



March 30, 2012

“ONE TEAM”

Script

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Pay attention to nutrition

Dietitians offer tips

By Patricia Deal, CRDAMC Public Affairs Office

Obesity is the second leading preventable cause of death in the US, with an estimated 112,000 Americans dying each year from obesity-related complications, according to the Centers for Disease Control.

The Carl R. Darnall Army Medical Center's Nutrition Services staff has many programs in place to help beneficiaries with their weight loss struggles.

Eating less and moving more are the keys to losing weight. Making small changes in your eating habits can definitely help you get to a better weight, according to Darnall dietitians, and they offer several tips and techniques to help.

They start off with advice about the first, and most important, meal of the day, breakfast.

“It's common to hear people say, ‘I don't have time’ but a simple breakfast can be a cup of milk and an orange for some calcium and vitamin C. Breakfast does not have to be traditional breakfast foods. You can prepare a sandwich the night before for a quick ‘grab and go,’” said Barbara Hughart, clinical dietitian. She added that a survey of 3,000 people who lost 70 pounds and kept it off, showed that almost 80 percent of them ate a healthy breakfast every day.

Skipping breakfast makes it difficult to meet key nutrient needs, as well as maintaining energy levels to meet the demands of the day.

“You need to eat breakfast daily,” said Brian Lehmann, dietitian at the Army Wellness Center. “Since many Soldiers do not receive adequate protein in morning hours, they need to make sure breakfast includes a lean protein source such as low-fat cottage cheese, yogurt, skim milk, or eggs.”

Katie McCammon, dietitian and health educator at the Army Wellness Center agreed, adding that lean protein and fiber for breakfast is what “keeps your engine running in the morning.”

“Good sources of lean protein include eggs, egg substitute, Canadian bacon, low-fat yogurt or milk,” she said. “Add a good source of fiber (oatmeal, wheat toast, granola) for an even heartier breakfast.”

Hughart added that fiber is one nutrient that is often overlooked.

“Not only does it play a role in helping the colon stay healthy, it also plays a role in heart health,” she said. “To increase fiber, don't just buy ‘brown’ breads, rice and grains. Some products say ‘whole

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CRDAMC celebrates AMEDD Civilians



Patricia Deal, CRDAMC Public Affairs

(Above) Col. Patrick Sargent, CRDAMC commander, led attendees in a toast, proclaiming his appreciation of the value that the civilians bring to this organization.

(Left) Sargent, Alice Craft-Kerney and Judy Tyler cut the cake at the ceremony. Kerney has been at Darnall for three months and represented the newest GS employee. Tyler, with a 38-year federal service career, represented the longest term employee.

March 26 marked the 16th official anniversary of the AMEDD Civilian Corps.

While it's only been officially celebrated for less than two decades, the vital role civilians have played in Army medicine spans more than two centuries. Civilian employees make up approximately 60 percent of the MEDCOM workforce currently.

"The civilians at this MEDCEN are inextricably linked to what we do. We are a team, some of us just happen to wear a uniform. We all have the same goal, to provide compassionate, world-class healthcare — one patient at a time," said Col. Patrick Sargent, CRDAMC commander, speaking at CRDAMC's celebration of the AMEDD Civilian Corps anniversary. At the ceremony, Sargent led attendees in a toast, proclaiming his appreciation of the value that the civilians bring to this organization.

"The civilian creed says, 'I am an Army Civilian - a member of the Army Team.' When you have employees like those we have at Darnall who have worked at one place for 10, 20 even 30 years, it shows that you have people who are truly committed to the mission. That resonates with me every single day," he added.

Judy Tyler, from the Information Management Division, is one of those employees. Tyler has 38 years total federal service, 36 of

those years at Darnall. She said that she loves working at Darnall, and plans to continue working for a few more years, "at least until we're in the new hospital."

"With my years of experience, I could really work anywhere and probably make more money," she said. "I know it sounds corny, but I love serving those men and women who give so much to our country. That's always been my reward."

Alice Craft-Kerney, a new GS employee in the Medical Management Center, said she also chose to work at Darnall as her way of "give back to my country." She's new to the Army, to federal service, and to CRDAMC having only been here for three months.

"I worked in a health clinic I helped set up in New Orleans after Katrina," she said. "After that, I looked for other ways to help people and thought working for the Army would be ideal. I really do enjoy being able to help those who have done so much for preserving our freedom."



