



THE INNOVATOR

OPTIMIZING COMBAT CASUALTY CARE



SEPTEMBER 2013

THE NEWSLETTER OF THE U.S. ARMY INSTITUTE OF SURGICAL RESEARCH



USAISR Research Recognized at Annual CCC Symposium

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Burn Center Rehab ADL Room Remodeled

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Mac n Cheese Cook-off Winner

CDR's Corner



Col. (Dr.) Michael A. Weber
Commander, USAISR

“Optimizing Combat Casualty Care”

Hello ISR,

Before looking forward, I want to acknowledge two very significant events during our very busy month of August. First, I want to thank everyone who was involved in the preparation and presentation of science at the 2013 Military Health System Research Symposium. I am very impressed and very proud to be associated with the amazing work produced by our institute. I am grateful for the leadership of Maj. Gen. Joseph Carvalho, Col. Dallas Hack and many others who worked tirelessly to create this important opportunity. One of the best ways we can demonstrate our appreciation is the prompt submission of the manuscripts that were presented at the meeting. Second, I want to thank the Army Civilian Corps members who uniquely bore the burden of furlough. Your professionalism and dedication to duty are

examples of excellence I will carry with me for the rest of my life.

Looking forward to the month of September, we have several holidays and observances that will be fun and significant. We start the month with Labor Day on September 2 and Maj. Gen. Carvalho authorized me to grant a four-day weekend for the ISR. Rosh Hashanah is a Jewish Holiday and starts on the evening of September 4. It celebrates the Jewish New Year on the 1st day of Tishrei and the year will be 5774. A common greeting is shana tova which means “have a good year.” Many Jewish families celebrate with challah which is a combination of bread and apples dipped in honey. The celebration continues until the evening on September 6. Ten days later, Yom Kippur (Day of Atonement) is observed and celebrated.

By Presidential proclamation, Americans observe Patriots Day when we are called on to participate in a moment of silence beginning at 8:46 a.m. Eastern Daylight Time on September 11. Flags will be displayed at half-staff in honor of the individuals who lost their lives.

On September 29 we observe Gold Star Mother’s Day. Each year the President calls on all Americans to display the Nation’s flag and hold appropriate events to publicly express our love, sorrow and reverence toward the service of our Gold Star Mothers and their sacrifices to our Nation.

September is the kickoff for college and professional football. Please plan your celebrations carefully and enjoy responsibly. September is also the kick-off for the Combined Federal Campaign (CFC). Our project officer is Capt. Jessica Slack and my goal is for every member of our Institute to be contacted by a CFC representative. Our Institute’s target this year is \$29,000.

The last event I want to mention is the change-of-command for our senior mission commander. Maj. Gen. Perry Wiggins will be promoted to Lt. Gen. and take command of U.S. Army North from Lt. Gen. William Caldwell on September 4. We bid Lt. Gen. Caldwell and his family bon voyage as they retire from federal service and begin the next chapter of their lives as Lt. Gen. Cald-

CDR continued on page 5



Col. (Dr.) Michael Weber fills out a CFC pledge form to kick-off the CFC campaign with Capt. Jessica Slack, the USAISR CFC project officer.



ARMY MEDICINE

Serving To Heal...Honored To Serve

The Innovator is an authorized publication for members of U.S. Army Institute of Surgical Research, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense or the Army. Editorial content is prepared by the ISR Public Affairs Officer. 210-539-5470 or DSN 429-5470

SGM Says



ISR Sergeant Major
Vincent M. Herrington

**“Protect and Sustain,
Lead From the Front”**

Congratulations to all the awardees for last month’s awards ceremony. Thank you for your hard work and dedication to the Institute. Also congratulations to the following newly promoted Soldiers: Maj. Jonnie Robbins, Maj. Michael Meissel, Sgt. 1st Class Mike Calaway, Staff Sgt. Khanesha Murrell, Sgt. David Lyons and Sgt. Jamar Williams. Welcome to all the newly assigned Soldiers and family members who have arrived just before Fall and the start of a new school year.

