

MEDICALNEWS

Optometry maintains Airmen's vision readiness

By Airman Azaria Foster 23d Wing Public Affairs

Vision readiness is essential to every Airman. Their eye sight is the last thing they should have to worry about while doing their job.

The 23d Medical Group optometry clinic is responsible for maintaining Moody Airmen's ability to see and provides eyewear to those with vision impairments, and now offers six new options of frames for active-duty members.

"Vision correction is vital to optimal performance," said Maj. Stephanie King, 23d Operational Medical Readiness Squadron (OMRS) human performance flight commander. "It is important that members have two pairs of glasses in case one pair breaks or is lost. With our new stock of frames, Airmen will have more options than ever to meet that need."

Air Force Instruction 44-117 Ophthalmic Services outlines the need for active duty members to have two pairs of serviceable glasses and gas mask inserts at all times. Though it's ultimately the member's responsibility to uphold the standards of the regulation, it is optometry's job to help them comply with it through a series of exams and check-ups.

"For new military members, we perform an initial distant visual acuity check, which assesses their ability to see a Snellen chart from a distance," said Staff Sgt. Trevor Frey, 23d OMRS optometry technician. "After that members will come in for their yearly eye exam, where we ensure the member will be fit for glasses and have everything they need in order to be vision ready."

In addition to supplying eyewear, optometry professionals help keep Airmen vision ready by performing specialty tests to check for eye disorders.

"Visual acuity is just one part of the process," said Frey. "It's where we determine whether an Airman needs corrective lenses. Beyond that we use specialty tests to look for signs of eye disorders, such as glaucoma, intraocular cancer or cataracts."

All of these processes are part of regularly scheduled exams provided by optometry; however, patients in need of an unscheduled appointment are instructed to stop by Mondays and Wednesdays from 8 -9 a.m. or call the appointment line if a problem with their vision arises.

"The process for making an appointment is simple," said Tech. Sgt. Latrisha Skinner, 23d OMRS optometry technician. "A member can call the appointment line and speak with a

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(U.S. Army photo by Pfc. Genesis Gomez

U.S. Army veteran, Christy Gardner, plays with her Department of Defense certified service dog as she waits to inprocess for the Warrior Care and Transition's Army Trials at Fort Bliss Texas, March 27, 2017. About 80 wounded, ill and injured active-duty Soldiers and veterans are competing in eight different sports 2-6 April to represent Team Army at the 2017 Department of Defense Warrior Games.

The Army moves to a single entry criteria to enter the Warrior care program

By Wesley Elliott U.S. Army Medical Command

WASHINGTON – The U.S. Army is restructuring the Warrior Care and Transition Program (WCTP) to focus on its central mission of complex case management for wounded, ill, and injured Soldiers. The new program and Warrior Transition Units (WTUs) will be renamed the Army Recovery Care Program (ARCP) and Soldier Recovery Units (SRU).

One of the key parts of the restructure is the implementation of a single entry criteria.

"Since the WCT's inception in 2007, the program has updated the eligibility criteria to enter a Warrior Transition Unit several times," said Col. Curtis Douglass, Deputy Chief of Staff for Warrior Care and Transition.

Currently, there are two distinct eligibility criteria to enter a WTU. One is specific to the active component and based on a complex care requirement and a six-month treatment timeline. The other is specific to the reserve components and based on a definitive care requirement and 30-day treatment timeline.

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Field hospital returns to Bliss after first deployment

By Pvt. Matthew Marcellus 1st Armored Division

FORT BLISS, Texas – Smiles, laughter and jubilation danced across a crowd of family and friends as Fort Bliss welcomed home 88 Soldiers from Iraq, October 22. The Soldiers were deployed in support of the Combined Joint Task Force -Operation Inherent Resolve (CJTF-OIR) last February.

1st Medical Brigade, 13th Expeditionary Sustainment Command, III Corps, U.S. Forces Command, served as the medical task force for CJTF-OIR, providing mission command for medical units across the area. The 528th HC also provided role 3 hospitalization support to the theater, implementing a facility which is staffed and equipped to provide care to all categories of patients including resuscitation, specialty surgery and post-operative care.