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The Darnall Newsletter reserves the right to edit submissions selected for the paper. For further information on deadlines, questions, comments or a request to be on our distribution list, send an e-mail to patricia.deal@amedd.army.mil

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TIPS | CONTINUED

wheat' or 'whole grain' but that doesn't necessarily translate into high fiber so take time to read the dietary fiber content on the label. Two to four grams of fiber per serving is good and five or more is great. Shoot for 20 grams or more per day from fruits, vegetables, beans and grains."

Paying attention to the types of food you eat is important. Capt. Deana Lawrence, chief of Production and Service in the Nutrition Clinic, suggests planning out your meals and snacks so you are getting at least five fruits and vegetable servings a day, getting enough calcium-rich foods and eating lower-fat snacks.

"You don't necessarily give up favorite desserts and other high calorie foods," offered Hughart. "You can balance sugary and fatty foods with lower caloric content, but more nutrient dense. Everything in balance and moderation."

Capt. Emily Smith, chief of the Nutrition Therapy Clinic advises to decrease portion sizes of the foods you already eat. "Avoid the fad diets that may call for cutting out whole food groups like carbohydrates or fat. They do not translate to long-term results, and will eventually slow your metabolism with each failed attempt," she said.

As a way to help with portion control, 1st Lt. Kimberly Feeney, chief of Inpatient Dietetics, suggests switching from a 12 inch plate to a 9 inch plate. "It can trick your eye into thinking you're getting more food than you are. It can potentially save you 500 calories a day or more, enough to lose a pound a week," she said.

Planning your meals and preparing your specific portion sizes is also a good idea, Lawrence said. "Try 'batch cooking' your meals, usually on the weekend, for the week ahead to save time," she suggested. "Portion everything out in containers for work the night before and you're ready to go in the morning with no worries of being confronted with tempting foods throughout the day."

Feeney added that cooking at home makes it easier to control the calories, fat and nutrients in your food. "If your schedule leaves you too tired to make dinner after work, cook large meals and freeze the leftovers to create your own personal TV dinners," she said.

The dietitians said it's important to get your family involved in your healthy eating habits.

"Try employing 'stealth nutrition' with your family. If your family is reluctant to try healthier versions of foods and beverages then take small steps such as replacing a higher sugar cereal or juice with a lower sugar variety or replace a higher fat yogurt, milk, or sour cream with a lower fat variety and see if they notice the difference," Lawrence said. "I've been surprised over the years at how many members of my family don't taste the difference and they would never know unless I told them."

Encourage children to eat new foods by offering small portions of the new food with familiar food items, suggested Maj. Janetta Blackmore, chief of the Nutrition Care Division. It can take five to six introductions of the new food before they give it "two-thumbs up."

"Get the entire family involved in meal preparation. It's a great time to talk about where foods come from, cooking techniques and the various nutrients in the foods being prepared," she said.

The dietitians also advised about staying hydrated to round out your healthy eating lifestyle.

"Drink at least three liters of non-caloric beverages such as water daily," Lehmann said, emphasizing the "non-caloric."

"Most people don't realize how many calories are in the liquids they're drinking; things like regular soda, sweet tea, coffee drinks, energy drinks, juice and alcohol all have calories and can lead to weight gain if you aren't careful. Check the food labels on your favorite drinks and consider switching to diet," Feeney said.

There are many more tips and suggestions to help with weight loss, the group said, stressing that small steps, which can be sustained long-term, will be much better for your overall health and weight.

"Remember that no one is perfect. If you eat too much, or something that isn't on your health plan, the sooner you get back on track the better. It's the people who give up after one slip that never make progress. Those who learn how to overcome their roadblocks make lifestyle changes that last," Manuele concluded.



Patricia Deal, CRDAMC Public Affairs

Everyone should eat a good breakfast every day to maintain energy levels to meet the demands of the day, Darnall dietitians advise. Include a lean protein source and fiber.



Patricia Deal, CRDAMC Public Affairs

Lois Lott reaches for a healthy snack to eat at her desk. Darnall dietitians advise keeping a few snacks on hand at the office to avoid impulse trips to the vending machine or a gas station for less healthy munchies.



Patricia Deal, CRDAMC Public Affairs

Staff Sgt. Michael Gloschat dips his fork in a side of salad dressing before eating his salad. Darnall dietitians say this simple step can save a lot of calories without sacrificing the flavor.

