

Pulse of the Pacific



Pacific Regional Medical Command

Imua: One Team

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Gathered in the sweltering heat of Philadelphia in July 1776, the signers of the Declaration of Independence risked treason to proclaim the rights of “the People” to life, liberty and the pursuit of happiness.

Through the trials, challenges and hardships of the past 237 years, our nation has prevailed and America has stood for freedom.

TENDON VALIANT 2012

Joint medical exercise brings 18th MEDCOM (DS), U.S. Army-Pacific and Indonesian army together for Tendon Valiant 2012. See page 2

GO FOR GREEN

Tripler’s Nutrition Care Division partners with Hawaii’s 25th ID to help Soldiers make healthier choices in the DFAC. See page 3

HEALTH FAIR EDUCATES

Army Public Health nurses host health fair to educate, entertain the masses. See page 4

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TSG, MEDCOM CG visits Pacific, talks about health readiness, ‘life space’

STEPHANIE BRYANT
Tripler Army Medical Center Public Affairs

HONOLULU — “Since 1775, Army Medicine has stood shoulder-to-shoulder with our war fighters in every single conflict and it really is our honor to be able to serve war fighters and their families and provide them quality health care,” said Lt. Gen. Patricia Horoho, U.S. Army Surgeon General and commander, U.S. Army Medical Command, during her recent visit to Pacific Regional Medical Command staff and facilities on the

island, June 12-14. Horoho and MEDCOM Command Sgt. Maj. Donna Brock, senior enlisted advisor to the Army Surgeon General, toured Tripler Army Medical Center, U. S. Army Health Clinic-Schofield Barracks and the Warrior Ohana Medical Home in Kapolei. Various interactive engagements, town halls and a luncheon, were held so that Horoho could get feedback from staff at the military medical treatment facilities on island and from 18th Medical Command

-See TSG, page 8



TAMC Visual Information/SORAYA ROBELLO

Lt. Gen. Patricia Horoho, U.S. Army surgeon general and commander, U.S. Army Medical Command, addresses Tripler Army Medical Center staff during a town hall while on a recent visit to Pacific Regional Medical Command staff and facilities in Honolulu, June 12-14. Horoho held three town halls and one luncheon to discuss Army Medicine’s strategies and imperatives while getting feedback directly from staff and Soldiers in the Pacific region.

Tripler hosts 2012 GPHE graduation

STEPHANIE BRYANT
Tripler Army Medical Center Public Affairs

HONOLULU — Tripler Army Medical Center hosted its annual Graduate Professional Health Education Commencement ceremony, here, June 15.

One hundred and fourteen health care professionals were awarded diplomas during the ceremony. The

class consisted of 101 Army officers, one Air Force officer and 12 civilians. There are 98 physicians, 13 psychologists, two pharmacists and one health care administrator. Five of the physicians are civilian residents sponsored by the U.S. Department of Veterans Affairs. Tripler has 13 physician training programs with 220 resident positions.



commander general, Pacific Regional Medical Command and TAMC, addressed the graduates during the ceremony and gave opening remarks.

Gallagher acknowledged the long hours, hard work and dedication put forth by the class of 2012.

“As your commander, I want to

Brig. Gen. Keith Gallagher, com-

-See GPHE, page 8

Tripler continues care of Pacific Islanders

STEPHANIE BRYANT
Tripler Army Medical Center Public Affairs

HONOLULU — The U.S. military has been providing care to Pacific Islanders since World War II.

In 1989, when U.S. Sen. Daniel Inouye, Hawaii, introduced a bill to Congress

creating a care-outreach program at Tripler Army Medical Center, that secured the bond between Tripler and Pacific Islanders across the region.

The Pacific Island Health Care Project, or PIHCP, continues to be federally funded through U.S. Army Medical Command,

and exists with the purpose of providing humanitarian care to the underserved indigenous peoples of the U.S. Associated Pacific Islands, as well as providing graduate medical education experiences to Tripler staff and residents.

Because of the geography in the Pacific region, a

program like PIHCP offers health care for those who do not have access to or the resources to receive care.

Mary Takada-Naito and her husband, Uchel, from Republic of Palau, had no knowledge of the program until they needed it. In

-See PIHCP, page 7

International house calls, joint training contribute to Tendon Valiant '12 success

Story and Photo by
SGT. 1ST CLASS RODNEY JACKSON
18th Medical Command (DS)
Public Affairs

MALANG, Indonesia — On the heels of U.S. Army-Pacific's deputy surgeon's suggestion, medical personnel from across the globe went door-to-door in communities, here, conducting health assessments and providing medical care.

