



September 20, 2011

“ONE TEAM”

Script

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SUICIDE PREVENTION

Silent victims speak out



By Patricia Deal
CRDAMC Public Affairs

“It just wasn’t something you talked about--ever.”

“To this day, my daughter won’t talk about her brother.”

“I thought I was ok all these years, but just out of the blue it hit me and I couldn’t stop crying.”

These are the cries of pain and anguish suffered by some members of the Carl R. Darnall Army Medical Center family who have been personally affected by the trauma of suicide. Many lost a parent, a sibling, a child, a co-worker, a friend. Some are survivors from their own attempts.

They are Soldiers, civilians, spouses. They come from all areas of the hospital, some even work in the behavioral health field. No profession or rank is exempt from the dark reaches of suicide.

All agreed to tell their stories in hopes their experiences can help other “silent victims,” those impacted by the trauma of suicide, and help themselves heal a bit in the process.

Nancy Gist’s experience has made her an advocate of sorts for speaking out against the stigma associated with suicide.

Her youngest brother shot himself in the head exactly one month after his 19th birthday.

“Even though it’s been 12 years now, it still has a profound effect on everyone in our family,” Gist, a pharmacy tech, said. “Our father took it the hardest. I think just seeing how much it has affected him actually affected all of us as much as the suicide did.”

Gist said that while her brother had some issues and was believed to be taking drugs, his suicide still came as a shock to them all.

“In hindsight, we can say that maybe there were some signs. But we don’t focus on the guilt or shame. We see what that has done to our father.”

But the stigma is still the worse thing, Gist said.

“People can be so insensitive. When people talk about suicide, often they make comments like ‘he was just looking for an easy way out’ or ‘how could they have not known.’ That just perpetuates the stigma, and causes more shame and guilt. We need to stand up to those people, just as you would stand up to someone who was making racist comments.”

Suicide stigma has also hindered Capt. Patricia Catlin’s healing, as she is still recovering from her son’s suicide 2 1/2 years ago.

“It’s just been horrible. And has really affected our family as we struggle to come to terms with {son’s} death, deal with our own demons and then have to face society’s issues,” she said. “I don’t know who to talk to, or even how to talk about it. I tried a grief support group, but felt no connection to them, because I was experiencing a whole different range of emotions.

“People just don’t want to talk about suicide or mental health problems. Or if they do talk about it, they can be so insensitive.”

Catlin and her family are starting to heal now, although she said they have a long way to go.

“The one good thing that has come from this, is I’ve developed this sort of sixth sense where I can make

Soldiers have many resources to combat suicide

By Brandy Gill
CRDAMC PAO

For past generations, suicide was a taboo topic in open conversations. People may have talked about it behind their hands, or whispered about it at family events, but it was hardly ever addressed in the open.

However, times have changed and so has the perception of those who seek help because they are struggling with thoughts of doing harm to themselves, especially in the Army. The change in how people view suicide has resulted in a new war the Army has chosen to fight – preventing suicide.

Col. Patrick D. Sargent, commander of Carl R. Darnall Army Medical Center, says it's normal for Soldiers to have feelings of anxiety, hopelessness, frustration, anger, and sadness. "But thoughts about suicide are a sign of a serious problem. Don't ignore or hide your feelings, seek help, let us help you prevent something tragic."

Preventing suicide may not seem like a war the Army needs to wage, but according to the Department of Defense website in July of this year, there were 22 potential suicides among active duty Soldiers and 10 potential suicides among reserve component Soldiers.

Three of those deaths have been officially ruled as suicides and the rest are still under investigation the website stated, but for a nation at war, even one suicide is one too many, Gen. Peter W. Chiarelli, vice chief of staff of the Army, said.

"Every suicide represents a tragic loss to our Army and the nation. While the high number of potential suicides in July is discouraging, we are confident our efforts aimed at increasing individuals' resiliency while reducing incidence of at-risk and high-risk behavior across the force, are having a positive impact," he said.

To improve resiliency and reduce the incidence of suicide for Fort Hood Soldiers, Carl R. Darnall Army Medical Center's Resilience and Restoration Center (R&R Center) wants Soldiers to be aware of the many services available, especially Soldiers with thoughts of harming themselves.

