



June 20, 2011

“ONE TEAM”

Focus on

Men's Health

Script

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Young male Soldiers at risk for testicular cancer

By Patricia Deal
CRDAMC Public Affairs

Testicular cancer, although a rare form of cancer, occurs most often in men between the ages of 20 and 39, which means the majority of male Soldiers at Fort Hood are potentially at risk, warn the medical professionals at Darnall.

“Soldiers need to be aware of the risk. While the survival rate is more than 90 percent, testicular cancer can still be lethal if it is too advanced once it is discovered,” said Maj. (Dr.) Eric Whitman, urologist at CRDAMC’s Department of Surgery.

As part of National Men’s Health month in June, Whitman is promoting education and awareness of

the disease. He encourages Soldiers to take an active role in managing their testicular health by performing regular, monthly self-exams.

“Soldiers should always be on the offensive, not just for one month out of the year or at their annual physical exam. Ignoring a testis mass for a month, or several months, can be fatal,” he added. “Testicular cancer is now one of the most curable cancers, but the more advanced it is, the less options a man has for treatment and he will also be more likely to require more treatment modalities.”

Whitman described testicular cancer as the fastest growing solid tumor known to man.

“Tumors can double in size in less than one week.

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Hypertension

More Soldiers die off the battlefield from this common enemy

By Patricia Deal
CRDAMC Public Affairs

Many think that combat is the most life threatening event for Soldiers, when actually more Soldiers may die off the battlefield fighting a common enemy.

Heart disease is the leading cause of death in the U.S. About every 25 seconds, an American will have a coronary event, and about one every minute will die from one, according to the Centers for Disease Control and Prevention.

Between 70 and 89 percent of sudden cardiac events occur in men, and as part of Men’s Health Awareness Month, the medical professionals at Darnall want to make sure male beneficiaries know the best way to help reduce their risk.

There are several risk factors affecting heart disease. High blood pressure, also known as hypertension, is the leading cause of stroke, according to the American Heart Association.

Hypertension has been labeled “the silent killer” because there are no symptoms. It may remain unnoticed for many years.

A significant number of Soldiers are affected by hypertension, according to the Department of Defense’s 2008 Survey of Health Related Behaviors. Approximately 17 percent of Soldiers have reported high blood pressure since they entered the Army. Another 1.7 percent said they never had the condition checked, and 12.7 percent reported they didn’t know or remember what their blood pressure was.

“Hypertension definitely affects the readiness of our troops. Once a Soldier is diagnosed with hypertension, our goal is to get it under control and manageable so he can deploy,” said Maj. (Dr.) Alcario Serros, chief of Internal Medicine at Darnall. “The majority of the time, cases can be controlled through intervention, either with medication and/or lifestyle changes.”

The key is in the diagnosis, Serros said, and fortu-

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New TRICARE South Region Contract Moves Forward

TRICARE Public Affairs

Transition to a new health care support contract in the TRICARE South Region is moving forward.

The Government Accountability Office upheld TRICARE Management Activity's (TMA) award June 14 to the current South Region contractor, Humana Military Healthcare Services, denying a protest by UnitedHealth Military and Veterans Services. The protest, filed March 7, put the new regional contract, known as "T-3" on hold.

As a result of the GAO decision, TMA will immediately begin a transition period leading up to the start of services under T-3 in April 2012. This period allows time for planning, systems changes, and implementing other requirements of the new contract.

"We are excited to move ahead with transition to T-3 in the South Region," said TMA Deputy Director, Rear Adm. Christine Hunter. "We are fully committed to working with Humana to provide top

quality health care to our 3.1 million South Region beneficiaries. As transition proceeds, continuity of care and customer service will be our top priorities."

TRICARE regional health care support contractors provide health, medical, and administrative support services. The South Region includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee, and eastern Texas. The Fort Campbell area of Kentucky will be added to the South Region as T-3 is implemented. It is currently with the North Region.

For additional information and updates on the T-3 contracts, go to www.tricare.mil/t3contracts.