Soldiers of the 528th Hospital Center,

This is the first deployment for the 528th HC since its activation in April

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of a hospital center since the Hospital Force Design Update was implemented by the Army in 2017 to reorganize and

2018, as well as the first deployment restructure combat support hospitals to better align battlefield healthcare with commander needs.

The 528th HC will be continue to

train their skills and readiness in order to ensure that they are always prepared to deploy and meet any future mission requirements.



(U.S. Army photos by Pvt. Matthew Marcellus)

A Soldier assigned to 528th Hospital Center, 1st Medical Brigade, 13th Expeditionary Sustainment Command, III Corps, U.S. Forces Command reunites with his family at Fort Bliss, Texas, October 22, after returning from a nine month deployment to Iraq in support of Combined Joint Task Force - Operation Inherent Resolve (CJTF-OIR). The 528th HC deployed last February, serving as the medical task force for CJTF-OIR and providing mission command for medical units in the theater.



1st Sgt. Doranda Denetclaw, a senior enlisted advisor assigned to 528th Hospital Center, 1st Medical Brigade, 13th Expeditionary Sustainment Command, III Corps, U.S. Forces Command, holds her daughter after returning to Fort Bliss, Texas, October 23, after a nine month long deployment to Iraq in support of Combined Joint deployment for 528th HC since their activation as a hospital center in April 2018.



Maj. Jeremy Gloss, an operations officer assigned to 528th Hospital Center 1st Medical Brigade, 13th Expeditionary Sustainment Command, III Corps, U.S. Forces Command, reunites with his family as he returns home to Fort Bliss, Texas, October 22, after a nine month long deployment to Iraq in support of Combined Joint Task Force - Operation Inherent Resolve. The operation was the first deployment for a hospital center across the Army since the Hospital Task Force - Operation Inherent Resolve. This is the first Force Design Update reorganized and restructured combat support hospitals in 2017 to better meet the battlefield healthcare needs of commanders.

Army distributes 1.5 million flu vaccines

Army Medical Logistics Commnd

FORT DETRICK, Md. - As flu season kicks off, the U.S. Army Medical Materiel Agency's Distribution Operations Center (DOC) manages the distribution of over 1.5 million doses of influenza vaccine to help Soldiers and their families stay

DOC officials said the first batch of vaccines shipped on Sept. 6, headed to activeduty troops, reserves, retirees and their family members, as well as National Guard units across the country.

"Anywhere an Army Soldier is, that's where we will get them the flu vaccine," said Lt. Col. Todd A. Reeder, DOC direc-

As of Oct. 1, Army vaccines shipped totaled 467,000 doses, or about 30% of the Army's requested allotment.

The Army's allotment accounts for the majority of the 3.3 million doses being distributed throughout the Department of Defense, which sets an annual goal of having at least 90% of all active-duty military members vaccinated by Jan. 15, 2020.

While the flu virus circulates year-round, activity typically begins to increase in October and spikes between December and February, even though seasonal activity can last until May, according to the Centers for Disease Control and Prevention (CDC).

That was the case last flu season, which lasted 21 weeks. It was the longest flu season in the U.S. over the past decade.

The CDC estimates that, on average, between 5% and 20% of people in the U.S. are affected by the flu each season, with children and the elderly more susceptible.



(Photo By C.J. Lovelace)

Sgt. Clayton Keller, left, administers a yearly flu shot to Col. Michael B. Lalor, commander of the Army Medical Logistics Command, on Oct. 8 at Fort Detrick, Md. The Army is providing 1.5 million flu vaccines worldwide to help Soldiers and their families stay healthy.

demic of 2009, the flu remains as a very real threat to military readiness. Reeder said it's not something the Army takes

"You could potentially take out a whole unit, making that unit ineffective or nondeployable if the flu virus is introduced into that unit," he said. "This is why the Army stresses that each Soldier get vaccinated annually with the flu vaccine in order to maintain unit and Soldier readiness.'

To prepare, the DOC within USAMMA – a direct-reporting unit to the new Army Medical Logistics Command, headquartered at Fort Detrick in Frederick, Md.

Now 10 years since the H1N1 flu pan- – works with the Defense Health Agency and the Defense Logistics Agency, which handles the yearly procurement and shipping for the DOD.

> Liz Andrews, deputy director of the DOC, said planning is a year-round effort.