"If a Soldier feels he or she is at risk, the R&R Center should be their

first stop," Lt. Col. Sharette Gray, CRDAMC's chief of behavioral health, said.

Gray added that Soldiers don't ignore physical problems because being physically fit is important to their jobs. "Being mentally fit is even more important in the overall fitness of Soldiers," Gray said.

"Any Soldier who feels like they are considering suicide should come into our clinic. We are here for them, we do everything we can to help them," Gray added.

Soldiers who come to the center on their own or are brought in by friends or members of their unit are first triaged, a process that determines the seriousness of their condition. A treatment plan is developed to fit the needs of the Soldier. The treatment plan may involve counseling by a psychologist, drug therapy from a psychiatrist, family counseling with a social worker, treatment for alcohol or drug addiction, or even financial counseling.

"Tragically, we've seen that Soldiers attempt suicides for various reasons," Sargent said. "Numerous deployments, financial problems, drug and alcohol addiction, difficulties at work, family dynamics, everything impacts a Soldier's relationship with the Army, family and friends. Regrettably, these reasons aren't worthy of taking a precious life," Sargent added.

Sargent wants every Soldier and Family member at Fort Hood to know that Darnall has programs and services to support them.

"There is no problem that is so tough that we can't help resolve," Sargent says. "Each Soldier is different and therefore, we must treat each one with care and compassion. Treatment helps Soldiers build confidence and self-esteem," he added.

Most Soldiers can be treated on an outpatient basis, which means they can remain in their units and attend regular appoint-

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SILENT VICTIMS | CONTINUED

a connection to someone who may be suffering. As a family nurse practitioner at the SRP, (Soldier Readiness Processing site) I see quite a few Soldiers who give in to the stigma and try to hide their problems. I've been able to reach out to them, and make them realize that it's ok to ask for help."

Richard Weihert, a physician's assistant who works with Catlin, said



Patricia Deal, CRDAMC Public Affairs

Richard Weihert shows Capt. Patricia Catlin the news clipping about his brother's murder-suicide. Since Catlin lost her son to suicide 2 ½ years ago, both providers developed a bond, and find they have a type of sixth sense that allows them to tune into Soldiers who may be in crisis.

he could attest to her ability to reach out to troubled Soldiers in a way others can't.

"I've seen her comforting and crying with tough senior NCOs," he said. "She even got me to open up about my younger brother's murder-suicide that I haven't talked about in over 30 years."

Weihert was in Vietnam in 1967 when he got the call to go home. His brother had shot his wife, shot and killed his two young children, and then killed himself.

"I've seen a lot of death and tragedy in my life, starting at a very young age. Buddies died in my arms in Vietnam. I lost my brother, my niece and nephew in a violent way. Plus I lost my 15-year old son in a car accident," he said. "I've lived with years of survivor guilt, anger, and deep sadness. I do have some issues, but for the most part, I've managed to deal with all the tragedies in my life."

But Weihert said his way of dealing with it—not talking about it, burying the emotions—is not what he would recommend for anyone, especially the Soldiers he sees at the SRP.

"You may think strong and silent is the way to go, but it isn't. Forget the stigma. The best thing you can do is talk about it," he said. "I do my best to get Soldiers to open up to me. And if they won't talk to me, I try to get them to talk to someone else."

Several others who have been affected by a suicide admit to having developed a special way to connect with those that may be suffering.

Finding a teenage girl hiding in a closet, massively bleeding from the vertical cuts in her wrists, was not anything he wanted to see then or would ever want to see again. Anthony Fowlkes helped save that girl's life that day. But even as a counselor for a center for physically and sexually abused teenagers, he was not prepared for the profound impact that it would make on his life.

Now a sergeant and squad leader at the Warrior Transition Brigade, he is diligent in making sure that nothing like that happens again on his watch.

"It was such a shock finding her like that. I went through the whole slew of emotions: fear, guilt, worry. It really left a lasting impact on me," he said. "You can't forget something like that."

It has made him much more alert and sensitive to those around him. "I don't take even the most off-hand remark lightly. I take all the suicide prevention training to the max. Some might think I'm too serious, but I don't ever want to have to go through something like that again."

Another NCO wasn't as lucky as Fowlkes, because she wasn't able to prevent her patient from killing himself. Staff Sgt. Antonia Stone said that the event left such a deep-rooted impression on her that she, too, now stays attuned to those around her.