PTSD Coach app available for download

The PTSD Coach app is for anyone who has, or thinks they may have, PTSD. It was designed to help users learn about and manage symptoms that commonly occur after trauma.

The app was created by the Veteran's Affairs National Center for PTSD and the DoD's National Center for Telehealth and Technology.

Its features include:

Reliable information on PTSD and treatments that work

- Tools for screening and tracking your symptoms
- Convenient, easy-to-use skills to help you handle your stress symptoms
- Direct links to support and help
- Always with you when you need it

The questionnaire used in the app, the PTSD Checklist, is a reliable and valid self-report measure used across VA, DoD, and in the community.

PTSD Coach is not intended to replace professional evaluation and needed professional care.

Any data created by the user of this app is only as secure as the phone/device itself. Use the security features on the device if there are concerns about the privacy of your information.

Users are free to share data, but as the self-monitoring data belong to each user, HIPAA concerns do not apply while the data is stored or shared. If the user were to transmit or share data with a health care provider, the provider must then comply with HIPAA rules.

See www.ptsd.va.gov/Public/pages/PTSDCoach.asp for download instructions.

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HYPERTENSION | CONTINUED

nately for Soldiers, they have a much better chance of detecting hypertension early as they have better access to care.

A normal blood pressure level is less than 120/80 mmHg. Pre-hypertension is diagnosed with readings of 120-139/80-89 mmHg and hypertension is diagnosed with readings greater than 140/90 mmHg. Higher readings are more serious, and usually require immediate intervention.

There are a number of causes of hypertension, but in 90 percent of the cases, the causes are unknown. There are several medical conditions and lifestyle choices that are known to increase a person's risk to hypertension. Most risk factors are controllable, while factors such as age and genetics are not.

Risk factors that can be controlled include cigarette smoking, poor diet, unhealthy weight/obesity, lack of physical activity and excessive alcohol use.

Stress is another known risk factor, and unfortunately for Soldiers, combat stress has been linked to hypertension. According to research reported in the Journal of the American Heart Association, "combat exposure may exert long-term adverse effects on cardiovascular health."

"The bad news is that the typical lifestyle of Soldiers puts them at a higher risk for hypertension and heart disease. Too often, Soldiers cope with the stress of Army life by smoking, drinking and eating unhealthy," Serros said. "The good news is though, with lifestyle changes and/or medication, you can reduce your risk."

There are a number of different types of medications that are effective in lowering blood pressure.

"Our goal is to give the smallest amount of medication and still get the most benefit," said Michael Bergeron, clinical pharmacist at Darnall. "But medication alone is not enough to manage hypertension. You still have to make lifestyle changes to bring it under control."

Serros said that it comes down to patients taking an active role in their health care.

"Some are motivated and some are not. I try to appeal to their emotional side. Often, they have to have a traumatic event or scare to motivate them," he stated. "Even though they have high blood pressure, they aren't feeling any pain or discomfort, so it's harder for them to give up habits that they enjoy."

While most lifestyle changes are difficult, Maj. Nicole Charbonneau, chief of Nutrition Services at CRDAMC, believes that patients struggle the most with dietary changes.

"But, proper diet and exercise can do wonders to help reduce blood pressure, allowing many patients to control it without medication," she said. "We recommend the DASH (Dietary Approaches to Stop Hypertension) diet, which helps prevent or lower high blood pressure. It's low in sodium, cholesterol and fat, and high in fruits, vegetables and low-fat dairy that provide essential minerals



Ms. Barbara Hughart, dietitian for Nutrition Services, gives advice and tips for attendees at her Heart Healthy Eating class, held weekly for all beneficiaries with high blood pressure, high cholesterol, and triglycerides.

such as potassium, magnesium and calcium.

"The hardest change for most people is reducing the salt in their diets. We have become so accustomed to adding salt to everything, even before tasting it," said Ms. Barbara Hughart, dietitian for Nutrition Services. "You need to cut out the use of added salt to meet dietary guidelines. Try cutting back slowly by using 'lite' or sea salts with reduced sodium, then move to saltless seasonings such as spice-herb blends. It may seem hard, but your taste buds will adapt."

