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Checking iron levels in your blood could save your life

ASBP recognizes National Blood Donor Month

By **Claudia Sanchez-Bustamante**
Military Health System

It's a condition that can cause fatigue, joint pain, sexual dysfunction and - if left untreated - cancer and organ failure.

It's also most likely to afflict White men over the age of 40, but it's a potential risk for anyone.

The condition, known as Hemochromatosis, results from having excess iron in your blood. It's treatable, but it poses very serious health risks and needs to be diagnosed early and managed aggressively.

Having some iron in your blood is essential for several key body functions, like oxygenating the blood, converting blood sugar to energy, and boosting the immune system, among others.

But too much iron can become toxic and cause organ failure.

There are two main causes of Hemochromatosis. It can be inherited via genetic mutations or people can acquire it over time from drinking too much alcohol, consuming too much iron through their diet, or as a symptom of other blood-related disorders.

And while it can affect men and women equally, men experience symptoms and complications of hemochromatosis more commonly.

"Typically, symptoms in men develop at a younger age compared to women, around 40," said Army Maj. (Dr.) Christian Horn, a gastroenterology and hepatology specialist at the San Antonio Military Medical Center's Department of Gastroenterology in Texas.

"Women are typically protected from early manifestations and complications of hemochromatosis due to iron loss with menses but may start to develop symptoms and complications after menopause."

While there are numerous genetic mutations that can cause a dangerous excess of iron in the blood, the most common gene mutation occurs in the HFE gene, Horn said.

That genetic mutation alters the body's ability to regulate iron absorption. As a result of the overload, the iron begins to deposit in various organs throughout the body, including the liver, pancreas, heart, joints, gonads, brain, and skin, causing dysfunction or abnormalities

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(Photo by Kirk Frady)

Senior medical and dental leaders from Regional Health Command Europe, Dental Health Command Europe and Dental Health Activity Rheinland-Pfalz participate in the ribbon cutting ceremony for the new Landstuhl Specialty Dental Clinic held on Wednesday, July 14.

Landstuhl specialty dental clinic celebrates its grand opening

By **Kirk Frady**
Regional Health Command Europe

SEMBACH Kaserne, Germany — The new Landstuhl Army specialty dental clinic celebrated its official grand opening on Wed. July 14.

The new facility relocated from Pulaski Barracks and will provide dental care to more than 9,000 servicemembers in the Rheinland-Pfalz area. It will also serve as the specialty treatment hub for seven outlying Army dental clinics spread across two different countries.

"The original plan called for the clinic to relocate to Landstuhl last September/October with patient

care starting in the November timeframe," said Col. Tom Goksel, Dental Health Activity Rheinland-Pfalz commander. "However, that move was postponed due to the challenges brought on by the COVID-19 pandemic and moved to this summer."

The specialty dental clinic is located in Building 3701 near Landstuhl Regional Medical Center and will provide specialty care in comprehensive dentistry, endodontics, periodontics, prosthodontics, pediatric dentistry and orthodontics.

"The original project was awarded in September 2015, and construction started in May of 2016," said

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of those organs, he said.

Symptoms

Classically, hemochromatosis affects populations of European ancestry at a higher rate than other ethnicities, explained Horn. Still, it has been observed in all ethnicities.

The symptoms of hemochromatosis depend on the amount of iron accumulated in the body. The more iron that accumulates, the more severe the symptoms are likely to be.

As a result, it's possible that younger patients remain asymptomatic because a significant amount of iron has not yet accumulated.

"There is a wide spectrum of possible symptoms from hemochromatosis, including end-stage liver disease (cirrhosis) and liver cancer if not detected before significant liver damage occurs," he said.

The initial symptoms are non-specific and include fatigue, lethargy, and

apathy, he furthered. But as the disease progresses, patients may notice pain in their joints (arthropathy), classically in the knuckles of the index finger and middle finger. It can also cause your skin to turn "bronze," or result in sexual dysfunction (impotence, decreased libido, infertility, or loss of menses).

"Other symptoms include early onset Type 2 diabetes or cardiac irregularities, including arrhythmias and heart failure," said the gastroenterologist. If detected after significant liver damage has occurred, "patients can develop cirrhosis and complications related to this condition, including fluid in the abdomen, confusion or altered mentation, or throwing up blood from the rupture of large veins in the esophagus."

