



MEDICAL MINUTE

Vol. 2, No. 8

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

August 2001



Staff Sgt. Michelle J. Rowan

Triage Officer Capt. Brian Weisgram checks a "crash" survivor's alertness during the mass casualty exercise July 31 on Midway Atoll.

Agencies come together for Midway Atoll exercise

Staff Sgt. Michelle J. Rowan
Editor

The call for help went out at 11 a.m. July 31. A commercial airliner had crashed while attempting an emergency landing on Midway Atoll, a small island more than 1,100 miles west of Oahu. The island's medical team of one doctor and two nurses were overwhelmed with the casualties that were scattered along the end of the runway and nearby coastline. With injuries ranging from cuts and burns to broken bones and abdominal wounds, the survivors needed help immediately. For some, it was already too late.

Although this situation was meant to be realistic for those responding to the mass casualty situation, it was merely one of the scenarios for a training exercise conducted July 31-

Aug. 1 by the Pacific Regional Medical Command (PRMC) in cooperation with more than a dozen other government and civilian agencies.

Dubbed Operation Pacific Reach, the exercise was conducted to test the response of the PRMC's Special Medical Augmentation Response Team (SMART), a team of personnel that deploys rapidly to assist and advise the host nation or on-scene incident commander during medical emergencies.

The two-day exercise, which was comprised of the mass casualty situation and a weapon of mass destruction identification and decontamination exercise, was a first for the PRMC.

"This was the first time a (U.S. Army Medical Command) SMART

See **MIDWAY**, page 6

Emergency! Emergency? Many people misuse ERs for minor ailments

Staff Sgt. Michelle J. Rowan
Editor

Although emergency rooms (ERs) are known for their life-saving capabilities, more and more people are using these departments for treatment of minor ailments, which could affect all ER patrons.

Tripler Army Medical Center's Emergency Department treats more than 45,000 patients per year, but between 70 to 80 percent of these patients do not have real "emergencies" at all.

"Most of the ER visits are for minor illnesses such as coughs, colds, mild fevers and ear infections," said Col. (Dr.) Michael A. Madsen, chief of Emergency

See **ER**, page 4

FUN IN THE SUN

During Tripler Army Medical Center's Organizational Day Aug. 3, Erica Broadwater descends from the rock climbing wall after successfully reaching the top.

For more on the annual O-Day, see page 9.



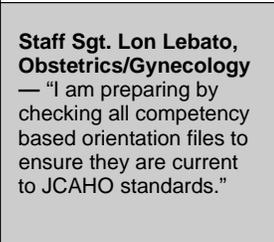
Staff Sgt. Michelle J. Rowan

FEEDBACK

A place to voice your opinion
What are you doing to prepare for JCAHO?



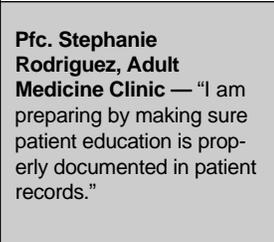
Ann Marie Delapena, Clinical Support Division — “Know your duties and responsibilities and keep informed of updated requirements.”



Staff Sgt. Lon Lebato, Obstetrics/Gynecology — “I am preparing by checking all competency based orientation files to ensure they are current to JCAHO standards.”



Sgt. Marcus Williams, Department of Preventive Medicine — “As my department’s safety NCO, I have to make sure my area is kept secure and ensure all safety checks are completed.”



Pfc. Stephanie Rodriguez, Adult Medicine Clinic — “I am preparing by making sure patient education is properly documented in patient records.”



Sherry Mills, Adult Medicine Clinic — “I am preparing by answering mock interview questions and reading handouts on policies and instructions.”

COMMENTARY

Premature death yet to meet match

Maj. (Dr.) Nicholas A. Piantanida
 Schofield Barracks Family Practice Clinic

Our health and the health of our family members is of the utmost importance. Premature death has yet to meet its medical match. Most of what kills us — heart disease, stroke, cancer, lung disease, diabetes — is controllable by what we do to prevent the illness in the first place or to manage it more wisely. When it comes to improving health, biology, genes, machines and medications all matter, but behavior really matters.

Many people are fascinated by the health and technology innovations coming in the future. These scientific medical advances are arriving at a time when heart disease remains the No. 1 American killer, and Type 2 adult diabetes rates are soaring with a six-fold increase over the last 40 years. It is certainly encouraging to realize medical remedies may more easily head off life-limiting diseases, and it is especially rewarding to pour “new-hope” into once medically compromised health reports. But, can we do more? Can we approach chronic disease processes in ways that technology serves as a beacon of hope and not an exercise of last resort?

