



# Tripler medic makes all Armed Forces Soccer team

**Nick Spinelli**

*Tripler Public Affairs Office*

For nearly 17 years, Spc. Ashleah Dingle, a medic assigned to Tripler Army Medical Center Charlie Co., has loved the game of soccer. She played as a child. She played through school. She played in leagues. Now, she plays for the “All Armed Forces Soccer Team.”

Dingle played her first season with the team in 2009, joining shortly after completing her training and arriving at her first unit.

“I remember my dad dropping by to come visit me during that time,” she said. “We were talking about the future with school and how much I missed playing soccer. He mentioned to me that I could continue playing soccer in the military competitively.”

According to Dingle, the team has a lot of similarities to league play, but works on a much higher skill level.

“There are a series of tryouts, training, games, and a tournament once a year. We play against some of the best players around the world from their militaries,” she explained.

As a result, she trains hard, combining her regular physical training (PT) regimen with a soccer-focused workout routine.

“My unit has regular PT in the mornings so I try pushing myself to the max when I do PT with them. After work I workout on my own alternating days of sprints, shuttle runs, middle distance, long distance, and crossfit, after those workouts I do ball skills/workouts that range from dribbling to shooting,” Dingle said.

Dingle believes the training, as well as playing for the team, make her not just a better player but also a better Soldier.

“In a way they are both quite similar. You have to maintain mentally, physically, and emotionally fit to accomplish a mission. For soccer our mission is to win games... it takes dedication and hard work 24/7 all year around,” she said.

After the 2009 season, Dingle wanted to try out for the 2010 team. However, her duty to her unit came first and she joined them on a one-year deployment to Al Asad, Iraq. She tried to find a way to do both, but even with the assistance of her unit, it didn’t work out.

“My unit did try to make my R&R time during the training/tournament but the two weeks of R&R with the unpredictable travel times and delays making it out of Iraq/Kuwait made it difficult,” Dingle explained.

With her deployment complete and a more predictable work schedule, Dingle was able to apply, tryout, and make the 2011 team. Next month, she will join her teammates on McDill Air Force Base in Tampa, Fla. for a week of intensive training. Then, they head to Rio De Janerio, Brazil where they will play against teams from Brazil, Germany, Netherlands, Canada, France, South Korea, and North Korea.

“One of the most amazing things about playing for this team is that no matter how old or what rank you are, everyone is seen as a soccer player, a team member,” she said. “When we step out on the field we play as a team, representing our units, post/base, service, and country. It is a huge honor to be chosen out of many to do so.”



**Spc. Ashleah Dingle, Tripler Army Medical Center Charlie Co., drives past an opponent while playing for the 2009 All Armed Forces Soccer Team. On July 6, Dingle will join the 2011 team to train in Tampa, Fla. Before travelling to Brazil for a series of matches and tournaments with players from around the world. Photo provided by Spc. Ashleah Dingle.**

# The Need for Blood Never Takes a Vacation

Michelle Lele

*ASBP Blood Donor Recruiter, Tripler,*

*Hawaii*

Summer is here, and the Armed Services Blood Program wants to remind you that we still need you! A decline in blood donations is typical during the summer as donors become busy with seasonal activities and sometimes overlook donating blood. The summer heat doesn't stop the need for the blood, the Tripler Blood Donor Center, Hawaii, is asking everyone who is eligible to donate to giving blood before going away. One in seven people will need a blood transfusion sometime in their life. Blood donations are used every day for service members, veterans and their families around the globe.

Like all the Armed Services Blood Program blood donor centers, the Tripler Blood Donor Center collects all blood types, but Type O Negative is always in high demand because it can be transfused to patients with any blood type, especially in emergency situa-

tions. Type O Negative donors can make the difference between an adequate blood supply and a summer shortage.

Can't donate? That's okay; we can still use your help. Try organizing a blood drive—the Tripler Blood Donor Center will gladly bring a mobile team to your location and will work with you to help coordinate, recruit and schedule a successful blood drive.

Illness, accidents and diseases don't take a holiday and neither can blood donations. Tripler Blood Donor Center operates three to four mobile blood drives on different military installation each week. We try to make it most convenient for anyone that wants to donate.

Your donation will truly make a lifesaving difference. To learn more about the Armed Services Blood Program, to make an appointment or to organize a blood drive, please call 808-433-6148, or visit us online: [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil). To interact directly with some of our staff or to get the latest news, visit us here: [www.facebook.com/militaryblood](http://www.facebook.com/militaryblood).