The brain child of Col. Frank Newton, deputy surgeon, U.S. Army-Pacific, called for dentists, nurses, physicians and other health providers from the U.S., Indonesia, Australia, Cambodia, Malaysia, Nepal, Philippines, Thailand, Timor Leste, Tonga and Vietnam teaming up to aid families in need.

Medical personnel from the countries' armed forces were in Indonesia for the medical readiness training exercise known as Tendon Valiant 2012, June 18-23.

The exercise, led by 18th Medical Command (Deployment Support) and U.S. Army-Pacific's Surgeon's office, was hosted by the Indonesian National Armed Forces.

For many of the villagers, it had been months, if not years, since their last general medical exam.

"The teams were excited about going door-to-door," said Brig. Gen. Keith Gallagher, commander, Pacific Regional Medical Command and Tripler Army Medical Center; and U.S. Army-Pacific Surgeon.

He mentioned that an active case of tuberculosis was found and an el-

derly woman with a large goiter on her neck was given aid.

Gallagher went on to say that those cases would have never been found and treated if the program wasn't added.

Regular events of the exercise were also successful.

Behavioral health and health volunteer seminars, along with first responder courses, will help Indonesian National Armed Forces medical personnel and community health volunteers provide better aid to surrounding communities, and assist in training other personnel to do the same.

"The work you are doing dealing with health issues in your communities is so important," said Rear Adm. Raquel Bono, command surgeon, U.S. Pacific-Command. "We know in medicine how important it is for everyone to have health in many domains that includes not only the physical condition but mental, inner spiritual and social well-being too.

"I'm very grateful and I'm also impressed and encouraged by the work and participation that all of you are showing here," Bono said.

Marine Capt. (Dr.) Nursito, Indonesian National Armed Forces, found the first responder course to be exactly the kind of health training the Indonesian National Armed Forces needs.

Nursito described how each branch has its own different medical protocol, but with the first responder course, all three branches



Spc. Tuisaleia Pomele (right), health care specialist, 1984th U.S. Army Hospital, Detachment 2, 9th Mission Support Command, instructs Indonesian army health care specialists during Tendon Valiant 2012, June 18-23. The six-day multi-national medical readiness training exercise was led by 18th Medical Command (Deployment Support), and U.S. Army-Pacific's Surgeon office, and hosted by the Indonesian National Armed Forces.

came together to go through the same course, which will allow the services to communicate better.

When asked what the course could offer next time Nursito would like to see a longer course with a maritime element to test naval and marine capabilities.

During the closing ceremony for the first responder course, Bono told participants that the exercise was a wonderful example of the collaboration and cooperation the U.S.

Army has with other nations' armed forces, and stressed the importance of continuing education and training to keep medical skills fresh.

Col. Judith Bock, commander, 18th MEDCOM (DS), echoed Bono's sentiments.

"Remember that we make our mistakes while we're training, so that we get it right when it counts," Bock said. "Thank you for welcoming us into your country and making new friendships."

Pulse of the Pacific

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ARMY MEDICINE
Serving To Heal...Honored To Serve

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Tripler, 25th ID join forces, use nutrition to improve health, performance recovery

LT. COL. CHAD KOENIG

Tripler Army Medical Center
Nutrition Care Division

HONOLULU — Over the last year the Nutrition Care Division at Tripler Army Medical Center has been actively collaborating with the 25th Infantry Division and other units across the island to improve the physical and cognitive health and performance of service members.

Multiple initiatives have been launched to train service members to know what foods are best to eat, as well as how timing plays an important role in performance and recovery.

The first step to improving foods consumed is to increase the availability of quality choices. These efforts start with the military-run dining facilities, but also encompass vending machines, shoppettes, commissaries and every other outlet that sells food within the community.

Based on the results of the latest Military Nutrition Environment Assessment Tool (m-NEAT), Schofield Barracks is already making great strides.

The dining facilities are getting healthier by beginning to implement the new Department of Defense standards that call for more fresh fruits and vegetables, more whole grains, leaner meats, and low-fat and low-sugar dessert and

beverage choices.

These new options are accompanied by the implementation of the DoD initiative “Go for Green,” a color-coding system that labels food based on nutrient, fat and calorie content.

Several dining facilities are also improving access to healthy choices by opening a “Grab and Go” counter at breakfast. The “Grab and Go” counters provide easy access to healthy, performance-enhancing foods after a Soldier’s physical readiness training, or morning PT.

The “Grab and Go” counters also support the Nutrition Care Division’s “PRT Ends with Breakfast” campaign, which emphasizes the importance of consuming important nutrients needed within 30-60 minutes of the completion of intense exercise to enhance recovery.

