



MEDICAL MINUTE

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Serving the members of Tripler Army Medical Center and Pacific Regional Medical Command

January 2001



Staff Sgt. Michelle J. Rowan photos



2000 YEAR IN REVIEW

To ring in the new year, the *Medical Minute* took a look back at 2000 and compiled photos of a few events and accomplishments of Tripler Army Medical Center and its staff.

Above, a group of soldiers prepare to load a casualty for medical evacuation in a UH-60 Blackhawk helicopter during Expert Field Medical Badge testing in May. Seven Pacific Regional Medical Command soldiers were among 23 U.S. Army, Hawaii troops to earn the coveted badge.

At right, Tripler's John Spaulding goes for a rebound during an intramural basketball game last March against Fort Shafter's 29th Engineer Battalion.

For more photos, see pages 6-7.

PRMC asks for help in creating new beret flash

Staff Sgt. Michelle J. Rowan
Editor

The Pacific Regional Medical Command is looking for artistic soldiers to come up with suggested designs for the U.S. Army Medical Department's beret flash.

As most soldiers now know, the beret will become the standard headgear for the U.S. Army beginning June 14. While a universal flash has already been created by the U.S. Institute of Heraldry, U.S. Army major commands are now looking at creating their own distinctive unit flashes.

Although most units will start off wearing the universal flash, unit-specific flashes will eventually replace the universal flash.

AMEDD asked subordinate commands to submit suggested designs for the flash. After reviewing submissions, the department will then choose a winning flash, which will be implemented about a year after the initial change to the beret.

There are a few requirements for AMEDD's 1-7/8-inch wide, 2-1/14-inch long semicircular shield. The colors should include the traditional AMEDD colors of

maroon and white and perhaps Army green.

PRMC's Command Sgt. Maj. Steven Burton suggests soldiers stick with simple designs which represent AMEDD's commitment to duty, honor and country.

Color submissions are due to Burton's office by Feb. 15. Commanding General Maj. Gen. Nancy R. Adams will announce PRMC's winner March 5 in Kyser Conference Room.

For more information about the beret flash contest, call 433-2450 or check out www.army.mil/beret.

FEEDBACK

A place to voice your opinion
 What are your goals for the new year?



RoseMarie Parker, Ward Clerk for 5C1 — “My goal is to learn Russian.”



Spc. Rolland Latta, Emergency Medical Services — “My primary goal for the new year is to obtain my E-5 and to become ACLS (Advanced Cardiac Life Support) certified.”



Maj. Gloria Murray, Department of Surgery — “My goal is to plan for my 2002 wedding in the Mainland.”



Sgt. Brian Lucas, Department of Nursing — “My goals are to graduate college and improve my physical fitness.”



Spc. William Vattimo, Emergency Medical Services — “My goals for the new year are to finish my education to get my RN (registered nurse) and get as much experience as I can here.”

If you would like to answer a feedback question, call 433-5785.

COMMANDER'S CORNER

CG lists training holidays for 2001

Maj. Gen. Nancy R. Adams
 PRMC/TAMC Commanding General

I know there have been questions regarding training holidays during the upcoming year.

The Army Chief of Staff has said that training holidays should be used in conjunction with federal holidays to compensate for times when soldiers are deployed and unable to be with family or accomplish personal business. Our medical center mission does not require frequent or lengthy deployments. Also, the addition of 10 federal holidays and 10 training holidays would mean four weeks or 20 days when we are not appointing patients for health care. That would cause us to fail to meet



Maj. Gen. Adams

our TRICARE access standards.

The following is the revised schedule of remaining TAMC training holidays for FY01:

- * May 25
- * Aug. 31

The deletion of Feb. 16 as a training holiday

and the addition of Aug. 31 are changes from the previously published schedule. This revised schedule allows us to provide health care in accordance with TRICARE standards and acknowledges the extra efforts put forth by AMEDD soldiers in our non-deployable medical center.

Public Affairs Office needs speakers

TAMC Public Affairs Office

Tripler Public Affairs Office is looking for hospital staff members interested in participating in a speaker's bureau. Staff members must be willing to give volunteer hours to address a variety of audiences on a multitude of topics.

Interested persons do not have to speak only on topics related to medicine.

Speakers can address any topic they have a strong interest in such as World War

II history, gardening, travel, etc.

Expertise alone is not enough - all interested persons must be good public speakers.

If you or, members of your staff, are interested in participating in the TAMC Speaker's Bureau, please contact Suzan Holl in the Tripler Public Affairs Office at 433-1367.

All speakers must provide the public affairs office with a biography and their topics.