The answer is yes. The Schofield Barracks Family Practice Clinic (SB FPC) recently created a Group Clinic Pathway to specific disease management, which is designed to couple behavioral instruction and disease process education with the primary care provider. This pathway joins the small group, instructional, “hands-on” format with a multi-disciplined medical team approach. The medical team is comprised of nursing staff, technical clinicians and the patient’s primary care manager. The Group Clinic Pathway advances health promotion through disease education and behavioral advise on asthma,

Type 2 diabetes and hypertension/hyperlipidemia, combined.

Patients for the Group Clinic Pathway are pre-selected from a computer-generated diagnostic database (ICD 9 coding) and are further prioritized by the primary care provider’s request. Groups of 14 patients, with family members, are invited to attend sessions from 1 to 3:40 p.m. Tuesdays or Thursdays. Asthma will start in September, followed by diabetes in October and finally hypertension/hyperlipidemia in November. The pathway will follow this quarterly rotation into the next year.

Patients and their families will start the session with the Community Health Nurse who will present a 20-30 minute group instruction. The objectives of this first class are to establish some fundamental understanding on the disease process and to identify how environmental cues or lifestyle decisions may impact your health. Next, the group divides into two teams by primary care manager enrollment. A team nursing facilitator will then rotate with each team to two clinical stations of 20 minutes each. These clinical stations will join team members with technical specialists (pharmacy, podiatry and pulmonary) who will look at individual care plans and offer specific instructions on behavioral modifications. The experience is complete with a one-on-one visit with the primary care provider who will receive a brief report from the team nursing facilitator on your educational and behavioral milestones.

This process starts and ends with you, the patient, and though we have established measurable milestones for each disease process, your individual satisfaction is highly regarded. To learn more about the SB FPC Group Clinic Pathway, call 433-8155 or 433-8130.

Medical Minute

<http://www.tamc.amedd.army.mil>

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“Lights, Camera, JCAHO ...”

New standards address interventions

Lt. Col. Doris Johnson
Department of Medicine

The goal of the Care of Patients function is to provide individualized care in settings responsive to specific patient needs. Patients deserve care that respects their choices and supports their participation in the care provided. The goals of patient care are met when various processes and outcomes are performed well. Some of these processes include, but are not limited to the following: treating of a disease or condition; planning of care; providing supportive care; monitoring the outcomes of care; coordinating follow-up, and modifying care. Good staff knowledge is critical in ensuring positive patient outcomes.

Ensuring positive patient outcomes sometimes requires special interventions such as the use of restraints and seclusion. With recent changes in the Joint Commission on Accreditation of

Healthcare Organizations (JCAHO) standards on the use of restraints, it is imperative that the clinical staff has a good knowledge and is in compliance with these new standards in all situations where restraints may be used. The new standards address interventions that call for special sensitivity to patient rights and risk management. Clinicians should take special precautions to ensure that these special interventions are warranted and do not endanger patients.

Fortunately, we have clear guidance on the use of restraints. TAMC Regulation No. 40-81 defines a restraint as “an involuntary method of physically restraining a person’s freedom of movement, physical activity or normal access to his/her body in order to protect him/her or others from injury.” The policy further states that restraints will only be used when less restrictive methods are not sufficient to protect the patient or others from injury or to safeguard property. The decision to restrain requires adequate and appropriate clinical justification. Restraints are to be applied for no longer than is clearly needed, and if there is any doubt, the decision should be in favor of an alternative to the restraint (e.g. one-to-one observation).

Restraints and seclusion may be used for behavioral health reasons (primary behavioral health problem) to prevent harm to self, others, or the integrity of the ward environment. In such case those guidelines listed in Section B of TAMC Regulation 40-81 should be followed. Restraints and seclusion may also be used for an acute medical problem (to promote medical healing). Restraints may be used in non-behavioral health settings (i.e. settings designed for medical-surgical care, which includes patients receiving pediatric, obstetrical or rehabilitative care). These settings include TAMC’s Emergency Department or Schofield Barracks’ Acute Care Clinic for the purpose of assessment, stabilization or treatment other than behavioral health-

care reasons; Treatment in Same Day Surgery or ambulatory health procedures, etc. In such cases, those guidelines listed in Section C of the regulation should be followed.

Exceptions to the restraint policy include: Holding a child for less than 30 minutes; time out for less than 30 minutes; formal behavioral management program; protective equipment (e.g. helmets); brief interactions that focus on redirection or assistance in activities of daily living; adaptive support in response to an assessed need (orthopedic appliance, postural support, table top chairs).

Your role is to ensure patient and staff safety through 100-percent restraint training and annual review.

Some examples of Care of Patients focus questions on use of restraints and seclusion may include knowledge on:

- * Types of restraints used at your organization;
- * Existence of a restraint policy;
- * Criteria used to determine appropriate restraint use;
- * Documentation of training received in restraint use; and
- * Training requirements for staff authorized to initiate restraint or seclusion.

