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Military traditions instill pride, connection

By Elaine Sanchez
Brooke Army Medical Center Public Affairs

While I've always admired the dignity and honor of these traditions, they became somewhat routine over the years. I didn't truly appreciate their purpose until my father passed away.

My father served in the Army during Vietnam and as a flight surgeon in the Air Force Reserve for 20 years. He reluctantly retired over a decade ago after receiving a diagnosis of Parkinson's disease, and lost his battle with the disease last month.

He had one wish: to be buried at a cemetery among others who had served.

The day of his burial at a small veteran's cemetery up north was unseasonably cold. We were all shivering as we stood outside the sparse wooden chapel waiting for the service to begin. Nearby, six service members in dress uniform stood at attention, seemingly unaffected by the frigid wind whipping at the towering trees and countless rows of American flags adorning grave sites in honor of Veterans Day.

As our family lined the pews, the Honor Guard marched in and carefully folded the U.S. flag into a perfect triangle, only the blue field visible at completion. They solemnly presented the flag to my mother in the front row, who was struggling to hold back her tears.

"On behalf of the President of the United States, the United States Air Force and a grateful nation, please accept this flag as a symbol of our appreciation for your loved one's honorable and faithful service."

The air filled with the heart-wrenching sound of Taps followed by a three-rifle volley, a tradition that comes from battle ceasefires after both sides clear the dead. As the shots rang out, I never felt so proud of my father or so grateful for our military's traditions, particularly the honors paid to the fallen. They are honors given to all veterans, to include homeless veterans, at the gravesite.

They are traditions that most of us take for granted or even question why we carry them on. While they take time and effort, they must not fade away. They instill pride, honor, dignity, gratitude and a connection with a storied past.

That ceremony gave me a renewed appreciation for the military traditions we uphold each day at Brooke Army Medical Center, where I work – the precision of our flag postings by our tremendous Honor Guard, the changes of command and the service birthday celebrations.

See TRADITIONS, Page 2



(U.S. Air Force photo by Tech. Sgt. Darnell T. Cannady)

U.S. Air Force Staff Sgt. Aaron Catron, 380th Expeditionary Security Forces Squadron military dog handler, keeps his MWD Morty calm while U.S. Army Capt Theresa Hubbell, Area Support Group Kuwait Camp Arifjan veterinary officer in charge, shows U.S. Air Force Staff. Sgt. Kristin Niemi, 380th Expeditionary Medical Group medical technician, spots where medical procedures can be performed during basic preventative medical service training, Nov. 27, 2018, at Al Dhafra Air Base, United Arab Emirates. Due to the distance of the veterinary clinic in Kuwait and the services available for MWD at ADAB, Hubbell visited ADAB to perform a quarterly inspection of the MWDs and their living quarters, and provided training for the handlers and Emergency Medical Technicians.

Forming partnerships to increase MWDs capabilities

By Tech. Sgt. Darnell Cannady
380th Air Expeditionary Wing Public Affairs

The bond between a military working dog handler and the military working dog is vital to securing Al Dhafra Air Base, United Arab Emirates, and protecting its deployed members. To ensure this relationship is effective, partnerships were formed between the 380th Expeditionary Medical Group, 380th Expeditionary Security Forces Squadron military dog handlers, and the veterinary staff at Camp

Arifjan, Kuwait to provide basic preventative medical service training for the MWDs.

During a quarterly inspection by Veterinarian Theresa Hubbell, these squadron held the first basic health training course here on Nov. 27, 2018.

"Part of our mission is providing veterinary support to the ADAB working dogs," said U.S. Army Capt. Theresa Hubbell, Area Support Group Kuwait Camp Arifjan veterinary officer in charge. "We came

See PARTNERSHIPS, Page 2

INDEX

Beyond the clinic.....	page 3
Fleet surgical team saves life aboard USS Somerset.....	page 5
Career opportunities.....	pages 6-11

• Traditions (Continued from front page)

Perhaps most importantly, no matter the branch, war or length of service, we salute every veteran and first responder who dies in the hospital with a flag ceremony by an Honor Guard. After the U.S. flag is draped over the loved one, the Honor Guard leads a procession down the hall with the family at their side. As the group proceeds, nearby staff and visitors stand at attention or place their hand over their heart out of respect for the veteran's service.