As we close out Fiscal Year 2013, let us not forget the tragic events of 9/11/2001. As we approach the anniversary of that day, we should be reminded of the courage, bravery, and resolve our Nation and others showed in the face of terror. Since 9/11, the USAISR has proudly improved combat casualty care in many ways. Thanks to the USAISR Team for supporting the Overseas Contingency Operations.

Photo right:
Maj. Jonnie Robbins, left, recites the “Oath of Office” administered by Maj. Scott Phillips during his promotion ceremony August 1.



Sgt. Major Vincent Herrington, right, welcomes Maj. Wylan Peterson back from deployment August 23.

“Since 1775, generations of American citizens have worn the uniform of a Soldier and fought at home and on foreign soil. Today our Soldiers chase terrorists over the 12,000-foot mountaintops of Afghanistan and carry out precision attacks in the cities and towns of Iraq. The men and women of our Army have protected millions of Iraqi and Afghan citizens as they voted. Now they are building roads, bridges, schools, and hospitals, and are providing water and electricity to the people of these nations. The mission and the theater of operation may change, but throughout the world, our Soldiers are still those boots on the ground who answer the call to duty.”

-SMA Kenneth O Preston,
“Soldiers: America’s Strength,”
ARMY, October 2008, p. 34



Collaboration Key to Burn Care Innovation



Left to right: Col. (Dr.) John Scherer, Director of the Clinical and Rehabilitative Medicine, USAMRMC; David G. Baer, Ph.D., USAISR Director of Research; and Col. (Dr.) Todd Rasmussen, Deputy Director of the USAMRMC Combat Casualty Care Research Program discuss advances in burn care during a roundtable discussion at the 2013 MHSRS Aug. 15.

By Steven Galvan
USAISR Public Affairs Officer

“We’re on the verge of having a new day-to-day world in burn surgery.” Those were the words used by expert Dr. James H. Holmes IV, Wake Forest University Baptist Medical Center’s Burn Center’s director, at the 2013 Military Health System Research Symposium (MHSRS) Aug. 15 in Fort Lauderdale, Fla., as he discussed the state of health care for our country’s burn patients.

Holmes was describing two emerging procedures--both related to skin care --which he believes will revolutionize burn care.

Holmes shared his thoughts during a roundtable discussion with medical experts from the U.S. Army Medical Research and Materiel Command, including U.S. Army Institute of Surgical Research Director of Research David G. Baer, Ph.D; Director of the Clinical and Rehabilitative Medicine Program Army Col. (Dr.) John Scherer; and Deputy Director of the Combat Casualty Care Research Program Air Force Col. (Dr.)

Todd Rasmussen.

Traditional treatment for skin care on burn patients has been to use autographs, which means taking healthy skin from another part of the body to use at the damaged location. Issues arise when a patient has a large burned area. If more skin needs to be harvested, however, the donor site must complete-

“We’ve invested heavily in ways to engineer and grow skin that can be collected from a small patch between the size of a quarter and a silver dollar, processed and grown in a lab and then returned to the patient. So a very small donor site can be used to treat a large area.”

David G. Baer, Ph.D.
USAISR Research Director

ly heal before it can be re-harvested. This can leave a patient vulnerable to infection and other complications. An-

other option is to temporarily use grafts from cadavers or artificial skin, which could lead to other complications such as the body’s rejection of the graft.

“We’ve invested heavily in ways to engineer and grow skin that can be collected from a small patch between the size of a quarter and a silver dollar, processed and grown in a lab and then returned to the patient,” explained Baer. “So a very small donor site can be used to treat a large area.”

Baer said they are also exploring “spray on” skin.

Holmes credits the advancements in burn care and regenerative medicine to the direct support and collaboration of the military and funding by the Department of Defense (DoD).

