

# Rounds

Eisenhower Army Medical Center

AUGUST 2016



Eisenhower Army Medical Center is one of very few hospitals in the country and the only one in MEDCOM that is using a “smart table” in complicated surgeries. See what makes it special on page 7.

School Screenings Scheduled  
August 6 and 20

# CALENDAR

**Aug. 1-7**  
World Breastfeeding Week

**Aug. 2**  
Basic Life Support, CPR courses, 8 a.m. to noon, Building 300T, Room 110

**Aug. 4-5**  
EAMC FY 16 M9, M16 Marksmanship Qualification Range

**Aug. 6**  
School Screenings, 8 a.m. to 2 p.m., EAMC, Call 787-7300 to schedule appointment

**Aug. 17**  
Military Resilience Training for Families, 9 a.m. to noon, Family Outreach Center, building 33512 (behind Woodworth Library) Rice Road

**Aug. 18**  
Patient Caring Touch Presentation, 8 – 11:30 a.m., Location TBD

**Aug. 19**  
Ethnic Observance: Women's Equality Day, 11:30 a.m. to 12:30 p.m., 1st floor auditorium

**Aug.20**  
School Screenings, 8 a.m. to 2 p.m., EAMC, Call 787-7300 to schedule appointment

**Aug. 25**  
Marriage 101 Class: Making Meaningful Connections, (:30 a.m. to 3:30 p.m., Family Life Center, 338804 Academic Drive, Fort Gordon

**Aug. 26**  
HET Closed for Onboarding Training, 1-4 p.m.

Rounds

August 2016



## Menu August

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Broccoli Soup BBQ Chicken Savory Baked Chicken Chili Macaroni Chicken Gravy Hopping John Rice Garlic Red Potatoes Sautéed Cabbage, Bacon	2 Chicken, Wild Rice Soup Meatloaf Spicy Honey Pork Beef Gravy Mashed Potatoes Brown Rice Steamed Rice Green Beans, Potatoes	3 Chicken Gumbo BBQ Ribs Fried Catfish Baked Catfish Mac and Cheese Steamed Rice Brown Rice Tomatoes w/ Okra Collard Greens w/Ham	4 Beef w/ Green Pepper Soup Teriyaki Chicken Beef Pepper Steak Vegetable Egg Rolls Brown or Fried Rice Broccoli Stir Fried Vegetables Dinner Rolls	5 Italian Wedding Soup Beef Stew Baked Tilapia Parsley Egg Noodles Steamed Rice Sautéed Asparagus Summer Squash Dinner Rolls	6 Mediterranean Vegetable Soup Salisbury Steak Baked Flounder Cottage Fries Brown Rice Wild Rice Mixed Vegetables Broccoli Dinner Rolls
7 Mushroom Barley Soup Hungarian Goulash Parmesan Tilapia Beef Gravy Steamed Rice Egg Noodles Peas and Carrots Catalina Blend Vegetables	8 Bean and Ham Soup Parmesan Chicken Meat Sauce White Pasta Wheat Pasta Italian Roasted Potato Wedges Cauliflower Au Gratin Broccoli	9 Chicken Noodle Soup Savory Baked Chicken Beef Stroganoff Brown Gravy Steamed Rice Brown Rice Egg Noodles Whole Kernel Corn Brussel Sprouts	10 Beef, Pepper Soup Baked Honey Glazed Ham Slices Herb Baked Flounder Pineapple Sauce Scalloped or Oven Roasted Potatoes Glazed Baby Carrots Sautéed Cabbage	11 Chicken, Wild Rice Soup Oven Roast Beef Baked Salmon Brown Gravy Egg Noodles Potatoes O'Brien Steamed Rice Sautéed Asparagus Mixed Vegetables	12 Cream of Broccoli Soup Chicken Cacciatore Beef Lasagna Vegetable Lasagna White Pasta Wheat Pasta Brown Rice Sicilian Vegetables Steamed Broccoli	13 Tomato Basil Soup Grilled Chicken Breast Parmesan Crusted Tilapia Chicken Gravy Steamed Rice Steak Fries California Veggies Baby Carrots
14 Chicken Dumpling Soup Philly Cheese Steak Mexican Chicken Steak Fries Brown Rice Steamed Rice Sautéed Asparagus Riviera Mixed Vegetables Dinner Roll	15 Cream of Broccoli Soup BBQ Chicken Savory Baked Chicken Chili Macaroni Chicken Gravy Hopping John Rice Garlic Red Potatoes Sautéed Cabbage, Bacon Sautéed Cabbage Whole Kernel Corn Cornbread	16 Chicken, Wild Rice Soup Meatloaf Spicy Honey Pork Loin Beef Gravy Mashed Potatoes Brown Rice Steamed Rice Green Beans, Potatoes Green Beans Cauliflower Dinner Rolls	17 Chicken Gumbo BBQ Ribs Fried Catfish Baked Catfish Macaroni and Cheese Steamed Rice Brown Rice Tomatoes w/ Okra Collard Greens w/Ham Collard Greens Cornbread	18 Beef w/ Green Pepper Soup Teriyaki Chicken Beef Pepper Steak Vegetable Egg Rolls Brown Rice Fried Rice Broccoli Stir Fried Vegetables Dinner Rolls	19 Italian Wedding Soup Beef Stew Baked Tilapia Parsley Egg Noodles Steamed Rice Sautéed Asparagus Summer Squash Dinner Rolls	20 Mediterranean Vegetable Soup Salisbury Steak Herb Baked Flounder Cottage Fries Brown Rice Wild Rice Mixed Vegetables Broccoli Dinner Rolls
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28 Cream of Potato Soup w/ Bacon Swiss Steak w/ Brown Gravy Turkey Tetrazzini Rice Pilaf Mashed Potatoes Peas and Carrots Cauliflower Au Gratin	29 Mushroom Barley Soup Fried Chicken Savory Baked Chicken Herb Baked Mahi Mahi Chicken Gravy Steamed Rice Potatoes and Herb Macaroni and Cheese Mixed Vegetables Sautéed Cabbage	30 Ital. Wedding Soup Beef Yakisoba Sweet and Sour Pork Egg Rolls (Veggie) Fried Rice Steamed Rice Brown Rice Steamed Broccoli Stir Fry Vegetables Dinner Rolls	31 Broccoli Soup Roast Turkey Baked Catfish Fried Catfish Turkey Gravy Cornbread Dressing Mashed Potatoes Gr. Beans w/Potato Green Beans Summer Squash			

