JTS Designated Defense Center of Excellence

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Scan 2-D code for USAISR web site link
“Optimizing Combat Casualty Care”

Hello ISR,

Before looking forward, I want to acknowledge a few significant events during our very busy month of July. We welcome the safe return from Afghanistan Maj. (P) Lawrence Petz, Maj. Stuart Tyner, and Staff Sgt. Cameron Hubbard. It is important for all of us to remember that we are still deploying our military Army Professionals and currently have seven personnel supporting U.S. Central Command operations in Afghanistan. I also want to express my appreciation to our civilian Army Professionals who are uniquely burdened by furlough, yet still maintain their Esprit de Corps.

The ISR fielded a great team to compete in the U.S. Army Medical Research and Materiel Command (MRMC) NCO and Soldier of the Year (SOY) competitions. Please help me in congratulating Spc. Stephen Holmes who won the SOY competition and will now represent MRMC at the Army Medical Command SOY competition. Lastly, in July, we had two key leader changes with Lt. Col. Michael Davis taking over as the ISR deputy commander and Lt. Col. Booker T. King taking over as the director of the Burn Center.

Looking forward to the month of August, there are some important holidays and fun observances. Eid al-Fitr will be celebrated on August 8. This holiday is celebrated on the first day of Shawwal in the Islamic calendar. It marks the end of the month-long fast of Ramadan and the start of a feast that may last for 3 days in some countries. National Airborne Day is celebrated on August 16. This observance was proclaimed by President George W. Bush in 2002 and recognized by the Congress in 2009 with Senate Resolution 235, marking the first official Army parachute jump on August 16, 1940. To all of you who have earned the silver wings on your chest: AIRBORNE! Women’s Equality Day is celebrated on August 26. The observance marks the day when women in the United States were granted the right to vote on August 26, 1920 when the 19th Amendment to the United States Constitution was certified.

The ISR’s capstone scientific meeting is the Military Health System Research Symposium (MHSRS) and will be held from August 12-15. The MHSRS is a tri-service premier scientific meeting to address the unique medical needs of the warfighter and a collaborative environment for military medical care providers with deployment experience, Department of Defense scientists, academia, and industry who will discuss and address the advancement of research and health care developments in areas of Combat Casualty Care, Military Operational Medicine, Clinical and Rehabilitative Medicine, and Military Infectious Disease Research Programs. The uniform will be Class B for Army personnel attending sessions and Class A (ASU) for Army presenters. Thank you for all you do, Hooah!
“Protect and Sustain, Lead From the Front”

Congratulations to all the Soldiers and Civilians who received awards at this month’s awards ceremony. Also, congratulations to Sgt. Jorge J. Cabriales and his family for reenlisting in our great Army.

We are very proud of Spc. Stephen J. Holmes for his selection as the U.S. Army Medical Research and Materiel Command (MRMC) Soldier of the Year. Holmes will represent MRMC at the Army Medical Command Soldier of the Year competition later this month.

Thank you to all of those who participated in Joint Base San Antonio—Fort Sam Houston Intramural golf and softball events. Our golf team placed seventh out of fourteen teams in their division. Better yet, our softball team won second place overall and finished the regular season with an amazing 18-2 record.

Army Profession Campaign Theme

The Army Profession Campaign theme for this quarter is Trust. According to the Center for the Army Profession and Ethic (CAPE), the Trust theme focuses on how Army professionals through steadfast adherence to the Army Values and Ethic. Trust is the first of five essential characteristics that must be present in our culture, organizations, and all internal and external relationships in order for the Army to continue to be an effective, ethical, and trusted military profession. Trust is the bedrock upon which we develop our relationship with the American people and is a vital element in each of the other characteristics. Without trust, the Army Profession cannot succeed.

