrifices they and their Family members have made.”

Keenan said her “Suits to Scrubs” experience reiterated what she already knew: BAMC has a “phenomenal staff.” “We ask our people to do a lot each day and sometimes we don’t stop as leaders to say thank you to everyone,” she said. “But as we are on our journey to becoming a High Reliability Organization, it’s vital we value everyone on the team; it takes the entire team to take care of patients.

“At the end of the day, our patients are at the center of everything we do,” she added. “I truly believe I have the best job in the Army because I get to take care of America’s sons and daughters every day.”



Medical officers diagnosed with training

By Marie Berberea, TRADOC

Practicing proper room clearing procedures, medical officers move fluidly through Liberty City, an urban operations training environment for basic combat training at Fort Sill, Okla. The officers are in the third week of training in the Army Medical Department Direct Commissioning Course pilot program. The program is four weeks long. The students graduated July 10. To see more photos from the four-week course, search Facebook for “AMEDD DCC pilot.” (U.S. Army photo by Marie Berberea, TRADOC)



Capt. Ersan Jon Capan, officer-in-charge, Critical Care Flight Paramedic Program Transport Medical Training Laboratory, Lt. Col. Neil Davids, Center for Pre-Hospital Medicine, Medical Director, Critical Care Flight Paramedic Program, Maj. Gen. Steve Jones, commanding general, US Army Medical Department Center and School, US Army Health Readiness Center of Excellence, Command Sgt. Maj. Andrew Rhoades, Command Sgt. Maj. AMEDDC&S, HRCoE, and Marla A. Garza, Training Instructor, Critical Care Flight Paramedic Program, cut the ribbon on July 2 that officially opens the Critical Care Flight Paramedic Program Transport Medical Training Laboratory located in Willis Hall, AMEDDC&S, HRCoE, Joint Base San Antonio-Fort Sam Houston. (U.S. Army photos by Esther Garcia AMEDDC&S, HRCoE)

Transport Medical Training Laboratory officially opens at AMEDDC&S, HRCoE

By Phillip Reidinger and Esther Garcia, AMEDDC&S, HRCoE

A ribbon cutting ceremony on July 2 officially opened the Critical Care Flight Paramedic Program Transport Medical Training Laboratory (CCFP TMTL) located in Willis Hall, US Army Medical Department Center and School, US Army Health Readiness Center of Excellence (AMEDDC&S, HRCoE), Joint Base San Antonio-Fort Sam Houston.

The CCFP TMTL is an immersive training environment utilizing multiple sophisticated, state-of-the-art Human Patient Simulators (HPS), a static

airframe medical suite, and a configurable room that will support simulated combat casualty care medical capabilities starting from point of injury through medical evacuation, forward surgical hospital, and the combat support hospital.

Lt. Col. (Dr.) Neil Davids, Center for Pre-Hospital Medicine, Medical Director, Critical Care Flight Paramedic Program, said, "With this lab, we will be able to integrate early on in the flight medic's training the conditions in which he or she will be operating, with the noise, lighting, temperature and wind

consistent with operating while in flight."

These capabilities will allow the student to perform patient interventions as required in various critical care scenarios including high risk, low occurrence situations. The HPS are High Fidelity Tetherless Manikins (HFTM) which integrate various training modalities, to include treatment of tension pneumothorax, airway management, intraosseous infusion, and trauma bleeding systems. The CCFP training focuses on transport and intervention of

critical care with injuries including poly-trauma, multiple system involvement.

The training emphasizes the need to initiate interventions, maintain patient status, respond to decompensation, and perform equipment checks, as well as transitioning a patient through different levels of care. The HFTM capabilities will prepare the Soldier to perform these tasks in the combat environment, as well as have the capability to integrate the aviation environment earlier in their training.

“While in this environment, the training staff will be able to assess every intervention the student does or does not do through the use of an integrated wireless simulated patient allowing monitoring and video recording every step of the way. The high fidelity simulated patients will react according to what interventions are done and not done to the patient and the training staff will be able to conduct an interactive after action review using the video recordings that are synchronized with the interventions that we are interested in to provide timely and efficient feedback,” said Davids.

“Additionally, the patient can be moved into a Forward Surgical Team Suite, where

a resuscitation team of nurses, physicians, and medics can receive the patient from the flight medics and ask the pertinent questions, not only improving their skill set but training both teams what the interaction is like and what is expected of both teams prior to having to figure it out when in a deployed environment,” he added.