The dining facilities are not the only area making a dramatic improvement.

With the help of Army and Air Force Exchange Service, vending machines across Schofield Barracks have been converted to emphasize “Fit Pick” selections.

“Fit Pick” selections are categorized by the Department of Agriculture guidelines as “35-10-35.” That means the item has less than 35 percent calories from fat, less than 10 percent calories from saturated fat and less than 35 percent of total



Courtesy Photo

Army dining facilities use labels to indicate which types of food enhance a Soldier’s performance and which types of food are considered for moderate performance or performance limiting.

weight in sugar.

The next step will be to modify the machines used to dispense beverages and ensure that lower-sugar options are available to go along with the typical high-sugar, high-calorie soda that most vending machines traditionally contain.

After increasing the availability of healthy food items, the second step to improving foods service members choose and the timing of those choices, is to educate them on how to eat in order to make the biggest impact on their health and performance.

As part of this initiative, a dietitian provides a block of instruction

during the 25th Infantry Division’s in processing. During this briefing, Soldiers of all ranks are exposed to the basics of food choices and how those choices can impact health and performance.

Soldiers learn where to go and who to turn to if they have questions about nutrition. Programs and classes the Nutrition Care Division offers include nutrition and performance, weight management, dangers and benefits of nutritional supplements, hydration, general healthy eating, and nutrition during pregnancy as part of the pregnancy

-See **NUTRITION**, page 7

Ask the Dietitian

CAPT. JOETTA KHAN

Tripler Army Medical Center
Nutrition Care Division

“How can I ensure I’m making healthy decisions in the dining facilities on post?”

With America’s waistlines growing at enormous rates, food choices matter. According to the World Health Organization in 2008, 69 percent of Americans over age 20 were overweight while 32 percent of Americans over age 20 were obese.

This upward trend is directly related to an increase in energy dense

food consumption and a decrease in physical activity. Understanding this risk, dining facilities across the Department of Defense are striving to make healthier choices a reality for its customers.

Here in Hawaii, two tools are available to make healthy dining easy at Tripler’s Anueue Café: a food labeling system and the 500-calorie plate display.

The food labeling system is a color-coded system called “Go for Green.” An Army initiative, “Go for Green” is available at most dining facilities on Army installations

across the globe. Food in the facility is labeled according to its nutritional content.

A green label means the food is a high-performance food and the best choice; yellow means it is a moderate-performance food, which should be monitored and chosen every once in awhile; and a red label means the food is a low-performance food and should not be eaten regularly.

The 500-calorie display plate is placed at the start of the serving line and is ideal for the customer who is on a 1,500-2,000 calorie diet and

wants to eliminate making decisions about what to eat themselves.

Basically they can order the 500-calorie plate, know what foods they’re getting and that their meal has 500 calories total.

During your next trip to a military dining facility, evaluate your goals, assess your health and most importantly, make your choices count!



To submit a question for “Ask the Dietitian,” send an email to joy.metevier@us.army.mil.

Detours, setbacks couldn't keep former Afghan refugee from reaching her dream

STEPHANIE BRYANT

Tripler Army Medical Center
Public Affairs

HONOLULU — “I think success is the best revenge in life,” said Maj. Rhine Hejran, as she described her long and harrowing journey from an Afghan citizen to a doctor in the U.S. Army.

Hejran, who was born and raised in Kabul, Afghanistan, is now the deputy chief of Inpatient Psychiatric Service at Tripler Army Medical Center.

Hejran graduated from Kabul University School of Medicine and was proud to have reached her life dream of becoming a doctor, only to have her future ripped away.

“Without notice (boys were taken) from the streets and (sent) to fight at the border,” Hejran explained, as she described the spread of communism by Russia’s army into Afghanistan in 1979. “We felt in danger, especially about my brothers because one was in a university



Photo courtesy of Tripler Army Medical Center Visual Information
Newly promoted Maj. Rhine Hejran (left), deputy chief of Inpatient Psychiatric Service, Tripler Army Medical Center, and Brig. Gen. Keith Gallagher, commander, Pacific Regional Medical Command and TAMC, talk to Hamed, Hejran’s brother, on the phone after her promotion ceremony, June 12, at TAMC. Lt. Gen. Patricia Horoho, U.S. Army Surgeon General and commander, U.S. Army Medical Command, gave remarks at the ceremony and pinned Hejran along with Gallagher.

and the other was still in school.”

Shortly after Hejran graduated from medical school, her family

made the difficult decision to flee to neighboring Pakistan.