Current dietary guidelines for Americans recommend that adults in general should consume no more than 2,300 mg of sodium per day and adults in certain population groups should consume no more than 1,500 mg. The average American gets about 3,400 mg of sodium a day.

"It's just not table salt that's a concern," Hughart explained. "People don't realize most of our sodium intake comes from packaged foods and fast food and restaurant meals. Canned foods are especially high in sodium."

Hughart offers more advice and tips for all beneficiaries with high blood pressure, high

cholesterol, and triglycerides at her weekly Heart Healthy Eating class.

Specialist John Felt, D Company, an Abrams tank crew member, was recently diagnosed with hypertension as he was being treated for a lower back injury incurred during a deployment in 2009-2010. Felt's blood pressure was 158/128.

"I'm just 39 years old and I never had problems with my blood pressure before so I was surprised it was so high. I don't know my family history, but the doctors think it is probably genetic," he said. "I'm sure stress has a lot to do with it, too. Plus, I'm a smoker."

Felt said he learned quite a bit from Hughart's class. With some lifestyle changes and the right medication, his blood pressure is 101/68.

Once patients are able to manage their high blood pressure, Serros said it is imperative that they continue to be checked and monitored.

"They may have had success in lowering their blood pressure, so they think they're out of the woods. But if they don't continue to actively take their meds or stick with their healthier habits, they're just putting themselves in more danger," he said.

Bergeron said he also believes that follow-up care is crucial in helping patients with hypertension. He is in the process of developing a "hypertension clinic" which would devote resources to ensure proper follow-up of hypertension patients. To more accurately monitor blood pressure readings, Bergeron will start using an Ambulatory Blood Pressure device. The patient wears the portable device continually for 24 hours and it automatically records readings throughout the time period.



Michael Bergeron, clinical pharmacist, hooks up Sgt. David Callahaun, from the Assistant Adjutant's office, with an Ambulatory Blood Pressure device, which automatically records patients' blood pressure readings continually for 24 hours.

Double-trouble clinic for Soldiers with substance abuse and behavioral health issues

By Brandy Gill
 CRDAMC Public Affairs

Like thunder and lightning, smoke and fire or new boots and blisters, behavioral health problems and substance abuse quite often go hand-in-hand.

Admitting you have a problem isn't easy, but if you find yourself in this situation, and want to make a change, help is available at the CRDAMC's Intensive Outpatient Day Treatment (IOP) Clinic.

Many Soldiers struggling with substance abuse problems receive treatment from Fort Hood's Army Substance Abuse Program and don't have any further issues, but some Soldiers need something more, Dr. Cornelia Jones, clinical director of the IOP clinic, said.

"ASAP offers outpatient treatment provided by credentialed substance abuse providers," she said. "Some Soldiers need more treatment than this in order to improve. This is where the IOP comes in. We go one step further. We have therapists who are credentialed for both substance abuse treatment and behavioral health treatment."

Sgt. Angela Widener, a 7th Mobile Public Affairs Detachment Soldier and recent graduate of the IOP program, was one Soldier who needed more.

"I had already quit drinking, and it didn't work so well. My anxiety got out of control and started affecting my work. I went to ASAP and the first thing they did was enroll me in the IOP (clinic)," she said.

Although she was nervous, Widener said she knew the IOP was different the moment she walked in the door.

"The staff's attitude was what I felt first when I walked in," she said. "They were just all so darn cheerful, and at first I didn't know what to make of it, but then I started to realize I wanted that kind of peace and happiness, too. I know I'm going to be safe every time I go (to the clinic)."

In the past, Soldiers who suffered from both behavioral health concerns and

substance abuse received treatment from separate providers at different clinics.

According to Widener, treating both issues at the same time is the only way to make a permanent change.