“Trust establishes the character within a command and ties leaders and subordinates together. Camaraderie and cohesion are products of demonstrated trust between leaders and subordinates. Trusting a Soldier to perform a critical task places his reputation and pride on the line. The mission or task becomes very personal; the stakes are high when trust is involved. The weakest leader of Soldier will try harder when placed in the limelight under fire. When the trusted Soldier is successful and that success is recognized by the leader, the Soldier gains confidence. With each success the attitude and proficiency of the Soldier improve.”

"Honored and truly blessed," that's how Capt. LaShawnna N. Ray, U.S. Army Institute of Surgical Research (USAISR) Company Commander, feels about her new assignment that she has held for the last month. "I look forward to facing the challenges that come with this position and learning from them."

Ray took command of the USAISR Company July 28 and is impressed with what she calls "remarkable" work being conducted at the Institute. "Walking around and seeing what the Soldiers and civilians accomplish here is amazing," she said. "I would like to contribute to the greatest that is done here every day."

Captain LaShawnna N. Ray, left, takes charge of the USAISR Company July 25 during a Change of Command Ceremony.

Every influential leader has a philosophy and Ray's is simple. "Be the change," she said. "We cannot control or change everything in the world, but we can control/change ourselves. Alone, one person can't change anything, a recognition and responsiveness that unjust influence can be reversed only by great numbers of people working together with discipline and persistence."

One of her favorite quotes is from Mahatma Gandhi that she turns to when she needs inspiration. "If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him. We need not wait to see what others do."

She is also able to rely on her family for inspiration. "My family has always told me that I could do anything if I put my mind to it, even when I wasn't sure of myself," said Ray. "My husband has been my rock. He has definitely motivated me, encouraged me, and loved me beyond what I have ever imagined."

Ray wants the USAISR Soldiers and staff to know that they can expect loyalty from her and she expects the same. "My number one focus right now is the ISR and finding ways that I can make it even better," she said.

Congratulations to Cpl. Jamar T. Williams and Spc. Jimmy E. Pittman for their selection as NCO and Soldier of the Month (respectively) for July. Their photographs will be on display in the company area.

In July, we also competed against eight subordinate commands during the U.S. Army Medical Research and Materiel Command (MRMC) NCO and Soldier of the Year (SOY) competition. Sgt. John M. Newton and Spc. Stephen J. Holmes represented our unit in the competition, which entailed an essay, written examination, weapons qualification, Army Physical Fitness Test, video teleconference oral board, and a mystery event. Both represented the organization extremely well. Please extend your congratulations to Spc. Holmes for winning the MRMC SOY, and we wish him luck in competing on the next level at the Army Medicine Command SOY competition.

I want to personally thank you for all your work and support during our blood drive. It is because of your efforts that this blood drive was so successful. Because of your commitment, we were able to give the gift of life to people in need of blood. We can all feel proud of our achievement. Thank you again for your help. Please continue to support by providing donations.

Our Intramural Softball team won 2nd Place in the JBSA—Fort Sam Houston Intramural Softball tournament.

Please also, welcome home Maj. (P) Lawrence Petz, Maj. Stuart Tyner, and Staff Sgt. Cameron Hubbard.

Congratulations to Sgt. Cabriales for reenlisting for six years for retraining as a flight medic.

Just a friendly reminder that the US-AISR annual Command Climate Survey is currently in full force. It will remain open until September 17 and is open to ALL staff (military, GS/Lab Demo and contractors). Taking a few minutes of your time will provide us with valuable insight to the unit so that we can keep on doing what we are doing right (or make it even better) and change what we are doing wrong. Again, the survey is strictly voluntary and your answers/comments are completely anonymous. Your Equal Opportunity team and your Command Team are grateful for any feedback you wish to provide. For any questions, please contact Staff Sgt. Angela Madoux. Thank you all for your participation.
The Joint Trauma System (JTS) at the U.S. Army Institute of Surgical Research (USAISR) at Joint Base San Antonio—Fort Sam Houston was designated as a Department of Defense Center of Excellence (DCoE) for Trauma by the Office of the Assistant Secretary of Defense (OASD) June 19. In a memorandum from the OASD, the Center of Excellence Oversight Board (chartered by OASD to provide oversight to all DCoEs and determine which centers meet the criteria of a DCoE) thoroughly reviewed the JTS concept of operations and determined it met the criteria of a DCoE.