“Can you imagine leaving your

country (and) you don’t know where you are going (or) what you will be doing?” Hejran asked.

Hejran, along with her father, had to cross the border through deserts and mountains. She said they were stranded for more than a week at the Afghan-Pakistan border, as the Russian army did not want Afghans, particularly educated Afghans, leaving the country.

“(We) had many close moments where I was shot at and passed near-by mine explosions,” Hejran said. “I witnessed people being shot and caught in mine explosions who lost their lives.”

Hejran’s mother and two brothers were able to travel to the U.S. in the early 80s unrestricted, and did not have to make the trip to Pakistan. Shortly after their arrival, the U.S. allowed Hejran’s father to join his wife and sons, while red tape stranded her in Pakistan for two years.

-See REFUGEE, page 6

Fair aims to educate public on living, staying healthy

Story and Photo by

STEPHANIE RUSH

Pacific Regional Medical Command Public Affairs

HONOLULU — In an effort to educate Soldiers and their families on the importance of staying healthy, Army Public Health Nursing held a health fair at Schofield Barracks’ Kalakaua Community Center, June 14.

“It’s important to have educational health fairs because people want to be healthy, they just may be unsure where to start,” explained Rosalind Griffin, a registered nurse with Army Public Health Nursing-Schofield Barracks and the health fair’s coordinator. “By bringing the information to the people, in a comfortable setting, they are more receptive to what you have to say and the impact that information has on their life.”

APHN nurses were on hand to teach the nearly 100 attendees about heart disease and the role that blood pressure plays in it and the importance of healthy living.

“It really is a pleasure to be able to go out into the community and impact the lives of all of our beneficiaries; to help them live better, longer and more fulfilled lives,” Rosalind said. “Our mission is to decrease the burden of disease and having health fairs and getting information to the people that need it helps ensure the success of that mission.”

Other community organizations joined APHN to educate the public on health concerns and healthy living.

The Federal Fire Department had emergency responders provide tours of an ambulance and fire truck, and demonstrate how to properly use a fire extinguisher.

Island Palm Communities, the Army’s on-post housing partner in Hawaii, talked to attendees about the importance of sun safety and handed



Adam Chaddick, fire inspector, Federal Fire Department, instructs 1st Lt. Elizabeth Nelson on the proper way to use a fire extinguisher at APHN’s health fair, held June 14, at Schofield Barracks’ Kalakaua Community Center. Nelson is a registered nurse in Tripler’s Antepartum Obstetrics/Gynecology ward.

out sunglasses with built in UV protection.

Naval Health Clinic Hawaii’s Health Promotion mobile “Wellness on Wheels” van was on site to provide information on healthy lifestyles, tobacco cessation and metabolic testing.

The Army Substance Abuse Program utilized trivia games and its “Wheel of Misfortune” to education attendees on the dangers of substance abuse and explain how the self-referral program works.

Ulanda Diaz, who lives on post, found out about the health fair because Island Palm Communities mentioned the event on their Facebook page.

-See APHN, page 7

USAHC-SB welcomes new commander

STEPHANIE BRYANT

Tripler Army Medical Center Public Affairs

SCHOFIELD BARRACKS, Hawaii — Col. Joseph Bird relinquished command of U.S. Army Health Clinic-Schofield Barracks to Col. Mary Krueger during a change of command ceremony, June 26, at Soldiers' Pavilion, here.

The health clinic is one of the largest free-standing ambulatory care facilities in the Department of Defense and Krueger is ready for the opportunity to lead the more than 650 military and civilian personnel who provide care to Schofield's Soldiers and their families.

Bird said he is comforted knowing that he is leaving the health clinic in good hands and proud that he had the opportunity to command the clinic.

"It's been the highest honor and privilege of my military career to lead this team of committed professionals in taking care of our nation's warriors, their families and our veterans, all who have sacrificed so much, and who so richly deserve the best medical care our nation can provide," Bird said. "It's hard to leave such a great team and such a beautiful clinic, but easier by knowing how fortunate we were to be here in the first place. I am so very proud to be counted among your ranks."

As Bird readies to leave the nest and heads to his new assignment at Fort Gordon, Ga., Krueger, who's most recent assignment was division surgeon for the 4th Infantry Division at Fort Carson, Colo., is stepping up.

"I was humbled and grateful when I first heard that I would have the opportunity to serve here at the Schofield Barracks health clinic, and this sentiment has only grown over time, as I have come to experience first-hand what a great organization this is," Krueger said. "Ironically my first rotation as a medical student 17 years ago was just up the road at Tripler, so it is even more special to me to be returning here."

