2011-2012 RESEARCH ACTIVITIES
Womack Army Medical Center
Interservice Physician Assistant Program
Fort Bragg, NC 28310

Publications Peer Reviewed Journals

1. Graham R, Hoskins J, Cortijo M, **Barbee G**, Folio L (March 2011). A Casualty Tracking System Modeled After Air Traffic Control Methodology Evaluated in a Combat Support Hospital in Iraq. Military Medicine.

2. **Duran-Stanton, A.M.** (January 2011). Pain in a 2-year-old girl who refuses to bear weight (Toddler's fracture). *Journal of the American Academy of Physician Assistants.* **24**(1): 56, 58.

3. **Duran-Stanton, A.M.** & Kirk, K.L. (December 2011). "March Fractures" in a Female Military Recruit. Military Medicine. **176**(1): 53-5.

4. **Healy, M**. (2011). "Military static line parachuting injuries seen by the airborne battalion provider." J Spec Oper Med **11**(2): 45-51. (published as a PA student).

5. Therien, S. P., M. E. Nesbitt, **Duran-Stanton, A.M.,&** Gerhardt, R.T. "Prehospital medical documentation in the Joint Theater Trauma Registry: a retrospective study." J Trauma **71**(1 Suppl): S103-8.

Publications Peer Reviewed Journals

1. **Duran-Stanton, A.M.,** & Alderete, J. Periprosthetic Fractures in a Patient with Juvenile Rheumatoid Arthritis. Accepted by the Journal of the American Academy of Physician Assistants for May 2012.

2. **Kilgore, W. & Duran-Stanton, A.M.** (month and year pending). Butterfly Vertebrae in a Healthy Active Duty Male: A Case Report. Accepted by the Journal of the American Academy of Physician Assistants.

Platform Presentations (Completed)

1. **Allmon, L.** (2011). The Diagnosis and Management of Genital Herpes. IPAP Class 03-09. (Mentor: Mr. Robert Oyler, PA-C, EDC). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 3-09.

2. **Craig, M.** (2011). The History and Future Utility of the Rural Physician Assistant. (Mentor: Mr. Mark Alonzo, PA-C, Emergency Medicine). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. IPAP Class 2-09.

3. **Duran-Stanton, A.M.**, Johnson, A., & Kirk, K.L. (May 2011). "Just a Click Away": Missed Teachable Moments in Tobacco Cessation Counseling in Orthopaedic Patients. Mary Lipscomb Hamrick Research Conference, San Antonio, TX.

4. **Harris, K** (2011). Autism and the MMR Vaccine. (Mentor: Dr. Ursula Chesney, Pediatrician). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 2-09.

5. **Healy, M.** (2012) Military Static Line Parachuting Injuries. Completed as an IPAP Student Class 1-10. (Mentor: MAJ John Detro, PA-C). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

6. **Hyten, M.** (2011). Preventing the Progression of Diabetic Nephropathy: A Multi-interventional Approach. Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

7. **Kilgore, W.** (2012). Knowledge of the Individual's Physiology to Obtain Optimum Treatment for Patients with Hypothyroidism. (Mentor: Dr. Y. Sammy Choi). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

8. **Milton, S.** (August 2011). Comparison of Traditional Therapies to a Gluten –Free and Cawsein-Free Diet in the Treatment of Autism. (Mentors: Jennifer M. Beeman, MHS, RD, LDN and Pamela S. Leeman, RD, LDN, CSP). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC.

9. **Penebacker, B.** (2012). Role of Identification in Forensic Medicine. IPAP Student Class 2-10. (Mentor: CPT Brooke Danboise, PhD, Chief of Microbiology). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC. Completed an IPAP Student Class 2-10.

10. **Rinehart, R.** (2011). The Identification and Management of Post Traumatic Stress Disorder. Mentor: LCDR Scott Klimp, PA-C, Neurology). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC. IPAP Class 2-09.

11. **Sandoval, L.** (2011). The Benefit of Vacuum Assisted Closure as an Adjunct for War Wound Therapy. (Mentor: MAJ Julie Freeman, MSN, ACNS-BC, Wound Specialist). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC.

