

August 5, 2011

“ONE TEAM”

Script

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MEDEVAC (cont.)

MEDEVAC takes Soldiers from battlefield to hospitals

By Patricia Deal,
CRDAMC Public Affairs

Soldiers that are wounded or become ill down range are brought back to Fort Hood on a medical evacuation (MEDEVAC) aircraft resembling a flying emergency room staffed with experienced medical personnel who keep constant watch over their health needs, delivering them to the caring greeters at Darnall.

“They deserve nothing less. These men and women have made the greatest sacrifice to serve their country, and we owe it to them to provide the best possible care we can,” said Col. Patrick Sargent, CRDAMC commander. A former MEDEVAC pilot who last served as chief of staff for the Army’s Warrior Transition Command, Sargent knows the importance of making every MEDEVAC mission a success. “It’s never been as important to build on Army medicine’s culture of trust than when it comes to MEDEVAC flights.

“So they can carry on the business of protecting our freedom, Soldiers, and their families, need to trust that we will do what’s necessary to help heal their wounds. Army leadership also needs to trust that we will ensure their Warriors are fit to fight,” he added.

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Derek McGadney (right), from CRDAMC’s MEDEVAC team and Staff Sgt. Edwin Rotger carry a patient off the medical transport plane to the hospital’s MEDEVAC ambulance bus during a recent medical evacuation mission at Robert Gray Army Airfield.

Little Known TRICARE Benefits

By Sharon Foster

TRICARE Management Activity

TRICARE offers comprehensive, affordable health coverage to more than 9.6 million eligible beneficiaries worldwide. It is an enormous military health benefits system and because of its complexity, many beneficiaries may be unsure of all the benefits and programs available to them. TRICARE has decided to highlight several well-known and maybe not-so-well-known benefits.

Electronic Explanation of Benefits

TRICARE beneficiaries can sign up and receive an explanation of benefits (EOB) electronically and eliminate the cost and clutter of paper EOBs. A TRICARE EOB is an itemized statement that shows what action TRICARE has taken on a beneficiary's claim. The benefits of using electronic EOBs include:

- Security: The number-one form of identity theft is through physical mail.
- Convenience: Access to the website is 24 hours a day, seven days a week.
- Speed: Beneficiaries no longer have to wait for mail delivery.
- Storage: Eliminate clutter! Four years of electronic EOBs are kept on file.
- Environment: Electronic EOBs save trees and reduce carbon emissions.

Beneficiaries can sign up to receive EOBs by going to www.myTRICARE.com. Log into myTRICARE Secure by clicking the "Secure Sign-In" button. When the myTRICARE Secure home page appears on the left side of the home page, click the "Select Your EOB Preferences" button. Under the "Would you like to check your EOBs online rather than receive them in the mail?" question, click "Yes." Click the "Submit" button at the bottom of the page.

TRR Sign-Up Options Expanded

Since Sept. 1, 2010, members of the Retired Reserve who aren't 60, the so-called "gray area" retirees, have been able to purchase TRICARE Retired Reserve (TRR) to provide health coverage for them-

selves and their eligible family members. To make purchasing TRR easier, gray area retirees can now get a DS Logon by contacting the Defense Enrollment Eligibility Reporting System/Defense Manpower Data Center Support Office (DSO) and remotely verify their identity.

Gray area retirees can use the DS Logon to access the Web-based Reserve Component Purchased TRICARE Application to qualify for and purchase TRR. If a gray area retiree doesn't have a DS Logon, but has a retired military ID card, he or she can call the DSO at 1-800-538-9552 (1-866-363-2883 for the hearing impaired) to request remote proofing documentation. DSO will provide step-by-step instructions and the appropriate documentation to get a DS Logon via remote proofing. For instructions on how to qualify for and purchase TRR go to www.tricare.mil/trr.