While working as a physical therapy specialist, she helped her patients heal from their injuries—physically and mentally.

But she couldn't help everyone.

"I had a feeling that something was wrong with one of my patients, but dismissed it because no one else there said they noticed anything," she said. "Then later on, I heard that he had taken a gun to his head."

That incident changed her forever. She felt such guilt and remorse, thinking she should have done more. Now, as the NCOIC of the Medical Evaluation Board (MEB) clinic, Stone said she makes sure she is really focused on her patients, reaching out to those she thinks may be suffering.

Plus, she added, she acts on that little voice in her head, however faint.



Patricia Deal, CRDAMC Public Affairs

After her experience with the trauma of a suicide of a former patient, Staff Sgt. Antonia Stone said she makes sure she is really focused on her patients, reaching out to those she thinks may be suffering.

"It's not easy to get people to open up. But there's been a couple times here when I went that extra step to reach out to some people, and I know I helped them at that moment in their lives."

One senior NCO also believes his own dark experience and his managing to beat down his demons as a teenager has enabled him to help his fellow Soldiers.

"I was in a bad place. I had so much pressure on me at a young age. My parents worked so much I basically had to raise my younger siblings and still try to make a life for myself," he said.

SILENT VICTIMS | CONTINUED

He had his plan and was ready to go through with it, but it was thoughts about what would happen to his brother and sisters if he left them, that stopped him that day.

“I decided to go on, just for them,” he said. “But I still didn’t have a good mind set. It wasn’t until I had been in the Army for a couple of years that I really started to come out on top.”

That nurturing spirit he felt for his siblings has made him the “big brother” in the Army, too.



One senior NCO looks at his sister’s baby photo, a stark reminder of his dark experience as a teenager. Struggling with thoughts of suicide, it was thoughts about what would happen to his younger brother and sisters if he left them, that stopped him that day.

“I can tell if they’re hiding something because I was good at hiding it, too,” he said. “I just keep at it, and take the time to make sure they know I care, and can help them get the care they need. I don’t know if I’ve actually prevented a suicide, but I know how important it is to know that someone speaks to them from the heart.”

One Darnall wife and mother wants to get the message out to those mothers or fathers who may be struggling with suicidal thoughts. Although she wished to remain anonymous, her message is that they should “stop and seriously think about what will happen to the children they would leave behind.”

She was only 12 years old when her mother shot herself, and said that her already dysfunctional life suddenly got worse.

“I resented her for being so selfish and abandoning me and my sister. I hated her for a very long time,” she shared. “It got worse when I became a mother, because I know there is nothing that I would ever do to intentionally inflict pain on my children. I can’t forgive my mother, knowing that she purposely chose to leave us and cause us so much pain.”

She admits that the suicide left her with some marks, but is thankful to have a supportive husband and happy, healthy, grown children.

“I just want people who are struggling with mental health issues to consider their children. If you love them, fight to be with them,” she said. “Be strong and seek treatment or counseling. There are lots of people who are willing to help you.”

Sgt. Mark Gilmore also believes reaching out for help. He reached out so that he could go on living for his family. Reaching out was what helped him become “one of the success stories.”

Gilmore lost a battle buddy to suicide, and almost lost his own life to it, too.

“It came as a complete surprise when I found out that Sgt. ‘A’ had

killed himself. We were in combat and we knew we could possibly face death, but none of us in the platoon had expected this. It really affected all of us. We all felt guilty that we didn’t save him, and then we were angry that he chose to leave us and jeopardize our mission.”

Gilmore soon developed problems of his own. After getting blown up for the seventh time, suffering from a broken spine and neck and knee damage, and given a 30 percent chance of walking again, Gilmore said he fell into a deep depression.

“I just had so much anger and hatred over what was happening to me. My own family didn’t know who I was anymore. I was in constant pain, and couldn’t do normal father-son things. I was always raised that taking your own life was a sin but I saw no way out, so. I created my plan,” he said.

It was his wife who finally convinced him to get help.

“I didn’t think it would do any good, but I did go, for her and my son. That turned out to be the single most important step I ever took. I’m grateful for every step I take now as I continue down the road to recovery,” he said. “Getting help saved me from killing myself and spared my family untold grief. I’m proof that there is a better option out there. You just have to make that first step.”

