



# MEDICAL MINUTE

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

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## Tripler, USARPAC staff visit Vietnam

**Staff Sgt. Michelle J. Rowan**  
Editor

In what may be the beginning of a partnership between U.S. and Vietnamese military medical organizations, a team of U.S. Army Pacific Command (USARPAC) and Tripler Army Medical Center military members traveled to the socialist nation Aug. 22-25 to take part in the first Vietnam Military Medical Exchange.

During the three-day visit, the 10-member team from Hawaii, which was headed by Tripler's Commanding General

and USARPAC Surgeon Maj. Gen. Nancy R. Adams, gave presentations to their Vietnamese counterparts on topics involving disaster management, care of trauma patients and developments in surgery. The hosts in-turn also made several presentations on burn management, acupuncture and disaster management.

"The three days we had there were very beneficial in terms of exchange of medical information," said Adams. "We gave them new information in terms of how we care for patients, and they gave us some new information as well."

In addition, the team also toured two treatment facilities in Hanoi: the National Institute of Burns and Hospital 103, the major military hospital. Adams said something that immediately stood out during their visit was the equipment being used in the hospital.

"When we visited their hospital, much of their equipment is 1960's vintage," she said. "They are having problems repairing it and keeping it functioning. They need more modern equipment; that's probably their biggest need."

See **VIETNAM**, page 6



Photos by Staff Sgt. Michelle J. Rowan



### TO THE RESCUE

At left, Spc. Eilene O'Neill, a lab technician with Tripler's Blood Donor Center, performs a test that identifies a donor's blood type. When all flights were grounded after the horrendous attacks on the U.S. Sept. 11, TAMC staff helped out the Blood Bank of Hawaii by testing units of blood, which usually would have been sent to the Mainland for testing.

Tripler Donor Center staff have also been busy collecting blood donations on military installations around the island and at the donor center at 2A207. Above, Lab Technician Pfc. Jose Anica draws blood from Capt. Jeff Van Den Broek. For more on the testing and blood donations, see a related story on page 3.

## CG asks staff to communicate solutions

While none of us were prepared for the tragic events that occurred this week in New York City, at the Pentagon or with the plane crash in Pennsylvania, America is doing our best to recover and take care of those who are suffering.



Maj. Gen. Adams

I want to thank all TAMC personnel for your hard work as well as your understanding as we accommodate to the changes we need to put into place to protect ourselves from any harm. These terrorist activities will forever affect us as individuals and as a country. As we adjust to an environment that is no longer as safe or invulnerable as we have been in the past, we need to make smart decisions. Our solutions should not cause bigger problems than the concerns we are addressing.

Each of you is important in keeping our hospital, our personnel and our patients safe. If you see a vulnerability or you think we can implement a better solution, take the time to communicate to your chain of command or send it by e-mail directly to myself or Command Sgt. Maj. Steven Burton.

With the help of our Lord and the continued dedication of the Tripler ohana, our country and our medical center will emerge from this tragedy with a strength that will not only survive but triumph over the mayhem inflicted Sept. 11, 2001.

— Maj. Gen. Nancy R. Adams  
Commanding General,  
Pacific Regional Medical Command

## COMMENTARY

# Adults need to help kids deal with attacks, feelings

**Brian J. Olden**  
U.S. Army Medical Department Activity,  
Wuerzburg, Germany

For the first time in American history, the United States has experienced coordinated terrorist attacks in several locations. We are all shocked, grieved, fearful and angered by the experience. Most of us walk around feeling that something like this could never happen to us. Now that it has, we have to deal with that reality. Children will have varied reactions to this experience. However, they may not have the opportunity or ability to express their feelings as adults do. So, as parents, caregivers and teachers we will have to help the children find positive and constructive ways to express their feelings.

What we all are dealing with is a crisis, and principles of crisis intervention state that it is important to try to reach a state of balance as soon as possible, in order to return to our previous level of functioning. For children, this means trying to establish as much of a safe and secure environment as possible. Try to use every opportunity to reinforce for your child that they will be safe. Reassure your child that the adults in their life are doing their best to keep things like this from happening. Point out to them that the Army, the police, and the firemen are there to help. Most importantly, keep in mind that children will observe how the significant adults in their life are handling the crisis, so it is important to remain calm and try to

maintain routines and stability at home.

So, what feelings are children likely to have? Shock, fear, confusion and/or anger are all possible reactions. If a child has been touched more directly by these attacks, if a family member or close friend or relative has been hurt or killed in an incident, a child's reactions are likely to be more intense. If a child withdraws, try to gently draw the child out by getting him or her to talk, write, or draw about their feelings. Honest, simple discussions of your own reactions may help.

It is important to allow your children to talk about their feelings and their understanding of what has happened. Ask them questions about what they know so you can assess their reaction and understanding. False reassurances and simply dismissing their fears are generally not helpful. How well they understand it and how well they will be able to express themselves will depend on their age. Parents and caregivers should also take age and developmental level into consideration when telling their children about the terrorism. We don't want to give children more than they can handle.

If there are young children around the house, parents will want to limit the amount of television news coverage the children are exposed to. Constant images of destruction may be overwhelming.

See **HELP**, page 3

## Medical Minute

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

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## TAMC Transfusion Service assists Hawaii Blood Bank

**Margaret Tippy**  
TAMC Public Affairs Officer

Tripler Army Medical Center's Transfusion Medicine Service staff came to the rescue of the Blood Bank of Hawaii Sept. 11.