Well-Child Care: No Co-Pays or Cost-Shares

Keeping toddlers healthy is a big responsibility and TRICARE is here to help. TRICARE provides well-child care for eligible children from birth to age 6. For well-child care, there are no copayments or cost-shares. The well-child benefit includes routine newborn care, comprehensive health-promotion and disease-prevention exams, vision and hearing screenings, routine immunizations and developmental assessments. To learn more about well-child benefit, visit www.tricare.mil/baby.

Hospice Care, Zero Deductible

Hospice care is a zero-deductible benefit for all TRICARE beneficiaries. It gives TRICARE beneficiaries access to personal care and home health aide assistance. It initially provides two 90-day periods of care, followed by an unlimited number of 60-day periods. Each period requires prior authorization from the beneficiary's regional health care contractor.

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MEDEVAC | CONTINUED

Medical evacuation involves more than just getting a wounded Soldier off the battlefield. It is a multifaceted mission requiring a combination of dedicated ground and air evacuation personnel who synchronize with medical support units. Together, they transport wounded or ill Soldiers to the appropriate Army medical treatment facility for the appropriate treatment. Soldiers' wounds may or may not be combat-related.

Typically, Soldiers injured downrange are delivered to Landstuhl Regional Medical Center and then sent to a stateside facility. Depending on the nature of the care required, they may go to Walter Reed (now the Walter Reed National Military Medical Center) or Brooke Army Medical Center in San Antonio, Texas, or to Fort Hood. While the majority of cases do go to Walter Reed or BAMC, Darnall receives almost 200 patients a month on average.

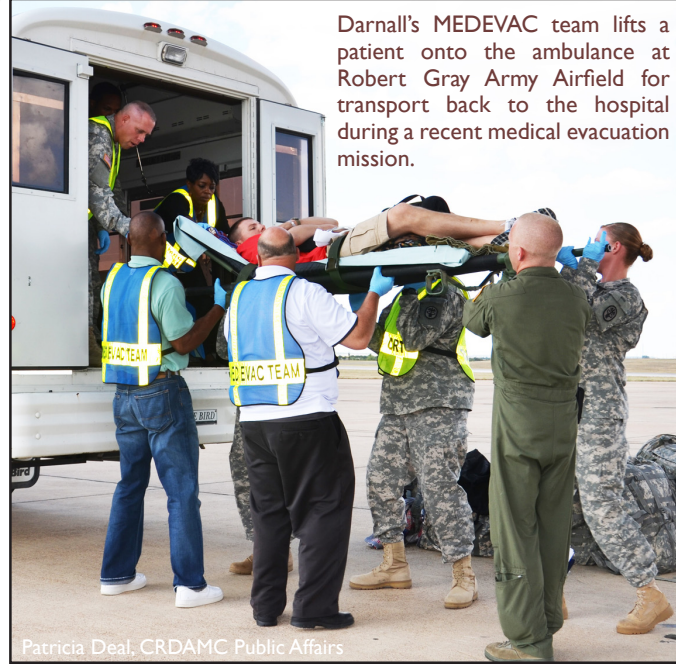
Referred to as Operation Gentle Landing, the evacuations to CRDAMC began in 2003, and manpower and resources have grown since then to accommodate the increasing number of wounded, according to Capt. John Kiraly, deputy chief of CRDAMC's Patient Administration Division, who oversees MEDEVAC missions at

the hospital.

"There is just so much involved in MEDEVAC missions. The amount of detail and coordination required to get these wounded warriors to where they need to be is tremendous, and you can't afford to overlook even one detail," he said. "No mission is the same, and even with the best laid plans, there will always be changes. That's what makes our team so outstanding. They are ready for any contingency. Whether it's a simple or complicated pickup, whether the Soldiers have battle or non-battle related injuries, the team works tirelessly to make sure each mission goes off without a hitch. Soldiers, their families, their units, the American public, can all trust us to take care of our wounded warriors."

Eighty percent of the MEDEVAC patients coming to CRDAMC are non-battle related injuries.