Handshake OF Concern



January
 "Think Safety"

JCAHO 2001

Members of Tripler Army Medical Center's JCAHO Steering Team are:

- John Henry** — JCAHO Steering Team Leader/Performance Improvement
- Col. Kenneth Torrington** — Leadership/Management/Governance
- Col. Eric Johnson** — Medical Staff Issues/Sentinel Events
- Col. Judy Vincent** — Medical Staff Issues/Sentinel Events
- Lt. Col. Kenneth Canestrini** — Administration/Survey Application & Coordination
- Lt. Col. Randy Howard** — Administration/Survey Application & Coordination
- Lt. Col. Mike Pontius** — Schofield Barracks Health Clinic
- Lt. Col. Carolyn Eddings** — Nursing Issues/Schofield Barracks Health Clinic
- Capt. Abad Ahmed** — 25th ID Representative
- Maj. Watrina White** — Home Health Survey Issues
- Master Sgt. Thomas Sewick** — Inpatient Wards/NCO Issues
- Stephen Yamada** — Infection Control/Web Site Information
- JoEllen Cerny** — Joint New Parent Support Program (Behavioral Health Survey)

Students get head start at Tripler

Waianae HS, TAMC team up for School to Work program

Margaret Tippy

TAMC Public Affairs Officer

“Attitude and motivation are the important things,” said Spc. Joshua Waller, a Tripler Army Medical Center Emergency Medical Technician working in the Emergency Department. “You can train someone with a positive attitude.” Waller was speaking of Waianae High School Junior Peka Kamakele who has been working with him and other ER staff in the School to Work Health Pathway Program this school year.

“She’ll go in and watch procedures and get a good idea of what’s going on,” Waller said. “We always make sure the patients know that the student is observing and make sure it’s okay with them first.”

Tripler Army Medical Center and 18 Waianae High School students have been partnering in the new program this school year.

The students spend one day a week at Tripler in a variety of clinical settings, said Phillip DePorto, chairman of Waianae’s Health Pathway Committee.

“I think it’s an excellent program,” DePorto said. “It gives them an opportunity to experience real-life applications of what we learn in class.” DePorto is also the Anatomy and Physiology teacher at the high school.

DePorto insisted he really “owes his wife” who helped set the program in motion. Gladys Nakamura-DePorto is Tripler’s clerkship coordinator in the Directorate of Health Education & Training (DOHET).

Another important aspect of the program besides learning about the medical field is practicing good work ethics in hospital and clinic settings, said Lt. Col.



Margaret Tippy

Capt. (Dr.) Peter Stull, left, a Tripler Army Medical Center attending physician in the Emergency Department, explains an X-ray of a hand to Elikapeka Kamakele, a student at Waianae High School working in the Health Pathway Internship.

Cordelia E. Cade-Oliver, Education Training Instructor with DOHET.

The students were already trained in CPR, taking vital signs, hand washing, feeding, transporting and moving patients and had first aid certification prior to coming to Tripler, Cade-Oliver said.

“I really like the program,” said Kamakele who has spent her rotation in the ER. “Everything’s been exciting.”

“It’s a good opportunity for us in the medical field,” said Brittany Badoyen, a Waianae senior. “We need to be open to different things. Labor and Delivery was so cool.” Badoyen wants to be an obstetrician and was thrilled to witness a baby being born.

Students are working in Tripler’s Labor & Delivery, Pediatrics, Surgery, Pharmacy, the Emergency Department and on the wards. All students involved

are interested in pursuing further education in clinical fields.

Ninety percent of the students are 12th graders and the rest are 11th graders.

“The students are so eager to learn,” said Alice Varnell, a scrub technician working in Labor & Delivery. “They’ve been helping me with the linen and doing everything they can to help the babies and the mothers.”

The following students are involved in the program working at Tripler:

Brittany-Leigh Badoyen, Bernadette Everett, Thomas Gualdarama Jr., Elikapeka Kamakele, Rochelle Kekoa, Chylla Alapai, Jocelyn Lozano, Renee Taitin, Corinthia Lum, Jessica Munoz, Natasha Murray, Maria Christina T. Makinano, Karen Butay, Karen Jornacion, Napualani Davis, Natasia Pitolo, Ricky Ann Lein and Kori Kuhaulua.

New programs enhance communication

Command sergeant major introduces “Day with CSM,” handshake of concern

Suzan Holl
TAMC Public Affairs Office

Tripler Army Medical Center’s Command Sergeant Major Steven Burton initiated two new programs Oct. 31. The goal of these programs is to enhance communication within Tripler.

The first program is “Spend the day with the Command Sergeant Major.” It gives selected junior soldiers, specialists and below, an opportunity to spend a full duty day with the CSM. A different soldier will be selected to experience the role quarterly.

“The program is designed to enhance communication and to promote a better understanding of the role of the senior noncommissioned officer of our organization,” Burton said.

“This program will afford junior soldiers an opportunity to experience what is involved in being the CSM, why they should stay in the Army long enough to make it to the CSM level and how we are able to make a difference in the lives of our soldiers.”

Spc. Naomi Miller from Preventive Medicine, was the first soldier to participate in the program. Miller is TAMC’s fourth quarter Soldier of the Quarter.

Her day began at 6 a.m. with the MEDCOM CSM’s worldwide video-conference and finished with the monthly NCO

meeting that concluded at 6 p.m. After spending the day with Burton, she will return to her unit and report to her fellow soldiers what her day was like and what she learned.

“Throughout the day, the CSM made every effort to introduce me to the people he interacts with on a daily basis,” Miller said, “He took the time to answer my questions and encouraged me to ask more. It was truly an honor to spend the day with him and see the military at a command level.”