> "There is no downtime, even though we only ship three months a year," she said.

Not even before the current flu season ends, Andrews said a forecast for the next season and dosage requests are sent out to Army installations around the globe each

From there, the number of requested doses are submitted to the DHA, which then coordinates with the DLA to handle the contracting process, she said.

Reeder said the CDC works directly with the flu vaccine manufacturers to forecast the upcoming flu season in order to develop the specific vaccine each year.

Doses come in different forms to treat a wide range of people, from infants 6 months and older to those over 65 years

The CDC recommends people get a yearly flu shot by the end of October. Kids from 6 months to 8 years may require two doses, given about a month apart.

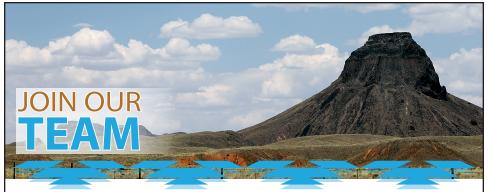
According to the CDC, "Vaccination efforts should continue throughout the flu season because the duration of the influenza season varies, and influenza activity might not occur in certain communities until February or March.

"Although vaccination by the end of October is recommended, vaccine administered in December or later, even if influenza activity has already begun, might be beneficial in the majority of influenza seasons."

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I am Navy Medicine: Lt. Megan Challacombe, Navy Physician Assistant

By Douglas Stutz Naval Hospital Bremerton

"I am a Navy Medical Service Corps (MSC) officer, stationed at Naval Hospital Bremerton (NHB) as a physician assistant assigned to Branch Health Clinic (BHC) Everett.

Challacombe, a Saylorsburg, Pa. native and Stroudsburg High School 2005 graduate, attended Misericordia and received her Bachelor's degree in Biology with a minor in chemistry and English, graduating in 2009, followed by graduating in 2012 with the King's College Master's degree in Physician Assistant Studies.

For Challacombe, becoming part of Navy Medicine is continuing her family heritage of serving in the military and wearing the cloth of her nation.

"My father was in the Marines and I always knew that I wanted to join the military as well. When I got accepted to Physician Assistant (PA) school I knew that it was the right time to join the Navy. Navy Medicine takes care of the Marines so it was no question I chose to join the Navy. I applied and got the Navy Health Professions Scholarship Program Scholarship for PA school, said Challacombe.

Challacombe is the primary care physician assistant for BHC Everett and oversees the day-to-day function of the clinic's Readiness Division, along with handing such overlapping responsibilities as taking care of the performance measure tool Healthcare Effectiveness Data and Information Set, immunizations, physical exams, health promotions, and individual medical readiness and periodic health assessments for active duty personnel.

"A PA is a vital part of Navy Medicine. We can be stationed or augmented to several different facets of military medicine. We are attached to clinics, military treatment facilities, surgical teams, and as individual augmentees. PAs are so versatile. We are primary care providers for active duty, retirees, and their beneficiaries, specialize in one of the Duty Under Instruction education and training programs, or attached to a ship. There are so many different opportunities to practice medicine as a PA within the military," explained Challacombe, noting that the decision to become a PA was the culmination of a decision made much earlier in her childhood.

"I always knew a young age. Lost

a close family member to cancer and that sparked my passion for medicine. Every opportunity to volunteer or work in medicine I did throughout high school and college. In my undergrad I shadowed a PA in a dermatology office for a summer job shadowing opportunity and I fell in love with the profession," related Challacombe.

Navy Medicine has taken Challacombe to ship as well as shore locales. She has been stationed at Naval Health Clinic Hawaii, and deployed for nine months 'down range,' where she worked out of Tarin Kowt and Shindand, Afghanistan, as part of a Role II Forward Surgical Team filling the primary role as a trauma team lead and surgical first assistant,



(Photo By Douglas Stutz)

Lt. Megan Challacombe, Navy Medical Service Corps (MSC) officer, stationed at Naval Hospital Bremerton (NHB) as a physician assistant assigned to Branch Health Clinic (BHC) Everett, is continuing her fam-I wanted to work ily heritage of serving in the military in medicine since and wearing the cloth of her nation.

along with providing primary care services. She has also assigned to the nuclear aircraft carrier USS Harry S. Truman (CVN 75). She counts her most memorable experience - so far – to being 'haze grey underway' on the Truman.