The Nutrition Services clinic offers many classes on a variety of nutrition topics and individualized nutrition counseling for all eligible beneficiaries—active duty Soldiers, retirees, family members—from infants to geriatrics. Patients can self-refer.

Eat right when money's tight

By Patricia Deal, CRDAMC Public Affairs

The dietitians at Carl R. Darnall Army Medical Center regularly talk to beneficiaries who give reasons why they can't eat a healthy, well-balanced diet, but they say one of the more popular excuses is that eating healthy is expensive.

While the dietitians admit there may be a few justifiable reasons why a patient can't embrace a healthier diet, they say 'it costs too much' should not be one of them.

"Clients often tell us they cannot afford to be adding extra costs to their food budget in this economy," said Barbara Hughart, outpatient clinical dietitian. "But honestly, you can still eat healthy and not see a spike in your grocery costs. Yearly, the U.S. Department of Agriculture (USDA) publishes official Food Plans online noting the average cost of a nutritious diet at home with four levels (thrifty, low-cost, moderate and liberal) for various family sizes. Meeting dietary guidelines can be expensive or inexpensive depending on foods chosen and your shopping habits."

The dietitians at CRDAMC can help families in finding a plan that will work for their household.

The first step is planning—menu, meals and budget. Hughart said the USDA has an online calculator to get a rough estimate of what is a reasonable amount for a family to spend on food.

"Take five minutes (more if you can) to plan at least five main meals per week. Think about

the nutritious balance of each meal, ensuring you are getting enough of each food group to include three servings of dairy and at least five servings of fruits and vegetables a day," Hughart said.

Linda Grab, a mother of 14 children, including a special-needs son, says meticulous planning is what helps her manage her food budget of \$265 a week.

"It may take a lot of time and effort, but it's worth it in the long-run," she said. "I plan each week's menu and meals based on what's on sale or what I can buy in bulk that week. I prepare meals from scratch, which costs less than pre-prepared or processed meals, and I know my family is getting the proper nutrition. Even though I'm strict with the food budget, we still are able to



Patricia Deal, CRDAMC Public Affairs
To eat right while on a budget, Darnall dietitians suggest buying certain fruits and vegetables in season and shopping at the Commissary for its low prices.

enjoy the occasional splurge meal or special eating-out meal."

Other cost-saving tips include scanning store ads for specials, using coupons or loyalty cards and buying generic or store brands.

"Be sure to check the per-unit price on the store shelves. This is an easy way to compare like items and find the best deals. Store brands are usually cheaper, but this is a good tool to use when wanting to know the breakdown of what you are spending. Sometimes coupons and sales may not be the better deal," explained Capt. Deana Lawrence, chief of Production Service at CRDAMC's Nutrition Services Clinic.

Look for coupons on the internet and in stores, in addition to the newspaper, Grab added, and shop various grocery stores to get the best bargains.

"The Commissary already has low prices, and coupons are available in the store. One local grocery has in-store yellow coupons and specially-priced combo deals. I like the warehouse stores where I can buy in bulk and save time shopping," she said.

When preparing your meals, look for recipes your family likes while still providing you the best nutrition for the lowest cost per serving, Lawrence suggested. Use a crock pot, steam and stir-fry foods, avoiding frying foods for the best nutrient value.

"I like rice and pasta recipes like spaghetti with meat sauce because they go a long way.



Photo courtesy of Joseph Grab
Linda Grab, left, prepares the evening meal while her children help. To help her serve nutritious meals for her 14 children, she looks for recipes that her family likes and still gives the best nutrition for the lowest cost per serving.

enjoy the occasional splurge meal or special eating-out meal."

Grab plans three meals and snacks a day. Dinner includes a meat, starch and three vegetables. Snacks include sliced cucumber and carrots (already cut up), fruits and baked whole wheat crackers.

"I did have to face the challenge of needing goat's milk for some of the children," Grab said. "So we bought a goat. The children love the new addition to the family. It's a low-cost way to supply the children with their specific nutritional needs."

CRDAMC dietitians have lots of tips and tricks to save money when grocery shop-



USA Today Photo by Deana Lawrence
Linda Grab (right) reviews her food plan with Barbara Hughart, outpatient clinical dietitian at CRDAMC's Nutrition Services Clinic.