The hospital commander wants everyone to be a “success story.”

As a former battalion and brigade commander, Col. Patrick Sargent personally lost five of his Soldiers to suicide.

“I know firsthand how much pain and suffering suicide can cause Soldiers and their families. It doesn’t have to be that way. As the hospital commander, I promise you that the hospital is dedicated to educating, informing, and treating those who are struggling with mental health issues. From the stories you’ve just read, you can trust us when we say we are committed to helping our patients in crisis,” Sargent stated.

“You just need to ask. No one will think badly of you for seeking help,” he continued. “This might sound morbid, but the truth is, I would much, much rather talk to you now, than have to say a few final words about you at some later date.”

For more many more personal stories and advice about suicide prevention from mental health professionals, visit the CRDAMC Facebook page at www.facebook.com/pages/Carl-R-Darnall-Army-Medical-Center/202369659514?ref=ts.

Visit the Darnall website at www.crdamc.amedd.army.mil/default.asp?page=index to hear the commander’s message on suicide prevention.



Sgt. Mark Gilmore’s son, Conner, pins E-5 rank on his dad at Gilmore’s recent promotion ceremony, while his daughter, Mikaela, and wife, Nicci, look on. Gilmore, severely wounded from an IED, struggled with depression and thoughts of suicide, but reached out for help so he could go on living for his family.

SUICIDE RESOURCES | CONTINUED

ments with their care provider. When it is necessary to hospitalize a Soldier with a severe condition, he or she may be admitted to CRDAMC or to a civilian treatment center.

If a Soldier should receive inpatient treatment at an off-post treatment center, nurse case managers make frequent contacts



Brandy Gill, CRDAMC Public Affairs

Martha Belton, a CRDAMC nurse case manager at the Resilience and Restoration Center, talks with a Soldier about suicide prevention and care that is available at the medical center. The R&R Center provides assistance to any service member in the Fort Hood area who is struggling with thoughts of suicide.

with facility liaisons to check on the Soldier’s progress and to ensure appropriate care will be available after being released, according to Martha Belton, a nurse case manager at the R&R Center.

“We have good working relationships with all the local treatment centers. We get regular updates and talk to the Soldier’s provider as well,” she said. “Our goal is to ensure continuity of care. We want to make the process easier so Soldiers and their families have peace of mind when they leave a treatment facility.”

Belton explained that after leaving an inpatient treatment center, a Soldier is followed by a case manager from the R&R Center. The Soldier is included in group weekly assessments until an appointment is made with a provider who continues with the Soldier’s long term care.

Belton said as a nurse case manager she and her counterparts don’t just manage a Soldier’s behavioral or mental health care, they also provide assistance in many areas affecting the Soldier’s wellbeing.

“If the Soldier needs assistance with the chain of command we can help, and if the Soldier consents, we will talk to their Family members and share our many resources with them, too,” she said.

“We are constantly checking, rechecking, and checking again until the Soldier no longer needs behavioral health care services, Gray said. “Before we close any case file we always check to make sure the Soldier is doing alright.”

Sometimes behavioral health care and nurse case management is a thankless job, but providers at CRDAMC don’t mind because they love what they do, according to Gray.

“This isn’t just an everyday job. It touches us because we know we have made a difference in someone’s life,” she said. “We help them move past that dark place and get their lives back.”

Checking on Soldiers at risk for suicide is not just the providers’ job, Sargent says. “It’s something every Soldier must do in order to combat suicide – watch out for your buddies.

“Always remember, you are not alone. We ask that you remember ACE – Ask, Care, Escort. Watching out for one another is what makes the Army a family,” Sargent said.

If you or someone you know is considering suicide, The R&R Center is open for walk-in healthcare during normal duty hours in building 36009 behind CRDAMC, or you can call (254) 285-6881. After regular duty hours, on weekends or holidays or go directly to the CRDAMC Emergency Department for immediate assistance.