The Care of Patients Functional Management Team (FMT) members are responsible for providing assistance and guidance to help you ensure positive patient outcomes and patient/staff safety. The team consists of eight members who are readily available to provide assistance. They are: Col. Dale Vincent, chairperson and director, Medicine Product Line; Col. Dennis Beaudoin, Pharmacy; Col. Gerald Evans, Psychiatry; Lt. Col. Doris Johnson, director, Medical Nursing Services; Lt. Col. Kevin Mork, Anesthesia; Lt. Col. Lang Pham, Nutrition Care; Lt. Col. Joseph Pina, chief, Pulmonary Services and assistant director, Medicine Product Line; and Lt. Col. B. Alan Shoupe, Pediatrics.

CSM's HANDSHAKE OF CONCERN



August

“Restraints”

REMINDER:

**The JCAHO Inspection
Team will be
surveying Tripler
Dec. 10-14**

Family Practice clears kids for school

Schofield Barracks clinic holds School Physical Day

Maj. (Dr.) Nick Piantanida

Schofield Barracks Family Practice Clinic



The “Back to School” banners fill department stores and school supplies line the shelves in mass quantities. As children inhaled the last breath of summer solitude, they exhaled to exclaim, “I have to see the doctor for what?”

The Schofield Barracks Family Practice Clinic’s (SB FPC) School Physical Day on July 21 was in many respects the start of the school year for the 428 children who passed through the clinic that day.

The SB FPC staff on this day mushroomed from 42 to 81 personnel with

the assistance of the U.S. Army Reserves’ 1984th Reserve Hospital, Detachment 2. On 30-minute intervals, parents and children were guided in groups of 40 through the four screening stations: check-in, vitals-height-weight-visual acuity, physical exam and immunization review.

Eighteen providers conducted the exams that review the child’s history of established medical conditions, screened for new medical problems and integrated a message of age specific health awareness. For this population of primarily

active and healthy children, this visit may possibly represent the only medical visit they may have the entire year.

The value of this experience goes beyond the medical screening to ensure the child is “fit” to start school or participate in competitive athletics. It focuses on an opportune moment for the provider to “connect” with this fun and impressionable group of individuals. Age specific messages on health awareness were individually tailored from a list that included bike / scooter safety, water safety, fitness and diet awareness, teenage pregnancy and the perils of tobacco, alcohol and illicit drug use.

So, when all was said and done the message was clear, the doctor ordered: “Back to school!”

ER: Many clinics offer same-day appointments

Continued from page 1

Services at Tripler.

With only 16 beds, it doesn’t take long to fill Tripler’s emergency department, and those who don’t have a true emergency could face extended waiting times.

While the potential for a long wait may deter some people from using the ER for minor ailments, Madsen said that, more importantly, unnecessary visits delay care for those with more serious conditions.

The ER uses triage to initially determine the seriousness of a patient’s condition and the level of resources it will require. Upon arriving to the ER, the patient is first seen by a triage nurse, who sorts the patient into one of three categories: emergent, urgent and non-urgent.

An emergency is considered to be any immediate threat to life, limb or eyesight. Some examples of ailments that would fall into the emergent category are chest pain, heavy bleeding, respiratory distress or convulsions. Emergent conditions frequently require care within one to two hours.

Urgent patients have conditions that are not life threatening but need treatment within several hours. Urgent conditions would include large or deep lacerations, broken bones or severe abdominal pain.

The non-urgent category makes up a large majority of those who visit the ER. Patients in this category can safely wait 12-24 hours or longer for care. Non-urgent conditions include sore throats, colds, flu, diarrhea and conditions that have already been present for several days.

“Whenever possible, we try to have non-urgent patients be

seen by their primary care manager so that they can be followed by the clinic responsible for their overall care,” Madsen said. “The clinics and the TRICARE primary care manager concept offers the continuity of care the emergency department can never provide.”

If a true emergency is present, don’t hesitate to call 911 or go to the emergency room. Those who are unsure if they should make the trip have a few options to try before heading out the door. Patients can first call their assigned PCM during duty hours or the Physician’s Exchange at 524-2575 to reach the on-call PCM after duty hours. The TRICARE Healthcare Information Line at (800) 611-2883 also is available to provide assistance. The medical staff at these numbers can evaluate a patient’s signs and symptoms and recommend what step should be taken next.

Although many people think the ER is the only way to get seen by a doctor without waiting days or even weeks for an appointment, most Tripler clinics have same-day appointments and a few even have after-hours care.

Tripler and Schofield Barracks clinic appointment numbers are listed below:

Tripler Pediatric and Adolescent Medicine – 433-9226
 Tripler Adult Medicine Clinic – 433-6605
 Tripler Family Practice Clinic – 433-2500
 SB Tropic Lightning TMC – 433-8225
 SB Aviation Medicine Clinic – 433-8275
 SB Family Practice Clinic – 433-2778

For more information on TRICARE or to enroll, call the TRICARE Hawaii Customer Service Line at (800) 242-6788.