## War college, responsibility changes, 19th Amendment, voting ... the days are packed

**Col. Michael A. Weber**  
Eisenhower Army Medical Center,  
Commander

July was another busy month highlighted by many hails and farewells. Several of us completed major milestones at the Army War College: Lt. Col. Hankins, Col. Sloniker, and I completed our first-year resident course; and Lt. Col. Dreitzler graduated with the Class of 2016.

The Army War College is a rigorous master's degree program that will become increasingly important for promotion to colonel. Every officer should chart their path toward Senior Service College completion in their Individual Development Plan. My 17-person seminar group includes one woman who is a Department of the Army civilian.

EAMC will witness a major milestone in August as Command Sgt. Maj. Ray Price changes responsibility with Command Sgt. Maj. John Steed. Price served for 30 years and has been a tremendous help to me,

EAMC and the Fort Gordon community. We all wish Price, his wife Julie, and his family the best of luck as they start the next chapter of their lives. I welcome Steed and his family to EAMC. Steed joins the EAMC team after completing his tour as our regional health command sergeant major. His experience and expertise will help us achieve new heights in readiness and virtual health delivery.

One of the highlights for August is our observance of Women's Equality Day Aug. 26. We will celebrate 96-years since the ratification of the 19th Amendment to the U.S. Constitution. The observance of Women's Equality Day not only commemorates the passage of the 19th Amendment, but

also calls attention to women's continuing strides toward full equality. As the Army shapes the future force, we at EAMC must ensure that women and men are given the opportunities to maximize their potential and are positioned for success. Women have played a vital role in our Army since 1775 and continue to play vital roles in today's Army; as Soldiers, Department of the Army Civilians and family members: all critical members of our Army team. The Army recognizes the significance of women's contributions to our Army and society and the value of fostering and sustaining a diverse and inclusive force. When women succeed, America succeeds. This is the time

see **COMMANDER** on page 4

Women have played  
a vital role in our Army  
since 1775.



Photo by David M. White

**Warrior Transition Battalion Commanding Officer Lt. Col. Eugene Maxwell, back to camera, and Command Sgt. Maj. David Magnuson furl the unit's colors during the Casing of the Colors ceremony at Eisenhower Army Medical Center's Myer's Plaza July 13.**

### Warrior Transition Battalion colors 'cased' July 13

#### Staff Reports

Eisenhower Army Medical Center's Warrior Transition Battalion held a Casing of the Colors ceremony at 9 a.m., July 13 at EAMC's Myer's Plaza as the unit was deactivated.

Fort Gordon's Cyber Center Commanding General Maj. Gen. Stephen G. Fogarty, Eisenhower Army Medical Center Commanding Officer Col. Michael Weber and WTB Com-

manding Officer Lt. Col. Eugene Maxwell spoke at the ceremony that was attended by several hundred Soldiers, health care practitioners and civilians.

The Army has closed or is in the process of closing 10 Warrior Transition Units, including the one here, due to the declining population of Soldiers requiring the level of care provided by the WTUs.



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Editorial content is under the direction of and serves the mission of the EAMC commanding officer. Email: usarmy.gordon.medcom-eamc.mbx.pao@mail.mil.

Cover photo by David M. White



Representatives from American Legion Post 56 of Jefferson, Georgia, present a check for \$1,000 to Col. Joe Bird, deputy commanding officer of Eisenhower Army Medical Center, July 7, on behalf of the EAMC Fisher House. Post 56 has 215 members, including several World War II veterans.



Photos by David M. White

### COMMANDER from page 3

to recommit to setting the conditions for all Soldiers to reach their full potential based on ability, not gender.

The U.S. general election is Nov. 8. I am going to use the rest of my comments to review the Army's guidance on political activity.

The primary guidance covering political activity for military members is found in DOD Directive 1344.10. It is long-standing DOD policy that active duty personnel may not engage in partisan political activities and all military personnel should avoid the inference that their political activities imply DOD sponsorship, approval or endorsement of a political candidate, campaign or cause.