Davids said the training lab has the capability to conduct Video Teleconferencing, which will provide the opportunity to not only conduct classes for students on site, but also provide the potential for continuing education for agencies that are located around the world.

“This will allow for a more consistent educational experience for our flight medics or any other courses that have the need to do the same. The level of technological integration of this facility is second to none, and as we develop more and more skills in its use, we will find better and more realistic ways to integrate all of the systems to make a training experience that is second to none,” said Davids.

In order to maintain the highest standards of education and training for U.S. Army Flight Paramedics, in

accordance with their initial training, the CCFP sought accreditation with the Board for Critical Care Transport Paramedic Certification (BCCTPC). This association provides the necessary continuing education credits required to maintain the critical care flight paramedic certification. Flight paramedic certification is a critical care certification created in the mid-1990’s. The University of Texas Health Science Center at San Antonio provided students the ability to take the flight paramedic certification beginning with the first pilot class in February 2012. The certification requires 100 contact hours with 16 clinical hours from an approved flight paramedic certification review class. On June 11 of this year, CCFP obtained a site code from BCCTPC which covers the mandatory 16 clinical hours and includes 56 didactic hours of continuing education credits towards recertification.

The flight paramedic certification signifies the highest level of paramedic expertise. Students cycling through the University of Texas Health Science Center at San Antonio have a 95 percent certification pass rate.



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Donor Recognized for Completing 300 Platelet Donations

By Victor L. Shermer, ASBP Blood Donor Recruiter, Joint Base Lewis-McChord, Wash.

The Armed Services Blood Bank Center-Pacific Northwest (ASBBC-PNW) honored one its longtime platelet donors this summer. Ruth Stevick first started donating platelets with the ASBBC-PNW in February 1994. Still at it 21 years later, Stevick was recognized for completing her 300th donation.

Stevick spent 600 hours in the donor chair and sat calmly through 409 needle sticks, which included when the old two-needle system was used. Some of those donations were double units, providing for 311 platelet products that went to the Madigan Army Medical Center. After many of her donations, she received a T-shirt from the donor center as a gift to thank her for her support of the Armed Services Blood Program (ASBP). Over the course of 300 donations, she acquired quite a few T-shirts in her collection. Always the one to give back, in 2014, Stevick presented the ASBBC-PNW with a beautiful quilt made with some of the T-shirts she had received. The quilt now hangs on the donor center's wall for everyone to see.

As an Army officer of the Adjutant Generals branch, Stevick retired as a major from the inspector general's office on Fort Lewis after her last six years of service. She first started donating at a civilian agency in Tacoma, Wash., after retirement, then found out about the ASBP was at the Madigan Army Medical Center. She has been donating with the ASBBC-PNW ever since.

The recognition ceremony opened with a welcome from Army Capt.



Ruth Stevick completes her 300th platelet donation with the Armed Services Blood Bank Center-Pacific Northwest. (U.S. Army Photo)

Michele Allen, ASBBC-PNW assistant director, followed by a presentation of the Madigan Army Medical Center Commander's coin by Army Lt. Col. Carl Skinner on behalf of Army Col. Ramona Fiorey. Additionally, ASBP Blood Donor Recruiter Supervisor Martin Ricker, presented Stevick with a pen set on behalf of Navy Capt. Roland Fahie, ASBP director.

Rafael Delgado, assistant apheresis technician for the donor center, then recited all of Stevick's donation stats to everyone in attendance. Stevick was then presented with a certificate of appreciation by the ASBBC-PNW blood donor recruiter. Lastly, Darlynn Wright, an apheresis nurse for the donor center, presented her with a fleece that had the ASBP logo and "300 Platelet Donations" embroidered

on it.

At the end of the ceremony, Stevick and ASBBC-PNW staff members enjoyed lunch and a special cake for the celebration. Guests included Stevicks' Family, neighbors and even one of the retired apheresis nurses, from when the blood bank was at the main hospital.

Stevick is a wonderful person and dedicated donor who has volunteered her time to donate to help support ill or injured service members, veterans and their Families worldwide. Even though she has reached a major milestone of 300 platelet donations, Stevick said she does not plan to stop there. In fact, she is already scheduled for her next donation.