The Hawaii blood bank usually flies samples of blood to Puget Sound, Wash., for testing, said Maj. Joanne Daugirda, chief of the Transfusion Medicine Service. When airline flights were cancelled Sept. 11 due to the horrendous attack on the United States, 136 units of blood that had been drawn Sept. 10 remained in Oahu untested.

"We were able to test all the units at Tripler," Daugirda said, "and we were happy to assist the Blood Bank of Hawaii."

Tripler has scheduled extra blood drives for the next couple of weeks visiting all military installations on Oahu, Daugirda said.

To find out the location of the next blood drive or the hours of Tripler's Blood Donor Center, call 433-6195.

"We will always need a fresh supply of blood," she said, "and we ask that people consider donating on a regular basis in weeks and months to come. Right now with this tragedy affecting us, people are focused on volunteering to donate blood.

"Please consider regularly giving the gift of life," Daugirda said, "and become a regular blood donor."

## LETTER TO THE EDITOR

### Lactation Lounge assists staff with needs

When I gave birth to my daughter in April, I knew I wanted to breast-feed. The short and long term benefits for my daughter Madelyn and I, both physically and emotionally, made me determined to find a way to breast-feed. Within an hour of her birth, Tripler nurses were by my side giving me support and guidance so I could be successful in my efforts. Additionally, a lactation consultant was available for continued assistance. By the time we were ready to go home, Madelyn and I had worked out most of the kinks. Once home, I called the nurses a few times with questions that they gladly answered.

Scheduled to return to work in June, I was afraid that I would have to supplement her diet with formula.

On the 5th floor, B-wing, there is a little known room aptly named the "Lactation Lounge." It is only for Tripler staff, both soldiers and civilians, and is accessible 24/7. There is an electric breast pump, a refrigerator for storage, privacy and a comfy chair. The nurses on the wing give out a kit to use the pump. The nurses will also give any help needed to get started. Tripler's breast-feeding

friendly attitude has enabled me to make the best choice for my family. My department's support has also enabled me to take the necessary breaks to visit the "lounge."

I can't stress enough how easy it is to use the equipment. It gives me an opportunity during the day to relax, and knowing that I am making the effort for my daughter's health has made my return to work less painful. I also know that because Madelyn will be sick less, I'll need less time off. So my department benefits because I am more content and will be taking less unscheduled leave.

The staff on 5B are exceptionally knowledgeable and patient. On the rare occasion the lounge was used as a treatment room, Capt. (Megan) Nichols made arrangements for me to use her office. When problems arise, I know I can count on support not only from my department but from the nursing department. Currently, there are less than four of us that use the lounge on a regular basis. I encourage all (pregnant) staff to consider breast-feeding, since it's a viable option if they work at Tripler.

— **Spc. Naomi Miller**  
Department of Preventive Medicine

## HELP: group support can be beneficial

Continued from page 2

Preschool age and younger children will mainly need to be assured that they and their family are safe, and descriptions of what has happened should be simple. In addition to the emotions mentioned above, young children may temporarily regress in some of their skills or habits. Older children and teenagers may be more curious, may want to see more of the news coverage, and should be encouraged to talk about their questions and their feelings. It is a good idea for parents to watch the news with their children. They will also need reassurances that they are safe and will be taken care of.

In any crisis situation, group support is very beneficial. The school is an excellent setting for this to occur, so teachers and

counselors can encourage discussion of the events and feelings related to them in the classroom. If your child attends a local national school, be aware of teasing which may occur in that setting. While European nations have expressed solidarity and sympathy with the U.S., children can sometimes be cruel. Be sure to make an opportunity to speak with your child about what is being said in their school.

Finally, parents, caregivers and teachers should be aware of more serious reactions. Changes in sleeping or eating patterns, mood changes (anxiety, irritability, and aggressiveness), withdrawal or school refusal which persists may require more attention. Teens are likely to express more serious problems by being oppositional and acting out. In these circumstances, seek out a qualified mental health professional for assistance.

“Lights, Camera, JCAHO ...”

## Is your patient safe from you or because of you?

Lt. Col. Michelle Janosik

Department of Nursing

You may have noticed a new emphasis on patient safety lately. This is mostly due to new regulatory requirements by JCAHO. Safety is now incorporated into many standards and moves beyond looking primarily at sentinel events.

### The Problem:

Americans rely on their healthcare system for the maintenance and improvement of health, which often involves care in the hospital setting. Although most patients believe that the American healthcare system provides the highest quality and safest care in the world, it is estimated that four out of every 100 patients suffers a serious adverse event, many of which are avoidable. In the Institute of Medicine report, *To Err is Human* (1999), it is estimated that between 44,000 and 98,000 deaths per year resulted from adverse events. In comparison, there are approximately 45,000 deaths each year from auto accidents.

### Definitions:

\* Error — Failure of a planned action to be completed as intended (failure of execution), or use of a wrong plan to achieve an aim (error of planning).

\* Adverse event — An injury caused by medical management rather than as an expected outcome of patient’s underlying condition.

**Common types of errors which impact patient safety and can lead to adverse events are:**

- \* diagnostic failures,
- \* treatment errors (includes medication errors), errors in prevention,
- \* communication failures (oral and patient documentation to include MD orders), and
- \* equipment failures.

The areas of inpatient care with the highest risk for adverse events include emergency departments, ICUs, ORs and labor and delivery areas — together these areas accounted for 50 percent of all adverse events. These areas usually have a patient population that is sicker and at most risk for complications and comorbidities.