“The JTS is a global organization committed to the health and welfare of combat wounded,” said Mary Ann Spott, JTS Deputy Director and inaugural director. “We oversee the performance improvement and the follow-through of the performance improvement on all casualties of war to optimize the survivability and decrease the morbidity and mortality of all wounded warriors.”

Established in 2006 at the direction of the Assistant Secretary of Defense for Health Affairs and the Service Surgeon General to improve trauma care for combat wounded, the JTS has collected data from more than 130,000 combat casualty care records from Iraq and Afghanistan. With this type of data the JTS staff has created 39 clinical practice guidelines (CPGs) to provide evidence-based best-practice recommendations for trauma care.

“The advancements made in trauma and combat casualty care during the recent conflicts in Iraq and Afghanistan have in large part resulted from the continuous JTS operational cycle of data collection, data analysis, and resultant formulation and adaptation of best evidence-based practice guidelines,” said Col. (Dr.) Jeffrey A. Bailey, JTS Director. “The designation of the JTS as a Defense Center of Excellence derives from its past record of performance and its future promise as the lead agent for DoD trauma care and trauma systems.”

“Clearly the Joint Trauma System has shown the military health system the potential that an integrated battlefield trauma system can deliver,” said Maj. Gen. (Dr.) Douglas J. Robb, Deputy Director, TRICARE Management Activity, who was the Joint Staff Surgeon at the Pentagon when the JTS was designated a DCoE. “The operational model of continuous collection of trauma care delivery data via the DoD trauma registry with continuous data analysis driving performance improvement via best practice guidelines has no doubt delivered as evidenced by our current conflict’s lowest lethality rate ever recorded.”

Before the establishment of the JTS, the Joint Theater Trauma System (JTTS) and the Joint Theater Trauma Registry (JTRR) had been established in 2004 in Iraq to improve hospital-based care for combat wounded. At the same time, data were being collected at Landstuhl Regional Medical Center in Germany and the USAISR, with each location using different data storage computer programs and neither having any formal data analysis procedures.


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“There were some good-faith efforts by a lot of people, but they were disjuncted,” Spott said.

In 2005, Spott was hired as a consultant at the USAISR to evaluate data collection and analysis and to present a recommendation for the way forward. “There was an effort at a data collection system, but there was no process improvement system, data analysis, or education system,” she said.

in 2011 by being funded not on contingency basis but on a POM [Program Objective Memorandum—long-term funding].”

Kirby added that part of the reason for the success of the JTS is that staff members deploy to the JTTS. “We have one foot in theater and one foot here,” he said.

“The rotational and programmed Joint Trauma System director deployments to theater as the combatant commander Joint Theater Trauma System director gives the JTS first-person familiarity with kinetically active combined joined operational areas,” said Bailey, the current U.S. Central Command JTTS Director. “This actualizes the link between the JTS and the US COCOM Joint Theater Trauma Systems and provides a unique and critical perspective on current theater conditions, anticipated changes, and potential opportunities for improvement in combat casualty care.”

“We are very proud to have achieved this milestone,” said Col. (Dr.) Michael A. Weber, USAISR Command-
er. “General Caravalho [USAMRMC Commander, Maj. Gen. (Dr.) Joseph Caravalho Jr.] and I applaud the efforts of the JTS staff members for their commitment to our mission of optimizing combat casualty care and their dedication and perseverance to improve care to our wounded warriors.”

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“Being designated a Center of Excellence will be a challenge for us,” said Kirby. “It will provide higher visibility for the JTS and the ISR. The team here is a very experienced team. They are committed to the mission and they recognize that the products of their efforts have made an impact on the battlefield.”