TAMC NCOs train U.S. Marshals in Army Combatives

By Jim Guzior, Tripler Army Medical Center Public Affairs

U.S. Army Soldiers, United States Marshals, Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and U.S. Immigration and Customs Enforcement (ICE) agents gathered at the Tripler Army Medical Center-Physical Fitness Center July 8-12, for training in the Modern Army Combatives Program. The non-commissioned officers of TAMC's Troop Command led the training for this elite group of island warriors.

Staff Sgt. Michael Etheridge, Modern Army Combatives Program non-commissioned officer in charge for Troop Command at TAMC was asked to provide the training after U.S. Marshals viewed a demonstration of the program.

"I was approached by the U.S. Marshals following a walk-through of training at our warehouse," said Etheridge. "They wanted to know if we could provide non-lethal alternatives to scenario-based escalation of force that would be useful to agents in the field," added Etheridge.

Combatives training has become an integral part of the Army's warrior culture. In 1995, the commander of the 2nd Ranger Battalion began researching, refining and developing changes to the Army's Combatives doctrine. Today's Army combatives training incorporates jiu-jitsu (submissions), boxing (stand-up striking), wrestling (grappling or position control), Judo (throws or sweeps), Muay Thai (striking), Tae Kwon Do (kicking) and other martial arts doctrine.

"This week we are working close-quarter combatives training," said Etheridge. "We are concentrating on striking, weapons, Ju Jitsu, Judo and Escalation of Force tactics and procedures," added Etheridge.

Members of this elite group of warriors and agents training at TAMC are most



Staff Sgt. Michael Etheridge (center), Modern Army Combatives Program non-commissioned officer in charge for Troop Command at TAMC demonstrates the next training technique to class of U.S. Marshals, ATF and ICE Agents at the Tripler Physical Fitness Center the week of July 8-12. (U.S. Army photo by Jim Goose Guzior, Tripler Army Medical Center)

often in the news for tracking down dangerous, escaped convicts like the recent pair from Clinton Correctional Facility in New York. This type of training is critical to their daily missions.

"The U.S. Marshals are required to have this type of training but do not have a facilitator at this time, so it's an honor for us to share this knowledge," said Etheridge. "These guys can find themselves in hostile situations just as deadly as any Army firefight downrange. It is always best to be able to diffuse situations with non-lethal methods when possible," Etheridge added.

The training included drills and an introduction to the lessons where TAMC NCOs demonstrated a technique, then explained how or why to use it. Despite a little soreness, sweat and some bumps and bruises, the group was highly tuned to the lessons they were learning.

"These guys are outstanding students," said Etheridge. "They are motivated, in

good physical shape, and very receptive to the techniques that they are being taught," he added.

Gervin Miyamoto, the 19th and current United States Marshal for the District of Hawaii, even took time out of his schedule for a visit along with TAMC Provost Marshal, Kevin Guerrero. As the United States Marshal in Hawaii, he leads an office of Deputy U.S. Marshals charged with enforcing laws and protecting the United States Federal District Court of Hawaii.

"This is great training for our people; we look forward to doing more," said Miyamoto.

With the positive atmosphere surrounding this training, it may just be the first of many team-ups for TAMC and the Hawaii Marshals and Agents. "I am working with the Marshals to develop an ongoing training program so that they will be able to continue learning and sharpening their skills," said Etheridge.



A San Antonio Military Medical Center's trauma team examines a patient in the emergency department. SAMMC received its level I trauma center recertification from the American College of Surgeons June 26. (U.S. Army photo by Photo by Robert Whetstone)

SAMMC continues to be the only DoD Level I Trauma Center

By Maria Gallegos, Brooke Army Medical Center Public Affairs

San Antonio Military Medical Center received its level I trauma center reverification from the verification review committee and ad hoc committee of the Committee on Trauma of the American College of Surgeons June 26.

SAMMC remains the only Level I trauma center in the Department of Defense.

Level I designation is the highest designation for trauma centers by the ACS and the state of Texas. Reverification is completed every three years and is requested by the hospital.

"Reverification ensures the trauma center's commitment and dedication to our military and civilian community in providing optimal care at San Antonio Military Medical Center," said Maj. Scott Trexler, SAMMC Trauma and Critical Care interim chief. "In the unfortunate event of an injury, our beneficiaries and

the community can be confident a team of experts are standing by 24/7 to provide the highest level of trauma care."