“We’ve done a lot to improve burn surgical care,” said Scherer. “We are in this business to change the practice of medicine and make the lives of not only those in the military, but those outside the military better.”

“We could not have gotten this far without it,” said Holmes.

Baer agreed, “Collaboration is the secret to innovating in this area.”

Company Notes



Company Commander
Capt. LaShawna N. Ray

Welcome to the ISR family: Sgt. 1st Class Hugo Roman and his wife welcomed a daughter Mya Leilani on August 23. Mother and daughter are doing well.

Congratulations to Sgt. William Vidal and Spc. Andrew Ludescher for their selection as NCO and Soldier of the quarter, respectively, for the third quarter and Sgt. Daniel Zimmerman and Spc. Mark Cua for being selected as NCO and Soldier of the month, respectively, for August 2013. Their photographs will be on display in the company area.

USAISR T-Shirts sales have been going very well. The sale of the t-shirts will help the events committee offset

the cost of our upcoming events this fall and winter. If you are still interested in purchasing a t-shirt, please contact the staff at the company training room. The cost will be \$15.00 (\$17.00 for 2XL and 3XL). I would like to thank Spc. Edwin Demars for coming up with the different designs and finding the vendor.

I want to extend thanks out to Sgt. Shanelle McNair and the entire Dining-In committee for putting together a great event. We could not have done this without the support of the entire ISR family. Thank you for contributing greatly in the different fundraising events: the hot dog sale, potato sale, bake sale, and the gift baskets were a tremendous success. Thanks again to everyone who participated.

We have an upcoming range scheduled for September 12. The Engagement Skills Trainer Preliminary Marksmanship Instruction is schedule for September 5. Please make note of this on your calendars and coordinate with Staff Sgt. Jaime Torres-Mendoza or your NCOIC to attend.

I would like to ask everyone to take a few minutes to complete the command climate survey. These surveys are completely anonymous, unless you decide to put your name in any of the comments. The demographic data is not associated with the answers, please don't think we can look at the demographics and figure out who wrote what, we are unable to do that. Your answers help us help you. Thank you all for everything that you do each day to help us be the best organization in the U.S. Army Medical Research and Materiel Command!

CDR continued from page 2

well becomes the president of Georgia Military College. Many of us met Maj. Gen.(P) Wiggins when he and Command Sgt. Maj. Hu Rhodes toured the Institute. We all appreciate their support and we look forward to their leadership as the senior mission command team of Fort Sam Houston. Thank you for all you do. Hoah!



NCO of the Quarter
Sgt. William Vidal



Soldier of the Quarter
Spc. Andrew Ludescher



NCO of the Month
Sgt. Danile Zimmerman



Soldier of the Month
Spc. Mark Cua

ISR staff attend annual research symposium



Jose Salinas, Ph.D., left, is presented an Award of Excellence August 12 for his leadership of the team that developed and commercialized the Burn Resuscitation Decision Support System-Mobile.

By Steven Galvan
USAISR Public Affairs Officer

More than fifty U.S. Army Institute of Surgical Research staff members were among the hundreds of military medical clinicians and scientists to attend the 2013 Military Health System Research Symposium (MHSRS) at the Harbor Beach Marriott in Fort Lauderdale, Fla., August 12-15.

During the opening session, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness Dr. David J. Smith welcomed attendees and addressed the value of the 4-day Department of Defense conference, which brings together scientific military, academia, industry leaders and researchers from around the globe to discuss advancements in research and health care developments in the areas of combat casualty care, military operational medicine, clinical and rehabilitative medicine, and military infectious

disease programs.

“This really is a mission-essential symposium and its of critical importance because it provides a forum to

address the unique medical needs of our warfighter in a collaborative environment where the (military health system) providers with deployment experience, scientists, academia and industry experts come together to exchange scientific information, drive innovation and ensure continued advancement in military medicine,” said Smith.