I've seen the tears of family members as touched and honored by this final salute to their loved one as I was at my father's funeral.

Last night I was leaving the gym, talking on my phone, when I heard the sound of Retreat. In the past, I may have lingered inside for a few more minutes to keep out of the cold. Instead, I got off the phone, stood outside at attention, and listened until the final notes faded into the sky.



Members of Brooke Army Medical Center's staff practice the rendering of flag honors for fallen heroes July 3, 2018. No matter the branch, war or length of service, BAMC salutes every veteran and first responder who dies in the hospital with a flag ceremony by an Honor Guard.

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• Partnerships (Continued from front page)

over here and provided basic military working dog health training to the health providers. They expressed their willingness to do so and their leadership wanted us to follow up with some training."

Due to the distance from veterinary clinic in Kuwait and the services available for MWD at ADAB, Hubbell visited ADAB to perform a quarterly inspection of the MWDs and their living quarters, and provided training for the handlers and Emergency Medical Technicians.

"The nearest civilian vet clinic that we have a relationship with and can adequately support these dogs is located about 45 minutes away," said Hubbell. "In the case of a true emergency [the medical group] health providers would be expected to respond to that situation and stabilize the animal."

Training between these different squadrons provides alternative medical options for the MWDs.

"This training is important because we don't have the services available like stateside bases or bases in Kuwait," said Tech. Sgt. Mark Allen, 380th Expeditionary Security Force Squadron military working dog handler NCOIC. "This training could determine the life and death for these MWDs. They are a huge asset not only for my guys, but for the base."

"If a MWD were to come in here injured or in need of immediate assistance, we would be able to assist the animal and provide initial care until we can figure out the right place to send the animal," said Lt Col. David Grounds, 380th Expeditionary Medical Group chief of medical staff.

The training showed tips for handling MWDs, warning signs to look for, and the types of procedures these 380th EMDG providers can perform in emergency scenarios.

"It was a great experience and eye opening," said Grounds. "The care that

we can give them is very similar to a human patient and I wasn't aware of how similar it was. I think that we would be well prepared just by the fact that our medical knowledge for human care is transferable to a canine patient and I think it would be a little bit of an easier transition than I expected if needed."

This training is the first step towards building a better course and increasing the capabilities of the MWDs.

"We're going to build upon that in the next year," added Hubbell. "Today was just a basic course, next time we're hoping to do more of an emergency health saving procedures course."

"This training will give us a better working relationship with the EMTs," said Allen. "If we ever have a situation where they need to be called upon or we have to bring our dogs here then we know they are comfortable and adequately prepared to handle whatever situation they are faced with."

Beyond the clinic: 3rd Dental Battalion participate in 3-mile hike, triage training

By Lance Cpl. Armando Elizalde
3rd Marine Logistics Group

CAMP HANSEN, OKINAWA, Japan — In the rainy morning before the sun rises, Sailors take on a 3-mile hike, as their boots splash through the wet roads of Camp Hansen in Okinawa, Japan.

Sailors with 3rd Dental Battalion, 3rd Marine Logistics Group, participated in a 3-mile conditioning hike and triage training Nov. 16, 2018. The day started with a hike to simulate hiking with deployed Marines and traveling to a Role II facility, as well as conducting Tactical Combat Casualty Care upon arrival.

Triage, by definition, is the assignment of degrees of urgency for wounded or ill patients and determining the order of treatment of a large number of patients or casualties. The training was intended to ensure the Sailors are proficient and understand their role as triage personnel.

U.S. Navy Capt. David W. Jones, the commanding officer of 3rd Dental Battalion, said the overall goal was to understand the basics of TCCC beyond the skills found in a dental clinic.

“Our goal today is to learn TCCC and make sure that we can do our role as triage officers in the field,” said Jones. “If we go to war, we aren’t going to be doing root canals, cleanings or dental exams, we are going to be triage officers. I want to make sure that my green-side Sailors are prepared to get



(U.S. Marine Corps photos by Lance Cpl. Armando Elizalde)

Master Chief Leonardo E. Carbonel motivates Sailors with 3rd Dental Battalion, 3rd Marine Logistics Group, during a 3-mile hike Nov. 16, 2018 at Camp Hansen, Okinawa, Japan. 3rd Dental Battalion Sailors participated in a 3-mile conditioning hike to simulate hiking with deployed Marines and traveling to a Role II facility, as well as conducting Tactical Combat Casualty Care upon arrival. Carbonel, a native of Lemoore, California, is the command master chief for 3rd Dental Battalion.

the job done.”