The USAISR is a subordinate command of the U.S. Army Medical Research and Materiel Command (USAMRMC). The mission to “optimize combat casualty care” is accomplished by conducting science and clinical research in the fields of damage control resuscitation, hemostasis, engineering, and tissue regeneration affecting combat casualties, to include burns.

Spott’s recommendation for the JTS was to start over. “We started formalizing procedures and processes, started the network, bringing people together and getting the documentation together, and hiring the right people,” she said.

Within a year the existing group of 25 staff members grew to 80 to include surgeons, a physician, nurses, medical coders, medical analysts, and information specialists.

“The DCoE is a validation for this process,” said Col. (Dr.) Kirby Gross, Division Director for Performance Improvement and Education and Interim JTS Director. “In addition to the validation as a DCoE, we were validated by a lot of people, but they were disjuncted,” Spott said.

In 2005, Spott was hired as a consultant at the USAISR to evaluate data collection and analysis and to present a recommendation for the way forward. “There was an effort at a data collection system, but there was no process improvement system, data analysis, or education system,” she said.

The advancements made in trauma and combat casualty care during the recent conflicts in Iraq and Afghanistan have in large part resulted from the continuous JTS operational cycle of data collection, data analysis, and resultant formulation and adaptation of best evidence-based practice guidelines. The designation of the JTS as a Defense Center of Excellence derives from its past record of performance and its future promise as the lead agent for DoD trauma care and trauma systems.”

Col. (Dr.) Jeffrey A. Bailey
JTS Director

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John Jones, ISR Statistician
At a very young age, he knew exactly what he wanted to do with his life—to be a doctor. But never in his wildest dreams did he ever think that he would be in charge of one of the world’s most prominent burn centers. On July 26, Lt. Col. (P) (Dr.) Booker T. King was appointed as the director of the U.S. Army Institute of Surgical Burn Center at Joint Base San Antonio—Fort Sam Houston.

“I am very happy and proud to take this position,” said King. “It’s a big and complex task.”

King takes the reins of the Burn Center from Col. (Dr.) Evan M. Renz, who was assigned as Brooke Army Medical Center’s Deputy Commander for Acute Care at the San Antonio Military Medical Center.

“Dr. King is a trusted leader, highly skilled surgeon, and compassionate provider who is ideally qualified to serve as Director of the Burn Center,” said Renz. “He has demonstrated his total commitment to his patients and the staff. As a clinical researcher, Dr. King’s work will benefit Soldiers for decades to come.”

The Brooklyn native realized his childhood dream when he attended and graduated from the Sophie Davis School of Biomedical Education at the City College of New York. Since 1973, the Sophie Davis School of Biomedical Education has been recruiting minorities into medicine to increase medical services and availability of primary care physicians in historically underserved areas. Through an accelerated 7-year BS-MD program, King became a physician in 1994 after completing his 2-year clinical training at the New York University (NYU) School of Medicine.

“The first 5 years the undergraduate and medical schools are combined followed by 2 years of clinical training,” said King.

After the clinical training, King completed his residency at NYU, where he participated in the Army Medical Command Specialized Training Assistance Program (STRAP), a monthly-stipend program designed for physicians to obligate a year in the Army Reserves for every 6 months they receive the stipend.

In 1999, King transferred from the Reserves to the active-duty ranks as a captain with his first assignment as a general surgeon at the Moncrief Army Community Hospital at Fort Jackson, S.C. From there he transferred to Heidelberg, Germany, to the 212th Mobile Army Surgical Hospital where he deployed to support Operation Iraqi Freedom in 2003.

To become a trauma critical care surgeon, King did a fellowship at the University of Miami Miller School of Medicine from 2005 to 2007 before transferring to the Burn Center for duty. In 2008, he was selected as associate director under Renz. Since being assigned to the Burn Center, King has deployed twice—to Iraq and Afghanistan. He said he has great admiration for the prominent directors who have led before him.