As a level I trauma center, SAMMC also provides valuable experience in the care of the trauma patient to the providers, nurses, medics and the numerous other services involved that directly translates to lives saved on the battlefield.

"Our level I status is enormously important to the entire Military Health System, as we not only provide trauma services to our South Texas neighbors, we provide invaluable training in support of Graduate Medical Education, and specialties and critically important trauma skills sustainment for teams of providers who deploy to support our warfighters," said Col. Evan Renz, BAMC commander.

Established by the ACS Committee on Trauma in 1987, the consultation/

verification program is designed to promote the development of trauma centers in which participants provide the hospital resources necessary to address the trauma needs of all injured patients.

The consultation program is designed to help hospitals and their personnel prepare for this endeavor while the verification program confirms that all the criteria have been met.

"Achieving this designation took tremendous teamwork and effort by all those involved," added Trexler. "This would not have been possible without support of the program by the Secretary of the Army, Medical Command, BAMC Command, Department of Surgery Chief, and the outstanding leadership and care provided by our trauma staff (physicians, nurses, social workers, registrars and clinic staff), surgical specialists and ancillary services."

New SCMH brings care to Soldiers

By Suzanne Ovel, Madigan Army Medical Center Public Affairs

The newest Soldier-Centered Medical Home (SCMH) under Madigan Army Medical Center opened its doors in May, serving about 4500 Soldiers with the 3rd Brigade, 2nd Infantry Division right in their backyard.

The SCMH model draws the uniformed U.S. Forces Command healthcare providers out of their battalion aid stations (which still perform sick call duties) and combine them with U.S. Medical Command civilian nurses and other support staff to provide Soldiers with more robust care at their primary care clinic.

The idea is to improve Soldiers' quality of care, access to care, and overall health while staying close to where the Soldiers work.

"We're a soft landing between FORSCOM and MEDCOM," said Tina Dorner, the lead nurse for the 3rd Bde., 2nd Inf. SCMH.

The SCMH team extends to specialty services such as a small pharmacy, and in-house physical therapy and behavioral health services. Maj. Evan Trivette, the 3rd Bde., 2nd Inf. Brigade Surgeon, hopes to add other services such as a part-time nutritionist to teach classes and consult with Soldiers.

The on-site physical therapy, however, is already addressing common issues such as chronic overuse injuries, which may include torn anterior cruciate ligaments, post-operative therapy, and knee, back, and shoulder pain.

Likewise, the in-house behavioral health services offer help for a variety of issues, to include relationship and sleep problems as well as anxiety and depression. Embedding behavioral health in the SCMH reduces stigma because it enforces the idea that psychological fitness is just as important as physical fitness, said



Capt. Brandon Barker, a physician assistant, examines Pvt. Jesus Manzo at the 3rd Bde., 2nd Inf. SCMH on June 23. (U.S. Army photo by Suzanne Ovel)

Capt. Ryan Black, a clinical social worker with the 3rd Bde., 2nd Inf. SCMH. In fact, the SCMH "levels the playing field" because there's no obvious difference in the waiting area between the Soldier getting physical help or the one getting behavioral health help, he said.

Trivette said that "it's very facile, it's very user-friendly" for a provider to walk a Soldier down the hall to meet a behavioral health specialist.

"It works the other way too; they may be seeing someone in counseling and say, 'I think this Soldier could benefit from medication'," said Trivette. "That interface does a lot for the quality of care that Soldiers get."

In addition to more robust on-site services, Soldiers at the SCMH benefit from better access to care. The SCMH is tied into the national Nurse Advice Line, which connects patients to their local nurses and providers, who then have 24 hours to follow up directly with their patients.

Preventative healthcare gets a boost too, since better access to care means that providers have more opportunities to provide health education to their patients. Soldiers will get more care after appointments as well as there's an increased emphasis on follow up care, whether it is checking on their health status after an emergency room visit or checking on concerns about medication side effects.

"Part of our model is even if they don't follow-up, we follow up with them," said Michael Tartaglia, the chief nurse officer in charge of the 3rd Bde., 2nd Inf. SCMH.

This increased emphasis on providing better care to Soldiers, and with more continuity of care, is expected to lead to greater Soldier satisfaction with their healthcare, according to Tartaglia.