"Whether or not the injuries are combat-related, all MEDEVAC missions involve a lot of manpower and coordination. We handle all the details required for the individual patient. This includes arranging



Darnall's MEDEVAC team lifts a patient onto the ambulance at Robert Gray Army Airfield for transport back to the hospital during a recent medical evacuation mission.

Patricia Deal, CRDAMC Public Affairs

for specific medical needs and transportation, keeping track of personal belongings, handling all administrative paperwork, helping make any arrangements for family members and making sure there's someone from the unit is there for the Soldier," said Regina Foster, manager of Patient Accountability and Affairs.

Normally, Foster said, they will have three to five patients arrive at one time. They use ambulances for small pickups, and also have specially-equipped buses that can hold up to 16 litters if required.

A designated MEDEVAC team greets each arrival. While team members vary according to the nature of the mission, MEDEVAC staff is usually accompanied by paramedics, a pharmacy tech, litter bearers, escorts and a department of social work representative. There are team members who stay behind at the hospital to coordinate details such as gurneys, doctors and other medical technicians, and unit representatives.

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Patricia Deal, CRDAMC Public Affairs

In front of its iconic medical evacuation helicopter at the hospital entrance (above), CRDAMC's MEDEVAC team off-loads a patient picked up from Robert Gray Army Airfield at Fort Hood as part of a medical evacuation mission July 12, 2011. (At right) Dr. Jeffrey Spivey, CRDAMC certified orthopedic physician's assistant, checks Sgt. Jason Mallory's reflexes. Mallory, a combat engineer with the Oklahoma National Guard's 45th Infantry Brigade, suffered a lumbar injury during his deployment to Afghanistan and was MEDEVAC'd to Darnall for further evaluation and treatment.



Patricia Deal, CRDAMC Public Affairs

Soldier Art Show provides window into souls of warriors

By Jeri Chappelle
CRDAMC Public Affairs

Unspoken: Overcoming Struggles of Combat through Art, an exhibition that showcased artwork by Fort Hood Soldiers, provided insight into what Soldiers experience downrange and raised awareness of how expressing emotions through various art forms helps the healing process.

The art show, held July 18 at the III Corps Headquarters building, was a collective idea of staff members of Carl R. Darnall Army Medical Center's Behavioral Health Dept. who were looking for innovative and creative ways to give Soldiers a positive method of expressing their inner emotions.

The exhibit, which was free and open to the public, featured 27 original pieces created by Soldiers from across Fort Hood who deployed in support of combat operations. Visitors had the opportunity to fill out a comment card to give feedback to the artist.

During the opening ceremony, Col. Patrick D. Sargent, commander of CRDAMC, shared a quote he recently read by Emily Scott, former Canvas Art Director for Art Relief International, "If a voice can't be heard, teach it to be seen." He added, "The collective body of work presented today provided a window into the souls of our Warriors."

Although all submissions were displayed anonymously, Sgt. Michael Britton provided insight into his motivation for creating his book of landscape photos that draw attention to the beauty of the land, countering the ugliness in war. Sargent presented him with a CRDAMC coin of achievement

for "having a creative mind and sharing his narrative with the audience."

Britton, whose pieces included a book of photos from Afghanistan, said he wanted to dispel the misconception that, "Afghanistan is not pretty – it is. It helps me a lot to look at what I have seen."



Jeri Chappelle, CRDAMC Public Affairs

As a Soldier who has deployed, Sargent told the crowd of visitors that to be resilient, "We have to be honest with ourselves and seek support," through available programs like this art show.

"This is a positive venue for Soldiers to express themselves about deployment-related issues, to share their experiences with local communities, and a synergistic event to share Fort Hood programs and services," he said.

John Howell, owner of an art school in Harker Heights who came to see the art show, agrees.

"I was really curious about the art show, to see the creativity of Soldiers, to see how they express themselves. I loved it and was very moved by these pieces. I'm really glad this is happening," Howell said.

Liz Mason, a Fort Hood spouse, and Alexis Dow, Mason's mother, observe one of the 27 original pieces displayed at the Soldier Art Show opening in the III Corps Headquarters East atrium.