### Factors that contribute to errors include:

- \* we’re still human,
- \* reliance on memory (Many errors are caused by activities that rely on weak aspects of cognition – short-term memory and attention span),
- \* non-standard processes,
- \* long work hours,
- \* excessive work loads,
- \* spotty feedback,
- \* lack of adequate orientation, and
- \* failure to ask for help.

### What you can do to reduce errors

- \* Facilitate a culture of safety and an environment that is conducive to report errors and near misses.
- \* Identify opportunities to improve a process in your department.
- \* Report errors and near misses.
- \* Take the initiative to offer assistance to an inexperienced colleague.
- \* Don’t be OK with status quo.
- \* Follow procedures – use available regulations, protocols and patient care pathways.
- \* Participate in the Patient Safety Climate Survey.

### What we’ve done at Tripler

From August 2000 to July 2001, a multi-disciplinary team (physicians, nurses, respiratory therapists, pharmacy and information management) from TAMC participated in an Institute for Healthcare Improvement (IHI) collaborative. The team worked with teams from the VA, DOD, Army, Navy and Air Force to identify opportunities to improve patient safety in high-risk areas (ICU, OR, L&D, ER). With guidance from the IHI, this team’s efforts resulted in:

- \* Design and implementation of a standardized RT (Respiratory Therapy) driven ventilator weaning protocol.
- \* Design and implementation of a standardized RN driven sedation protocol.
- \* Design and implementation of a database integrated with the ICUs computerized charting system to capture ventilator day and invasive line days. This has also significantly increased tracking and reporting of procedure complications and infection control statistics.
- \* Cost savings through the use of Ativan IV push instead of Propofol.
- \* Decreased ventilator days – which ultimately translates into decreased length of stay and hospital costs.

Atask force within TAMC has also been identified to look at ways to improve our current error reporting system.

Be safe —you, your team and your patients depend on you!

## CSM’s HANDSHAKE OF CONCERN



September

“ Patient Safety”

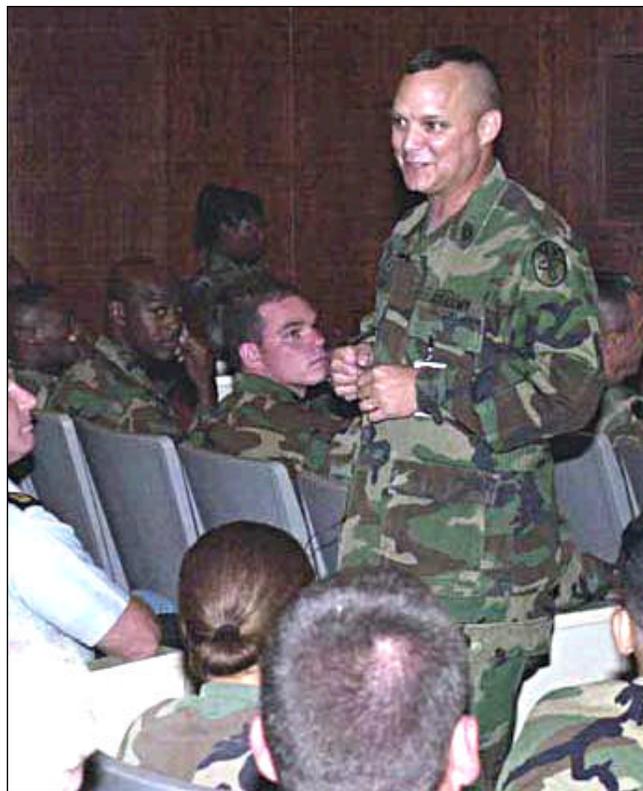
REMINDER: The JCAHO Inspection Team will be surveying Tripler Dec. 10-14.



Photos by Staff Sgt. Michelle J. Rowan

## QUESTIONS & ANSWERS

During a visit to Tripler Army Medical Center Sept. 7, Command Sgt. Maj. James Aplin (right), the U.S. Army Medical Command's top enlisted soldier, had the opportunity to ask soldiers questions and provide answers to their questions. The CSM's visit included breakfast with lower-enlisted troops, a question and answer session with NCOs (top) and an NCO Luncheon. He wrapped up his day-long visit by presenting a MEDCOM Update briefing to a packed house in Kyser Conference Room.



# Army Knowledge Online accounts mandatory

Diane A. Grant  
Army News Service

Every soldier, reservist and Army civilian will be required to have an Army Knowledge Online account by Oct. 1.

This requirement was spelled out in a memorandum signed Aug. 8 by Secretary of the Army Thomas E. White and Army Chief of Staff Gen. Eric K. Shinseki. The memo outlines the goals and direction for Army Knowledge Management, a strategy to transform the Army into a "network-centric, knowledge-based force." The Army Knowledge Online portal is a central part of that strategy.

"Army Knowledge Management will allow the Army to leverage its knowledge as an enterprise," said Lt. Col. Jane F. Maliszewski, director of Strategic Outreach, Army Chief Information Office. "Army Knowledge Management facilitates the move to an e-Business environment by harnessing best practices that will improve the efficiency and effectiveness of our management and operations."

In the future, soldiers, reservists, National Guardsmen and civilians will no longer have to send away for copies of their



**Pictured is the new portal that will premier this fall at [www.us.army.mil](http://www.us.army.mil).**

personnel and financial records; they will be able to access this information through an Army Knowledge Online account, officials said. Eventually, they will be able to view and update their personnel data on the Web.

