



THE INNOVATOR

OPTIMIZING COMBAT CASUALTY CARE



OCTOBER 2013

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

Navy BAS Earns 1st CENTCOM JTTS Ditch Medicine Award

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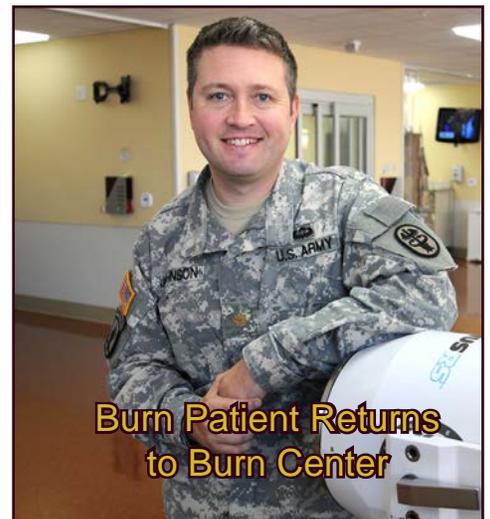
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Protect Yourself and Your Family



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Burn Patient Returns to Burn Center

CDR's Corner



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

“Optimizing Combat Casualty Care”

Hello, ISR.

There are a couple of significant events that I need to address with the Institute. Many of you will remember the shooting a few months ago on Joint Base San Antonio-Fort Sam Houston. There were people in MEDCOM who used the electronic medical record to illegally access protected patient information. I am proud to report that none of these violators were SAMMC or ISR personnel. In September, tragically struck again with the Navy Yard shooting.

Again, MEDCOM personnel

used the electronic medical record to illegally access protected patient information. I am again proud to report that none of the violators were MRMC personnel. Maj. Gen. Joseph Carvalho e-mailed me the following: “I am very glad none of our staff were involved with this, but I would bet we have folks who may not fully understand the implications of accessing medical records of individuals for whom they have no business engaging. Please remind your staff that this, in fact, is illegal.

“In the civilian world it is not uncommon to be fired for a single transgression in this regard. As health professionals, we are given special dispensations from society to deal effectively in the world of human frailty. With these special authorities come extremely important and stringent responsibilities. We must always be wary of operating within the confines of the rules that govern us.”

Let us all reaffirm our professional oaths to protect patient privacy.

I thank those who participated in the Command Climate Survey. Our participation rate was 62 percent, which is more than twice the rate from last year. I completed my first reading of your comments, and you have given me a great deal to think about for the next year. Sgt. Maj. Vince Herrington and I will be conducting focus groups to drill down on effective ways to improve value throughout the organi-

zation.

The fiscal uncertainty will continue during the month of October. The government shutdown will cause a furlough and additional restrictions on travel and TDY. I want everyone to know how much I appreciate your sacrifices and that I hear your questions and concerns.

Our Institute will conduct our semi-annual motorcycle safety training in October and our semi-annual Army Physical Fitness Test from October 21 to 25. Continue to prepare yourself and score your best. There are several fun events during the month. Physician's Assistant Day is on October 6 and celebrates the great care provided by a key member of the team. The first physician assistants graduated from Duke University on October 6, 1967.

Columbus Day is a Federal holiday that we will observe on October 14. Boss's Day is celebrated on October 16, which recognizes the leadership, coaching, and mentorship provided by our current and past bosses. The Institute will conduct its Fall Festival complete with costumes and games: special thanks to the events committee. Halloween will be observed on October 31. Parents, please be extra cautious in your communities during trick-or-treating to ensure that everyone has safe and enjoyable memories.

Thank you for what you do,

Hooah!



ARMY MEDICINE
Serving To Heal...Honored To Serve

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SGM Says



ISR Sergeant Major
Vincent M. Herrington

“Protect and Sustain, Lead From the Front”

Congratulations to all the awardees at last month’s awards ceremony. Special thanks to the Dining-In committee and everyone who supported the special event. The Dining-In would not have been a success without all of your efforts.

The following Soldiers were recently presented a coin by U.S. Army Medicine Command Sgt. Maj., CSM Donna Brock, who paid us a visit on September 23: Sgt.1st Class Erika Buckmaster, Staff Sgt. Charles Goodwater, Staff Sgt. Seth Holland, Staff Sgt. Cameron Hubbard, Staff Sgt. Shanelle McNair, Staff Sgt. Floretta Sample, Sgt. Jorge Cabriales, Sgt. John Newton, Spc. Stephen Holmes, and Spc. Marites Staley. Congratulations to the following newly promoted Soldiers: Col. (Dr.) Booker T. King and Staff Sgt. Shanelle McNair.