Lt. Col. (Dr.) Paul Cordts

Maj. Michael Silka of Tripler's Department of Nursing and Capt. Lyndon Agan of Pacific Air Forces prepare the injured seaman for evacuation.

Tripler soldiers help rescue injured Chinese seaman

Tech. Sgt. Chris Haug
Pacific Air Forces Public Affairs Office

The crew of a Hickam Air Force Base C-9 Nightingale and two Tripler Army Medical Center soldiers medically evacuated a Chinese seaman Aug. 8 from Christmas Atoll to Oahu.

The 28-year-old merchant seaman reportedly fell more than 19 feet on to a ship's deck, fracturing his skull and causing hemorrhaging to the brain, said Maj. Anthony Barbarisi, from the Pacific Air Forces air mobility operations control center here. At the time of the accident, the seaman was aboard the Pacific Arcadian, which happened to be near Christmas Atoll in the Mariana Islands in the Pacific Ocean.

To get the injured man the medical treatment needed to save his life, the ship's captain radioed the U.S. Coast Guard rescue coordination center in California to ask for help, said Staff Sgt. Blair Steffen, a controller at the Joint Rescue Coordination Center

(JRCC) in Honolulu.

"The Pacific area office called its closest RCC — District 14 in Honolulu — who then called the Air Force for help," he said. The JRCC also contacted the Pacific Regional Medical Command to ask for medical assistance from their Special Medical Augmentation Response Team (SMART).

The Hickam rescue team took off at about 3 p.m. with SMART members Lt. Col. (Dr.) Paul Cordts and Maj. Michael Silka.

After providing more than six hours of life-saving treatment on Christmas Atoll and on the flight back to Honolulu, the injured man was transferred to Queen's Medical Center once the plane touched back down at Hickam.

As part of the international maritime agreement, the Pacific Joint Rescue Coordination Center works alongside the Coast Guard's District 14 in Honolulu.

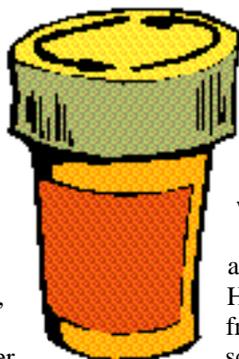
Drug withdrawn from military pharmacies

U.S. Army Medical Command Public Affairs Office

Baycol (cerivastatin), a cholesterol-lowering medication, is no longer available in U.S. military pharmacies because its manufacturer voluntarily withdrew it from the U.S. market.

Military beneficiaries who are currently taking Baycol should consult with their physicians about switching to another medication to control their cholesterol levels, according to Col. Marina Vernalis, cardiovascular consultant to the Army surgeon general. Those taking Baycol who are experiencing muscle pain or who are also taking the drug gemfibrozil should immediately discontinue the Baycol and consult with their physicians, she added.

Bayer Pharmaceutical Division, Baycol's manufacturer, withdrew the drug Aug. 8 because of reports of sometimes-fatal rhabdomyolysis, a severe adverse reaction that breaks down muscle cells. The withdrawal was made in the interest of patient safety because of the risk of Baycol used in combination with gemfibrozil (sold under the brand name "Lopid" and generics), according to Col. Mike Heath, the Army's pharmacy consultant.



Gemfibrozil is another cholesterol-lowering medication.

"Rhabdomyolysis is a rare muscular problem that usually occurs early in drug therapy," Heath said. "In addition to muscular weakness and pain, symptoms associated with the condition include tenderness, fever, dark urine, nausea and vomiting."

Vernalis advised that patients who discontinue the medication will likely experience increased cholesterol levels. She said such changes do not occur immediately but are apt to occur over a couple of days or weeks.

Other drugs that can be safely substituted for Baycol are readily available at military pharmacies, Heath said. He added that because Baycol will no longer be available from any pharmacy, all patients need to have their prescriptions changed to an alternative drug.

"Patients should contact their pharmacy or provider at the earliest convenience to discuss other treatment options and to determine which alternative drug is best for them," he urged.

Additional information can be found on the Food and Drug Administration Web site, <http://www.fda.gov>. Tripler Army Medical Center's Pharmacy may be reached at 433-7880.



Photos by Staff Sgt. Michelle J. Rowan

A soldier with the Hawaii Army National Guard's 93rd Weapons of Mass Destruction - Civil Support Team tightens his mask and suiting up before going in to investigate an unknown chemical agent.



Capt. George Garcia, a surgeon at Tripler, begins turning the volunteers into "crash" victims during the mass casualty exercise.



One of the wounded is transported to the triage tent during the mass casualty exercise.

MIDWAY: SMART members test skills

Continued from page 1

team has ever deployed in mass," said 1st Lt. James Halstead, PRMC operations officer.

