

Pulse



FEBRUARY 2020

What is the

Coronavirus?

**NAKDONG
CHALLENGE BRINGS
UNIT COHESION**

Gyeongju City Tour

**A Look
inside
BDAACH
Services**

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



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



Services

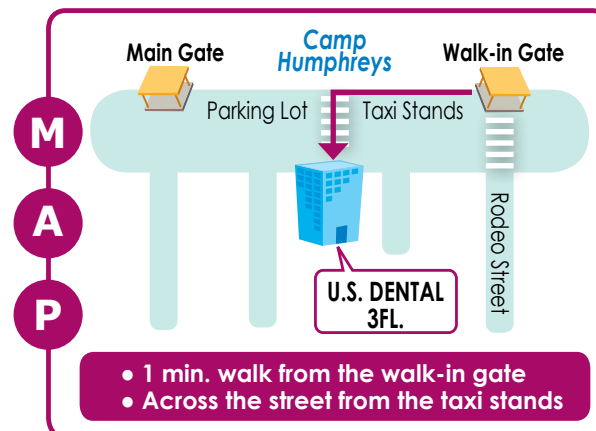
- Cleaning & Check-up, General Dentistry
- Orthodontics: Braces & Invisalign
- Cosmetic Dentistry & Smile Makeover, Whitening, Veneers / Lumineers, Gummy Smile Correction
- Dental Implants
- Root Canal & Wisdom Tooth Extraction
- Child Dental Care

Professional Affiliations

- American Dental Association
- Massachusetts Dental Society
- Connecticut State Dental Association
- New Jersey Dental Association
- American Academy of Cosmetic Dentistry
- American Academy of Implant Dentistry
- American Academy of Pediatric Dentistry

Direct billing for
TRICARE/CIGNA/GeoBlue

Assist billing for MetLife/Blue Cross
Blue Shield/Delta Dental/Aetna/GEHA/
United Concordia/Foreign Service



U.S. DENTAL



TRICARE

Call: 031-654-2889
www.drginasohn.com



Find us on Facebook: Dr. Gina Sohn
- Cosmetic Dentist in Seoul



E-C INTERNATIONAL
LAW OFFICE



Ms. Annette M. Eddie-Callagrain Esq.

Professional Experience

Attorney-at-Law

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

Judge Advocate (Major)

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

Judge Advocate

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

Law School Professor

University of the Ryukyus Law School
 Okinawa, Japan

Practice Areas

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

E-C INTERNATIONAL
LAW OFFICE

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

EDITOR'S LETTER

If you've ever been in the military or worked for the Department of Defense, you know what a challenge coin is. They've been an American military tradition for a century, meant to instill unit pride, improve esprit de corps and reward hard work and excellence.

The coins represent anything from a small unit to the offices of top leaders, such as the President of the United States. There are also coins made for special events, anniversaries and even nonmilitary leaders.

Many service members and veterans proudly display challenge coins at their desks or homes, showing off the many missions they've been on, the top leaders they've met and the units for which they've worked.

Besides using coins for challenging, they are also used as rewards or awards for outstanding service or performance of duty. As such, they are used as a tool to build morale.

Within the 65th Medical Brigade, the advocate for coins is Command Sgt. Maj. Thomas Barone. Recently, I had the opportunity to view firsthand the 2nd Annual Nakdong Challenge and upon completion of the event, Command Sgt. Maj. Barone presented the new 65th Medical Brigade coin to the winners.

With each presentation comes an explanation not only of why it is being presented but as to how it was made, and Barone is no stranger to stop anyone and tell them about the 'most powerful medical coin in the United States Army.'

Command Sgt. Maj. Barone is well known for his embellishment on the history of the new Brigade coin:

"In the center of the coin is a spinner with a doppler radar. Made with diamonds around edges, cut from a special mine in Siberia that was closed, the coin is shipped in ice and is made with the essence of the Brigade Commander's face splash known as Brute 65 and it is rolled up in a special metal known as 'Baronium.' It is registered thru the Pentagon and tracked by Aegis. It is an inspectable Item with a special section of White House that tracks the coins. It also has the mottos of all organizations within the Brigade and the Brigade patch. The Hangul word for excellence, and the words Loyalty, Duty, Honor, and Country written on it. It is a moral compass and they are flown into a special airfield at about 2 a.m. A special team goes out at night, shuts down the entire airfield when a delivery is made. When the coins are off loaded from the plane the doppler actual shuts down cellphones and all communications. So, if you are gaming at 2 a.m. and you suddenly lose internet capability you can bet a delivery of coins is being made at Humphreys. The coin also displays the best flag in the world – the American flag as well as the best military partner in the world's flag – the Korean flag. It is also round so an attachment can be added and used as throwing star. --- Command Sgt. Maj. Thomas Barone, 65th Medical Brigade Command Sergeant Major.

EDITOR'S NOTE: The description told by the Command Sgt. Maj. is fictitious in nature and changes with every presentation as more and more descriptive anecdotes are added.



William Wight
PULSE65 Senior Editor
65th Medical Brigade
Public Affairs Specialist

DRAGON HILL LODGE



Romance in Seoul

Room Package

Prices from
\$179



Romantic Dinner
for 2



1 Night in a
Standard Room or Suite

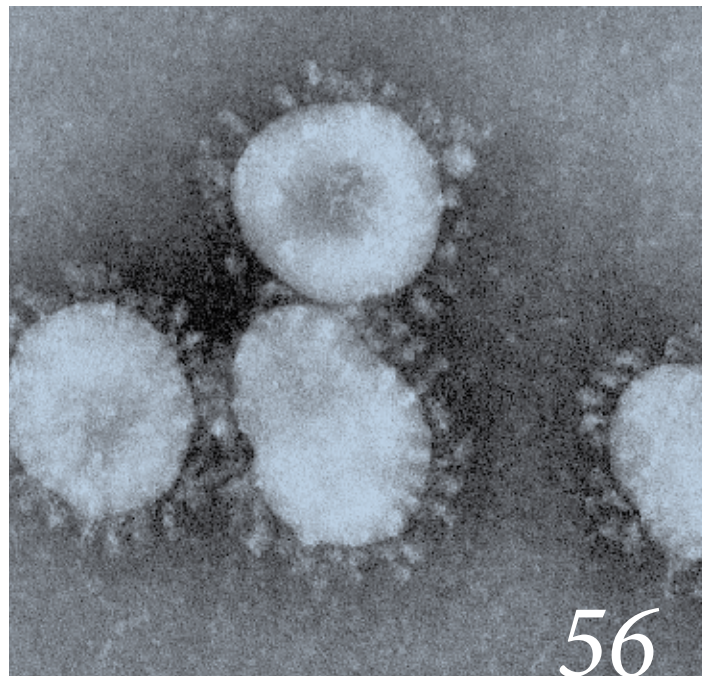
PROMO CODE
ROMANCE

Reservations

DSN: 738-2222 Ext. 1

www.dragonhilllodge.com

*Blackout dates may apply



56

What is the Coronavirus?

In light of recent social media outcries, the editorial staff of the PULSE65 has chosen to publish an exposé on the Novel Coronavirus along with defining what the virus is, how it spreads, travel adversaries and basic self prevention awareness articles from the World Health Organization and the Centers for Disease Control and Prevention. See pages 56-65



36

Annual Nakdong Challenge Brings Unit Comradery and Cohesion

The Sights and Sounds of Gyeongju



70

LEADERSHIP



The military made you a leader.

Use your skills to help us ensure a strong national defense, care for veterans, mentor youth and foster patriotism.

Join us. Let's serve America together.



Four Pillars of Service

THE AMERICAN LEGION
since 1919

If you are in the military, you're a veteran eligible to join The American Legion. To learn more and JOIN TODAY contact the Col. Lewis L. Millett Memorial Post 38, Korea Commander at amlkoreapost38@gmail.com \$20 Annual membership for all active duty until May 1, 2020.



65th Medical Brigade

Commander

Col. Derek C. Cooper

Command Sergeant Major

Command Sgt. Maj. Thomas M. Barone

Public Affairs Office

William Wight – Public Affairs Officer (Senior Editor)

Art Director

Eric Young-Seok Park

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

The PULSE65 is an authorized publication for members and beneficiaries of the 65th Medical Brigade, published under the authority of U.S. Army Regulation 360-1.

Content of this publication are not necessarily the official views of, or endorsed by, the Department of Defense, Department of the Army, U.S. Army Medical Command or the 65th Medical Brigade. PULSE 65 is published every month by the Public Affairs Office, 65th Medical Brigade/USAMEDDAC-K, Unit #15281 APO, AP 96205.

Editorial content is prepared, edited and provided by the 65th Medical Brigade Public Affairs Office.

PULSE65 is printed by Oriental Press, Inc. a private firm in no way connected with the U.S. Government, under exclusive written contract with the Contracting Command. The civilian printer is responsible for commercial advertising. The appearance of advertising in this publication, including inserts or supplements, does not constitute endorsement by the U.S. Army or Oriental Press, Inc. of the products or services advertised. Everything advertised in this publication should be made available for purchase, use or patronage without regard to race, religion, gender, national origin, age, marital status, physical handicap, political affiliation, user or patron. If a violation or rejection of this equal opportunity policy by an advertiser is confirmed, the printer shall refuse to print advertising from that source until the violation of the equal opportunity policy is corrected.

Oriental Press Chief Executive Officer

Charles Chong

Marketing Director

Joseph Shim

Advertising Manager

Chris Vaia

Commercial Advertising

Phone: DSN (315)738-2222 ext. 6815/
02-6903-6815

E-mail: oriental_press@outlook.com

Mail address: PSC 450, Box 758, APO AP 96206-0758



On January 9, 2020, five "4-person" teams navigated the historic Hill 303 outside Camp Carroll as part of the Annual Nakdong Challenge. This all-day event tested the physical, technical, tactical, emotional and psychological acumen of the servicemen and women assigned to the United States Army Medical Materiel Center, Korea. See story and more photos on pages 36-41. (Photo by Lt. Col. Marc Welde, Commander, United States Army Medical Materiel Center, Korea)

C Contents

FEBRUARY 2020

Calendar

12 Events in Korea

16 LIVE-
Music & Dance

14 Scene & Heard

18 Photo News

20 Navigating Korean Hospitals

21 Tricare Deductibles and Catastrophic
Caps Reset Jan. 1

24 USAMMC-K
Recognized for
Safety Program



26 Surgeon General Reaffirms Promise
of Quality Care during DHA Transfer

28 2020's First Baby at Madigan

30 Rehabilitation Services Department
Provides Direct Access to Patients
Ensuring Return to Duty Status from
Muscular Skeletal Injuries

32 Women's Infant Care Unit Seeks
Total Customer Satisfaction at New
BDAACH

34 Hospital Pharmacy Decreases
Beneficiary Waiting Time, Thanks to
New Automation

42 Medical Focus
Traumatic Brain Injury

44 Military Patients Will 'Absolutely
Positively' See Better Care after
Merger, DHA Head Says

46 Tasty Korean
Treats Perfect
for Winter



52 What You Need To Know If You're
New to Tricare

54 Changes Abound, Relationships
Endure

64 The Army's Newest Community
Hospital And Ambulatory Care
Center Opens at Humphreys

68 DoD: EHR at New Sites 'Running
Smooth' 120 Days after Rollout

80 ROK/U.S. Medical
Alliance Growing
Stronger thru 65
Year Old Program



82 Maj. Gen. LeMaster, Command
Sgt. Maj. Charpentier Relinquish
Command and Responsibility of RHC-P

84 Hospital Corner

90 Last View



EXCHANGE
QR codes



Humphreys Exchange



shopmyexchange.com



Food Delivery Order



MILITARY STAR



Troop Theater



REELTIME
MOVIE SCHEDULE



Family Theater

EXCHANGE Restaurants & Dessert Shop



DSC



Sentry



DSC, Sentry



DSC, Sentry



DSC, 3rd MI



DSC



TMM, USFK, Sentry



DSC, TMM



DSC, Zoeckler



DSC, Sentry



DSC



DSC, Sentry



DSC, Sentry, TMM



DSC, NCOA



Sentry



One Stop



STAY CALM SAVE MONEY
WHEN YOU USE YOUR MILITARY STAR CARD!

APPLY TODAY AT THE EXCHANGE OR AT MyECP.com



EXCHANGE RESTAURANTS
AND CATERING



EVERY GALLON
AT THE EXPRESS



2000 POINTS = \$20 REWARDS CARD
*Rewards exclude Military Clothing line of credit.



STANDARD SHIPPING AT
shopmyexchange.com



YOUR MILITARY STAR® NOW ACCEPTED AT YOUR LOCAL COMMISSARY

CALENDAR

EVENTS *in* KOREA



DEC27-FEB09

Yangju Snow Festival

594, Gwonyul-ro, Yangju-si,
Gyeonggi-do
+82-80-233-7766



DEC28-FEB09

Anseong Ice Fishing Festival

90, Dumehosu-ro, Anseong-si,
Gyeonggi-do
+82-31-674-4528



JAN04-FEB14

Jaraseom Singsing Winter Festival

119, Gapyeongjebang-gil,
Gapyeong-gun, Gyeonggi-do
+82-31-581-6423



DEC06-FEB16

Yangpyeong Icefish Festival

55-2, Gopdani-gil, Yangpyeong-
gun, Gyeonggi-do
+82-31-775-5205



DEC21-FEB16

Chilgapsan Ice Fountain Festival

175-11, Cheonjangho-gil,
Cheongyang-gun, Chungnam
+82-41-942-0797/8



JAN17-FEB16

Pyeongchang Trout Festival

3562, Gyeonggang-ro,
Pyeongchang-gun, Gangwon-do
+82-33-336-4000



JAN27-FEB16

Hwacheon Sancheoneo Ice Festival

137, Sancheoneo-gil, Hwacheon-
gun, Gangwon-do
www.nara festival.com



DEC21-FEB23

Cheongpyeong Snowflake Festival

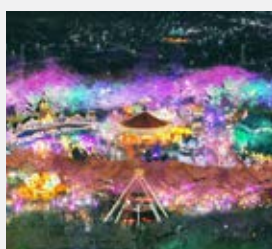
111, Gangbyeon-ro, Gapyeong-
gun, Gyeonggi-do
+82-31-585-9449



FEB19-23

Nonsan Strawberry Festival

370, Gangbyeon-ro, Nonsan-si,
Chungcheongnam-do
+82-41-746-8381/2



NOV16-MAR01

E-World Starlight Festival

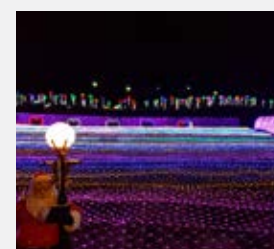
200, Duryugongwon-ro, Dalseo-
gu, Daegu
+82-53-620-0001



DEC03-MAR22

Lighting Festival at The Garden of Morning Calm

432, Sumogwon-ro, Gapyeong-
gun, Gyeonggi-do
www.morningcalm.co.kr



NOV01-APR30

Herb Island Light Festival

35, Cheongsin-ro 947beon-gil,
Pocheon-si, Gyeonggi-do
www.herbisland.co.kr

K-Cosmetics

For Women:

Basic Skin Care, Facial Mask Packs
Eye Cream, Wrinkle Care Cream
Lipstick, Mascara
Whitening Cream, BB (Beauty Balm) Cream
Mascara, Concealer
Hair Treatment Products

For Men:

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



20% OFF
Valentine's Day
SALE
February 12 - 14
with Free Wrapping
**Snail basic set excluded*



K-Cosmetics Beauty Shop

Located in Osan Airbase Exchange Concession

Tel. 010-2698-7427

E-mail: jjjin34@gmail.com

SCENE & HEARD

NATIONAL & INTERNATIONAL

By Eric Young-Seok Park

CHINA BANS WILD ANIMAL TRADE UNTIL VIRAL OUTBREAK EASES



China ordered a temporary ban on the trade in wild animals as the country struggles to contain a deadly virus believed to have been spawned in a market that sold wild animals as food. Raising, transporting or selling all wild animal species is forbidden "from the date of the announcement until the national epidemic situation is over", said a government directive. The ban was issued by the Ministry of Agriculture, the State Administration for Market Regulation, and the National Forestry and Grassland Administration. The lethal virus, which has caused 56 confirmed deaths and nearly 2,000 total infections in China, and spread to about a dozen countries, is believed to have originated in a market in the central city of Wuhan, where a range of wildlife was reportedly sold. Conservationists have long accused China of tolerating a shadowy trade in exotic animals for food or as ingredients in traditional medicines, including highly endangered species such as the pangolin or tiger. Health experts say the trade poses a significant and growing public health risk as potentially dangerous animal-borne pathogens that people would normally not be exposed to make the jump to humans. The SARS (Severe Acute Respiratory Syndrome) virus that killed hundreds of people in China and Hong Kong in 2002-03 also has been traced to wild animals, with scientists saying it likely originated in bats, later reaching humans via civets. China has launched previous crackdowns on the wildlife trade, including after SARS, but conservationists say the trade typically resumes over time.

WILDLIFE HOSPITAL SAYS NEW U.K. LAW MEANS IT HAS TO DESTROY INJURED GREY SQUIRRELS



A wildlife hospital in U.K. says it is being forced to destroy injured grey squirrels. A change in the law means animal rescue centres are no longer allowed to return non-native species back to the wild after treatment. Leicestershire Wildlife Hospital says the legislation means it has no choice but to kill the squirrels humanely because it has no room to keep them. The hospital in Kibworth said the new law effectively forces staff to euthanise the animals. The law around releasing invasive non-native animals came into effect last October. Grey squirrels are vulnerable because they were introduced to the UK in the 1800s from North America. They have been blamed for the decline in Britain's red squirrel population. The government says non-native species are a threat to the UK's native biodiversity. The new law also affects muntjac deer, which were introduced to Britain from China in the 20th century. Leicestershire Wildlife Hospital has told members of the public not to bring in injured squirrels. Harriet Childs, a team leader at the hospital, told the BBC: "We're having to euthanise them for just being what they are and it's not fair."

