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Commander committed to continuing CRDAMC standard of excellence

By Patricia Deal
CRDAMC Public Affairs

Every team has a motto, and the mantra of “compassionate world-class healthcare one patient at a time” will soon permeate throughout Carl R. Darnall Army Medical Center.

“Those words define the central essence of our being as an organization and our role as a member of the Army Medicine team. This motto will catapult us to being the premier medical facility in America,” said Col. Patrick Sargent, CRDAMC commander. “More than just words, they represent our values and commitment as we focus on providing evidence-based, patient and family-centered care to Warriors, Veterans, and Family Members.”

In the first few months since he assumed command, Sargent met with department leaders and staff members who helped him shape a good vision and understanding of “where we are and where we need to go over the next two years.” In this candid interview, Sargent shared his mission and vision for Darnall.

“We’ve had many successes in the past. This medical center has accomplished many great things such as blowing the joint commission accreditation out of the park and receiving numerous awards and recognition,” he commented. “I have great respect

for the past commanders and the challenges they addressed during their tenures. Our collective goal for the next two years is to build upon that past excellence as we focus on living up to our creed and exemplify General Darnall’s legacy of value and integrity he brought to Army medicine.”

“We’re not going to limit ourselves to say we’re the best healthcare system in the Army or DoD (Department of Defense). We will be the best in America,” he said. “With the quality of individuals and clinical practices guidelines within this medical center, I know we can achieve it. Our Warriors, Veterans, and Family Members deserve nothing less.”

Sargent knows that “it’s one thing to say you’re the best, but another to back it up.”

“Our motto is not just a bunch of hype or another random tag line. It’s a reflection of our values which are an integral part of our DNA as Army medicine professionals,” he said. “It will be the foundation of our CRDAMC Strategy Map, which is our guide that helps us achieve quantitative and qualitative excellence every day.”

The motto is just a few words, but each word is wrought with power and precision and perfectly sums up the mission and vision set for the medical center.

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IP 9.0 Tell the Carl R. Darnall Army Medical Center Story



CRDAMC Commander, Col. Patrick Sargent discusses the mission and vision strategies for Darnall at one of a series of Town Hall meetings with staff held in October. A major outcome of those meetings was the adoption of the motto: “Compassionate, World-Class Healthcare - One Patient at a Time” which attendees agreed reflected the medical center’s identity as a “health care organization that exists to serve those who have served and supported our country.”

COMMANDER | CONTINUED

Compassionate, Sargent explained, is defined by the more than 3,000 dedicated employees—doctors, nurses, technicians, medical support staff—working at Darnall because they genuinely care about Soldiers and their Families.

“These professionals are highly skilled in their field and could work anywhere, but they choose to work here because they are true patriots and have chosen to serve our country by caring for its military,” he said. “Regardless of background, they demonstrate every day they are ready and willing to go above and beyond in order to help our patients get the care they need and deserve. They treat patients as if they are their own family members.”

World-class healthcare—are we in the same caliber as other major hospitals, military or civilian? He firmly believes so.