All Army Knowledge Online users will also be given an e-mail account that they can use for the rest of their career and even after retirement. The e-mail address will stay the same no matter where soldiers and civilians are stationed worldwide, officials said.

Army Knowledge Online provides secured access for users, by using encryption mechanisms similar to those used in banks and investment corporations, said the chief of Army Knowledge Online, Lt. Col. Rod Wade. In the future, new soldiers and employees will be issued an Army Knowledge Online account with their identification card.

"Army Knowledge Online will allow the Army to tailor information to specific groups. If they need to get information out to a certain grade or branch of employees, they can target that group and tailor the information. This allows the Army to operate more efficiently," Wade said.

"Army Knowledge Management will effect a faster more accurate decision cycle for the Army," Maliszewski said, "through greater access to proven information. Eventually, it will provide online employee support services for all soldiers and civilians, as well as a robust knowledge base to enhance our warfighting capabilities."

To sign up for an Army Knowledge Online account go to: <http://www.us.army.mil> and click on "I'm a New User" to register.



Courtesy photos

Members of the visiting U.S. team gather around to observe a Vietnamese medical team perform surgery involving acupuncture.

## VIETNAM: Exchange mutually beneficial

Continued from page 1

Despite having antiquated equipment, Adams said the Vietnamese military medical staff was still able to show them a thing or two. She said one area the U.S. team took an interest in was acupuncture, which in Vietnam is commonly used during surgeries in conjunction with intravenous medications. Members of the team even scrubbed into a surgery to observe the Vietnamese doctors' techniques. The team also learned how the Vietnamese use herbal medicine to treat burns.

"We were impressed by the fact that they (Vietnamese medical professionals) were scientific in their approaches to burn management and acupuncture," said Lt. Col. (Dr.) Jeffrey Kavolius, Tripler's chief of oncology surgery. "These are things we would like to investigate further."

Kavolius, who gave a presentation on emerging technologies and new frontiers in surgery during the trip, said the Vietnam Military Medical Exchange program could prove valuable to both countries.

"As medical people, it was clear that we have much more in common than we have differences," he said. "This program will be mutually beneficial, and we look forward to working more with our Vietnamese counterparts."

Despite the strained relationship between the U.S. and Vietnam in the past, Adams also said she hopes the exchange continues.

"We all learn from history, but as individuals we cannot change the past. However, we can influence the future," said Adams during one of the functions in Vietnam. "So my charge to our Vietnam military medical colleagues is that we continue



During their visit to the National Institute of Burns in Hanoi, Maj. Gen. Nancy R. Adams and other team members tour a patient ward.



Col. Maureen Coleman of the USARPAC Surgeon's Office and Lt. Col. (Dr.) Ronald Sutherland of Tripler, take a look at a Vietnamese hospital's x-ray machine, which dates back to the 1960s.

to do the work that will further develop our personal and professional relationships."

She added that the exchange program with the Vietnamese military is a win-win situation for both countries.

"If you look at it from our medical center perspective, that practice environment would provide our doctors unique opportunities in terms of diseases and injuries they do not encounter in the U.S. ordinarily," Adams said. "It would be a great training opportunity. We would learn, and they would get the benefit of our teaching."

# Doctor's ties help open dialogue with Vietnam

**Margaret Tippy**

TAMC Public Affairs Officer

Vietnam – the country of the Red River Delta – has always fascinated Lt. Col. (Dr.) Ronald Sutherland, Tripler Army Medical Center's program director of the Urology Residency, and a pediatric urologist.



**Sutherland**

He was born in the city of Hue in 1958. His parents were Protestant missionaries.

The Sutherland Family lived in Vietnam until about a year before the United States left. The U.S. calls what occurred in 1975 the "collapse" of Vietnam and the Vietnamese call it the "Reunification," Sutherland said.

He speaks fluent Vietnamese "up to about a first grade level." At that time, Sutherland and his siblings – two sisters and a brother - were flown to Malaysia to attend boarding school for missionary children. The children would spend four months in boarding school, fly back to live with their parents for two months, and then return to school for four months.

"I always wanted to go back," Sutherland said smiling. "Hawaii's beauty reminds me of the beauty of Vietnam." He and his family lived in the coastal Vietnamese city of Nhatrang for 10 years.

Three years ago, Sutherland got his wish to return when he volunteered with "Interplast," a non-profit organization of providers who normally provide plastic surgery procedures to needy people.

"This time they needed a pediatric urologist," he said. "There were a number of children with genital deformities that needed surgery and this was a wonderful opportunity to take care of these kids."

Sutherland spent a week performing surgery, meeting and working with peo-



Courtesy photo

**The team of U.S. military medical professionals pose with a group of their counterparts during the first Vietnam Military Medical Exchange Aug. 22-25 in Vietnam.**

ple from Non-Governmental Organizations (NGOs), and meeting the people of Vietnam.

"I thought what a wonderful opportunity for the military to get involved, and the NGO staff I spoke with thought so too," he said. "I saw the needs of the people and realized what unique training this would be for our residents."

One and a half years ago, Sutherland got involved when Pacific Command was invited to work with the Vietnamese, and last year he and staff from the U.S. Army Pacific Surgeon's Office flew to Vietnam to explore possibilities.

"There are so many areas we can work together on from a military medical perspective," Sutherland said.

The Vietnamese are particularly interested in technology-related focuses of medicine. Ideas discussed included shock and disaster unique medical problems, endoscopic and laparoscopic procedures, remote monitoring, and microvascular surgery in terms of burns and trauma, he said.