## Public Health Nursing Evening Clinic Pilot Program



**MAY 18 & 25**

**JUNE 22 & 29**

**JULY 20 & 27**

**Clinic will remain open until 2100.**

**Patients will be seen by appointment only**

**Patients must complete Part I of PHA Assessment (via AKO) prior to coming to their appointment.**

**POC: SGT Allison Lindsay  
NCOIC Army Public Health Nursing  
433-1464**

**PURPOSE: To better accommodate soldiers working "swing" shift and night shift hours, as well as those who cannot leave their place of duty during the day to come to their appointment.**

# *Chaplain Thought of the Week: Facing your fears*

**Chap. (Maj.) Ibraheem A. Raheem**

*Tri-Service Addiction Recovery Facility*

Faith given back to us after a night of doubt is a stronger thing, and far more valuable to us than faith never tested. If we experience safety always, we would never find ourselves in positions in which we have to test ourselves, in which we would have to learn and grow. Danger in whatever form causes us to make decisions and re-evaluate our priorities and beliefs. But if our reaction to danger causes us to retreat from our fear, we don't give ourselves the chance to deal with that danger in a productive way. Instead, we end up losing the chance to learn something from that experience. If we can calm the storm within ourselves by finding peace and trusting God, danger or discomfort of whatever sort no longer holds the power that it once did. Instead of causing us to feel terror, it will cause us to examine the ways that we will confront it, and overcome it.

## **DoD Issues Purple Heart standards for brain injury**

**Jim Garamone**

*American Forces Press Service*

U.S. servicemembers have long been eligible to receive the Purple Heart Medal for the signature wounds of the current wars -- mild traumatic brain injuries and concussions -- but now there is more clarity on how medical criteria for the award are applied, Defense Department officials said yesterday.

The criteria for the Purple Heart award state that the injury must have been caused by enemy action or in action against the enemy, and has to be of a degree requiring treatment by a medical officer.

But it may be difficult to determine when a mild traumatic brain injury, or TBI, or a concussive injury that does not result in a loss of consciousness is severe enough to require treatment by a medical officer.

"This is why we created this baseline standard," DoD spokeswoman Eileen Lainez said.

DoD allows the award of the

Purple Heart even if a servicemember was not treated by a medical officer, as long as a medical officer certifies that the injury would have required treatment by a medical officer had one been available.

DoD officials said that as the science of traumatic brain injuries becomes better understood, guidance for award of the medal will evolve.

"The services are not able to speculate as to how many servicemembers may have received a mild TBI or concussion but did not seek or receive medical treatment," Lainez said. "Therefore, each military department will establish its retroactive review procedures in the near future to ensure deserving servicemembers are appropriately recognized."

Retroactive reviews would cover injuries suffered since Sept. 11, 2001, she added.

The Marine Corps has issued clarifying guidance to ensure commanders in the field understand

when the Purple Heart is appropriate for concussions.

Army officials are preparing to issue their guidance and ask soldiers to wait until submission requirements are published through command channels and on the Human Resources Command website at <http://www.hrc.army.mil> before submitting or resubmitting nominations for the Purple Heart Medal for concussion injuries.

Once the Army publishes its requirements, officials said, soldiers should resubmit requests through their chains of command.

Army veterans should resubmit to the U.S. Army Human Resources Command at:

Commander, USA HRC, ATTN:  
Awards and Decorations Branch  
(AHRC-PDP-A)  
1600 Spearhead Division Ave.  
Fort Knox, KY 40122

Vets also can call 1-888-276-9472 or email [hrc.tagd.awards@conus.army.mil](mailto:hrc.tagd.awards@conus.army.mil)

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*The "Federal Awards Luncheon" scheduled to air on Wednesday, June 29th at 11:30 AM on channel 49 has been MOVED to air on Saturday, July 2nd at 8:30PM on channel 54. We sincerely apologize for the inconvenience and thank you, in advance, for your understanding and flexibility.*

# Army medicine officials seek to evolve warrior care

**Paul D. Prince**

*U.S. Army Medical Command Public Affairs*

Lt. Gen. Eric Schoomaker, Army Surgeon General and U.S. Army Medical Command (MEDCOM) commander, hosted an Integrative Medicine Meeting Thursday, at the Pentagon where senior medical and non-medical Department of Defense (DoD) leaders from across the services convened to review alternative medical practices to enhance the quality of care Service Members and other military medicine beneficiaries receive in future.

The meeting served as an orientation for the leaders to observe the positive impact integrative medicine can have on the quality of care the Military Health System (MHS) provides. During the meeting, attendees observed a series of presentations from some of the nation's leading university medical schools, hospitals and government agencies on integrative medicine implementation strategies.

"This is an organized attempt to really look at problems from the ground up and then build an approach that brings in all of these alternative methods

of treatment and integrate them around the patient," said Schoomaker.