Lastly, I would like to welcome to all the newly assigned Soldiers and family members.



“The equipment and the weaponry will continually change and improve, and the size of the military will expand as needed, decreasing during times of peace. But the unyielding will of the Soldier and the dedication of professional military leaders will not change.”
SMA George W. Donaway, Center of Military History Interview, 1990, p. 66



U.S. Army Medicine, Command Sgt. Maj., CSM Donna Brock visited the ISR Sept. 23. Photos by Rick Anzaldua.



U.S. Army Medicine, Command Sgt. Maj., CSM Donna Brock presents Staff Sgt. Seth Holland with a coin Sept. 23.

On August 31, USAISR Commander, Col. (Dr.) Michael Weber was a guest on the Armed Forces Communications and Electronics Association (AFCEA) Military City USA Radio Show on NewsTalk 930 AM KLUP. Weber talked on various topics to include growing up in Wisconsin, his career in the Army, and his role as commander of the USAISR, among other things. Listen to the show in its entirety at www.militarycityusaradio.org.

On September 5, Marla Dial, VP-Publicity, Alamo AFCEA and executive producer of the Military City USA Radio show, presented Weber with a photo of him shot prior to the radio show August 31.



New vaccine protects against additional flu strain; Free flu vaccine for medically related civilian staffs

TRICARE Management Activity and Army Medical Command Public Affairs Office

Each year, flu season affects millions of people. Flu season usually begins in October, so now is a great time to protect yourself and your family by getting vaccinated. The flu shot is easy to get and inexpensive—often free—for TRICARE beneficiaries, and this year the flu vaccine offers even more protection.

The influenza vaccine at Military Medical Treatment Facilities (MTFs) is for all DoD beneficiaries and MTF healthcare civilian personnel at no charge.

Non-medical civilian staffs who work on the installation (non-medical staffs) must use their regular medical services to obtain the vaccine. If they are TRICARE eligible, they can get the vaccine from the MTF. Otherwise, they

must use their medical insurance to cover the vaccine.

Until now, seasonal flu vaccines have only protected against three strains of flu—two strains of influenza A, which usually causes more cases and more severe illness; and one of influenza B, which is less common but also circulates in multiple forms.

The new vaccines include protection against a second strain of influenza B, which experts expect will prevent the vast majority of type B infections.

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. Symptoms include fever, cough, sore throat, stuffy nose, body aches, headaches and fatigue. According to the Centers for Disease Control and Prevention, the flu virus can be more serious for young children, older adults, pregnant women and people with medical conditions. It can cause

mild to severe illness and at times can lead to death.

TRICARE covers both the flu shot and flu mist. Beneficiaries may be able get their flu vaccine, at no cost, from an MTF, hospital, or a pharmacist at one of the 45,000 network pharmacies that administer vaccines to TRICARE beneficiaries.

CDC officials also recommend steps to prevent the spread of germs:

- Avoid close contact with people who are sick;
- Stay at home when sick;
- Cover mouth and nose when coughing or sneezing;
- Wash hands often with soap and water; and
- Avoid touching eyes, nose or mouth.

CDC officials also recommend getting plenty of sleep, being physically active, managing stress, drinking plenty of fluids, and eating nutritious food.

Company Notes



First Sergeant
Bradley G. Proud

We would like to welcome the newest addition to the ISR family: Spc. Chet Voelker and his wife welcomed a daughter Ayda Laine September 3, weighing 7lbs 8oz and 21 inches long. Mother and daughter are doing well.

Congratulations to Sgt. Pablo Sierra and Spc. Martha Rodriguez for being selected NCO and Soldier of the month, respectively, for September. Their photographs will be on display in the company area.