Krueger brings extensive leadership and health professional experiences with her to Schofield.

"Learning what I have of the (clinic's) culture in the last week, I believe that it is a very good fit with my personal philosophy of medical leadership: take care of patients; take care of each other; and do the right thing," she said.

In 2012, Krueger will use her experience to guide USAHC-SB as it expand its capacity to include the addition of an Integrated Pain Management Clinic, Pediatric and Family Medicine Medical Homes, a Medical Management Center, and the addition of spirometry testing at the Occupational Medicine Clinic.



Courtesy of Tripler Visual Information

Brig. Gen. Keith Gallagher (inside left), commander, PRMC and TAMC, hands the guidon to Col. Mary Krueger (inside right), incoming commander, U.S. Army Health Clinic-Schofield Barracks, during the a change of command ceremony, June 26. Also pictured are Col. Joseph Bird (outside left), outgoing commander, and Command Sgt. Maj. Randall Watts, command sergeant major, USAHC-SB.

Korea, Japan medical leadership changes hands



Left: Col. Robert Forsten, incoming commander, Brian Allgood Army Community Hospital, holds the guidon during the hospital's change of command ceremony, June 8. Forsten is assuming command from Col. Bret Ackerman. Also pictured is Command Sgt. Maj. Andrew Rhoades, incoming senior enlisted advisor.

Bottom left: Lt. Gen. John Johnson (center), commander, 8th U.S. Army, presided over the 65th Medical Brigade/MEDDAC-Korea change of command ceremony, June 19, where Col. Rafael De Jesus relinquished command to Col. Kelly Murray.

Bottom right: Brig. Gen. Keith Gallagher, commander, Pacific Regional Medical Command and Tripler Army Medical Center, passes the guidon to Col. Vivian Huston, incoming commander, MEDDAC-Japan, at a change of command ceremony, June 7. Pictured to the far right is outgoing commander, Col. Kathleen Ryan.



Photos courtesy of Chuck Yang, MEDDAC-Korea



Courtesy of MEDDAC-Japan



Soldiers from the Warrior Transition Battalion square off in a sitting volleyball tournament at the Martinez Physical Fitness Center, here, July 6. The tournament is just one of several adaptive sports WTB Soldiers participate in as part of a comprehensive treatment and recovery plan.

Wounded warriors, Marines take to the floor for sitting volleyball game

Story and Photo by

STEPHANIE RUSH

Pacific Regional Medical Command Public Affairs

SCHOFIELD BARRACKS, Hawaii — Ten teams comprised of Army and Marine warriors in transition took to the gym floor to battle it out for the title of the best sitting volleyball team at a tournament held July 6, here.

The tournament, sponsored by the Army's Warrior Transition Battalion stationed here, is one of four adaptive sporting tournaments held each year. This is the first time the Wounded Warrior Battalion-West, out of Marine Corps Base Hawaii-Kaneohe Bay, participated.

Adaptive sports such as archery, cycling, wheelchair basketball, shooting, swimming, track and field, and sitting volleyball, play a major role in the recovery and healing process of wounded, ill and injured service members.

At the Army's 29 Warrior Transition Units, each Soldier develops a personalized comprehensive transition plan that includes individual goals in six dimensions of life: physical, career, social, spiritual, emotional and family. In coordination with the Paralympic Military Program, physical therapists and medical providers actively look for ways to incorporate adaptive sports into Soldiers' treatment and recovery plans.

"(A WTB Soldier's profile) not only states activities that the Soldier must not perform to avoid further injury, but also clears them for activities (that) they may participate in," said Lori Lehouiller, a physical therapist with the WTB. "Given the multiple diagnoses that WTB Soldiers typically have, it becomes nearly impossible to perform regular unit physical training (or PT). However, WTB Soldiers perform adapted reconditioning, which can include adapted sports as an acceptable form

of physical training."

One of the many adaptive sports WTB Soldiers in Hawaii participate in is sitting volleyball. According to the International Paralympic Committee, sitting volleyball was introduced to the world at the Arnhem 1980 Paralympic Games.

Sitting volleyball is similar to standing volleyball except players must be sitting on the floor at all times. The game requires a smaller court and lower net, and often times games are played faster than standing volleyball.

"This fast paced, yet low-impact sport is ideal for those with lower extremity injuries," Lehouiller said. "(In addition to the Paralympics, it is also) played in the Warrior Games."

Hawaii's WTB Soldiers also participate in outrigger canoe paddling, aquatics, adapted water polo, suspension training, spinning and yoga.