Being a part of a carrier is an amazing experience. You practice within primary care, emergency medicine, and surgical medicine. Your job is to keep the crew healthy to support the greater mission. Responding to medical emergencies around the ship is a fast evolution that requires quick

medical judgement and a team approach on how to safely get the patient to medical as the primary mission continues. It was an amazing opportunity on how to practice medicine," Challacombe said.

And the best part of her career in Navy

"Being able to take care of the military population and their families and practice in several different facets of medicine that I would not have had the opportunity to do in the civilian side," added Challacombe.

Perhaps the biggest impact that Challacombe has made is helping to contribute to the renewed emphasis on readiness called for by Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery.

"As a PA in the primary care role my job is to keep service members healthy and ready to deploy at any notice which I am doing on a day to day basis. As the Readiness Division officer our division's primary role is to track readiness and assure service members are fully medical ready. We are tracking, contacting, seeing patients, and updating profile to assure we are keeping a fully ready force," Challacombe said.

When asked to sum up her experience with Navy Medicine in one sentence, Challacombe replied, "The opportunity to practice medicine within the Navy is a privilege and the ability to care for this population is an absolute honor. Also would like to take an opportunity to thank my husband for all of his support. A lot of what I do could not be done without the support of family.'



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

According to Douglass, the purpose of the single entry criteria is to concentrate medical and administrative resources on soldiers with complex case management requirements prior to reaching their Medical Retention Determination Point

MRDP is the point in time when a Soldier's progress appears to have medically stabilized, the course recovery is relatively predictable, and where it can be reasonably determined whether that the Soldier will be capable of performing the duties required by their MOS, grade, or rank. MRDP is reached within one year of medical diagnosis but can be reached at any point within that 365

As of August 12, 2019, there were almost 2,500 Soldiers assigned to the WCT. The population was 55% Active Duty, 27% National Guard, and 18%

"We project that 60% of Reserve Component Soldiers who currently meet WTU entry criteria would not meet the revised SRU single entry criteria but these medically non-complex Soldiers are eligible for one of two remote management options depending on component," said Douglass.

USAR Soldiers Non-complex will be eligible for Remote Medical Management (RM2) and non-complex ARNG Soldiers will be eligible for the Reserve Component Managed Care (RCMC) Program.

RM2 and RCMC are remote management programs for USAR and National Guard Soldiers that provide accountability, ongoing risk management, and reevaluation of medical case complexity. The programs allow Soldiers to return home on active duty orders to receive non-complex care.

"High risk Soldiers do not qualify for remote management programs and will be placed in an SRU. If a remote management program Soldier shows an increase in complexity level they may warrant a return to a SRU," said Douglass.

SRUs will provide remote case management for Army Reserve Soldiers and the Army National Guard will remotely manage National Guard Soldiers. The remote management option is specifically designed to provide medical and administrative management to Soldiers that do not meet single entry criteria but are entitled to evaluation and treatment while remaining on active duty orders.

management program Soldiers are assigned to a duty site such as a Reserve Center or National Guard Armory which is their place of duty when not attending medical appointments. The duty site will usually be the assigned Reserve unit whenever practical, if that unit is within reasonable commuting distance given the Soldier's circumstances.

The SRU remote management staff ensures accountability by interacting daily with the Soldier and the duty site supervisor, as well as periodic interactions with the local network medical providers to ensure the Soldier attends medical appointments and progresses through the treatment plan.

Non-complex USAR and ARNG Soldiers who entered a WTU prior to the new single entry criteria will remain in the program and follow their existing Comprehensive Transition Plan. Incoming non-complex Reserve and National Guard Soldiers will be assessed into the component appropriate program after January 1, 2020.

SRU-ineligible Reserve Soldiers will remain on, or return to, active duty to complete the medical evaluation and treatment. They will be placed on active duty evaluation orders and will temporarily enter the SRU to conduct a medical evaluation and diagnosis.

"The SRU is open to all Soldiers, regardless of how they are injured or become ill in the line of duty, who meet the entry criteria," said Douglass. "The Army's greatest asset is our people and we are committed to taking care of our

The SRU entry criteria states that a Soldier has, or is anticipated to receive, a profile of more than six months, with duty limitations that prevent the Soldier from training or contributing to unit mission accomplishment. The complexity of the Soldier's condition requires either clinical case management or the Soldier's psychological condition is evaluated by a qualified licensed medical or behavioral health (BH) provider as posing a substantial danger to self or others if the Soldier remains in the original unit.