We will celebrate Hispanic Heritage

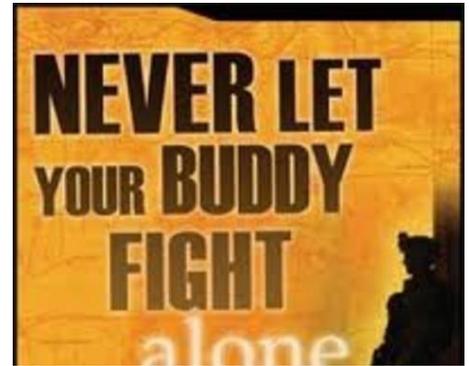
Month October 10 from 1100-1400 by hosting a nationally competitive Mariachi band from Southwest High School in San Antonio and also folk dancers from the Guadalupe Cultural Arts Center. This event will take place at the SAMMC 4th Floor Auditorium. We will also have small churros to sample.

Motorcycle Safety Day is scheduled for October 18 at 0700 with a mentorship ride to Texas Pride BBQ for lunch. Please RSVP to the Safety Officer by October 9.

The Semi-Annual Army Physical Fitness Test will be conducted from October 21-25. There will be 5 morning sessions, Monday through Friday at 0530. Two additional sessions have been scheduled for Tuesday and Thursday at 1500. The location is at MacArthur Track (the back left section as you face Dickman Road).

The Fall Festival will be held October 26 from 1500-1700 at Warrior and Family Support Center. If you are interested in volunteering, please contact Staff Sgt. Tiffany Baldwin or Staff Sgt. Michael Cavallo.

The Army designated September as



Suicide Prevention Awareness Month. We are committed to maintaining a supportive environment that improves the overall resiliency of our Soldiers, families, civilians, and individual/unit readiness.

Suicide prevention is the responsibility of commanders, leaders, Soldiers, Army civilians at all levels, and their family members. Through leadership, knowledge, and respect for each other, we can diminish or erase the stigma associated with seeking help for suicidal ideations and actions.

We are committed to creating a healthy and supportive climate, increasing resilience, and strengthening our Army professionals.

We want to continue to raise awareness of the tools and resources available to prevent suicide, increase resiliency, and continue to develop a strategy to reduce the stigma associated with seeking help for invisible wounds.

Thank you all for everything that you do each day to help us be the best organization in the U.S. Army Medical Research and Materiel Command!



NCO of the Month
Sgt. Pablo Sierra



Soldier of the Month
Spc. Martha Rodriguez



Navy BAS Earns First CENTCOM JTTS Ditch Medicine Award



Navy members of a Marine Corps Battalion Aid Station in Southwest Afghanistan are the inaugural recipients of the U.S. Central Command Joint Theater Trauma System Ditch Medicine Award.

By Steven Galvan
USAISR Public Affairs Officer

A U.S. Navy general medical officer and the medical director for a team of Corpsmen assigned to a Battalion Aid Station (BAS) on a Marine Corps outpost in Southwest Afghanistan is the recipient of the inaugural U.S. Central Command (CENTCOM) Joint Theater Trauma System (JTTS) Ditch Medicine Award. Lt. (Dr.) Hans Hulsebos, battalion surgeon, accepted the award from JTTS Director Col. (Dr.) Jeffrey Bailey and JTTS Pre-Hospital Director Lt. Col. (Dr.) Jim Geracci September 11th.

“This award means a lot for my guys and me,” said Hulsebos. “We trained very hard on the way out here. We were able to identify our top guys who did an outstanding job.”

“We traveled to the outpost to present him with this award because of the excellence and effort that is so apparent in the Tactical Combat Casualty Care After Action Reports (TCCC AARs) he has been sending to our JTTS team,” said Bailey, who is deployed from the U.S. Army Institute of Surgical Research Joint Trauma System (JTS) at Joint Base San Antonio-Fort Sam Houston, Texas, to head the JTTS

“This award means a lot for my guys and me. We trained very hard on the way out here. We were able to identify our top guys who did an outstanding job.”

Lt. (Dr.) Hans Hulsebos
BAS medical director and
battalion surgeon

in Afghanistan.

Bailey explained that the TCCC AAR is the means for pre-hospital providers to record their combat casualty evaluation, management and observation in detail after they have treated and transported an injured warrior from the point of injury. The information is then transferred into the Pre-Hospital Trauma Registry developed at the JTS and stood up in August of this year.

“Our expert team [at the JTS] developed the PHTR as our newest system-wide acquisition resource specifically designed to capture data from the point of injury,” said Bailey.

Bailey added that Geracci has been collecting critical information contained in the TCCC AARs into the

BAS continued on next page

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PHTR.