"We have some very foresighted and visionary practitioners as well as leaders throughout the MHS and Federal Health System, and all of us have been looking at various ways (to implement integrative medicine)."

The concept for this meeting derived from a recommendation provided by the Army Pain Management Task Force (PMTF), chartered by Schoomaker in August 2009. The task force included a variety of medical specialties and disciplines from the Army, as well as representatives from the Navy, Air Force, TRICARE Management Activity and Veterans Health Administration (VHA). The purpose of the task force was to assess MEDCOM's comprehensive pain management strategy.

After completing its assessment in May 2010, the task force reported a total of 109 recommendations. Schoomaker directed MEDCOM to operationalize the task force recommendations into an Army Comprehensive Pain Management Campaign Plan (CPMCP). The CPMCP implementation has six phases. The current phase involves standardization of Regional Medical Command (RMC) integrative pain centers and expansion of non-medication pain management modalities across Warrior Transition Command (WTC) and RMC integrative medicine centers.

Col. Kevin T. Galloway, chief of staff and member of the PMTF, said that much of the push for integrative medicine services has come from Soldiers and other military medicine beneficiaries who have had experiences with alternative care methods and vouch these methods do work in situations such as pain management.

"While we have people within Army Medicine who have embraced integrative modalities such as acupuncture and yoga, the majority of the noise in our system is brought about by our patients," Galloway said. "(They) come to us saying, 'this works for me. How can I get it?'"

Patients want options other than medication only treatments, Galloway added.

"What we need to have is a common understanding of what integrative medicine is and what it's not," Galloway said.

"Many of the Military Health System's challenges



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with pain management are very similar to those faced by other medical systems, but the MHS also faces some unique issues because of its distinctive mission, structure and patient population,” he added.

MEDCOM officials acknowledge there will be challenges moving forward to implement integrative medicine practices, but are confident such practices will evolve military medicine as we know it today.

“One challenge is to change the culture of what pain represents to the individual Soldier or warrior,” Schoomaker said. “This is not an event that can neces-

sarily be swept under the carpet.”

Schoomaker encourages Service Members to seriously think about better ways to manage their health and to not overlook pain and injuries when they first happen. By doing this, he says Service Members may help lessen the chances of experiencing more serious pain or injury in the future.

Schoomaker and other MEDCOM leaders like Galoway do not view alternative medicine as a replacement for medications, but as an opportunity to better customize military health care for each patient.

## ***Mass School Physicals 2011***

**The Department of Pediatrics will be  
conducting school physicals as  
follows:**

**-Date: Saturdays on June 18<sup>th</sup>,  
July 16<sup>th</sup>, and  
August 6<sup>th</sup>**

***· Walk-in basis only***

**·Time: 0900-1400**

**·Location: Pediatrics  
Clinic (808-433-0000)**



*If you have something - a story, a photo, an idea - for TRIPLER 360, send it to  
[jan.clark@us.army.mil](mailto:jan.clark@us.army.mil) or [terrance.bandy@us.army.mil](mailto:terrance.bandy@us.army.mil)*

# PRMC Commander Conference held in Waikiki

**Nick Spinelli**

*TAMC Public Affairs*

The Pacific Regional Medical Command held its 2011 Commander's Conference in Waikiki June 21-24. Over the three-day period, leaders from the various medical commands in Japan, Korea, and the entire Pacific region gathered to discuss a variety of topics. The main focus however was on improving primary care in the Pacific.

"This year, we're focusing on one of the Army Surgeon General's Top Ten initiatives, in this instance, the patient-driven medical home, and we're going to really drill into it so we can all understand it and focus on how we can implement it," Col. John Smith, PRMC chief of staff, said.

To that end, the conference included a tour of the Warrior Ohana Medical Home in Kapolei, and discussions on team organization, medical management, and the culture of trust.

"We have been practicing Doctor Centered Care and our patients have become marginalized in the process. Hence, the need to reemphasize, retool and provide Patient Centered Care," Dr. Sean Harap, chief of the Tripler Army Medical Center Internal Medicine, said.

Dr. Harap said building a culture of trust is crucial to a patient centered medical home, and comes from practicing medicine in a different way.

"It's a new model of health care delivery that puts the attention back on the patient and the relationship between patient and doctor. It allows an integrated medical team to support the primary physician to help coordinate care throughout treatment," he said.

Fred Larson, special assistant to the Surgeon General, was also in attendance at the conference to promote the initiative. He presented the "Back to Basics" program, which he referred to as a tactical training plan.

"It is a set of behaviors that support affective interpersonal communication," he explained. "It will help us develop a patient driven care state."

The program, which will be rolled out to various commands intermittently, will consist of evaluators coming to the various commands observing the organizations and providing face to face training. Larson said, at the conference, he is already seeing what the program hopes to inspire.