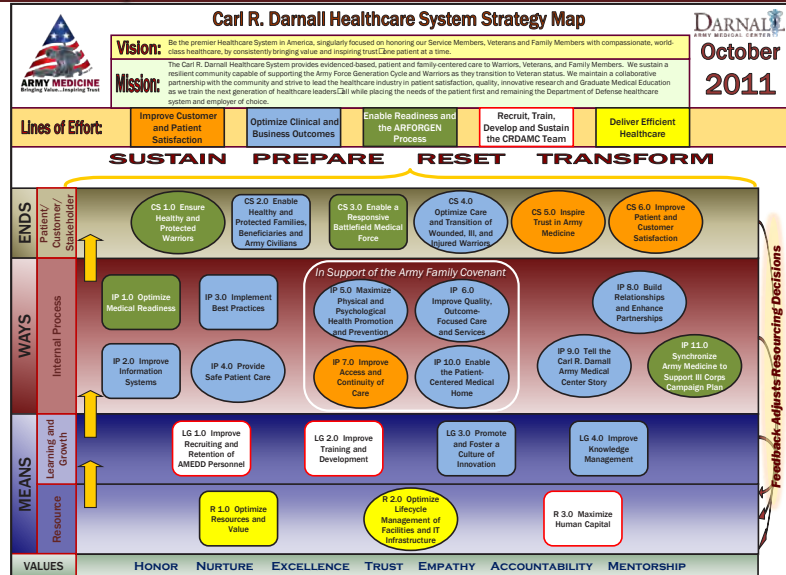
“We have many highly trained specialists and practitioners at Darnall who are unrivaled in the civilian sector. Not many hospitals can claim that more than 95 percent of their doctors passed their boards first time around,” he said. “We’re at the leading edge of technology, with the most advanced evidence-based treatments available. We initiated healthcare systems that are on the way to being best practices in Army medicine such as our alternative treatment modalities in the IOP (Intensive Outpatient Treatment Program) clinic and team approach to pain management.”

He added that Darnall is a premier learning organization which provides appropriate training, proficiencies and education processes to help develop individuals to work at the top of their speciality.

“There’s a lot of art associated with medicine along with the science. That’s why we foster a culture at Darnall that focuses on dignity and respect, yet allows for the person to innovate and practice medicine in a very evidence-based fashion,” he continued. “We strive to constantly reinvent ourselves in a positive nature, to ensure the patient experience is one that will inspire folks to seek Darnall as their first choice for medicine.”

Sargent defined the last part of the mantra, **one patient at a time**, to mean that patients are more than just a statistic or number, and that everyone will be treated with care and attention.

“We are focused on patient care. Our medical homes are already showing that Army healthcare can still deliver personal and concerned care,” he said. “It’s an awesome responsibility to be trusted with the healthcare needs of the Fort Hood community, from Soldiers deploying or re-deploying or transitioning to civilian life to family members



and retirees. Even with over 3,500 patient encounters a month, we are determined to make every patient visit a positive one.”

Sargent emphasized the importance of patient feedback, in the form of ICE or APPLS comments.

“We do listen to all feedback—good or bad. We have already put initiatives and processes in place to improve our service based on comments we’ve received,” he said. “Communication is key, as we have to have that dialog with our patients. We have to share with each other, too. What works at one clinic may also work at another. If everyone is talking, everyone’s learning and improving.”

Sargent said the care and concern for each patient goes beyond just patching up and prescribing medicines. It’s all a matter of setting patients up for success, whether they need help with a temporary issue or long term care.

“We will do whatever it takes to get them the care they need, whether it’s here or somewhere else within the system. We will step up our efforts to help educate and make patients more aware,” he said. “For instance, we’ll increase our communications on our website where we’ll have informative clips explaining what to expect for same-day surgery or options for picking up your prescriptions.”

While he said it’s important for patients to know Darnall cares about them, he said (tongue-in-cheek) it would be better if they never had to come to Darnall.

“We want to change the community culture of seeking care to one that focuses on proactive preventive measures to preclude the treat-

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Darnall behavioral health makes a difference

By Patricia Deal
CRDAMC Public Affairs

“We do make a difference in their lives,” said Lt. Col. Sharette Gray, chief of behavioral health at CRDAMC, referring to the more than 600 patients a day coming to the various Behavioral Health treatment clinics.

“Usually, it’s the one or two negative cases that get the most attention. But we have thousands of success stories where we’ve helped Soldiers improve their state of mind, develop better ways to cope and function and strengthen their resiliency,” Gray added.

CRDAMC’s Behavioral Health Department and Traumatic Brain Injury Clinic offer comprehensive services for all from mild depressive issues to severe psychosis, and everything in between, according to Gray.

“We have a dedicated staff, all going above and beyond to help their patients. They work as a team, with one goal in mind, to help Soldiers. Not only does the team work with the other clinics, they work with primary health providers, Chaplains and all other post organizations and resources to help Soldiers successfully transition to recovery,” she said.