“The robust data that has already begun to accumulate demonstrates the work that is being done to save the lives in the field and no doubt will reveal heretofore unrecognized performance improvement opportunities and insights,” stated Bailey. “The PHTR provides a new and powerful ability to develop, review and monitor best-evidence based guidelines for care at the point of injury where we have the most potential to save lives.”

Bailey hopes to eventually integrate the PHTR and two other theater databases and the Department of Defense Trauma Registry to develop a comprehensive combat casualty care registry that will deliver a means to ensure the best possible opportunity for survival and functional recovery to wounded warriors. For now he is pleased with data that is being collected from teams at BASs in theater.

“Operationalizing this registry

also revealed the great work that Lieutenant Hulsebos and his team are doing and motivated us to develop a means to recognize excellence in the pre-hospital setting in the form of the Ditch Medicine Award,” he said. “Thanks to his team and all those like them for their excellence in the care of the wounded rendered under the most austere conditions on the most far-flung outposts and the most dangerous ditches on the globe.”

“We spent a lot of tireless days and nights providing care for some very bad injuries,” said Hulsebos. “We got a lot of recognition from our battalion

commander and shock trauma platoon, as well as from Role III [combat support hospital]. It can get really hard to continuously see patients who come in at their worst and never seeing them improve, but getting this kind of recognition really helped us understand that we are doing something good out here.”



Lt. (Dr.) Hans Hulsebos, center, and members of a Marine Corps Battalion Aid Station in Southwest Afghanistan are the inaugural recipients of the U.S. Central Command Joint Theater Trauma System Ditch Medicine Award.

Burn Center patient returns for duty

By Steven Galvan
USAISR Public Affairs Officer

It is a common catchphrase among the staff at the U.S. Army Institute of Surgical Research (USAISR) Burn Center: “Once an ISR Burn Center patient, always an ISR Burn Center patient.” That’s because the majority of burn patients will require surgical procedures and rehabilitation months, even years, after being discharged as inpatients. Those procedures and rehab, if elected by the patient, will be conducted at the Burn Center located at the San Antonio Military Medical Center at Joint Base San Antonio-Fort Sam Houston, Texas.

A patient who was discharged from the Burn Center 16 years ago returned this summer; but this time, instead of needing a surgical procedure or rehab, he has returned to work with military and civilian burn patients.

Maj. Erik S. Johnson took over as the Chief of Burn Rehab in July. The last time he was in the rehab area in 1997, he was PV2 Johnson and here as a patient. Because of the influence the Occupational Therapist (OT) who treated him then, Johnson set out to pursue a degree in Occupational Therapy and graduated with a Master’s of Science in 2005, which brought him closer to his ultimate goal of becoming a burn therapist in the USAISR.

Stationed in Wurzburg, Germany, as an animal care specialist (68T), Johnson was involved in a devastating car accident on the autobahn in which his arms, legs and face were burned after his car’s back right tire had a blowout. The car flipped, rolled and struck a traffic sign which punctured the gas tank and engulfed the vehicle in flames.

“When the car stopped rolling over, we were upside down and both side windows were crushed. There was no



Maj. Erik Johnson was a Burn Center patient in 1997 and recently reported to be the Chief of Rehabilitation.

way to get out,” said Johnson. “So this is how I die, I thought. I knew for sure that I was going to die but for some reason had a very intense calm. It was an interesting few short minutes in my life. As a God-fearing man, I had made peace with my maker and was ready to die. It was a very eerie, calm peace that I had at that moment. It was then when I saw an opportunity to escape out the back window.”

Never losing consciousness, Johnson was able to break away from his seatbelt and get away from the inferno while hearing the passenger, his first sergeant, struggle to get out of the overturned vehicle. As fate would have it, three American Soldiers on TDY from San Antonio were driving behind him and were able to pull over and assist with getting the first sergeant out of the blazing car.

After spending a week in an induced-coma at two separate German burn centers, Johnson and his first sergeant were medically evacuated to San Antonio by the USAISR Burn Flight

Team. During the flight to the states, the first sergeant had some medical complications causing an emergency stop at Andrews Air Force Base in Washington, D.C. He died there a few days later.

Johnson made it to the Burn Center, where his first surgical procedure was skin grafting to both his arms and legs. The surgery was performed by then Capt. (Dr.) Leopoldo Cancio, now a colonel at the Burn Center. For the next 5 days after the surgery, Johnson laid in a crucifix position to allow the skin grafts and donor sites to begin the healing process. The daily painful but necessary rehab regime would follow for the next several months. His primary therapist was an OT.