Adapted reconditioning, or building off of traditional exercise programs and offering alternative means of fitness, physical activity and sports, began being implemented here in December 2011. The goal is to be able to engage all of the WTB's Soldiers, not just a select few.

"Returning to adapted sports can allow an individual to see what they can do, rather than what they cannot," Lehouiller said. "In a team sport setting we see Soldiers engage, exhibit camaraderie and a (sense of) healthy competition that they may have forgotten they had. For many of our WTB Soldiers, knowing that they can continue some of these activities with their families gives them a great sense of satisfaction. They feel that they are doing something fun and worthwhile."



View more photos from the Warrior Transition Battalion's sitting volleyball tournament online at www.flickr.com/TriplerAMC.

REFUGEE

from page 4

Despite the hardships and family separation, Hejran says it was during her time at the border while she cared for Afghan refugees that she realized that she wanted to be a psychiatrist.

"In the refugee camps, I was noticing a lot of the families didn't really have physical problems, but because of the depression they had, they were becoming physically disabled," Hejran said. "I realized the power of the mind and my deep interest in the field of psychiatry took shape."

When Hejran was finally able to join her family, in addition to the culture shock and language barrier, she was dealt another hard blow, when she learned she was not recognized as a physician in the U.S., despite her prior medical education and humanitarian work.

She took other jobs in an effort to socialize and learn English, all the while not losing focus of her dream of becoming a doctor. In 1996, she passed her board exam and was eager to apply for residency programs, but found that too was no easy road or a quick process.

"Persistence and perseverance were my tools," Hejran said. "I never gave up."

Hejran's younger brother Hamed agreed that it was her persistence that made her so successful.

"My sister is a very tenacious person," Hamed explained. "She is really focused on her goals and has always put her professional life as a priority."

He recalled instances in Afghanistan where his sister would study by candlelight when there was no electricity, and later her devotion to caring for refugees at the Afghan border as a physician.

Though Hamed never (thought) his sister would join the military, he supported her decision.

"When the opportunity (to join the U.S. Army) came up, I was the first person she called," Hamed explained. "I reminded her of how dangerous a time it was to join (the military), but I admired (her decision). I (saw) it as something noble."

"I always wanted to be a doctor and I was fascinated by the military," Hejran said. "To me it was more like a fantasy, because in Afghanistan, women cannot serve in the military."

After moving to the U.S. she became fascinated with the idea of joining the Army, partly from watching movie and television depictions, like *M*A*S*H*.

"I was (intrigued) by the military life and the structure," Hejran explained. "(Everyone) respects each other."

Hejran's specialty is a highly demanded field in Army Medicine and she was almost immediately deployed to Iraq. In August 2011, she deployed with Combat Support Hospital 96 as the only psychiatrist to Contingency Operating Base Speicher to provide psychiatric services for more than 3,000 service members.

Hejran says she has no regrets and loves her career. For her, the sky is the limit and in the future she hopes to complete a fellowship in the field of forensic psychiatry.

APHN

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Events held on post give her family activities to do close to home while her husband is deployed, but she had an ulterior motive for attending the health fair.

"My daughter wants to be a vet, but I'm trying to sway her to be a nurse," said Ulanda, who is a licensed practical nurse. "The fair was a great way to show her other areas of the health field."

APHN plans to continue hosting a large-scale health fair each year, with the next one combined with the Family Fun Fitness Festival, which is sponsored by the Defense Commissary Agency.

"The one thing that I hope people take away from the health fair is the fact that knowledge is power and that they alone hold the key to their wellness," Rosalind said. "I can provide the information, but it is important that they use it to their advantage."

PIHCP

from page 1

October 2002, Uchel was diagnosed with hairy cell leukemia, a rare, slow-growing cancer of the blood, and was referred to Tripler for treatment.

"I actually never knew nor had heard of the PIHCP until my husband came to TAMC in 2002 for his medical treatments," Takada-Naito said. "Several months later, when the doctors and nurses, the facility and its personnel, and even the patients and their families had become familiar to us, is when we really started to appreciate what we were receiving from the program."

While her husband was receiving treatment, Takada-Naito volunteered to assist other patients from Palau, who required an interpreter. In March 2005, she officially became coordinator for the Palau Medical Referral Program and case manager for patients that come from Palau through PIHCP.

"My role is to coordinate patients' appointments, make sure our patients get to their appointments on time and be available to interpret for them as well as be their support system," Takada-Naito said.

The humanitarian care received as result of the program is only half of the reason it is special to Tripler and the region. The educational value makes it a great asset to the medical training center.