This artwork titled, "My Struggle" (left) and black and white graphic were among 27 original pieces done by Soldiers from across Fort Hood on display at CRDAMC's Soldier Art Show July 18, in the III Corps Headquarters east atrium. The artwork "gives a glimpse into the soul of a Soldier who has deployed."

"Art has long been recognized as a way to express emotions or reactions," said Teresa McCrary, a therapist with the Dept. of Social Work. "Events can sometimes be difficult to verbalize, but art provides containment of the intense emotions evoked by the memory of traumatic experiences," she added.

The artwork shows that while Soldiers are affected by their combat experiences, they

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Jeri Chappelle, CRDAMC Public Affairs

Changing lives, one wheel at a time



Private 1st Class Beatrice Burr, C Co., WTB, tries out her new electric wheelchair, a gift from “Operation Once in a Lifetime,” while Patrick Sowers (center) of Operation Once in a Lifetime and Capt. Jason Unsworth, WTB 1st Battalion chaplain look on.

By Gloria Montgomery,
WTB Public Affairs

Fort Hood Warrior Transition Brigade Soldier, Pfc. Beatrice Burr, is all smiles after receiving her electric wheelchair, a gift from “Operation Once in a Lifetime.”

Burr, from Venezia, Italy, said the new wheels will change her life by providing her with the independence she had prior to her foot injury. She said it will be easier now to get around on her own and not have to rely on people such as her husband and fellow Soldiers.

The former runner, who is assigned to C Co., broke into tears following the \$12,000 gift from the nonprofit organization.

To find out more about Operation Once in Lifetime, visit their website at www.operationonceinalifetime.com.

ART SHOW | CONTINUED

can still have the ability to focus on their goals, carry on, and get back into the fight. Their creativity is one way of achieving their goals.

“CRDAMC providers actively seek opportunities to improve and enrich our interactions with all beneficiaries. We want to provide them with the best experiences and the highest quality of care we possibly can, said Lt. Col. Sheila Adams, chief of the department of Social Work.

Soldiers who participated in the art show also submitted a brief description of their artwork to help people understand their art and their emotions. Pieces were submitted to the Apache Arts and Craft Center at Fort Hood and reviewed by a committee of CRDAMC staff members for appropriateness before the exhibition.

“Through special events such as this one, we encourage the Fort Hood communities to establish programs that bring our Soldiers into the community, and encourage our Soldiers to become involved in the communities. Through these efforts, we can all help Soldiers deal with the challenges of the stress of combat, Adams said.

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.

Harker Heights Medical Home - positive ICE comments

“ June 27: The Army hit a home run on this one! I look forward to seeing the same provider time and time again. Facility was great, parking was great and customer service ~ THE BEST EVER! I have been a dependent for 17 years, I can tell you that I felt valued and listened to. Keep up the good work! Army Medical Home all the way! Thanks to Ms. Dukes, FNP and Ms. Dawn LVN - they did an awesome job!

June 28: I just wanted to say that I had my first appointment here last week and it is fantastic. My doctor and nurse were very nice. Even gave me a tour of the facility which I have never experienced at a doctor’s office before. You can tell that the doctor and nurse really care and take the time to listen. I love the fact that there is a pharmacy in the clinic. I had to pick up a prescription at the end of my visit and it took maybe two minutes which is amazing. I will keep going back to this clinic and I have already transferred my daughter there. Thanks for a great job!

June 29: I visited the new Harker Heights location where customer service is top. Not only is the facility clean and beautiful but each personnel was meticulously knowledgeable, even beyond health care! Heather was able to tell me how to acquire ID cards, location, and phone numbers. All the nurses and staff were cordial, happy, and very eager to help every time I called. Dr. Glover is one of the best I’ve experienced! He is very patient, tender, and caring. He is the only doctor I have known to pull out his pencil to create a drawing while explaining the bones and function of what happened to my daughter. You’re not just a customer here. You leave feeling they all actually like what they do. I’m now asking myself “How do I sign up?!” Thank you!