Members on active duty may not cam-

aign for a partisan candidate, engage in partisan fundraising activities, serve as an officer of a partisan club or speak before a partisan gathering.

Active duty members may express their personal opinions on political candidates and issues, make monetary contributions to a political campaign and attend political events as a spectator when not in uniform.

When it comes to social media, you may "follow," "friend" or "like" a political party or candidate running for partisan office, but you may not post links to, "share" or "re-tweet" comments or tweets from the Facebook page or Twitter account of a political party or candidate running for political office. Service members must also be careful not to

comment, post or link to material that violates the Uniform Code of Military Justice or Army regulations. Examples include showing contempt for public officials, releasing sensitive information or posting unprofessional material that is prejudicial to good order and discipline under the UCMJ.

I am excited to meet our new teammates as they settle their families and become comfortable with their new community. Please make an extra effort to make people feel warm, welcome and wanted. Our students will be going back to school soon. Please take extra care when backing and driving in your communities. You all inspire me to make EAMC my First Choice for Five-Star Care.

# Breastfeeding beneficial to both baby, mom

**1st Lt. Kay Kerstens, MS, RD, LD**  
 Nutrition Care Department  
 Eisenhower Army Medical Center

The first week of August is World Breastfeeding Week. The theme of World Breastfeeding Week 2016 is “how breastfeeding is a key element in getting us to think about how to value our wellbeing from the start of life.”

Breast milk is the first nutrition a baby receives, and sets the baby up for a healthy infancy. According to the American Academy of Pediatrics and the Academy of Nutrition and Dietetics, exclusive breastfeeding is recommended for the first six months of life. At six months, infants

should start receiving complementary foods while continuing to receive breast milk. The AAP and AND recommend continuing breastfeeding until 12 months of age or as long as desired by mother and baby. The World Health Organization recommends continuing breastfeeding to two years of age and beyond. Breastfeeding can be a difficult process, but has many benefits for both baby and mother.

Breast milk is the perfect nutrition for babies from the start of life. Breast milk can reduce the incidence of necrotizing enterocolitis in premature infants, which is a disease that destroys the intestine and can lead to infection and death. There is

strong evidence that shows breastfeeding can also reduce gastrointestinal infections, respiratory infections and sudden infant death syndrome. There is also evidence to support that breastfeeding can reduce the risk of atopic dermatitis, type 1 and type 2 diabetes mellitus, celiac disease, asthma, overweight or obesity in adolescence/adulthood, cardiovascular disease, heart disease, hypertension, and high cholesterol.

Breastfeeding can also benefit the mother. Breastfeeding has been shown to reduce postpartum bleeding and decrease the risk of postpartum depression. Breastfeeding can also delay ovulation as a natural form of birth control. Although more research is needed, breastfeeding can also help mother return to her pre-pregnancy weight status, and decreases the risk for hypertension, breast cancer, ovarian cancer and type 2 diabetes mellitus. Breastfeeding can help establish a mother/infant bond. Breastfeeding can have a direct economic savings for families by not having to purchase infant formula. Additionally, breastfeeding is convenient and portable!

Nutrition recommendations during breastfeeding include a well-balanced diet (incorporating fruits, vegetables, lean proteins, dairy, and whole grains), with increased calories and protein to support milk production. Breastfeeding mothers also have an increased fluid requirement which is typically met due to increased thirst during nursing. Even if the mother’s diet is not ideal, breastfeeding is still the best nutrition for the baby.

Establishing breastfeeding may be extremely difficult, but it is also very worthwhile. If you or someone you know is struggling with breastfeeding, reach out to an International Board Certified Lactation Consultant or a Certified Lactation Counselor. For breastfeeding resources in the Central Savannah River Area, contact the CSRA Breastfeeding Coalition at 706-667-4705.

If you are currently pregnant or breastfeeding and would like to speak with a Registered Dietitian, contact the Nutrition Care Department at 706-787-2243.

For information about World Breastfeeding Week, visit [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org).

Source: World Health Organization

**BREASTFEEDING | THE GOAL**  
 By 2025, increase to at least 50% the rate of exclusive breastfeeding in the first six months

**WHY IT MATTERS**

**BENEFITS OF BREASTFEEDING**

1 2 Babies who are fed **nothing but breastmilk** from birth through their first 6 months of life get the **best start**

3 4

5 6

Exclusive breastfeeding provides babies: **the perfect nutrition** & everything they need for healthy growth and brain development

**Protection** from respiratory infections, diarrhoeal disease, and other **life-threatening ailments**

Protection against **obesity & non-communicable diseases** such as asthma and diabetes

**RECOMMENDED ACTIONS**

**LIMIT FORMULA MARKETING**

**WHAT?** Significantly limit the marketing of breastmilk substitutes

**HOW?** Strengthen the monitoring, enforcement and legislation related to the International Code of Marketing of Breastmilk Substitutes

**SUPPORT PAID LEAVE**

**WHAT?** Empower women to exclusively breastfeed

**HOW?** Enact six-months mandatory paid maternity leave and policies that encourage women to breastfeed in the workplace and in public

**STRENGTHEN HEALTH SYSTEMS**

**WHAT?** Provide hospital and health facilities-based capacity to support exclusive breastfeeding

**HOW?** Expand and institutionalize the baby-friendly hospital initiative in health systems

**SUPPORT MOTHERS**

**WHAT?** Provide community-based strategies to support exclusive breastfeeding counselling for pregnant and lactating women

**HOW?** Peer-to-peer and group counselling to improve exclusive breastfeeding rates, including the implementation of communication campaigns tailored to the local context.