Being Soldier of the Quarter will not be a requirement to participate in the new program but Burton stated that he would be looking for people who have exhibit similar qualities.

Also, put into effect was the “Handshake of Concern.” Burton said he experienced the program first hand when his former commander, retired Col. Tom Auer, put it into effect at Womack Army Medical Center, Fort Bragg, N.C.

“It was a very effective way of measuring communication,” Burton said.

“Each month our commander would give us a new handshake of concern, and it was everyone’s responsibility to see that it was disseminated throughout our departments,” Burton said.

Burton said that if soldiers don’t know the handshake of concern, then it’s likely they are not receiving other important information as well.

The handshake of concern for January is “Think Safety.” Look for the most current handshake of concern in the monthly issue of the *Medical Minute*.

Preventive Medicine soldier shares experiences after spending day with Tripler’s top enlisted troop

Spc. Naomi Miller
Department of Preventive Medicine

The word “honor” is defined as “a showing of respect, recognition, a privilege, an award or evidence of distinction.”

As soldier of the quarter, I have been honored at award ceremonies and by fellow soldiers. However, the greatest honor was to spend the day with Command Sgt. Maj. Steven Burton, Pacific Regional Medical Command and Tripler Army Medical Command command sergeant major. Very few people get a glimpse of that world — of the leaders of our military — to be inside the command suite.

The day started at 6 a.m. with a video teleconference for senior enlisted members of the U.S. Army Medical Command. The issues raised at the conference ranged from budget issues and policy changes to changes of command and concerns over NCO school attendance.

The meeting ran long, and we missed two other meetings. Without pausing to think,



Suzan Holl

Spc. Naomi Miller, pictured with Command Sgt. Major Steven Burton, got experience the Army at the senior NCO level thanks to a new program.

we raced to a deputy’s meeting. The elite of the PRMC made decisions that affected thousands. It was fascinating to attend.

Next was a meeting with the members of the Sergeant Audie Murphy Club, a distinguished group of NCOs who have won the

prestigious award.

Abudget meeting was next with the CG receiving briefs regarding fiscal year 2001.

The last meeting of the day was the monthly Key NCO meeting, which lasted until 6 p.m. At this meeting, I really got to see the chain of command in action. The room was packed with senior NCOs, who raised concerns affecting their soldiers, advocating for them and questioning policies that might demoralize their soldiers. Everyone in the room had a voice and all comments were addressed. The CSM briefed the NCOs regarding issues ranging from the new uniforms and PT performance to the holiday ball.

The day was finally over, and I was exhausted. Throughout the day, the CSM made every effort to introduce me to the people he interacts with on a daily basis. He took the time to answer my questions, and encouraged me to ask more. It was truly an honor to spend the day with him and see the military at a command level.

Keep anger under control; never shake a baby

Suzan Holl

TAMC Public Affairs Office

Taking care of an infant can be challenging, especially when an end to the crying seems nowhere in site. When a parent or other caregiver loses control and shakes a baby out of anger or frustration, a baby can sustain severe injuries. These injuries are often referred to as Shaken Baby Syndrome (SBS), and it is a serious form of child abuse.

"Infants are most at risk," according to Lt. Col. (Dr.) Robert Pedersen, Chief Pediatric Neurologist at Tripler Army Medical Center and an expert in the area of Shaken Baby Syndrome. Pedersen has served during trial as an expert witness on the subject.

"Compared with an adult caretaker, an infant is weak, dependent and lightweight enough to be picked up and violently shaken," said Pedersen. "Toddlers are less vulnerable to SBS because they are stronger and have better head and neck control than infants. They are also heavier, making it more difficult to pick them up and shake them."

"I think there are certain parents who have a very low threshold or tolerance for a crying baby. They impulsively react by picking the baby up and shaking," he said.

Pedersen feels that one misconception is these babies are casually shaken, as a parent would do to gently wake the child or the equivalent to bouncing a baby on your knee or playfully tossing them in the air.

"It's not that kind of shaking at all," he said, "It is very violent and very forceful. The perpetrator is out of control and enraged at the baby, taking all their frustration out on them. As they are grabbed around the chest and violently shaken, their head is whipped back and forth and blood vessels in the brain tear and bleed," Pedersen said.

An infant has a larger than normal size head relative to its body. Its neck muscles are not strong enough to support the head until the child is about four months old. They have more spinal fluid on the outside of their brain and their brains are softer. When a baby is violently shaken, the brain shifts back and forth inside the skull, causing delicate veins in the brain to stretch and eventually tear. This results in bleeding outside the brain or what doctors call a subdural hemorrhage. Unconsciousness occurs when the nerves of the brain are torn, physicians refer to this as diffuse axonal injury or DAI.

"If a baby is shaken long and hard enough they will pass out," said Pedersen. "The adult, who is upset, then may throw the child in the crib and ignore it for a while or may realize they have done something wrong, but delay seeking help, hoping that the infant will wake up and be fine," he said.

What they do not realize is the baby may be suffering further brain damage. Usually it is not until some time later parents become concerned when the baby is vomiting, not breathing, remains unresponsive, or is having a seizure.