The hope is for Soldiers to feel that now "I really feel cared for, and it's somebody I know, it's somebody who's right down the street."

Hispanic service members likely to find success in civilian life

By John M. Rosenberg, *Warrior Transition Command*

During national Hispanic Heritage Month (Sept. 15- Oct. 15) the U.S. Army celebrates the more than 236 years of support of the nation and securing of peace around the world by Hispanic Soldiers.

According to Army statistics (August, 2015), there are more than 63,700 Hispanic Soldiers on active duty. Furthermore, Hispanic veterans, as indicated by 2015 U.S. Department of Veterans Affairs statistics, have a lower rate of unemployment, poverty, and higher median incomes than Hispanic non-veterans.

Over the next 10 years the population of Hispanic veterans who served in the U.S. military is expected to double. Among them will be Capt. Joe Colón, 36-year-old Army Reserve parachute rigger assigned to the Warrior Transition Unit (WTU), Fort Eustis, Virginia.

Born in California and raised in Puerto Rico, Colón, along with his grandfather and several uncles and cousins have worn the U.S. Army uniform.

After experiencing a fibular fracture only days before his unit at Fort Bragg, North Carolina, was set to deploy to Djibouti, Colón instead found himself assigned to the WTU. Within a WTU, wounded, ill and injured Soldiers work with an interdisciplinary team to recover, rehabilitate, and reintegrate back into the Army or to civilian status.

Unable to join his unit and confronting deep depression as a result of his injuries, Colón was introduced to the sport of archery, an activity that requires people to slow down and



U.S. Army Reserve Capt. Joe Colón Jr., assigned to Warrior Transition Unit, Fort Eustis, Va., prepares to shoot during archery training for the 2015 Department Of Defense Warrior Games at Fort Belvoir, Va., June 12. Suffering a fibular fracture and severe ligament damage, Colón continues to utilize the mental processes associated with competitive archery in his recovery, rehabilitation and reintegration to Army life. Of Puerto Rican descent, Colón will, inside the next ten years, be among a demographic doubling of Hispanic veterans within the overall population of the United States. (U.S. Army Photo by Pfc. Anh Siev)

follow a meticulous set of processes. It turned out to be exactly what he needed to help him regain a sense of control over his life. According to Colón, “The beautiful thing about these processes is that it actually translates very well to my other transition goals.”

Deeply interested in the inner workings of companies, Colón plans to enter the business world. The prospect of serving as a Chief Operations Officer holds special appeal, and he cites the confidence he’s gained

through adaptive sports as being more helpful than he ever could have imagined in working towards his goals.

Colón will surely carry his military service and WTU transition accomplishments with him when he leaves military service.

Speaking of his eventual transition, Colón says that as long as he respects the process-oriented approach to life, instilled within him through archery and at the WTU, “success will come.”

Madigan earns environmental honors

By **Suzanne Ovel**, *Madigan Army Medical Center Public Affairs*

The green efforts of Madigan Army Medical Center earned it the honor of being awarded the Practice Greenhealth Environmental Excellence Award in May.

This award is given to healthcare organizations which find innovative ways to improve their environmental programs; Practice Greenhealth is an organization that encourages and recognizes environmentally responsible practices in hospitals.

"As the co-chair for the Green Team, I would say Madigan's success in greening the hospital is mainly (attributable to) the positive impact demonstrated daily by staff at all levels of the organization," said Michael Kyser, the supervisor of Madigan's Environmental Health Service.

"It's a direct result of adjusting to new initiatives and innovations supporting the quality of environment of care with regards to the materials we use and the processes we've so gracefully accepted as the right thing to do in the best interest of fiscal integrity, patients, visitors, staff and the environment," he added.

Madigan's Green Team boasts a trail of other environmental awards in the past few years, to include Practice Greenhealth's Top 25 Environmental Excellence Award in 2014, their

Environmental Leadership Circle in 2013, their Partner for Change with Distinction award in 2010, and their Making Medicine Mercury-Free award in 2007.

In the past year, Madigan's green efforts resulted not only in significant environmental results but also other recognition, to include earning an Energy Star award from the Environmental Protection Agency for obtaining an energy efficiency rating of 91 percent, largely due to investing in green technology such as LED lighting, green tips on energy-saving bulbs, and energy-efficient facility equipment.