Despite being dental corpsmen, the Sailors are corpsmen first, said Jones. In a time of war, the dental corpsmen will provide basic first aid and triage support with their fellow medics.

The Sailors were split up by their

respective clinics from each base on Okinawa, to compete for the fastest time to complete the triage scenario provided by TCCC instructors from 3rd Medical Battalion.

U.S. Navy Lt. Liam F. Delahanty, a medical officer with 3rd Medical

Battalion, 3rd MLG, said the course was designed to prepare and test the Sailors with standard triage procedures.

“We are going to be doing trauma triage scenarios and trauma assessments,” said Delahanty. “This is preparing the Sailors to become triage officers and members of triage teams. In a real life scenario, when 3rd Medical Battalion deploys, we often have dental come in along with us to act as our triage officers.”

The exercise scenarios included various types of wounds and injuries such as abrasions, punctures, avulsions, incisions, lacerations, amputations and head wounds.

“The types of scenarios in this exercise were chosen to represent what would potentially be seen in conflict,” said Delahanty. “The events were timed to ensure a sense of urgency and a healthy form of competition.”

Master Chief Leonardo E. Carbonel, the command master chief of 3rd Dental Battalion, said this training is very beneficial not only to the new Sailors but also those who have been with the unit for a long time but have not treated anyone like this before.

“I think, overall, they are enjoying the training and it’s dusting off that knowledge base that they’ve learned,” said Carbonel. “I think it’s good to have this type of training to ensure that the Sailors are comfortable with doing the basics.”



U.S. Navy Capt. David W. Jones speaks with the Sailors of 3rd Dental Battalion, 3rd Marine Logistics Group, following a 3-mile hike Nov. 16, 2018 at Camp Hansen, Okinawa, Japan. 3rd Dental Battalion Sailors participated in a 3-mile conditioning hike to simulate hiking with deployed Marines and traveling to a Role II facility, as well as conducting Tactical Combat Casualty Care upon arrival. Jones, a native of Louisville, Kentucky, is the commanding officer of 3rd Dental Battalion, 3rd MLG.



Sailors with 3rd Dental Battalion, 3rd Marine Logistics Group, bring in a notional casualty into a Role II facility for care during triage scenario training Nov. 16, 2018 at Camp Hansen, Okinawa, Japan. Sailors from dental clinics on Okinawa participated in Tactical Casualty Care to reinforce the basics of triage care for personnel involved in combat operations with support from Sailors with 3rd Medical Battalion. The various scenarios were chosen to depict common injuries that are seen during deployments.

A radiologist technician at work

By Airman 1st Class Jacob Thompson
341st Missile Wing Public Affairs

In the medical field, doctors rely on other clinical departments to treat each patient. When it comes to diagnostic imaging, doctors seek out radiology. Senior Airmen Joseph Broyles and Sarai Eastman, 341st Medical Group diagnostic imaging technicians, detect medical issues using radiology.

"Here at Malmstrom, radiology is X-ray and MRI," said Broyles. "With our imaging, we provide patients with as much information as we can so they can make the best decisions for their health."

"Our work is not just pushing a button," said Eastman. "A lot of it is the positioning, knowing what we're looking at and setting the amount of radiation correctly."

As a patient begins radiology diagnostics, the first step is to complete paperwork and the technician will confirm the specific body part that needs to be scanned.

While preparing the patient for their scan, technicians go through a certain set of procedures to ensure the scan is done in a proper and safe manner.

The technician aims to achieve the best scan while using as little radiation as possible to prevent too much radiation from entering the patient's body, said Broyles.

Before scanning the patient, a small device which will show up on an X-ray, is placed on the side the body that was scanned.

The image is sent to radiologists at the Air Force Academy where they will read the images for findings. Once the technician receives the radiologist's findings they will follow up with the patient to determine further steps.

MISSION IN THE 341ST MDG

"One of our main roles in the mission is maintaining the health and wellness of our Air Force family," said Broyles.