"They (IOP staff) aren't about 'work on not drinking, or work on addiction'. They are about what's causing the addiction, what's behind it. If you really want to be able to control that kind of behavior that's what you have to tackle," she said.

Some of the Soldiers who receive treatment at the IOP clinic are struggling because of incidents they experienced while deployed, and some are fighting addiction and behavioral health concerns because of other difficult life events.

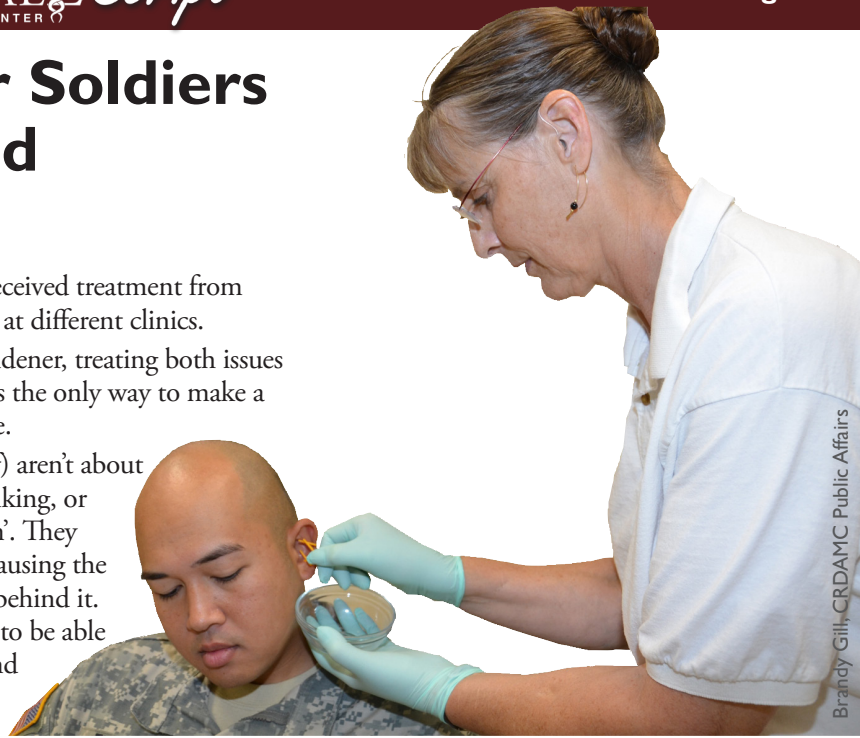
Regardless of the reason for attendance, all Soldiers who participate receive the same high quality care, and they are all held to the same standards, Jones said.

"This is a difficult program to complete as we expect people to be serious about recovery. They attend our program for a full four weeks, receiving 120 hours of treatment during that period," she said. "We receive permission from the commander for the Soldier to attend. Once the Soldier graduates from the IOP, he or she returns to duty and attends ASAP for aftercare."

Widener said she believed one of the reasons her treatment was successful was because her chain of command both encouraged her participation and respected her privacy.

The IOP approach to care offers Soldiers a unique experience because the program allows them to receive intensive inpatient therapy without actually being admitted to a treatment facility.

"Soldiers continue to have treatment but



Dr. Cornelia Jones, the CRDAMC IOP clinical director, removes acupuncture needles from the ear of Spc. Eugene Ziambao, a CRDAMC IOP mental health specialist. The procedure is called Acudetox. The treatment is supposed to help Soldiers relax and relieve cravings associated with addiction.

return to their residence in the evening," Jones said. "He or she also does PT (physical training) with the unit prior to attending the IOP every day. This keeps the Soldier connected both at home and with the unit while attending treatment."

Treatment at the IOP isn't just about group or individual therapy sessions. The staff has incorporated several different techniques to help ensure success for Soldiers fighting addiction.

"Acudetox (acupuncture of the ear) assists by decreasing cravings, decreasing arousal, improving mood, and contributing to a general sense of well being," Jones said. "We combine that with evidence-based treatments like Eye Movement Desensitization and Reprogramming (EMDR) and other empirically proven programs such as Making AA Easy (MAAEZ) to treat the whole Soldier. We add Tai Chi and Qi Gong to assist Soldiers in developing other means of relaxation."