"It's usually not until the child reaches this state that we see them here in the hospital or at the clinic," said Pedersen.

Parents or caregivers who know or suspect that their child has been shaken must be honest with the pediatrician or doctor. A doctor who is unaware that the child was shaken may assume the baby is vomiting or having trouble breathing because of an illness. Mild symptoms of SBS are very much like those of infant colic, feeding problems, fussiness, or a viral illness such as gastroenteritis.

The American Academy of Pediatrics urges anyone who shakes a baby because of anger or frustration to get medical help immediately. Don't let embarrassment, guilt or fear get in the way of your child's health.

SBS can cause serious injuries such as blindness or eye damage, a delay in normal development, seizures, damage to the spinal cord (paralysis), brain damage, or death.

Recovery from SBS depends on how severely the baby was shaken and, to some degree, time in seeking help. "If they have just a little bleeding outside the brain and not much brain or eye damage, some of the children can appear quite normal," said Pedersen. However, developmental concerns, academic difficulty, or cognitive problems may be noted when the child is older.

"If the child is hurt severely enough to be hospitalized, they probably will end up with some sort of handicap to include mental retardation, cerebral palsy, vision or hearing problems, epilepsy or even death," said Pedersen.

"I don't think a parent pre-meditates hurting their baby by shaking them," said Pedersen, "I believe they are just so angry and impulsive that they shake the baby quickly. It doesn't have to be that long of a shake. It's just so violent and forceful that severe damage is done."

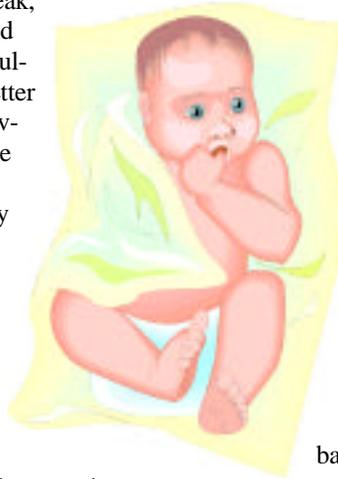
"One point I'd like to make is that infants are tough to raise. Parents of infants commonly are stressed and sleep deprived, and in the military, there may be less support available from family. Less than 30 seconds of "losing it" with your baby can result in a permanently handicapped child." – or no child at all.

If you are parent in need of a reprieve from a crying infant after you've tried everything to settle them, remember it's important to stay in control of your temper. It is never okay to shake, throw, or hit your child. If you feel as though you could lose control:

- * Take a deep breath and count to 10.
- * Take time out and let your baby cry alone.
- * Call someone close to you for emotional support.
- * Call your pediatrician. There may be a medical reason why your child is crying.

There are also a number of resources available to you through your Family or Community Service Center. If you feel you are having trouble, contact a family advocacy counselor at the Army Community Service Center by calling 656-1900. They are located in Building 824, Wheeler Army Air Field. The social work services department at Tripler Army Medical Center offer anger management and parenting classes. Call 433-6606 for class schedules.

For more information about SBS on the web at the Shaken Baby Resource Center, <http://www.geocities.com>, and at the American Academy of Pediatrics web site, <http://www.aap.org>.





A team of Tripler medical personnel assess a patient during a mass casualty exercise in September. More than 1,000 Tripler soldiers participated in the exercise.



Tripler's Dining Facility housed many festive decorations such as this model of Tripler, which came complete with holiday lights. The styrofoam creation was the work of Rico Pascua and Clifton Lariosa.

A LOOK BACK AT 2000

Photos by Staff Sgt. Michelle J. Rowan



In March, Command Sgt. Maj. Steven Burton (left) was welcomed to Tripler as PRMC/TAMC's new top enlisted soldier.



Grace Costales (right), a community health nurse with the Joint New Parent Support Program, shows new parents how to perform infant massage. The JNPSP and Army Drug Abuse Prevention and Control Program Counselor Lovell Harris were recipients of Hawaii's annual Ola Pono Award in February. The award honors those who make meaningful substantial contributions to the Hawaiian community by promoting safe, healthy and drug-free lifestyles.



During Common Task Training in September, a group of Tripler soldiers read through one of the exercises.



Tripler's Health Education and Promotions Center officially opened the doors to its new facility on Tripler's first floor in March. The center offers classes and one-on-one counseling in areas such as nutrition, stress management, diabetes and hypertension.



A sack race was just one of the activities held during Organizational Day 2000 on Tripler Hill Aug. 4. More than 1,400 employees and family members turned out for the festivities, which also included a petting zoo, rock climbing wall and entertainment from Halau Hula and the Ka'ala Boys.

Video connection helps save life

Margaret Tippy
Public Affairs Officer

A telephone videoconferencing connection and a Tripler nurse are responsible for saving a gentleman's untold anguish recently when he fell Dec. 6 at home.

"She's a great lady, She saved my life," said Clifford T. Anderson, 74, of Honolulu. He was speaking of Maj. Kathy K. Prue-Owens, the primary investigator of "Effects of Telenursing in Managing the Heart Failure Patient" at Tripler Army Medical Center.