Dr. Yvette Levingston, West Fort Hood - positive APLSS comment

“ Dr. Levingston, has been my PCM for over a year, she always listens to me completely, ask question and then gives me her medical advice. If she is not sure about an answer to my question she always researches it and then gets back to me. I can always get an appointment to see her. She always returns my calls before the 72 hours. I feel very comfortable and at ease with her. She genuinely cares about my well being. ...and she never makes me feel like I’m crazy or blows me off, and I appreciate that, while I am trying to grasp a hold on my medical condition. I would and will recommend her to anyone who is available to get medical attention on Fort Hood.

Lactation consultants support breast-feeding moms

By Brandy Gill and Patricia Deal
CRDAMC Public Affairs

Pregnant women make several big decisions while they wait for their little additions to arrive, but breast-feeding is by far one of the most difficult and personal choices they face.

Research has shown that breast-feeding is the best option for both moms and babies. Still, many women have concerns or fears that lead them to choose not to breast-feed.



In the monthly class she teaches, Tara Haberl, a CRDAMC lactation consultant, discusses myths and facts about breast-feeding with expectant mothers.



Brandy Gill, CRDAMC Public Affairs

members, and others who are all essential for the mother's success, Hattaway said.

"Breast-feeding may not always be as simple and easy to do as many think, so we want our mothers to know that we are here to help them," she said. "We offer a wide variety of support, with hands-on training and education."

That support is critical because breast-feeding can be tricky, and new moms can get discouraged, Tara Haberl, a CRDAMC lactation consultant said.

In fact, the Centers for Disease Control website says that while three out of every four new mothers in the United States now start out breast-feeding, the breast-feeding rates at three, six, and 12 months indicate that moms aren't sticking with it.

women also worry they aren't making enough milk, but the truth is, moms make plenty of milk. What really is probably going on is the baby is struggling to access the milk due to latch trouble."

While Hattaway and the other lactation specialists at Darnall believe breast-feeding is the best choice for moms and babies, she said they all respect the mother's choice not to breast-feed, and they don't pressure or coerce anyone.

"I don't believe in teaching by intimidation. We offer the information and support, but it's still up to the mother," Hattaway said. "Often, I find that women may just be misinformed about breast-feeding and not sure that it will fit their lifestyle. Once they have all the facts, and have learned how it has worked for many other moms, they may change their mind."

If you're considering breast-feeding, don't wait until the baby is born to learn about your options Hattaway said.

"The best time to learn about breast-feeding is before the baby is born," she said. "Use available services, get all the information beforehand. Don't wait until baby is born because post-partum moms are tired."

CRDAMC lactation consultants are located in the Mother/Baby Unit, the Women's Health Center and the Newborn Follow-Up Clinic.

They offer breast-feeding classes every month, and a Lunch 'N Latch support group for mothers and babies. A new parent support program is also available that provides free in-home breast-feeding support, parenting skills support and child development information.

To find out more about any of these programs talk to your provider at any prenatal check-up or with your baby's pediatrician.

To encourage them, the lactation specialists at Darnall are promoting awareness during World Breast-feeding Week, which is celebrated in more than 170 countries worldwide from August 1-7, Maria Hattaway, an international board certified lactation consultant for CRDAMC, said.

"Breast-feeding is the best way to ensure babies receive the critical nutrients and antibodies that help them thrive and protect them from germs and illness," she said.

This year's World Breast-feeding Week theme, established by the World Alliance for Breast-feeding Advocacy (WABA), is "Talk to Me: Breast-feeding, a 3-D Experience."

The focus is on the importance of the connection between mother and baby (2-dimensions), and the third dimension is support from the health care provider, friends, family

The most common concerns Haberl says she has encountered are pain while feeding and mothers feel they aren't making enough milk.