"(Leadership and key leaders in the region) recognized that a lot of the patients coming (from the Pacific Islands) would provide good education to the medical center's residents-in-training and (allow us to) give humanitarian care to the under-served Pacific Islands," ex-

plained Col. Mark Burnett, medical director, PIHCP and Pediatric Infectious Disease and Travel Medicine Physician.

Burnett, who was a resident at Tripler from 1993-97, said he still remembers treating young Islanders at TAMC who were supported by the program many years ago and when he heard the PIHCP was in need of a new director, he volunteered.

Since Burnett has only been director since March 2012, he said he receives a great deal of support and mentoring from Col. (Ret.) Donald Person, who was the first medical director for the program and was stationed in the Pacific for many years.

"(Dr. Person) has a great love and interest for the people in the U.S. Associated Pacific Islands and this program was his baby," Burnett explained. "(He) recognized that there is a lot of need out (in the Pacific) and he was one of the people who really helped bring some of the patients (to TAMC)."

"There are incredible learning opportunities through this program," Burnett added. "It is really broadening our medical horizons and as people travel more and are deployed all over the world, I think it is really helpful for our doctors in training here."

Patients referred to Tripler have to have definable and fixable conditions. Then they can return to their lives on the islands.

Many changes have taken place since 1990 when the first patient from the Pacific Islands was admitted to TAMC.

"When (project participants explain) the PIHCP, much of it is synonymous with tele-medicine," Bur-

NUTRITION

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PT program.

While dietitians from the Tripler Medical Center and U.S. Army Health Clinic-Schofield Barracks provide multiple classes each month, it is impossible to reach everyone.

With this in mind two separate programs are currently on-going that work to create pockets of knowledge within the units. By providing in-depth training to key unit representatives in the area of nutrition,

performance and weight management, access to accurate and timely information is provided even when a dietitian is not available.

With these programs and more to follow, Tripler Army Medical Center and the U.S. Army Health Clinic-Schofield Barracks will continue to positively impact the health and performance of service members on Schofield Barracks and across the island.

(Editor's Note: Lt. Col. Chad Koenig is the chief of medical nutrition therapy.)



Pacific Regional Medical Command Public Affairs/JAN CLARK

Alma Tolenoa, a 10 year old from Kosrae, paints a picture during Tripler's 6th annual Oncology on Canvas, May 11-12. Diagnosed with Juvenile Polyposis, a genetic condition that causes polyps in the intestine, Tolenoa was referred to Tripler for treatment.

nett said. "When I was here in the early 90s, we would get calls from doctors in the islands and patients would be sent. We would get very little information about the patients prior to their arrival (at Tripler)."

Slowly throughout the 90s, the program equipped many of the islands with computers, digital cameras, scanners, video cameras and printers to support the web-based electronic consult and referral system that was created for it. By 2001, ten different sites were equipped for the web-based program.

"There are between 60-80 physicians with personal computers who are able to upload records and refer patients to be seen from their clinics now," Burnett said. "(In addition), as a lot of these islands get their own sophisticated medical care; a lot of the time they are just asking for advice and the patients don't have to be flown over here. It is a very rewarding (relationship)."

Burnett and Takada-Naito both

feel that the program has a bright future and will continue to benefit Tripler and Pacific Islanders around the region.

"Not only did my family benefit successfully from PIHCP, but I have also seen firsthand many patients from the Pacific Islands returning home with smiles after having completed months of treatments," Takada-Naito explained. "When a seriously ill patient on a small island in the Pacific is told from their physician that he is being referred to TAMC, it sparks within the patient and his family a hope for cure. The PIHCP is about people, about giving hope, and it is about life."

Islands supported by PIHCP include: American Samoa; Guam; the Commonwealth of the Northern Mariana Islands; the Republic of Palau; the Republic of the Marshall Islands, which includes Ebeye and Majuro; and, the Federated States of Micronesia, which includes Chuuk, Kosrae, Pohnpei and Yap.

GPHE

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thank you for embracing our TAMC vision for being the most trusted organization in the world," Gallagher said. "You have learned the importance of building that relationship with every patient and with each other.

"You have learned how significant that trust becomes and have witnessed firsthand how much the patients cherish this relationship, your advice and the engagement established by you and your team," Gallagher added.

The ceremony's keynote speaker is no stranger to military graduate medical education.

During his 26 years of service in the U.S. Army, Dr. Emmanuel Cassimatis, current president and chief executive officer of the Education Commission for Foreign Medical Graduates and chair of the board of directors for Foundation for the Advancement of International Medical Education and Research, served as director of Psychiatry Residency Training at the former Walter Reed Army Medical Center and Director of Medical Education for MEDCOM.