BTS MAKE HISTORY WHILE JOINING LIL NAS X ON STAGE AT THE GRAMMYS

BTS made Grammy Award history as they joined Lil Nas X on stage for a performance of his monster hit 'Old Town Road'. Lil Nas X, a winner on the night, began the segment by strumming a guitar while lying back on a sofa in a set made to look like a living room. Kobe Bryant's Los Angeles Lakers jersey was laid out on a chair in the background following his death in a helicopter crash hours before the ceremony. Lil Nas X was soon joined by country music star Billy Ray Cyrus and a string of other artists who have appeared on various remixes of 'Old Town Road'. Korean superstars BTS became the first K-pop group to play at the Grammys when they took to the stage, with member RM lending his vocals to a remix titled 'Seoul Town Road'. DJ Diplo and teenage yodeler Mason Ramsey also got involved before a surprise guest appeared.



POSTAL WORKER DIES A WEEK AFTER BEING SHOT WHILE DELIVERING MAIL

A Mississippi postal worker who was shot while delivering mail has died. Sherry Ingold died at the University of Mississippi Medical Center in Jackson on Friday night, Postal Inspector Tony Robinson said. Ingold was shot on Mississippi Highway 35 in Attala County northeast of Jackson on Jan. 16. The suspect was then shot by law enforcement. Updates about Ingold's condition and supportive messages were shared in a group on Facebook called Sherry's Fight. On the night of Jan. 24, the group shared news of the postal worker's death. In a Facebook post, her daughter, Kristy Ingold, wrote, "Mama I hope you're dancing in the sky, I hope you're singing in the angels choir, I hope the angels know what they have, I bet it's so nice up in heaven since you arrived." Sherry Ingold was described in other social media posts as someone who "loves to laugh" with a "contagious smile" and beautiful personality. The local community rallied around Ingold by hosting prayer vigils, dressing in purple and placing purple bows along her mail route. Ingold had suffered a brain injury. U.S. Postal Service spokeswoman Tracie Finley said in a statement, "The Postal Service is shocked and saddened by the events that occurred last week in the West, Mississippi area. We are especially grieving the loss of our postal family member, rural letter carrier Sherry Ingold, and we continue to keep her family in our thoughts." Ronald Dampeier, 28, has been arrested in the case. Dampeier is also accused of trying to kidnap a woman earlier on Jan. 16 from a grocery store near Kosciusko. Dampeier then encountered Ingold along Mississippi Highway 35, where the sheriff said she was shot. It's unclear where law enforcement shot Dampeier. He was also taken to UMMC in Jackson for treatment. The Mississippi Bureau of Investigation said it was looking into the officer-involved shooting.



NORTH KOREAN LEADER'S AUNT RE-EMERGES AFTER HUSBAND'S EXECUTION



The aunt of North Korea's leader, Kim Jong Un, has re-emerged in Pyongyang, the capital, the country's media said, dispelling rumors that she was purged after her powerful husband was executed on charges of plotting a coup to topple Kim in 2013. North Korea's state-run media said Kim Kyong Hui, the only sister of Kim Jong Un's father, Kim Jong Il, accompanied her nephew to an orchestra performance for Lunar New Year's Day. Photos released in state media showed her dressed in black and sitting with her nephew, his wife, his sister and other top leaders in the front row at a theater in Pyongyang. The fate of Kim Kyong Hui has been a subject of intense speculation since her husband, Jang Song Thaek, once considered the second most powerful man in Pyongyang, was executed in 2013. North Korean media last mentioned her name a few days after her husband's execution when she was appointed to a committee for the state funeral of another top party official. She then disappeared from public view, triggering rumors that she may have been executed, too. South Korean intelligence officials dismissed such rumors, saying that she was hospitalized for poor health but not purged. She remains the closest blood link that Kim Jong Un has to his father and paternal grandfather, both of whom ruled North Korea before him.

FORMER ALCOHOLIC WHO NEARLY DIED FROM LIVER DAMAGE CREDITS TURNING VEGAN FOR SAVING HIS LIFE

A former alcoholic who almost died from liver damage credits becoming a vegan for saving his life. Seven years ago, Aaron Calder, was rushed to hospital with a liver condition, which caused him to vomit blood. The 40-year-old's drinking had damaged his liver so badly that his veins became clogged up and burst in his mouth while he was sleeping. After being treated in intensive care and kept in hospital for two weeks, he immediately ditched drinking. But two years after going sober, tests showed Aaron's liver was still in bad shape. It was only after watching a Netflix documentary called 'Fat, Sick and Nearly Dead', that Aaron decided to give veganism a go. He switched to a plant-based diet which he says led to miraculous improvements in his health. "A fibroscan measuring the inflammation of my liver came in at 75 - the worst possible result," Aaron explains. "But just months after adopting the vegan diet, my score had dropped by almost a half to 39 and my liver appeared to be functioning normally. I couldn't believe it, and neither could my doctor." Aaron returned for further tests in March last year, and for the first time, the fat deposits in his liver had completely cleared. "The vegan diet has played a massive role in my recovery. It has given the body the chance to heal. When I stopped drinking, my liver didn't improve much. It wasn't until I adopted the vegan diet that my results started to improve, said Aaron. "I am now enjoying my work as a food blogger. I have swapped my alcohol addiction with a focus on making really good food."



KOBE BRYANT, NBA LEGEND, KILLED ALONG WITH DAUGHTER IN HELICOPTER CRASH



Kobe Bryant, one of the most illustrious players in the history of basketball, has died in a helicopter crash in California on Jan. 26. Bryant, 41, was one of nine people on the helicopter when it plummeted to the ground in Calabasas, 30 miles west of Los Angeles, and burst into flames. Bryant's 13-year-old daughter Gianna was among those who died. The crash took place at 10 am local time. Attempts to pull people out of the wreckage were hampered by the brush fire which broke out following the crash. Bryant was a regular helicopter user, often using his Sikorsky S-76 to travel from Newport Beach, California to the Staples Centre in Los Angeles where he played for the LA Lakers. According to local witnesses visibility was poor with the hills above Calabasas enveloped in fog. It was unclear whether the heavy cloud cover, about 1,000 feet or so above the ground, played a role in the crash. Regarded as one of the greatest players in the history of basketball, he enjoyed a 20-year career with the Lakers, making the all-star NBA team 18 times.

BORDER PATROL ALLOWS REPLANTING AFTER BULLDOZING GARDEN

The Border Patrol, reacting to a breach it discovered in a steel-pole border wall believed to be used by smugglers, gave activists no warning when it bulldozed the U.S. side of a cross-border garden on an iconic bluff overlooking the Pacific Ocean. After a public apology for "the unintentional destruction," the agency allowed the activists in a highly restricted area to plant sticky monkey-flowers, seaside daisies and other native species in Friendship Park, which was inaugurated by first lady Pat Nixon in 1971 as a symbol of bilateral bonds. The half-acre plaza separating San Diego and Tijuana has hosted cross-border yoga classes, festivals and religious services. The garden's rebirth is the latest twist in a sometimes-adversarial, sometimes-conciliatory relationship between security-minded border agents and activists who consider the park a special place to exercise rights to free expression. The Border Patrol released a statement that said it values "the friendships we have built over the years with the community."

MEGHAN MARKLE AND PRINCE HARRY WERE BLOCKED FROM TRADEMARKING "SUSSEX ROYAL"

Even though Prince Harry and Meghan Markle have given up their royal titles (they will no longer use "HRH" but are still the Duke and Duchess of Sussex), it looks like they'd still very much like to hang on to their Sussex Royal brand, which is both their Instagram handle (@SussexRoyal) and the URL to their new website (sussexroyal.com). However, it seems as though Meghan and Harry have run into some issues with trademarking the name. Their attempt to trademark "Sussex Royal" has been blocked. The site shares, "Documents at the Government's Intellectual Property Office show that the formal 'notice of threatened opposition' was registered." The opposer is reportedly a random Australian man who spent some time working as a doctor in London, so something tells me that Harry and Meghan will ultimately win the trademark. When/if they do get Sussex Royal, the couple would be able to launch their charity foundation and sell merchandise that could help earn them money now that they're financially independent from the crown.



LIVE MUSIC&DANCE CALENDAR




FEB06-07
Boston Symphony Orchestra

SAC Concert Hall, Seoul
www.sac.or.kr



FEB08-09
ATEEZ World Tour The Fellowship : Map The Treasure

Olympic Park Olympic Hall
ticket.yes24.com




FEB12
Korea Opera Awards Winners Concert

SAC Concert Hall, Seoul
www.sac.or.kr




FEB15
Leticia Moreno & Quintet Tango Nuevo

SAC Concert Hall, Seoul
www.sac.or.kr



FEB16
MEN I TRUST Concert

Muv Hall, Seoul
ticket.yes24.com




FEB19
Paolo Taballione Flute Recital

IBK Chamber Hall
www.sac.or.kr




FEB19
Ivo Pogorelich Piano Recital

Lotte Concert Hall, Seoul
www.lotteconcerthall.com




FEB21
Kenny G. World Tour Valentine Concert

Lotte Concert Hall, Seoul
www.lotteconcerthall.com




FEB22-23
Beatbox to World 2020

Muv Hall, Seoul
ticket.interpark.com



FEB25
RuPaul's Drag Race WERQ The World 2020 - Seoul

Yes24 Live Hall
ticket.yes24.com



MAR04-05
Mika Live in Seoul

Jamsil Arena, Seoul
ticket.interpark.com



MAR06
Sunwook Kim Piano Recital

SAC Concert Hall, Seoul
www.sac.or.kr

Keumseong Law Corporation

We, Keumseong Law Corporation, have many years of experience in helping our clients, Koreans and foreigners, who live in the Republic of Korea. Currently, we have more than 20 Korean lawyers, foreign lawyers, a special counsel in immigration and more than 35 supporting staff to serve our Clients. Our Motto is "A trustworthy friend and reliable Partner!"

Keumseong provides free legal counseling regarding disputes on domestic, civic, criminal, immigration, labor and SOFA issues

Our core services we are providing as follows;

☒ Korean Visa:

- Change of status/ extension of visa / working permit (English teacher/ employment of housemaid etc.) (체류비자 연장, 변경/ 취업허가 등)
- Invite family members, friend, business partner from U.S and other countries to Korea. (미국이나 다른 나라에 거주하는 가족, 친척 등 초청)
- Helping discharged soldiers' settlement in Korea (전역군인의 한국정착)

☒ Family Law:

- Divorce and separation (이혼, 별거)
- Child custody/ support (자녀 양육비 지원 등)
- Spousal support/ alimony (배우자 별거/이혼, 위자료 등)
- Estate inheritance under Korean law (유산, 상속 등)

☒ SOFA/ Criminal Cases:

- SOFA consulting (SOFA 관련 상담)
- Police and court trial preparation and representation (형사사건 조사 및 재판)

☒ Other Services:

- Car accident & insurance claim/ DUI defense (차량사고, 보험금문제 등)
- Small claim related to Korea labor law (고용관련 분쟁)
- Tax/accounting claim (세금 등 분쟁)
- Business establishment in Korea (한국에서 회사설립 운영 등)



Attorney:

Ahaelin Chung & Park Sang-Hoon

Address:

Evaluation Institute of Regional Public Corporation 3-4F, 12-6, Banpo-daero 30-gil, Seocho-gu, Seoul, Korea

Office: 02-595-3700

Cell: +82-10-5384-7310

Email: kontak-us@keumseong.com

New Hospital, New Year, and New Born Baby!

Photos by Spec. Jung Yoon Choi
BDAACH Command Suite



The Brian D. Allgood Army Community Hospital (BDAACH) command team and OB/Women's Infant Care Unit staff including the delivering doctor welcomed the newest addition to the Barger family and presented a gift basket to celebrate the special moment with the family. Astrid Willow Barger, the first baby born of the New Year, came into the world at 5:31 a.m. January 1, 2020. The 8-pound 6-ounce, 21-inch baby girl is the second child of Erin Barger and Spc. Wesley Barger.



Brigade Welcomes 'Magnificent 7'

Photos by William Wight
65th Medical Brigade Public Affairs



The 65th Medical Brigade welcomed 7 new Republic of Korea Army Medical Officers Jan. 13, 2020 as part of the 130th cycle of the Integrated Service of the ROK Military Health Care Personnel Program. The "magnificent 7" received the Brigade patch signifying their transition to the U.S. Army for the next six months.





NAVIGATING KOREAN HOSPITALS

EDITOR'S NOTE

The PULSE65 editorial office will once again be featuring a series on navigating Korean hospitals as published by the Tricare Overseas Office within the Brian D. Allgood Army Community Hospital. Each month, we will highlight a portion of the guide to ease your concerns and answer some of the basic questions you might have about receiving medical care in Korea.

Seeking and receiving health-care in a foreign country at a civilian hospital can cause hesitancy and concerns because of language barriers, transportation challenges, and stress associated with navigating in an unfamiliar environment and healthcare system.

Korean network hospitals are part of our network, and together with their international clinics provide the highest quality health-care. All are accredited by the Joint Commission International or the Korean Hospital Association. Many of the medical staff speak English

and a significant number have been trained in the United States.

Usually every Korean hospital has an international clinic with English speaking staff. It is important to know that active duty personnel must wear civilian clothing while visiting Korean hospitals in accordance with Army Regulation 670-1. TRICARE Prime Beneficiaries must have a referral before going to a network Korean hospital, unless it is an emergency. When visiting one of the Korean network hospitals, expect a modern design and atmosphere, and the same up to date technology as expected in the United States. Most of the signs are in Hangul, the Korean language, with English translation to make it easier for international visitors to navigate through their hospital.

Your health and well-being is their priority, and they want your stay at their hospital to be as comfortable as possible. Remember to be patient and cooperative with the hospital staff as they work to make sure you are taken care of in a timely manner and receive the best of care. Many of the hospitals have interpreters during normal business hours. If you need assistance, the international clinic will be glad to help and make sure that communication is clear, minimizing

unnneeded stress. Bringing a trusted friend or colleague with Korean language capability is an option.

If you seek emergency care at a Korean hospital after hours, the international clinics will be closed. The emergency room staff may not always know how to deal with the TRICARE process. Some of the hospitals have a 24-hour English speaking service phone number. Usually emergency rooms reach out to an English speaking person as well. In case of an emergency you can always call International SOS who manages your care overseas at 080-429-0880. If you are a TRICARE Prime beneficiary, Korean hospitals that are within the network will file claims for you. If you are a TRICARE Standard beneficiary, be prepared to pay 100% upfront then file a claim to be reimbursed. Every beneficiary must ensure that you get a diagnosis from your doctor for claim purposes. If you pay for medication, you will need both the doctor's prescription and pharmacy receipt for claim processing.

We are here to help and ensure that you receive the best of care in a patient-friendly environment. Please let us know if you are having difficulties or concerns so that we can help.

Tricare Deductibles and Catastrophic Caps Reset Jan. 1

Courtesy of Tricare

Did you know your Tricare deductible and catastrophic cap reset every Jan. 1? As always, Tricare costs depend on who you are as well as your health plan (for example, Tricare Prime or Tricare Select). So take a few minutes to re-familiarize yourself with the deductible and catastrophic cap associated with your plan.

A deductible is a fixed amount you pay out of pocket for covered health care services each calendar year before Tricare pays anything. Enrollment fees aren't included in your deductible.

Your deductible varies by health plan. If you have Tricare Select, your deductible depends on your sponsor's status and rank, and whether they're in Group A or Group B. There's no deductible with Tricare Prime. But you may have to pay a deductible if you see a provider without a referral using the point-of-service option. If you have Tricare For Life (TFL), you only have to pay an annual deductible for services not covered by both Medicare and Tricare. Download the TFL Cost Matrix from the TFL page to see what Medicare and Tricare pay.

Your deductibles reset to \$0 every Jan. 1. You can find your deductible on the Tricare Costs and Fees Sheet at www.tricare.mil.



The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year. This protects you because it sets a limit for the amount you'll pay annually for Tricare covered medical services. Each year, your Tricare Prime or Tricare Select enrollment fees along with all other out-of-pocket expenses count toward your catastrophic cap. Each Jan. 1, this amount resets to \$0.

Once you reach your catastrophic cap, you don't pay any more of the Tricare -allowable charge for covered services. This includes enrollment fees for Tricare Prime and Tricare Select, costs paid toward annual deductibles, pharmacy copayments, and other cost-shares based on TRICARE-allowable charges. But you'll have to pay for services that

don't fall under the catastrophic cap protection.

The catastrophic cap doesn't apply to:

- Services not covered by Tricare
- Tricare Prime point-of-service charges

- Monthly premiums for Tricare Reserve Select, Tricare Retired Reserve, or Tricare Young Adult

Visit the Cost Terms page at www.tricare.mil to help you better understand your deductible, catastrophic cap, and other Tricare costs. Then use the Tricare Compare Cost tool to find your health plan costs, including costs related to Tricare For Life. For a detailed overview of most costs and fees for Tricare programs, you can also check out the 2020 Tricare Costs and Fees Sheet. This is your benefit—take command of your health care by learning about your plan.

The First Baby Boy and Girl Born in the BDAACH

Photos by Spec. Jung Yoon Choi
BDAACH Command Suite



The first baby boy and girl, Napu Kai and Ari, born at the new Brian D. Allgood Army Community Hospital visited the hospital on December 12, 2019 and met with the WICU staff and the hospital command team. Napu Kai and Ari received the custom-made onesies and the doctors who delivered Napu Kai and Ari presented gift baskets to the families.



A remedy for the common waiting room

With services from TRICARE® Online Patient Portal Secure Messaging, you can:

- Schedule web visits with your doctor
- Book appointments
- Request/review lab and test results
- Email your doctor a question
- Request medication refills
- Request a referral

It's healthcare that clicks.