While there’s no 100 percent guarantee, the TBI clinic offers most patients with mild brain injuries a full or near-full recovery.

“All brain injuries—from mild to severe—if undetected and untreated, can seriously impact a person’s health, but are very treatable, said Lt. Cmdr. (Dr.) Scott Mitchell, officer-in-charge of the TBI clinic. “We saw approximately 10,000 patient visits last year, and have a 98 percent return to duty rate.”

Mitchell added that the clinic provides patients with mild and moderate TBI complete care from referral and screening, to rehab and follow-up care. The clinic is staffed with all the essential health care professionals to provide patients with an individualized treatment program specific to the patients’ needs.

In addition to the latest, standard physical therapy equipment such as treadmills and balance boards and all components of an adaptive living apartment, Mitchell added they are expanding the “Return to Duty” program. The program ensures that Soldiers recovering from TBI can perform specific Soldier tasks in addition to normal life functions.

“It’s one thing to say a Soldier can perform normal life skills, but something altogether different to say he/she is Soldier ready,” said Mitchell. “We will be adding things that help specifically with warrior tasks such as rehabilitation drills in battle gear and also incorporating small arms and HMMVW rollover simulators on post.”

“We can help. We encourage all Soldiers who have had a head injury to get checked out and receive proper care. Seeking treatment is a sign of strength, not weakness. For most who sustain a concussion, you can expect a full recovery,” he said.

Master Sgt. David McCurry, a National Guardsman with the 168th Aviation Brigade from Pendleton, Ore., said he can attest to the “miraculous job” the clinic did for him.

“On my last deployment, I was the unlucky recipient of a 107mm rocket blast which threw me 30 feet,” he said. “Once something like this happens to you, it changes your whole perspective. I never would have thought that a blast to the head could affect you so drastically. I was really bad. I couldn’t walk unassisted, I was always falling down. I couldn’t speak and my short-term memory was shot.

“I know I’m lucky just to be alive, but these guys were a godsend,” he continued. “It can be frustrating, as you can’t control what’s happening to you. I never thought it would be such a struggle. The TBI folks helped me understand that it takes time to recover, but encouraged me all the while that I can get back to normal life. It’s just been a few months and already I’m making progress—I can walk unassisted and can even drive now.”

McCurry admitted that he used to think “all the mental health stuff was a waste of time,” but now knows the importance of getting help.



Patricia Deal, CRDAMC Public Affairs

Kimberly Bayes-Bautista, supervisory social worker for the CRDAMC Social Work-Out Patient Services, counsels a patient in her office. Bayes-Bautista feels a special connection to the military and made the decision a few years ago to put her years experience to help make a difference in Soldiers’ life.

“It may be difficult for Soldiers to get over their hesitancy, but we encourage everyone to seek help when they need it,” Gray said. “Besides having the most dedicated staff of professionals who genuinely care about Soldiers, our Behavioral Health services can really help you. Just as is true with Army medicine, Behavioral Health treatment in the Army typically leads the field with best practices and evidence-based treatments. Driven by the needs and challenges of its unique population, the Army continues to conduct research and studies to ensure Soldiers receive the most effective care.”

From treatment of brain injury conditions, life’s challenges, or severe stress, the therapists and counselors at CRDAMC all work towards one goal – success for the individual.

Maj. Rizwan Shah considers himself a success story. Life’s challenges—divorce, deployment stress—hit him hard during his recent stint with the 4th Combat Aviation Brigade.

Continued on Page 4



Master Sgt. David McCurry works on his balance on a rocker board as part of his rehabilitative therapy with Lt. Cmdr. (Dr.) Scott Mitchell, physical therapist and officer-in-charge of the CRDAMC TBI Clinic.

BEHAVIORAL HEALTH | CONTINUED

“I immediately fell into caretaker mode—getting all three of my children to counseling. I hadn’t thought about my own feelings, until someone asked me who was taking care of the caretaker,” he said. “Calling Ms. Bayes-Bautista was the best decision I ever made. Turns out, that counseling was just what I needed, someone to talk to, someone who wouldn’t judge me and was there just for me.”