Resources

Talk to Someone:

- Vets4Warriors 1-855-Vet-Talk (1-855-838-8255)
- Military One Source 1-800-342-9647
- National Suicide Hotline 1-800-273-TALK (8255)
- Deployment Stress Hotline 1-254-535-4497
- Fort Hood Chaplains Crisis Line 1-254-287-2427

Online Services:

- TRICARE Assistance Program Services (Humana Military Healthcare Services, Inc. 1-800-444-5445, www.humana-military.com or TRICARE South Behavioral Health: 1-800-700-8646)
- TRICARE Telemental Health program www.tricare.mil/telemental-health

Family Matters:

- CRDAMC Child and Adolescent Psychology 1-254-288-8731
- Social Work Service 1-254-288-6474
- Marriage & Family Therapy 1-254-288-2605
- Family Violence Hotline/Advocacy 1-254-286-6774

There are also several other options available for those who are not in crisis but need someone to talk to. Ask your primary care provider about available resources including a consult for care, Military One Source, TRICARE Assistance Program (TRIAP) or local or online support groups.

For more information on services, resources or where to go for help visit the Carl R. Darnall Army Medical Center website at www.crdamc.amedd.army.mil/default.asp?page=index or the CRDAMC Behavioral Health Resources at www.crdamc.amedd.army.mil/default.asp?page=behavhr or the Humana Military website at www.humana-military.com/south/bene/health-wellness/BehavioralHealth/Behavioral-Health.asp.

Third Medical Home Clinic opens near Fort Hood

By Jeri Chappelle
CRDAMC Public Affairs

“It’s here, it’s open, we’re ready for business,” beamed Col. Patrick D. Sargent, commander of Carl R. Darnall Army Medical Center Sept. 8, as he addressed the crowd attending the ribbon cutting ceremony celebrating the grand opening of the Killeen Medical Home Clinic, the third and final such clinic to open in local communities surrounding Fort Hood.



Cutting the ribbon were Col. Patrick D. Sargent, CRDAMC commander; Command Sgt. Maj. Christopher Walls, CRDAMC command sergeant major; Lianne Gross, group practice manager of the clinic; Staff Sgt. Marcos Demelo, HHB, 1st Cavalry Division, whose family was one of the first to enroll in the clinic; Aimee Demelo, his daughter; Staff Sgt. Demelo's wife Elsa; Timothy L. Hancock, Mayor of Killeen; and Maj. Gen. M. Ted Wong, commander of the Southern Regional Medical Command and Brooke Army Medical Center at Fort Sam Houston, Texas.

“We are exceedingly grateful to all those who played a role in designing and constructing this building and transforming it from brick and mortar into a patient-centered, family-centric medical home focused on the delivery of evidenced-based medical care,” Sargent told the attending crowd of military and civilian dignitaries, clinic and hospital staffs, and representatives of various agencies involved in the concept and construction of the medical homes.

In previous ribbon-cutting ceremonies held May 17, CRDAMC opened two community-based Medical Home clinics, one in the Market Heights shopping center in Harker Heights and one in the Town Square shopping mall in Copperas Cove.

“This is the 13th community-based Medical Home Clinic Army Medicine has

opened, I like to think of it as lucky 13,” said Maj. Gen. M. Ted Wong, commander of the Southern Regional Medical Command and Brooke Army Medical Center at Fort Sam Houston, Texas. The three Fort Hood Medical Home Clinics are among 21 community-based care clinics that the Medical Command plans to open in 11 communities across the continental U.S. and Hawaii.

Wong said it is important to standardize care across Army installations. The medical home concept is based on a patient-centered model of healthcare being adopted across military and civilian healthcare systems nationwide. The idea is to help military families develop the same trust and relationship with doctors and nurses that many civilians have with their local doctors no matter where they live.

He pointed out that the Medical Homes are self-contained health clinics that offer lab and pharmacy services and have behavioral health professionals and subspecialists in addition to primary care physicians and nurses.

Wong believes the concept of medical home clinics will change the way patients view military medicine.

“These clinics will have a tremendous impact on access and continuity of care because patients see the same providers,” Wong said. “They also have second and third order effects on patient safety, health promotion and prevention, and improving long-term health care.”

Sargent said that the Harker Heights and Copperas Cove Clinics have proved Wong’s point: Patient feedback through ICE (Interactive Customer Evaluation System) shows patients enrolled to those clinics are happy that

their patient experiences have improved.