12. **Seeber, A.** (2011). Non-battlefield Casualties and the Differential Diagnosis (A Review of Q Fever and Leishmaniasis in Redeploying Soldiers). (Mentor: MAJ Matthew Hing, MD, Family Medicine). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

13. **Smedick, B.** (2011). How Have Cardiac Injury Markers Evolved to Aid in the Diagnosis and Prognosis of Acute Coronary Syndrome? (Mentors: Dr. David Masneri, Emergency Medicine, and MAJ Jude Abadie, PhD, Pathologist). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

14. **Smith, C.** (2011). Palmar Hyperhidrosis. (Mentor: Dr. Don Clarke, Dermatologist). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

Poster Presentations (Completed)

1. **Allmon, L.** (2011). The Diagnosis and Management of Genital Herpes. IPAP Class 03-09. (Mentor: Mr. Robert Oyler, PA-C, EDC). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 3-09.

2. **Duran-Stanton, A.M.**, Johnson, A., & Kirk, K.L. (December 2011). Just a Click Away: Missed Teachable Moments in Tobacco Cessation Counseling in Orthopaedic Patients. Society of Military Orthopaedic Surgeons, San Diego, CA.

3. **Duran-Stanton, A.M.,** Wenke, J., Murray, C. & Ficke, J. (December 2011). Can Used Polymethylmethacrylate Beads be Reimplanted? An in vivo pilot study. Society of Military Orthopaedic Surgeons, San Diego, CA.

4. **Healy, M.** (2012) Military Static Line Parachuting Injuries. Completed as an IPAP Student Class 1-10. (Mentor: MAJ John Detro, PA-C). Presented at the Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

5. **Hyten, M.** (2011). Preventing the Progression of Diabetic Nephropathy: A Multi-interventional Approach.

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7. **Milton, S.** (August 2011). Comparison of Traditional Therapies to a Gluten –Free and Cawsein-Free Diet in the Treatment of Autism. (Mentors: Jennifer M. Beeman, MHS, RD, LDN and Pamela S. Leeman, RD, LDN, CSP). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 3-09.

8. **Penebacker, B.** (2012). Role of Identification in Forensic Medicine. (Mentor: CPT Brooke Danboise, PhD, Chief of Microbiology). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC. Completed an IPAP Student Class 2-10.

9. **Sandoval, L.** (2011). The Benefit of Vacuum Assisted Closure as an Adjunct for War Wound Therapy. (Mentor: MAJ Julie Freeman, MSN, ACNS-BC, Wound Specialist). Emerson Conference Room, Womack Army Medical Center, Fort Bragg, NC.

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12. **Smith, C.** (2011). Palmar Hyperhidrosis. (Mentor: Dr. Don Clarke, Dermatologist). Weaver Auditorium, Womack Army Medical Center, Fort Bragg, NC. Completed as an IPAP Student Class 1-10.

Abstracts (Completed)

1. **Allmon, L.** (2011). The Diagnosis and Management of Genital Herpes. IPAP Class 03-09. (Mentor: Mr. Robert Oyler, PA-C, EDC). Completed as an IPAP Student Class 3-09.

2. **Healy, M.** (2012) Military Static Line Parachuting Injuries. Completed as an IPAP Student Class 1-10. (Mentor: MAJ John Detro, PA-C). Completed as an IPAP Student Class 1-10.

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10. **Smith, C.** (2011). Palmar Hyperhidrosis. (Mentor: Dr. Don Clarke, Dermatologist). Completed as an IPAP Student Class 1-10.

Abstracts, Platform and Poster Presentations Pending

1. **Adams, J.** (2012). Eosinophilic Esophagitis. (Mentors: COL (Dr.) Perry and LTC (Dr.) Viet Nguyen, Gastroenterologists). IPAP Student Class 3-10.

2. **Allman, A.** (2012). HIV/AIDS in Sub-Saharan Africa. (Mentor: Mr. Ferrell, Chief of Epidemiology). IPAP Student Class 2-10.

3. **Davis, S.** (2012). The Training and Utilization of Physician Assistants Overseas. Mentor: CPT Christopher Gonzalez (82nd Airborne Division). IPAP Student Class 2-10.

4. **Grambusch, D.** (2012). Unforeseen Risk: Leptospirosis and the Special Operations Community. (Mentor: LTC Michael Henry, MD, Family Medicine). IPAP Student Class 3-10.