The one underlying theme of each presentation was how patient centered medical care is needed as the basis for every future endeavor by the various medical commands in the Pacific Region.

"This initiative really works as a center of gravity, if we get it right we'll have more satisfaction from patients and employees...and ultimately better trust in Army medicine," Smith said.



Dr. Robert Carlisle, medical director, Warrior Ohana Medical Home clinic provides a tour to members of the PRMC commander's conference June 23rd. Actively enrolling new patients at the Barber's Point location, the clinic employs the Patient Centered Medical Home process for patient care and provides care to active duty family members. Photo by Fredrick Larson.

# Tripler's Warrior Ohana Medical Home now open on the leeward coast in Kapolei

Tripler's Warrior Ohana Medical Home is a full service primary care clinic staffed with seven providers including those who have completed fellowships in women's health and sports medicine. Services provided include prenatal/pregnancy care, pediatric care, immunizations, laboratory & blood work, pharmacy, osteopathic manipulation, behavioral health with a clinical psychologist, a wide range of procedures, and primary care of the whole spectrum of age groups for family members of our active duty personnel.

To make an appointment or for any questions, family members or their sponsors may call 433-5401 or 433-5402.

*What are the hours of operation?*

Monday through Friday, 8am to 4:30pm.

*Where are they located?*

At the former Barbers Point Naval Air Station in Kapolei off of the H1 Makakilo exit. The address is 91-1010 Shangrila Street Kapolei, HI 96707. There is an open parking lot in front of the building.

*How long has Tripler's Warrior Ohana Medical Home been around?*

Ribbon cutting and a traditional Hawaiian blessing were done on the newly remodeled building on April 21, 2011.

*How is this place unique?*

Each patient partners with a core team which consists of one provider and two LPNs who take responsibility for your health and coordinate care with an extended team of behavioral health professionals, pharmacists, subspecialists and others. Your core team works with you over time to take care of new health concerns as they arise, ensure delivery of preventive screening and services, manage chronic health problems, and promote a spirit of wellness. This relationship between each patient and the team is one of continuity and is the heart of the Medical Home model.

*How does a family member enroll for care at the Warrior Ohana Medical Home?*

To enroll, family members should attend the TRICARE office on the first floor Oceanside of Tripler Hospital to designate their preferred primary care provider in Kapolei. It is open 7:30am to 4:30pm, Monday through Friday. The enrollment office phone number is 433-3422. Family members should bring their military ID. Enrollment can also be done TRIWEST.com or by visiting other TRICARE offices in Schofield Barracks, Building 676, Room 217; in Makalapa by the entry gate, 1st building on right; at Hickam AFB 15th Medical Group by the pharmacy; or Kaneohe Bay Pod A by the pediatric clinic.

In TAMC's continuing efforts to provide our patients the utmost level of service and state of the art facilities we will be repairing/renovating the 4th Floor Corridors in Wings A, F, G, &H including the bridges. Construction is scheduled to begin mid to late May. The renovation project will be done in phases and is expected to take approximately ten months.

To minimize inconvenience to patients and staff work will be performed after hours when feasible. During this time every effort will be made to maintain access to all 4th floor areas. We apologize in advance for any inconvenience this may cause and thank you for your patience and understanding. Contact Facility Management Branch 433-7921 for more information.



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2<sup>ND</sup> - 6<sup>TH</sup> GRADERS (8YRS-12YRS)**

**CAMP D: AUGUST 20<sup>TH</sup> AND 27<sup>TH</sup>  
7<sup>TH</sup> - 12<sup>TH</sup> GRADERS (13YRS-18YRS)**

**TIMER:**

**9AM TO 3PM**



AMR Youth Sports is in need of five coaches for teams, ages 9-14. Contact Scott Stenstrom at 836-1923 /497-9196 for more information.

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## Volunteers Needed

Virtual Reality Displays for the Presentation of Stimulus Cues for Nicotine Use: Panoramic Videography and Flat-Screen Images Study

*Are you between 18 and 70 years old?  
And in Good General Health?*

We are looking for volunteers who smoke more than 20 cigarettes per day to participate in a study to evaluate the use of virtual reality presentations in the development of the urge to smoke.

- The purpose of this study is to evaluate the use of virtual reality to present brief video scenes that may produce the desire to smoke.
- You would complete several paper and pencil questionnaires and then experience presentations of situations that may create the desire to smoke.
- Requires a single visit lasting about 2 hours.
- Participants will not receive monetary compensation.

This study is sponsored by the Department of Psychology  
Tripler Army Medical Center  
Dr. Raymond A. Folen, Principal Investigator

Please call MAJ Stetz at (808) 433-1651 for more information.