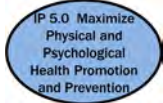
Shah added that counseling helped bring him back to his “happy self,” and that he is continuing family therapy with his children to help his family heal.

“Cases like Maj. Shah are really what make it all worthwhile. I find it so rewarding to help Soldiers,” said Kimberly Bayes-Bautista, supervisory social worker for the CRDAMC Social Work-Out Patient Services. Bayes-Bautista, an Army “brat,” made the decision to come back to her Army roots a few years ago and use her years of social work experience to help Soldiers.

“I know how military life can be, and the constant challenges Soldiers face. I also know the tough stigma that keeps Soldiers from asking for help,” she added. “Providers here truly care about Soldiers’ wellbeing. Talking to a therapist expands your support network. It isn’t a miracle cure, but it can help change negative thinking, thereby changing negative behaviors.”

While the Department of Social Work helps with many individual and family issues, the Resilience & Restoration (R&R) Center is typically the first stop for Soldiers who need

urgent and long term behavioral health services. It provides a variety of routine and ongoing care such as intake evaluations, individual and group therapy, psychological testing and medication management. The Warrior Combat Stress Reset Program (WCSRP) offers treatment for combat-related post traumatic stress disorder through various types of traditional treatments as well as complementary and alternative medicine modalities such as acupuncture, biofeedback, and pet-assisted therapy.



“Our goal is to help you get better and we’ll do whatever it takes, whether it’s traditional or alternative therapy,” said Dr. Elizabeth Stanczak, clinical psychologist at the R & R Center. “We know there are some short-comings in the system, as in any system, but bear with us and trust that we all are interested in helping you. We will make sure you get the right care for your needs.”

Stanczak said, like the others on the team, she is committed to helping Soldiers and “that they aren’t just checking boxes.” Stanczak left private practice and health services management to work with Soldiers, and convinced her husband to also join the CRDAMC behavioral health staff.

A former Soldier herself and mother of a Soldier, Stanczak said she understands what it means to be a Soldier.

“As a Soldier, you are going to have many, many experiences. Some will be good, and some not so good. When it gets to be too much, it doesn’t mean you’re less of a Soldier if you need help. It’s just a matter of achieving that balance, it doesn’t all have to be negative,” she said.

Sgt. Jason Vaughn, a recent graduate of the WCSRP, said he is grateful for how the program helped him “get back to feeling as normal as I can.”

“Before the program, everything was hard for me. My relationships struggled. I couldn’t be in crowded places. I was angry all the time,” he shared. “They really helped me. The micro-current therapy device we tried worked better than anything else in helping me relax and reduce stress. I’m so much better now. I smile a lot more. I’m getting back into the things I used to do.”



Jeri Chappelle, CRDAMC Public Affairs

Specialists Wesley Chim (right) and Joao Biscaia congratulate each other after completing the CRDAMC Warrior Combat Stress Reset Program, a three-week intensive outpatient treatment program to help Soldiers with their moderate to severe post traumatic stress symptoms.

The WCSRP program, a three-week intensive outpatient treatment program, has been quite successful in helping Vaughn and several others to deal with their moderate to severe post traumatic stress symptoms, according to Dr. Jerry Wesch, program director of the WCSRP. He said the most recent class to “graduate” included the 500th Soldier to successfully complete the program.

The Reset program and the other Behavioral Health department accomplishments and success stories send a clear message, according to Gray.

“We genuinely want to help you. We’re fully capable and skilled to help you. We have helped many Soldiers just like you,” Gray concluded. “We are doing everything we can to provide you access to the best care available. We encourage you to take advantage of our help.”

The department is growing to meet current demands and an expected surge of Fort Hood Soldiers returning from combat in the fall. She said on-going and future improvements planned include adding more providers, building new facilities, and expanding services.