5. **Latham, G.** (2012). Clavicle Fractures: Evolution in Treatment. (Mentor MAJ Josef Eichinger, MD, Orthopaedic Surgeon). IPAP Student Class 3-10.

6. **Mueller, C.** (2012). An Introduction to the Rabies Virus and An Open Discussion on Prevention for Today's Warriors. (Mentor: Mr. Charles Reimers, Emergency Medicine). IPAP Student Class 2-10.

7. **Witte, S.** (2012). Radiation Hormesis. Mentor: Dr. Troy S. Koch, Radiologist). IPAP Student Class 3-10.

Abstracts, Platform and Poster Presentations Pending (Incoming Students)

1. **Dillashaw, J. M**. (2012). Tissue Regeneration: Evolution of Burn Injury Treatment. (Mentor: MAJ Juan Ortiz, MD, Plastic Surgeon). IPAP Class 1-11.

2. **Robertson, J.** (2012). Analysis of Best Practices for Avoiding Commonly Missed Diagnoses in the Primary Care Setting. (Mentor: Dara Masters, PA-C, Family Medicine). IPAP Class 1-11.

3. **Salazar, R.** (2012). A Comprehensive Examination of Exertional Rhabdomyolysis. (Mentor: Dr. Paul Kleinschmidt, Emergency Medicine). IPAP Student Class 1-11.

4. **Williams, S.** (2012). Optimal Treatment Options for Acquired Cold Urticaria. (Mentor: MAJ Jacob Turnquist, MD, Pediatrician and Allergist). IPAP Student Class 1-11.

2011-2012 RESEARCH ACTIVITIES
Womack Army Medical Center
Interservice Physician Assistant Program
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Posters and Abstracts (to be presented at the Society of Army Physician Assistants Conference, Fayetteville, NC 23-27 April 2012)

1. **Adams, J.** (2012). Eosinophilic Esophagitis. IPAP Student Class 3-10.

2. **Allman, A.** (2012). HIV/AIDS in Sub-Saharan Africa. IPAP Student Class 2-10.

3. **Davis, S.** (2012). The Training and Utilization of Physician Assistants Overseas. IPAP Student Class 2-10.

4. **Duran-Stanton, A.M.,** Wenke, J., Murray, C. & Ficke, J. (2011). Can Used Polymethacrylate Beads be Reimplanted? An in vivo pilot study.

5. **Duran-Stanton, A.M., Barbee G**., & Choi, Y.S. (2012). Great Expectations for the Interservice Physician Assistant Program: Improvement Initiatives Implemented at Womack Army Medical Center.

6. **Duran-Stanton, A.M.**, Johnson, A., & Kirk, K.L. (2012). Just a Click Away: Missed Teachable Moments in Tobacco Cessation Counseling in Orthopaedic Patients.

7. **Duran-Stanton, A.M., Larson, J., Paul, W.,** & **Cronin, A.** (2012). "How Do We Improve the Clinical Competencies of Certified U.S. Army Physician Assistants?": A Delphi Study and Pilot Program.

8. **Duran-Stanton, A.M., Larson, J., Paul, W.,** & **Cronin, A.** (2012). The First Senior Physician Assistants Attend the Clinical Competencies Pilot Program: Perspective and Experience of the Participants.

9. **Healy, M.** (2012) Military Static Line Parachuting Injuries. Completed as an IPAP Student Class 1-10.

10. **Kilgore, W. & Duran-Stanton, A.M.** (2012). Butterfly Vertebrae in a Healthy Active Duty Male: A Case Report. Completed as an IPAP Student Class 1-10.

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14. **Penebacker, B.** (2012). Role of Identification in Forensic Medicine. IPAP Student Class 2-10.

15. **Witte, S.** (2012). Radiation Hormesis. IPAP Student Class 3-10.

16. **Smith, C.** (2012). Palmar Hyperhidrosis. Completed as an IPAP Student Class 1-10.

Poster (to be presented at the American Academy of Physician Assistants Conference, Toronto, Canada 25-31 May 2012)

1. **Duran-Stanton, A.M.**, Johnson, A., & Kirk, K.L. (2012). Just a Click Away: Missed Teachable Moments in Tobacco Cessation Counseling in Orthopaedic Patients.