Horn explained iron can also increase the aggressiveness of certain bacterial species, resulting in patients becoming more susceptible to certain bacterial infections.

"Bacteria which are more common with hemochromatosis include Yersinia enterocolitis, resulting in right lower quadrant abdominal pain, fever, vomiting, and diarrhea, or Vibrio vulnificus (transmitted by eating undercooked seafood), resulting in a severe systemic bacterial infection or severe skin infections," he said.

Treatment

The Centers for Disease Control and Prevention say the earlier hemochromatosis is diagnosed, the less likely patients are to develop serious complications, which could cause permanent problems.

Horn emphasized that screening is important because of the number of possible complications that can occur due to continued, unregulated iron overloads. All it takes is a blood test to determine iron levels.

"If [the test results are] abnormal, a genetic screen can be performed to evaluate for abnormal genes that are associated with the condition," he said.

If the screenings reveal elevated iron levels, patients can start treatment to prevent the major complications of the disease. Occasionally, a liver biopsy may be required to confirm the diagnosis of hemochromatosis and determine the extent of the disease.

Hemochromatosis is curable with a liver transplant, but due to the limited availability of livers for transplantation, this procedure is reserved for patients who have end-stage liver disease or liver cancer, said Horn. "The majority of hemochromatosis patients will need to be treated throughout their life to maintain normal iron levels and prevent complications."

According to the National Institutes of Health, patients diagnosed with hemochromatosis can treat it with regularly scheduled blood removal - known as phlebotomy - as well as changes in diet, and medication to lower the amount of iron in their body.

However, "the first line of treatment for hemochromatosis is phlebotomy," said Horn.

Since almost two-thirds of the body's iron is found in the hemoglobin within red blood cells, removing blood decreases the amount of iron in the body. But patients who are not tolerant

to phlebotomy can opt for medications that have the same effect.

"They bind to excess iron in the body and excrete it in the urine or feces," he said.

Additionally, donating blood is a good way to remove excess iron from the body while also providing blood to another individual who could use the blood, said Horn. The Armed Services Blood Program is mission critical and has Joint Blood Program Officers within each Combatant Command to support the global blood mission.

Effect on readiness

Horn stated that most active-duty service members with hemochromatosis will not have any symptoms when they're young, but older active-duty troops may start to experience symptoms from uncontrolled hemochromatosis.

"When hemochromatosis is identified in a young soldier, it's important they start treatment as soon as there is evidence of iron overload," said Horn. "This will require multiple sessions of phlebotomy, which may prevent them from deployment, until their iron levels are better controlled."

Since they will continue to require periodic lab tests and phlebotomy sessions every few weeks to months, they will need to be stationed at a base with those capabilities, he said.

"As long as their iron levels are controlled, and they have no evidence of advanced disease related to hemochromatosis, they can be deployed to locations that have laboratory and phlebotomy capabilities," said Horn.

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A corpsman with the Armed Services Blood Program Donation Center at the Pentagon collects blood from a Marine, Jan. 13, 2016. Since 1962, the Armed Services Blood Program has served as the sole provider of blood for the United States military. (Courtesy photo)

MEDDAC Bavaria commander offers gratitude and thanks on departing

By Alain M. Polynice
Regional Health Command Europe

VILSECK, Germany – Col. E. Lee Bryan relinquishes command of U.S. Army Medical Department Activity Bavaria to Col. Merbin Carattini during a change of command ceremony, July 23, 2021, at Rose Barracks, Vilseck, Germany.

For Bryan, the majority of his tenure as MEDDAC Bavaria commander saw him and his team respond to the global pandemic coronavirus, or COVID-19, in the early days of year 2020.

Brig. Gen. Mark Thompson, commanding general of Regional Health Command Europe who officiated the ceremony, said Bryan not only served as director of health services for the MEDDAC Bavaria footprint, but due to the COVID-19 global pandemic, he also served as de facto surgeon for the 7th Army Training Command.

“Col. Bryan and his team responded to the COVID-19 pandemic in a steadfast, deliberate, and excellent manner that set the standard for Regional Health Command Europe,” said Thompson. “His team conduct more than 100,000 COVID screening encounters, administered 73,000 test in-house, and collected over 83,000 specimens for testing, all while continuing to support readiness and health care delivery.”