Widener said the Acudetox was as amazing treatment, and one she wants to continue to use.

"You go first thing in the morning, and it gave me time to relax and prepare for a good day. It allowed me to get on top of the anxiety before it even started," she said.

Jones said that at this time the IOP only

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TRICARE Eligibility Requires DEERS Enrollment for Newborns

By *Linwood Outlaw III*
TRICARE Management Activity

TRICARE offers a variety of health plans that seek to provide the best quality of care for parents and their babies. However, if children are not properly registered in the Defense Enrollment Eligibility Reporting System (DEERS), they risk losing their TRICARE benefits.

“TRICARE Management Activity provides the best health care possible to support your newborn’s needs,” said James Frank, DEERS in-process review program manager. “All you need to do is register your child in DEERS as soon as possible, and the benefit process will work as planned.”

Newborns and adopted children must be registered in DEERS before they can be enrolled in any TRICARE health plans. Parents do not need to know their child’s social security number to complete the registration process, but they need to add the number in DEERS when it becomes available. Parents can apply for their newborn’s Social Security number at www.ssa.gov or by calling 1-800-772-1213.

To register their child in DEERS, parents must submit the following documents to their local identification (ID) card office:

- A record of adoption or a letter of placement of the child into the home by a recognized placement/adoption agency or the court before the final adoption
- An application for ID card/DEERS enrollment (DD Form 1172-2) signed by the sponsor and a verifying official from a uniformed services ID card-issuing facility. If the sponsor can’t sign the DD Form 1172-2 in person at an ID card facility, then a notarized copy of the document is required.

If children are not enrolled in TRICARE Prime within 60 days after their birth, they are automatically covered under TRICARE Standard and Extra until a full year after their birth. If parents do not register their child in DEERS within one year of birth, the child loses eligibility and cannot receive TRICARE benefits until he or she has been registered. To find the nearest ID card office, parents can visit the Rapids Site Locator website at www.dmdc.osd.mil/rsl/owa.

Children are covered under TRICARE Prime for 60 days after their birth if at least one family member is enrolled. Parents should submit an enrollment application to their regional contractor within 60 days of the child’s birth so the child remains eligible for Prime benefits beyond the initial coverage period. Adopted children are covered under Prime for 60 days beginning from the effective date of the actual adoption. Pre-adoptive children are covered by Prime for 60 days beginning on the date of placement of the court or an approved adoption agency.

For more information about DEERS, visit www.tricare.osd.mil/deers.

Time for children’s sports physicals and immunizations

CRDAMC Public Affairs

Darnall is sponsoring a Sports Physical and School Immunization Clinic on Saturday, July 30 and Saturday, August 13, from 8 a.m. - 3 p.m., at the Charles Thomas Moore Health Clinic located at 58th Street and 761st Tank Battalion Avenue, Fort Hood.



Children of active duty service members and retirees ages four to 18 are eligible and must be accompanied by a parent or guardian. Children ages 10 or older must have a military ID card and be dressed in gym clothing and shoes.

The parent or guardian must bring the child’s ID card, immunization record, medical record and the sports physical form provided by the child’s school. Only immunizations that are required by the State of Texas for school attendance will be given at this clinic.

Fort Hood Child and Youth Services require sports physicals for children of all ages for participation. Killeen Independent School District and Copperas Cove Independent School District require sports physicals only for children in grades 7, 9, and 11 unless there has been a change in the student’s medical condition since their last examination or are new to the school district. The Killeen Parks and Recreation Department does not require sports physicals for participation.

Parents should call 288-8888, Monday through Friday, 7 a.m. to 4 p.m., to schedule or cancel appointments.

IOP CLINIC | CONTINUED

treats active duty Soldiers, but they are looking to include families in the recovery process at some point, too.

“Our way ahead includes a family component where spouses and older children come during the evening for family therapy,” she said. “The family plays a key role in a continued commitment to sobriety.”