“The way she approached the rehab process was different,” he said. “OT is a very holistic, outside-the-box-type of profession.”

Johnson stated that as a patient, he was impressed with the care and compassion that he received from the **OT continued on next page**

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rehab staff, and he knew immediately that he wanted to become an OT.

After several skin grafts and months of rehab, he was able to overcome his injuries and scars to pursue one of his greatest passions in life—baseball.

“I thought I would never play baseball or sports again,” he said.

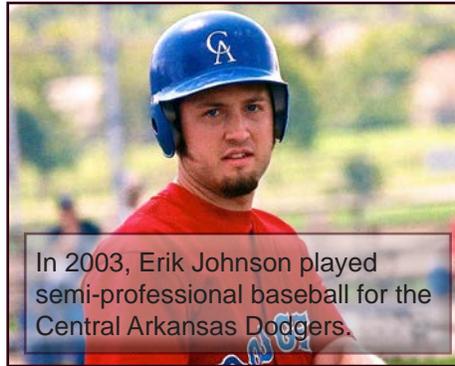
The rehab paid off for him. In March 1998, 7 months after the accident, Johnson tried out for and was selected to play for a semi-professional team in San Antonio. Over the next several years, Johnson played competitively at the national level including two separate trips to the league’s World Series four times.

Johnson stayed enlisted for a few more years and applied for the Army’s Green to Gold program in 2000 as a sergeant. He was accepted for the program, which is designed to offer enlisted Soldiers the opportunity to earn a college degree and a commission in the Army. For the next 5 years, Johnson continued playing semi-pro baseball while attending OT school and the University of Central Arkansas.

After earning his degree, Johnson did an internship at Walter Reed National Military Medical Center, tours at Fort Gordon, Ga. and Las Vegas, a 13-month deployment to Afghanistan, and a stint as the chief of OT Amputee Care at Walter Reed. Johnson finally made it back at the Burn Center in July.

“I’ve been trying to get back to the Burn Center since becoming an OT,” he said. “This is incredible. I’m excited to be here. This is a way for me to give back and certainly the highlight of my career thus far. It would have been a big loss for me if I didn’t ever get a chance to be a part of this team. I have an incredible staff and am just so blessed to have good mentors to guide me here.”

Johnson believes that his personal experience in burn rehab can make a



difference in patients who are going through what he did years ago.

“The most important thing that you have in your toolbox is that initial interview with the patient,” Johnson said. “It’s very important to personally know who that patient is. You have to know what’s important to them and what they want to be able to do. I want to be a positive influence and help them get to where they want to be.

“I have so much to learn and am just starting to understand the importance of our interdisciplinary team approach. As a member of the rehab team, you quickly realize that we’re the ones that cause the most pain in their daily routines. You have to start early rigorous stressing to their injuries in order to attain the optimal outcomes. In order to do that, you introduce a lot



of necessary pain. I understand a lot of that pain. Looking back, I’m so incredibly thankful for it.”

“This job takes a very special person to do. The daily grind is always intense but incredibly rewarding. It’s your hope that down the road, that patient will truly understand the impact your treatment had on their life.”

He also stressed that the single greatest compliment a patient can have for anyone is the desire to be you.

“I wouldn’t be here if it wasn’t for that one OT who made such an impact on the rest of my life,” he said. “It’s my desire that I would be that for the patients I have the privilege working with.”

ISR Statistics and Epidemiology Series

POWER AND SAMPLE SIZE: An important first step in designing your study

Learn WHY you need it and
WHAT info you need
to do a Power Analysis

Tuesday 29 October
1500-1600 hrs
BHT1 2nd Floor Conf. Rm.
(check announcements for final
room assignment)

October Health News

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



Relax! Enjoy the changing of the season—cooler mornings and evenings. Clear your mind with a daily walk.

Are you familiar with the Army Medicine Triad? It is the foundation for Army Medicine’s transformation to a system for health, a partnership among Soldiers, families, leaders, health teams, and communities to promote Readiness, Resilience, and Responsibility. Focus on the performance triad: Activity, Nutrition, and Sleep.

Activity: Be active for good health.

- Prolonged sitting increases the risk of blood clots, diabetes, and heart disease, cancer and obesity.
- Regular movement increases blood flow, burns calories and helps to maintain a healthy weight
- Get at least 150 minutes of moderate intensity exercise per week, but also move at least 10 minutes of every hour. Walk 10,000 steps during your everyday routine.