Manuscripts in Progress

1. **Duran-Stanton, A.M., Barbee G**., & Choi, Y.S. (2012). Great Expectations for the Interservice Physician Assistant Program: Improvement Initiatives Implemented at Womack Army Medical Center.

2. **Duran-Stanton, A.M., Larson, J., Paul, W.,** & **Cronin, A.** (2012). "How Do We Improve the Clinical Competencies of Certified U.S. Army Physician Assistants?": A Delphi Study and Pilot Program.

3. **Duran-Stanton, A.M., Larson, J., Paul, W.,** & **Cronin, A.** (2012). The First Senior Physician Assistants Attend the Clinical Competencies Pilot Program: Perspective and Experience of the Participants.

4. **Penebacker, B.** (2012). Role of Identification in Forensic Medicine. (Mentor: CPT Brooke Danboise, PhD, Chief of Microbiology).

GREAT EXPECTATIONS FOR THE INTERSERVICE PHYSICIAN ASSISTANT STUDENT PROGRAM: IMPROVEMENT INITIATIVES IMPLEMENTED AT WOMACK ARMY MEDICAL CENTER

Amelia M. Duran-Stanton, OPA-C, PhD, DScPAS-CO[1,2]
George Barbee, MAJ, EMPA-C, DScPAS-EM[1,3], Y. Sammy Choi, MD, [1,4]
1. Department of Medical Education, 2. Department of Orthopaedics and Rehabilitation, 3. Department of Emergency Medicine, 4. Departments of Medicine and Pediatrics, Womack Army Medical Center, Fort Bragg, North Carolina 28310
Supports: Health and Performance Optimization Research Program (Performance Optimization Research Program)

The use of Army medical and/or other Army records in the preparation of this material is acknowledged, but is not to be construed as implying official Department of the Army approval of the conclusions presented.

INTRODUCTION

The Interservice Physician Assistant Program (IPAP) includes students from the Army, Air Force, Navy and the Coast Guard. The IPAP curriculum consists of two phases. Phase 1 is the didactic phase at Fort Sam Houston in San Antonio, Texas. Phase 2 is in a clinical setting in one of the military medical hospitals in the country which includes Womack Army Medical Center in Fort Bragg, North Carolina. Phase 2 is where the students put into practice what they learned in the classroom during Phase 1 while they rotate through different specialty clinics. They are precepted and mentored by physicians and physician assistants who are subject-matter-experts in their field.

PURPOSE

The IPAP is currently ranked 13th nationally according to the 2011 U.S. News and World Report.[1] WAMC, along with Phase 1 and other Phase 2 sites, has a goal to become ranked in the top 5 as we continue to develop our students to become future leaders and confident PAs. The purpose of this project was to identify and implement improvements for the WAMC IPAP.

METHODS

This was a process improvement project conducted at the WAMC Phase 2 site. The researchers identified deficiencies and delivered improvement initiatives to enhance the clinical and professional experience of the PA students. Based on a review of the top 10 program in the country and collective experiences in training and education, we identified several immediate, short and long term goals.

Officer Candidate (OC) Luar Sandoval, Class 1-10, teaches his fellow WAMC IPAP students about the Combat Applicator Tourniquet (CAT) at the Taylor/Sandri Simulation Training Center.

RESULTS OF IMPROVEMENT INITIATIVES

Immediate	Pre-Arrival Checklist
	Mentorship Program
	Master Presentation (abstract, announcement flyer, poster, mentor, professional location, Army Service Uniform)
	Journal Club (based on NCCPA Blueprint)
	5th Wednesday (event outside of Fort Bragg)
Short Term	Marketing Strategies: Newsletter, WAMC IPAP Website,[2] WAMC IPAP AKO Portal, Sharepoint site Collaboration with North Carolina PA Programs (Duke U., Campbell U., Methodist U.)
	Hail and Farewell (for incoming and graduating students)
	Utilization of Fort Bragg facilities
	Brown Bag Lectures
Long Term	Sustain immediate and short term initiatives
	PANCE Preparation such as Exam Master[3]
	Simulation Training Center Collaborations
	Community involvement
	PA profession activities
	Senior PA Pilot Program
	Local, National, Global presence

WAMC IPAP students and family members during a Hail and Farewell for Class 2-10 and Class 2-09..