**SCOPE OF THE PROBLEM**

Globally, only **38%** of infants are exclusively breastfed

Suboptimal breastfeeding contributes to **800,000** infant deaths

# Caring for the whole person

**Capt. William Beaver, chaplain**  
Department of Ministry and Pastoral Care  
Eisenhower Army Medical Center

I love Eisenhower Army Medical Center for many reasons, but one reason in particular is how many interdisciplinary teams we have here that care for the whole person. When you see a Veteran slowly making his way through EAMC wearing civilian clothes and a ball cap proudly proclaiming Veteran status, do you ever wonder why he or she is really here? I have learned these proud Veterans not only come to EAMC to get medical needs met, but to get social, emotional, mental and spiritual needs met as well. I try to make a point to engage in conversation with them about their military service and they are happy to share.

In Mark 2:1-12, there is a story of Jesus teaching inside a home so filled with people, nobody else could get in. Even outside the door people were pressed in all around, straining to hear his teachings. This was a typical one-room home with a thatched roof. There was a paralyzed man whose four friends heard this healer Jesus was in town and teaching in a small home nearby. They decided to carry their friend to the home to meet Jesus. They arrived late and could not enter. So they climbed to the top of the roof, tore a hole, and after lifting their friend on

his mat up to the roof, they slowly lowered him through the hole down to Jesus.

The paralyzed man's friends were determined to get the best health care possible for this man. Nothing was going to stop them. When Jesus saw their faith, he responded not by healing the man physically, but by calling him "son" and telling him his sins were forgiven.

I use to think, "Wow! That's great, but this man needed to walk. His sins could be forgiven later." Imagine if a patient came to the emergency department, escorted by her family member, and needed treatment for a broken leg. If the physician said, "Daughter, your sins are forgiven," how do you think the patient and family member would respond?

Mark's story continues. Some teachers of the law were present and murmured to themselves, "who does this man think he is, trying to forgive sins? Doesn't he know that only God forgives sins?"

Immediately, Jesus heard what they were saying and responded by asking them which is easier, to forgive sins or to tell the man to take up his mat and walk? To show them he had the power to forgive sins he turned to the man, told him to take up his mat and walk home, fully healed. The man rose to his feet, took up his mat and walked out in full view of everyone. Everyone was

amazed and praised God, saying that they have never witnessed that before.

This man's friends knew he needed healing and they let no obstacle stand in their way. Jesus rewarded their faith by not only ultimately healing this man's body but also by healing his spirit. He wasn't just physically healed and restored; he was completely healed and restored.

Comprehensive five-star health care — with eternal effects.

This passage of Scripture teaches me that God cares about our entire being. I believe we model that here at Eisenhower, as we not only care for patients' bodies, but their minds and spirits as well. That is what makes this a special place for me. Five-star health care means caring for the whole person, the whole time, every time. Remember to speak to a patient's spirit when caring for their body.

*Editor's note: Capt. Will Beaver, chaplain, recently served with the Warrior Transition Battalion and is now serving as a chaplain at Dwight David Eisenhower Army Medical Center. His wife, Jane, is a volunteer at EAMC.*

## MEDICAL SERVICE CORPS' BIRTHDAY



Photo by David M. White

Eisenhower Army Medical Center celebrated the 99th birthday of the Medical Service Corps June 30 at a ceremony that included remarks from five retired MSC members. Medical Service Corps Soldiers learned of the legacy entrusted to them by those who have preceded them.

*Rounds*  
Eisenhower Army Medical Center

### Editorial calendar, story/photo deadlines

September 2016 August 12  
Suicide Prevention Week (Sept. 4-11)  
Patriot Day 9/11, National Day of  
Service and Remembrance (Sept. 11)  
Childhood Obesity Awareness Month

October 2016 September 9  
Domestic Violence Awareness  
Red Ribbon Week  
Dental Hygiene Month

November 2016 October 9  
Domestic Violence Awareness  
Red Ribbon Week  
Dental Hygiene Month

December 2016 November 10  
Influenza Vaccination Week  
Safe Toys and Gifts Month  
Army National Guard Birthday

# EAMC one of first in country to use special table to boost surgical efficiency

David M. White

Public Affairs Office

Eisenhower Army Medical Center

The French culinary term *Mise en place* means “everything in its place” and it simply means getting all the ingredients and utensils together before the cooking begins. *Mise en place* is also a practice that has many uses outside the kitchen ... including the operating room.

Typically the OR will have a “back table” where a surgical assistant gathers all of the anticipated instruments and supplies for a specific operation which is stacked in trays and bins that must be sorted as the operation proceeds. Eisenhower Army Medical Center is one of very few hospitals in the country and the only one in MEDCOM that employs a cantilevered shelving system that allows the assistant to see all of the instruments at a single glance. There is also a touch-screen tablet that shows the operation step-by-step so the assistant can better anticipate the surgeon’s needs.