"Every X-ray technician uses the phrase 'as low as reasonably achievable' according to time, distance and shielding," said Broyles.

Time refers to exposing the patient to the radiation for the lowest amount of time possible. Distance refers to having the X-ray tube the proper distance from the scanned body part. And shielding, which are garments infused with lead, shield certain parts of the body.

TECHNOLOGICAL ADVANCES

Technological advances to radiological equipment has made Broyles' and Eastman's jobs easier.

"The progression of X-ray equipment has definitely helped emergency medicine

and the flow of servicing patients go more smooth and fast," said Broyles. "Time management is essential in our career field, and this enhanced technology definitely saves us and our patients a lot of time."

With the improvements to this technology, radiology equipment has become indispensable to modern medicine.

This resource can detect cancer early or discover a fracture and can find more serious ailments. Diagnostic imaging equipment is at the forefront of preventing and detecting medical concerns, according to Broyles.

"With our technology we can discover there is a lot more than meets the eye," said Broyles. "Most of the time, we don't know what's going on inside our body. Radiology gives doctors more tools to keep people healthy."

REWARDS OF THE JOB

While the job challenges of being in the medical field can sometimes be difficult, the rewards of the job make the difference.

"I enjoy working hand-in-hand with other healthcare providers to support our patients," said Eastman. "Just being able to help the patients and find what's going on with them makes our job fulfilling."

Not only are diagnostic imaging technicians trained to perform and analyze

scans but also they are trained in other clinical roles.

"We don't only perform X-rays," said Eastman. "We can also respond to medical emergencies."

The week of Nov. 4-10, people across the country observed National Radiologic Technology Week. National Radiologic Technology Week recognizes the vital contributions diagnostic imaging technologists provide to the medical field.

The year's theme was "Powerful Together." To Broyles and Eastman, this phrase has strong meaning to their role in the mission.

"Powerful together means teamwork," said Eastman. "It's not just about coming and getting an X-ray. We're involved with the entire clinic. We work hand-in-hand with everyone involved in a patient's medical care."

Above all else, the Airmen working in radiology want their patients to know they'll be taken care of and receive the best treatment possible.

"When a patient comes in, I treat them as if they're my family," said Broyles. "If a patient comes in upset or hurt, I do everything I can to say, 'Hey, it's alright. You're here in our care now, let us do what we do best and get you taken care of and help with your pain.'"

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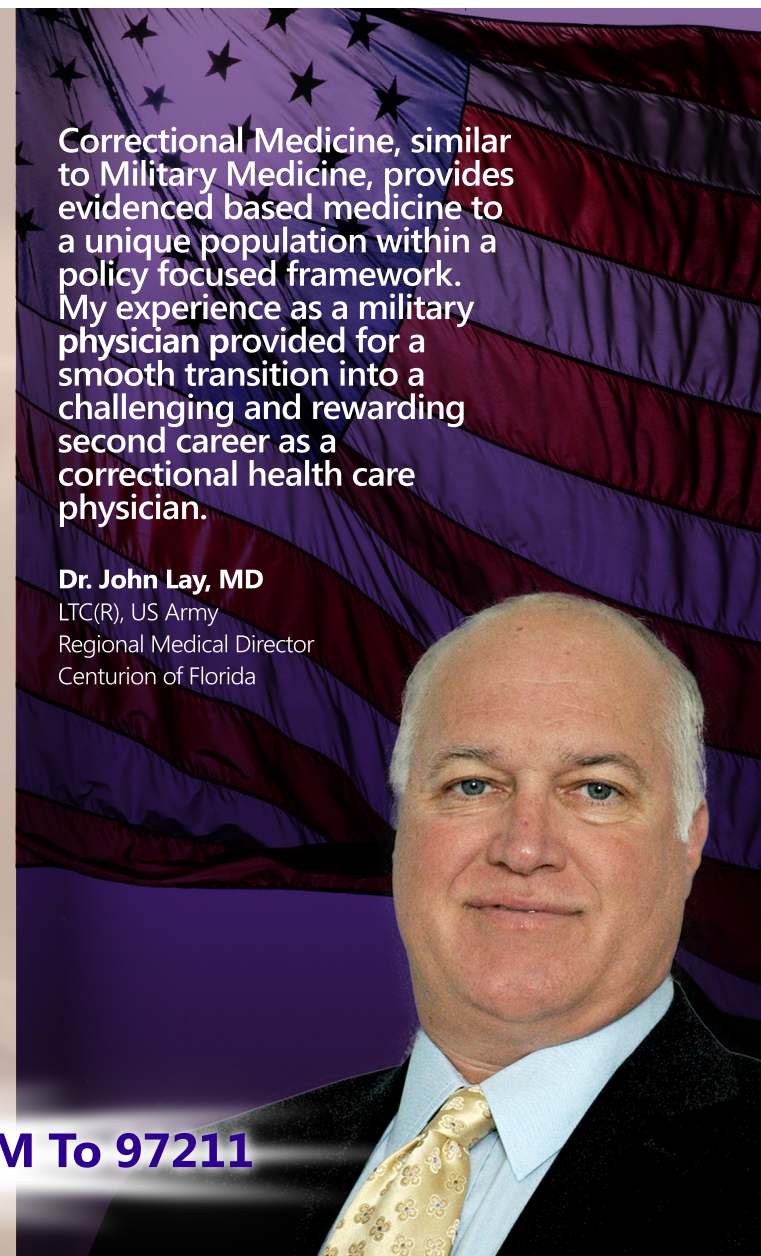
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Fleet surgical team saves life aboard USS Somerset