Anderson who suffers from heart problems and has had a stroke had only had the telephone videoconferencing equipment in his home for three weeks. It had taken time and education for Anderson to become comfortable with the equipment not being familiar with computers, said Bernard Stolzman, a contractor who provides technical management to the research project.

"Maj. Prue calls me at 6 a.m. Mondays, Wednesdays and Fridays to make sure everything was ok with my medication and blood pressure," said the retired Air Force master sergeant. "It was 10 to 6 a.m., and I was trying to get ready.

"All of a sudden I tripped and fell," Anderson said. "I broke my leg. I tried to get up but couldn't." Anderson lives by himself.

Meanwhile, Prue-Owens was getting ready to contact Anderson from the telephone videoconferencing equipment at her home.

"I decided to go ahead and connect with Mr. Anderson through the internet/telemedicine connection before making a telephone call to him," Prue-Owens said. "When I dialed the number through (a high access connection), the picture came up. All I could see was the top of his head and his glasses when he would glance at the computer.

"I became very concerned and made a call to him," she said. "Though he could have called 911, he said to me, 'I was waiting for you to contact me.'"

Prue-Owens called 911 and Anderson's landlord for assistance.

"When the Fire Department arrived, I communicated with them via the telephone teleconferencing system," she said smiling. "They were very surprised at my appearance on the computer. I could even see them pointing at me."

"They assisted Mr. Anderson to the bed where I could view him," Prue-Owens said. "I instructed them to take Mr. Anderson to Tripler as this is where he receives his care.

"By the time I arrived at work 30 minutes later, Mr. Anderson was (at Tripler) and receiving care," she said.

"The situation with Mr. Anderson happened so quickly and efficiently," Prue-Owens said. "The research study has been



Margaret Tippy

Maj. Kathy K. Prue-Owens, primary investigator of "Effects of Tele-nursing in Managing the Heart Failure Patient" at Tripler Army Medical Center, left, shakes hands with patient Clifford Anderson.

evolving very slowly, but I am extremely proud that I have been able to teach Mr. Anderson about his medication and blood pressure.

"The interaction between (us) has demonstrated that technology such as video conferencing can be quite valuable and allow patients a connection to healthcare providers, the community and the internet," she said.

"Mr. Anderson has become quite savvy with the computer, a skill he did not have before the study," she said. "I am also pleased that he is doing very well and actively engaged in physical therapy."

Phil Sharp, president of the Hawaii PC Users group and representatives of Senior Net assisted Mr. Anderson with his computer education.

"The paramedics were wonderful," Anderson said. "The civilian ambulance (crew who) brought me to Tripler and everyone was wonderful.

"Maj. Prue is a good woman, and I'm real proud of her," he said. "It makes me tear up every time I think about it."

Prue-Owens has been the primary investigator of the project since August 1999 with two co-investigators: Dr. Ann Verderber, University of Hawaii (UH) School of Nursing and Ann Cook, Queens Medical Center.

The Henry M. Jackson Foundation for the Advancement of Military Medicine manages the project funding of \$280,000 for the two-year project with one sub-contract going to UH and one to Queens.

The project investigators have assisted 11 military-eligible patients and one civilian patient since its inception.

Flu shots now available for all eligible beneficiaries

Margaret Tippy

TAMC Public Affairs Officer

Tripler Army Medical Center has received adequate supplies of the flu vaccine to vaccinate all eligible military beneficiaries. The supply had been limited prior to this and shots were only being given to certain patient categories.

Tripler's Allergy & Immunization Clinic immunization hours are Tuesdays 1 – 3 p.m., Wednesdays, 7:30 – 11 a.m., and Fridays, 9 – 11 a.m. Patients should bring their medical records with them, said Capt. Rebekah J. Sarsfield, head nurse of the Allergy & Immunization Clinic. The Immunization Clinic is located on the fourth floor, mountainside and may be reached at 433-6334.

The shots will also be given at Tripler's Family Practice Clinic to those people enrolled in that clinic. Family Practice is located in Tripler's D Wing and immunization hours are 8 a.m. – noon and 1 – 3 p.m. weekdays. The Family Practice Clinic may be reached at 433-3300.

The Centers for Disease Control and Prevention (CDC) has lowered the recommended cutoff age for vaccinating people, regardless of risk factors, from 65 to 50 years of age. They now recommend people 50 and older receive the influenza vaccine, said Col. (Dr.) Glenn Wasserman, chief of Tripler's Department of Preventive Medicine.

"While influenza can cause mild to moderate illness lasting two to seven days in otherwise healthy individuals, by far the greatest number of hospitalizations and deaths are in elderly persons or individuals with high risk medical conditions," Wasserman said.

Following are the CDC recommendations for people at high risk for complications from influenza and who need to get the vaccine:

- * People aged greater than or equal to 50 years;
- * Residents of nursing homes and other chronic-care facilities that house people of any age who have chronic medical conditions;
- * Children and adults who have

chronic disorders of the pulmonary or cardiovascular systems, including asthma;

* Children and adults who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (e.g., caused by medications or human immunodeficiency virus);

* Persons aged 6 months-18 years who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye Syndrome after influenza; and

* Women who will be in the second or third trimester of pregnancy during the influenza season.