"I always tell our moms that childbirth is painful enough. Breast-feeding isn't supposed to hurt, and they don't have to toughen up. If the (baby's) latch and position are correct then you shouldn't have to clench your teeth or curl your toes," Haberl said. "A lot of

TRICARE | CONTINUED

Not all care is covered by the hospice benefit. Individual hospices may charge for some items, such as outpatient medications or inpatient respite care. Charges for medical care not related to the terminal illness fall under the beneficiary's basic TRICARE benefit. For more information about the hospice benefit, beneficiaries can contact

their regional health care contractor or their TRICARE Area Office (www.TRICARE.mil/contactus).

Beneficiaries can view a list of covered TRICARE services on TRICARE's website, www.TRICARE.mil/mybenefit/home/Medical/IsItCovered. They can also contact their regional health care contractor for more information.

Bypass the line

Patients have many options for picking up prescriptions

By Brandy Gill
CRDAMC Public Affairs

You wake up sick, call for an appointment, drag yourself to the doctor's office where you get a prescription, and now on top of feeling terrible you're also irritable because you know your next stop is the pharmacy.

No one likes waiting for a prescription when they aren't feeling well or on a tight schedule.

That's why the CRDAMC Pharmacy offers several options that shorten pharmacy waiting times. Lt. Col. Gwendolyn Thompson, chief of the pharmacy department, said.

"We regularly receive feedback from patients about the time it takes to get prescriptions filled at the hospital pharmacy. Many of our patients aren't aware that there are many options available that eliminate or greatly reduce their wait," she said.

The most convenient way to get medicine when you're feeling rotten is to already have medicine available. That is the "self-care" option, and it is especially helpful when you or a family member have a minor illness or injury that doesn't require a visit to the doctor.

All you need is a self-care card and a military identification card to receive up to four over-the-counter medications a month without an appointment or a prescription. You can pick them up at any pharmacy, (except the Refill Pharmacy) to include the Thomas Moore Health Clinic drive-thru pharmacy.

Some of the medicines you can get through self-care are Tylenol, Motrin, antacids, diarrhea medications, hydrocortisone for itching, and bacterial cream for infections. For a complete list of available over-the-counter medications and instruc-

tions on obtaining a self-care card, talk to your pharmacist.

CRDAMC pharmacy and Thomas Moore Health Clinic pharmacy also offer a prescription drop-off option, and it's the best choice for long-term medication renewals.

At CRDAMC pharmacy, anytime during the day pull an "E" ticket. Once your number is called give your prescription to the pharmacist, get a blue ticket stub and then you can go back to work, run errands, or even grab a meal.

At Thomas Moore Health Clinic pharmacy, simply walk up to an available window and request the drop-off service.

When you return for your prescription, you don't have to get another ticket. You just take your blue stub to the customer service window and pick up your prescription.

The minimum turnaround time for this option is two hours, but patients don't have to wait in line. Prescriptions can be picked up your convenience, like at lunch, after work or even the next day, and there are still no out-of-pocket costs.

The TRICARE mail order pharmacy is another way to get medications.

This is a very convenient option because a wider variety of medications is available and prescriptions are delivered directly to your house. You will save money in fuel costs and not have to worry about traffic, parking or waiting in line at the pharmacy.

There are small co-pays for this convenient service. Usually those fees are \$3 for generic prescriptions, \$9 for brand names and \$22 for non-formulary medications.



Brandy Gill, CRDAMC Public Affairs

To use the TRICARE mail order pharmacy just ask your doctor to write a new prescription for up to a 90-day supply (with three refills) of your medication. Then log on to www.express-scripts.com and print a prescription order form, or call 1-877-363-1303. Once you've filled out the form mail it with your written prescription and payment to the address on the form.

Of course there is always the fourth option, which would be to take your written prescription to a retail pharmacy off post.

Sometimes this option is necessary, especially if the military pharmacy doesn't carry the prescribed medication and you need it immediately.

At retail pharmacies you will still have the same co-pays as the mail order option, but you don't have to wait for the prescriptions to be delivered.