Despite numerous challenges imposed on the COVID-19 global pandemic response, Bryan and his team worked closely with the senior responsible officers and units within the three garrisons of Ansbach, Bavaria and Stuttgart to maintain an impressive medical deployment rating average of 96 percent during his command.

“His efforts will have a lasting impact on the MEDDAC-B team, supporting commands, and beneficiaries across the footprint,” said Thompson.

As Bryan reflected on the past two years, and his time at the helm of MEDDAC Bavaria, he referenced a favorite quote of his, attributed to American poet Maya Angelou, which summarized at that moment of his life how he felt.

“People will not remember what you say. And they will not remember what you do. But they will remember how you made them feel. And right now at this moment in time, after two years of – let’s call it an adventurous command – my feeling is of gratitude and thanks,” said Bryan.

“Gratitude that Tricia (Mrs. Bryan) and I were able to spend these last two years with this awesome team though all of the ups and downs that we have all experienced. And we did so together,” said Bryan. “We took care of each other as humans first, we kept our



(U.S. Army photo by Cpl. Austin Riel)

Col. E. Lee Bryan (right), outgoing commander, passes the colors to Brig. Gen. Mark Thompson (center), commanding general of Regional Health Command Europe, as Col. Merbin Carattini (left), incoming commander, looks on during a change of command ceremony, July 23, 2021, at Rose Barracks, Vilseck, Germany. Col. Bryan relinquishes command of U.S. Army Medical Department Activity Bavaria to Col. Carattini.

community safe through some pretty challenging times. We accomplished every mission, and most importantly, we did so with sympathy, empathy and compassion.”

Bryan’s next assignment will still keep him in the Regional Health Command Europe family as he becomes the Deputy Commanding Officer at Landstuhl Regional Medical Command.

As Bryan departs, Carattini, the incoming commander, plans to continue Bryan’s legacy of excellence while ensuring ‘People first, mission always’ is maintained.

Carattini recently served as a National Security Fellow at Harvard University in Cambridge, Massachusetts. He is an aeromedical evacuation pilot with over 20 years of military service who has commanded at multiple levels: company, task force and battalion level.

As an aviator in 2013, Carattini had to choose either to compete for aviation commands or medical department commands. He decided on medical commands. He achieved his military career goal to command an organization at the brigade level, MEDDAC Bavaria.

“My mission is clear. We will continue to improve the fighting strength of our force, enhancing readiness while providing great access to healthcare combined with the best possible patient experience,” said Carattini. “The challenge is accepted.”

Carattini takes over a medical department activity that provides healthcare services to U.S. Army installations located in Ansbach, Grafenwoehr, Hohenfels, Stuttgart and Vilseck in Germany. MEDDAC Bavaria serves five U.S. Army installations, encompassing approximately 35,500 community members in Bavaria and an additional 10,000 community members in Stuttgart. In support of U.S. forces operating in Eastern Europe, MEDDAC Bavaria provides staffing support for two forward operating sites at Mihail Kogalniceanu Air Base in Romania and Novo Selo Training Area in Bulgaria.

To learn more about the people and facilities of the U.S. Army Medical Department Activity Bavaria (MEDDAC Bavaria) and the clinics they support, visit the MEDDAC Bavaria website at rhce.amedd.army.mil/bavaria.

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Army medical logisticians modernize units in Japan to support multiple missions

By C.J. Lovelace

U.S. Army Medical Logistics Command



(U.S. Army photo by Jude Corpuz)

Soldiers with the 311th Field Hospital, a unit out of Blacklick, Ohio, prepare tents for movement from Sagami Army Depot to Yokota Air Force Base to setup a field hospital during a training exercise in Japan in June.

SAGAMI ARMY DEPOT, Japan — Teams of U.S. Army medical logisticians in June completed a multi-faceted mission that included handing off equipment and supplies in support of a medical training exercise, along with reconfiguring medical materiel to better align health care assets to support the warfighter in forward-deployed environments.

Personnel from the U.S. Army Medical Materiel Agency and U.S. Army Medical Materiel Development Activity spearheaded the mission, capped off by assisting the 311th Field Hospital's equipment draw from an Army prepositioned stocks site in Japan, known as APS-4.

The unit set up a 32-bed field hospital to validate readiness and train in preparation for a contingency mission.