To register for online services, visit your care team administrator. Sign up today and start making your life easier.



www.tolsecuremessaging.com

USAMMC-K Recognized for Safety Program

Story by C.J. Lovelace
Army Medical Logistics Command

Photos by William Wight
65th Medical Brigade Public Affairs



Maj. Gen. Patrick Donahoe, left, deputy commanding general for operations of the Eighth Army, presents the battalion-level Fiscal Year 2019 Eighth Army Exceptional Operational Safety Award to the U.S. Army Medical Materiel Center-Korea. Accepting the award are, from center-left, Commander Lt. Col. Marc R. Welde, Safety and Occupational Health Specialist Chaehun Choe and Sgt. Maj. Danyell E. Walters. (Photo Credit: Courtesy)

Readiness and workplace safety go hand in hand at the U.S. Army Medical Materiel Center-Korea, and that continued emphasis has not gone unnoticed.

USAMMC-K was one of three Eighth Army units that were recently awarded Fiscal Year 2019 Exceptional Organization Safety Awards. The center received the battalion-level award.

Maj. Gen. Patrick Donahoe, deputy commanding general of operations for the Eighth Army, presented the award on Jan. 8 to

USAMMC-K Commander Lt. Col. Marc R. Welde, Sgt. Maj. Danyell E. Walters and the unit's Safety and Occupational Health Specialist Chaehun Choe.

"While I credit the entire command for their safety efforts in all they do, most credit for this award goes to Mr. Choe," Welde said. "His diligence and determination to ensure our teammates are afforded a workplace which is free of unnecessary risks is unparalleled."

Welde said Choe "isn't shy" about addressing safety program deficiencies, adding that he "leaves no stone unturned and never settles to en-

sure our teammates have the safest possible workplace."

"Our entire organization counts on him," he said.

Choe said USAMMC-K was the first U.S. Forces Korea organization to achieve "star status" under the Army Safety Health Management System. The center has maintained that status since 2007, in addition to earning certification through the Occupational Health and Safety Administration last year.

"I see safety as somewhat similar to the fire department and firefighters," Choe said. "We all work to eliminate our own job" by pro-

moting safety and taking steps to avoid hazards before they become a problem.

Welde said the team at USAMMC-K counts on the safety program to accomplish their armistice mission, but also to maintain readiness to "fight tonight" if called upon.

"Having have a comprehensive program in place now ensures we will be able to accomplish the mission no matter what operating environment we are faced with," he said.

The Eighth Army's brigade-level award went to the 65th Medical Brigade, while the garrison-level honor went to the U.S. Army Garrison Yongsan-Casey.

According to the U.S. Army Combat Readiness Center, winning units reinforce the importance of proactive risk management integrated throughout plans, operations and training with effective loss prevention being central to Army readiness.

To be considered for an award, the Army Safety Program states that both individuals and organiza-

tions must have made significant improvements and contributions to accident prevention efforts, among other criteria, during the previous fiscal year.

Choe, who works as an "office of one" in executing USAMMC-K's safety program, said he may not have a full "safety team," but the center's leadership and building

managers have taken their role in planning and preparations very seriously.

That teamwork has allowed USAMMC-K to maintain a safe working environment for Soldiers, civilians and contractors alike, he said.

"Participation is important," Choe said. "By preparing, we can prevent most hazards."



The 65th Medical Brigade was awarded the FY19 Exceptional Organization Safety Award for Brigade level at the 8th Army Safety Council meeting by Maj. Gen. Patrick Donahoe, the 8th Army deputy commanding general (operations). The Brigade was recognized for engaged leadership, safety culture and robust accident prevention efforts with zero Class A or B accidents during fiscal year 2019.



Surgeon General Reaffirms Promise of Quality Care during DHA Transfer

Story by Sean Kimmons, Army News Service



Col. Adrienne Ari, an optometrist at Landstuhl Regional Medical Center in Germany, performs an eye examination Sept. 19, 2019. In October 2018, the Army, Navy and Air Force started the process to transfer the administration and management of their military medical treatment facilities to DHA. Phase II of that transition was completed this fall with roughly half of the MTFs in the continental U.S. now under the DHA. All other hospitals and clinics, including those overseas, will follow suit by 2021. (Photo Credit: Marcy Sanchez)

The military's top health officials testified before Congress Thursday on the ongoing transfer of healthcare systems to the Defense Health Agency.

In October 2018, the Army, Navy and Air Force started the process to transfer the administration and management of their military medical treatment facilities to DHA.

Phase II of that transition was completed this fall with roughly half of the MTFs in the continental U.S.

now under the DHA. All other hospitals and clinics, including those overseas, will follow suit by 2021.

"We all share a common commitment to ensuring our Military Health System is manned, organized, trained and equipped to meet the needs of our services and the joint force," Lt. Gen. Scott Dingle told lawmakers.

Dingle, who was sworn in as the

Army's surgeon general in September, represents over 130,000 Soldiers and civilians in Army Medicine.

Dingle and other military surgeons general joined defense health officials on Capitol Hill to testify before the House Armed Service Committee's subcommittee on military personnel.

In his testimony, Dingle said the

transfer has been transparent and the Army continues to offer high quality and safe healthcare to Soldiers, their families and retirees.

"As we reform and reorganize, we are committed to providing ready and responsive health services and force health protection," he said.

Since coming into his new position, Dingle said he established five priorities -- ready, reformed, reorganized, responsive and relevant -- that will serve as guidelines during the transition.

He vowed the Army Medicine force will be ready to deploy, fight and win when called upon; be reformed in accordance with the law; reorganized to support Army modernization; responsive to the demands of multi-domain operations; and relevant to the rapid changes in modern warfare.

Informed decisions, he added, will also be made as the Army realigns almost 7,000 military medical billets to fill modernization requirements in its operating force.

A four-year plan is now in place for these reductions, with only unoccupied billets being removed this fiscal year to minimize impacts on access to care, officials have said.

"The Army is continually as-

sessing the risks with changes to medical end strength," Dingle said. "Personnel changes currently under review are a necessary part of our modernization and our force shaping."

A total of about 18,000 uniformed medical billets across the Defense Department are slated to be affected throughout the transition.

"[We're] better organizing and integrating our direct care system to form a true unified medical enterprise that can improve our effectiveness and efficiency," said Thomas McCaffery, principal deputy assistant secretary of defense for health affairs.

The changes, he said, are necessary to improve the readiness of medical personnel as well as combat forces who may one day face near-peer threats in contested areas.

"In order to advance these goals, we believe the Military Health System, like the rest of the Department of Defense, must adapt and change in order to carry out our mission in an ever-evolving security environment," he said.

Previous joint efforts to medical care have often seen success on the battlefield, such as historically high survival rates for combat wounds and low rates of disease and non-

battle injuries, said Lt. Gen. Ronald Place, director of DHA.

"These successes reflect processes in which joint solutions contributed to these outcomes," he told lawmakers.

Today, the DHA has a broad range of combat support responsibilities. These include managing the Armed Services Blood Program, Joint Trauma System, public health, armed forces medical examiners, medical logistics, health information technology, and more, he said.

The agency also oversees MHS Genesis, a new electronic health record that provides upgraded, secure technology for patients to manage their health information. And further, it is enhancing TRI-CARE services for all beneficiaries.

"The DHA was established to strengthen our health system in both the deployed settings and in the fixed healthcare facilities around the world," Place said.

As it deals with people's health, Dingle said that Army Medicine will ensure a smooth transition of its operations over to DHA.

"For the service and sacrifice of our Soldiers and their families, we must get this right," he said. "This is our solemn obligation to our nation."



2020's First Baby at Madigan

Story by Kirstin Grace-Simons
Madigan Army Medical Center

Genita and Demetri Sheridan present their new son, Jourdan, who was Madigan Army Medical Center's first baby born in 2020 at 12:48 a.m. on January 1. Dad Demetri is a unit supply specialist with the 1st Battalion, 94th Field Artillery Regiment on Joint Base Lewis-McChord, Wash. (Photo Credit: Kirstin GraceSimons, Madigan Army Medical Center)



Little Jourdan Sheridan wanted to make sure that 2020 started off right for his mom Genita and dad Demetri, so he decided that he'd make his entry into the world within the first hour of the new year.

The physicians and nursing staff in the Labor and Delivery unit of Madigan Army Medical Center, on Joint Base Lewis-McChord, Wash., had to do some coaxing as the lad's

birth was a slow endeavor.

"I salute every woman who ever gave birth," said Genita when she got to describing the back labor part of the birth. As things were progressing slowly, labor was induced. On the brink of calling off the efforts for a natural birth in favor of a caesarian section, the doctor did one more exam to see if things were ready.

Given that Genita had been in the midst of the process for two days already, it came as a bit of a

surprise when the doctor told her it was time to push.

Working past the disbelief that it was actually time, Genita gave it her all and Jourdan quietly entered the world at 48 minutes past midnight on January 1.

His initial exams and vaccinations produced some solid vocalizations, proving he was healthy.

Healthy and beautiful. "I can't stop looking at him," marveled Genita.

He's the first baby for his

23-year-old parents who met here on base.

Demetri is a sergeant who is a unit supply specialist with the 1st Battalion, 94th Field Artillery Regiment and has been on JBLM since 2016; he is originally from North Carolina. Genita, a Baltimore, Md. native, left her time in the Army in artillery herself in November; she has been here since 2015.

They quickly became friends. But, Demetri, who had seen a photo of Genita on a friend's phone before meeting her, had already decided that he was interested in something more.

Hesitant at first to possibly risk a good friendship, Genita decided dating might be a good idea too. "This man really likes me," she said to herself, coming to the conclusion that that was to be prized.

All the typical milestones have fallen into place since then. A wedding in 2018, their first house, and now, Jourdan.

Their 1-year-old German shepherd and guinea pig got their family started. Genita is certain the dog will be beyond excited to meet the newest Sheridan. It takes just under eight pounds for Jourdan to round out the family perfectly.

Genita says they are ready to take things as they come and not have a lot of expectations for what their journey as new parents will be like. Jourdan will be who he is, after all.

"We've just got to do what we've got to do; all for him," concluded Genita.

Demetri is looking forward to seeing his son develop his own interests. He would love it if Jourdan took an interest in sports, like his dad. "Just some-



Jourdan Sheridan rests after his birth made him Madigan Army Medical Center's first baby born in 2020. He was born at 12:48 a.m. on January 1, weighing 7 pounds, 10 ounces. His dad is a unit supply specialist with the 1st Battalion, 94th Field Artillery Regiment on Joint Base Lewis-McChord, Wash. (Photo Credit: Kirstin GraceSimons, Madigan Army Medical Center)

thing that he loves, so he can grow to enjoy it," said Demetri.

"I just want to support him," chimed in Genita. "I just want him to know we're there for him and he's loved."

Dad's family has been out to visit already and mom has had a video chat with her family.

As Genita holds Jourdan, she displays a natural comfort. As one of eight siblings, she says she's had a lot

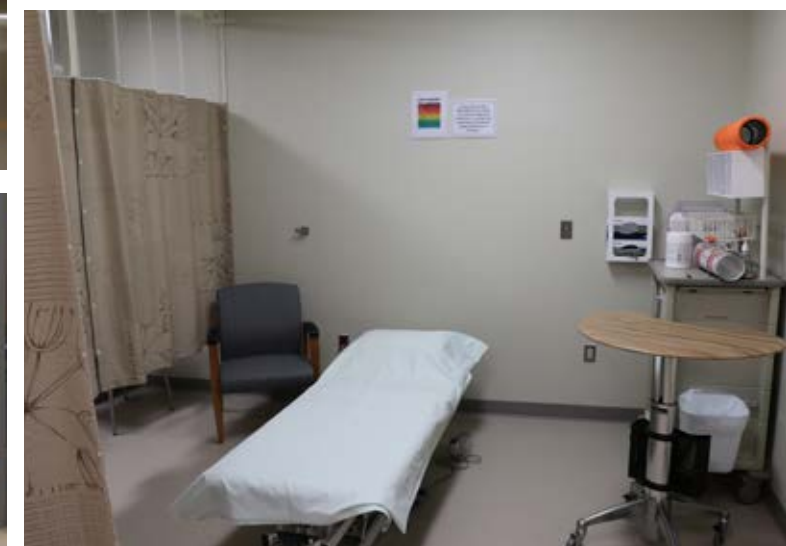
of practice. "I kind of took care of my younger ones," she explained.

Though Demetri has one brother who is just a year younger than he is, he has an ease with his son as well.

On January 1, a new family was born at Madigan. Watching the nurses of the Mother/Baby unit care for their patients with a distinct air of pride, it'd be hard to imagine a better way to ring in a new year than that.

Rehabilitation Services Department Provides Direct Access to Patients Ensuring Return to Duty Status from Muscular Skeletal Injuries

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



The human body is the most amazing, complex machine that exists in this universe. When one considers all the intricate processes that are occurring within our bodies, every second of every minute, it is wonderfully humbling.

One of the most frequented service lines within the Humphreys Brian D. Allgood Army Community Hospital is the Department of Rehabilitation Services.

Rehabilitation includes:

- Focus on health and recovery, including physical and behavioral health, through clinical and non-clinical appointments
- Adaptive reconditioning activities designed to support well-being
- Navigating the Integrated Disability Evaluation System (IDES), used to determine whether a Soldier will return to duty or transition to civilian life
- Career planning based on the Soldier's track: Remain in the Army or Transition from the Army

The BDAACH Physical Performance service line

encompasses physical medicine, occupational therapy and physical therapy.

According to Lt. Col. Alexandra Hickman, chief of rehabilitation services, physical therapy is defined as therapy for the preservation, enhancement, or restoration of movement and physical function impaired or threatened by disease, injury, or disability that utilizes therapeutic exercise, physical modalities (such as massage and electrotherapy), assistive devices, and patient education and training.

Occupational therapy is the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, or other disorder or condition.

"We treat a variety of muscular skeletal injuries, but our main goal is assisting servicemembers with their rehabilitative care and return them back to active duty

as quickly as possible," said Hickman.

With an average of over 2,000 patients per month, Hickman says that the department offers a holistic approach to rehab care.

Last month, care was expanded from the new BDAACH to the soldier centered medical homes on Humphreys (Jenkins and Kim clinics).

Hickman spoke on the variety of programs offered by the department, the biggest being virtual health. Given the geographical disparity of beneficiaries in the Republic of Korea, Hickman employed virtual health for use with occupational therapy at the outlying clinics.

"To alleviate the travelling time to the BDAACH, virtual health allows us to video chat with the patient directly resulting in a cost savings and less time spent away from duty for the servicemember," said Hickman.

Hickman further stated that the BDAACH is looking to expand virtual health to other services within the department in the foreseeable future.

The department also offers individual and group classes on cognitive behavior, sleep hygiene, mind-

fulness, stress management, behavioral health and traumatic brain injuries.

With the inception of the new Army Combat Fitness Test, Hickman's staff are in the planning stages of preparing the department and the unit commands on instruction of proper techniques to prevent injuries such as carpal tunnel of the wrists, lower back pain, ankle pain and shoulders by providing injury prevention briefings.

Along with the variety of injury prevention educational classes and therapeutic treatments, the department also offers aquatic therapy to treat lower extremities and back injuries as well as a running class to teach mechanics on how to run properly and correct the biomechanics to prevent injuries.

"The purpose of physical therapy is to provide direct access to patients for muscular skeletal injuries," said Hickman. "The faster we see a patient for their injuries, the faster they can be returned to duty and increase readiness by reducing recovery time. This is the cornerstone of what we do by providing direct access to our patients and getting them back to duty faster."

Women's Infant Care Unit Seeks Total Customer Satisfaction at New BDAACH

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



Since its opening on Humphreys, the Brian D. Allgood Army Community Hospital has become the central point for medical care to the servicemembers, families and civilian populace on the peninsula. One of the most popular departments visited is the Women's Infant Care Unit or WICU for short.

According to Lt. Col. Wendy Lai, clinical nurse OIC, the new BDAACH has been averaging over 30 births a month with a projec-

tion of at least 50 for the month of February.

"One of the things that we strive for is to not only make the expectant mother comfortable with birth but the family as well," said Lai.

The WICU offers weekly tours of the ward on Tuesday's at 5 p.m. for anyone who wishes to view the new surroundings.

"The tours allow the expectant mothers to gain a visual understanding before they come to deliver their newborn," said Lai. "This visual time lessons the anxiety before labor."



The WICU now has six rooms on the floor compared to three in the old legacy Yongsan facility as well as the operating room for complications and labor delivery rooms are now co-located within the department, to include a room dedicated entirely for caesarean section births. Caesarean section, also known as C-section, or caesarean delivery, is the use of surgery to deliver babies. A caesarean section is often necessary when a vaginal delivery would put the baby or mother at risk.

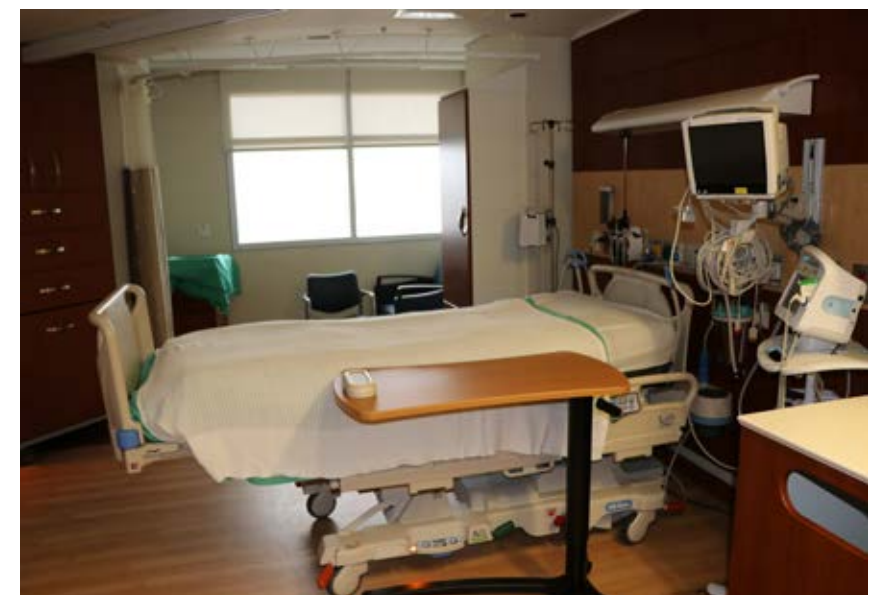
After the delivery of the newborn, Lai explained that all rooms are now private rooms with private lavatories and family oriented.