“I’m in the shadow of some great leaders: Drs. Pruitt, Holcomb, Blackbourne, and Renz,” he said. “I have great respect for this position and I want to continue the great legacy of those who served before me.”

Two areas that King would like to focus on while serving as the director of the burn center are increasing research for burn care and providing burn care to pediatric patients.

“There’s a need for that [pediatric burn center] in this region,” he said.

What King accomplishes during his tenure at the Burn Center is yet to be seen, but he knows he has the full support of his staff and leadership at the USAISR Burn Center.
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USAISR.

“We selected Dr. King because he was the best choice to lead the only Department of Defense Burn Center,” said USAISR Commander Col. (Dr.) Michael A. Weber. “General Caravalho [USAMRMC Commander, Maj. Gen. (Dr.) Joseph Caravalho Jr.] and I are confident that we have selected the right person with the right expertise to continue providing the best possible burn care to all of our patients.”

Holmes Named MRMC Soldier of the Year

Story and photo by Steven Galvan
USAISR Public Affairs Officer

The U.S. Army Institute of Surgical Research (USAISR) Soldier of the Year, Spc. Stephen Holmes, was named the 2013 U.S. Army Medical Research and Materiel Command (USAMRMC) Soldier of the Year. The bioscience specialist in the damage control resuscitation task area of the USAISR Combat Casualty Care Research Directorate has been at the Institute for 2 years.

Holmes attributes his selection as the top USAMRMC Soldier to his confidence and devotion to his job. “I love being directly involved in the research [combat casualty care], especially the surgical aspect of it,” he said. “This competition helped me identify my weaknesses and work on them, but it also helped me understand my strengths and to be proud of those as well.”

The Maine native earned a Bachelor’s in Bible/Theology in 2008 from Southeastern Bible College in Birmingham, Ala. He has been in the Army for 4 years and said that joining the military was something that he did for his family. “I grew up in a military household and enjoyed the experience very much,” he said. “After college I wanted my family to have the same experience.”

Holmes is aspiring to earn the rank of sergeant and completing his master’s degree or applying for medical school in the near future. But for now he is going to embrace and enjoy his achievement. “I believe it is going to be a good opportunity to experience something new in the Army,” he said. “Being in research sometimes we get disconnected with some parts of the Army culture and this will allow me to explore some of those things.”

The advice for anyone who would like to accomplish what he has accomplished is to never under estimate yourself. “I was sure going into the competition thinking that I had no chance,” said Holmes. “Now, I am the Soldier of the Year.”

Holmes will represent the USAMRMC at the Army Medicine Department Soldier of the Year competition August 19-23.
August Health News

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

August is back-to-school month. It means school supplies, backpacks, lunch boxes, new shoes, uniforms, and a long list of needs. Most importantly, it means National Immunization Awareness Month. “Immunize, no shots, no school, and no joke!”

Vaccines give parents the safe, proven power to protect their children against 14 serious diseases before they turn 2 years old.

You can provide the best protection by following the recommended immunization schedule – giving your baby every vaccine he/she needs, when needed, and by making sure those who will be around your baby are also vaccinated.

Pregnancy is also a great time to plan for your baby’s immunizations and to make sure you have the vaccines you need to protect yourself and pass protection from some diseases to your baby during the first few months of life. In addition to the vaccines recommended for adults, women need to have a flu shot every year and the Tdap vaccine to protect against whooping cough with every pregnancy. Every adult should get the Tdap vaccine once and women each time they are pregnant to protect against pertussis (whooping cough) and a Td (tetanus, diphtheria) booster shot every 10 years.

The U.S. experienced a nearly 60-year record-high number of cases of whooping cough in 2012, with preliminary data showing more than 41,000 reported cases and 18 deaths.

Preparing for back to school and getting all of the recommended vaccines is one of the most important things parents can do to protect their children’s health. Most schools require children to be up to date on vaccinations before enrolling or starting school. If you haven’t already, check your children’s immunization record and schedule a visit to their physician or clinic. Doing so now will avoid a potential last-minute rush and will help make sure there are no surprises on the first day back to school.