MAJ Duran-Stanton and class leaders visited Duke University during their PA week events in Durham, NC.

WAMC IPAP and Methodist PA students after journal club and a game of softball at Methodist University.

Officer Candidate (OC) Christopher Mueller , Class 2-10, and Officer Candidate (OC) Stephen Witte , Class 3-10, earn about abdominal ultrasounds using a simulator with CPT Jessica Larson, the first Senior PA Pilot Program participant at the Special Warfare Medical Group (Airborne) training facility.

CONCLUSION

This project identified ways to improve the IPAP Phase 2 site curriculum. Military PA students must be proficient in clinical and operational medicine. Our students deserve the best education and need to be highly qualified to treat our patients. We ensure this is accomplished through an overall well-rounded experience while in training. We hope to incorporate everything they learn into delivering the best patient care by ensuring they are challenged and can be proud of what they have accomplished. They are also required to maintain a higher standard of conduct and professionalism during their program because not only are they students, they are also in the military during their matriculation. We recommend other programs implementing similar improvement initiatives to their curriculum and overall operations.

Dr. Y. Sammy Choi congratulates First Lieutenant (1LT) Marshall Healy during the Class 1-10 graduation at the McKellar's Lodge in Fort Bragg, North Carolina.

ACKNOWLEDGEMENT

We would like to thank IPAP, the WAMC chain-of-command, and the WAMC clinical preceptors for their support.

DISCLAIMER

The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of WAMC, the U.S. Army Medical Department, the U.S. Army Office of the Surgeon General, the Department of the Army. Department of Defense or the U.S. Government.

CITATIONS

1. U.S. News and World Report Physician Assistant School Ranking. Retrieved from http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-physician-assistant-schools/rankings .
2. Womack Army Medical Center Interservice Physician Assistant Program. Retrieved from http://www.wamc.amedd.army.mil/dme/GME/ipap/Pages/default.aspx.
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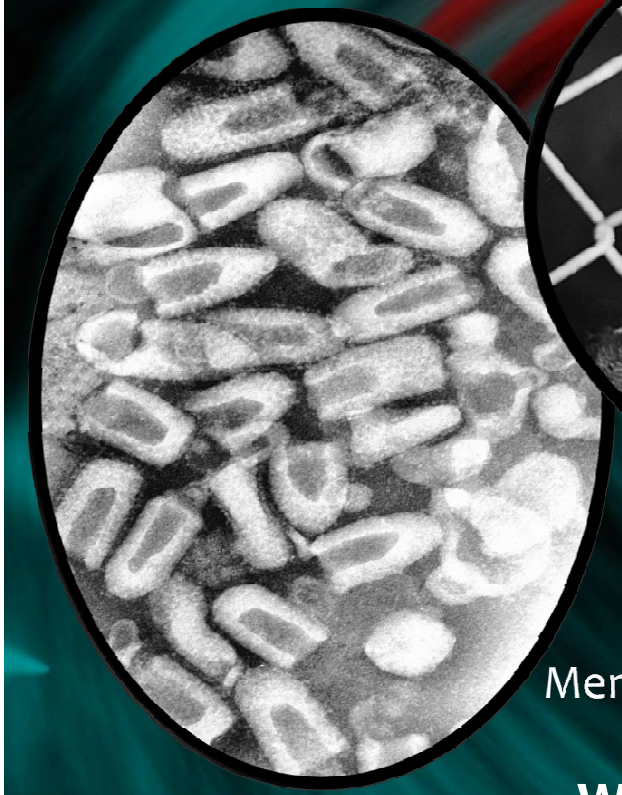

An Introduction To The Rabies Virus and An Open Discussion on Prevention For Today's Warriors

OC Christopher Mueller, PA-S
IPAP Class 02-10
Mentor: Mr. Charles Reimers, ER PA-C

WEAVER AUDITORIUM WAMC
Wednesday, 21 March 2012, 1130 hours

An Introduction To The Rabies Virus and An Open Discussion on Prevention For Today's Warriors

OC (SFC) Christopher M. Mueller, PA-S
Mentor: Mr. Charles Reimers, WAMC ER PA-C
Interservice Physician Assistant Program Class 2-10
University of Nebraska Medical Center
Institution: Womack Army Medical Center, Fort Bragg NC 28310

Background: Rabies is a calamitous and incapacitating disease if contracted by an unvaccinated individual. With the ebb and flow of the Global War on Terrorism and the constant evolution of the counterinsurgency doctrine, the line between conventional and unconventional warfare has become blurred. Conventional U.S. Army Soldiers are finding themselves conducting operations other than warfare and missions within the unconventional warfare realm. These Soldiers are being exposed to the rabies virus without the same vaccinations that are offered to unconventional/Special Operations Soldiers.