Despite operating the department 24 hours a day in 12-hour shifts, the staff a very well nursed in the practice of 'skin-to-skin' for newborns and expectant mothers.

During pregnancy, babies are as close to their moms as they can be—getting warmth, food, protection, and oxygen from their mother's body. Then, labor occurs, and babies suddenly find themselves without immediate access to those essential needs. It is not surprising that study after study has shown a host of benefits for babies who experience skin-to-skin care (sometimes called "kangaroo care") with their mothers. When babies are held naked against their mother's skin, it is the closest they can get to being back in the warmth and security of the womb.

"At the BDAACH WICU, we realize the importance of the birth," said Lai. "There are very few things in people's lives that they fondly remember, the birth of a child is one of them. That is why we strive for complete customer satisfaction."

To schedule a tour of the WICU or if you are an expectant mother within the 20-week delivery window, please contact the WICU at 050-3337-1295 or 737-1295.





Hospital Pharmacy Decreases Beneficiary Waiting Time, Thanks to New Automation

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

L

located on the first floor of the Humphreys Brian D. Allgood Army Community Hospital is one of the most utilized departments, the pharmacy. With an average of over 10,000 prescriptions being filled per month, Sgt. 1st Class Dina Brown, pharmacy noncommissioned officer in charge, gave the PULSE65 editorial staff a tour of the department and its improved nuances.

“Compared to the legacy facility in Yongsan, we now have made improvements to our processes and our equipment has caught up to the mainstream pharmacies in the United States as well as other Department of Defense military treatment facilities,” said Brown.

The BDAACH pharmacy has expanded to include six customer service windows to include an additional window that will be open sometime this month solely dedicated for patient call in refills.

Some of the new equipment includes a variety of robotic machines and electronic storage facilities for med-



ication. Robotic dispensing systems can count pills, cap bottles, label the prescription vial, store hundreds of medications, and access the patient information to ensure accuracy. They can store & fill prescriptions. They are large storage containers which are computer-controlled using a touch-screen interface. They work much the same way vending machines do. They can dispense medications to customers & staff according to their prescriptions. Automation reduces medication errors, providing the right drug and dose thus improving patient safety and wait times.

One of the biggest improvements is the updated QFLOW (Quota Flow Control) system upon check-in. It is designed to improve the prescription distribution process and benefit both patients and pharmacy staff. “Beneficiaries will follow the Q-Flow kiosk onscreen instructions to select their patient category, will receive a ticket, and then have a seat before being called to one of the windows,” said Brown.

The average waiting time for beneficiaries is about ten minutes or less to be seen at the window. The system prioritizes based on active duty in uniform, hospital staff, patient discharge, call in refills and walk ins.

Behind the scenes, Brown said the pharmacy now is all inclusive with both inpatient and outpatient as well as hospital supply being all in one area and is open seven days a week to include training and major holidays.

The hours of the BDAACH Pharmacy are:
Mon-Fri: 0730-1930, Sunday: 1230-2030, Saturday/Training Holidays/Federal Holidays: 0930-1830.





Annual Nakdong Challenge Brings Unit Comradery and Cohesion

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

“It is a proud privilege to be a soldier – a good soldier [with] discipline, self-respect, pride in his unit and his country, a high sense of duty and obligation to comrades and to his superiors, and a self-confidence born of demonstrated ability.”

– George S. Patton Jr.



Photo by 2nd Lt. Julie Sperry
563rd Medical Logistics Company





combined team of Korean Government Service workers, Department of the Army Civilians and Soldiers from within the 168th Multifunctional Medical Battalion and 2-1 Air Defense Artillery supported the event by either being lane evaluators, providing logistics support, playing opposing forces or executing the testing lanes.”

“In what originally began as a leader’s stakes, the event was expanded this year to all units within Area IV to incorporate historical aspects of the surrounding area we support and challenge USAMMC-K members with a variety of situations and readiness scenarios to prepare for the transition to hostilities,” said Maj. Tanisiha Greene, Officer in Charge of the Nokdang Challenge and Chief of Material Management for USAMMC-K.

The competition was designed to force teams to have a shared struggle and incorporate teamwork while enhancing esprit de corps within the organization. This year five teams of four personnel competed with a written test, a combination of Expert Field Medical Badge



events and Warrior Tasks and Drills, physical fitness event, vehicle recovery operation, historical aspects with a Hill 303 hike, a weapons range and CBRN event said Greene.

“I am proud of all participants who volunteered to take on this challenge, and am pleased to announce this year’s winning team from the 563rd Medical Logistics Company led by Staff Sgt. Peterson and his teammates Spec. Lim, Pvt. 1st Class Martinez, and Pvt. 1st Class Kwak (aka Killer Healers). This type of event again proves our motto of “Never Settle!” resonates through the ranks,” boasted Welde.

5th place with a combined score of 185 points was team Blue Berry Waffle

4th place with a combined score of 189 points was team Big Boyz

3rd place with a combined score of 203 points was team Hell Hounds

2nd place with a combined score of 218 points was team Sharkbait

1st place with a combined score of 232 points was team Killer Healers

Photo by 2nd Lt. Julie Sperry
563rd Medical Logistics Company



Photo by 2nd Lt. Julie Sperry
563rd Medical Logistics Company



TRAUMATIC BRAIN INJURY

Story by Cpt. Marjorie Acsenvil
Army Public Health Nurse, Area I



Jones: Kyle, are you ok? While running to catch the ball you fall and hit the ground really hard.

Kyle: I don't know, I don't remember what happened, my head hurts.

If you, like Kyle, have experienced headache, loss of consciousness or disorientation for a few seconds or minutes after a fall, you might be suffering from a concussion. A concussion is a kind of traumatic brain injury (TBI) caused by a blow, bump, or jolt to the head making the head and brain to move rapidly back and forth. The rapid

movement of the brain bouncing around can produce chemical changes affecting or damaging the brain cells. TBI can be caused by falls, car accidents, sports-related injury, and penetrating objects or trauma to the head. Although TBI does not happen with all bumps, blows or jolt to the head, when a TBI occurs, it can be mild, moderate or severe. Symptoms of mild TBI include headache, confusion, dizziness, lightheadedness, blurred vision, ringing in the ears, a bad taste in the mouth, behavior and mood change, a change in sleep habits, trouble with memory and concentration, loss of conscious-

ness for a few seconds to minutes, sensitivity to light or sound, nausea and vomiting. Symptoms of moderate or severe TBI include headache progressively worse, repeated nausea or vomiting, slurred speech, seizures, inability to wake up from sleep, enlargement of pupil, numbness or tingling of arms or legs, loss of coordination, increased confusion, restlessness or agitation, and loss of consciousness lasting a few minutes to hours.

According to the national institute of neurological disorders and stroke (NINDS), TBI is the leading cause of death and disability in children in the United States.

TBI is also a great concern among the elderly or people age 75 and older, due to falls and high rate of death and hospitalization. According to the U.S. Centers for Disease Control and Prevention (CDC), in 2010 TBI injuries cost around \$76 billion in direct and indirect medical expenses.

TBIs contributed to the deaths of more than 50,000 people in the United States

2.2 million people with TBI visited an emergency department

Around 5.3 million in the United States are living with long-term TBI related disabilities.

Many people recover entirely from a concussion or a mild type of TBI. However, some symptoms of moderate or severe TBI can last for weeks and months depending on

the nature of the head injury.

Prevention is the best way to prevent TBI:

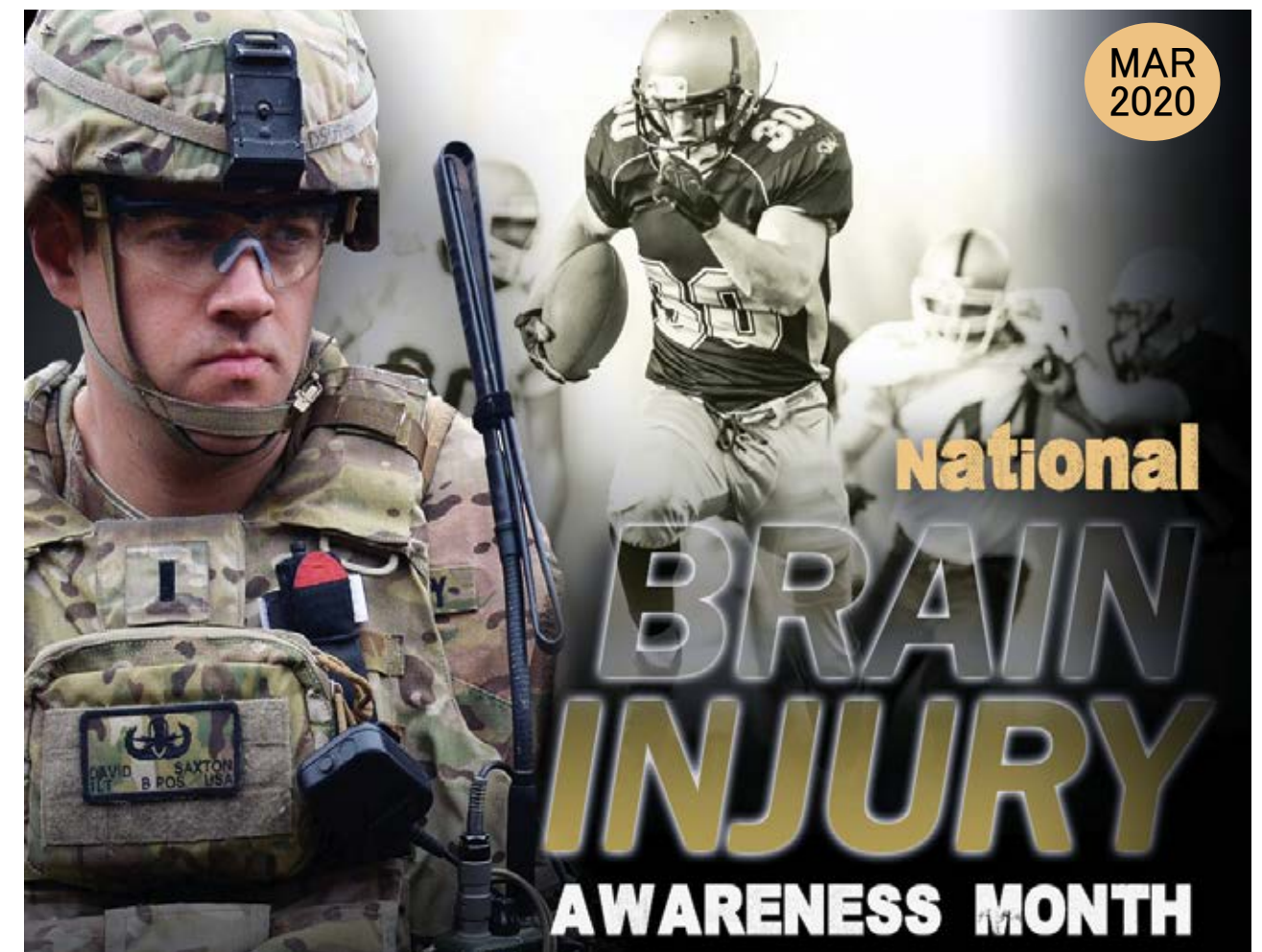
- Wearing a seatbelt when you drive or ride in a vehicle.
- Wear the correct helmet size when riding a bicycle, motorcycle, skateboarding and playing sports.
- Install stair safety gates, and window guards at home for children.
- Never drive under the influence of drugs or alcohol.
- Improve lighting, remove rugs, clutter and other trip hazards in hallways.
- Use nonslip mats, install grab bars next to toilets, and in tubs or showers for older adults.
- Install handrails on stairways.
- Ensure children's playgrounds are made of shock-absorbing mate-

rials: hardwood mulch or sand. If you or a loved one suffer a blow or trauma to the head that may have caused a TBI, you should seek medical attention.

• *Traumatic Brain Injury: Hope Through Research.* <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Hope-Through-Research/Traumatic-Brain-Injury-Hope-Through>. Retrieved 6 December 2019

• *What are common TBI symptoms?* <https://www.nichd.nih.gov/health/topics/tbi/conditioninfo/symptoms>. Retrieved 4 December 2019

• *Concussion Signs and Symptoms.* https://www.cdc.gov/headsup/basics/concussion_symptoms.html. Retrieved 4 December 2019



Military Patients Will 'Absolutely Positively' See Better Care After Merger, DHA Head Says

By Dorothy Mills-Gregg
Military.com



base are the types of improvements patients should see when the DHA standardizes management of clinics and hospitals across the military health system, Place said.

Congress mandated the military medical reorganization, which is the largest change in decades, in 2017. Lawmakers hoped it would save money and let the services focus more on military readiness and delivering care rather than managing clinics and hospitals.

Place said the DHA found that most of the system's expertise was in each service's medicine headquarters. A longer transition would have reduced staff in those headquarters, causing problems, he explained.

So implementation of the transition plan was shortened last summer from four years to three. This means management of all medical treatment facilities across the U.S. began Oct. 1; the DHA will take over overseas military medical facilities on Oct. 1, 2020.

"... We believe we made [the transition] short enough to minimize the risk of not enough staff in the headquarters but long enough to be able to do the 'This is who's doing that now. This is who's doing it in the future. What's the handoff? What's the discussion between them?' That sort of thing," Place said.

The transition of military medical facilities to the Defense Health Agency's management should be invisible to patients, but they should notice improvements to care, the agency's director says.

Lt. Gen. Ronald Place, who became DHA's third director in September, told Military.com in an interview this month that service members and their families should not see a change to protocol as all of the services' clinics and hospitals, about 245 of them across the country, transition to

the DHA's care.

"They shouldn't notice that it was an Army medicine facility, Navy medicine facility, Air Force facility and now it's a DHA facility," he said. "That should all be invisible."

But Place they "absolutely positively" should see improved care.

"The majority of these administrative changes," he said, "at least in the short term, are for making it easier for our patients to understand our system and for us to be able to take care of them."

Faster prescription pickups and painless appointment booking off

Army Lt. Gen. Ronald Place, who became the Defense Health Agency director when Navy Vice Adm. Raquel Bono retired in August 2019, is leading the Tricare managing agency during one of the military health system's largest reorganizations.



UNITED CLUB PHOTO CONTEST

SUBMISSION DATE FEB 20TH 2020
SEE WEBSITE FOR CONTEST RULES

DMZ TO THE SEA
PUBLICATION 2020-2021

<https://www.humphreysunitedspouses.com>



Tasty Korean Treats Perfect for Winter

Courtesy of Korea Tourism Organization



With the arrival of winter's cold bite comes a variety of Korean winter snacks and foods. Savory and sweet winter street foods like bungeoppang (carp-shaped bun), hotteok (sugar-filled griddle cake), baked sweet potatoes, and hoppang (steamed bun), just to name a few, are all-time favorite snacks for Koreans regardless of age. Carts and stalls selling these food items increase in number as temperatures drop, becoming easily spotted at street corners, thus drawing people to warm themselves up and have a bite before continuing their way. Standing around the cooking stoves not only helps everyone forget about the chilly winter weather for a moment, but also brings back childhood memories for Koreans.

Bungeoppang



A common winter street scene in Korea is that of food carts selling bungeoppang on street corners. Bungeoppang is made by pouring flour dough into the bungeo (carp)-shaped black cast iron mold and filling it with red bean paste. Bungeoppang can vary slightly in shape and color depending on the amount of flour used and the baking time, but the taste is always a crowd-pleaser.

For many Koreans, the sight of freshly baked bungeoppang and its sweet aroma wafting through the crisp winter air is a signal that winter has truly arrived. Nowadays, you can find a diverse variety of bungeoppang such as ingeoppang (mini-bungeoppang) and bungeoppang filled with ingredients other than the traditional red bean paste. Prices vary by region, but 3 to 5 bungeoppang usually sell for 2,000 won.

Hoppang (Ujinbang)



Hoppang is a typical Korean winter treat usually warmed in a steamer or microwave before being eaten. Traditionally, hoppang is filled with red bean paste, but other flavors are also available including fillings like meat, cheese, vegetables, sweet potatoes, pizza toppings, sweet pumpkin, and more.

Hoppang derives its name from the Korean onomatopoeia “ho ho” for blowing on hot food and also from the sound of laughter that comes from a family happily eating hoppang together. One bun costs around 1,000 to 2,000 won. This tasty snack can be purchased at nearly any convenience store, small independent grocery store, or market in the neighborhood.



Tteokbokki



Tteokbokki (spicy rice cakes) is a widely popular dish in Korea that has a very distinctive spicy, yet sweet, flavor. The main ingredient of tteokbokki is garae tteok, rice cake formed into a long white cylinder shape, which is mixed with eomuk (fish cake) and various vegetables like onions, cabbage, and carrots, and red pepper paste. The mixture is heated and served with a hot cup of broth that the eomuk was cooked in.

Tteokbokki is easily found all across Korea. Tteokbokki franchise restaurants have also increased in numbers and a wider variety of tteokbokki flavors are available including ones using curry, cheese, and jajang (black soybean sauce). Prices vary by store, but you can generally expect to pay 2,500 to 3,500 won per serving with complimentary refills of eomuk broth.

Kkochi eomuk



Yet another street food snack that Koreans like to eat as the temperatures drop is kkochi eomuk, or fish cake skewers. Eomuk is prepared on skewers then boiled in a broth flavored with radishes and kelp. Unlike tteokbokki, eomuk is not spicy and is a great complement to help soothe the spiciness of tteokbokki, and of course it's the menu to look for when you want to warm up your body quickly. Kkochi eomuk usually cost anywhere from 500 to 1,000 won and are often sold at the same stands as tteokbokki.