According to the manufacturer’s description, the specialty table has “additional room for large cases such as orthopedics ... [the shelves] hold multiple trays and are angled for clear observation of instruments.”

It is used “primarily orthopedic total joint and spine procedures,” said Lt. Col. Thomas Rawlings, chief of EAMC’s OR. While there are other back tables on the market, it’s “the tiered aspect of the table that allows for visualization of multiple pans” that makes this special.

“[The manufacturer] showcased this table at the Association of Perioperative Registered Nurses Surgical Expo in Anaheim, California, in March,” Rawlings said, “and I asked them to come [test] the table here ... the only place I know of [in the United States] that it’s in use is Mass General,” as Massachusetts General Hospital in Boston is more commonly known.

The benefits accrue to through the

surgical team to the patient. The design “improves efficiency [of the surgical assistant as well as the team] by being able to visualize all the sets of instrument, and not spending time unstacking and stacking sets like on traditional OR table,” said Rawlings. “Plus the advantage of a video system is that it allows for visual cues on table set up and procedural steps.”

The information on the touch-screen video is not patient specific but is specific to the particular procedure being performed, and it is customizable for each surgery and surgeon, according to Rawlings. Not only does the screen help the surgical assistant locate equipment but it also shows next step in the procedure so the assistant can be ready and anticipate what the surgeon will need next.

And, if a surgeon moves to a new hospital and that hospital has this back table system, the surgeon can move his programmed procedures with him.

see **BACK TABLE** on page 11



Photo by David M. White

Eisenhower Army Medical Center is one of very few hospitals in the country and the only one in MEDCOM that employs a cantilevered shelving system that allows the assistant to see all of the instruments at a single glance, as seen during this orthopedic surgery June 28. There is also a touch-screen tablet that shows the operation step-by-step so the assistant can better anticipate the surgeon’s needs.

## School zone driving safety tips

- Be on the lookout for school zone signals and always obey the speed limits.
- When entering a school zone, be sure to slow down and obey all traffic laws.
- Always stop for school busses that are loading or unloading children.
- Watch out for school crossing guards and obey their signals.
- Be aware of and watch out for children near schools, bus stops, sidewalks, in the streets, in school parking lots, etc.
- Never pass other vehicles while driving in a school zone.
- Never change lanes while driving in a school zone.
- Never make U-Turns while driving in a school zone.
- Never text while driving in a school zone.
- Avoid using a cell phone, unless it is completely hands-free, while driving in a school zone.
- Unless licensed to do so, never use handicap or emergency vehicle lanes or spaces to drop off or pick up children at school.



## School bus safety

- Make habit of arriving at the bus stop at least five minutes before the scheduled arrival of the bus.
- Make sure your child stays out of the street and avoids excessive horseplay while waiting for the school bus.
- Be sure the bus comes to a complete stop before getting on or off.
- When riding the bus, make sure your child understands they must remain seated and keep their head and arms inside the bus at all times.
- Do not shout or distract the driver.
- Do not walk in the driver's "blind spot" — this is the area from the front of the bus to about 10 feet in front of the bus.

## Army Researchers, Sanofi Pasteur to co-develop Zika virus vaccine

**Cheryl Pellerin**

DOD News

Defense Media Activity

The Walter Reed Army Institute of Research and the vaccines division of Sanofi Pasteur have agreed to co-develop a Zika virus vaccine based on initial work by WRAIR scientists and collaborators at Beth Israel Deaconess Medical Center in Boston.

According to a recent WRAIR press release, Army scientists and their collaborators are moving quickly to develop and test the vaccine candidate, which builds on a vaccine platform developed by WRAIR scientists for other flaviviruses, including Japanese encephalitis and dengue.

When this work is complete, the recently signed cooperative research and development agreement will allow the transfer of the Zika purified inactivated virus, or ZPIV, technology to Sanofi to explore advanced and larger-scale manufacturing and production.

The platform, said Army Col. Stephen Thomas, an infectious diseases physician, vaccinologist and the WRAIR Zika program lead, "has been proven to be safe, effective and able to meet regulatory requirements

of the U.S. Food and Drug Administration."

### Vaccine is feasible

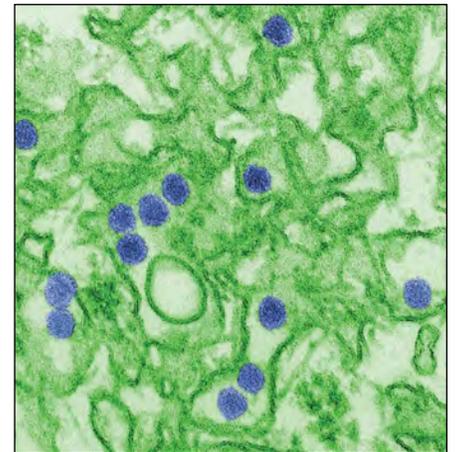
As part of the agreement, WRAIR and collaborators will share data related to assays that measure antibody responses after vaccination with ZPIV, biologic samples generated during animal studies, and biologic samples generated during early human trials that assess ZPIV safety and immunogenicity, WRAIR officials said.

Preclinical work on the vaccine is being conducted with long-term HIV vaccine collaborators at the Beth Israel Deaconess Medical Center, a teaching affiliate of Harvard Medical School.