Madigan also won first place in a Joint Base Lewis-McChord Net Zero competition in support of sustainability goals for energy, water and waste. Not only did Madigan increase their diversion rate from 45 to 48 percent from 2013 to 2014 (diverting material from the trash that can be recycled, reused, recovered or repurposed), but the hospital took the goal of reducing trash to a new height by making Madigan's last unit organizational day a waste-free event. Through efforts such as handing out compostable utensils (made of sugar and corn starch), Madigan's Green Team

managed to divert 98 percent of the byproducts of the event to be recycled or composted.

In general, Madigan strives to reduce its environmental impact through efforts such as sending cooking grease to be used for biofuel, returning expired medications to pharmaceutical distributors for credit, and ensuring that regulated medical waste, one of the largest sources of waste at the hospital, is significantly reduced. Madigan shrunk its regulated medical waste by four tons from 2013 by focusing on properly separating out trash from medical waste.

"It's the efforts of the OR that's really making it happen," said Kyser.

With a long history of environmental improvements (such as increasing its recycling rate from 10 percent in 2005 to 48 percent in 2014), Madigan's Green Team plans to keep this trend going throughout 2015. Current projects include installing water bottle filters throughout Madigan to encourage the use of reusable water bottles, and an effort to repurpose old furniture which cannot be reused by recycling any scrap metal, wood and cloth used.

MOVE OUT WITH THE PERFORMANCE TRIAD

Sleep, Activity and Nutrition

Army hospital earns fourth 'Most Wired' honor for technology innovation

By **Elaine Sanchez**, Brooke Army Medical Center Public Affairs

For the fourth consecutive year, San Antonio Military Medical Center, or SAMMC, has been named one of the nation's "Most Wired" medical facilities for its innovative use of health information technology.

The Hospitals and Health Networks magazine named only two Army Medical Command facilities as “Health Care’s Most Wired” out of more than 2,213 U.S. hospitals. SAMMC and Madigan Army Medical Center on Joint Base Lewis-McChord, Washington, were among the 338 organizations, which made the list.

“Being selected for ‘Most Wired’ is a great honor; we should be proud of this accomplishment,” said Army Lt. Col. David Bowen, BAMC’s chief information officer. “I’m very proud to be a part of this winning team.”

To be named “Most Wired,” hospitals must meet requirements in the following areas: infrastructure; business and administrative management; clinical; quality and safety (inpatient and outpatient hospital); and clinical integration (ambulatory, physician, patient and community). This year, hospitals also were required to demonstrate meaningful use of technology.

SAMMC was recognized for demonstrating some of the most advanced information technology, or IT, use and adoption in the nation, Bowen said. "It's exciting to use technology to connect with patients and improve not just care delivery but the overall health of our military community," he said.

Bowen spotlighted one program, which has sparked considerable improvement in patient engagements. In 2013, Southern Regional Medical Command offered BAMC the opportunity to integrate, test and clinically evaluate iMedConsent. The

goal of this project, he explained, was to adapt and deploy an electronic consent solution.

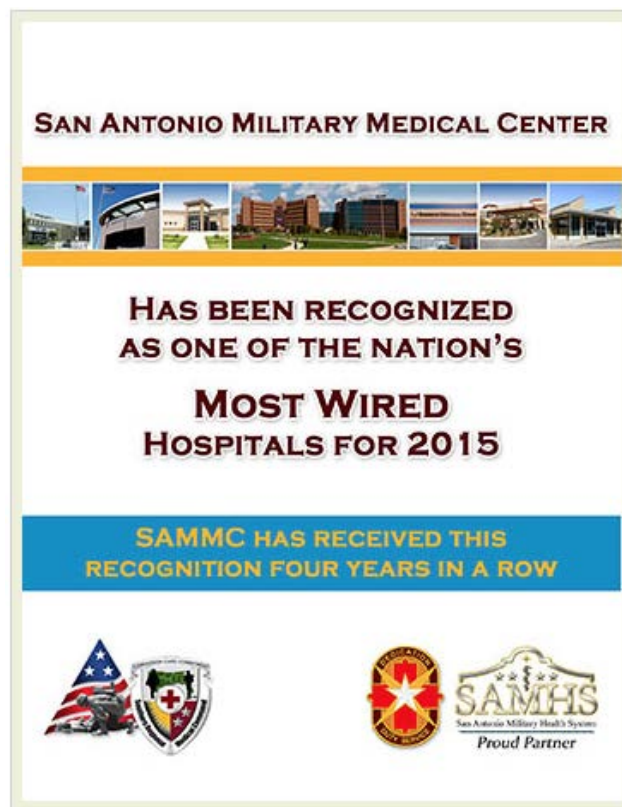
The program prepares procedure-specific, user-friendly consent forms for medical and surgical procedures, patient education documents, advance directives and Health Insurance Portability and Accountability Act, or HIPAA, disclosures. The forms are in an easy-to-read format that ensures clear communication of risks, expectations and alternatives. The electronic sign, or e-sign, tool completes the process to paperless signing.