“Dealing with the stresses of war is a serious issue for our Soldiers,” concluded Col. Patrick Sargent, CRDAMC commander. “At Darnall, we take your mental and physical wellbeing seriously. We don’t label or judge. You just have to get past the notion that you can go it alone. You can trust our staff of professionals to provide you with the best evidence-based treatment and care available today.”



Patricia Deal, CRDAMC Public Affairs

Specialist Guadalupe Hernandez pets therapy dog, Lady, during a visit to the CRDAMC Warrior Combat Stress Reset center.

IOP helps Soldiers with behavioral health, addiction issues

By Patricia Deal
CRDAMC Public Affairs

The Intensive Outpatient Program (IOP) Day Treatment Center for Fort Hood active duty Soldiers officially opened with a ribbon cutting ceremony Sept. 30.

The IOP, the first of its kind sponsored by the Army Medical Command within the continental U.S., is an intensive outpatient treatment program for active-duty military with post traumatic stress, anxiety, depression and alcohol or substance abuse problems. The program enhances Soldiers' recovery and resiliency through both evidence-based traditional treatment methods and complementary alternative medicine treatment methods.



Dr. Cornelia Jones (center), chief of the IOP Clinic and Nicollette Dennis, clinical supervisor, cut the ribbon to officially open the clinic Sept. 30. Lt. Gen. Donald M. Campbell Jr. (right), III Corps and Fort Hood commanding general, Col. Patrick Sargent, CRDAMC commander, and Command Sgt. Maj. Christopher Walls look on.

"The IOP clinic demonstrates the Army's and Fort Hood's commitment to our Soldiers that they deserve the best health care the Army has to offer," said Lt. Gen. Donald M. Campbell, Jr., III Corps and Fort Hood commanding general, guest speaker for the ceremony.

As Soldiers deal with tremendously stressful situations everyday in combat and in garrison, the general said that programs like this and others at CRDAMC demonstrate the Army's commitment to help Soldiers fight within themselves to cope with addictions and behavioral health concerns.

"I classify this program as a win-win, where Soldiers learn alternative coping methods, allowing them to return to duty or transition to civilian life," he added.

Colonel Patrick Sargent, CRDAMC commander, also told the audience how excited he is that there's been such a "successful return on investment through numerous rehabilitation successes and superior satisfaction ratings" since the clinic opened.

"With the spirit of innovation and teamwork that is the philosophy of CRDAMC, the IOP staff demonstrates their compassion and devotion to serving Soldiers, and the vision of making a difference in the lives of those in crisis," he said.

Since it opened in February 2011, the program has graduated 102 Soldiers out of 121 enrollments. The four week program accepts 18-21 patients per session, providing 120 hours of direct patient care.

Before the IOP, Soldiers struggling with substance abuse problems attended the post's Army Substance Abuse Program or perhaps a residential treatment program. Soldiers who suffered from both behavioral health concerns and substance abuse received additional treatment from separate providers at different clinics. The IOP offers treatment for both in one location.

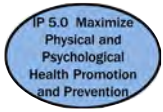
"We have therapists who are credentialed for both substance abuse treatment and behavioral

health treatment. 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 in the IOP return to their residence in the evening," said Dr. Cornelia Jones, chief of the IOP, whose treatment approach was implemented in the program.

Soldiers must first enroll in the ASAP to be referred to the IOP. Treatment is individualized to the patient and may include intensive group treatment, individual therapy, grief treatment (as needed), sleep hygiene, relationships

training, addiction processes, anger management, relapse prevention, a 12-step support groups, and psycho-education.

The program uses a multidisciplinary team approach to care, using both traditional treatment methods and complementary alternative medicine treatment methods such as Eye Movement Desensitization and Reprogramming (EMDR) and Acupuncture Detoxification (Acudetox).



"We work as a team to provide the optimal care to the patient," Jones added. "We know our treatments help, as our post-testing data shows that patients who completed the program show significant improvement with anxiety and depression."