A preclinical study in mice, published June 28 in "Nature," showed that a single dose of ZPIV generated an immune response that protected the mice against a Zika challenge with a Brazilian strain of the virus.

"The preclinical work gives us early confidence that development of a protective Zika virus vaccine for humans is feasible," Army Col. Nelson Michael, the WRAIR Zika program co-lead, said.

Initial ZPIV supplies are being manufactured by the WRAIR's Pilot Bioproduction Facility in Silver Spring,



Centers for Disease Control and Prevention

This is a digitally-colored transmission electron micrograph of Zika virus, which is a member of the family Flaviviridae. Zika virus is spread to people through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain and conjunctivitis, or red eyes. The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon.

Maryland. The National Institute of Allergy and Infectious Diseases will provide regulatory sponsorship for the initial

see **ZIKA** on page 11

# Eisenhower RT helps lead medical training exchange with Uzbeks

David M. White

Public Affairs Office

Eisenhower Army Medical Center

In May, a team of five Army medical specialists boarded a flight to Tashkent, the capital of Uzbekistan, for the third annual information exchange about Combat Stress and Resiliency with members of the military medical staff of the Uzbek army.

Sgt. First Class Morris Porter, a respiratory therapist and NCOIC of Eisenhower Army Medical Center's Pulmonary Disease Services department, was among the five subject-matter experts chosen for the operation. He was chosen due to his extensive experience and background with the MEDEVAC/CASEVAC systems and Critical Care Air Transport team. He is a founding member of the Acute Lung Injury Rescue Team.

Other members of the training team were Capt. Matthew D. Taylor, medical planner, USARCENT Surgeon Directorate; Capt. Kendz M. Toussaint, USARCENT; Master Sgt. Marcus Guillory, USARCENT; Sgt. First Class Brian Hawkins, 274th FST, Fort Bragg, North Carolina.

The four-day exercise had 42 Uzbek participants, including three women, which was notable in this primarily Muslim country which is located in central Asia, north of Turkmenistan and south of Kazakhstan.

Porter's presentation on controlling bleeding demonstrated techniques for proper tourniquet application, dragging the casualty to safety, pressure dressings and combat gauze. Porter also discussed other elements of MEDEVAC-related care as well as capabilities derived from lessons learned since the start of the OEF-OIF campaign.

According to the after-action report, "The Uzbeks were particularly interested in the hemostatic agent that is embedded in the combat gauze that is included in the [Individual First Aid Kit.] The Uzbek combat gauze contains no hemostatic agent."

Field demonstrations followed classroom presentations.

"The U.S. SMEs demonstrated the proper procedures for applying a tourniquet and then separated the class into two groups," according to the AAR. "The groups were [divided] into buddy teams for tourniquet application. This was by far the best part of



Courtesy photo

**Sgt. First Class Morris Porter, right, a respiratory therapist and NCOIC of Eisenhower Army Medical Center's Pulmonary Disease Services department, watches closely as an Uzbek Soldier applies a tourniquet to her battle buddy in a field training portion of the third annual information exchange about Combat Stress and Resiliency with members of the military medical staff of the Uzbek army last May in Tashkent, the capital of Uzbekistan.**

the [lesson]. The cadets turned this into a competition, as they were being timed by the U.S. SMEs. The winner of the contest was a female sergeant who properly applied the tourniquet to her partner in 14 seconds flat."

Other topics presented over the four days included the IFAK and its contents, changes to tactical combat casualty care over the past 15 years, care under fire, controlling bleeding, respiratory compromise and tactical field care.

Because the Uzbeks speak Russian and Uzbek, "communication was a barrier," said Porter, "but translators and the high interest in the subject made it work." The presentations were in English to the Soldiers then followed by a pause to allow for the translation.

In the AAR, it is reported that the Uzbek commanding officer said "the Uzbeks had just completed a trip to Dayton, Ohio, to discuss Aeromedical fixed wing evacuation, and a trip to Fort Sam Houston, Texas, to discuss establishing a full-scale medical training center in Tashkent. ... [They are currently] sending their providers to St. Petersburg, Russia, and Germany for training. He stated the Uzbeks now have

the instructors and talent to train their military physicians in Tashkent."

The desire to train the Uzbek medical staff locally has been built partially on the success of the past three years training exchange with USARCENT personnel.

"This [year's training] was by far the most productive event over the past three years," according to the AAR. "The Uzbeks were open, honest and forthcoming with what they want [from] future exchanges with the U.S. The Uzbeks were, for the third straight event, completely prepared for the event and they sent the proper audience ... There was also much more openness and trust from the Uzbeks during this event."

As for Porter, he enjoyed his first visit to this Silk Road country that is slightly larger than California.

He said he "learned a lot about another culture," and the people were quite hospitable and "very receptive to strangers ... both the citizens and Army alike were very welcoming."

And, noting that the Uzbek culture is a blend of Asian and Russian, Porter said "the food was great."

# 10 Call your regional contractor first when getting specialty care

## TRICARE

TRICARE beneficiaries with special needs or a serious illness or injury have several resources available for help. Your care is best coordinated through your regional contractor.