And the result was the information exchange conducted in Hanoi, Vietnam, Aug. 22 – 25 designed to increase the medical skills and professional develop-

ment of the Vietnamese Military Medical system and introduce U.S. providers to traditional methods of Vietnamese medicine.

The military providers – led by Maj. Gen. Nancy R. Adams, commander of Tripler Army Medical Command, the Pacific Regional Medical Command, and the surgeon for the U.S. Army Pacific Command – were fascinated by the Vietnamese use of acupuncture to alleviate pain during surgery.

"They do use some medication as an adjunct to acupuncture," Sutherland said, about the 12,000-plus surgical cases the Vietnamese military physicians have performed with anesthesia.

Six physicians and three administrative officers accompanied Adams. Not only did they provide lectures on medical and functional topics, they also provided their counterparts with the most current textbooks in specialty areas to boost the Vietnamese Military Medical Library.

"I think we're going to see more military to military engagement in terms of learning and dialogue between our two countries," Sutherland said. "This was a very historic exchange and I think it is beneficial to all of us."

# Staff shouldn't take internet for granted

## IMD blocks certain sites during work day to regain sufficient bandwidth

**Suzan Holl**

TAMC Public Affairs Office

It seems to make sense that the hospital employees at Tripler Army Medical Center have Internet access. After all, the Internet is a powerful research tool, providing the latest in up to the minute medical research and technology. Surprisingly, many civilian hospital employees do not have this luxury. Access to a personal computer (PC) is rare, let alone the Internet, said Lt. Col. Rosemary Kyte, Tripler's information management officer.

"My professional colleagues working at civilian hospitals tell me that if PC access is provided to employees it does not always include access to the Internet," said Kyte. "Those hospitals who are beginning to take on Internet access are very concerned about issues such as appropriate access and making sure the Internet is not being used for things other than official business.

"At Tripler, Internet access is necessary in order to carry out our medical mission," said Kyte. "Almost all of our PCs are on a local area network connected to the Internet so any employee with access to a PC with a browser can get on line."

"We put this access in place principally for staff to do their mission, their official business," Kyte said. "However, according to a policy letter issued by the commanding general, (Policy Memorandum 10, dated Aug. 10, 1998) employees are authorized to use their government information systems to include access to the Internet for unofficial but authorized business."

In summary, the policy memo states that employees are permitted to engage in brief communications with family members or research information related to their hobbies provided they do it during their lunch hour or authorized breaks.

"It's a really nice thing to offer employees and staff," Kyte said, "and we are able to do it for literally pennies per month."

Compared to what an individual pays for Internet access in their home, Tripler is able to provide access to all PC users for 55 cents per user per month. However, Kyte says that amount is going to increase to \$1.36 in order to cover the cost of additional bandwidth the hospital needs to keep access from becoming too congested.

In the fall of 2000, IMD found that the hospital was hitting 100 percent use of its bandwidth. "Eighty-three percent of the connection we use is just browsing," Kyte said. "We would hope for official business, but our statistics prove otherwise."

In order to recover some of the bandwidth, IMD started blocking two of the most frequently used sites, finance and sports. These two sites are blocked during the duty hours of first shift weekdays, 8 a.m. to 4 p.m., Monday through Friday allowing the hospital to regain 26 percent of its bandwidth. "We are still very, very congested at times," Kyte said, "but it's got us back to where we can begin to survive."

Bandwidth becomes inefficient at a surprisingly low percentage of use. "Performance problems begin to happen between 35 to 40 percent of use so we need to have much more bandwidth available to be used at any one time otherwise, a condition called collision and contention can occur," Kyte said.

Tripler's inefficient amount of bandwidth also causes problems for other military treatment facilities in the Pacific that come through the Internet to coordinate care.

"The TRICARE Pacific Lead Agency has a case management database that runs over the Internet. It's a very important application," Kyte said, "When Internet access becomes congested they can't coordinate patient care."

Until additional bandwidth is in place, IMD is using a product called Super Scout.

Kyte says that in order for a user at Tripler to get to the Internet they must first go through a server where Super Scout is running. The product checks the site address the person is going to and if it's in a particular category, it gets blocked.

Surf Control, the company that provides the Super Scout program, attempts to study every site on the internet and categorizes it into one of their categories. "We also get updates regularly as new sites come up on the world-wide web," Kyte said. Every time a new site goes up on the Internet, Surf Control categorizes it and updates its program.

"We are very lucky to have such a sophisticated resource network. The Surf Control tool helps us ensure that we can dial up or dial down users use of the Internet to focus it where we need it to be when the bandwidth becomes congested on mission related things," Kyte said.

Kyte said she expects the additional bandwidth will be implemented in August. Once in place, IMD will ask the Functional Management Team for Information Management to provide guidance as to whether or not they should continue to block all finance and sports sites after the additional bandwidth is in place.



## Deadline now for high school stabilization program

Army News Service

Soldiers who have high school seniors that will graduate in 2002 or 2003 should start talking to their assignment branch now if they wish to be stabilized for graduation, said personnel officials.

This stabilization program was first offered in April and hundreds of soldiers have already signed on.

"Don't wait until the last minute," said Sgt. 1st Class Angela Van Watson, who works at the Personnel Service Branch at Fort Belvoir, Va.

Watson was one of 378 soldiers who applied for the stabilization program in April. Of these 354 were approved. The remainder are pending.