A Soldier who is interested in the IOP must already be enrolled in ASAP. If you would like to be considered for IOP, you can ask for a referral and the IOP staff will schedule an interview. Consults from other hospital providers are also accepted.

First baby born at Darnall's new Women's Health Center



By Patricia Deal
CRDAMC Public Affairs

Dallas Ann Marsh, born June 1 at 7:28 a.m., doesn't care that she was the first birth at the new Carl R. Darnall Army Medical Center's Women's Health Center since it officially opened May 6.

While it's nice Dallas has a bit of fame, parents Sammi and Christopher Marsh said they are just thankful their daughter was born healthy. Dallas weighed 6 pounds, 4 ounces and measured 19 3/4 inches.

"I am truly blessed with Dallas, she's absolutely beautiful and healthy," said Sammi. "The delivery went well with no complications. It was all perfect."

Sammi, 25, also said she felt fortunate to have been able to deliver at the new center. A Texas native, she had her other daughter Sydney, now 2 1/2 years old, at a hospital in Waco, Texas. Her experience at Darnall was better she said, adding that it was "much more private and peaceful."

"The rooms are so big. It was great that I didn't have to move around from room to room while in labor," she said. Sammi had 12 hours of active labor, and spent the last few hours in the same room she delivered in. "I felt as relaxed as I could be. It was all so quiet and calming."

Melanie Benson, a certified nurse midwife at Darnall, and the other nurses who assisted in Dallas' birth, all said they were excited that she was the first baby born in

the new center. But they didn't have much time to celebrate with the Marsh family, as they were kept busy with five other births that day and attending to the sixth.

"Everything went well, just as was expected," Benson said. "I personally think that the environment in the new center is just so pleasant that it helps calm the mother, which helps make the birthing process go smoother."

The Marsh family transferred to Fort Hood from Fort Gordon, Ga., just a few months ago. Sammi was a bit apprehensive about having to change doctors as she had developed a bond with her last obstetrician. But when she started going to the new clinic for her prenatal care, Sammi said she felt more confident as "everyone was professional and seemed to care about her and her baby."

Father Pfc. Christopher Marsh, 1st Air Cavalry Brigade, said he was also impressed with the facility. He compared Darnall to other medical facilities and, while some may have been new, too, the atmosphere at Darnall set it apart. "I felt that Sammi was in good hands, and am so grateful for my

beautiful daughter."

If Baby Dallas had been born on her due date, June 14, she would have been close to sharing a birthday with her dad who was born June 15.

"I thought it would be fun if she was born on my birthday. But I'm just thankful she's here and healthy," he said.

While they might not share the same birthday now, father and daughter do have something else in common.

Christopher was born at Darnall in 1989.

Jamie Marsh-Wheeler, who came from Arlington, Texas to visit her granddaughter, said Darnall had certainly changed since her delivery.

"It was unbelievable. When I had Christopher, the hospital was very simple, just sterile and orderly, nothing fancy at all. I had to move three times--to a labor room, a delivery room and then to my regular room. The ward was hectic and so noisy, plus I shared the delivery room with another mother," she commented. "What a change it is now. The new rooms look like someone's bedroom. It's like having your baby at home."



Proud parents, father Pfc. Christopher Marsh, 1st Air Cavalry Brigade and mother Sammi, pose with their newborn daughter Dallas Ann Marsh. Dallas was born June 1 at 7:28 a.m., earning her the distinction of being the first baby born at the new Carl R. Darnall Army Medical Center's Women's Health Center since it officially opened May 6. Dallas weighed 6 pounds, 4 ounces and measured 19 3/4 inches. Also pictured are CRDAMC nurses who assisted in the birth: (left to right) Teisha Williams, Midwife Melanie Benson and Renee McDonald-Hunt.

TESTICULAR CANCER | CONTINUED

No other cancer that I know of behaves like that. Most other cancers take decades to develop,” he said. “Since it grows so fast, we don’t delay when dealing with testis mass—we remove it the same day that we discover it.”