TRICARE rules require that if the care you need is available at a military hospital or clinic near you, and there is space available, you will be referred there first. However, if the care you need is not available, you will be referred to a network provider near you.

It is important to call and remain in contact with your regional contractor. Your regional contractor will have the most current list of providers. If you contact a specialty care provider directly, you could be on a wait list instead of getting the care you or a family member needs.

When you get your referral, your



regional contractor will send a letter with the name and location of your specialty provider. The letter will also tell you what care is authorized, the length of time you are authorized to receive that care, and the type and number of visits you are allowed before you need another referral. If you would like a provider that is different than the one provided in your letter, you must call your regional contractor.

Family members with special needs require special considerations. There are

resources and information available to help you get the care your family needs. However, you must contact your regional contractor to make sure you have access to the most current list of providers and have the most current information about those providers.

You can reach your contractor by phone. Health Net is the north region contractor and can be reached at 1-877-874-2273. Human Military is the contractor for the south region (Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee, Texas [excluding El Paso area], and Fort Campbell, Kentucky) and can be reached at 1-800-444-5445. The west region contractor is United Healthcare. They can be reached at 1-877-988-9378. If you don't know which region you're in, visit the TRICARE website.

## FOR PEAK PERFORMANCE, REACH ALL TARGETS AND + GOALS

GET **8 HOURS OF QUALITY SLEEP** PER **24 HOUR PERIOD**

AIM FOR **10,000 STEPS PER DAY + 5,000 ADDITIONAL STEPS** (SPREAD THROUGHOUT THE DAY)

EAT AT **LEAST 8 SERVINGS OF FRUITS & VEGETABLES PER DAY**

INCLUDE AT LEAST **2 DAYS OR MORE RESISTANCE TRAINING PER WEEK + 1 DAY AGILITY TRAINING**



GO CAFFEINE **FREE 6 HOURS** (BEFORE BEDTIME TO RESET SLEEP)

RE-FUEL **30-60 MINUTES** AFTER STRENUOUS EXERCISE

INCORPORATE AT LEAST **150 MINUTES MODERATE AEROBIC EXERCISE + 75 MINUTES VIGOROUS INTENSITY AEROBIC EXERCISE (PER WEEK)**

# Make sure your MilKid has access to care

## TRICARE

If you have a new baby or have adopted a child, take the necessary steps to give your child access to health care when they need it.

Step one: register your child, newborn or adoptee, in the Defense Enrollment Eligibility Reporting System. You don't have to wait the two to six months it may take for a formal state department birth certificate. When you are discharged from the hospital or birth center, you will receive a certificate of live birth or documents that validate the child's connection to their sponsor. If both parents are active duty, you must decide which parent will add the baby to their DEERS account. DEERS

registration needs to be done in person, by an active duty service member.

Step two: enroll your child in Prime if you decide it is the best plan for your baby's health care needs. You can quickly enroll your child by calling your regional contractor or by submitting a Prime enrollment form. Newborns are covered under TRICARE Prime for 60 days after birth, as long as another family member is already enrolled in a Prime option. If you decide Prime is best for your family, you must take an additional step to enroll them, it is not automatic. After those first 60 days in Prime, the child's health coverage automatically transitions to TRICARE Standard.

Remember, Prime enrollees receive

care mostly through military hospitals or clinics with no cost shares or deductibles. Standard beneficiaries receive care from their choice of provider with associated cost-shares and deductibles.

If your family is growing with an adopted child, start the process as soon as you have the information to register them in DEERS. No matter which plan you chose, this is your first step. Be sure you have all required paperwork to avoid unnecessary confusion or subsequent bills for co-payments and cost-shares. For information, visit the Enroll or Purchase a Plan page on the TRICARE website. You can also find the nearest DEERS registration site online.

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The programming is especially helpful to new technicians, said Spc. Lauran Lovejoy, an orthopedic scrub technician.

"A new tech can simply click on the case, click on the surgeon and [the screen] shows the layout of all the instruments."

Lovejoy, who has been an ortho scrub

tech for five years, is especially appreciative of the slanted shelves and the wide, flat work surface.

"I can see everything and not have to dig around looking for something," she said. "I can lay everything out and have it ready."

Because the assistant spends less time rooting around in bins and trays for the

next tool, the surgery moves along much more smoothly, she said, and the patient is often not under anesthesia as long.

It's a simple, brilliant design that directly benefits all facets of an instrument-intensive, complicated surgery. And it's flavored by the adaptation of a French culinary technique.

## ZIKA from page 8

human trials, WRAIR officials said.

WRAIR researchers plan to start human testing at their Clinical Trials Center before the end of the year. At the same time, NIAID will begin more studies through its Vaccine Trials and Evaluation Units.

## Growing concern

According to the World Health Organization, as of June 29, 61 countries and territories have now reported continuing mosquito-borne transmission. Of these, 47 countries are experiencing a first outbreak of Zika virus since 2015, and 14 reported evidence of Zika virus transmission between 2007 and 2014, with ongoing transmission.

For the United States and its territories, during a press call July 7 by public health experts and congressional leaders on the need for Zika funding, Centers for Disease Control and Prevention Director Dr. Tom Frieden said the more scientists learn about Zika the more concerned they are.