He said the SMART, which is composed of trauma critical care, stress management, NBC, pastoral care and command and control elements, normally deploys only with the elements necessary for a certain mission. However, by having the entire 50-plus member team on-hand and conducting two different scenarios, Halstead said the SMART members were able to cross train with the other elements as well as become more proficient in their specialty.

"I think the number one benefit for the soldiers though, is actually getting them out of the hospital and into a field environment," Halstead said. "They are using the equipment they would use if this was a real world incident and working side-by-side the people who would be on their left and right."

The exercise kicked off the morning of July 31 as it would if it had been a real incident with the emergency "crash" call being transmitted to the Joint Rescue Coordination Center (JRCC) in Honolulu. The center then requested immediate assistance from the PRMC's SMART.

Within two hours of notification, SMART members were in the air for the three-hour flight to the tiny Pacific island. Upon arrival, one team headed to the "crash" site to begin triaging the 50 casualties while another group prepared a makeshift treatment area in the airport's hangar. The triage team separated the casualties by the urgency of their injuries and evacuated them back to the hangar. This portion of the exercise continued until the patients were stabilized and loaded onto a Coast Guard C130 aircraft, which hypothetically would

Continued on next page



A Laysan albatross watches the exercise from a distance. Midway Atoll is home to more than 70 percent of the world's Laysan albatross.



Members of the SMART's Trauma Critical Care team arrive on-scene at the "crash" site during the mass casualty portion of the exercise. More than 50 wounded personnel were situated along the beach for rescue.

transport them to Honolulu for further treatment.

"I thought the exercise was a good test for us," said Sgt. Greg Taylor, a member of the SMART's Trauma Critical Care team. "It let us see how well we work together and what we need to improve on."

The second day of the exercise shifted focus from a mass casualty exercise to reacting to an unknown chemical agent that was reported on the island. For this situation, the PRMC gave the lead to the Hawaii Army National Guard's 93rd Weapons of Mass Destruction - Civil Support Team (WMD-CST). The SMART's NBC team observed the National Guard unit and assisted with decontaminating those who had come into contact with the "agent."

"Having the 93rd in our region provides us with an exceptional training tool," said Sgt. Jeffrey Jennelle, NCOIC of the SMART NBC team. "They bring to the table a plethora of knowledge on NBC operations and decontamination procedures."

Although SMART members were aware the deployment was only an exercise, the PRMC tried to make it as realistic as possible. Many of the casualties, played by personnel who work and live on the island, spoke little if any English. In addition, observers from the PRMC, 93rd WMD-CST and Center of Excellence in Disaster Management and Humanitarian Assistance (COE) evaluated the team's performance and came up with recommendations for improvement.

Halstead said the exercise was also realistic in that most of the organizations and agencies that would participate in a real world incident on Midway Atoll took part in the exercise. In addition to the PRMC and JRCC, the exercise included the Federal Aviation Administration, which designated Midway as an approved emer-



Members of the Hawaii National Guard's 93rd WMD-CST come up with a plan before heading in to investigate an unknown chemical agent.

gency landing site; the Boeing Corp.; the Midway Phoenix Corp. and Department of Interior's Fish and Wildlife agency, which manage the atoll; U.S. Coast Guard Station Barbers Point, Hawaii Air National Guard's 203rd Air Refueling Squadron, 204th Airlift Squadron and the Hawaii Regional Flight Center, which supplied aircraft and personnel.

"Considering all the moving parts and being a first time event, it (the exercise) went very well," said Halstead.

With the success of Operation Pacific Reach, the PRMC is developing a strategic training plan for the SMART to include additional training exercises for the team and hopefully culminate in a regular joint service exercise.

Shafter vet facility conducts Saturday clinic



Staff Sgt. Michelle J. Rowan

Spc. Robert Pircher, NCOIC of the Fort Shafter Veterinary Treatment Facility, checks out Bear Bear, a rottweiler, during the clinic July 2.

Staff Sgt. Michelle J. Rowan
Editor

The Fort Shafter Veterinary Treatment Facility held a vaccine and microchip clinic July 21 from 8 a.m. to 1 p.m. The Saturday clinic was the first in what is hoped to become a quarterly event. More than 50 pet owners took advantage of the clinic to get their pets caught up with annual shots and tests.

The Fort Shafter Veterinary Treatment Facility is open Mondays from 9 a.m. to 6 p.m. and Tuesdays through Fridays from 8 a.m. to 4 p.m. for over-the-counter sales and appointment scheduling. Sick call and vaccination appointments are available Mondays from 9 a.m. to 6 p.m. and Tuesdays and Thursdays from 8 a.m. to 4 p.m. For more information or to schedule an appointment at the Fort Shafter facility, call 433-2271.

The Central Pacific District Veterinary Command also operates three other Veterinary Treatment Facilities on Oahu. All four veterinary treatment facilities are open to military ID cardholders to include active duty servicemembers, family members, retirees and Reservists/ National Guard per-

sonnel on active orders.