What about young adults? Getting ready for college means making sure you are up to date on all doses of the recommended vaccines – both to protect yourself and others around you. Because some diseases can spread quickly in settings like college dorms and classrooms, most colleges and universities have vaccination entry requirements. College students who are unsure about their immunization records should talk to their parents, their doctor, or the health clinic or high school nurse to find out which vaccines are for you. In Texas, as of January 1, 2012, all entering college and university students are required to show proof of an initial meningococcal vaccination or a booster dose during the 5-year period before enrolling. They must get the vaccine at least 10 days before the semester begins.

But immunizations are not just for kids. The need for vaccination does not end in childhood. Vaccines are recommended throughout our lives based on age, lifestyle, and occupation, locations...
The Innovator

Safety Notes

By Stephanie L. Truss
Health, Safety and Environmental Specialist

Distracted driving involves any activity a person engages in that has the potential to distract him or her from the primary task of driving and increase the risk of a crash. There are three main types of driving distraction:

Visual: taking your eyes off the road.
Manual: taking your hands off the wheel.
Cognitive: taking your mind off what you are doing

Distracted driving activities include:

- Composing, sending or reading text messages
- Dialing or talking on a cell phone
- Changing the radio station, CD or MP3 player
- Eating, drinking or smoking
- Picking something up from the floor or between the seats
- Writing or reading (including maps)
- Shaving
- Using a PDA or navigation system
- Reaching for the glove compartment
- Cleaning the inside of the windshield
- Talking to passengers
- Combing or brushing your hair
- Putting on makeup

- Putting in contact lenses or using eye drops
- Doing your nails
- Watching a video

While all these distractions can endanger a driver's safety and that of others on the road, texting is the most dangerous because it involves all three types of distraction.

Reduce driving distracted by adhering to the following basic suggestions:

- Limit interaction with passengers.
- Limit talking while driving and keep your eyes on the road and both hands on the wheel.
- Avoid driver fatigue. Stay focused on the road and don’t drive if you are tired.
- If necessary, share driving responsibilities on long trips.
- Don’t drive when angry or upset.
- Emotions can interfere with safe driving. Wait until you have cooled down or resolved problems before getting behind the wheel of a car.
- Avoid gawking. Don’t take your eyes off the road to look at a crash or other activity.

If you need to use your cell phone, pull off the road and stop in a safe place to use your phone.

It is estimated that at least 25 percent of police-reported crashes involve some form of driver inattention.

—The National Highway Traffic Safety Administration

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of travel, medical conditions and previous vaccination history.

The vaccines adults need change as they grow older. Immunization is especially important for adults 60 years of age and older and for those who have a chronic condition such as asthma, COPD, diabetes or heart disease. Immunization is also important for anyone who is in close contact with the very young, the very old, people with weakened immune systems, and those who cannot be vaccinated.

Some vaccines prevent cancer. Hepatitis B vaccine can prevent liver cancer that can develop after developing chronic hepatitis B. The HPV vaccine can prevent cervical and other types of cancer caused by human papillomavirus. Pneumococcal polysaccharide vaccine is recommended for all adults age 65 and older. Adults 19 years and older should also get a pneumococcal-polysaccharide vaccine if they have asthma or smoke cigarettes. The majority of cases and deaths occur among adults 50 years or older, with the highest rates among those 65 years or older. All adults need a flu vaccine every year. Herpes zoster (shingles) vaccine is recommended for adults age 60+.

Many of the vaccines recommended for adults have been around for years, while other vaccines and vaccine recommendations are newer.