"Globally speaking you are in a small, very fortunate minority (and) I know it is not always easy," Cassimatis said. "Frequent deployments in recent years have provided those of you in the military with the opportunity to repeatedly prac-



Tripler Visual Information/SORAYA ROBELLO

Capt. Michelle Maust (left), class leader, presents her 113 peers who make up the Class of 2012 during TAMC's annual GPHE graduation ceremony, held at TAMC, June 15.

tice ... good medicine in bad places.

"Bad places can be dangerous places and they are far away, but they are not far from your colleagues, those who work with you and support you," Cassimatis added. "(We deploy with those) who, for all our sakes, put themselves in harm's way. And we need to treat their wounds and illnesses so that they can survive those bad places and come back alive to their loved ones."

Cassimatis is proud to have worked with military medical education during his service.

"I remember when I was chief of medical education for the Army in the early 90s and I came across several papers comparing residency pro-

grams in different specialties and categories," Cassimatis said. "In Internal Medicine, Family Medicine, Emergency Medicine and many other specialties, military programs, again and again, scored ahead of university programs and all other program categories."

Forty of the military graduates will move to operational assignments in Korea, Germany, Honduras, Alaska, the mainland or stay in Hawaii. Four civilian and 62 Army graduates will continue additional residency or fellowship training beginning in July. The remaining eight civilian graduates will start new jobs or pursue other professional and personal goals.

TSG

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(Deployment Support).

Capt. Vanessa Mayo-Aquino, commander, Company D, Troop Command, attended the luncheon with Horoho and Brock and said engaging discussions were held. She said Soldiers, especially the medics, inquired about incorporating more hands-on-training into deployment preparation, as well as advancement processes.

"Most of the Soldiers had questions and were not afraid to raise their concerns," Mayo-Aquino said. "It gave the chance for the (junior officers and enlisted Soldiers) to ask questions personally, and give their opinion, while at the same time not being intimidated while around (senior ranking leaders.)"

In addition to the desire for feedback from her Pacific region staff, Horoho focused her visit on making sure the region is on board with her key imperatives and up-to-date on Army Medicine's current strategies.

A virtual behavior health training day was held June 12 across all regions, in part to release policy

guidance on the assessment and treatment of post-traumatic stress disorder, known as PTSD, which standardizes assessment, treatment and care of post-traumatic stress disorder across Army Medicine.

"This is now the standard across every (military medical treatment facility) and every post, camp and station," Horoho explained. "What we've added to this is tele-behavioral health so we now have regions. We have hired (additional behavioral health) specialists so we can take that capability to remote areas when you have big surges or demands for behavioral health we now tap in through electronic (behavioral health channels) to get a capability out.

"If you look at Tripler, they are actually providing behavioral health (services) to Fort Bliss (Texas), Fort Hood (Texas), as well as Alaska," Horoho added.

Horoho and Brock also attended the U.S. Army-Pacific Commander's Conference, June 14. Lt. Gen. Francis Wiercinski, commander, USARPAC, said it was a special opportunity for USARPAC and Horoho because she was able

to deliver the address at a single event and reach out to the majority of USARPAC's commanders, command sergeants major and command spouses about health readiness of the force.

"We need to think about health and readiness a little differently because we can have a ready force, but that doesn't mean we have a healthy Force," Horoho said. "As leaders, we really have to look at health and health leading to readiness, realizing that they are not interchangeable."

The strategy Horoho is implementing focuses on three main imperatives: sleep management, nutrition and activity.

"We are at a tipping point in our nation and we need to be aggressive about this," Horoho affirmed. "We've got to be able to take our health care capabilities and move outside our military treatment facilities and into the (service members') life space.

"If we want a healthy force, we have to change how we are providing care and really (encourage) the right behaviors out there (in our service members)," Horoho added.

- In Brief -

HEALTH OBSERVANCES

Check out information on upcoming health observances for July online:

- Cord Blood Awareness Month, www.parentsguidecordblood.org
- Juvenile Arthritis Awareness, www.arthritis.org
- UV Awareness Month, www.preventblindness.org

SAIGE AWARD

Lt. Col. Amy Brinson, former Deputy Chief of Administration, MEDDAC-Japan, was awarded the Society of American Indian Government Employees Meritorious Service award, June 7 in Denver. The award honors Department of Defense military and civilian employees who support the DoD mission, overseas contingency operations, and demonstrate role model qualities.

SUBMISSION GUIDELINES

Know a Pacific Regional Medical Command employee who should be recognized? Have an event you want to publicize? Send submissions to medcom.prmc.pao@us.army.mil.