Patient embraces healthy eating plan; foregoes Lap Band surgery

By Patricia Deal, CRDAMC Public Affairs

We've all heard the late-night infomercial adds promoting miracle weight loss options guaranteeing you can lose 50 percent or more of excess weight in the first year, or live the life you want for as little as \$8 a day.

Think these promises are too good to be true? So do the CRDAMC dietitians who warn there is no quick fix for losing weight. There is no 'magic pill', nor is surgery a simple solution.

"I thought that lap band surgery would be the way to go for me," admitted Coco Hopkins, a 53 year-old Army spouse who struggles with her weight. "I had even met with the doctor."

But her husband, Jesse, a retired non-commissioned officer, was not sold on the idea and researched the risks involved and what happens after the surgery.

"It wasn't good. They don't advertise the risks as much or go into detail about the complications. Lap band patients still have to make major changes to their diets and deal with their emotional eating habits," he said.

Adjustable gastric banding (Lap Band) surgery is one of several types of bariatric surgical procedures used in the treatment of morbid obesity for adults. According to Food and Drug Administration (FDA) standards, patients must have a Body Mass Index greater than 40, or a BMI of 30 with a co-occurring health condition related to obesity, such as high blood pressure or diabetes.

However, TRICARE, Veterans Administration and DoD Clinical Practice Guidelines have not approved any weight loss surgeries for patients with a BMI less than 35 even if they have a co-existing condition.

There's risk with any surgery, and although there's a very low mortality rate for Lap Band surgery, there is a still a possibility of minor or major complications. Any weight loss surgery can be unsuccessful if a person does not change their lifestyle.

"People are always looking for the easy way out. But you have to be ready physically and mentally to undergo weight loss surgery. I'm glad Coco came here instead because she had

doubts about the surgery," said Ruth Manuele, registered dietitian with CRDAMC's Nutrition Services. "We've worked out a plan for her that has set her on the path to safe weight loss."

Coco weighed 265 lbs. and had high blood pressure and pain in her joints. Following the nutritional advice of Manuele, she dropped 45 lbs. in 10 months. Her blood pressure is normal, and the aches and pains are gone.

"I started the program as a way to show my husband that this wasn't going work and that I needed the surgery. He pointed out that I would have to make major lifestyle changes after the surgery, so why not try that first," she said. "In the first month, I instantly lost six pounds. I've been losing steadily each month. So, I have to admit that I was wrong. I can do this on my own, without surgery."



Patricia Deal, CRDAMC Public Affairs

Coco Hopkins (right) shows off her new weight to husband Jesse. Hopkins was considering Lap Band surgery, but Jesse urged her to try a healthy eating plan first.

Manuele and Coco worked on correct portion sizes and making healthier choices in foods.

"It's been so easy. I'm not depriving myself of anything, just watching how much I eat," she said. "I am strict about following my guidelines. If I can have five pieces or four ounces of something, that's the amount I will have. The only drawback is that it takes longer to measure, weigh and count everything. But now it's second nature to me."

Another big lifestyle change for her was sub-



Patricia Deal, CRDAMC Public Affairs

Coco Hopkins (right) discusses portion sizes with Ruth Manuele, registered dietitian with CRDAMC's Nutrition Services. Under the guidance of Manuele, Hopkins lost 45 lbs. in 10 months.

stituting more healthy choices for the typical fattening or unhealthy foods she enjoyed.

"For my home-made mac and cheese, I'm using healthier ingredients such as 2 percent milk and low-fat cheese and whole wheat pasta. I drink mostly water instead of soda," she said. "One of my bigger challenges was my weekly breakfasts with my church group. We have everything from grits, eggs, bacon, sausages, biscuits and fried potatoes. The group wasn't too happy about making healthy substitutions, but now that they see how much weight I've lost, they are coming around."

Food budgets are always a concern, and Coco said her costs did increase slightly. "It balances out though. I'm not spending as much money on chips and other snacks and soda. I often buy frozen vegetables which are as good as fresh but cost less."

Coco is good about sticking with the program. Even when they eat out, her husband said, she sticks to the diet, foregoing high calorie foods for healthy choices.

"I'm so proud of her. I really didn't want her to have that surgery, especially this late in her life. She's losing weight now and I don't have to worry about her," Jesse said.

Coco said she is committed to following the plan forever. Her goal weight is 150 lbs., and once she reaches that, she said she will still eat healthy to maintain it.