Courtesy Story

U.S. Naval Forces Southern Command &
U.S. Fourth Fleet

PACIFIC OCEAN (NNS) - Engineman Fireman Samuel Guidroz was more than 4,500 miles away from home when he was awakened by a sharp pain in his abdomen on the morning of Nov. 27, 2018.

The 20-year-old Sailor, assigned to the San Antonio-class amphibious transport dock ship USS Somerset (LPD 25), tried to treat the day like any other day spent underway in the Pacific Ocean. But the discomfort in his stomach soon drove him to the ship's medical bay.

"I had a nauseating feeling in my lower abdomen," said Guidroz, from his bed in the ship's recovery ward. "They ran some x-rays and a few additional tests."

"Fireman Guidroz came to us, and we were able to determine he had acute appendicitis," said Cmdr. Jeffrey Chao, the surgeon for Littoral Combat Group One (LCG-1).

Chao said it was fortunate that the fleet surgical team happened to be there on the Somerset to augment the ship's capabilities. The fleet surgical team is attached to Amphibious Squadron (PHIBRON) 3, which is currently embarked on USS Somerset as part of LCG-1. If they had not been there, surgery aboard USS Somerset would not have been an option.

But not everything was working in Guidroz's favor.

"The sea state at the time was a bit rough, so it made me nervous," Guidroz said. "The doctors eased my mind though, assuring me it was the right thing to do."

The LCG-1 fleet surgical team and the Sailors aboard USS Somerset acted immediately. The officer of the deck turned the ship to the steadiest course available. The maneuver significantly lessened the ship's motion in the water, allowing the medical personnel to do their work with precision. Then they prepared for surgery.

When Guidroz awoke, he felt groggy but relieved.

"Everything went great. Just like it would have if I had been back at a regular hospital," Guidroz said.

Chao says he expects Guidroz to make a full recovery in the next few days.

"This was a great learning experience to know the medical capabilities out here are far greater than my initial expectations," Guidroz said. "It feels good knowing and having that assurance that something like this can be taken care of out here at sea. I can't thank the medical team enough for what they did."

Since the surgery, Guidroz has been in contact with his family at their home in Baton Rouge, Louisiana.

"They were happy this was able to be done here on the ship, and even a bit

surprised," Guidroz said. "Being away from them was different at first, but I've made some new friends out here. And it's important, I think, having people close to you when you're away from home."

USS Somerset is a San Antonio-class amphibious transport docking ship, based out of San Diego. LCG-1 is deployed in support of the Enduring Promise Initiative to reaffirm U.S. Southern Command's longstanding commitment to the nations of the Western Hemisphere

(U.S. Navy Photos by Mass Communication Specialist 1st Class Andrew Brame)

(Right) Cmdr. Jeffrey Chao, the Littoral Combat Group One (LCG-1) surgeon, left, performs an emergency appendectomy as other medical team members assist aboard the San Antonio-class amphibious transport dock ship USS Somerset (LPD 25) Nov. 27, 2018, while underway in the Pacific Ocean. USS Somerset is part of LCG-1, which is deployed in support of the Enduring Promise Initiative to reaffirm U.S. Southern Command's longstanding commitment to the nations of the Western Hemisphere.