**As of June 29,  
61 countries and  
territories have now  
reported continuing  
mosquito-borne  
transmission.**

— *World Health Organization*

"It is now definitively confirmed that Zika does cause not only microcephaly but also other severe brain defects," he said, and that it can cause such defects whether a

person who is infected has symptoms or not.

In the continental United States, he added, travel-associated cases now stand at more than 1,130, including 320 pregnant women.

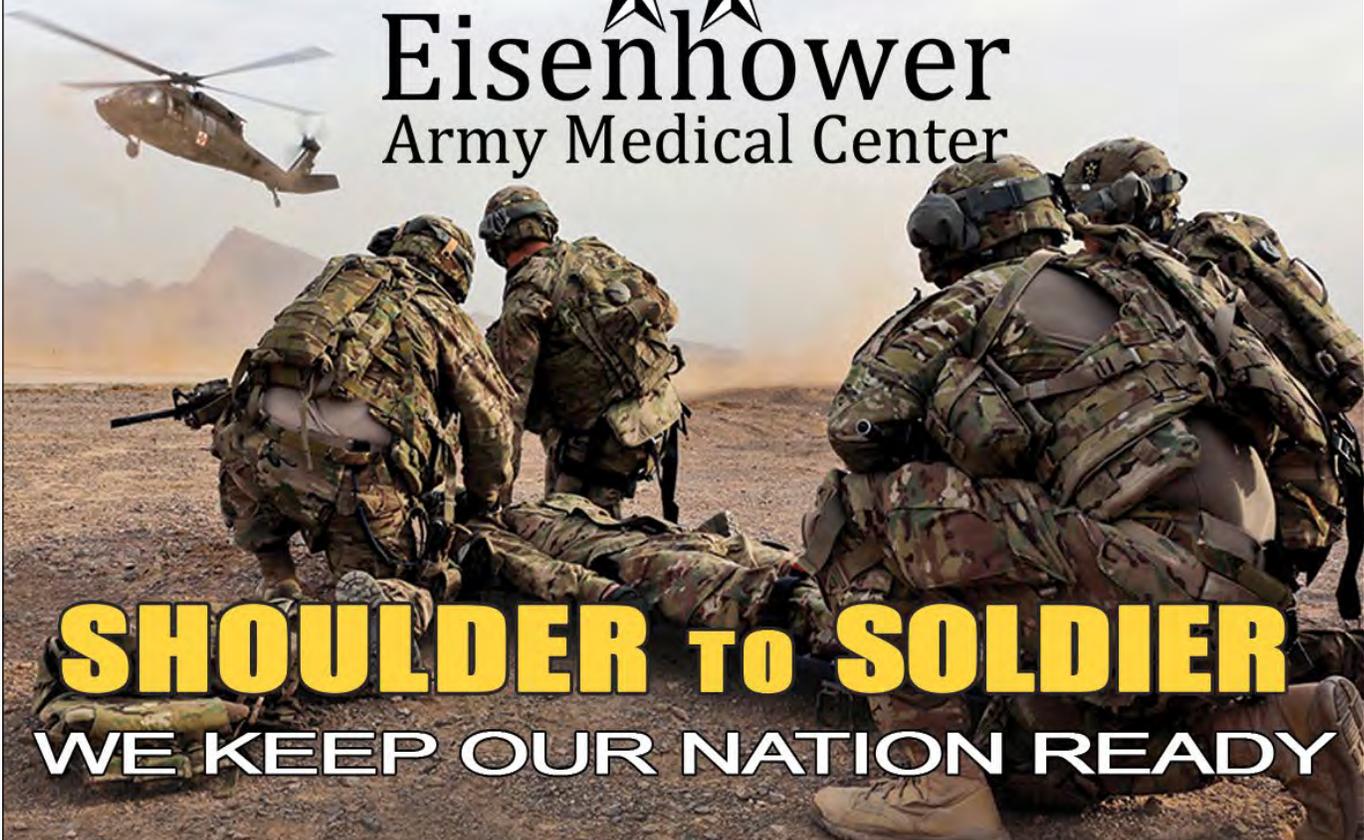
In U.S. territories the number of diagnosed and reported locally acquired cases stands at 2,526, including 279 pregnant women, Frieden said, noting that in Puerto Rico CDC is seeing "a rapid increase in the level of infection such that we think that each day dozens, and potentially as many as 50, more pregnant women [there] are becoming infected with Zika virus."

At WRAIR, Thomas says infectious diseases have long been a threat to U.S. service members and that the military has extensive expertise and capabilities for developing countermeasures.

"The WRAIR has been studying flaviviruses for over 100 years," he added, "since Walter Reed and his team discovered that yellow fever is transmitted by mosquitoes."



# Eisenhower Army Medical Center



## SHOULDER TO SOLDIER

WE KEEP OUR NATION READY



Capt. Suin C. Ellison, RN  
CNOIC, Ambulatory  
Surgery Center  
Soldier for 21 1/2 years



A. Marie Benjamin  
DMHRSi program  
assistant, Resource  
Management Division  
At EAMC 5 years



Jeremy B. Bynes  
Systems Administrator  
IMD  
At EAMC 5 years



Linda Yehle  
Red Cross Volunteer  
Service-to-Armed Forces  
chair, 21 years,  
26,896 hours



U.S. ARMY