Nutrition: Eat right and get results. Healthy nutrition and nutrient-rich food choices support muscle growth, recovery, tissue repair, and immune function and improve mental and physical performance. Plan your meals like you plan your workouts. A plan for eating and hydrating before, during, and after physical training is essential.

Sleep: Sleep is critical in achieving optimal physical, mental, and emotional health!

Here are some October observances to be aware of:

In the Spotlight

Martin Zamalloa

Job title: Burn Intensive Care Unit Tech

How long have you worked at the ISR? 3 years

What or who has been an inspiration to you in your work? I have been inspired by everyone on this floor. I learn something new every day from all of these great nurses.

What is your favorite part of your job? Helping the burn staff to provide the best possible patient care.

Your proudest achievement? After having lived in the United States for 13 years as a legal resident I finally got my citizenship back in May of this year. I am really proud of myself.

Short- and long-term goals: A short-term goal for me would be to go back to school to earn a nursing degree and come back here to the ISR Burn Center to work. One of my long-term goals is to get married and have a family.

Hobbies: I like playing soccer and working on cars.

Favorite book: *Goosebumps* and any history book.

Favorite movie/TV show: *The Fast and the Furious*, *End of Watch*/*The Fresh Prince of Bel-Air*.

Favorite quote: “Only God can judge me.”



- American Heart Walk October 26 and the 2013 San Antonio Heart & Stroke Walk.
 - Physical Therapy Month. There will be a Physical Therapy Health Fair at the Fort Sam Houston Clinic October 3 from noon to 1600, and the event is open to military, civilians, and their families. Topics will include ankle sprains, shoulder pain, proper lifting techniques, and transitioning to minimalist running shoes
 - The next 12-week Walking Challenge presented by Army Health Promotion will be October 6 through December 28. The Challenge is open to active duty, dependents, DoD civilians, retirees, and contractors. There will be both morning and evening walk times. Enrollment is required.
 - October 3 is Child Health Day.
 - And, if you think you are seeing pink, you are! October is National Breast Cancer Awareness Month.
 - October 21 is National Mammography Day.
 - National Health Education Week will be held October 21-25. This year’s theme is “The Role of Health Education Specialists in Implementing the Affordable Care Act.”
 - World Vegetarian Day is on October 1.
 - October 10 is World Mental Health Day.
 - October is National Depression and Mental Health Screening Month.
- Be a part of the system for health. Get healthier today with the performance triad.

Safety Notes

By Stephanie L. Truss
Health, Safety and Environmental Specialist



Well, we made it to what is expected to be somewhat cooler temperatures (as cool as can be expected for south Texas). Now we begin to look at other outdoor activities and move into the holidays. We have the basic safety tips that go throughout the year listed below and more to go into detail for autumn yard safety.

- Drive more cautiously on curves. Fallen leaves, especially wet ones, can lead to skids and crashes.
- Give heating systems a check-up. Change filters, check for leaks, and have a tune-up before winter to avoid breakdowns and carbon monoxide problems.
- Change smoke detector batteries when you change your clocks.
- Tie off extension ladders—gusty winds can blow them down.
- Keep roof drains, gutters, and downspouts clear of leaves to avoid water backups. Be sure they're clear before snow season.
- Keep your headlights on whenever your windshield wipers are on. Or better yet, keep your headlights on at all times for better visibility.
- Wear safety glasses and hearing protection when operating a leaf blower. Keep everyone clear of the air stream and the blown materials, which can cause potential injuries.

Five Easy Rules for Yard Work Safety

When you think about it, why should working around your yard be different from working in any oth-

er potentially dangerous workplace such as a factory, construction site, or machine shop? All these workplaces have their own set of mandated safety rules and regulations, and top among them is the requirement that protective safety gear be worn consistently and correctly. Understand that your backyard workplace has many different types of hazards. Now is the time to ready the protective gear you'll need to follow these five common-sense safety measures:

1. Always wear eye protection. Your eyes are your most important and most vulnerable sensory organs. That's why it's imperative that you wear proper eye protection every time you risk their safety.
2. Always wear hearing protection. Gas-powered mowers and blowers make enough noise to damage your hearing over time.
3. Always wear safety goggles, gloves, and a respirator (may be recommended for some garden chemicals; so take a moment to request and read the MSDS/SDS) when working with lawn and garden chemicals such as pesticides, weed killers, and fertilizers. These three pieces of protective gear are imperative when mixing chemicals to ensure they cannot enter your

body through your skin or respiratory system. Additionally, always mix chemicals away from children and pets and in a location with proper ventilation and disposal supplies.