Cmdr. Jeffrey Chao, the Littoral Combat Group One (LCG-1) surgeon, second from left, performs an emergency appendectomy as other medical team members assist aboard the San Antonio-class amphibious transport dock ship USS Somerset (LPD 25) assist Nov. 27, 2018, while underway in the Pacific Ocean. USS Somerset is part of LCG-1, which is deployed in support of the Enduring Promise Initiative to reaffirm U.S. Southern Command's longstanding commitment to the nations of the Western Hemisphere.

Miscellaneous



Holding a funeral or memorial service for your loved one is a positive first step in the grieving process. Family members & friends get a chance to say their good byes, and at the same time, they get to share strong feelings with one another.

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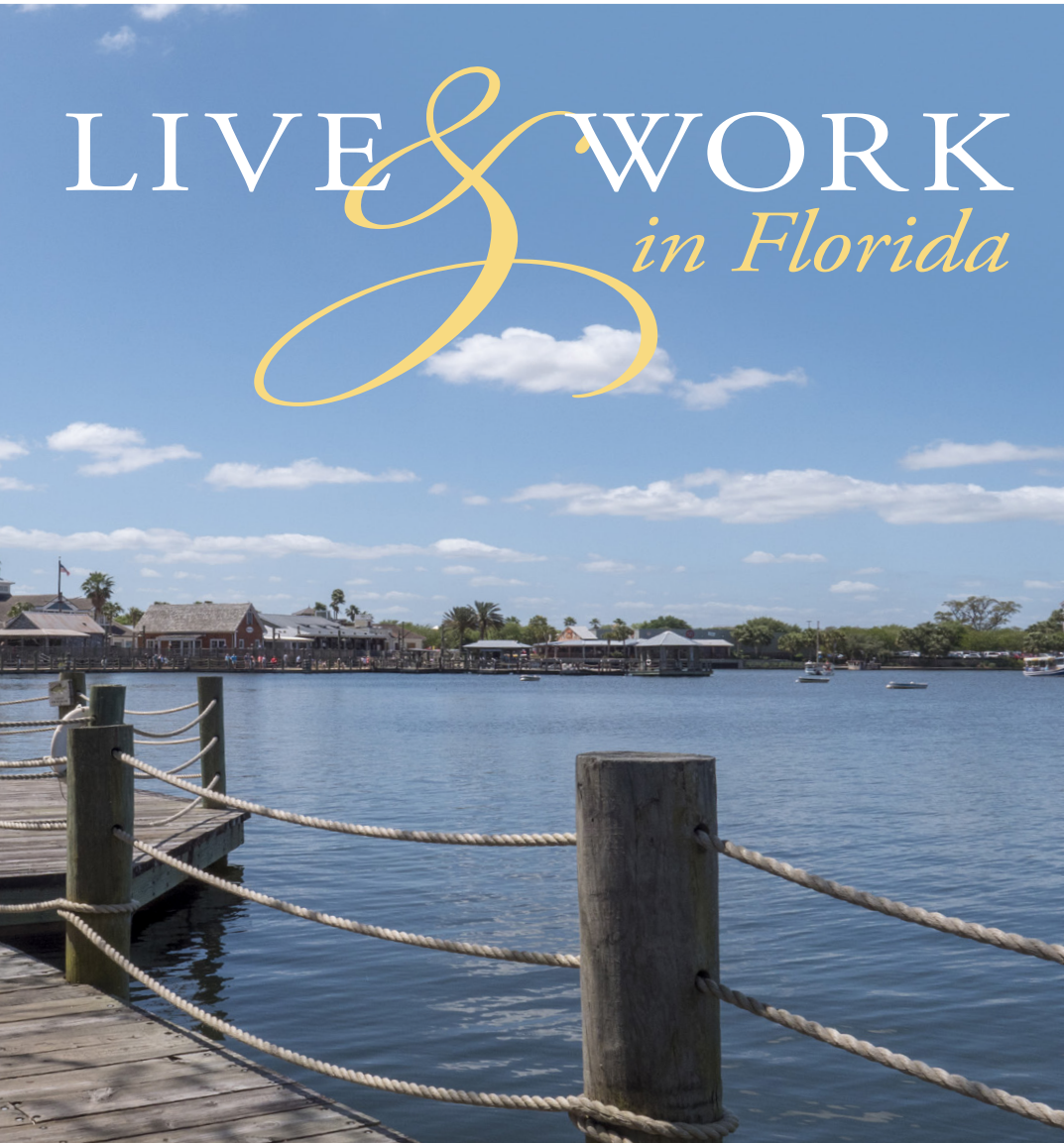
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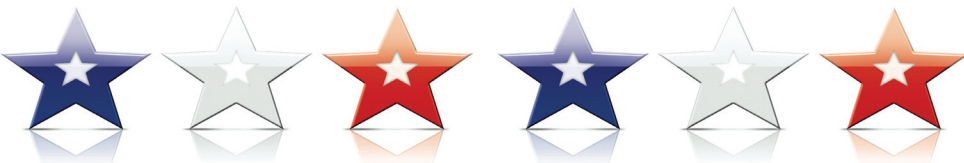
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Flu and cold season is upon us