The conference is the careful combination of three previous conferences: the former Advanced Technology Applications for Combat Casualty Care Conference, the Air Force Medical Service Medical Research Symposium, and the Navy Medicine Research Conference. By combining these into one event, the meeting serves as a critical strategy session for leaders to set future milestones for DoD’s deployment-related medical research programs, centered on the warfighter’s needs.

“Our fighting men and women ask three things from us. Number one is that we give them the best training and

MHSRS continued on next page



Col. (Dr.) Philip DeNicolo, left, is presented an Award for Excellence (Silver Award in the poster presentation) August 15 by Col. (Dr.) Dallas Hack, Director of the Combat Casualty Care at U.S. Army Medical Research and Materiel Command.



Maria Serio-Melvin talks about the process of getting the Burn Resuscitation Decision Support System-Mobile FDA-approved during a plenary session August 14.

MHSRS continued from page 6

the best equipment in the world. Number two is that we give them the best medical treatment in the world, and number three is that we do not leave any American behind,” said Congressman John C. Fleming, M.D., from the 4th Congressional District in Louisiana and a member of the Armed Services Committee, who attended this year’s MHSRS plenary session.

Research has led to many health care advancements in combat casualty care during the past decade, but military leaders emphasized that the work doesn’t end when troops return home.

“As combat draws down, military medicine must continue at full pace because we have thousands of beneficiaries with complex, unique physical and mental injuries,” said Maj. Gen. Joseph Carvalho Jr., commanding general of the USAMRMC and Fort Detrick. “We must not lose momentum.”

During the symposium, some USAISR staff members were recognized for their research. Research Task Area Program Manager for Comprehensive Intensive Care Research Jose Salinas,

Ph.D, received the MHSRS Award of Excellence for his leadership of the team that developed and commercialized the Burn Resuscitation Decision Support System-Mobile. Col. (Dr.) Philip DeNicolo, Chief of Regenerative Medicine at the Dental and Trauma Research Detachment was presented an Award of Excellence (Silver Award in the poster presentation); and Bopaiah Cheppudira received an Honorable Mention certificate (poster presentation).

“This award shows how all our team

members work together, not just with other organizations at MRMC, but with an outside commercial partner to take this project from concept development, prototyping, and finally into a fully developed and FDA-cleared medical device,” said Salinas. “This would not have been possible without the full support of the ISR leadership and the MRMC.”

DeNicolo accepted the Silver Award for dental research collaborated with the Naval Medical Research Unit—San Antonio and the Center for Army Medicine Strategic Studies.

“This award signifies the importance of research in dental trauma,” he said. “Work in this area not only increases military readiness, it saves the Department of Defense money. We are very proud of this recognition and look forward to continuing work in this area.”

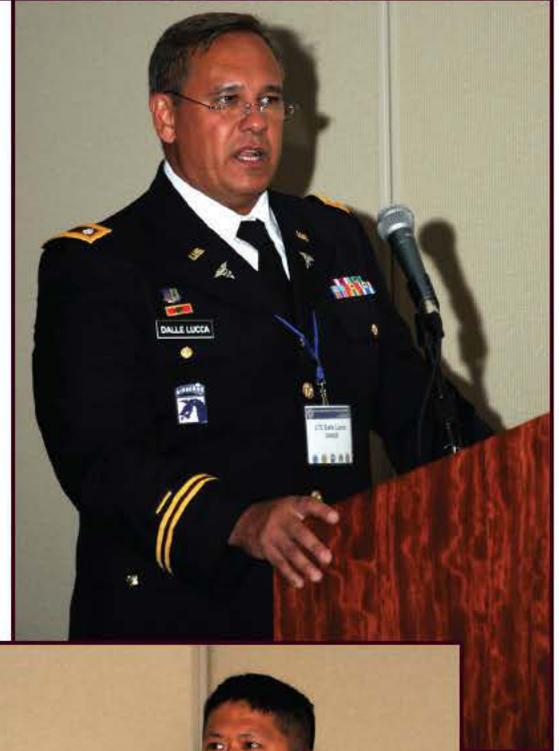
“Congratulations not only to these two task areas, but to all of the staff members of our Institute who presented and represent the Institute at the symposium,” said Col. (Dr.) Michael A. Weber, Commander USAISR. “Our research to improve outcomes for the wounded warfighter continues to be a priority, and these awards are one way which shows our commitment to optimizing combat casualty care.”