"Approximately 50 percent of the requests came from the sergeant-first-class rank. We did, however, have command sergeants major through specialist apply as well," said Lt. Col. Patrick

Sedlak, Enlisted Personnel Management Division at U.S. Total Army Personnel Command.

More than 130 officers have applied for the program as well. Of those, three were disapproved and nine are pending.

In the future, soldiers must submit requests not later than 12 months prior to the beginning of the school year. For example, if the student's senior year starts in September 2002, the request must be submitted to PERSCOM not later than September 2001.

Soldiers may initiate a request for stabilization by submitting a DA Form 4187 listing the family member's name and social security number. The family member must be enrolled in the Defense Eligibility and Enrollment Reporting System, better known as DEERS. A letter from the high school stating when the family member is projected to graduate

must be attached to the 4187.

Soldiers stationed overseas must state on the form that they will extend their foreign-service tour to meet the stabilization requirement.

Enlisted soldiers must also list any scheduled training, such as schooling or temporary duty enroute, on the 4187. Officers with scheduled training should contact their branch assignment officer to reschedule that training.

Stabilizing Army families with high school seniors to reduce turbulence was among the top recommendations of an Army Community and Family Support Center Education Summit held in July 2000. Army Chief of Staff Gen. Eric K. Shinseki heard the summit's out-brief and promised attendees to move forward quickly on the recommendations.

PERSCOM remains the approval authority for all stabilization requests.

## NEWS BRIEFS

**DARE Day set for Sept. 22** — The Fort Shafter Provost Marshal's Office will conduct a TAMC DARE Day Sept. 22 from 10 a.m. to 2:30 p.m. at the Tripler housing area playground at the top of Reasoner Road.

The event is open to all school-age children and will include games, prizes, various displays and a demonstration by the military working dog unit. The DARE Lion and McGruff the Crime Dog will also make appearances.

For more information, call 836-0152.

**TAMC to hold Pregnancy & Infant Loss Memorial Service** — Tripler will hold a Pregnancy & Infant Loss Memorial Service Oct. 20 at 7 p.m. in the hospital chapel on the 3rd floor, D wing.

The service is open to civilian and military families who have experienced a pregnancy and/or infant loss and will include candle lighting, special music and prayers. It will be a time to acknowledge the loss families experience when an infant dies.

For more information, call 433-2040.

**Society hosts annual "Light the Night" Walk** — The Leukemia and Lymphoma Society will host its annual "Light the Night" Walk Sept. 22 at Ala Moana Beach Park.

The 2-mile walk is set to begin at 7 p.m. and is designed to increase awareness of blood-related cancers and to raise funds for research, patient and community services, advocacy and education. During the walk, cancer survivors will carry white, illu-

minated balloons and family members and other supporters will carry red balloons.

For more information, contact 1st Lt. Lisa Horak at 671-8222.

**HEP-C sponsors "Tripler Trails" program** — September is Women's Health Month, and Tripler Army Medical Center's Health Education and Promotion Center is celebrating in a unique way.

Hope Cooper-Oliver, director of Tripler's Health Promotion and Health Education Program, has devised a "Tripler Trails" diagram that outlines how many steps it takes to walk to various clinics and departments in the medical center. On the back of the diagram, is a log that participants can use to keep track of how far they've walked.

"We want staff members to turn their completed logs into Health Promotion by the first week in October," Cooper-Oliver said. "They will receive a gift and a coupon for a drawing. The winners of the drawing will receive a Pedometer that will keep track of future miles they walk."

"Tripler Trails" diagrams will be available the first week in September through Distribution, at the Information Desks, or staff members may stop by Health Promotion located behind the Oceanside Information Desk.

Cooper-Oliver may be reached at 433-2565. Stay heart healthy by keeping track of how far you have walked. And Tripler Trails is open to all staff members — men and women.

# Tripler among nation's "most wired"

**Suzan Holl**

TAMC Public Affairs Office

Tripler Army Medical Center has been named one of the nation's 100 Most Wired hospitals and health care systems by *Hospitals & Health Networks*, the journal of the American Hospital Association. This prestigious award is based on the third annual survey, developed in conjunction with Deloitte Consulting and McKesson HBOC, which polled the nation's health care systems on their use of Internet technologies to connect with patients, physicians and nurses, payers, health plans and employees. This is the second time Tripler has been named to the list.

"The credit goes to Tripler Army Medical Center overall as an organization; whose culture of innovation demands better and better use of information technology every year," said Lt. Col. Rosemary Kyte, chief of Tripler's Information Management Division.

The survey gave Kyte the opportunity to see where Tripler ranked among other hospitals on a national level. "The questions in the survey showed me the things we should consider doing next with the tools we already have in place," Kyte said. "It also allowed me to compare myself with my peers."

Kyte expressed her gratitude to all the Tripler staff members who helped her verify information for such departments as supply, contracting, nursing, and nutrition.

Hospitals & Health Networks worked with two leading firms—Deloitte Consulting and McKessonHBOC—to develop an in-depth eight-page survey that was sent to every hospital in the United States. The survey examines the use of Internet technologies to connect hospitals with patients, doctors and nurses,

employees, payers and health plans. Results from the survey were used to name the 100 Most Wired. More than 280 hospitals and health systems responded to the survey, representing 1,177 hospitals.

For the first time, the magazine took the analysis one step further. "We took the Most Wired data and asked if there is any benefit to being a leader," said Alden Solovy, executive editor, *Hospitals & Health Networks*, Chicago. "Along with higher credit ratings, the Most Wired have greater expense control and more productivity."