For more details on the flu vaccine, please visit the military health system/TRICARE Web site at www.tricare.osd.mil. More information about the distribution of influenza vaccine is available from the CDC Web site at www.cdc.gov.

Before you tell it to your Inspector General ...

- * **Be sure you have a problem, not just a peeve.** (Are the cooks turning out lousy chow or was it just one bad meal?) (If a policy is flawed, you can submit a proposed change on a DA form 2028.)
- * **Give your chain of command a chance to solve the problem.** (Many problems must be addressed to the chain of command for resolution anyway.)
- * **If IG assistance is needed, contact your local IG first.** (IGs at higher commands will normally refer the case to the local IG for action.)
- * **Be honest and don't provide misleading information.** (IGs will discover the truth quickly in most cases, and there are penalties for knowingly providing false information.)
- * **Keep in mind that IGs are not policy makers.**
- * **Keep in mind that IGs can only recommend, not order a resolution.** (Only commanders can order; the role of the IG is to advise the commander.)
- * **Remember, IGs can only resolve a case on the basis of fact.** (Your claim that a supervisor has violated the rules doesn't make it fact. A claim must be supported with evidence.)
- * **Don't expect instant action on your request ... be patient.** (Investigations take time, and IGs tend to have heavy workloads.)
- * **Be prepared to take "No" for the answer.** (In any case, "yes" or "no", the IG will explain why.)



Your Tripler IG team is:

Maj. Laurence T. Hunter — 433-6610

Master Sgt. Ronald Dean — 433-6654

Steve McAlum — 433-6619

To complain without fear or reprisal is the right of any soldier, civilian or family member seeking IG help. After all, problem solving is one of the IG's primary missions.

MINISTRY MOMENT

Chaplain assistant's dream of citizenship becomes reality

Chaplain (Capt.) Albert Ghergich
Department of Ministry and Pastoral Care

A lifelong dream of Spc. Patricia Font, a chaplain assistant in the Department of Ministry and Pastoral Care, came to pass Nov 29. Font, proudly wearing her Class A uniform, stood in a crowded Honolulu Federal Courtroom as she was sworn in as a citizen of the United States of America!

Font is a native of Lima, Peru. She first came to the United States as a college student to study English at Queens College in New York. It was there that she met future husband Jose Font. Married for seven years, the Fonts are the parents of two children: Alexander, age 3; and Gabriella, age 2.

Font was impressed by the many opportunities that the Army had to offer: a solid career; a promising future; and educational incentives.. Her primary motivation for joining the Army, however, was



Font

to pursue her lifelong dream of becoming an American citizen. In keeping with the Army's slogan, Font has found firsthand that in the Army you really can "Be All You Can Be!"

Font is now in her fourth year of active duty as a chaplain assistant. Prior to her assignment to TAMC, she was stationed at Fort Bragg, N.C. Her desire for excellence and her commitment to the mission are an inspiration to everyone. She is truly an exemplary soldier, and a delightful person. Soon after completing Primary Leadership Development Course in March 2001, she hopes to pin on her sergeant's stripes.

Please join The Department of

Ministry and Pastoral Care in offering a heartfelt "Congratulations!" to our newest U.S. citizen, Spc. Patricia Font.

DMPC news brief

Two brand new activities are being offered in TAMC: Daily Protestant Devotions, noon - 12:15; and Thursday Bible Study, 4 - 4:30 p.m.. Both in the Meditation Chapel, wing 6A. Help us get the word out!

Chapel Worship Schedule

Catholic Service:
Daily (M-F) - noon
Saturday - 5 p.m.
Sunday - 11 a.m.

Protestant Service:
Sunday - 9 a.m.
Daily Devotion (M-F)
- noon in Meditation Chapel

For other religious groups, call the DMPC at 433-5727. The hospital chapel is located in the DPMC on the 3rd Floor, D Wing. A meditation chapel for personal prayer and devotion is open 24 hours a day on the 6th Floor, A Wing, Room 007.

news briefs

Want to volunteer? — Tripler's Public Affairs Office occasionally receives phone calls from various non-profit community organizations asking for volunteers. If you are someone who would like to volunteer your time, but are not sure where you would be most needed, call the Public Affairs Office at 433-5785.

HEP-C director receives achievement — Hope Oliver, director of Tripler's Health Education and Promotion Center recently achieved "Certified Diabetes Educator" status from the National Certification Board for Diabetes Educators by meeting rigorous education and professional practice experience requirements and passing an examination. Oliver is currently the only staff member at Tripler who has achieved this designation.

17th annual Great Aloha Run set — The 2001 Great Aloha Run is scheduled for Feb. 19. Entry forms for military personnel, family members and DoD civilians are available at all military Physical Fitness Centers on Oahu.

For more information, call 655-8789.

Center offers free aerobic classes — Tripler's Physical Fitness Center (Bldg. 300) offers free aerobic classes at 4:30 p.m. Mondays, Wednesdays and Fridays. The hour-long classes are conducted by Capt. Kinsey J. McFadden. Classes are open to eligible ID cardholders who are injury free with no history of a heart condition.