Patients' successes are also dependent on how much they put into their treatment plan, added Jones. Patients must verbalize their willingness to attend the IOP, and "one who is motivated and dedicated to changing his/her lifestyle, can only get better."

One Soldier currently enrolled in the IOP's ninth class, came to the opening to share his story, hoping to encourage others to reach out for help.

He is outwardly optimistic about how the program will help him, adding that the treatment is helping him look at the causes of his negative behavior and helping him cope with those stressors.

"It's the only place I've been to that doesn't apply pressure or pass bad judgment. The support I've received has been more than I expected," he confided. "I know I'm going to come out of this a much better person."



Lt. Gen. Donald M. Campbell Jr. (left), III Corps and Fort Hood commanding general tours the new IOP buildings after its official opening Sept. 30.

That time again - get your flu vaccine now

By Patricia Deal
CRDAMC Public Affairs

Influenza, a contagious respiratory illness spread through the air or through contact with a contaminated object, results in more than 150,000 hospitalizations due to serious complications and more than 30,000 deaths annually in the U.S.

The influenza vaccine has been proven effective in preventing influenza infections, and the CDC and World Health Organization recommend everyone six months and older should get a flu vaccine each year.

With the flu season underway at Fort Hood, CRDAMC has already issued well over 30,000 influenza vaccines to units and clinics, according to Maj. Rosemary Wosky, from the Public Health Nursing Department.

For the military community, active-duty service members are vaccinated first, then high risk patients and health care workers and then the rest of community.

“We’ve vaccinated over 50 percent of our Soldiers as of the first week in October, and should have 90 percent vaccinated by the first of December. Additionally, we’ve already vaccinated more than 75 percent of our hospital staff,” she said. “We’re on track to meet our goal of maximum vaccinations this year.”

Primary care clinics (including Thomas Moore, Bennett, Pediatrics, Russell Col-

lier, Family Residency) and the Medical Homes in Copperas Cove, Harker Heights and Killeen, are already vaccinating family members, added Wosky. The flu vaccine is now available in primary care clinics Monday through Friday from 8 a.m. – 4 p.m. on a walk-in basis. Patients may also ask for the vaccine during a regularly scheduled appointment.

Darnall does not expect a shortage of vaccines this year. Wosky said the Medical Center received an ample supply from the U.S. Army Medical Materiel Agency.

The vaccine is available as an injection

CS 2.0 Enable Healthy and Protected Families, Beneficiaries and Army Civilians

or as a nasal spray. The injection is approved for adults and children six months and older. The nasal spray is approved only for healthy children two years and older and healthy

adults up to 49 years. Pregnant women and people who have a weakened immune system or who have chronic medical problems should not get the nasal spray since it contains a live virus. Those who live with a person with a severely weakened immune system should not get the nasal spray.

“It is highly recommended that all military healthcare beneficiaries be vaccinated,” Wosky said. “We make it as easy and convenient as possible for people to get the shot or the nasal spray. Flu vaccines are available at our military health clinics and family members and retirees can also choose to get it off-post at local civilian pharmacies.



Patricia Deal, CRDAMC Public Affairs

Colonel Patrick Sargent, CRDAMC commander, receives his nasal mist flu vaccination Sept. 30. As of the first week in October, more than 30,000 influenza vaccines have been issued to Fort Hood units, and the vaccine will be available for all military beneficiaries throughout the rest of the flu season.

“It’s reimbursable through TRICARE, and some places offer the vaccine for free. We hold various outreach events though out the community during the season where we offer the the vaccine, such as at the Retiree Health Fair (Oct. 29) or you can walk in at any clinic for your vaccine during the hours specified for giving the vaccine - no appointment necessary,” she continued.

This year’s flu vaccine composition (usually three different vaccines), as determined by the CDC, the World Health Organization and other medical officials, is the same as last year’s. No new strains are expected for this flu season.

But even though the vaccine is the same, that shouldn’t stop anyone from getting it this year, Wosky warned. Immunity to influenza viruses declines over time and may be too low to provide protection after a year.