"I see many people just like Coco who think surgery or some fad formula will solve their woes. But in most cases, just making small changes in your diet can work wonders. Many of our patients who opt out of the surgery and follow a good dietary plan, end up losing 30-40-50 pounds or more. The best part is they did it the safe way with no risk. They adopted healthy eating habits that will stay with them for the rest of their lives," Manuele said.

DFAC offers healthier food options



Maria Bazan pulls out a batch of baked french fries from the Turbo Chef oven, which produces golden, crispy fries and rings with no oil.

Whole wheat pancakes are offered as a healthy choice for breakfast.

Carolyn Sherman prepares an egg substitute omelet.

Tony Ball prepares a pan of chicken sausages for breakfast.

By Patricia Deal, CRDAMC Public Affairs

It can be a challenge for families to prepare nutritious and appealing meals while sticking to their food budgets. Imagine the challenge to provide a variety of healthy meals to feed a “family” of 1,200 a day, yet stay within a severely strict food budget.

Captain Deana Lawrence, chief of Carl R. Darnall Army Medical Center’s Nutrition Care Clinic’s Production Service, constantly searches for the most cost-effective ways to meet the medically-specific nutritional needs of patients and also offer healthy options for staff and visitors.

“When managing a DFAC (dining facility), the biggest factor to consider is the budget. I need to ensure we’re buying and preparing ingredients that are healthier options and still fit into what our guests see as a value and are willing to pay for,” she said. “Offering lower prices for healthier products shows our guests that it can be done.”

Lawrence routinely reviews the hospital dining facility menu to ensure that lighter food options are available, there’s always a good bal-

ance in colors, textures and flavor and that there are similarly priced items for each day.

“We’ve made significant changes to be as healthy as possible. We prepare our menu items with healthier ingredients, such as cooking with canola oil and not shortening, using a salt substitute in two main line recipes and using non-fat dry milk powder for dairy in recipes. We’ve added sugar-free desserts and snacks and low calorie, caffeine-free lemonade.”

Lawrence cited several other healthier food options available at the DFAC:

- Reduced or low-fat cheeses such as 1 percent milk-fat sour cream, 50 percent less-fat cottage cheese and mozzarella cheese sticks, fat-free cream cheese, and part-skim milk shredded mozzarella cheese.
- Egg substitutes available upon request.
- Instead of pats of butter, a spread with no trans-fat is offered.
- Soups offered at lunch, dinner and the late night meal; two vegetarian soups currently offered.

- Wheat rotini and spaghetti noodles and brown rice available on the main line.
- Vegetarian burgers and turkey burgers available on short order.

When it comes to the patients at Darnall, Lawrence has achieved success balancing their specific nutritional needs with budget constraints.

“By focusing on increasing healthier food options at the DFAC, we now have one ‘healthy’ menu that meets the prescribed dietary requirements for all patients. Previously, we would have separate menus with particular items for patients with diabetes or heart disease,” she said.

Lawrence said she will continue to make changes to further improve the DFAC’s healthy menus for patients and guests.

She added, “We do have more changes and additions planned. If you would like to see something changed or added to the menu, please let us know. We do respond and react to our guest comments and are willing to change things up, when possible.”

EAT RIGHT | CONTINUED

Recipes where the meat is crumbled or diced up in smaller pieces also stretches the meal out,” Grab said.

One sure budget-buster would be wasting food, Hughart said.

“Check your food for spoilage and expiration dates,” she said. “Be creative to repurpose food items before they spoil, such as taking leftovers for lunch or breakfast the next day or reinventing them into a new meal item. Leftover rice from dinner can be made into a

rice pudding for dessert the next day.”

It requires some effort, but families can manage to eat nutritiously on a budget, Lawrence stated. The key is to set reasonable health and financial goals and create a plan that works for your family.

“Have fun with it. Don’t get discouraged if it doesn’t work out, learn what works and what doesn’t work for you and stick with it,” Hughart concluded.

The Nutrition Services Clinic offers many classes on a variety of nutrition topics and

provides individualized nutrition counseling for all eligible beneficiaries—active duty Soldiers, retirees, and family members—from infants to geriatrics. Patients can self-refer. For more information about CRDAMC Nutrition Services Clinic or to schedule an appointment call, visit 254-288-8870, or visit www.crdamc.amedd.army.mil/default.asp?page=nutrition.

For more information on planning a food budget, visit www.extension.iastate.edu/food-savings/.