Last but not least, vaccines are for all of us, it's important to know which shots you need and when to get them. Ask your health care provider which vaccines are right for you based on your age, lifestyle, medical conditions, and previous vaccinations. You can also visit www.cdc.gov/vaccines for more information and find a link to an adult vaccine quiz to see which vaccines are recommended for you.
By Steven Galvan
USAISR Public Affairs Officer

Three nurses from the U.S. Army Institute of Surgical Research (US-AISR) Burn Center at Joint Base San Antonio—Fort Sam Houston have been accepted to the Army Medical Department’s Long-Term Health Education and Training (LTHET) degree programs. Maj. Chris VanFosson, Clinical Nurse Officer in Charge, Burn Progressive Care Unit, 4 East; and Capt. Gordon Briscoe, Burn Center Intensive Care Unit nurses and members of the Burn Flight Team, were selected to further their education and careers as Army Nurse Corps officers.

“It’s important to understand that only the best of the best are selected,” said Lt. Col. Paul Mittelstead, Burn Center Chief Nurse. “It’s very competitive. It also indicates the level of commitment these officers have displayed and the commitment the Army is willing to make to their futures.”

VanFosson has been accepted for a Ph.D. in Nursing (Nurse Scientist) at a school of his choice. He plans to apply at the University of Texas at Austin, University of Texas Health Science Center in Houston and the University of Texas Health Science Center at San Antonio.

“I’m just happy to be able to expand my educational foundation and gain a new perspective on health care, nursing, and Army Medicine,” he said. “In the end, I hope that doctorate-level critical thinking will make me a better nurse, officer, and an Army Medicine leader.”

Briscoe has been accepted for Doctorate in Nursing Practice program and will attend one of three universities: the University of Virginia, Ohio State University, or the University of Central Florida.

“I am grateful for the opportunity to continue my education and advance my military career,” said Briscoe. “After many years of hard work and sacrifices, my family and I are excited to start a new chapter.”

Kessinger has been accepted to work on a master’s degree in Healthcare Administration at Baylor University.

“I am grateful and excited to start a new chapter in my Army career,” she said. “My goal is to complete the Baylor program with honors and then obtain a fellow of the American College of Healthcare Executives credentialing.”
Aiming to eliminate sexual harassment, assault

Story and photo by Steven Galvan
USAISR Public Affairs Officer

Eliminating sexual assault and sexual harassment in the military is the number one priority at the U.S. Army Institute of Surgical Research (USAISR).

“There’s no place for it at our Institute, and we should all do our part to eliminate it in the military,” said Col. (Dr.) Michael A. Weber, USAISR Commander.

With that mindset in place, Sgt. 1st Class Erika S. Buckmaster, USAISR Sexual Harassment/Assault Response and Prevention (SHARP) program coordinator, collaborated with the USAISR Media Informatics Branch staff to design a useful item with relevant information concerning avenues to reporting sexual harassment or assault.

The result is a plastic, credit-card size tag with SHARP reporting information, USAISR SHARP representative phone number, Joint Base San Antonio SHARP hotline phone number, and the SHARP website on one side and a 2-D code with all that information on the other side that can be scanned and stored with a smart phone.

“What has been reported is that most people, alleged victims or not, do not have this information handy,” said Buckmaster, a nationally certified SHARP victim advocate. “The intent here is to give out something to the staff that raises awareness about the issue in the military and provides important information that can be readily available at all times.”

The card has a punched-out slot to be used on staff ID holders or wallets.

“I keep mine in my wallet in a credit card slot,” said Buckmaster. “It doesn’t matter where you carry it. What matters is that hopefully when you see it, it will trigger something that will make you aware of potential dangers and your surroundings.”

Buckmaster also hopes that this information is passed along to staff family members so that they are also aware of this important information. Most importantly, Buckmaster wants everyone to know that sexual assault/harassment is real and that there are several ways to report it and get assistance.

The USAISR has five SHARP representatives who are available 24-7 to assist with any SHARP issues.

“It’s good to know that this information is readily available on this handy card,” said Sgt. Khanesha K. Murrell, USAISR Biological Science. “Hopefully, if anyone needs it, they will know that they can get help.”