Most men with testicular cancer can be cured with surgery, radiation therapy, and/or chemotherapy. Whitman said that while the cure rate is high, the treatments are pretty aggressive. Side effects vary, depending on the type of treatment and may be different for each person. Chemotherapy can leave some men infertile.

The testicular cancer rate has more than doubled among white men in the past 40 years, but has only recently begun to increase among black men, according to the National Cancer Institute. There is no known cause, but some men may be more at risk for developing testicular cancer if they have had an undescended testicle or if a brother or father had the disease.

More cases of testis cancer are identified in the Army population in part due to service members’ improved access to care, as well as required annual exams and early screening efforts. Whitman said he sees more testis cancer and testicular torsion cases than his civilian counterparts because of the primary age group of Soldiers that he serves.

“While neither condition is common, I see a lot of both conditions—typically three to five cases of each a year, which is a lot for a hospital our size,” he added.

Testicular torsion is the twisting of the spermatic cord, which cuts off the blood supply to the testicle (only the testis and epididymis). It can be associated with trauma to the scrotum, particularly if significant swelling occurs. It may also occur after strenuous exercise or may not have an obvious cause.

“It’s important to note that testicular torsion can happen without trauma,” Whitman stated. “When they notice their scrotum begins to swell and they have discomfort, most young men attribute it to some vigorous activity that they recently did. If they wake up with severe testicular pain, they assume it’s because they got hit there playing basketball the night before, when in actuality, the trauma may not necessarily be the cause.

“Any acute pain, with swelling, lasting for over an hour, needs emergency evaluation for torsion,” he cautioned. “If we get to it within four to six hours, we will probably be able to save the testis. After 12 hours, there is almost no hope.”

Whitman said he can’t emphasize enough the importance of being aware of testicular health and performing monthly self exams.

“Being shy about one’s anatomy is the most likely reason why men present so late with tumors or torsion,” he said, “but most men will be less shy if they know that they could lose a testicle (in the case of torsion) or should lose it (in the case of tumors) before it spreads.

“From all the publicity, everyone knows that Lance Armstrong recovered from testicular cancer, and that he has helped promote awareness of the disease,” Whitman said. “But I haven’t seen the push to perform self exams in the media, and more importantly, to seek

Customer Service Spotlight

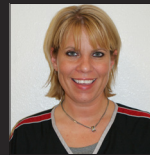
Customer Service Spotlight features staff members who have received positive comments (via ICE/Strive for Five comment cards/APLSS) for going above and beyond to provide excellent care and concern.

Dr. Yee, Renee, Ms. McVicker, and Capt. Bradley, Mother/Baby Unit

“ I came in May 5 to triage after my water broke. This was my first baby and I did not know what to expect. After many painful contractions, I was given an epidural and the pain subsided. Before I knew it, Dr. Yee came in with his staff and he explained to me that a C-section was possible. I realized that my baby was in distress. Dr. Yee, Renee (day nurse), Ms McVicker, Capt. Bradley were among his staff. Dr. Yee was very clear on my option for a C-section and I immediately agreed that it was needed so that my baby did not go into distress again and before I knew it, his staff acted quickly as a team to deliver my baby safely and without any pain whatsoever. It was as if his team had been getting ready just to deliver my baby and I wouldn’t have done things differently. I felt safe in Dr. Yee’s care and was comfortable with his knowledge and expertise. He delivered my healthy little girl and his team worked together with me to assure that I was in good hands and I couldn’t be more thankful to him and his staff. *(edited for space)* ”

Fred Livers and Birna Daniels, Clear Creek Refill Pharmacy

“ I was at the Clear Creek PX’s pharmacy at 6:15 p.m. thinking they closed at 7 p.m. (Fred Livers) informed me they were closed. As I was turning away he asked if I needed something and I informed him I really needed my meds but I had thought they closed at 7. He took my ID card and went ahead and helped me out. (Birna) Daniels was kind enough to assist him in getting my sleep medication. These two people were amazingly helpful. I am tremendously thankful they assisted me. Without them my prescription would have been returned to the stock. I think they deserve some recognition for outstanding customer service and being generally awesome people. ”



care immediately for any changes discovered in that exam. That’s the most important message. Perform those exams regularly. Teach your pubescent sons how to do an exam, too.”