Hotteok



Hotteok is probably the most friendly winter snack favored by locals and international visitors alike. In winter, places such as Insa-dong and Namdaemun Market in Seoul are dotted with hotteok vendors serving up these delicious little treats.

Hotteok is made with dough from glutinous rice flour and filled with a mix of sugar, peanuts, and cinnamon. The round and flat pancakes are then lightly fried in oil. Some variations include hotteok stuffed with vegetables or seeds. Be careful when you take that first bite; although the brown-sugar filling is delicious, it is often very hot. Like many of the other street foods in Korea, hotteok is a steal at only 700 to 1,000 won apiece.

Gunbam



Roasted chestnuts, or gunbam in Korean, are one of the most popular winter snacks as they can easily be prepared at home. Roasted chestnuts take a long time to cook thoroughly but a longer cooking time ensures that you get the best flavor. They are usually sold near traditional markets in small paper bags for 3,000 to 5,000 won.

K-CAR RENTAL

rent a car

K-CAR
RENTAL



Compact

KIA K3 ₩55,000~



Standard

HYUNDAI SONATA ₩65,000~



15 Passenger
Luxury

HYUNDAI SOLATI ₩300,000~



Mid-size
SUV

HYUNDAI TUCSON ₩85,000~



Full-size
SUV

HYUNDAI PALISADE ₩160,000~



9 Passenger
Minivan

KIA CARNIVAL ₩110,000~



12 Passenger
Van

HYUNDAI STAREX ₩100,000~

- Best Price Guarantee
- 24/7 Roadside assistance

- Free Cancellation
- USFK ACCESS

K-CAR
RENTAL

**Reservation
Center**
031-618-6112

**Customer
Center**
010-7676-8233

What You Need to Know If You're New to Tricare

Courtesy of Tricare

If you're newly enrolled in Tricare health or dental coverage, you're in good company. You now have access to a global network of military and civilian providers. Learning about your health care coverage now will help you maximize your benefit and take command of your health in 2020.

First Things First: Eligibility

You must keep your information updated in the Defense Enrollment Eligibility Reporting System (DEERS). If you don't, you may miss important information and enrollment deadlines. This could mean you or your family lose access to care. You have several options for updating your information in DEERS (online, phone, mail, and fax). Remember to update DEERS anytime you experience a change or Qualifying Life Event (QLE).

Tricare plan options

Your eligibility for certain Tricare plans depends on factors like your sponsor's status, your relationship to your sponsor, and where you live. Different family members may be eligible for different plans.

Visit the Tricare Plan Finder to see which plan best meets your needs. You can also use the Compare Plans Tool to compare the key features of health plans side-by-side. This includes information on how to enroll, get care, file claims, and more.

It's important to understand the basics of your Tricare plan options. The Tricare Plans Overview also provides information on available Tricare plans, including Tricare Prime, Tricare Select, and premium-based plans. Premium-based plans include:

Tricare Retired Reserve
Tricare Reserve Select
Tricare Young Adult
Continued Health Care Benefit Program

As described in the Tricare Plans Overview, you can purchase premium-based plans anytime.

When comparing plans, you should also compare costs. You can view, download, or print the Tricare Costs and Fees Sheet from the Tricare publications page at www.tricare.mil. Depending on who you are and the plan you enroll in, you may have out-of-pocket costs for certain covered services. Another helpful resource is the Tricare Compare Cost Tool. Use it to view comprehensive costs for your plan and compare them with those of other plans.

Choosing or changing Tricare plans

Now that you're covered by Tricare, you may be wondering how you and your family members can choose or change plans in the future. For Tricare Prime (including the US Family Health Plan) and Tricare Select, you may only choose or change your enrollment:

Following when you or a family member experiences a QLE, or

During the annual Tricare Open

Season.

Other Tricare plans offer continuous open enrollment.

Getting care

Finding a provider. With some plans, you may be assigned to a military hospital or clinic, as well as a primary care manager (PCM). If not, begin by locating a provider. You can do this with the TRICARE Find a Doctor Tool. If you already know the type of provider you're looking for, view the provider directories for your Tricare region.

Understanding what's covered. Explore what's covered prior to getting care. Tricare covers clinical preventive services. For Tricare Prime plans, you get your preventive care from your PCM or any network provider. Referrals or pre-authorizations aren't required, and you pay nothing out of pocket. If you use any other Tricare plan, you can visit any Tricare-authorized provider, network or non-network. The cost will depend on whom you see.

Types of care. The types of care you need fall into five categories: routine, preventative, specialty, urgent, and emergency. How you seek non-emergency care may differ by plan. However, if you reasonably think you have an emergency, always go to the nearest emergency room or call 911.

Learn more about Tricare by exploring online resources at www.tricare.mil. Stay informed by signing up to get updates from Tricare via e-mail. And welcome to the Tricare family.

Busy?

Connect with your doctor online and save time

With services from TRICARE® Online Patient Portal Secure Messaging, you can:

- Schedule web visits with your doctor
- Book appointments
- Request/review lab and test results
- Email your doctor a question
- Request medication refills
- Request a referral

It's healthcare that clicks.

To register for online services, visit your care team administrator. Sign up today and start making your life easier.



www.tolsecuremessaging.com

Changes Abound, Relationships Endure

Story by Maj. Mike Karlson
65th Medical Brigade S9



The 65th Medical Brigade and 549th Hospital Center leadership celebrated with the outgoing (Brig. Gen. Myoung Ok Kwon) and incoming (Brig. Gen. Eui Suk Jeong) KAFNA Commanding Generals and staff at a change of command ceremony held at KAFNA headquarters on January 2, 2020. (Photo by Maj. Michael Karlson, 65th Medical Brigade) ◀

The 65th Medical Brigade Command Team traveled to Yongsan to present a brigade coin and welcome the new CFC C1 Medical Division chief, Col. Hyun Ho Jung, after thanking the outgoing chief, Col. Kang Ho Kim for his partnership on December 26, 2020. (Photo by Maj. Michael Karlson, 65th Medical Brigade) ▼

Mission requirements, personnel turnover, resource constraints, and time continuously affect both the art and the science of military decision making. Each of these variables is highly susceptible to change, and change is inevitable. The months of December and January saw key leadership changes within two Republic of Korea (ROK) military organizations and partners of the 65th Medical Brigade/Medical Department Activity Command-Korea (MEDDAC-K): the Korean Armed Forces Nursing Academy (KAFNA) and the Combined Forces Command (CFC) C1 Medical Division. KAFNA bid farewell to its outgoing



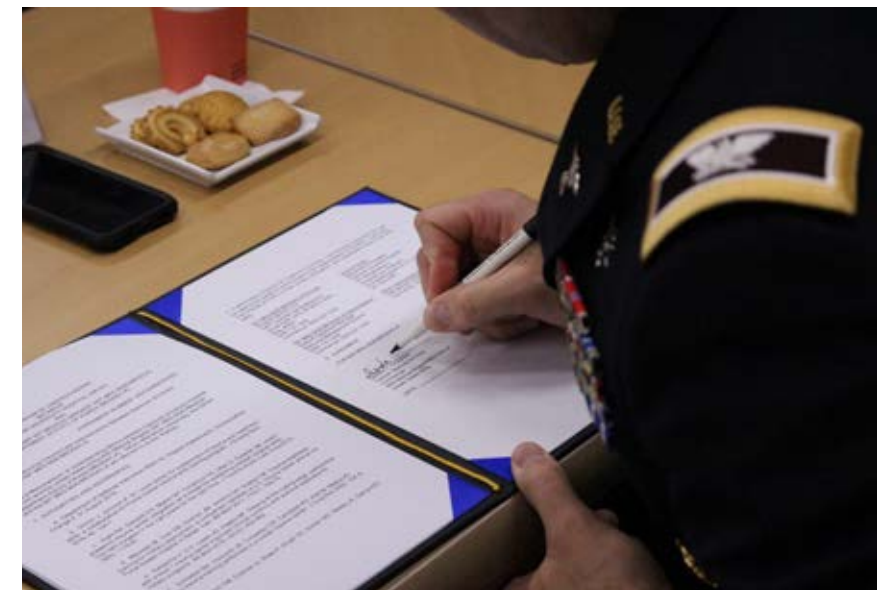
Commanding General (CG), Brig. Gen. Myoung Ok Kwon and welcomed a new CG, Brig. Gen. Eui Suk Jeong. CFC C1 Medical Division also welcomed a new chief, Col. Hyun Ho Jung and said goodbye to their outgoing chief, Col. Kang Ho Kim.

Kwon, Kim, and their staff have 'shared the same foxhole' with the Brigade during the planning and execution of many key events such as the 38th Parallel Healthcare Training Symposium, Combined Command Post Training Exercises, and transformation and relocation efforts of the Brian D. Allgood Army Community Hospital to name just a few. Partnerships have been crucial to the Brigade's ability to provide armistice healthcare and maintain continuous readiness for any contingency.

The Brigade/MEDDAC-K maintain enduring relationships with a multitude of ROK military and civilian organizations. The relationship with the medical leadership of Dankook University Hospital was recently solidified at a Memorandum of Agreement (MOA) signing ceremony on January 10, 2020. This is the fifth MOA between the Brigade and a host nation healthcare facility. These MOAs are essential to the maintenance of critical trauma skill sets for U.S. military medical personnel.

Enduring relationships are built through persistent engagement, whether that be hard and realistic training like Operation Dragon Lift, or demanding shiftwork side by side in a healthcare facility. Persistent engagement and the lessons learned throughout are the bedrock upon which shared organizational success is built. Individuals come and go; however, organizational relationships can continue to grow if properly maintained.

Jeong and Jung may be new in their positions, but they start their missions off as friends and trusted partners of the Brigade and



Col. Derek C. Cooper, 65th Medical Brigade/MEDDAC-K commander signed a Memorandum of Agreement with the medical leadership of Dankook University Hospital toward greater trauma care interoperability on January 10, 2020. (Photo by Sgt. Won Seok Kim, 549th Hospital Center)



65th Medical Brigade and 549th Hospital Center leadership pose for a picture with the medical leadership of Dankook University Hospital after signing a Memorandum of Agreement on January 10, 2020. (Photo by Sgt. Won Seok Kim, 549th Hospital Center)

MEDDAC-K. Enduring relationships mitigate the effects of this constant flux and ensure that no matter the time or circumstance, the 65th Medical Brigade/Medical Department Activity Command-Korea maintains its armistice healthcare mission and is ready to "Fight Tonight" as a combined team.

EDITOR'S NOTE: Maj. Mike Karlson is an Army Civil Affairs officer with over six years of operational experience in

the Asia-Pacific region, supporting both Special Operations and General-Purpose Forces. He currently serves as the S9 within the 65th Medical Brigade.

AUTHOR'S NOTE: An incredible amount of work goes into the development and maintenance of the 65th MED BDE/MEDDAC-K's host nation relationships. This work would not be possible without the tireless efforts of Dr. Wanhee Choi, Deputy Commander for Host Nation Affairs. I would also like to thank Lt. Col. Rose Grimm, Brigade Veterinarian, for her mentorship and help with this article.



What is the Coronavirus?



Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.

Common signs of infection include respiratory symptoms, fever, cough,

shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Standard recommendations to prevent infection spread include regular hand washing, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.

Human Coronavirus Types

Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.

Human coronaviruses were first identified in the mid-1960s. The seven

coronaviruses that can infect people are:

Common human coronaviruses
229E (alpha coronavirus)
NL63 (alpha coronavirus)
OC43 (beta coronavirus)
HKU1 (beta coronavirus)
Other human coronaviruses

MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)

SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)

2019 Novel Coronavirus (2019-nCoV)

People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1.

Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are 2019-nCoV, SARS-CoV, and MERS-CoV.

Our office is online!

Good news, now you can...



Visit Your Doctor
Online (webVisit®)



Schedule Your
Next Appointment



Refill Your
Medication



Get Your
Lab Results

It's Easy To Get Started

Provide our front desk with your email address and we will send you an invite to TRICARE® Online Patient Portal Secure Messaging.



PATIENT
PORTAL

SECURE
MESSAGING

www.tolsecuremessaging.com

What is the 2019 Novel Coronavirus?

Courtesy of Center of Disease Control

The 2019 Novel Coronavirus (2019-nCoV) is a virus (more specifically, a coronavirus) identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, indicating person-to-person spread is occurring. Currently, it's unclear how easily or sustainably this virus is spreading between people.

How 2019-nCoV Spreads

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS and SARS.

When person-to-person spread has occurred with MERS and SARS, it is thought to have happened mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. Spread of SARS and MERS between people has generally occurred between close contacts.

It's important to note that how easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so. It's important to know this in order to better understand the risk associated with this virus. While CDC considers this is a very serious public health threat, based on current information, the immediate health risk from 2019-nCoV to the general American public is considered low at this time.

There is much more to learn about the transmissibility, severity, and other features associated with 2019-nCoV and investigations are ongoing.

Prevention & Treatment

Prevention

There is currently no vaccine to prevent 2019-nCoV infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

These are everyday habits that can help prevent the spread of several viruses.

Treatment

There is no specific antiviral treatment recommended for 2019-nCoV infection. People infected with 2019-nCoV should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

People who think they may have been exposed to 2019-nCoV should contact your healthcare provider immediately.

Situation Summary

The CDC is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus (named "2019-nCoV") that was first detected in Wuhan City, Hubei Province, China and which continues to expand. Chinese health officials have reported thousands of infections with 2019-nCoV in China, including outside of Hubei Province. Infections with 2019-nCoV also are being reported in a growing

number of international locations, including the United States.

Source and Spread of the Virus

Chinese health authorities were the first to post the full genome of the 2019-nCoV in GenBankexternal icon, the NIH genetic sequence database, and in the Global Initiative on Sharing All Influenza Data (GISAIDexternal icon) portal, an action which has facilitated detection of this virus. On January 24, 2020, CDC posted in GenBank the full genome of the 2019-nCoV virus detected in the first U.S. patient from Washington state. The virus genetic sequence from the patient in Washington is nearly identical to the sequences posted from China. The available sequences suggest a likely single, recent emergence from a virus related to bat coronaviruses and the SARS coronavirus. The available sequence information does not provide any information about severity of associated illness or transmissibility of the virus.

Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, and there is evidence that person-to-person spread is occurring. Currently, it's unclear how easily or sustainably this virus is spreading between people. Learn what is known about the spread of newly emerged coronaviruses.

Illness Severity

Both MERS and SARS have been known to cause severe illness in people. The complete clinical picture regarding 2019-nCoV is still not fully clear. Reported illnesses have ranged from infected people with little to no symptoms to people being severely ill and dying. Learn more about the symptoms associated with 2019-nCoV.

There are ongoing investigations to



learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Risk Assessment

Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including whether and how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications).

Investigations are ongoing to learn more, but person-to-person spread of 2019-nCoV is occurring. Chinese officials report that sustained person-to-person spread in the community is occurring in China. Person-to-person spread in the United States has not yet been detected, but it's likely to occur to some extent. It's important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so. It's important to know this in order to better assess the risk posed by this virus. While CDC considers this is a very serious public health threat, based on current information, the immediate health risk from 2019-nCoV to the general American public is considered low at this time. Nevertheless, CDC is taking proactive preparedness precautions.

What to Expect

More cases are likely to be identified in the coming days, including more cases in the United States. Given what has occurred previously with MERS and SARS, it's likely that person-to-person spread will continue to occur. It would not be surprising if person-to-person spread in the United States were to occur. Cases in healthcare settings, like hospitals, may also occur.

CDC Response

The CDC is closely monitoring this situation and is working with World Health Organization. The CDC established a 2019-nCoV Incident Management Structure on January 7, 2020. On January 21, 2020, CDC activated its Emergency Response System to better provide ongoing support to the 2019-nCoV response.

The CDC is updating its travel health notices related to this outbreak as the situation evolves.

The CDC also is conducting entry screening of passengers on direct and connecting flights from Wuhan, China to five major airports: Atlanta (ATL), Chicago (ORD), Los Angeles, (LAX) New York city (JFK), and San Francisco (SFO).

The CDC issued an updated interim Health Alert Notice (HAN) Advisory to inform state and local health departments and health care providers about this outbreak on January 17, 2020.

The CDC has deployed multidisciplinary

teams to Washington, Illinois, California, and Arizona to assist health departments with clinical management, contact tracing, and communications.

The CDC has developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test that can diagnose 2019-nCoV in respiratory and serum samples from clinical specimens. On January 24, 2020, CDC publicly posted the assay protocol for this test. Currently, testing for this virus must take place at CDC, but in the coming days and weeks, CDC will share these tests with domestic and international partners through the agency's International Reagent Resourceexternal icon.

The CDC uploaded the entire genome of the virus from the first reported case in the United States to GenBank.

The CDC also is growing the virus in cell culture, which is necessary for further studies, including for additional genetic characterization.

CDC Recommends

While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:

For everyone: It's currently flu, and respiratory disease season and CDC recommends getting vaccinated, taking everyday preventive actions to stop the spread of germs, and taking flu antivirals if prescribed.

Frequently Asked Questions and Answers

Q: What is 2019 Novel Coronavirus?

A: 2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China. Learn about 2019 Novel Coronavirus.

Q: What is a novel coronavirus?

A: Novel coronavirus (CoV) is a new coronavirus that has not been previously identified.

Q: What is the source of 2019 Novel Coronavirus?

A: Public health officials and partners are working hard to identify the source of the 2019-nCoV. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting the virus likely emerged from an animal source. Analysis of the genetic tree of this virus is ongoing to know the specific source of the virus. SARS, another coronavirus that emerged to infect people, came from civet cats, while MERS, another coronavirus that emerged to infect people, came from camels.

Q: What are the symptoms and complications that Novel Coronavirus 2019 can cause?

A: Current symptoms reported for patients with 2019-nCoV have included mild to severe respiratory illness with fever, cough, and difficulty breathing. Read about 2019-nCoV Symptoms.

Q: How does the virus spread?