Randy Spratt, senior vice president, technology and standards with McKessonHBOC, Atlanta, said that "these correlations aren't surprising, but they're extremely important. This is the first analysis that compares overall financial performance with IT investment."

The Most Wired have a key management strategy in common, says Jeff Miller, an Atlanta-based partner with Deloitte Consulting: leadership. "What does it take to be a leader? It's the diligence to continue to look at where you are and where you need to be."

*Hospitals & Health Networks*, the Journal of the American Hospital Association, conducts the Most Wired survey annually. It is the American Society of Healthcare Publication Editors' 2001 Magazine of the Year. Deloitte Consulting is one of the world's leading consulting firms. McKessonHBOC is a Fortune 35 company serving the supply management and information technology needs of healthcare organizations. For information on the Most Wired Survey contact: Sharon Rodney, (312) 372-6861, [srodney@citigatedr-chi.com](mailto:srodney@citigatedr-chi.com).



Staff Sgt. Michelle J. Rowan

## NEW MEMBER

**Command Sgt. Maj. James Aplin, the U.S. Army Medical Command's top enlisted soldier, presents Staff Sgt. Stephen McDermid of TAMC's Military Personnel Division with a certificate of membership into the MEDCOM's Sgt. Audie Murphy Club Sept. 7.**

## Walter Reed building honors Hawaii senator

Walter Reed Army Institute of Research/ Naval Medical Research Center Public Affairs Office

The Assistant Secretary of the Army, Manpower and Reserve Affairs, and the Army Surgeon General hosted a ceremony Sept. 7 to name the building that houses the Walter Reed Army Institute of Research/ Naval Research Center in honor of Hawaii Senator Daniel K. Inouye.

The building was named in honor of Inouye in recognition of the senator's role in having the facility built and for his per-

sonal connection to Walter Reed Hospital, where he recovered from injuries suffered as a soldier during World War II.

The 77-year-old senator spent 20 months in Army hospitals recovering from his battlefield injuries. He received the Medal of Honor for his actions during the war. Inouye became Hawaii's first congressman in 1959 and was the first person of Japanese descent to serve in either house of Congress. He is now the fifth most senior member of the U.S. Senate, where he has played a major role in the defense policies of the United States.

# MINISTRY MOMENT

## Staff celebrates marriage, anniversary

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

Chaplain assistant Spc. Jonathon Clark and Pfc. Jennifer Thek, of Tripler's Logistics Division, were married June 9 in TAMC's chapel. Staff Sgt. Walter Marshall, who is also a chaplain assistant, delivered the homily. Chaplain (Maj.) Mike Brainerd officiated the ceremony. Many friends and family members were present.

Clark is originally from Detroit, Mich., and Thek is from Dixon City, Pa. They are both very excited about their new life together. Clark said that, "God is the link in the chain that binds us together!" Join us all in congratulating this happy couple. Our prayers and best wishes are with them as they embark on

the journey of a lifetime.

Congratulations are also offered to Staff Sgt. Gustave Blache, chaplain assistant NCOIC. He and wife, Damaris, celebrated 10 years of marriage with a Holy Convalidation Ceremony officiated by Chaplain (Col.) James Coindreau. After the ceremony, the Blaches enjoyed a second honeymoon at Turtle Bay. They already plan to celebrate their 20th anniversary here at TAMC's chapel.

In attendance, along with numerous friends, was their son, Gustavo, and Damaris's mother, Evangeleista Sanchez-Ruiz. Damaris is originally from Panama. Blache is from New Orleans, La. We rejoice with them and offer prayers of thanksgiving for their marriage.

# Tripler doctor receives award

American Academy of Otolaryngology — Head and Neck Surgery, Inc.

Navy Capt. (Dr.) Michael R. Holtel, chairman and Residency Program director for

Otolaryngology – Head and Neck Surgery at Tripler Army Medical Center, has been named a recipient of the prestigious Honor Award, which is bestowed by the American Academy of Otolaryngology – Head and Neck Surgery.



**Holtel**

The award was presented during the Opening Ceremony of the Annual Meeting of the American Academy of Otolaryngology – Head and Neck Surgery Foundation, Sept. 9, at the Denver Convention Center in Denver.

For the past 67 years, the Academy has presented Honor Awards to medical professionals in recognition of outstanding service through the presentation of instructional courses, scientific papers, or participation on a continuing education committee or faculty.

The American Academy of Otolaryngology – Head and Neck Surgery, one of the oldest medical associations in the nation, represents more than 11,000 physicians and allied health professionals who specialize in the treatment of the ears, nose, throat and related head and neck. The Academy serves its members by providing a medium for the advancement of the science and art of medicine related to otolaryngology and by representing the specialty in governmental and socioeconomic issues.