Concurrent to the training exercise, completed July 10, USAMMA and USAMMDA teams successfully completed the conversion of a combat support hospital (CSH) maintained at APS-4 to the new hospital center (HC) configuration.

"This was a very heavy mover as you had two missions happening simultaneously," said Robert Pringle, team lead and accountable property officer for USAMMDA's Force Sustainment Directorate.

Several years ago, the Army began reconfiguring its 248-bed CSHs to the more modular HC configuration with a 148- to 240-bed capacity to better accommodate health care in an expeditionary setting.

The new design includes up to three additional augmentation detachments, including a 24-bed surgical detachment, 32-bed medical detachment and a 60-bed intermediate care ward detachment. The HC and augmentation detachments all operate under the authority of a headquarters hospital center.

To accomplish both missions, the Medical Logistics Support Team, or MLST, which is comprised of USAMMA and USAMMDA personnel, deployed to Sagami Army Depot in May to begin preparations to ensure seamless execution and support.

"These exercises represent an invaluable training opportunity for units to deploy OCONUS, participate in the APS hand-off process and establish their Role 3 medical capability to be ready to support whatever the contingency is," USAMMA Commander Col. John "Ryan" Bailey said.

USAMMA is a direct reporting unit to Army Medical Logistics Command,

the Army's lifecycle manager for medical materiel. USAMMDA is part of Army Medical Research and Development Command. Both commands are headquartered at Fort Detrick, Maryland.

Maj. Janessa Moyer, director of USAMMA's Force Projection Directorate, said the equipment hand-off process completed by the MLST went well, enabling \$13 million worth of materiel to be successfully and quickly issued to the 311th, a unit out of Blacklick, Ohio.

Following the exercise, the materiel is then returned to the APS site, where it's inventoried and readied for its next use.

As for the HC conversion, the new configuration enables Role 3 health care delivery capabilities in an adaptable platform that can expand to 240 beds, Moyer said.

A Role 3 hospital is equipped to provide more advanced resuscitative surgery and medical care, as opposed to more basic medical units that are equipped to provide first aid or handle initial triage and resuscitation. This includes specialist diagnostic resources, specialist surgical and medical capabilities, preventive medicine, food inspection, dentistry and more.

Moreover, the HC design was based on lessons learned from over a decade of combat situations, which have reinforced the Army's need to have forward-based medical capabilities that are advanced yet agile and logistically scalable.

Traditional CSH's were found to be too large and difficult to deploy as a whole, prompting the Army to often deploy "slices," or smaller sections of a CSH. The change to the HC format codifies that practice and restructures the process to create a customizable and scalable resource.

Reflecting on the dual mission, team leaders said preparation, communication and teamwork played a major role in effectively and efficiently accomplishing both missions.

Bailey noted that exercises like these are critical to Army medical readiness, ensuring speed, precision and confidence in the deployment of medical materiel to support Soldiers on the ground.

"To save lives, the medical personnel must be confident and proficient in establishing their hospital capabilities quickly," Bailey said. "USAMMA is always there to make sure the process of issuing the equipment is efficient and the unit has what they need to accomplish their mission. It is a team effort and a no-fail mission."

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Distinguished Army veteran, veterinarian celebrates 100 years

By Lori Bultman

502nd Air Base Wing Public Affairs

Retired U.S. Army Brig. Gen. Charles V.L. "Chuck" Elia celebrated his 100th birthday July 27, 2021, at a ceremony hosted by U.S. Army North (Fifth Army) at their Quadrangle headquarters on Joint Base San Antonio-Fort Sam Houston.

The event featured jazz music played by members of "Fort Sam's Own," the 323d Army Band, then special guests highlighted Elia's many accomplishments and contributions to the U.S. Army.

As part of the celebration and in honor of Elia's dedication to Army Veterinary Medicine, a Percheron draft horse from the JBSA-Fort Sam Houston Caisson was led into view and officially renamed Elia. The retired general, in turn, donated the brown leather veterinary kit his mother gifted him when he joined the Veterinary Corps to the U.S. Army Medical Museum.

A native Texan, Elia was born in Marshall and attended the North Texas Agriculture College, now the University of Texas at Arlington. He was commissioned into the U.S. Army in 1942 as a second lieutenant in the Medical Administration Corps.

In 1943, the proud Aggie graduated from Texas A&M as a Doctor of Veterinary Medicine, moving on to attend the University of California, George Washington University, and Johns Hopkins University, and graduating with a Master's in Public Health.