There are other benefits for using a retail pharmacy, too, like shopping while you wait or easy drive-thru access. If you live off post it may also be closer to home.

Regardless of your choice, it's important to remember the CRDAMC staff is ready to help you, Col. Patrick Sargent, the CRDAMC commander said.

"Our Soldiers and their families are our top priority. Providing them with excellent care in a timely manner is important, and we understand that," he said. "However, what works for one person may not work for another. That's why we continue to look for ways to improve our services by providing options that allow our beneficiaries to choose what works best for them."



Fisher House receives \$1,559.85 check

Isaac Howard (center), manager of the Carl R. Darnall Army Medical Center's Fisher House, accepts a \$1,559.85 check donated by the Hilton Garden Inn-Temple and ARAMARK Star Team July 19. According to Eyal Kaczur, general manager (left) and Marilyn Janes, director of sales, from the Hilton Garden Inn-Temple, the Fisher House was one of three charitable groups in the area identified by the Star Team to receive a donation from the proceeds of the team's first community-wide garage sale for charity.

MEDEVAC | CONTINUED

"It's a total team effort. It's not just one person or one department, it's all of CRDAMC. We tap into resources as needed, whether it's for bus drivers, radiology techs or chaplain's assistance," said Ernest Howery, MEDEVAC coordinator. "It is a huge commitment of time. But just the satisfaction in knowing that you did a good thing for someone who has given so much makes it all worth it."

Kiraly agreed that working MEDEVAC missions is rewarding. He has seen both sides, having worked on the "sending" side of evacuations while deployed.

"When you're there at the point of the injury, especially serious injuries, emotions can run high. You just want to do whatever you can to help your fellow Soldier," he said. "That's why every MEDEVAC mission is important. It always makes you feel better knowing you're doing something to get Soldiers the help they need—to get them home to their family, to get them on their way to recovery."

Sgt. Antonio VanDyke, a 3rd Armored Cavalry Regiment Soldier from Fort Hood said he appreciated the hard work and effort of the MEDEVAC CRDAMC team during his recent arrival. VanDyke, who hurt his left shoulder during an IED attack in Iraq, said that the team really took good care of him.

"Immediately I could tell that they genuinely were concerned about me and would help me any way they could," he said. "The time I spent with the doctor at Darnall was the most productive evaluation I received all along. At other places, I had to ask around for people to help me with my bags, but here, they were right there ready to help me. The whole MEDEVAC process—dealing with the pain and long travel—can be overwhelming. But these guys were so upbeat. I know I don't have to worry about anything."

HOSPITAL *Happenings*

Children's sports physicals and immunizations

Darnall is sponsoring a Sports Physical and School Immunization Clinic 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.

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

Strong Bonds Family Retreat August 12-14

The CRDAMC Chaplain's office is hosting a Strong Bonds Family Retreat August 12-14 at the Great Wolf Lodge, in Grapevine, Texas.

This is a FREE event for Soldiers with children including single parents. However, participants must provide their own transportation at their own expense; government travel/mileage rates DO NOT apply.

Registration packets can be picked up in the Chaplain's office (CRDAMC Basement, Room 408, by the Dining Facility). There are only 15 openings available for this retreat; registration closes August 5.

Retreats are booked on a "first come, first serve" basis!

Restrictions apply. Contact the Chaplain's office for more information at (254) 288-8849.

2011 Best Medic Team Competitions

The US Army Medical Command's 2011 CSM Jack L. Clark Jr. Best Medic Competition is scheduled for November 4-7 at Camp Bullis, Texas.

The Southern Regional Medical Command 2011 Best Medic Team Selection Competition will be held before the event to determine which team will represent this region at the MEDCOM Best Medic competition. The SRMC competition, to be held at Fort Stewart, Ga., is a two-Soldier team competition that will challenge SRMC's best medical teams in a demanding, continuous, and realistic simulated operational environment over a four-day span.

For more information, call 254-553-3909 or email: boma.afiesimama@amedd.army.mil.