Information for the other clinics is provided below:

Hickam Air Force Base
448-8926

Open Monday through Friday from 8 a.m. to 4 p.m. for over-the-counter sales and appointment scheduling. Sick call and vaccination appointments are available Monday through Thursday from 8 a.m. to 4 p.m.

Kaneohe Marine Corps Base
257-3643

Open Monday through Friday from 8 a.m. to 4 p.m. for over-the-counter sales and appointment scheduling. Sick call and vaccination appointments are available Tuesdays and Wednesdays from 8 a.m. to 4 p.m., and Thursdays 8 to 11 a.m.

Schofield Barracks
433-8531/433-8532

Open Monday through Friday from 8 a.m. to 4 p.m. for over-the-counter sales and appointment scheduling. Sick call and vaccination appointments are available Mondays, Wednesdays, and Thursdays from 8 a.m. to 4 p.m. Walk-in clinics for sick call and vaccinations are available Tuesdays from 8 to 11:30 a.m. and 1 to 3:30 p.m.

TRICARE For Life briefings to be held around island

Sessions to explain new entitlement for eligible beneficiaries

TAMC Public Affairs Office

A new TRICARE entitlement for Medicare-eligible Uniformed Services retirees, eligible family members and survivors begins Oct. 1, referred to as TRICARE For Life.

TRICARE For Life is a comprehensive healthcare coverage that will pay secondary to Medicare for those eligible beneficiaries who are correctly listed in the Defense Enrollment Eligibility Reporting System (DEERS) and are also enrolled in both Medicare Part A and Part B.

The following are dates, times and

locations of information briefings on Oahu:

Aug. 22 — Kyser Conference Room, Tripler Army Medical Center from 4:30 to 6:30 p.m.

Aug. 23 — Pearl Harbor Sharkey Theater - Subbase (adjacent to Lockwood Hall) from 9 to 11 a.m.

Aug. 27 — Memorial Theater, Kuntz Avenue, Hickam Air Force Base from 9 to 11 a.m.

Aug. 29 — Marine Corps Base Hawaii Theater (Bldg. 219 Mokapu Blvd.) from 9:30 to 11:30 a.m.

Aug. 31. — Branch Medical Clinic Barbers Point (Bldg. 1829 Saratoga Ave.) from 10 a.m. to noon.

Sept. 10 — Aloha Theater, Scott

Circle, Hickam Air Force Base from 6 to 8 p.m.

Sept. 12 — Branch Medical Clinic Barbers Point (Bldg. 1829 Saratoga Ave.) from 10 a.m. to noon

Sept. 12 — Kyser Conference Room, Tripler Army Medical Center from 4:30 to 6:30 p.m.

Sept. 14 — Marine Corps Base Hawaii Theater (Bldg. 219 Mokapu Blvd.) from 1 to 3 p.m.

Sept. 15 — Schofield Barracks Nehelani Club; Hawaii Chapter, The Retired Officers Association Luncheon; Cost: \$12 Noon. Call Jack Miller at 261-4100 for reservations or email: carita@pixi.com



Photos by Staff Sgt. Michelle J. Rowan

Department of Resource Management Budget Analyst Jennifer Gettelman and daughters Jocelyn, Janelle and Jasmyn pet Mandy, a golden retriever owned by Department of Nutrition Care NCOIC Master Sgt. Rene Kinsey and family.



The 68th Medical Company (Air Ambulance) allowed O-Day participants to get an upclose look at a UH-60A Black Hawk.

2001 TAMC O-Day

Tripler Army Medical Center's conducted its annual Organizational Day Aug. 3 on Tripler Hill. The festivities included food, static displays, a rock-climbing wall, petting zoo and entertainment from the Ka'ala Boys.



Tripler staff members volunteered to serve food during the organizational day festivities.



Four-year-old Travis Dutton tries out a pair of headphones while checking out the helicopter static display.

Construction begins on second Fisher House

Suzan Holl

TAMC Public Affairs Office

Construction began on a second Fisher House located behind Tripler Army Medical Center after a brief groundbreaking ceremony that took place Aug. 2.

Tripler Commanding General Maj. Gen. Nancy R. Adams, Fisher Foundation Director of Construction, Anthony Virga, project builder Eric Soto, president of PER Inc., and Bruce Jacobson, president of Jacobson Labor Services simultaneously turned over the first shovel full of dirt at the building site.

"Tripler Army Medical Center is pleased to be able to help with the stress that comes with the hospitalization of family members," said Adams.

The Tripler Fisher House has served as a "home away from home" for 45 families and patients receiving medical care at Tripler Army Medical Center in 2001. The majority of families come from the Pacific region, mainly Korea, Japan, Okinawa and Guam. The Fisher House help provide comfortable lodging to active duty, military retirees, and veterans from all services in their time need.