For more information, call the fitness center at 433-6443.



"Better Opportunities for Single Soldiers"

BOSS Program needs members

Tripler's Better Opportunities for Single Soldiers is looking for soldiers to get involved in the organization. The purpose of the BOSS Program is to organize and conduct single soldier programs designed to improve single soldiers' well-being through participating in off-duty leisure activities and assist soldiers in resolving off-duty well-being issues. The TAMC BOSS Program enhances, but does not replace the normal chain of command.

* The next BOSS meeting is set for 1 p.m. Jan. 18 on the 3rd Floor lanai.

For more information on the BOSS Program or to join, join the BOSS mail group on CHCS, read bulletin boards in the mail room and day room or contact Sgt. 1st Class Barry Davis at 433-6047.

Veterans act improves GI Bill

Higher monthly payments, dependent eligibility among new changes

Staff Sgt. Kathleen T. Rhem
American Force Press Service

The Veterans Benefits and Health Care Improvement Act of 2000, signed by President Clinton Nov. 1, makes several important improvements to the Montgomery GI Bill.

Monthly payments climbed by nearly \$100 starting Nov. 1, 2000. The rate for full-time training increased from \$552 a month to \$650 for eligible veterans with at least a three-year term of service. The rate for those with a two-year term of service went from \$449 a month to \$528.

The law also provided for an increase from \$485 a month to \$588 for eligible spouses and children under the Dependents Education Act.

"This program is for families of veterans who are permanently and totally disabled through their service, or who died while on active duty or shortly after leaving the service," said Dennis Douglass, VA deputy director of education services.

"These families are our most at-risk population, because the traditional breadwinner has been taken out of the picture," he said. "This program is VA's opportunity to reward the families of service members who have paid an incredible price."

Another provision in the law

addresses service members who leave active duty before the end of their first term and return later. Previously, these people were precluded from drawing the GI Bill benefit because the program only recognized the initial term of service. The new legislation allows VA to consider any term of service when deciding eligibility, Douglass explained.

"We're not talking about somebody who spent ... six or eight months in the service and never came back," Douglass said. "We're really talking about somebody who committed to the military and this nation. As equity would dictate, these people really are deserving of the benefit."

Service members can now increase their contributions and receive increased benefits later. Members participating in the MGIB contribute \$1,200 at the rate of \$100 each month in the first year of service. The newly allowed additions can be made in \$4 increments up to a total maximum of \$600.

VA's basic full-time education benefit of \$23,400 is paid in 36 monthly installments of \$650 and represents a 19.5-to-1 return on a member's \$1,200 investment. Douglass said additional contributions would return 9-to-1. A \$600 maximum addition, then, would raise a member's total benefit to \$28,800 — 36 payments of \$800 a month.

For more information on the GI Bill changes, visit the Department of Veterans Affairs' Internet home page at www.va.gov.

Staff members receive military medical honor

Margaret Tippy
TAMC Public Affairs Officer

Tripler Army Medical Center staff welcome the following inductees into the Order of Military Medical Merit.

The eight staff members were inducted at the Holiday Ball Dec. 8: Marsha Graham, chief of Quality Services Branch, Quality Services Division; Master Sgt. Regina Bradford, NCOIC of Clinical Services Division; Lt. Col. (Dr.) Ian H.G. Freeman, Department of Surgery; Lt. Col. Luisa M. Janosik, director of Critical Management Division; Lt. Col. Lang Pham, chief of Nutrition Care Division; Lt. Col. Debra Spittler, chief of Education and Training Division, Directorate of Health Education and Training; and Chaplain (Col.) James Coindreau, chief of the Department of Ministry and Pastoral Care.

The Order of Military Medical Merit was founded by the Commanding General of the U.S. Army Health Services Command in April 1982 to recognize excellence and promote fellowship and esprit de corps among Army Medical Department (AMEDD) personnel. Membership in the order denotes distinguished service that is recognized by the senior leadership of the AMEDD. Since the order's inception, more than 5,000 individuals have been granted membership for exceptional contributions.

the winners' circle

Awards

Lt. Col. Anita Pedersen, Meritorious Service Medal
Capt. Ian Lee, MSM
1st Sgt. Joseph King, MSM
Master Sgt. Jeffrey Jackson, MSM
Merryl Young, 15-year service pin
Zenaïda Gante, 25-year service pin
Mary Leighnor, Superior Civilian Award
Alonzo Robinson, SCA
Jean Miyake, Commander's

Award for Civilian Service
Wayne Ichimura, CACS
George Kurisu, Coin of Excellence
Marlowe Gungab, Coin of Exc.
Soldier of the Quarter — Pfc. Vincent Price, Dept. of Medicine
NCO of the Quarter — Staff Sgt. Thomas Perkins, Dept. of Medicine
Red Cross Awards
Total October volunteer hours — 3,048