Recently, Nelia Higuera, a patient at the Harker Heights Medical Home Clinic wrote, “This facility has been outstanding in helping me out with transition and my current medical problems. All the way from the front desk to pharmacy it has been great!”

And Anastasia Bennett, a patient who now receives care at the Copperas Cove Medical Home Clinic, has been very pleased with her experience. Recently she wrote, “I have been at Fort Hood for a little over six years, and can’t remember when I actually saw my primary care manager more than once. I was recently transferred to the new Cove Clinic, where my children and I have been seen for all our appointments. The core teams are fabulous and have done more for my health care in the past month than I have had in the 19 years of being a military wife.”

These glowing comments come from patients’ experiences during their appoint-

Continued on Page 6



Timothy L. Hancock, Mayor of the City of Killeen talked with Col. Patrick D. Sargent, CRDAMC commander, after a ribbon cutting ceremony to officially open the Killeen Medical Home Clinic.



Lt. Gen. Donald M. Campbell, Jr., commanding general of III Corps and Fort Hood, talks with Lianne Gross, group practice manager for the Killeen Medical Home Clinic during a tour of the clinic after the ribbon cutting ceremony.

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.



Thomas Moore Health Clinic - positive APLSS comment

July 15: Doctor (Kanaka) Paladugu helped me very well.

My medicine was given to me and my problems were addressed very well. She is a wonderful doctor and I look forward to having her as a doctor in the near future for any other problems that I have.



Killeen Medical Home - positive ICE comment

September 8: (Ms. Claire Russell, FNP) and her nurse

were wonderful. They were informative and made sure I had no unanswered questions or concerns before leaving the appointment for my children. My daughter, who is typically afraid of any type of doctors office actually seemed happy and without worry, even holding the nurse's hand on the way out to the lobby.



Russell Collier Health Clinic - positive ICE comment

September 2: I'm pleased to have the opportunity to recognize Mrs. Tori Spencer for the outstanding service

she provided throughout my son's injury. My son was injured during football practice and was taken to Metroplex Emergency Room. While going through the process at Metroplex, we were given the run around. I called Collier Health Clinic and was pass through to Mrs. Spencer. She worked with us to ensure that my son was seen in a timely manner and explained the process to us in a basic but professional manner. I am glad to have met her and wish that we had more professionals like her assisting the military throughout our Nation's difficult times. She is truly a professional and a standard bearer for others to emulate.



Harker Heights Medical Home - positive ICE comment

August 23: As an Army spouse who spent

the last 7 years at Ft Bragg I have to tell you I am overly impressed with the Harker Heights Medical Home staff and facility. Ft Bragg is a very crowded and busy installation and with that comes rapid turnaround in health care PCMs (I had 8 in the first 6 months of 2011) and a dependence on using the referral system and farming families out to off post clinics, doctors and specialists. Dr. (Pamela) Gross and her nurses are fantastic. I have never spent more than 15 minutes with any doctor at Ft. Bragg and here I was able to get all of my needs/referrals taken care of and surprised at how much is being done in house (between HHMH and Darnall). Thank you for a positive change to the program - so far it has both surprised me and exceeded expectations.



Clinic unknown - positive APLSS comment

July 13: Linda Branz always does a great job at

each of my visits. She is polite, respectful and nice, and takes the time to listen and understand you. She does a great job.



Internal Medicine - positive APLSS comment

June 7: Dr. (Dennis) Mong is set to retire this

September. Please work with him to bring him back. He is very caring, concerned and helpful. He found my cancer and all actions to have my surgery done and all the follow-ups. He is an awesome endocrinologist. He will be a huge loss for CRDAMC and cannot be replaced. Please please work with him to stay on and see patients. Only the patients will be hurt if they let him go. Every patient deserves a physician like Dr. Mong.



MEDICAL HOME | CONTINUED

ments for healthcare, but clinics staff members had some good things to say, too.

"We opened for patient care on Aug. 29, and since then patients have been telling us they love the fact they can get their prescriptions filled and refilled right here," said Racquel Ware, a licensed vocational nurse at the Killeen Medical Home Clinic. Ware added that, "The convenience of the location, with schools all around, parents don't have to worry about driving on post."

That sentiment was echoed by Staff Sgt. Marcos Demelo, HHB, 1st Cavalry Division, whose family was one of the first of 1,000 patients

to enroll before the clinic opened.