“Everyone should get the flu vaccine, every year. It’s the single best way to protect yourself against the flu,” said Wosky. “The vaccine is simple and easy to get, it’s completely safe, and is proven to be the best defense against the flu virus. Only a minority of our patients have legitimate medical reasons to not get vaccinated. For the rest of us, it’s like an insurance policy to protect our health.”

Flu vaccines will continue to be available at CRDAMC throughout the flu season, which can peak in January, February or even later.

SEASONAL SCHEDULE

Clinic	Special Instructions	Days	Times
Thomas Moore Health Clinic Weekend Acute Care	Any Family Member 6 months and older or Retiree enrolled to any CRDAMC Clinic	Sat, Sun	8 a.m. - 11 a.m. 1 - 3 p.m.
Thomas Moore Clinic Russell Collier Clinic Bennett Health Clinic Family Medicine Residency Clinic	Any Family Member 6 months and older or Retiree enrolled to any CRDAMC Clinic	M-F	8 a.m. - 4 p.m.
Pediatric Clinic	For enrolled Children, By Appointment 286-7700	M,T,Th,F No vaccinations on Wednesday	9 a.m. - 11:00 a.m. 1:00 p.m. - 3:00 p.m.
Internal Medicine Clinic	Patients enrolled to the clinic	M,T,W,F Thursday Closed:	8 a.m. - 3:30 p.m. 10 a.m. - 3:30 p.m. 11:30 a.m. - 12:30 p.m.
Allergy & Immunization Clinic at Thomas Moore Health Clinic	Any Military Beneficiary w/ID Card - 7 years and above	M,W,F	1 - 4 p.m.

TRICARE beneficiaries enrolled to an off-post provider may receive their flu-vaccine at their assigned clinic or at one of the locations listed above.

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.

“ **Warrior Combat Stress Reset Program (WCSR) (Bldg 36043) - positive ICE comment**
September 26: EXCELLENT STAFF - Only positive things to say. Would recommend to any soldier in the US Army. Gives you tools to cope and relax with any stressor!!! ”

“ **Occupational Health, DPM (Bldg 36001) - positive ICE comment**

September 26: Donna Valentine Smith, LVN has impressive bedside manners. I have a needle phobia. Last year when Donna administered the PPD and Influenza vaccine on me, I did not experience any needle prick at all. This year I specifically requested that she gives me the Flu shot. She did it great again. KUDOS to Donna! I hope all the Nurses who administer the vaccine have a soft touch like Donna, then nobody will have needle phobia. ”

WTB's new wheels expands job opportunities for Warriors in Transition

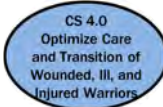


Gloria Montgomery, WTB Public Affairs

By Gloria Montgomery,
WTB Public Affairs

Job internship opportunities for Fort Hood's wounded, ill, or injured Soldiers just got a little more mileage, thanks to the Association of the United States Army (AUSA) and Killeen-area Automax donation of a 15-passenger van to the Warrior Transition Brigade.

The new set of wheels will enable Warriors in Transition to accept six-month internships with Waco-area federal agencies. Previously, transportation issues limited federal internship opportunities, known DOD-wide as Operation Warfighter, to the I-35 corridor south of Killeen to Austin.



More than 200 Warriors in Transition have participated in WTB's work-study program since 2009. Currently, there are 29 Soldiers interning with such agencies as the Departments of Veterans Affairs and Homeland Security, as well as the IRS, TSA and FEMA. Operation Warfighter not only allows wounded, ill or injured Soldiers to build their resume, develop job skills and gain valuable experience, but it also educates federal agencies on the value added by hiring a veteran.

Warrior Transition Brigade (WTB) commander, Col. John Kolessar (center), accepted the keys to the decorated van from AUSA representative, Ron Taylor in a ceremony Oct. 6 at Fort Hood. Shown from left: Phil Agnello, Automax; Billy Mills, president, Killeen Chapter, AUSA; Taylor; Lt. Gen. (Ret.) Don Jones; Colonel Kolessar; Command Sgt. Maj. Kyle Crump, WTB command sergeant major; Lt. Gen. Donald M. Campbell Jr., III Corps commanding general; and Command Sgt. Maj. Arthur L. Coleman Jr.