Soldiers recovering from TBI test their warrior abilities

By Patricia Deal, CRDAMC Public Affairs

Soldiers recovering from Traumatic Brain Injury (TBI) had the chance to see if they were “ready to get back to the fight” during simulated combat skills training held March 9 at the Warrior Skills Training Center here.

They were the first TBI patients to go through simulation training as part of the Warrior Readiness Assessment program at CRDAMC’s TBI Clinic. Using a virtual environment, the Soldiers practiced warrior tasks such as conducting a convoy, clearing a room and weapons qualification.

“This type of simulated-environment training dealing specifically with combat tasks helps us assess the Soldiers’ ability to react under combat stress,” said Lt. Cmdr. Scott Mitchell, chief of the CRDAMC TBI Clinic. “Our goal in treating patients with TBI is for them to have a full or near-full recovery, and for Soldiers, that means going beyond normal life functions to help them be Soldier ready.”

Mitchell said that the simulation training helps the Soldiers determine what was challenging for them and to identify areas they need to improve. If a Soldier needs more help to overcome particular issues, the clinic can provide more individual therapy and counseling or more cognitive rehabilitation. Then, if necessary, the Soldier may run through the training again to reassess performance.

“The whole intent of the training is to reassure the Soldiers that even if they get injured, they are not broken, that they can get better. They can get back on-top of their game and get back to the fight,” he added.

Sergeant 1st Class Jeremy Ricketts said the training was the ideal way for him to gauge his readiness state.

“It was mind-blowing how realistic it was. The convoy scenarios on the digital screens put me right back in it. The terrain, how the enemy reacts, our actions—all of it was just like it is in real life. I found my head bobbing as if I was really driving over the hills,” he said. The virtual scenario was eerily familiar to Ricketts, as he was injured in Iraq while

pulling overwatch security of a four-vehicle convoy when a semi-truck slammed into his vehicle causing him severe injuries.

“It’s a great way for me to determine if I’m ready to return to duty and perform my job as before. The training showed me that I was doing some things I wasn’t even aware I was doing, and I can see now what I have to change or improve. It’s given me the confidence I need so I can get back to the fight,” he said.

Sergeant Michael Darby, non-commissioned officer-in-charge of the TBI Clinic, added that this simulation training and other warrior tasks training is essential to ensure Soldiers can return to duty, capable of meeting the challenges and demands all Soldiers face.

“Most everything done in the Army requires a step-by-step process in order to accomplish the mission. In land navigation for instance, if you miss just one thing, it can throw you off by miles. This is a challenge for TBI patients who have trouble concen-

trating or remembering certain things,” Darby said. “It can be frustrating for the Soldiers as they have to struggle a bit more to do things that were like second nature to them before their trauma. It was heartening to see these Soldiers work through their frustration and continue the mission.”

In addition to the benefits of this type of warrior task training, Darby said the treatment plan as a whole for TBI patients is tremendously successful in helping them recover.

“I suffered two concussions in theater back when we first invaded Iraq. I know I would have had a speedier recovery if this type of comprehensive treatment plan was in place then,” he said.

All brain injuries—from mild to severe—if undetected and untreated, can seriously impact a person’s health, but are very treatable. According to Mitchell, the TBI Clinic saw approximately 10,000 patient visits last year, and boasts a 98 percent return-to-duty rate.



(Above) As part of their treatment for Traumatic Brain Injury, Sgt. 1st Class Jeremy Ricketts (left), Spc. Jeffrey Friberg (driver) and Staff Sgt. Richard Durgin (gunner) practice convoy operations drills during simulated combat skills training at Fort Hood’s Warrior Skills Training Center.

(Left) Durgin (right), Friberg (center) and Ricketts practice “clearing a room” drills during the simulated combat skills training.



Customer Service Spotlight features staff members who have received positive comments (via ICE/Strive for Five comment cards/APLSS) for going above and beyond to provide excellent care and concern. Comments have been edited for space.