Determining what constitutes complex care is primarily a clinical responsibility with medical leadership oversight and the Army defines it as, "A medical professional's aggregate assessment based upon the severity of illness, degree of impairment, required level of comprehensive care management, and commitments of time and resources."

For each Soldier, ARCP leadership will review their application for entry into the SRU with the ARNG and USAR providing recommendations for COMPO 2 and 3 Soldiers. The Army senior commander or a delegate will approve or deny all SRU entry decisions after reviewing the

The new entry criteria is effective in January 2020. WTUs will begin the transition to SRUs in March 2020 and are estimated to be fully operational under the new structure, policy and processes by August 2020.



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Hospital Corpsmen honored at the Angels of the Battlefield Awards gala

By Angela Ciancio U.S. Navy Bureau of Medicine and Surgery

FALLS CHURCH, VA (NNS) - Navy Medicine is proud to have Hospital Corpsman First Class Alan P. Aaron and Hospital Corpsman First Class Victor

Battlefield Award, October 29, 2019. Rear Admiral Terry Moulton presented the award to HM1 Aaron.

J. Desantis as the 2019 recipients of the

Armed Services YMCA Angels of the

Aaron was serving aboard the USS John S. McCain (DD0-S6) when the ship collided with an oil tanker off the coast of Singapore, August 21, 2017.

The morning of the collision, Aaron was just eating breakfast when he heard the loud sound and felt the shudder throughout the ship. He bravely ran toward the direction of the noise as he saw Sailors escaping the damage control locker through a scuttle.

After the order came to close all watertight doors, Aaron was instructed to go to the medical area. When he arrived, Aaron took control and initiated a mass casualty response, conducting an onscene assessment, setting up triage and coordinating the movements of patients to casualty collection points on the ship.

Aaron performed advanced first aid, basic life support, critical care and other medical management functions on nearly 50 Sailors in the first five hours after the collision. He depleted his stock of antibiotics treating nearly one-third of the crew exposed to fuel and black water. His actions contributed not only to the health of the crew and his patients, but also the survivability of the ship.

HM1 Aaron was born and raised in southern California. He is currently assigned as an instructor at the Hospital Corpsman Basic Program in San Antonio. His personal awards and decorations include the Joint Service Commendation Medal and the Joint Service Achievement Medal.

Next to receive the Angels of the Battelfeild award was HM1 Desantis.

On Aug. 12, 2018, while deployed in



(Photo By Petty Officer 2nd Class John Kotara))

Recipients of the Angels of the Battlefield Awards Gala stand to receive their awards Oct. 29, 2019.

support of Operation Pacific Eagle, HM1 Desantis and Marine Special Operations Team 8142 was in direct support of a lethal advise and assist operation, when multiple host nation casualties were sustained with injuries including multiple gunshot wounds to the torso and blast

During stabilization of the causalities, Desantis quickly took control of the situation by successfully conducting a tubal thoracotomy for two of the critically injured patients. Desantis' exemplary medical abilities and competent demeanor saved the lives of many that day.

DeSantis also helped to improve care. Realizing Camp Bautista Hospital had an ultrasound machine and no personnel were aware of its capabilities, DeSantis put together a seminar and instructed the staff on the operation and application of the device. He also spent 75 hours instructing base medics and infantry personnel in basic Tactical Combat Casualty Care (TCCC) and lifesaving interventions. When a Philippine Force Recon Marine had an arterial bleed, this instruction helped with treatment in the field, successfully preserving the life.

DeSantis grew up in San Diego and enlisted in the Navy in 2005. His personal decorations include the Navy and Marine Corps Commendation Medal with Valor, the Navy and Marine Corps Achievement Medal with Valor (two awards), and the Combat Action Ribbon.

The Angels of the Battlefield Awards Gala is an Armed Services YMCA event honoring the individual men and women on the front lines who are saving lives and have demonstrated extraordinary courage. The Armed Services YMCA recognizes a single individual from each military branch for their accomplishments.