A: This virus probably originally emerged from an animal source but now seems to be spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so. It's not clear yet how easily 2019-nCoV spreads from person-to-person. When person-to-person spread has occurred with MERS and SARS,

it is thought to have happened mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. Spread of MERS and SARS between people has generally occurred between close contacts.

Q: Has anyone in the United States gotten infected?

A: Yes. The first infection with 2019-nCoV in the United States was reported on January 21, 2020. See the current U.S. case count of infection with 2019-nCoV.

Q: What is CDC doing about 2019-nCoV?

A: This is an emerging, rapidly evolving situation and CDC will continue to provide updated information as it becomes available. CDC works 24/7 to protect people's health. It is CDC's job to be concerned and move quickly whenever there is a potential public health problem. More information about CDC's response to 2019-nCoV is available online.

Q: Am I at risk for 2019-nCoV infection in the United States?

A: This is a rapidly evolving situation and the risk assessment may change daily. The latest situation summary updates are available on CDC's web page 2019 Novel Coronavirus, Wuhan, China.

Q: How can I help protect myself?

A: Visit the 2019 Novel Coronavirus Prevention and Treatment page to learn about how to protect yourself from respiratory illnesses, like 2019-nCoV.

Q: What should I do if I had close contact with someone who has 2019-nCoV?

A: There is information people who have had close contact with a person confirmed to have, or being evaluated for, 2019-nCoV infection available online.

Q: Is it safe to travel to Wuhan, China or other countries where 2019-nCoV 2019 cases have occurred?

A: The situation is evolving. Stay up to date with CDC's travel health notices related to this outbreak. These notices will be updated as more information becomes available.

Q: What if I recently traveled to Wuhan, China and got sick?

A: If you were in Wuhan and feel sick with fever, cough, or difficulty breathing, within 14 days after you left Wuhan, you

should seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.

- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others.
- Use an alcohol-based hand sanitizer if soap and water are not available.

CDC does have additional specific guidance for travelers available online.

Q: Is there a vaccine?

A: Currently, there is no vaccine available to protect against 2019-nCoV.

Q: What are the treatments?

A: There is no specific antiviral treatment recommended for 2019-nCoV infection. People infected with 2019-nCoV should receive supportive care to help relieve symptoms.

Learn about 2019-nCoV Treatment

Q: Should I be tested for 2019-nCoV?

A: If you develop a fever and symptoms of respiratory illness, such as cough or shortness of breath, within 14 days after travel from Wuhan, China, you should call ahead to a healthcare provider and mention your recent travel or close contact. If you have had close contact with someone showing these symptoms who has recently traveled from this area, you should call ahead to a healthcare provider and mention your recent travel or close contact. Your healthcare provider will work with your state's public health department and CDC to determine if you need to be tested for 2019-nCoV.

Q: How do you test a person for 2019-nCoV?

A: At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC. State and local health departments who have identified a person under investigation (PUI) should immediately notify CDC's Emergency Operations Center (EOC) at 770-488-7100 to report the PUI and determine whether testing for 2019-nCoV at CDC is indicated. The EOC

will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays.

For more information on specimen collection see CDC Information for Laboratories.

Q: What should healthcare providers and health departments do?

A: For recommendations and guidance on the patients under investigation, infection control, including personal protective equipment guidance; home care and isolation; and case investigation, see Information for Healthcare Professionals. For information on specimen collection and shipment, see Information for Laboratories.

Q: Is 2019-nCoV the same as the MERS-CoV or SARS virus?

A: No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged 2019-nCoV is not the same as the coronavirus that causes Middle East Respiratory Syndrome (MERS) or the coronavirus that causes Severe Acute Respiratory Syndrome

(SARS) in 2003. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Q: Should I be concerned about pets or other animals and 2019-nCoV?

A: While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. CDC recommends that people traveling to China avoid animals both live and dead, but there is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus.

Q: What about animals or animal products imported from China?

A: CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading 2019-nCoV in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The United States Department of Agriculture regulates external icon the importation of animals and animal products, and CDC regulates the importation of animals and animal products capable of spreading human disease.

Q: Am I at risk for novel coronavirus from a package or products shipping from China?

A: There is still a lot that is unknown about the newly emerged 2019 novel coronavirus (2019-nCoV) and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS and SARS). 2019-nCoV is more genetically related to SARS than MERS, but both are beta coronaviruses with their origins in bats. While we don't know for sure that this virus will behave the same way as SARS and MERS, we can use the information from these earlier coronaviruses to guide us. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of 2019-nCoV associated with imported goods and there have not been any cases of 2019-nCoV in the United States associated with imported goods.

HEALTH ALERT: *Travelers from Wuhan, China*

There is an outbreak of pneumonia in Wuhan, China caused by a new type of coronavirus.

If you have been in Wuhan within the past 2 weeks and develop a fever, cough, or have difficulty breathing, seek medical care right away.

- CALL AHEAD BEFORE GOING TO SEE A DOCTOR OR EMERGENCY ROOM.
- TELL THEM YOUR SYMPTOMS AND THAT YOU WERE IN WUHAN.
- GIVE THEM THIS CARD.

Triage Staff/Clinicians:

- Use standard, contact, and airborne precautions, and eye protection.
- Notify infection control and your state/local health department immediately.

For more information: www.cdc.gov/wuhan



Novel Coronavirus (2019-nCoV) and You



What is 2019 novel coronavirus?

The 2019 novel coronavirus (2019-nCoV) is a new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get 2019-nCoV?

This 2019-nCoV virus does seem to be able to spread from person-to-person although it's not clear how easily this happens. Person-to-person spread in the United States has not yet been detected, but it's likely to occur to some extent. At this time this virus is not spreading in the United States so the likelihood of someone in the U.S. getting sick with this virus is very low. Right now, the greatest risk of infection is for people in Wuhan or people who have traveled to Wuhan and less so, other parts of China. CDC continues to closely monitor the situation.

Have there been cases of 2019-nCoV in the U.S.?

Yes. The first infection with 2019-nCoV in the United States was reported on January 21, 2020. The current count of cases of infection with 2019-nCoV in the United States is available on CDC's webpage: www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

How does 2019-nCoV spread?

The exact way the virus is spread is not fully known. With similar coronaviruses (MERS and SARS) person-to-person spread is thought to have happened mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other viruses that cause respiratory illness spread. There also may be some spread when a person touches a surface or object that has virus on it and then touches his or her own mouth, nose, or possibly their eyes. Spread of SARS and MERS between people has generally occurred between close contacts. There is much more to learn about 2019-nCoV and investigations are ongoing.

What are the symptoms of 2019-nCoV?

Patients with 2019-nCoV have reportedly had mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

- This virus is not spreading in the United States right now, but the best way to prevent infection is to avoid being exposed to this virus. There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include:
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.

If you are sick, to keep from spreading respiratory illness to others, you should:

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should get medical care. Call the office of your health care provider before you go and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against 2019-nCoV. The best way to prevent infection is to avoid being exposed to this virus.

Is there a treatment?

There is no specific antiviral treatment for 2019-nCoV. People with 2019-nCoV can seek medical care to help relieve symptoms.

What to do if you are sick with 2019 Novel Coronavirus (2019-nCoV)



If you are sick with 2019-nCoV follow the steps below to help prevent 2019-nCoV from spreading to people in your home and community.

Stay home except to get medical care

You should not leave your home, except to get medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

Separate yourself from other people in your home

As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

Call ahead before visiting your doctor

Before your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

Wear a facemask

You should wear a facemask when you are in the same room with other people and when you visit a healthcare provider. If you cannot wear a facemask, the people who live with you should wear one while they are in the same room with you.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds.

Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.


Avoid sharing household items


You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.


Monitor your symptoms

Get medical care quickly if your illness is getting worse (for example if you are having trouble breathing). Call the healthcare provider ahead of time and tell them that you have, or are being evaluated for, 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

Reduce your risk of coronavirus infection:

 Clean hands with soap and water or alcohol-based hand rub

 Cover nose and mouth when coughing and sneezing with tissue or flexed elbow

 Avoid close contact with anyone with cold or flu-like symptoms

 Thoroughly cook meat and eggs

 No unprotected contact with live wild or farm animals



Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV (As of 27 January 2020)

Courtesy of World Health Organization

This is an update to the WHO advice in relation to the outbreak of the novel coronavirus nCoV, published by WHO on 10 January 2020. For details about the current outbreak in China and the exported cases, please refer to the Diseases Outbreak News and the situation reports published by WHO.

So far, the main clinical signs and symptoms reported in this outbreak include fever, difficulty in breathing, and chest radiographs showing bilateral lung infiltrates. As of 27 January 2020, human-to-human transmission has been confirmed largely in Wuhan city, but also some other places in China and internationally. Not enough is known about the epidemiology of 2019-nCoV to draw definitive conclusions about the full clinical features of disease, the intensity of the human-to-human transmission, and the original source of the outbreak.

International travelers: practice usual precautions

Coronaviruses are a large family of respiratory viruses that can cause diseases ranging from the common cold to the Middle-East Respiratory Syndrome (MERS) and the Severe Acute Respiratory Syndrome (SARS). In case of symptoms suggestive of acute respiratory illness before, during or after travel, the travelers are encouraged to seek medical attention and share travel history with their health care provider.

Public health authorities should provide to travelers information to reduce the general risk of acute respiratory infections, via health practitioners, travel health clinics, travel agencies, conveyance operators and at Points of Entry. Novel Coronavirus (2019-nCoV) advice for the public published on the WHO website contains WHO standard recommendations for the general public to reduce exposure to and transmission of a range of illnesses, to protect yourself and others from getting sick, to stay healthy while travelling.

WHO technical guidance on surveillance and case definitions, laboratory guidance, clinical management for suspected novel coronavirus, home care for patients with suspected novel coronavirus, infection prevention and control, risk communications, disease commodity package, and reducing transmission from animals to humans is available on the WHO website.

Health measures related to international traffic

The current outbreak originated in Wuhan city, which is a major domestic and international transport hub. Given the large population movements, and the observed human to human transmission, it is not unexpected that new confirmed cases will continue to appear in other areas and countries. With the information currently available for the novel coronavirus, WHO advises that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic.

Advice for exit screening in countries or areas with ongoing transmission of the novel coronavirus 2019-nCoV (currently People's Republic of China)

Conduct exit screening at international airports and ports in the affected areas, with the aims early detection of symptomatic travelers for further evaluation and treatment, and thus prevent exportation of the disease, while minimizing interference with international traffic;

Exit screening includes checking for signs and symptoms (fever above 38°, cough), interview of passengers with respiratory infection symptoms leaving the affected areas with regards to potential exposure to high-risk contacts or to the presumed animal source, directing symptomatic travelers to further medical examination, followed by testing for 2019-nCoV, and keeping confirmed cases under isolation and treatment;

Encourage screening at domestic airports, railway stations, and long-distance bus stations as necessary.

Travelers who had contact with confirmed cases or direct exposure to potential source of infection should be placed under medical observation. High-risk contacts should avoid travel for the duration of the incubation period (up to 14 days);

Implement health information campaigns at Points of Entry to raise awareness of reducing the general risk of acute respiratory infections and the measures required, should a traveler develop signs and symptoms suggestive of infection with the 2019-nCoV and how they can obtain assistance.

Advice for entry screening in countries/areas without transmission of the novel coronavirus 2019-nCoV that choose to perform entry screening:

The evidence from the past outbreaks shows that effectiveness of entry screening is uncertain, but it may support risk communication strategy by providing information to travelers from affected countries/areas to reduce the general risk of acute respiratory infections, and to seek medical attention early if they develop symptoms compatible with the infection.

During the current outbreak with the novel coronavirus 2019-nCoV, several exported cases were detected through entry screening implemented by some countries. Symptomatic cases may be detected through temperature screening at Point of Entry, for whom medical examination and laboratory tests will be conducted for confirmation. Temperature screening to detect potential suspect cases at Point of Entry may miss travelers incubating the disease or travelers concealing fever during travel and may require substantial investments. A focused approach targeting direct flights from affected areas could be more effective and less resource demanding.

Currently the northern hemisphere (and China) is amid the winter season

when Influenza and other respiratory infections are prevalent. When deciding implementation of entry screening, countries need to take into consideration that travelers with signs and symptoms suggestive of respiratory infection may result from respiratory diseases other than 2019-nCoV, and that their follow-up may impose an additional burden on the health system. National policy and capacities should be considered during the decision-making process.

If entry screening is implemented, temperature screening should always be accompanied by dissemination of risk communication messages at Points of

Entry. This can be done through posters, leaflets, electronic bulletin, etc., aiming at raising awareness among travelers about signs and symptoms of the disease, and encouragement of health care seeking behavior, including when to seek medical care, and report of their travel history.

Countries implementing temperature screening are encouraged to establish proper mechanism for data collection and analysis, e.g. numbers of travelers screened and confirmed cases out of screened passengers, and method of screening.

Public health authorities should reinforce collaboration with airline operators

for case management on board an aircraft and reporting, should a traveler with respiratory disease symptoms is detected, in accordance with the IATA guidance for cabin crew to manage suspected communicable disease on board an aircraft.

Previous advice with regards to procedures for a ill traveler detected on board a plane and requirements for IHR capacities at Points of Entry remains unchanged (see WHO Advice published on 10 January 2020).

WHO advises against the application of any restrictions of international traffic based on the information currently available on this event.

Protect yourself and others from getting sick

Wash your hands



- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are dirty
- after handling animals or animal waste





Harrington Court

You can own
a House with your
LQA & OHA



KEB Hana Bank partnered with
JC Asset & Finance

Call here for direct inquiries

Tel. 031) 692 - 2537

6 Anjeong Shopping-ro, Paengseong-eup,
Pyeongtaek, Gyeonggi-do, Korea



Hana Financial Group

You can own a House with your

LQA

[Living Quarters Allowance]

OR

OHA

[Overseas Housing Allowance]



KEB Hana Bank Model
Heung-Min Son 손흥민

Suwon Branch Tel. 031-259-9200(218))

32, Jungbu-daero, Paldal-gu, Suwon-si, Gyeonggi-do, 16470, Korea

* 본 홍보물은 2020년 6월 30일까지 유효합니다. 준법감시인 심사필 2020-광고-1085호(2020.01.08)/CC브랜트200114-93

KEB Hana Bank

JC Asset & Finance Tel. 031-692-2537

DOD: EHR at New Sites ‘Running Smooth’ 120 Days after Rollout

By Greg Slabodkin
Managing Editor, Health Data Management



The Department of Defense contends that its implementation in September of a new Cerner electronic health record system at four more military medical facilities has gone off without a hitch.

DoD says that 120 days after its rollout of the Cerner EHR system, called MHS GENESIS, it is “running smooth” at one site in Idaho—366th Medical Group at Mountain Home Air Force Base—and three sites in California—David Grant USAF Medical Center at Travis Air Force Base,

Naval Health Clinic Lemoore at Naval Air Station Lemoore, and U.S. Army Health Clinic Presidio of Monterey.

MHS GENESIS was first launched in 2017 at military medical facilities in the Pacific Northwest. However, the initial rollout of the Cerner Millennium platform to pilot sites was not without some major challenges.

The system was deemed “neither operationally effective nor operationally suitable,” according to a 2018 report from DoD’s director of operational test and evaluation (DOT&E) that was

based on an assessment of three of four pilot sites in Washington state.

However, on Wednesday, DoD announced that “following rigorous testing, training and change management efforts” the Wave Travis rollout to the four newest MHS GENESIS sites has been deemed a success.

“In 2019, we launched a new electronic health record across all Wave Travis sites with no serious patient safety issues,” William Tinston, program executive officer for the Program Executive Office Defense Health Care Man-

agement Systems, told members of the media.

“This deployment in Wave Travis was much smoother than what we saw in the (initial operational capability),” added Air Force Maj. Gen. Lee Payne, assistant director for combat support at the Defense Health Agency and MHS GENESIS functional champion.

According to Payne, the total number of “trouble tickets” or complaints and support requests generated from users during the Wave Travis rollout to the four newest MHS GENESIS sites was about a third of what DoD’s four initial operational capability sites experienced.

MHS GENESIS is being rolled out in “planned waves” and is on track for full deployment worldwide by the end of Calendar Year 2023, according to DoD officials, who said the next three installations—scheduled for 2020—will be at other military medical

facilities in Alaska, California and Nevada.

In 2015, the Pentagon awarded a \$4.3 billion contract to prime contractor Leidos to modernize the military’s EHR system, which is slated for deployment worldwide to support healthcare delivery for 9.4 million DoD beneficiaries. The Leidos-led team includes consultancy Accenture, dental software vendor Henry Schein and Cerner, which provides the core Millennium capability.

With the Wave Travis rollout to the four newest MHS GENESIS sites, Payne acknowledged that DoD experienced scalability challenges with Henry Schein’s Dentrrix dental practice software. “We had some friction points with Dentrrix, which the team was able to overcome and get it to function well,” he said. “But, we need to look into the future about Dentrrix scalability.”

The Department of Veterans

Affairs intends to create a single common EHR system with DoD by leveraging a shared Cerner Millennium platform that enables the VA’s and DoD’s patient data to reside in one system, eliminating the manual and electronic exchange and reconciliation of data between two separate systems.

However, VA has decided not to use Henry Schein’s Dentrrix solution as part of its EHR modernization initiative. The agency does not believe that the Henry Schein product is up to snuff when it comes to meeting its requirements.

Asked if the VA’s decision not to use Dentrrix will impact interoperability with DoD, Tinston replied that regardless of what dental software capability the VA adopts “we don’t have an interoperability problem” because it will be “integrated into the common record” and “we’re sharing across the two departments.”



United States Army Garrison Humphreys

cordially invites you and unit AER representative to a

2020 Army Emergency Relief Campaign Kick-Off

On Friday, the Twenty-eighth day of February 2020

At Ten o’clock in the Morning

*Morning Calm Center (Bldg#125),
USAG Humphreys*

DSN: (315)757-0503
e-mail: chunyp.kim.ln@mail.mil
<https://einvitations.afit.edu/inv/anim.cfm?i=496099&k=06684409725E>

R.S.V.P. by 21 February 2020
Attire: Duty Uniform and Business Casual

Olivier Asselin / Heifer International

**CHANGE
THE WORLD
GIVE GLOBAL**

Help people in need around the world by giving to these respected charities through your employee giving program.