MHSRS photos on pages 8 and 9

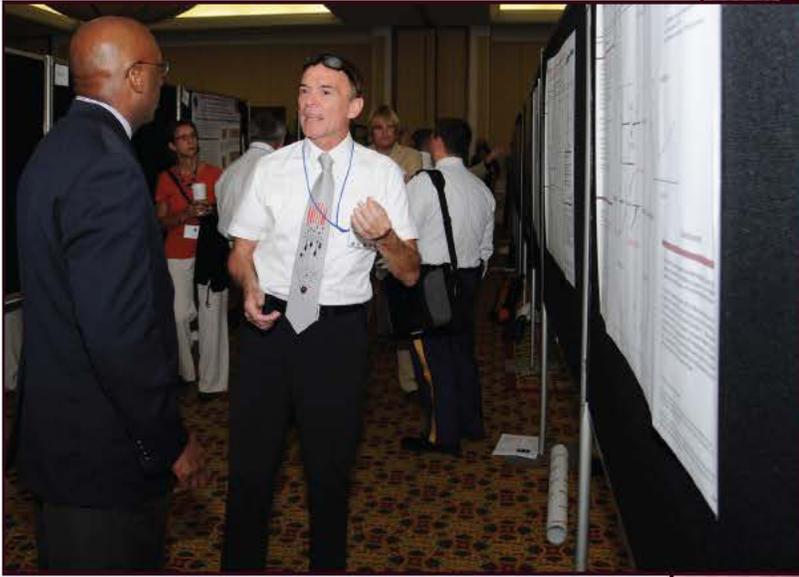


Lt. Col. Jurandir Della Lucca presents his poster during the poster presentation session August 13.

Plenary Sessions



Poster Presentations



September Health News

By Maria G. Dominguez, R.N. COHN-S/CM Occupational Health



Ahhh! September brings back to school, thoughts of fall and cooler weather. Each changing of the seasons changes us, reminding us to love the time we have, to find in every moment, every minute, all the meaning in it.

Everywhere we hear: health, wellness, change your eating habits, exercise, walk, etc. There are several wellness initiatives like: "America on the Move," Mrs. Obama's "Let's Move," and our Army's "Performance Triad Stand up for Health Day".

The National Institute for Occupational Safety and Health and partners are promoting the Health, Safety, and Wellness of Federal Workers. Healthier workers are more productive workers.

The LifeSpace.com website is where we make decisions on activity, nutrition and sleep (ANS). Army Medicine's operational approach to these three key components of health is activity, nutrition, and sleep. This is the Performance Triad.

No matter what your goal is, you can begin by adding just two small changes to your day.

Do you and your coworkers form walking groups, discuss physical activity with each other, or encourage one another to make healthy choices? For example, is your lunchtime long enough to allow time physical activities. There may be places in and around your workplace where you can be more physically active.

Hallways, courtyards, and gardens

In the Spotlight

Terry Slater Bakewell

Job title: Battlefield Pain Management Research Associate

How long have you worked at the ISR? 4 1/2 years

What or who has been an inspiration to you in your work?

Diana Townsend and Brenda Tallmon were my Diag I and II teachers at Health Careers High School. They made me realize the importance of what goes on in a lab and taught everything from parasitology to urinalysis to blood banking and hematology. It was hard work that taught me a lot and they made it fun. I bring that with me and just working at the ISR inspires me every day. I've been here long enough to see one of "our" Soldiers come back from theatre, spend months in the ICU and transition to the CFI. Working here in pain research, it's not hard to keep the bigger picture in mind.