By Laurie Pearson

Marine Corps Logistics Base Barstow

If you listen closely you can hear the sure signs that cold and flu season has hit Marine Corps Logistics Base Barstow, Calif.

"The dates may vary each year, but typically cold and flu season starts around October and lasts until March, with the season typically reaching its peak in February," said Valentin Murillo, Navy Corpsman on base.

The sniffing, sneezing, and coughing, which can be heard in the various offices around both sides of the base are just the beginning.

"Cold and flu bacteria and viruses appear to have an easier time getting around during the colder months of the year," Murillo said. "Cold, dry air helps these germs and viruses survive for longer periods of time, making it easier for them to spread from person to person after someone has coughed or sneezed."

So what's the difference between a cold and the flu?

"Severity and onset of symptoms are major factors," Murillo said. "A cold tends to come on more gradually and is more commonly associated symptoms that include a cough, stuffy nose, sneezing, and a sore throat with mild to moderate chest discomfort. The flu has a more rapid onset and those who contract the virus more commonly experience fevers, aches, chills, headaches, fatigue and weakness."

There are several things that each of us can do to limit our exposure to bacteria and viruses, in an effort to maintain health throughout the year. Vaccines are available, but it's also important to practice good hygiene and use other interventions which may lessen your chances of contracting an illness.

"Get your Flu shot," said Murillo. "This is your best bet in preventing the flu, as it will expose your body's immune system to a version of the virus, allowing it to develop crucial antibodies to better maintain health."

Murillo outlines a few other things you can do to stay healthy:

- Wash your hands. This is the best method to stop the spread of bacteria and viruses from person to person. Soap and water are preferable, but hand sanitizer may be just as effective and is certainly better than nothing.

- Cover your cough and sneeze. This can help prevent airborne transmission.

- Keep your work, home, hangout area clean.

- Stay home! If you are experiencing cold or flu symptoms give yourself some time to get better by staying home. You're also doing your coworkers a favor by preventing yourself from spreading any illnesses to them.

- If possible, kindly avoid contact with those who are sick.



(Photo By Laurie Pearson)

Eat health, be healthy and get your flu shot. The best advice to recover more quickly during the cold and flu season.

• The best way to treat any illness or injury is to prevent it all together.

"In general, you need a well-nourished immune system to fight any disease," Murillo said. "A clean diet that includes fruits and vegetables will certainly benefit the immune system, not only during flu season, but year round. Specific foods to target would be those high in vitamin C as it helps boost your immune system. Mainly citrus fruits such as oranges, grapefruits, pineapples and even kiwis and strawberries are good sources of vitamin C."

He also suggests consuming yogurt which contains live cultures which can also prove beneficial in boosting the immune system, and gut health.

"Chicken or beef broth soups will also prove beneficial," he said. "The broth will help you stay hydrated and the contents of the soup may contain protein and iron as well as other essential minerals, to include electrolytes, which help support a healthy immune system."