Adult volunteer with most hours for October — Amie LaMarr, 175 hours
Teen volunteer with most hours for October — Tracy Frando, 32.5 hours
Total November volunteer hours — 2,740
Adult volunteer with most hours for November — Aleja Rivera, 166 hours
Teen volunteer with most hours for November —

Sterling Thompson, 24.5 hours
Total December volunteer hours — 2,310
Adult volunteer with most hours for December — James McNulty, 171.5 hours
Young adult with the most hours for December — Amie LaMarr, 170 hours
Teen volunteer with most hours for November — Sterling Thompson, 11.5 hours

Nurse Corps to celebrate 100th anniversary

Army Nurse Corps

Feb. 2 marks the 100th anniversary of the establishment of the Army Nurse Corps. Throughout history, Army nurses have served their country with extraordinary courage. Their skills, dedication and resourcefulness have helped them save tens of thousands of lives.

Since 1901, Army nurses have demonstrated again and again their total commitment to the highest standards of military and nursing excellence. Both men and women have served as Army nurses since 1775, but the Army Nurse Corps did not become a part of the Army Medical Department until 1901.

When the United States entered World War I in 1917, there were only 403 nurses on active duty. By November 1918, there were 21,460 Army nurses, with 10,000 serving overseas. During the war, nurses served primarily in base, evacuation, and mobile surgical hospitals in the United States, France, Hawaii, Puerto Rico and the Philippines. They also provided care on hospital trains in France and transport ships carrying wounded home across the Atlantic. Approximately 270 nurses lost their life in the conflict.

When the United States entered World War II, fewer than 7,000 nurses were on active duty. By 1945, more than 57,000 Army nurses were assigned to hospital ships, trains and medical evacuation planes. They were also assigned to field, evacuation, station and general hospitals at home and overseas. In Europe, Army nurses assisted in developing the concept of recovery wards for immediate postoperative nursing care. Military nursing gained a greater understanding of the processes of shock, blood replacement and resuscitation.

In May 1942, with the fall of Corregidor, Philippines, 67 Army nurses became Japanese prisoners of war. During the 37-month captivity, the women endured primitive conditions and starvation, but still they continued to care for the ill and injured in the internment hospital. On Anzio, nurses dug their foxholes outside their tents and cared for patients under German shellfire. At the war's end, 215 brave nurses died for their country.

Army nurses once again played a major role in support of combat troops

ANC anniversary activities at Tripler Army Medical Center

Feb. 18 — Fun Run with Luau to follow that evening. Guest speaker will be Brig. Gen. William Bester, chief of the ANC. Tickets will be sold in the Dining Facility from Jan. 8-19.

* Special t-shirts will also be available for purchase.

For more information, call Lt. Col. Chris Piper at 433-2812.

when President Truman ordered United States forces into Korea in June 1950. Army nurses cared for combat troops during the landing on Inchon, the advance across the 38th parallel into North Korea, the amphibious landing on the east coast of Korea, the drive toward the Yalu River, and the retreat to the 38th parallel. Throughout the Korean War, approximately 540-1,500 Army nurses served on the embattled peninsula.

Mobility and increased patient acuity characterized nursing service in Vietnam. Evacuation by helicopter brought wounded to medical units located within minutes flying time of the battlefield. Of the more than 5,000 Army nurses who served in Vietnam, nine (seven women and two men) paid the ultimate price and sacrificed their lives for our nation, including Lt. Sharon Lane who died from hostile mortar fire. Their names are etched on the wall of the Vietnam Memorial in Washington, DC, among those of the men they served.

During Operation Desert Storm, approximately 2,200 nurses served in 44 hospitals. Two of every three nurses in the Arabian Gulf were from the Army National Guard or Army Reserves. This was the first major conflict that deployable medical systems were used. Before, during, and after the 100-hour ground war, U.S. forces sustained a disease and non-battle injury rate that was the lowest ever recorded in a conflict.

Recent years have seen Army nurses active throughout the world both in armed conflicts and humanitarian endeavors. Army nurses supported combat troops in Grenada in 1983, Panama in 1989, and Iraq in 1991. Today, the legacy of these military nurses lives on. Currently, Army nurses are deployed as part of Task Force



Falcon performing peacekeeping duties in Kosovo or part of the stabilization force in Bosnia and Herzegovina.

The Corps' recent professional evolution reflects not only the changing requirements of a progressive Army, but also its expanded roles in support of the health care needs of the nation. Army nurses compete with other members of the Army Medical Department for command positions. For example, the Chief, Army Nurse Corps, Brig. Gen. William T. Bester, who is the first male to be selected for this position, commanded a hospital at Fort Jackson, S.C. as his previous assignment.

Throughout its history, the Army Nurse Corps has earned the deep respect and gratitude of the American people because of its dedication to providing the best possible care to our soldiers while serving our country in war and peace. Over time, the mission has grown broader, yet there has been one constant — the devotion of the individual nurse in providing excellent nursing care.

Bester amplifies this belief, "Thanks to the tireless efforts of those who have come before us, and the continued selfless service of all of you who currently serve, the Army Nurse Corps has grown to be an internationally recognized leader in nursing education, nursing research, nursing leadership and clinical nursing practice. Nobody does it any better."