Elia went on to become the 16th Chief of the U.S. Army Veterinary Corps and retired from military service in 1976.

Throughout his service, Elia held numerous prestigious positions, to include consultant to the Greek Army; deputy director of Public Health and Welfare and veterinary consultant to U.S. Civil Affairs, Ryukyu Islands, Japan; commandant to the U.S. Army Medical Department Veterinary School; chief Army Veterinarian to the 4th, 5th and 6th Armies; and finally, chief of the U.S. Army Veterinary Corps.

Elia is a distinguished diplomate of the American Board of Veterinary Public

Health and a recipient of the Surgeon's General "A" proficiency prefix.

Elia, along with other volunteers, assisted in gathering the funding to build the U.S. Army Medical Museum at JBSA-Fort Sam Houston, which averages 52,000 visitors each year. This group of volunteers also created the museum's foundation.

"Brig. Gen. Charles "Chuck" Elia's unstinting leadership and mentorship as a pioneer member of the Army Medical Department Museum Foundation have been invaluable and continued for over 40 years," said retired U.S. Army Col. Dawn M Smith, speaking for the museum's foundation. "Brig. Gen. Elia served as one of the original members of the museum foundation's board from its incorporation in 1978. He became treasurer of the foundation in August of 1979, and in that role was a key player in the early fundraising campaigns of the late 1970s and 1980s."

Smith said Elia completed vital and dedicated work as a member of the foundation board, helping bring about the museum's groundbreaking in April 1988 and the opening on July 24, 1989.

"Brig. Gen. Elia continued to be a visionary supporter for additional phases of museum expansion, to include the installation of the hospital train car, and other indoor and outdoor exhibit areas, outdoor amphitheater, and the Medal of Honor Walk," Smith said.

As the decorated veteran celebrates becoming a centenarian, he continues many of his volunteer activities, to include working at the museum and in the community.

Since his retirement, Elia has held many positions with the City of Garden Ridge, a San Antonio suburb, including leading efforts involving planning and zoning, revitalization of park spaces, mobile security forces, water department board of directors, and he led efforts for the revitalization of city hall. He and his wife became the 180th and 181st citizens of the city in 1977.

"Gen. Elia is a shining example of



(Photo by Spc. DeAndre Pierce)

Retired U.S. Army Brig. Gen. Charles V.L. "Chuck" Elia celebrated his 100th birthday July 27, 2021, at a ceremony hosted by U.S. Army North (Fifth Army) at their Quadrangle headquarters on Joint Base San Antonio-Fort Sam Houston.

someone who dedicated his life in service to his country and his community," said Robb Erickson, mayor of Garden Ridge. "Long after he retired from military service, Gen. Elia continued to build the community he lives in and strengthen the bonds that make Garden Ridge such a wonderful place to call home. He is a great American and resident of Garden Ridge and we honor him on this momentous

occasion." Elia's service awards include the Distinguished Service Medal, Legion of Merit with one oak leaf cluster, Defense Service medal, Army Commendation medal with one oak leaf cluster, American Defense Service Medal, WWII Victory Medal, and the National Defense Service Medal with one oak leaf cluster.



(Photo by Lori Bultman, 502nd Air Base Wing Public Affairs)

Retired U.S. Army Brig. Gen. Charles V.L. "Chuck" Elia feeds a carrot to his namesake at his 100th birthday celebration.



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• **Clinic** (Continued from front page)

Col. Manuel Pozo-Alonso, commander of Dental Health Command Europe. “The renovation project led to the upgrade of over 18,719 square feet of space as well as significantly increasing the capacity, capabilities, and efficiency of the dental care that we provide our beneficiaries.”

According to DHCE leadership, the new clinic is a state of the art dental facility with a total of 22 dental operatories and specialty suites for periodontic and endodontic treatment.

“The new specialty clinic is staffed with 28 personnel consisting of eight dentists, two hygienists, 16 dental assistants and auxiliary staff, an x-ray technician, and a sterilization technician,” said Pozo-Alonso. “With this beautiful clinic and brand new equipment, our clinical team will to soar to even greater levels and continue to provide the Kaiserslautern community the best dental care and customer service available.”