An electronic consent form benefits both patients and providers, Bowen said.

Patients receive a legally standardized consent form that's clear, concise, legible, and easily retrieved by providers. Further, the e-sign tool represents a high-tech and much-needed response to the growing inefficiencies of lost or incorrect consents and resultant delays in procedures and operating start times, he added.

“The clinical staff at SAMMC has wholeheartedly embraced this new capability, and iMedConsent is rapidly being deployed in every ward and clinic,” Bowen said.

The program has made tremendous strides, he said. The original average for missing or problematic consents reported as having a negative impact on operating



For the fourth consecutive year, Brooke Army Medical Center has been named one of the nation's "Most Wired" medical facilities for its innovative use of health information technology.

room start times or patient care was approximately 46 percent. According to recent data, the percentage of missing or incorrect consent forms is now less than 1 percent.

To date, 11,619 consents have been completed and stored electronically in iMedConsent, Bowen said. “This dovetails nicely with our efforts to improve patient engagement.”

Bowen said he's thrilled to see BAMC selected for the "Most Wired" honor for the fourth year in a row. "I attribute this ongoing success to leadership support, teamwork, dedication, and to the BAMC IMD [Information Management Division] team," he said. "It is so important to stay cutting edge for our staff and patients."

Interns Graduate from USAMMA's Medical Logistical Management Intern Program

By Crystal Maynard, U.S. Army Medical Research and Materiel Command Public Affairs

During a ceremony filled with laughter and hope for the future, a class of medical logistics interns graduated from the U.S. Army Medical Materiel Agency's Medical Logistics Management Internship Program (MLMIP) June 18.

The USAMMA is a unique, multifaceted organization whose central purpose is to execute medical logistics programs that directly support Army readiness, while building and enabling health readiness. The USAMMA has had a class of medical logisticians graduate with an overview of the support provided to the health care environment every year since 1967. The MLMIP provides mid-career medical logistics officers, warrant officers, noncommissioned officers and civilians advanced medical logistics training.

“One of the big surprises for our interns when they arrive is that USAMMA is not just one big warehouse,” said Lt. Col. Niel Smith, MLMIP program director. “We take away all of the preconceived notions that people have about USAMMA, show them the big picture and produce the Army’s future senior medical logisticians.”

Their training encompasses all facets of advanced medical logistics from focused logistics to supply chain management principles. The interns are exposed to modern Department of Defense and civilian health logistics business practices as well as non-medical industry exposure. This gives the MLMIP students knowledge to better support the healthcare team and improve the readiness of the force.

“All the site visits to hospitals and logistics facilities, all the training



Capt. Tericka L. Washington, Capt. Jennifer S. Moore and Sgt. 1st Class Sidra Z. Sanks (center from l-r) graduated from the U.S. Army Medical Materiel Agency's Medical Logistics Management Internship Program June 18. Also pictured is MLMIP Curriculum Advisor Maj. Stephen Spulick, far left, and MLMIP Program Director Lt. Col. Niel Smith, far right. (U.S. Army photo by Thomas Jester, Fort Detrick Visual Information)

and tools we equip them with in this program, they are all needed for these interns to make a difference and be the one with the answers or to know the source for the answers when issues come up,” Smith said. “We want our graduates to be able to incorporate these practices that we teach them into their future assignments and be a leader.”