The current Fisher House only has seven family rooms and last year, 75 families had to seek accommodations elsewhere. With the completion of the new Fisher House, there will be 15 family rooms complete with a private bath and TV/VCR. It will also increase the number of handicapped accessible rooms from two to four. As in the first house, the second one will feature a common kitchen, spacious dining room and living room, a library, and toys for children.

John Ost, Tripler Fisher House manager, said he expects the new house to be completed in this December or early January 2002.

Fisher Houses are comfortable homes built by the Fisher House Foundation, Inc. They provide a "home away from home" for military families when an active duty, veteran, or military retiree receives care at a major military or VAMedical facility. The Fisher



Suzan Holl

Tripler Army Medical Center Commanding General Maj. Gen. Nancy R. Adams (second from left) breaks ground for the second Fisher House to be located on Tripler hill. Helping Adams get things started are from left, Eric Soto, president of PER Inc.; Bruce Jacobson, president of Jacobson Labor Services; and Anthony Virga, director of construction for the Fisher Foundation.

Foundation started by New York philanthropist, the late Zachary Fisher, and his wife, Elizabeth, donate Fisher Houses to medical facilities around the world. Currently, there are 28 Fisher Houses located among the Tri-Services and Veterans Affairs hospitals, 10 of which are owned and operated by the Army. The second Fisher House at Tripler will be the 30th built by the Fisher Foundation. The homes are not funded by the United States Government, but rely on the generous donations of the community and the devoted support of volunteers.

For more information, call 433-1291 or go to www.fisherhouse.org.

THE WINNER'S CIRCLE



Staff Sgt. Michelle J. Rowan

Col. Paul Wingo (left), Troop Commander, re-enlists Sgt. 1st Class Keith Bleser, Sgt. 1st Class Timothy Schyuler and Sgt. Keith Alvesteffer at the Arizona Memorial July 25.

Order of Military Medical Merit

Maj. J. Gregg Hickman,
Department of Ministry and
Pastoral Care

Promotions

Lt. Col. Karen Kelley
Maj. Karen Hutchins

Awards

Anne Ohia - 45-year service pin
Calvin Devera - 30-year service pin
Rondal Mundy - 30-year service pin
Ophelia Carter - 25-year service pin
Darlene Hansen - 25-year service pin
William Love Jr. - 25-year service pin
Alicia Bulosan - 20-year service pin
Donald Devaney - 20-year service pin
Alonzo Robinson - 20-year service pin
Arturo Manlutac - 20-year service pin
Onofre Briones - 15-year service pin

Norma Montero - 15-year service pin
Rochelle Custard - 10-year service pin
Walter Grey - 10-year service pin
Yvette Villalobos - 10-year service pin
Charles Winder - 10-year service pin

Re-enlistments

Sgt. 1st Class Keith Bleser
Sgt. 1st Class Sergio Jaquez
Sgt. Gregory Payne
Sgt. Kiafa Grigsby
Spc. Phillip Charles
Sgt. William Lipes
Staff Sgt. Michelle Rightmyer
Sgt. Keith Alvesteffer
Sgt. Barbara Dickey
Sgt. John Evans
Sgt. 1st Class Timothy Schyuler
Sgt. Timothy Smith
Sgt. Howard Yarborough

MINISTRY MOMENT

DMPC honors volunteers

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

The Department of Ministry and Pastoral Care (DMPC) honored its hardworking Chapel volunteers July 11 with a noon-time luau on the chapel lanai. These dedicated volunteers are key to the mission of the DMPC. They assist in everything from chapel decoration to patient visitation.

All Chapel volunteers must first become Red Cross volunteers. This takes approximately 10 hours of training. In addition to those hours, Catholic volunteers are trained and commissioned by Chaplain (Col.) James Coindreau to serve communion, as Eucharistic Ministers, to hospital patients. Protestant volunteers receive personal training in patient visitation from Chaplain (Maj.) J. Gregg Hickman.

Chapel volunteers are regular people, like you and me, who deeply care about the hurting and lonely patients in our hospital. Chapel volunteers are from every walk of life: soldiers, family members, hospital staff and retirees. Some distribute flowers. Some distribute literature. Some offer prayer. Some sit and listen. All of them provide a critical element to the "healing arts" — a caring heart and human touch. If you see a volunteer in your area, introduce yourself, shake his or her hand and tell the volunteer how much you deeply appreciate everything Red Cross chapel volunteers do for TAMC's staff and patients.

If you would like more information on becoming a Chapel volunteer, call the DMPC at 433-5727.

Chapel Worship Services

Catholic Services

Daily (M-F) — Noon
Saturday — 5 p.m.
Sunday — 11 a.m.

Protestant Services

Sunday — 9 a.m.