The new Landstuhl specialty dental clinic treats primarily active duty personnel. Family members and retirees are seen on a space available basis. Due to the COVID pandemic, however, treatment is currently limited to only active duty.



(U.S. Army photos by Elisabeth Paqué).

Above: U.S. Army Soldiers, medical and dental leaders from the Kaiserslautern Military Community render honors during the singing of the U.S. and German national anthems at the ribbon cutting ceremony for the new Specialty Dental Clinic at Landstuhl, Germany on July 14, 2021.

Physicians



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Left: Antoine Mitchell, a human resources assistant with Dental Health Activity Rheinland-Pfalz, narrates the Specialty Dental Clinic ribbon cutting ceremony. The new dental facility will provide general dentistry, periodontics, endodontics, prosthodontics, orthodontics, and pedodontics. Right: Lonnie Dixon, a dental hygienist assigned to the Landstuhl Dental Clinic, sings the U.S. and German national anthems during the ribbon cutting ceremony.



Left: U.S. Army Col. (Dr.) Manuel Pozo-Alonso, commander, Dental Health Command Europe addresses the audience during the ribbon cutting ceremony. Right: U.S. Army Brig. Gen. Mark Thompson, commanding general of Regional Health Command Europe and command surgeon for U.S. Army Europe and Africa, provides remarks at the ribbon cutting ceremony.

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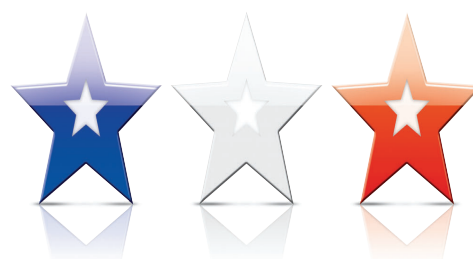



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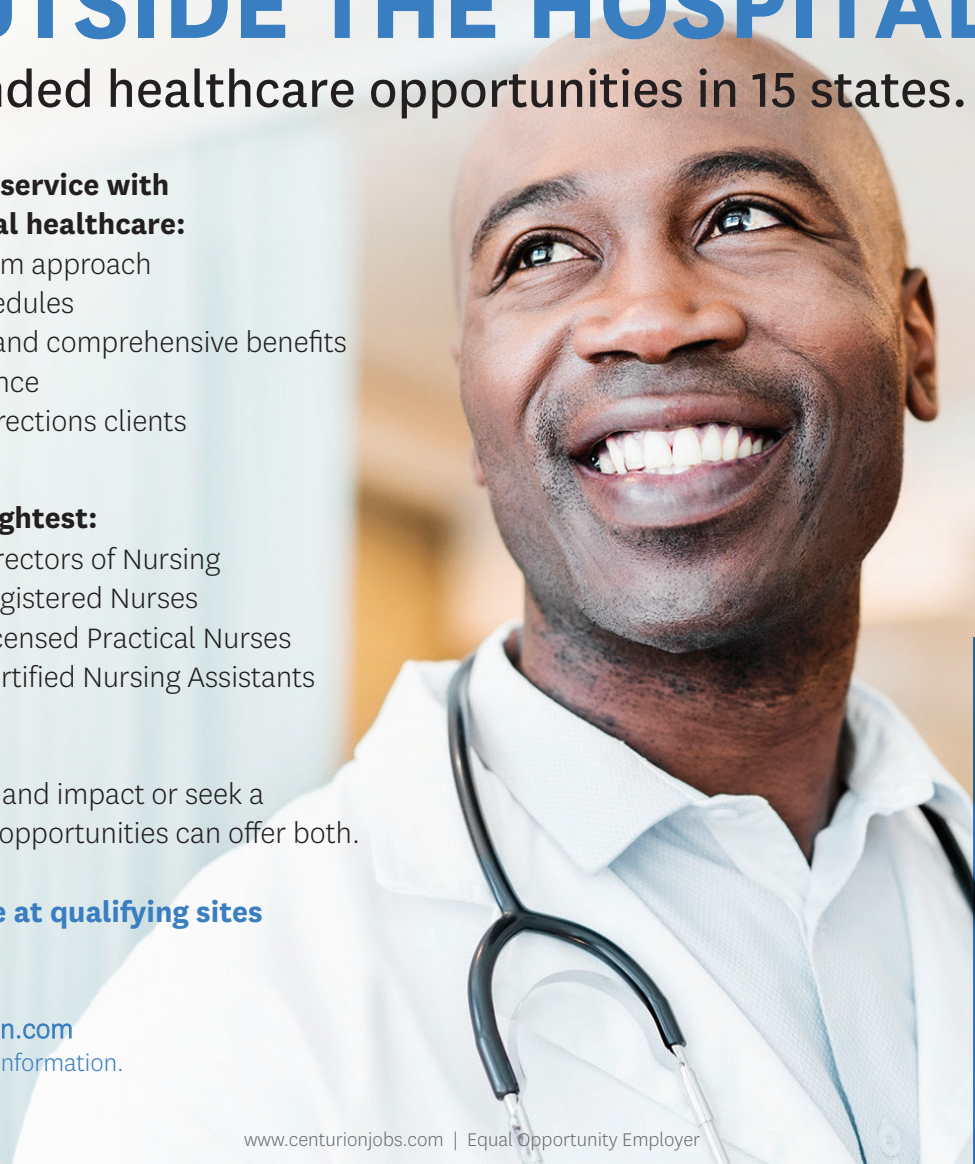
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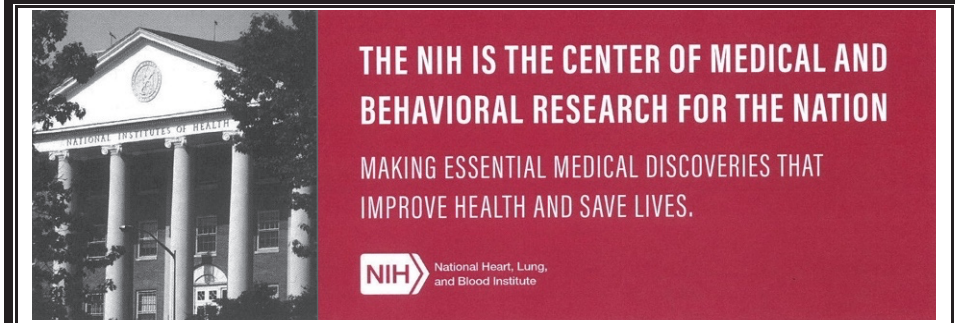
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NIH National Heart, Lung, and Blood Institute