Along with the soups, any warm liquid may help with congestion.

"My personal drink of choice would have to be apple cinnamon tea with honey and lemon," he said. "Also remember it is important to stay hydrated. Drink plenty of water, and for every third water, add in an electrolyte sports drink to help your body heal."

Although light stretching or very light activities might benefit blood-flow, he doesn't recommend heavy exercise while ill. Heavy exercise may tax your body which is already struggling in terms of recovery.

"The first thing I recommend when someone is feeling ill, is immediately clean up their diet," he said. "Get rid of any junk food and change eating habits to include nutrition your body needs in order to heal. Whether you are just having symptoms, or are full on sick, change your mentality. Everything

you are eating should essentially have some benefit to help you recover, Leafy greens and fruits are providing you with vitamins. Soups are helping you stay hydrated and providing you with protein and minerals. Warm beverages are helping with congestion. Basically, if you're putting something in your body, it should have a benefit. Eat to get better."

For those who prefer homeopathic remedies versus a traditional medicinal route there are several choices available.

"Gelsenium will help with the general fatigue and chills associated with a cold," said Greg Kunkel, Emergency Medical Services Chief with Fire and Emergency Services. "Euphrasia will help with the watery nasal discharge that is so common with a cold. Kali bichromicum will thin the thick mucus that comes with the sinus headache. Phosphorus will alleviate the laryngitis and hoarseness. Ginger helps with your gut health. Always remember to ask your physician to ensure that homeopathic remedies are right for you. For further reading on homeopathic remedies a great source is the National Center for Homeopathy at www.homeopathycenter.org."

In addition to the cold and flu season concerns, pneumonia is another growing concern. Pneumonia is a respiratory illness or infection wherein small sacs in the lungs called alveoli become inflamed and fill with fluid.

"Viruses, bacteria and fungi are responsible for causing pneumonia though it may result as a complication of the Flu," Murillo said. "Some symptoms include rapid onset high fever 103 or higher, severe chills and sweats, chest pain made worse by coughing or breathing, productive cough (green, yellow or even bloody mucus), dehydration, and muscle aches."

If someone experiences any of these

symptoms they should seek immediate medical assistance as these can escalate quickly:

"If in doubt, remember you are never wrong for seeking care," Murillo explained. "Pneumonia and other illnesses may require antibiotics for treatment, which take time to take full effect. The sooner pneumonia is caught the sooner it can be treated."

Those whom are at the greatest risk are individuals with a weakened immune system, adults 65 and older, and children. They are all at higher risk of contracting the cold or flu, and pneumonia.

So, what about those vaccines? Can you get the virus from the vaccine itself?

"You may experience some side effects from the Flu shot such as soreness, redness, and swelling at the site," he explained. "People may also experience headaches, fevers, and muscle aches leading people to believe the Flu shot can cause the Flu. It's important to note that this is likely due to your immune system, or maybe prior exposure. It can take up to 10-14 days for the virus to germinate. In responses to vaccines, symptoms typically last 2-3 days which is comparatively preferable to the typical 1-2 weeks that it may take to get over the actual flu. On a similar note, it also takes two weeks for your body to develop antibodies after receiving the flu."

The Center for Disease Control indicates that the Flu viruses consistently change. Each year the manufacturing of vaccines is reviewed and tailored to fight the top strands of the virus research indicates are more likely to spread.

Murillo points out that Flu vaccines can contain four to five ingredients, such as:

1. The virus itself. This sounds scary, but it is a very small amount, and is either an inactive or weakened state, depending on the vaccine type. It's essentially dead, but your body will recognize it and develop antibodies.

2. A small amount of formaldehyde to inactivate toxins and bacteria in the vaccine as well as the virus itself.

3. Aluminum salts not always present in the vaccines. Aluminum salts help boost the body's immune response to the virus.

4. Thimerosal as a preservative that prevents the growth of fungi and bacteria in the vaccine.

5. Chicken egg protein. The viruses used for the vaccine are usually grown inside fertilized chicken eggs.

"One of the most important things to do for your body as it recovers from exposure to bacteria or a virus, is to rest," said Murillo. "Give your body a chance to heal. Your body heals itself best during sleep when it's not being taxed by other activities."