**For other
religious
groups, call
433-5727.**



Courtesy photo

Pictured from left to right: Back row Dr. Charles Callahan, chief of the Department of Pediatrics, Michael Ward, Sonja Bruchman, Oney Reynolds, Richard Sprinkle, Amata Taifane, Alan Gamble, Judy Good. Second Row: Nathan Bruchman, Taylor Reynolds, Matthew Sprinkle, Sharon Sprinkle, Paul Good Jr., Rickie Gilsdorf (Sprinkle), Nicci Gilsdorf (Sprinkle), Shane Gilsdorf (Sprinkle), Leah Sprinkle.

Department thanks families

Alan Gamble
Social Work Services

Tripler Army Medical Center's Department of Pediatrics formally thanked families participating in their Home Visiting Program May 8. These families have been teaching third-year medical students about various aspects of family life and about children with special needs from a personal, "family-centered care" perspective. The families were thanked and acknowledged as valuable members of the Tripler Pediatric Training Program.

The Pediatric Home Visiting Program gives medical students an opportunity to learn from families first hand, in a non-clinical, community setting. The student's experience what family life is like with a special needs child from the perspective of the parents, the child and with siblings. They also learn about the many other people in the community who are involved with the family and the special circumstances of military life.

Students share a minimum of two hours with a family at home or on an outing such as going to the beach, shopping, or other family activity. The program has proven to be valuable to both the medical

students and to the families themselves. This is one of the rare opportunities students have during their entire medical career to do a home visit where they can gain a perspective of the whole child within the context of family and other relationships.

This program was designed by a team of professionals and military parents from the Uniformed Services University of Health Sciences (USUHS) and the Institute for Family Centered Care under the guidance of Col. (Dr.) Virginia Randall, a developmental pediatrician and faculty member at USUHS. Randall helped get the program started at Tripler's Department of Pediatrics almost three years ago along with Lt. Col. (Dr.) Al Shoupe, Clerkship Training Coordinator, and Alan Gamble, a clinical social worker with the pediatric departments' Exceptional Family Member Program. Allison Hunt, a parent of a child with special needs, was a member of the original planning team at USUHS and upon her return to Hawaii, has given valuable history and direction to the Program.

Program participants unable to attend were Linda and Micah Carr and family; Mike, Lisa, Lindsay, and Clay Bennett.



Photos by Staff Sgt. Michelle J. Rowan

Sports Showdown

Left, Kohji Kure of B Company goes up for a shot while A Co.'s William Jones attempts to block during a Commander's Cup basketball game. Above, Mark Kessler, C. Co. commander, sends the ball flying over the net in a volleyball match. After two weeks of sports competitions, C Co. came out on top as this year's Commander's Cup winner. The three medical companies faced off in four events: softball, volleyball, basketball and track. Each company won an event, so the cup came down to track, where C Co. emerged victorious.

NEWS BRIEFS

Computer classes open to staff

— Computer classes are currently offered to Tripler staff, who would like to get a better handle on Microsoft applications. A list of classes offered can be viewed online through the Tripler Intranet. Click on training and then scroll down to the online class registration. The listings will be under PC Training. Classes are three hours in duration and the class dates are listed. Registration can also be completed online. Specific training classes can also be scheduled for five to eight employees by e-mailing PCTRAINING@TAMC.CHCS.AMEDD.ARMY.MIL. For more information, call LeRoy Kothenbeutel at 433-1201.

Reserve unit needs old uniforms — Members of the U.S. Army Reserve's 9th Regional Support

Command are looking for old Army uniforms for use during the command's annual banquet Sept. 22.

Anyone willing to lend uniforms may e-mail Col. Patricia Nishimoto at Patricia.w.nishimoto@TAMC.CHCS.AMEDD.ARMY.MIL or Maj. Trisha Ross at rosst001@hawaii.rr.com

Red Cross needs volunteers

— Interested in gaining new administrative job skills and experiencing job satisfaction? Tripler Army Medical Center is looking for American Red Cross volunteers to assist in office work and support military healthcare beneficiaries. Full or part-time applicants are welcome.

Tripler's Red Cross Station may be reached at 433-6631. Office hours are weekdays 9 a.m. to 1 p.m. The office is in Room 1B109, first floor Oceanside across the hallway from the Dining Facility.

Soldiers should file disability claims early

— Servicemembers who incurred an injury, sickness or disease as a result of military service must file a disability claim between 60-120 days prior to their separation date in order to expedite delivery of compensation benefits. For more information, call 433-1000 or (800) 827-1000.

IG office compiles survey results

— As part of U.S. Army Medical Command's Organizational Assessment Program, Tripler facilitated an automated command climate survey May 9-20 in which 581 respondents answered questions addressing leadership, work groups, supervision, readiness, care of people, organizational effectiveness, quality of life and human relations. Thanks to all who took the time to participate providing feedback to help the organization become even better.