What is your favorite part of your job? Pathology. I love cutting different tissue on the cryostat and then staining them.

Your proudest achievement? Getting my bachelor's degree. I had to take 18 hours the fall semester and 23 hours in the spring in order to graduate, but I made it and am doing what I love.

Short- and long-term goals: Personally: buying a house with my husband and starting a family. Professionally: I've been out of school too long and I'm ready to go back for at least my master's, but I am looking at different doctoral programs at University of Texas Health Science Center at San Antonio as well.

Hobbies: Cycling, scuba, hiking, camping, photography, reading, cooking, travel, and recently dog walking our Great Dane puppy.

Favorite book: Harry Potter

Favorite movie/TV show: Phantom of the Opera

Favorite quote: "The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen." Elizabeth Kubler Ros



are great places to take short walks. Look for different routes to eliminate boredom. Add physical activity to your daily routine by taking the stairs rather than an elevator or escalator. You can also include stairs in your short walks through the building while breaking from work. Adding just one more flight of stairs during a short walk can be can be beneficial to your health.

Become aware of opportunities to

build activity into your daily routine. For example, whenever possible, get up and move while talking on the phone, walk farther to do daily tasks such as faxing and photocopying. Also, walk to a co-worker's office to deliver a message rather than sending an email. Choose to walk to a restroom on another floor rather than the one closest to your office. Apply these concepts to other daily tasks and you'll be well on your way to a healthy lifestyle!

Safety Notes

By Stephanie L. Truss
Health, Safety and Environmental Specialist



School buses are one of the safest forms of transportation on the road today. In fact, according to the National Highway Traffic Safety Administration, riding a bus to school is 13 times safer than riding in a passenger vehicle and 10 times safer than walking to school. The reality of school bus safety is that more children are hurt outside the bus than inside as passengers. Most of the children who lose their lives in bus-related crashes are pedestrians, four to seven years old, who are hit by the bus or by motorists illegally passing a stopped school bus. For this reason, it is necessary to know the proper laws and procedures for sharing the road safely:

- All 50 states have a law making it illegal to pass a school bus that is stopped to load or unload children.
- School buses use yellow flashing lights to alert motorists that they are preparing to stop to load or unload children. Red flashing lights and an extended stop sign arm signals to motorists that the bus is stopped and children are getting on or off the bus.
- All 50 states require that traffic in both directions stop on undivided roadways when students are entering or exiting a school bus.
- While state laws vary on what is required on a divided roadway, in all cases, traffic behind the school bus (traveling in the same direction) must stop.
- The area 10 feet around a school bus is where children are in the most danger of being hit. Stop your car far enough

from the bus to allow children the necessary space to safely enter and exit the bus.

- Be alert. Children are unpredictable. Children walking to or from their bus are usually very comfortable with their surroundings. This makes them more likely to take risks, ignore hazards or fail to look both ways when crossing the street.
- Never pass a school bus on the right. It is illegal and could have tragic consequences.

Sharing the road safely with child pedestrians All drivers need to recognize the special safety needs of pedestrians, especially those that are children. Young, elderly, disabled and intoxicated pedestrians are the most frequent victims in auto-pedestrian collisions. Generally, pedestrians have the right-of-way at all intersections; however, regardless of the rules of the road or right-of-way, you as a driver are obligated to exercise great care and extreme caution to avoid striking pedestrians.