Objective: To discuss the rabies virus, current pre and post exposure procedures, and various scenarios that have been encountered by Soldiers while deployed in support of the Global War on Terrorism (GWOT) and humanitarian missions abroad where they could have contracted the virus or were treated for post exposure.

Method: A literature review of national and international publications, United States Army regulations, interviews of deployed Soldiers, and personal experience with up-to-date information on the virus, modes of infection, signs and symptoms, current vaccination doctrine.

Conclusions: Soldiers supporting GWOT face greater challenges than merely destroying the enemy. With a perpetually changing battlefield, tactics have veered away from conventional to unconventional and U.S. Soldiers are conducting missions other than combat. As their health care providers, we must conduct a proper and thorough medical threat assessment for their protection and for mission accomplishment. Rabies does not discriminate amongst Soldiers on the front line, on centrally located Forward Observation Bases (FOBs), or even conducting disaster relief operations on home soil. Therefore, it is imperative that Soldiers' vaccinations be tailored to their specific mission in an effort to sustain our war fighting capabilities. To lose a Soldier in combat is horrendous, but sometimes unavoidable; however, to lose a Soldier from a preventable disease is not justifiable and inexcusable.

Supports: Non-Battle Disease and Injury Management and Rehabilitation Research Program (Chronic Disease Management), Illness and injury Prevention Research Program (Prevention of Infectious Disease)

An Introduction To The Rabies Virus and An Open Discussion on Prevention For Today's Warriors

Author: OC (SFC) Christopher M. Mueller, PA-S
Mentor: Mr. Charles Reimers, PA-C, Emergency Department
Interservice Physician Assistant Program, Womack Army Medical Center, Fort Bragg, NC 28310

Supports: Non-Battle Disease and Injury Management & Rehabilitation Research Program (Chronic Disease Management), Illness & injury Prevention Research Program (Prevention of Infectious Disease)

Introduction

Rabies is a calamitous and incapacitating disease if contracted by an unvaccinated individual. With the ebb and flow of the Global War on Terrorism and the constant evolution of the counterinsurgency doctrine, the line between conventional and unconventional warfare has become blurred. Conventional U.S. Army Soldiers are finding themselves conducting operations other than warfare and missions within the unconventional warfare realm.[4] These Soldiers are being exposed to the rabies virus without the same vaccinations that are offered to unconventional/Special Operations Soldiers.[3]

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A literature review of national and international publications, United States Army regulations, interviews of deployed Soldiers, and personal experience with up-to-date information on the virus, modes of infection, signs and symptoms, current vaccination doctrine.

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Discussion

Soldiers supporting GWOT face greater challenges than merely destroying the enemy. With a perpetually changing battlefield, tactics have veered away from conventional to unconventional and U.S. Soldiers are conducting missions other than combat. As their health care providers, we must conduct a proper and thorough medical threat assessment for their protection and for mission accomplishment.

Conclusion

Rabies does not discriminate amongst Soldiers on the front line, on centrally located Forward Observation Bases,[5] or even conducting disaster relief operations on home soil.[6] Therefore, it is imperative that Soldiers' vaccinations be tailored to their specific mission in an effort to sustain our war fighting capabilities. To lose a Soldier in combat is horrendous, but sometimes unavoidable; however, to lose a Soldier from a preventable disease is not justifiable and inexcusable.

Citations

1. AFP/Getty Images. (2010, February 16). *Marine Plays with Puppy.* Retrieved November 9, 2011, from News Children's Newspaper: http://www.firstnews.co.uk/news-in-pictures/18-pictures-of-soldiers-and-animals-i136/marine-plays-with-puppy-p1171
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