Navy Medicine is a global health care network of 63,000 personnel that provide health care support to the U.S. Navy, Marine Corps, their families and veterans in high operational tempo environments, at expeditionary medical facilities, medical treatment facilities, hospitals, clinics, hospital ships and research units around the world.

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

representative who can schedule a time to be seen based on the immediacy of the need. If it's an emergency, the member is instructed to call 911. We want to ensure our Airmen are taken care of and aren't putting off going to optometry because they're intimidated by the

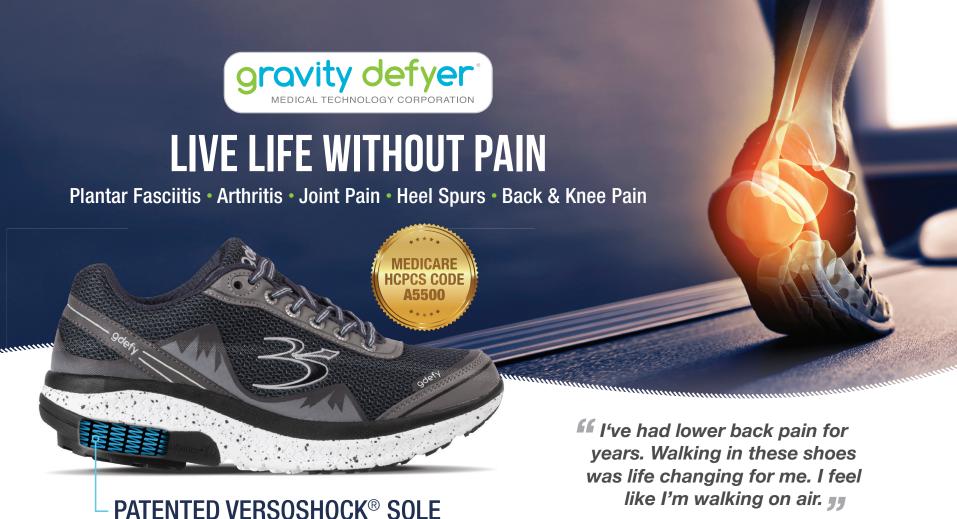
Keeping military personnel vision ready is essential. If Airmen can't see, they can't perform their job and in turn, they can't complete the Air Force mission.

"The process for getting my glasses was easy," said Airman 1st Class Kristopher Emory, 822d Base Defense Squadron fireteam member. "Now I have two pairs and I don't have to worry about losing or breaking one while physically training. It's one less thing to think about because I know I have a backup pair."

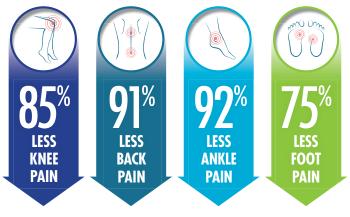
If a member is experiencing pain, red eyes, vision problems, or needs to schedule an appointment, they can call the appo Optometry maintains Airmens vision readinessintment line at 229-257-2778.

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Eastern Virginia Medical School

Endocrinologist- Norfolk, VA POS #1012001

The Eastern Virginia Medical School is seeking an Endocrinologist for a tenure track appointment as an Assistant or Associate Professor commensurate with experience. The candidate will participate in the clinical and educational activities of the Endocrinology division, and should have completed a fellowship program and be BC/BE in Internal Medicine and Endocrinology. Opportunities for program development include, inpatient diabetes program including glucometrics, thyroid cancer program and metabolic bone disease. Involvement in clinical research is highly encouraged. The position includes a faculty appointment, teaching opportunities and a competitive salary and benefit package. Previous training or experience with thyroid ultrasound, FNA and/or DEXA scan interpretation is preferred.

The Division of Endocrine & Metabolic Disorders runs the Strelitz Diabetes Center as well as general endocrine clinics. It has an ACGME accredited Endocrinology fellowship program. In addition, it maintains an ADA recognized diabetes program and owns thyroid ultrasound & DEXA scan. It collaborates with Sentara Norfolk General Hospital, our primary teaching hospital and has developed an innovative Cardiovascular Diabetes Program. The Sentara Diabetes Program and Heart Program have both been ranked in the top 35 nationally by the US News & World report in 2018.

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Eastern Virginia Medical School

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