4. Always wear gloves and protective footwear. Yard work safety means wearing the right hand protection for the chore as well as safe footwear.
5. Always keep your power equipment in good condition and check that its safety features are intact and in place.

The U.S. Consumer Product Safety Commission estimates that about 135,000 people are treated annually in hospital emergency rooms after getting hurt using power lawn and garden tools. Read your owner's manual before using equipment, and give clear instructions to children to stay a safe distance from any lawn equipment that is running. Always secure pets from the area while operating maintenance equipment as well.

We've all heard that an ounce of prevention is worth a pound of cure, but that old adage is never more true than when you commit to taking your safety seriously during fall yard clean-up. Because it sure beats a sharp stick in your eye.



Around the ISR



Top left: Sgt. Jamar Williams gets his new rank pinned on by his wife Shanequa and son Braylon at his promotion ceremony Sept. 13. Top right: Sgt. David Lyons with his sons Michael and William as his wife Shanna pins his new rank on his cover during his promotion ceremony Sept. 3. Center right: Sgt. 1st Class Mike Calaway gets his new ranked pinned on by his wife Sally during his promotion ceremony Sept. 4. Bottom left: Lt. Col. Paul Mittelsteadt, left, conducts a tour of the Burn Center for staff members of the Midlothian ISD Sept. 23. Center left: Staff Sgt. Maria Thomas presents Sgt. Brandon Bock with a Texas flag during a going-away luncheon Sept. 19.

Around the ISR, continued



Top left: Lt. Col. (Dr.) Booker T. King, right, presents Victoria Hatem a Commander's Award for Civilian Service Sept. 19.
Top right: Maj. Michael Meissel gets his new rank pinned on by his wife Sarah during his promotion ceremony Sept. 3.
Center right: Elsa Guerra celebrates her birthday Sept. 3.
Bottom right: Staff Sgt. Khanesha Murrell gets her new rank pinned on by her son Justice at her promotion ceremony Sept. 4.
Center left: Maj. Scott Phillips, left, gives a tour of the Burn Center to a delegation of Rwandan military officials Sept. 24.

Back When...



Can you guess who this ISR staff member is? This photo was taken in 1975 when she was a captain in the Army and presented an Army Commendation Medal end-of-tour award at the ISR Burn Center.

Last Month's Answer:



Angie M. Greer
Pain Management
Research Area

Library News

By Gerri Trumbo
Library Manager



The ISR Library is proud to announce access to the DSM-5 through PsychiatryOnline.

Here are the instructions for access:

1. Go to <http://psychiatryonline.org>.
2. Note what it says toward the top of the page following "Access provided courtesy of..." This helps us troubleshoot problems (if there are any).
3. Click **Explore the new edition**, which should be next to the cover image of DSM-5.
4. Click Section II: "**Diagnostic Criteria and Codes**".
5. Click "**Bipolar and Related Disorders**".
6. Confirm that the full text is visible (if it isn't, you will be prompted to log in. We don't want that).

Access is provided by the AMEDD Virtual Library and Wilford Hall Library. We hope you find this useful.

The redesigned literature search requests are now available through our Intranet under Forms and Publications. Please use these new forms to submit literature search requests. Old forms will NOT be accepted. We are attempting to comply with all application regulations on literature searches for protocols; therefore, your cooperation is essential.

Thank you for using the ISR Library!



September Awards Ceremony

Meritorious Service Medal

Lt. Col. (Dr.) Booker T. King

Commander's Award for Civilian Service

Annette McClinton
Raul Vanegas

Army Commendation Medal

Staff Sgt. Seth Holland
Sgt. James McAlister IV

Achievement Medal for Civilian Service

Bridgette Adams
Leanna Thompson

Army Achievement Medal

Sgt. Roman Castaneda
Sgt. Alfredo Villarreal
Spc. Andrew Ludescher

Certificate of Achievement

Sgt. David Trapolsi
Sgt. Jamar Williams
Sgt. Daniel Zimmerman
Spc Mark Anthony Cua
Spc. Johnny Pittman
Spc. Francisco Rosario Beloso