COMMANDER | CONTINUED

ment from having to occur. We want everyone to take an active role in their own health care," he said. "I want to go from a 'healthcare system' to a system of health."

Confident that the hospital will live up to its mantra, Sargent acknowledges that it's not going to be an easy process.

"The decades of conflict have definitely stressed the Army healthcare system. We face the challenge of having to help increasing numbers of Soldiers, many who are going to need long term care," he said. "Fort Hood will see the brunt of it, with some 24,000 Soldiers coming back from October to March. We will be saturated."

Sargent anticipates that the predicted surge will cause the hospital to further exceed the access to care standards set by TRICARE.

"We simply can't deliver all the required medical care through this facility. I wish we could, but the reality is that we can't," he stated. "That's

why it is absolutely vital that we maintain collaborative relationships with local healthcare facilities and the VA. We need to welcome them to our team, all having the same goal—to provide the best possible medical care for the patient."

In closing, the commander said that simply stated, his mission and vision goes back the mantra, "compassionate world class healthcare, one patient at a time."

"Those words, along with our 'bible,' the Balanced Scorecard, are what guide us along the path to excellence. All employees need to know where they fit in the balanced scorecard, how they themselves bring value to the organization in a measurable, achievable time/results-oriented way," he concluded. "I truly believe everybody wants to bring value. No one heads to work and thinks 'I'm going to upset 65 people today and get as many ICE complaints as I can.' We have to trust that all of us have done our level best to be the most efficient team possible."

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 for 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 254-288-8488.



Drug Take-Back Day Oct. 29

Fort Hood is conducting a pharmaceutical drug take-back event on Oct. 29 as part of National Drug Take-Back Day. The drop-off locations will be at the Moore Health Clinic in conjunction with the Retiree Health Fair and the front of Clear Creek Post Exchange (PX). This is a perfect opportunity to safely dispose of all unused and expired pharmaceuticals.

Darnall supports Breast Cancer Awareness with walk-in mammograms, "Pink Heals" fire truck



By Brandy Gill
CRDAMC Public Affairs

Carl R. Darnall Army Medical Center will celebrate Breast Cancer Awareness Month Oct. 25 from 7:30 a.m. – 3 p.m. at the hospital with the "Pink Heals" fire truck, walk-in mammogram screenings, and a display featuring breast health self examination education.

The event will kick off at 7:30 a.m. with walk-in annual screening mammograms in the CRDAMC Radiology Department for TRICARE-eligible beneficiaries who are 40 years or older. Screenings will continue until 3:45 p.m. or until the last walk-in patient has been seen.

The pink fire truck will be in front of the hospital from 9 a.m. – 3 p.m. Those who are currently fighting cancer or who have beaten cancer are invited to come and sign the truck and take pictures or videos with the firefighters who travel the country promoting breast cancer awareness.

An information table highlighting breast health awareness and self examination techniques will also be set-up in Darnall's front entrance lobby throughout the day. It is sponsored by CRDAMC healthcare professionals who will discuss the importance of self exams, identifying suspicious lumps or masses and when to seek advice from a primary care manager. They will also have free educational give-aways for all who attend.



Beneficiaries who are unable to participate in the walk-in mammogram opportunity can call and schedule an appointment for their regular annual mammogram screening with the CRDAMC Radiology Department and Mammography Clinic at 254-288-8332.



Patients who believe they have a suspicious spot, lump or mass, or who are concerned about their breast health for any reason, should see their primary care provider immediately.

One in eight women in the U.S. will develop breast cancer in her lifetime. Breast cancer is the second leading cause of cancer deaths in women after lung cancer.

Early detection of breast cancer is increased dramatically by a regular schedule of breast self-exams, mammograms and clinical breast exams.