“ Killeen Medical Home
Mar. 7: Before I ever had an appointment scheduled the ladies at the front, Diane and Raqual, worked so hard to work with my schedule so that I could get in to see the doctor. They are awesome! ”

“ Patient Administration
Mar. 8: Every time I go to the West Fort Hood medical records office, the customer service is always amazing. Pamela Harris is always so helpful and always goes out of her way to help everyone. ”

“ Thomas Moore Health Clinic
Mar. 7: I would like to thank the person responsible for hiring Lori Giggon-Hinton. I am terrified of needles and I am tired of needles going completely through my veins or my veins “rolling” due to lack of competence of other medical personnel. Ms. Giggon-Hinton kept me calm, moved expeditiously, and was precise with my HIV test. Her level of professionalism combined with hospitality and good customer service superseded my expectations. Employees like Lori Giggon-Hinton should most definitely be considered for promotion. ”

“ Mar. 10: Ms. Bonin, phlebotomist, provided excellent patient care to my 12 year-old daughter. Ms. Bonin was very professional and friendly. My daughter was scared to get blood drawn before going inside the lab, but thanks to Ms. Bonin, her fears of getting blood drawn have improved. She had a positive experience, which changed her negative thoughts about getting blood drawn. **”**

“ Harker Heights Medical Home
Mar. 11: I would personally like to thank Angie, the very sweet, caring and concerned woman whom works at the front desk. She is always eager to help me in any way that she can, scheduling same-day appointments for my infant son with repetitive ear infections. ”

“ Medical/Surgical Ward
Mar. 11: I was given very special care by everyone I saw. Miss Kim and Mrs. Brooks were just great! I always had someone checking on me during my stay. ”

“ Mar. 11: 3S wing is very professional, courteous, and gentle to the patients that are with them in their time of recovery. Keep up the good work. Lt. Gardea was the best nurse from the time that I got here. She was very helpful especially considering the circumstances of my situation. She did everything she could to ensure I was very comfortable. The 3S wing is awesome. They made my stay very comfortable and they were sensitive to my needs. **”**

“ Physical Therapy
Mar. 11: Physical therapy is to improve your overall appearance from the outside in; Matthew Frazier worked on me both inside and out. Very professional and does whatever he can to ensure you are in the best of health and spirit. ”

“ Nutrition Care Division
Mar. 11: James from NCD came up to deliver late trays and stress test sack lunches, he always comes up with a smile on his face and a great attitude. Diet needs for patients are constantly changing and he is always helpful and accommodating to meet the needs of 3S patients. We appreciate you! ”

“ Information Management Division
Mar. 7: The IMD help desk staff is incredible. They greet you upon entering their workspace and readily attend to your IT issues. Always knowledgeable and quick to resolve the problem. Kudos to Mr. Shon Parker for outstanding customer service. ”

“ Mar. 12: Mr. Dennis Phelps, the CRDAMC Internet Webmaster, has been awesome with the update to our department’s page on CRDAMC’s site. He has helped me understand what exactly needed to be on it and in which format. He also put it together a week earlier than he had stated. His efficient work and professionalism was refreshing as well as his diligence to customer service. The fact that he is doing this for each department and is so quick with the update is remarkable. It has been a pleasure working with him. **”**

“ Russell Collier Health Clinic
Mar. 7: Provider D Sherrill gave me excellent service. She went above and beyond to help me. As she was on her way out the door, the pharmacist stopped her and asked if she could correct her refill information. She did as she was leaving for Deployment the next day. This is excellent customer service. Thank you. ”

“ Mar. 13: The front desk ladies are very caring and understanding of my needs. This is from a warrant who is always TDY and has very little time for appointment issues. **”**

“ Mar. 13: Mrs. Carolyn Bright is simply amazing. Although I lost my voice and called in over the phone she remembered me and was able to assist me with my limited ability to speak. It takes a special person to get to know patients so well. Praises to you Ms. Carolyn :) **”**

“ Mar. 13: Carolyn Bright provides exceptional customer service today. She was very professional, friendly, and her positive attitude helped make my visit at the clinic today smooth transition from Active Duty to retiree status. It was a pleasure having her at the front desk. Such a breath of fresh air. **”**



Staff earns awards for achievements

Congratulations to the following staff members who were recognized at March's award ceremony:

CRDAMC NCO of the Year

Sgt. Janna Shannon, Dept of Pathology

CRDAMC Soldier of the Year

Spc. April Markham, Dept of Radiology

Promotion

GS-14

Lisa Cuellar, Logistics Division

GS-13

Rania Kattura, Dept of Pharmacy

Pennie Moore, Dept of Pharmacy

GS-11

Davida Smith, Nursing Services/NICU

GS-10

Jessica Ghrist, Nursing Services/5 East

Linda Hill, Nursing Services/MBU

Cheryl Julien, Nursing Services/MBU

John O'Brien, Preventive Med

Anne Owens, Nursing Services/3 South

Maria Rivera, Nursing Services/MBU

Elizabeth Rosa, Nursing Services/MBU

Brent Updegraff, Nursing Services/5 East

Michelle Ybarra, Nursing Services/MBU

GS-09

Bruce Eggleston, MEB Clinic

Juan Espaillat, MEB Clinic

Archine Perry, Armed Svc Blood Bank Ctr

GS-08

Kindra Mitchell, Behavioral Health

GS-07

Willie Jackson, Logistics Division

Terilyn Cruz, MEB Clinic

Corina Fleeman, WTB

Myron Ware, Logistics Division

Jarod Wicker, Dept of Emergency Med

Maria Wright, MEB Clinic

GS-06

Michelle Cannon, Behavioral Health

Tonisha Leflore, Medical Credentialing

Aimee Ramos, Dept of Medicine

Murry Soward, DFCM/Bennett HC

Jaunice Winkfield, Dept of Surgery

GS-05

Dorothea Hall, DFCM/Monroe HC

PCS Award

MSM

Maj. Darrell Reamer, DFCM/Aviation Med

ARCOM

Capt. Bernice Sandelin, OccupTherapy

1st Lt. Stephen Wilcox, ICU/Nursing Svc

Staff Sgt. Phouthasone Inthalangsy, Log Div

Achievement Medal for Civ Svc

Cathy Newell, Medical Library

Federal Service

30 Years Federal Service

Diana Yglecias, Dept of Surgery

25 Years Federal Service

Katherine Lopez, Dept of Surgery

Charles Poth III, Dept of Pharmacy

Naomi Roupe, DFCM

Triella Stallings, Quality Management Div

Elizabeth Maxcy, Patient Admin Division

Mary Sackett, Patient Admin Division

Deborah Smith, Dept of Medicine

Marvin Walker Jr., Dept of Pharmacy

15 Years Federal Service

Angel Gunther, Warrior Transition Brigade

10 Years Federal Service

Kathleen Allen, Business Operations Div

Joseph French III, Dept of Emergency Med

Cornelia Jones, MEB Clinic

Virginia Richmond, Patient Admin Div

GROUP Awards

III Corps & CRDAMC Black History Month

1st Lt. Laura Kildoo

Sgt. 1st Class Victor Denning

Staff Sgt. Kimberly Hoskins

Soldiers Art Show

Jeri Chappelle

Brandy Gill

Robert Howell

Lisa Konen-Park

Mildred Ladouceur

Teresa McCrary

Beate Medina

Stacy Nelsen

Barbara Newberry

Faye Ott

Maria Prpich

Sarah Stearns

Apache Arts and Crafts Center

“Are we good enough?”

That's the question Lt. Gen. Patricia Horoho, Army Surgeon General and commander of the Army Medical Command, posed to the medical community during her visit here March 1.

Horoho, who became the Army's first female surgeon general in December, shared her look ahead to hundreds of medical members from Carl R. Darnall Army Medical Center and throughout post who packed the Mission Command Training Center auditorium. She shared her major policy speech which she presented in January at the Military Health System Conference in National Harbor, Md.

She started off with a touching “Injury to Recovery” video and then praised all medical personnel for their efforts over the last de-

cade, as they are “delivering on our promise to the Nation to take care of the health and well-being of her sons and daughters.” She cited many accomplishments and innovations Army medicine has made.

“Yet with all of our accomplishments--are we good enough? I say--no,” she said.

She listed several issues she said were challenges for Army medicine, such as having more than a Division of Soldiers who are medically not ready, the high number of sexual assaults in the Army and 278 Army Soldiers committing suicide last year.

“My challenge and personal belief is that we can be better!” she said. “World-class health care is what we do, but we have to focus beyond patient visits, which equate to only 100 minutes annually and is just a small fraction of their lives. To move from a health care system to a system of health, we need to reach beyond our 100 minutes with our patients.

“The way ahead is connected, collaborative,



Patricia Deal, CRDAMC Public Affairs

and patient-centered. That's how we get to health. That's how we get better,” she added.

She said to maximize their influence on patients' health decisions, Army military medical professionals must embrace the internet, social media and other new technology such as commercial and military Smartphone apps for vital-sign reporting, behavioral health and chronic disease management.

After the speech, Horoho held an open forum, fielding many hard questions about training, staffing and resource management from the audience.