MAF
Mission Aviation Fellowship
CFC #10989

SEE
INTERNATIONAL
RESTORING SIGHT
TRANSFORMING LIVES
CFC #11849

Compassion
in Jesus’ name
CFC #10522

World Vision
CFC #11117

The Sights and Sounds of Gyeongju, a “Museum Without Walls”



Story and photos by William Wight
PULSE65 Senior Editor

Gyeongju is the perfect travel destination for those who want to get off the beaten path in Korea. This southeastern city has a history dating back over 2,000 years.

Once the capital of the Silla Dynasty – the wealthiest region in Korea, Gyeongju also boasts as the only area unaffected by the fighting during the Korean War. Many of its historical and archaeological sites are very well-preserved.

Known as “The Museum without walls,” Gyeongju is home to several cultural heritage sites, some of which have been designated as UNESCO Heritage sites. If you visit these places, you’ll see why it’s so.





Seokguram Grotto – Korea's National Treasure no.24. Inside the main hall, is the famous Bon Jon Statue sitting on top a stage in the shape of a lotus flower. Although you can't enter the hall and see all the detail of the stone carving, this place is still worth a visit as one of UNESCO's World Heritage Sites, you won't be disappointed!

Cheomseongdae Observatory – The oldest existing astronomical observatory in Asia. This extravagant structure remains well preserved as Korea's 31st National Treasure. You'll never see anything like this one!

Bulguksa Temple – Is the representative relic of Gyeongju. The exquisite architecture of one of Korea's famous temples exhibit intricate works, and the beauty of the temple is known throughout the world, bringing people from all

over the world to visit.

Yangdong Folk Village – Yangdong Folk Village is the largest traditional folk village in Korea, showcasing the traditional culture of the Joseon dynasty. The entire village was designated as a UNESCO Cultural Heritage Site due to its richness of cultural heritages, national treasures and folklore material. Approximately 160 houses, and 500-year-old houses are nestled within the valley. Many of the houses are well preserved in their original state, offering a rare opportunity to view a variety of unique Korean traditional houses in person.

Gyeongju Folk Craft Village – This place consists of 40 thatched and tile roofed houses, home to many Korean artisans of traditional arts and crafts. Not only can you purchase the products made by them, but some even offer you hands-on programs for you to experience!





Daereungwon Tomb Complex – These tombs were tombs of people from the upper class during the Silla period. The tombs reach nearly 13 m in height with a diameter of 50 m each. The site itself is famous for having excavated 11,526 artifacts, and is the perfect place for a stroll.

Bulguksa temple sits on the slopes of Mount Toham and is the head temple of the Jogye Order of Korean Buddhism. From the city center you take the number 10, 11 or 700 bus (Bulguksa is the last stop).

From Bulguksa, you can take a short bus journey or drive to Seokguram grotto. This is a mountain top Buddhist temple; whose main draw is its cave with the towering Buddha sculpture that sits within it. This majestic Buddha statue was carved out of the granite rock way back in 751. It is a UNESCO site and considered as being one of the very best examples of Asian Buddhist work in the world.

Donggung Palace and Wolji Pond (Anapji Pond) – Donggung Palace was the palace of the Crown Prince, and the pond was used as a banquet site for important events and visitors. After the fall of the Silla kingdom this site was abandoned and forgotten. Years past, and in the 1980s, pottery fragments with the word 'Wolji' written on them were found, revealing the true name of the pond.

Known for its dazzling view at night, you can catch the reflection of the moon and palace shining on the surface of the pond, which is how the pond got its name. This night scenery is something you don't want to miss.

The city lies at the junction of two minor lines operated by the Korean National Railroad. The Jungang Line runs from Seoul to Gyeongju and carries trains from the Daegu Line, which originates in Dongdaegu. In Gyeongju, the Jungang line connects to the Donghae Nambu Line which runs between Pohang and Busan.



The Gyeongbu Expressway, which runs from Seoul to Busan, passes through Gyeongju, and Provincial highway 68, aided by the South Korean government, connects Seochon in the South Chungcheong province to Gyeongju. Additionally, national highways such as Route 4, 7, 14, 20, 28, 31 and 35 crisscross the city. Since the city is a popular tourist destination, nonstop bus services are available from most major cities in South Korea.

High-speed rail does not serve central Gyeongju, but the KTX Gyeongju Line stops at the nearby Singyeongju Station, in Geoncheon-eup, west of Gyeongju's city center



An American Experience of Gyeongju City Tour

Story and photo by Brandon Schild
PULSE 65 Contributor

As an American serving in the U.S. Army stationed in Pyeongtaek, South Korea and a member of the Non-Commissioned Officers Association of Korea, I had the pleasure to be a part of a specific tour. The tour was of the Gyeongju City in Gyeongsangbuk-Do, South Korea. During the tour, we heard of its rich history dating back to the Silla dynasty, which included King Munmu of Silla and his unique tomb in the ocean around the Bulgugsa temple.

To you, the reader, especially if you are a foreigner in Korea, I have a question for you. Have you ever experienced another country? Experienced it in depth? I am not talking about just for pleasure or business. What about South Korea, have you been? And, if not, why not?

Living in a different country, in many cases, is not the same as experiencing and understanding the culture. Thanks to Koridoor Tours, Oriental Press, and Gyeongsangbuk-Do Culture & Tourism Organization; they helped provide positive experiences through this tourist event.

For me, this tour was like a sampler platter at a nice restaurant; you try a little bit of this and that to see what you like and what doesn't suit your fla-

vor, however, you couldn't have time to enjoy an entire course without investing time to take it all in.

Our tourist guide, Sung Kim, was very enthusiastic, motivated, and informative. Now, of course, you probably couldn't be a tour guide if you don't know what you are talking about. He was humorous and did his best in explaining everything into English for us to understand, making the tour more exciting.

Gyeongju City is the 4th largest city in South Korea. It displays itself as a historical site, displaying famous tombs openly—as to be proud of its heritage, which in many places in the world seem to be slowly diminishing as they try to stay trendy with the modern world.

In order to know about the modernization of any world, you need to understand its history; by attending these tours, especially one of Gyeongju City, you can appreciate the historical aspect of ancient Korea.

Gyeongju City, as stated, is known for its historic sites that are still active. To ensure the past is not lost in the future, the city warrants laws to preserve the heritage passed down for centuries old. Sung Kim further explains building in this



city is strict to safeguard the old yet magnificent cultural heritage roots to guarantee it does not deter from the sacred past. Gyeongju City even has a traditional Korean wedding ceremony, which I attended. It was an experience I recommend anyone who loves Asian culture to attend. By attending you personally can understand the meaning behind each action the bride and groom conduct during the ceremony.

You can see pictures online, in books, and listen to people who speak of their experiences, but those are not yours unless you experience it personally; what you can see, taste, and hear is only possible in person. The views of the mountains and the taste of genuine Korean food from Surime by the folk chefs, as well as the buffet and bulgogi restaurants; the tastes of the food on your pallet is something to experience personally which can never be forgotten. For me it was not the taste that got me, though it was delicious – it was learning the meaning behind all the colorful food dishes that were provided that was interesting. Each color and type of food represent a purpose towards the body.

We also went to a Korean calligraphy and inkstone museum, which consisted of 1,500 inkstones. I was told by its curator that Koreans took pride in their writings as well as their inkstones. We as modern-day people may not think of it but could take for granted the ball-point ink pen. Koreans, in years past, had to carry with them an inkstone (there were various shapes and sizes). It took time to produce the ink unlike being able

to whip a pen stroke, the inkstone required you to prepare the ink by grinding it before you can use the brush. Koreans were very passionate about their writing art-form or calligraphy.

This museum motivated me by its artwork and dedication to the historical way of writing. You can see how they took pride in their artform by even putting designs into their inkstones and brushes. This made me think and ponder of myself, as I like to write and express my thoughts on paper. I have written about various topics and can see the passion in writing. I can only imagine writing with inkstones and brushes.

As with any field exercise you may have had or family event(s), there are challenges that come up, which is understandable, however, making it through the experience is what counts! For what little negatives you may perceive, it is the positive experiences that will greatly outweigh them. For me, it was being with my family and standing in places of historical sites that are recognizable areas of Korean history. I felt a great privilege to walk in these areas as well as to observe them. One of which stuck out to me and my family was the moonlight pond and the Woljeong Bridge—which the views are breathtaking. When showing colleagues an image of the bridge, they couldn't imagine that the picture was a real photo of the actual working bridge.

I highly encourage everyone to take a tour of Gyeongju City and explore all the beauty it has to offer; you will not be disappointed as there is so much more to see than what sampler we had.





ROK/U.S. Medical Alliance Growing Stronger thru 65 Year Old Program

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

The 65th Medical Brigade commander, Col. Derek Cooper, presided over the 129th cycle graduation of the Integrated Service of Republic of Korea Military Health Care Personnel Program Jan. 8 at the Brian D. Allgood Army Community Hospital.

During his opening remarks, Cooper highlighted the interoperability, professionalism and cultural understanding of the ROK/U.S. medical alliance.

"As we sustain our future and continue to provide health care professionals in organizations and medical units, providing health service support, medical mission

command and force health protection to our forces in Korea, it is programs such as this that keep our medical alliance strong and ready," Cooper said. "This program is not about planes, tanks and equipment but about people. Centered around relationships that have developed over time, this program brings together not only the U.S. and ROK Armies, but both of our medical departments."

The ISRMHCPP was established in 1955 to facilitate wartime coordination between the U.S. and ROK military health care support system in the event of hostilities.

ROK army officers work with their U.S. counterparts for six months, sharing expertise and increas-

ing cultural understanding while gaining an appreciation of the U.S. military and its' health care system. More than 500 students, including veterinarians, physicians, dentists, nurses and medical corps officers have graduated from this mutually beneficial program and gone on to serve distinguished careers in both the military and civilian sectors in the Republic of Korea.

Cooper's remarks echoed the continued success of the program.

"For over 65 years this program has stood as a testament to the talents of our Soldiers, both Korean and American, and serves as a sterling symbol of the vigorous ROK/U.S. alliance. We are proud to associate with them and will always



recognize them as colleagues and friends. Their charge upon reassignment back to the ROK forces is to share the lessons learned with their colleagues in the ROK Armed Forces Medical System."

Brig. Gen. Byungseop Choi, Surgeon General of the ROK Army, was the honored guest speaker who congratulated the graduates on their development towards an increased partnership of the ROK/U.S. medical alliance.

"This class has served in a variety of fields throughout the

65th Medical Brigade, resulting in increased contributions toward a stronger armed forces medical command," said Choi. "For the past six decades, this program's graduates have contributed to improvements of our combined medical capabilities."

"Their work and service make us all better health care providers and better Soldiers as we learned as much from them as they learned from us and I thank them for their contribution to our success," said Cooper.

The 129th cycle graduation ceremony graduates and where they worked were:

Maj. Jae Sung Park (Brigade S3), and Captains Gyong Eun Wi (Brigade S4 and USAMMC-K), Sang Jin Jeong (Brigade S3 and Clinical Operations), Mi Rang Lee (BDAACH Inpatient Behavioral Health), Jin Kyung Oh (BDAACH Progressive Care Unit, Hyun Seo Kim (BDAACH Emergency Department) and Shin Won Kim (BDAACH Women Infant Care Unit).

Maj. Gen. LeMaster, Command Sgt. Maj. Charpentier relinquish command and responsibility of RHC-P

By Ms. Sharon Ayala
Regional Health Command Pacific

During a joint Relinquishment of Command and Responsibility Ceremony on Dec. 30, Maj. Gen. Dennis P. LeMaster and Command Sgt. Maj. Clark J. Charpentier relinquished command authority and responsibility of Regional Health Command-Pacific at Joint Base Lewis-McChord, Wash.

The ceremony was attended by more than 100 RHC-P personnel, family members and friends.

The U.S. Army Surgeon General, Lt. Gen. R. Scott Dingle, presided over the ceremony, and during his remarks, he described LeMaster and Charpentier as the quintessential team of teams.

"You are two of Army Medicine's greatest command teams," Dingle said. "Under your leadership, the professionals assigned to RHC-P have flourished."

After serving more than 18 months as the region's commanding general, LeMaster expressed gratitude for having had the opportunity to serve side-by-side with the RHC-P team.

"RHC-P has a special place in my heart because of the people," LeMaster told the audience.

He went on to say that despite undergoing multiple reorganizations over the past few years, "the team continued to soldier through and the work continued to be professionally carried out," LeMaster said.

Charpentier served as the region's top enlisted advisor since 2018. During his remarks, he said the ceremony was an opportunity for him to look the RHC-P military and civilian team members in the eye and thank them.

"The impact you have on a life will be lasting," Charpentier said. "I'm proud to be an American Soldier and even more proud to have served on the RHC-P team."

LeMaster's new assignment will be as the commanding general of the U.S. Army Medical Center of Excellence, or MEDCoE, in San Antonio, Texas. Charpentier will serve as the MEDCoE's command sergeant major.



Brig. Gen. Jack M. Davis, the region's deputy commanding general, will serve as the interim commanding general until a new commander is named in the near future, and Sgt. Maj. Conrad Walters, RHC-P Operations, will serve as the region's interim command sergeant major.

Regional Health Command-Pacific encompasses the Army's largest geographical medical region and has responsibility for all medical, dental, public health and Warrior Care and Transition throughout Hawaii, Washington, Alaska, Japan, Korea and the Indo-Pacific Region.

Collectively, the region's operational space spans across 36 countries that make up 17 percent of the world's land mass and contains 60 percent of the world's population.

Regional Health command Pacific's mission is to provide combatant commanders with medically ready forces and ready medical forces, conducting health services support in all phases of military operations.

O S A N A B E X C H A N G E

BUY ONLINE

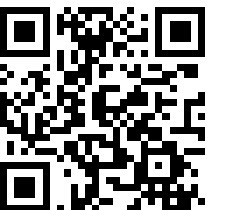


PICKUP IN-STORE

shopmyexchange.com

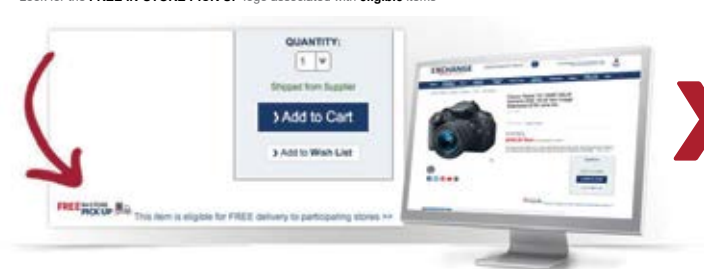
FREE IN-STORE PICK UP

Select Items Delivered **FREE** to Participating Stores



While You're Shopping

Look for the **FREE IN-STORE PICK UP** logo associated with eligible items



When You're Ready to Check Out

In the Shopping Cart choose **FREE IN-STORE PICK UP** LOGO under the Ship To for the item. Proceed to Checkout.

On the Shipping & Pickup screen, select the **region, state** and the **Exchange** from the drop down menus.



Date of Arrival

A local store associate will contact you when your order is ready for pickup.



Note: Transshipment items going to **OCONUS** stores typically take **8-12 weeks** from the date the online order was placed.

Pick Up Your Order

Your order can be picked up during regular store hours at the customer service desk.

You will need to bring:

- A valid photo ID** with Exchange privileges (ID should match the customer name on the order).
- A copy of the email** you received stating the order was ready for pickup.
- If you are unable to print the email**, please copy down **your order number** to give to the associate. You will be required to sign for your order when you pick it up.



EXCHANGE

Behavioral Health Treatment

Behavioral health clinics offer individual appointments, and walk-in services for emergent situations. They are provided through the Brian D. Allgood Army Community Hospital System, 549th Hospital Center, and the unit’s organic behavioral health assets. Call the clinic aligned to your unit for more information or to schedule an intake appointment.

If you are in crisis and having thoughts of suicide, come directly to the clinic and let the front desk staff know. The Military Crisis line is also available by phone in Korea at 0808 555 118 or DSN 118, or online at <https://www.veteranscrisisline.net>

Area I/II – Camp Casey/Yongsan
Camp Casey, Building S-802, 4th Floor (Across from Troop Medical Clinic)
Local Phone 050-3337-3708/3711 (DSN 737-3708/3711)
M-W & F: 0800-1700, Th: 1300-1700

After Hours Emergencies Report to the Camp Casey TMC Triage & Transport Center (TTC), Bldg. 807.

Area III – Camp Humphries
Warrior BH Clinic, Building 7315
Local Phone 0503-337-5177 (DSN 737-5177)
M-W & F: 0800-1700, Th: 1300-1700
Population: 2ID HHBN, 2SBDE, Rotational ABCT Soldiers

Jenkins BH Clinic, Building 555
Local Phone 0503-337-5791 (DSN 737-5791)
M-W & F: 0730-1700, Th: 1300-1700
Population: 2CAB Soldiers, 1SIG BDE

Multi-D BH Clinic, Brian D. Allgood Army Community Hospital 5th Floor
Local Phone 0503-337-5668 (DSN 737-5668)
M-W & F: 0730-1700
Population: All other Soldiers and eligible civilians at Camp Humphries

After hours behavioral health go to the Brian D. Allgood Army Community Hospital Emergency Room.

Area IV Camp Walker / Camp Carroll
Camp Walker, Building 226
Local Phone 0503337-4784 (DSN 737-4784)
M-F: 0800-1700
Population: Active Duty

Camp Carroll, Building S-180
Local Phone 0503337-4236) (DSN 737-4236)
M-F: 0800-1700
Population: Active Duty, and Command Sponsored dependents on a space-available basis
After Hour Emergencies Report to Troop Medical Clinic on either post

Pharmacy Hours

Brian D. Allgood Army Community Hospital Pharmacy

Operating Hours: Mon-Fri: 0730-1930, Sunday: 1230-2030, Saturday/Training Holidays/Federal Holidays: 0930-1830. Closed for lunch during Saturday/Training Holidays/Federal Holidays: 1230-1330. Closed for lunch on Sunday: 1530-1630.