- Drivers should not block the crosswalk when stopped at a red light or waiting to make a turn. Do not stop with a portion of your vehicle over the crosswalk. Blocking the crosswalk forces pedestrians to go around your vehicle and puts them in a dangerous situation.
- In a school zone when a warning flasher or flashers are blinking, you must stop to yield the right-of-way to a pedestrian crossing the roadway within a marked crosswalk or at an intersection with no marked crosswalk.
- Always stop when directed to do so by a school patrol sign, school patrol officer or designated crossing guard.
- Children are the least predictable pedestrians and the most difficult to see. Take extra care to look out for children not only in school zones, but also in residential areas, playgrounds and parks.
- Don't honk your horn, rev your engine or do anything to rush or scare a pedestrian in front of your car, even if

you have the legal right-of-way.

Take extra precautions in school zones and neighborhood areas where children and teenagers might be riding.

On most roadways, bicyclists have the same rights and responsibilities as other roadway users and often share the same lane, but bicycles can be hard to see. The riders are exposed and easily injured in a collision. Oncoming bicycle traffic is often overlooked and its speed misjudged. Children riding bicycles create special problems for drivers because they are not capable of proper judgment in determining traffic conditions.

- When passing a bicyclist proceeding in the same direction, do so slowly and leave at least a distance between you and the bicycle of no less than 3 feet. Maintain this clearance until you have safely passed the bicycle.
 - The most common causes of collisions are drivers turning left in front of an oncoming bicycle or turning right, across the path of the bicycle.
 - When your vehicle is turning left and there is a bicyclist entering the intersection from the opposite direction, you should wait for the bicyclist to pass before making the turn.
 - If your vehicle is turning right and a bicyclist is approaching on the right, let the bicyclist go through the intersection first before making a right turn. Remember to always use your turn signals.
 - Watch for bicycle riders turning in front of you without looking or signaling, especially if the rider is a child.
 - Take extra precautions in school zones and neighborhood areas where children and teenagers might be riding.
 - Watch out for bikes coming out of driveways or from behind parked cars or other obstructions.
 - Check side mirrors for bicyclists before opening the door.
- Some communities may fine drivers for collisions caused by opening a vehicle door in the path of a bicyclist.

WWP remodels Burn Center ADL room



Dr. Alan Young, Col. (Dr.) Michael Weber, and Sgt. Maj. Vincent Herrington officially open the newly-remodeled Activities of Daily Living Skills room during a ribbon-cutting ceremony August 7.

project and understands firsthand the importance of the ADL.

“It reduces tension for the patients and sets them up for success,” he said.

Arredondo, a retired Army sergeant, lost his left hand in Iraq in 2005 when his vehicle was hit by an improvised explosive device. Having to personally learn self-care skills as an amputee and overcoming the challenges of his new life with only one hand gave him the drive to pursue the remodeling and completion of the ADL.

“It’s very important for patients to be in an environment where they can learn self-care skills while still in the hospital,” said Arredondo. “We [WWP] wanted to do this for burn center patients because of what they have to go through during the rehabilitation process. This room provides them the opportunity to learn the new skills that they need to take care of themselves when discharged and on their own.”

The ADL was remodeled with new

By Steven Galvan
USAISR Public Affairs Officer

The U.S. Army Institute of Surgical Research Burn Center’s Rehabilitation Unit held a ribbon-cutting ceremony August 7 for the newly remodeled Activities of Daily Living (ADL) skills room. The Wounded Warrior Project (WWP) donated the funds to remodel the apartment-like room which has two primary purposes.

“It offers therapeutic activities in a natural setting,” Chief of Rehabilitation, said Capt. Don Hawkins. “The second is so that our therapists can identify patient needs and teach them techniques and skills to help them become independent or request devices or equipment that will allow them to perform self-care chores with a higher level of independence.”

Juan A. Arredondo, a WWP warrior

outreach coordinator, organized the

ADL continued on next page



The newly-remodeled Activities of Daily Living Skills room funded by the Wounded Warrior Project.



Col. (Dr.) Michael Weber and Sgt. Maj. Vincent Herrington, center, with members of the Wounded Warrior Project who were in attendance at the Activities of Daily Living Skills room ribbon-cutting ceremony August 7.