"I like it that my family doesn't have multiple providers. My daughter has asthma and it's great to have her see only one doctor.

"At its heart, the community-based medical home is healthcare the way it should be – easy to access, patient-centered, team based and quality focused," Wong said. "They are a step in the right direction as Army Medicine strives to provide consistent and memorable primary healthcare to our Soldiers and their families no matter where they go within our system."

October is National Breast Cancer Awareness Month

Early detection, regular check-ups key to fighting breast cancer



Teresa Ropbitaille, CRDAMC mammography technician, prepares a patient for a mammogram. Active duty service members, retirees and military dependents are all eligible to receive mammograms at Darnall, and most can be scheduled for a same-day appointment.

*By Brandy Gill
CRDAMC Public Affairs*

For years women and men have united under a pink-ribboned campaign to fight breast cancer, but despite miles walked, yogurt tabs saved or monetary donation made approximately 40,000 people in the United States still die annually from breast cancer.

Many think breast cancer is only a concern for older women who have passed their reproductive years and in general that is true, but breast cancer can strike young women and occasionally men too.

According to the Susan G. Komen for the Cure website there will be an estimated 230,480 new cases of invasive breast cancer in 2011. Breast cancer is the most common cancer in women worldwide. Nearly 1.4 million new cases of breast cancer occurred among women worldwide in 2008 (most recent data available).

Early detection is key to fighting breast cancer, Corita Thomas, Carl R. Darnall Army Medical Center lead mammography technologist said.

“Mammography along with monthly self breast exams and annual breast exams by a healthcare provider can help detect breast cancer at an early stage,” she said. “Women should have their first mammogram at age 35 to set a baseline, and they should start having annual screening mammograms starting at age 40. If a patient has a first degree relative (mother, sister, or daughter) with a history of breast cancer, she should start her screening mammogram 10 years prior to the age her relative was diagnosed.”

Thomas said in most cases the Darnall mammography department can schedule a routine annual mammogram on a same-day basis.

“Active duty service members, retirees and military dependents are eligible for mammography services at CRDAMC regardless of where they receive primary care or their branch of service,” she said.

HOSPITAL *Happenings*

Military Retiree Health Fair set for Oct. 29 **Seasonal flu available**

Thomas Moore Health Clinic and the Robertson Blood Center at Fort Hood are the locations for this year's Retiree Health Fair sponsored by Carl R. Darnall Army Medical Center. The Moore Clinic is on the corner of 58th Street and 761st Tank Battalion Ave. on Fort Hood; Robertson Blood Center is next to Thomas Moore Health Clinic.

Representatives from various CRDAMC departments will be on hand from 9 a.m. to 2 p.m., Saturday, Oct. 29, dispensing information, conducting screenings, and answering questions for central Texas retired military personnel and their spouses.

Due to the health fair, the weekend clinic at Thomas Moore Health Clinic will be closed Saturday. Individuals with a sudden onset of a minor illness or injury on Saturday should go to Darnall's Emergency Department. The weekend clinic will resume Sunday, Oct 25.

The seasonal flu vaccine, always the biggest draw for retirees, will be available. Retirees are also encouraged to get the Tetanus and Zostavax shots, which will be available at the health fair. For the Zostavax immunization, retiree must bring a note signed by their primary care provider stating there are no contraindications.

Vaccines will not be available for children of retirees attending the health fair.

Retirees can take advantage of screening opportunities that cover such healthcare problems as glucose level, blood pressure, weight, and dental.

Representatives from various Darnall Medical Center clinics and departments will have booths and information on such topics as tobacco cessation; nutrition; complementary and alternative medicines; diabetes program; asthma; Team Up in your health care; women's health, pharmacy, physical therapy, substance abuse, behavioral health, dental, and TRICARE.

DENTAC will provide oral cancer screening services and have an information table set up at the health fair.

For more information, contact the Health Promotion & Wellness Program, at 288-8488.

“Anyone with a valid Military ID can be screened at our facility as long as they have an order from their primary care provider or civilian physician.”

The Mammography Section is located in the Radiology Department on the 1st floor of the hospital. It is open Monday through Friday from 7:30 a.m. to 4:30 p.m., and closed for lunch from noon to 1 p.m. You can contact them directly at 254-288-8332.