Camp Casey Pharmacy

Operating Hours: Mon-Wed, Fri: 0830-1700, Thursday: 1300-1700, Lunch closed: 1200-1300. Closed on Federal Holidays, Training Holidays and Weekends.

K16 Pharmacy

Operating Hours: Mon-Wed, Fri: 0800-1700, Thursday: 1230-1700, Lunch closed: Mon-Wed, Fri: 1200-1300, and closed for lunch Thursday: 1130-1230. Closed on Federal Holidays and Weekends.

MSG Jenkins Clinic Pharmacy

Operating Hours: Mon-Fri: 0800-1700. Closed on Federal Holidays, Training Holidays and Weekends.

Midtown Pharmacy Kim Clinic

Operating Hours: Mon-Wed, and Fri: 0830-1700, Thursday: 1300-1700. Closed Federal Holidays, Training Holidays and Weekends.

Camp Carroll Pharmacy

Operating Hours: Mon-Wed, Fri: 0900-1700, Thursday: 1300-1700, Lunch closed: Mon, Tue, Wed, Fri: 1300-1400, Thursday: 1200-1300. Closed on Federal Holidays, Training Holidays and Weekends.

Camp Walker Pharmacy

Operating Hours: Mon-Wed, Fri (including Training Holiday): 0830-1700, Thursday: 1300-1700, Lunch closed: 1200-1300. Closed on Weekends and Federal Holidays.



MSG Henry L. Jenkins Soldier Centered Medical Home



Jenkins SCMH has now transitioned to Soldier-only care.
Non-Service members are now seen at the new Briand D. Allgood Army Community Hospital (BDAACH), Bldg. 3031 at the BDAACH PCMH Clinic 1st floor.

****NEW CLINIC HOURS****

PRIMARY CARE	IMMUNIZATION	LABORATORY/PHARMACY/RADIOLOGY	AUDIOLOGY
Monday: 0800-1700	Monday: 0830-1630	Monday: 0800-1700	Monday: 0900-1600
Tuesday: 0800-1700	Tuesday: 0830-1630	Tuesday: 0800-1700	Tuesday: 0900-1600
Wednesday: 0800-1700	Wednesday: 0830-1630	Wednesday: 0800-1700	Wednesday: 0900-1600
Thursday: 1300-1700	Thursday: 1300-1630	Thursday: 0800-1700	Thursday: 1300-1630
Friday: 0800-1700	Friday: 0830-1630	Friday: 0800-1700	Friday: 0900-1600
	CLOSED FOR LUNCH 1200-1300		**CLOSED FOR LUNCH** 1200-1300

THE CLINIC IS CLOSED DURING WEEKENDS, TRAINING HOLIDAYS AND FEDERAL HOLIDAYS

Ways to access your healthcare needs: **TRICARE ONLINE** www.tricareonline.com or **Secure Messaging** <http://app.tolsecuremessaging.com>
Global Nurse Advice Line (GNAL) using Korean Cell Phone [080-500-4011](tel:080-500-4011) or from DSN [888-901-7144](tel:888-901-7144), **Central Appointment** 737-2273 or 050-337-2273.

Facilities Directory

HEALTH CARE/TMC

AREA I

Camp Casey Health Clinic

M,T,W,F 0800-1700
Thurs 1300-1630

Camp Casey Front Desk: 737-2762/2763
CRC TMC Front Desk: 732-7776/6011
APPOINTMENT LINE: 737-2273
(Mon-Fri 0700-1600)

Public Health Nurse:
737-3557
Mon-Fri 0830-1730

Audiology: 737-3590
Mon-Fri 0830-1130 & 1300-1630

Behavioral Health (Bldg. 802):
730-4304
Mon-Fri 0830-1730

Immunizations: 737-3577
Mon-Fri 0830 -1200 & 1300-1700

Lab: 737-3580
Mon-Fri 0830-1700

Optometry: 737-3594
Mon-Fri 0900-1200 & 1300-1700

PHAs: Call Appointment Line
737-2273
*APPTs ONLY
*MUST COMPLETE PART 1 FIRST
Pharmacy: 737-3598
Mon-Fri 0830-1700

Physical Therapy: 737-3588
Mon-Fri 0800-1200 & 1300-1700

Radiology: 737-3585
Mon-Fri 0800-1130 & 1230-1700

Triage & Transport Center (TTC): 737-3582
Open 24/7

AREA II

K-16 Medical Clinic

741-6300
Mon – Wed, Fri 0900 - 1530 (closed 1130 - 1300)
(Soldiers only)

AREA III

Sgt. Shin Woo Kim Soldier Center Medical Home

(Bldg. 6370): 737-2273
Mon – Wed, Fri 0830 - 1700; Thurs 1300 - 1700
(Soldiers only)

Master Sgt. Henry L. Jenkins Soldier Centered Medical Home

(Bldg. 555): 737-2273
Mon – Fri 0810 - 2100; Sat, Sun, Holiday 0830 - 1900
(closed 1200-1300)
(Soldiers Only)

Suwon Aid Station

788-5107
(Soldiers only)

AREA IV

Camp Carroll Clinic

737-4300
Mon – Wed, Fri 0900-1700 (closed 1200-1300)
(Soldiers only)

Camp Walker (Wood Clinic)

737-2273 (Press 2-5-1)
Mon – Wed, Fri 0900-1700 (closed 1200-1300)
(Soldiers/family members/retirees/DOD Employees)

AREA V

Osan Air Base

0505-784-DOCS (3627)

BHC Chinhae

762-5415
on – Fri 0830-1630

DENTAL CLINIC

AREA I

Camp Casey DC

(Bldg. 808)
737-9011 / 737-9012
Mon – Fri 0730 - 1630
In/Out Processing (Mon - Fri): 0730 - 1600
(Lunch 1130-1230)

AREA III

Sgt. Shin Woo Kim Dental Clinic

(Bldg. 6370)
737-5129 / 5130
Mon – Wed, Fri 0830 - 1700; Thurs 1300 - 1700

Carius Dental Treatment Facility

(Bldg. 3020)
737-9206/9207
Mon – Fri 0730 - 1630

AREA IV

Bodine Dental Clinic

(Bldg. 220)
737-9452 / 737-4791
Mon – Fri 0730 - 1630
Dental Exams: Activity Duty: Mon – Wed & Fri (Walk in only)
0900 - 1100, Thurs 1300 - 1500
*LIMITATIONS DUE TO SERGEANTS TRAINING
Activity Duty Family appointment only:
(Call 1230 - 1530 Mon – Fri) Space Available appointments

Camp Carroll Dental Clinic

(Bldg. 180)
737-4201/4202
Mon – Fri 0930 - 1630
Call to make appointments for all dental treatment

AREA V

Osan Air Base Dental Clinic

(Bldg. 777)
784-2108
Mon – Wed Fri 0700 - 1700 / Thurs 0900 - 1700

VET CLINIC

AREA III

USAG Humphreys

(Bldg. 2260)
737-9720

AREA IV

USAG Walker

(Bldg. 341)
737-9831

AREA V

Osan Air Base

(Bldg. 766)
784-6614

There has been a lot of questions from the communities regarding Veterinary Services:

Surgery appointments are first come first serve basis via phone appointments. There is no benefit in scheduling in person. If someone calls in for a surgery before a client is seen in person, the client on the phone will get the surgery slot.

Here are the hours of operation:

M,T,W,F: 0900-1200; 1300-1600
Thursday: 1300-1600

Last business day each month:
-Open 0900-1200
-Closed 1300-1600 for inventory

Closed for Lunch: 1200-1300
Closed on Federal Holidays
Wellness/Sick call: M-F (by appt)

Surgeries: Tue. & Wed. (by appt call Monday morning; schedule opens up 4 weeks in advance; no need or benefit to scheduling in person)

Dentals: Friday (by appointment)

Closed in observance of all Federal holidays.

PURCHASED CARE SECTOR PROVIDERS



Your Family.
Your Orthodontist.

CHUNG DAM IVY DENTAL CLINIC

TRICARE APPROVED PREFERRED PROVIDER

IVY League Educated &
U.S. Board Certified Orthodontic Specialist

FIRST CHOICE FOR YOUR FAMILY BRACES

✓ Dr. Kim is a **U.S. Board certified orthodontic specialist** with 20 years of clinical experience in the U.S. and Korea.

✓ With **15 years of dental studies and training at the most prestigious schools and hospitals** (University of Pennsylvania School of Dental Medicine, University of Illinois at Chicago, NYU Medical Center), Dr. Kim has successfully treated thousands of patients of all ages and ethnic backgrounds.

✓ Dr. Kim has written numerous publications in his areas of expertise, including a recent textbook chapter: Orthodontics Basic Aspects and clinical considerations

Orthodontics (BRACES)

- Children / Adults
- Speed Braces/ Clear Braces / Invisalign

Comprehensive Dental Care

- General check-ups, Cleaning
- Fillings, Crowns, Root Canal, Implants
- Cosmetic Dentistry : Veneers, Whitening



Dr. JAY H KIM DMD, MS
U.S. Certified Orthodontic Specialist

- **University of Pennsylvania**
School of Dental Medicine (DMD)
- **University of Illinois at Chicago**
Orthodontic Specialty Residency/ MS
- **NYU Medical Center**
Reconstructive Plastic Surgery: Fellowship
- **Catholic University of Korea**
Director & Professor
- **Member of American Association of Orthodontists**

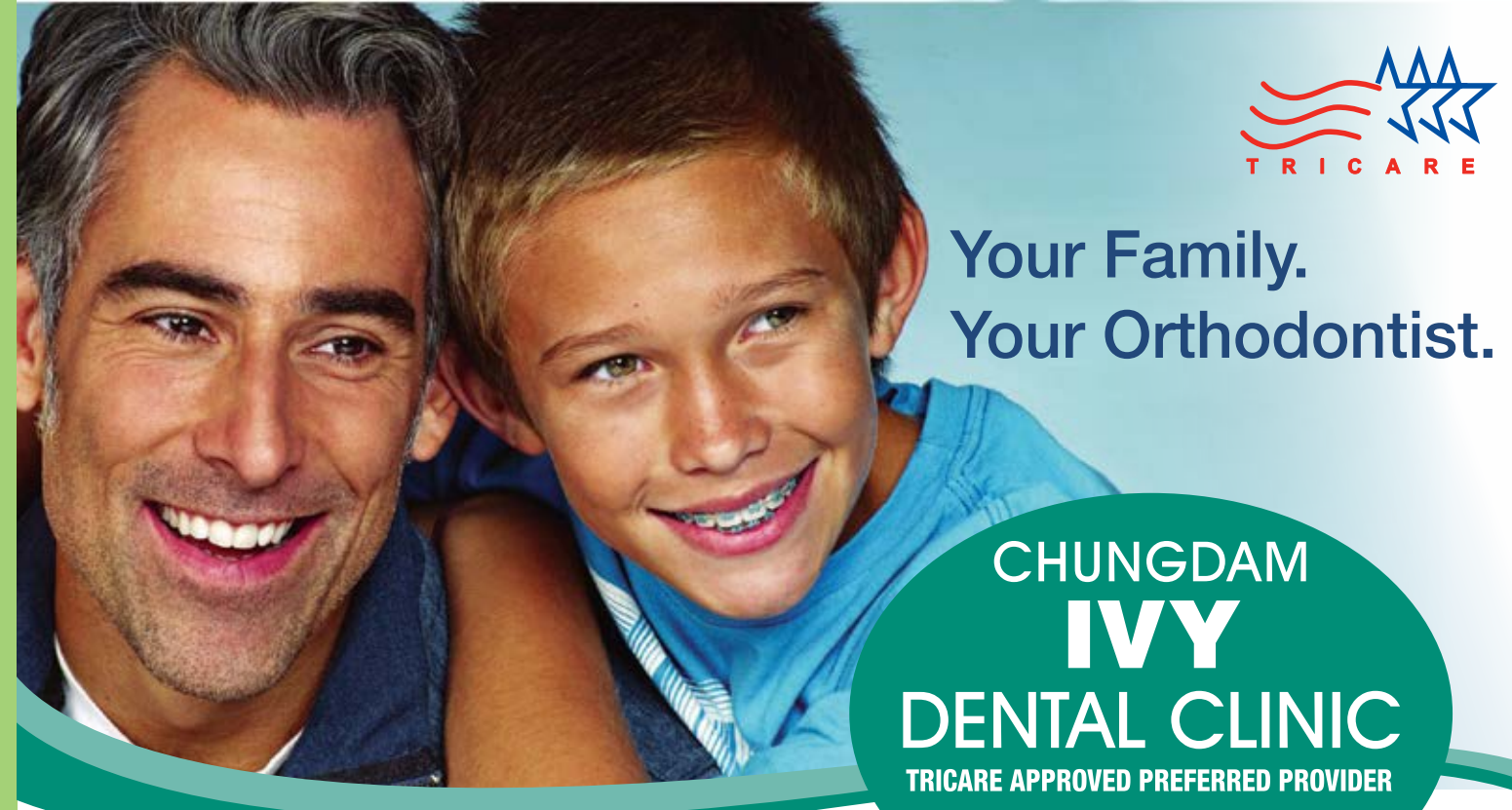


Special Offers for New Patients and Family Members

E-mail. ivyface@naver.com
Website. www.IVYsmile.kr

02-518-2722

- Free Taxi for New Patients with TRICARE from YongSan
- * Subway # 7 Line (Exit .12)
- Find Us on Facebook "IVY dentalclinic"



AREA I

- Dongducheon Jooang St. Mary's Hospital 031-863-0550 (ext.104)
- Inje University Ilsan Paik Hospital 031-910-7777
- Uijeongbu St. Mary's Hospital 031-820-3636

AREA III

- Good Morning Hospital 031-659-7736
- Pyeongtaek St. Mary's Hospital 070-5012-3420
- Hwain Metro Hospital 041-622-1300
- Dankook University Hospital 041-550-7640
- Hallym University Dongtan Hospital 031-8086-2300
- South Seoul Hospital 031-218-0761
- Ajou University Hospital 031-219-4010
- St. Vincent's Hospital 031-249-8016
- Seoul National University Bundang Hospital 031-787-2038
- Cha University Bundang Medical Center 031-780-5168

AREA II

- AHS Korea 02-749-7915
- Yeouido St. Mary's Hospital 02-3779-2212
- Seoul St. Mary's Hospital 02-2258-6818
- Drs. Woo&Hann's Skin and Laser Clinic 02-777-2991
- The Mindcare Institute 070-8888-8277
- Hangang Sacred Haert Hospital 02-2639-5025
- Severance Hospital 02-2228-5819
- Cha Gangnam Medical Center, Cha University 02-3468-3127
- Seoul National University Hospital 02-2072-4100
- Tong Il Medical (DME only) 02-766-2433
- Ewha Womens University Mokdong Hospital (West) 02-2650-5890
- EZPAP Care (DME only) 10-3106-0414
- Asan Medical Center 02-3010-5001
- Samsung Medical Center 02-3410-0203
- Withmed (Southwest;DME only) 031-395-4397
- Inha University Hospital (West) 032-890-2080

AREA IV

- Hyosung Hospital 053-766-7073
- Yeungnam University Hospital 053-640-6645
- Keimyung University Dongsan Medical Center 053-250-7997
- Daegu Fatima Hospital 053-940-7520
- Women Medi Park Hospital 054-450-9870
- Gumi Cha Hospital 031-219-4010
- Samsung Changwon Hospital 055-290-6229
- Pohang St. Mary's Hospital 054-260-8105
- Busan St. Mary's Hospital 051-933-7061
- Dongeui Medical Center 051-850-8523
- Ilsin Christian Hospital 051-630-0411

LAST VIEW



Gyeongju is the perfect travel destination for those who want to get off the beaten path in Korea. Bulguksa Temple — is the representative relic of Gyeongju. The exquisite architecture of one of Korea's famous Buddhist temples exhibit intricate works, and the beauty of the temple is known throughout the world, bringing people from all over the world to visit. For more on this historic Korean city, see pages 70-77 and view the travel blog on pages 78-79. (Photo by William Wight, 65th Medical Brigade Public Affairs)



TDY SPECIALIST!

TDY Premium Place at Govt. Rates

Long Term Rental Housing :

Villa Apartment • High Rising Apartment • Single Family House

You would experience the best stay ever !



JACKIE LEE
Licensed Real Estate Broker
010-3018-9329 • mulan0013@gmail.com
Plus Realty
www.plus-realty.com



No matter where you're filing taxes, Block has your back.

At H&R Block, our highly-trained international tax experts take the hassle and confusion out of expat tax prep. We'll guide you every step of the way and double check your return for accuracy so you can get back to your life abroad.

Get expat tax expertise when you need it.

Seoul Main Office: 153 Itaewon-ro, Suite #501, Yongsan-gu, Seoul, Korea | 02-795-7555

Humphreys: Humphreys Bldg. #P-6400 (One Stop) Pyeongtaek, Gyeonggi-do, Korea | 070-7727-6100

Osan Air Force Base (K-55): Exchange Mall (Unit 2038, Bldg. #965) Pyongtaek, Gyeonggi-do, Korea | 070-7597-0132

Camp Walker: Exchange Mall (Unit 15497, Bldg. #310) Daegu, Korea | 070-7725-9887

Kadena Air Force Base: Kadena Shopping Mall, Bldg. 412 Kadena Air Force Base, Okinawa, Japan | 036-868-2278

Camp Foster: Concession Mall, Bldg. 1002, Camp Foster, Okinawa, Japan | 098-971-9307

Yokosuka Naval Base: NEX Home Gallery Bldg. 1559, Yokosuka Naval Base, Yokosuka, Japan | 046-896-5070

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