Burn Center patient Casey Carson works on getting in and out of his wheelchair, above, and cooking a meal in the Activities of Daily Living Skills room August 28.

ADL continued from page 12

bedroom and dining room furniture, washer and dryer, kitchen appliances, and all the necessities to perform everyday living activities like cooking, bathing, dressing, and grooming.

“The burn center is blessed to have the support and friendship of the Wounded Warrior Project,” said Hawkins. “The décor of the completed ADL apartment is very modern and offers a warm, inviting feel as would be expected from an apartment within our community.”



Juan A. Arredondo, a Wounded Warrior Project warrior outreach coordinator presents Col. (Dr.) Michael Weber with a plaque to be displayed outside the door of the Activities of Daily Living Skills room.



Around the ISR



Top left: The ISR Armadillos intramural flag football team in a huddle after a scrimmage August 26. Photo by Calvin Cooper.
Top right: Sgt. Jacqueline Mason serves donuts August 23 for donations for the upcoming Dining-In.
Center right: Lt. Col.(P) (Dr.) Booker T. King, Burn Center Director, hangs the American Burn Association certificate in the Burn Center August 20.
Bottom left: Col. (Dr.) Michael Weber, right, presents Lt. Col. Lawrence Petz with a Certificate of Promotion during his promotion ceremony August 1.
Center left: ISR Deputy Commander, Lt. Col. (Dr.) . Michael Davis cuts a birthday cake August 9. Photo by Capt. LaShawna N. Ray.

The Innovator

Around the ISR, continued



Top left: Staff Sgt. Jaime Torres-Mendoza, left, presents Staff Orlando Hernandez with a Texas flag during his retirement ceremony August 22.
Top right: Nia Woody, left, and her 4X400 relay team at the AAU Junior Olympic Games in Ypsilanti, Mich. Photo by her mother, Staff Sgt. Tiffany Baldwin.
Center right: Maj. Jonnie Robbins gets his Major Oak Leaf put on his uniform by his daughters during his promotion ceremony August 1.
Bottom right: Col. (Dr.) Michael Weber, right, presents U.S. Army Medical Research and Materiel Command Soldier of the Year, Spc. Stephen Holmes with a Soldier of the Year trophy August 29.
Center left: Lt. Col.(P) (Dr.) Booker T. King gives U.S. Army Medical Command Chief of Staff Uldric L. Fiore Jr. a tour of the Burn Center August 22.

Back When...



Can you guess who this ISR staff member is? This photo was taken in 2004 when she was a sergeant in the Army and deployed to Iraq.

Last Month's Answer:



Johnathan J. Abercrombie
Dental and Trauma
Research Detachment



Capt. Natasha Benton wins the Burn Center Mac n Chees Cook-off August 20.

August Awards Ceremony

Army Commendation Medal

- Staff Sgt. Seth Holland
- Sgt. James McAlister IV
- Spc. Stephen Holmes

Army Achievement Medal

- Staff Sgt. Tiffany Baldwin
- Sgt. Roman Castaneda
- Sgt. William Vidal
- Sgt. Daniel Zimmerman
- Spc. Brian Brown

Commander's Award for Civilian Service

- Michael Barba
- Hope Greeley
- Elizabeth Hayes
- Colleen Mitchell
- C. D. Peterson
- Reuben Salinas
- Sarah Shingleton

Joint Service Achievement Medal

- Maj. Stuart Tyner
- Staff Sgt. Cameron Hubbard

Certificate of Achievement

- Staff Sgt. Cameron Hubbard
- Sgt. Khanesha Murrell
- Spc. Brian Brown

Military Outstanding Volunteer Service Medal

- Staff Sgt. Cameron Hubbard
- Staff Sgt. Jaime Torres-Mendoza

Achievement Medal for Civilian Service

- Irene Polykratis