USAISR SHARP representatives listed on page 16.

USAISR Intramural Softball Team takes 2nd place at Joint Base San Antonio--Fort Sam Houston softball tournament. Team members:

Sgt. Joseph D. Lewis--coach
Sgt. Leonardo Z. Aviles--coach
Sgt. Jorge Gabriales
Spc. Andrew Ludescher
Master Sgt. Dean Neighbors
Sgt. 1st Class Donnell Nelson
Staff Sgt. Jesse Marley
Staff Sgt. Tommie Crumedy
Sgt. 1st Class Jeffrey Murdorf
Sgt. William Vidal
Cpl. Jamar Williams
Chris Bell
Ryan Dorsett
Sgt. 1st Class Rodolfo Ocasio
David Burmeister
Daniel Roy

Photos by Irasema B. Terrazas
Top left: Staff Sgt. Jaime Torres-Mendoza’s daughter, Aiza, places the new rank on his uniform during a promotion ceremony July 1.
Bottom left: Lt. Col. Paul Mittelsteadt gives a tour of the Burn Center July 18 to foreign military officers participating in the Medical Strategic Leadership Program.
Center left: Victor Convertino explains how the Compensatory Reserve Index functions to Maj. Gen. Perry L. Wiggins, Deputy Commanding General U.S. Army North (Fifth Army), Fort Sam Houston July 31.

Top right: Staff Sgt. Michael Cavallo's wife, Sarai, places his cover with his new rank during a promotion ceremony July 1 as their daughter Persephone looks on.

Center bottom: Robert Bories is presented with a going-away gift July 17 by Sgt. 1st Class Brandon Gibson.

Bottom left: Juanita Huerta celebrates her birthday July 9, compliment of the Damage Control Resuscitation staff. Photo by Jane Mendoza.

Center left: Maj. Scott Phillips gives a tour of the Burn Center to Junior Scientists from the University of Texas at San Antonio July 31.
**July Awards Ceremony**

**Order of Military Medical Merit**
Bijan Kheirabadi, Ph.D.
M. Dale Prince, Ph.D.
Jill L. Sondeen, Ph.D.

**Commander’s Award for Civilian Service**
Annette McClinton

**Commander’s Coin**
Sgt. Olarewaju Magreola

**Civilian Time in Service Award**
Steve McFaul (25 yr)
John Jackson (5 yr)
Aldo Reyes (5 yr)
Christopher Wiseman (5 yr)

**Certificate of Achievement**
Sgt. Shane Berry
Sgt. Brandon Bock
Sgt. Khanesha Murrell
Sgt. Daniel Zimmerman
Spc. Brian Brown
Spc. Danilo Mendoza
Spc. Martha Rodriguez

**Meritorious Service Medal**
Lt. Col. (P) Booker T. King

**Army Commendation Medal**
Maj. (P) Lawrence Petz
Maj. Drexel Forbes
Staff Sgt. Seth Holland
Sgt. Joseph Lewis
Sgt. James McAlister
Spc. Belinda Becoat-Rogers
Spc. Billie Durrett

**Army Achievement Medal**
Staff Sgt. Tirana Ward
Sgt. Jorge Cabriales
Sgt. Roman Castaneda
Sgt. Alfredo Villareal
Cpl. Jamar Williams
Spc. Brian J. Brown
Spc. Yong Lee

**Navy and Marine Corps Achievement Medal**
Sgt. 1st Class Rosalba Rodriguez

**Civilian of the Quarter (3rd)**
Maria Chapa--Research Directorate
Steven Galvan--Resource Directorate

**USAISR SHARP Representatives**
Sgt. 1st Class Erika Buckmaster
Sgt. 1st Class Brandon Gibson
Sgt. 1st Class Hugo Roman
Sgt. 1st Class Hardin Thomas
Staff Sgt. Floretta Sample
Kay Neer

**July Awards Ceremony**

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