**Department of Health and Human Services
National Institutes of Health
Deputy Director, Division of Lung Diseases
National Heart, Lung, and Blood Institute**

THE POSITION: The National Heart, Lung, and Blood Institute (NHLBI), a component of the National Institutes of Health (NIH) and the Department of Health and Human Services (DHHS) is seeking exceptional candidates for the position of Deputy Director, Division of Lung Diseases (DLD). NHLBI is a national and international leader in heart, lung, blood, and sleep disorders. The DLD Deputy Director position offers an exciting opportunity for scientific and managerial leadership in supporting the overwhelming majority of scientific and clinical pulmonary, critical care, and sleep research nationwide, from basic, to translational, to clinical, to epidemiological studies.

The Deputy Director position offers an extraordinary opportunity for physician-scientists with excellent knowledge of the advanced principles, theories and practices applicable to medical and scientific areas of major and rare pulmonary, critical care and sleep diseases and/or their associated clinical manifestations, ensuring that the public investment in the future of medical research and education will be well used, serving the public health, the profession and society. Working with the Director of DLD, the Deputy Director will assume a policy-making role in senior leadership at NHLBI, sharing the future of pulmonary, critical care, and sleep research and leading internationally renowned programs that integrate basic science and clinical research.

HOW TO APPLY:

- Applicants must submit the following documents:
- a current Curriculum Vitae & copy of advanced degree
 - bibliography & full contact details for three references
 - a vision statement (not to exceed two pages)
 - a statement that addresses the specific qualification requirements (not to exceed two pages)
 - a statement indicating how you have promoted equity, diversity & inclusion, and describing your mentoring & outreach activities, especially those involving women and persons from racial/ethnic or other groups that are underrepresented in biomedical research (not to exceed two pages)

Applications can be sent to nhlbicareers@mail.nih.gov. Applications will be accepted beginning on **June 21, 2021**. The closing date is **August 20, 2021**.

You may contact Lynn Hellinger with questions and for more information about this vacancy at lhellinger@nhlbi.nih.gov or **301-802-0168**.

DHHS and NIH are Equal Opportunity Employers



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