The MLMIP is a six-month program offered twice a year, beginning in January and July. The class is a mix of site visits to locations like FedEx and Walter Reed Army Medical Center and formal classroom instruction. The MLMIP instructors focus on reinforcing the student's logistics foundation, adding another piece to their professional knowledge and skills and expanding their network affiliations in the DOD and civilian health care environments. As a result, when the

graduates leave the program, they are equipped with the advanced training needed to succeed in an ever changing military environment.

During the ceremony, USAMMA Commander Col. David R. Gibson congratulated the interns and told them that they were now part of a special network that they should utilize.

“Use the connections you have forged during your time here,” Gibson said. “A lot of the people sitting in this room today are graduates of this program. Those graduates and the entire USAMMA team are here to support you – we are all vested in your success.”

The MLMIP graduating class included Capt. Tericka L. Washington, Capt. Jennifer S. Moore and Sgt. 1st Class Sidra Z. Sanks.

The MLMIP is open to all services and DOD civilians.

Army Lt. Col. Robert K. Pell Jr. Retires After 30 Years of Military Service

By **Jessica Pellegrini**, *Armed Services Blood Program Staff Writer*

Dozens gathered in the Memorial Auditorium at the Walter Reed National Military Medical Center in Bethesda, Md., June 26 to celebrate the career of Army Lt. Col. Robert “Ken” Pell Jr. After 30 years and nine months of service, Pell retired from the military with Family, friends and colleagues present to show their gratitude.

“Ken was always prepared to do what we as a nation asked him to do,” retired Army Col. Glen Michael Fitzpatrick, officiating officer and guest speaker of the ceremony, said. “He always went the extra mile, no matter what it meant for him.”

Pell began his career as an enlisted Air Force medical laboratory specialist in 1980. Just three years later, he had reached the rank of sergeant and was honorably discharged to attend college. After receiving a bachelor's degree in medical technology and a master's in biological sciences, and graduating from the Specialist in Blood Banking Fellowship Program, Pell received his direct commission into the U.S. Army Medical Services Corps as a laboratory officer in May 1988.

Although his career began in the Air Force — which Fitzpatrick joked was Pell’s “only mistake” — the Army is where Pell would find his true calling. He spent the next 30 years serving in various positions all over the world. In fact, according to Navy Capt. Roland Fahie, director of the Armed Services Blood Program and one of the distinguished guests at Pell’s retirement ceremony, “more than 70 percent of it was with the military blood program.”

Over the course of his career, Pell made an impact in several key military blood banking positions. He served as the joint blood program officer and African Medical Exercise desk officer for the U.S. European Command, chief of Blood Services at the former Walter Reed Army Medical Center



Navy Capt. Roland Fahie (left), director of the Armed Services Blood Program, thanks Army Lt. Col. Robert Pell Jr. (right) for more than 30 years of military service. Fahie said that of those 30 years of service, Pell spent more than 70 percent of it with the military blood program. Pell retired June 26 at the Walter Reed National Military Medical Center in Bethesda, Md.

in Washington, D.C., and Landstuhl Regional Medical Center in Germany, and the executive officer of the 1st Area Medical Laboratory in Afghanistan.

His most recent position was as the chief of Blood Services and director of Clinical Laboratory Education and Training at the Walter Reed National Military Medical Center.

When Fahie asked attendees associated with the ASBP to stand up, more than half of everyone in the auditorium quietly rose from their seats.

“These are the people who have saved lives because of your contributions,” Fahie said to Pell as he presented him with a combat medic statue as a symbol of the ASBP’s appreciation. “These are the people who have learned from you, served with you, saved lives with you and we are all thankful for everything you have done.”

Like most careers, Pell's own had its fair share of ups and downs. He said there

were times when he thought of “getting out when the job stopped being fun.” However, “the job never stopped being fun.”

So he stayed. But now that he's officially retired, Pell said he has one goal in mind: to spend time with his daughter, Hannah, and wife, Toby.

"My goal is to spend as much time as I can with my Family," Pell said. "Trust me; I'll be spending a lot of time with them."

“On behalf of the entire Armed Services Blood Program – past, present and future – I would like to thank Lt. Col. Pell for his unwavering dedication to the military blood program and to saving lives,” Fahie said. “His contributions over the last 30 years will have a lasting impact on how we collect, transfuse and distribute blood worldwide. We are all very proud of him and the things he accomplished, and we wish him the very best in his future endeavors.”



Serving To Heal...Honored To Serve