### 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.*



## THE WINNER'S CIRCLE

**Sgt. 1st Class selectees**

- Staff Sgt. Rori Alston
- Staff Sgt. David Brown
- Staff Sgt. Romulo Cacabelos
- Staff Sgt. Elizabeth Everett
- Staff Sgt. Karen Floyd
- Staff Sgt. Cynthia Maye
- Staff Sgt. Norma Robles
- Staff Sgt. Javier Gonzalez

**Re-enlistments**

- Sgt. Efther Samuel
- Spc. Timeka Carter
- Spc. Jonathon Clark
- Staff Sgt. Michael Waldrop
- Spc. Kathy Borsella
- Staff Sgt. Jeffery Vaughn
- Sgt. Alvaro Garcia
- Spc. Anthony Klagenberg
- Sgt. John Conant
- Sgt. Reagon Walker
- Sgt. Jill Brodeur
- Sgt. Jose Salazar

**Sgt. 1st Class Fitzroy Foster**

- Sgt. William Lipos
- Sgt. Marcus Williams
- Spc. Kenric Lee
- Spc. Jude Tenorio
- "A" Proficiency Designator Award**
- Col. (Dr.) James Breitwieser
- Col. (Dr.) Eric Salminen
- Lt. Col. (Dr.) Gregory Petermann
- Lt. Col. (Dr.) Ronald Sutherland
- Lt. Col. (Dr.) Jeffrey Kavolius
- CARES Award**
- Capt. Anthony Puopolo
- Sgt. Robert Cruz
- Gayle Taylor
- Honor Graduate, Emergency Nursing Course**
- 1st Lt. Michelle Ripka
- Honor Graduate, Hickam AFB NCO Academy Class 01-2**
- Academic Achievement Award**
- John L. Levitow Award**
- Tech. Sgt. Louise Ratleff

**Did you know that every soldier, reservist and Army civilian is required to have an Army Knowledge Online account by Oct. 1?**

Get the scoop on page 5.

# How are we doing?



Please take a few minutes of your day to give us some feedback on the *Medical Minute*. Completed surveys can be returned to the Public Affairs Office through distribution to MCHK-IO or dropped off at our office in 1A101A, which is located across from the Oceanside Information Desk.

**Directions:** Circle the letter to indicate your response. Unless otherwise directed, circle only one response for each question.

1. Have you read an issue of the *Medical Minute* in the past year?
  - A. Yes
  - B. No (Skip to Question #11)
  
3. How much of each issue of the *Medical Minute* do you normally read?
  - A. All or almost all of it
  - B. Quite a bit
  - C. Some
  - D. A little
  - E. Almost none of it
  
4. How do you normally obtain an issue of the *Medical Minute*?
  - A. Distribution
  - B. Stand outside TAMC PX
  - C. Stands at Oceanside or Mountainside entrance
  - D. Other \_\_\_\_\_
  
6. To what extent do you find the *Medical Minute* a reliable source of news about what's going on at Tripler Army Medical Center/ Pacific Regional Medical Command?
  - A. Very great extent
  - B. Great extent
  - C. Moderate extent
  - D. Slight extent
  - E. Not at all
  
7. How do you feel about the amount of coverage in the *Medical Minute* given to each of the following topics? (Select one response for each topic.)
  - A — Too much coverage
  - B — About right
  - C — Not enough coverage
  - 7.1 Awards and ceremonies
    - A      B      C
  - 7.2 Current events in the civilian community
    - A      B      C
  - 7.3 Editorials/ commentaries
    - A      B      C
  - 7.4 Family programs/ services
    - A      B      C
  - 7.5 General features about people and their work, hobbies, etc.

- 7.7 Military news
  - A      B      C
- 7.8 Sports
  - A      B      C
  
8. To what extent do you agree with the following descriptions of the content of the *Medical Minute*? (Using the scale below, circle one response for each statement.)
  - A — Strongly agree
  - B — Agree
  - C — Neither agree nor disagree
  - D — Disagree
  - E — Strongly disagree
  - 8.1 Easy to read
    - A      B      C      D      E
  - 8.2 Easy to understand
    - A      B      C      D      E
  - 8.3 Fair and accurate
    - A      B      C      D      E
  - 8.4 Interesting
    - A      B      C      D      E
  - 8.5 Provides useful information
    - A      B      C      D      E
  - 8.6 Source of new ideas
    - A      B      C      D      E
  - 8.7 Stimulating, makes you think
    - A      B      C      D      E
  - 8.8 Timely, up to date
    - A      B      C      D      E
  - 8.9 Well written
    - A      B      C      D      E
  
9. How do you rate the following aspects of the appearance of the *Medical Minute*?
  - A — Excellent
  - B — Very good
  - C — Good
  - D — Fair
  - E — Poor
  - 9.1 Art and illustration
    - A      B      C      D      E
  - 9.2 Layout and design
    - A      B      C      D      E
  - 9.3 Photography
    - A      B      C      D      E
  - 9.4 Readability of print/ type used
    - A      B      C      D      E
  - 9.5 Overall appearance
    - A      B      C      D      E

10. Overall, how would you rate the content and appearance of the *Medical Minute*?
  - A. Excellent
  - B. Very good
  - C. Good
  - D. Fair
  - E. Poor
  
11. What is your sex?
  - A. Female
  - B. Male
  
12. How old are you?
  - A. Under 20
  - B. 21-29
  - C. 30-39
  - D. 40-49
  - E. 50 or over
  
13. What service are you or your spouse affiliated with?
  - A. Army
  - B. Navy
  - C. Air Force
  - D. Marines
  - E. Other \_\_\_\_\_

What is the highest level of education you have completed?

- A. Less than high school
- B. High school or GED
- C. Some college, no degree
- D. Associate degree or vocational license
- E. Bachelor's degree
- F. Graduate or professional degree

14. What is your pay grade or your spouse's pay grade?

A. E1-E4	B. E5-E6
C. E7-E9	D. WO1-CW4
E. 01-03	F. 04-06
G. 07-010	H. GS8 or lower
I. GS9-GS12	J. GS13-15
K. Other _____	

15. Other comments:

\_\_\_\_\_

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Thank you for your time!