After a self-exam, men should see their primary care provider if they notice any symptoms such as a painless lump or swelling in a testicle, any enlargement of a testicle or change in the way it feels. Seek immediate medical attention for any pain and swelling lasting more than hour.

A testicular self-exam chart is available at the U.S. Army Public Health Command website: phc.amedd.army.mil/PHC%20Resource%20Library/22-006-0304.pdf.

HOSPITAL *Happenings*

WTB Golf outing

Bravo Company, 1st Battalion, Warrior Transition Brigade is hosting a day of golfing at the of Clear Creek course June 29 8 a.m. with tee-off at 9 a.m.

Cost for the event is \$40 and includes entry fee into all events, 18 holes of golfing, riding cart, snack bags, and various door prizes.

To pre-register, call 254-285-7361 or email marcus.mathis@amedd.army.mil.

Fort Hood Fourth of July celebration

Fort Hood will host its Fourth of July celebration from 1-10 p.m. July 4 at Sadowski Field.

There will be free musical entertainment and activities to include free carnival rides, military working dog demonstration, laser tag, mechanical bull ride, miniature stock-car racing, fishing pond, climbing wall, concessions, family activities, arts and crafts vendors, and a military salute to the nation.

Musical headliner is swing band "Cherry Poppin' Daddies." Other musical guests include progressive rock band "Ordain" and hard rock band "Anchored."

The fireworks will light up the sky at 9:30 p.m. with a 30-minute continuous display, choreographed to patriotic music.

This event is open to the public. Vehicles must have a Department of Defense decal to enter the installation. For those without DoD decals, shuttle bus service will run

For more information, visit www.hoodmwr.com/freedomfest.htm.

Tickets on sale for Organizational Day

Tickets are available for CRDAMC's Organizational Day, scheduled for Aug. 11 at the Live Oak pavilion, BLORA.

Tickets cost \$10 for civilian employees, and \$7 for children. Soldiers and their family members are free.

Tickets are available at the Bravo Company orderly room in building 36027 and in the PAD office in the hospital.

Call (254) 286-7209 for more information.

Change of Command Ceremony

Col. (Dr.) Steven E. Braverman will relinquish command of Carl R. Darnall Army Medical Center to Col. Patrick D. Sargent June 23, at 9:30 a.m. at Sadowski Field in front of the III Corps Headquarters, Building 1001.

Also as part of the ceremony, Command Sgt. Maj. Keith L. Seidler will change responsibility with Command Sgt. Maj. Christopher A. Walls.

Reception follows in the East Atrium of III Corps Headquarters.

Appointment schedules will be reduced for the morning of June 23 to allow staff to attend the ceremony. Contact your supervisor for details.

Labor and Delivery unit closed for renovation

The main entrance to Labor and Delivery unit is closed for renovation. This is the first phase of four phases of renovation and will last for two months.

All patients, visitors, and ancillary hospital staff must walk through the Mother Baby Unit to access Labor and Delivery. Everyone must check in at Labor and Delivery Triage.

A hospital badge or ID badge must be visible at all times when individuals walk on the Mother Baby Unit.

AMEDD Center and School public web site now online

The new AMEDD Center and School Public Web Site has been redesigned and is now online. This site is accessible to the general public and shows the many products and services the AMEDD Center and School provides in training the military medical force. Visit www.cs.amedd.army.mil

Free admission at Dallas Zoo

The Dallas Zoo welcomes home returning OEF & OIF Veterans on July 2, from 10 a.m. - 2 p.m.

The Dallas Zoo is offering free admission July 2 for OEF and OIF veterans and Soldiers and three family members (children age 2 and under free). Military ID or VA card required for admittance.