



THE INNOVATOR

OPTIMIZING COMBAT CASUALTY CARE



FEBRUARY 2014

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



BRDSS Team Earns the AMEDD Wolf Pack Award

Page 5

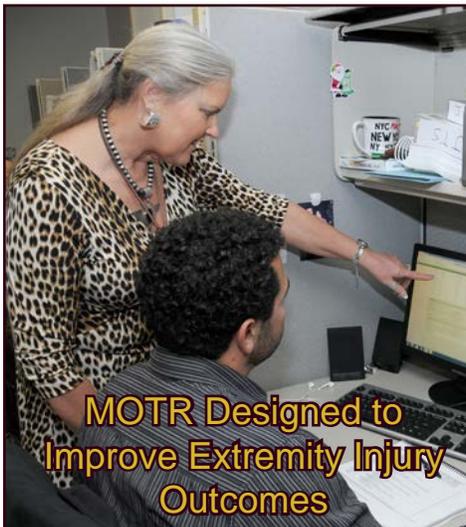
Inside This Issue

- CDR's CornerPage 2
- SGM SaysPage 3
- Company Notes.....Page 4
- Shoulder to Shoulder.....Page 6
- MLK Celebration/EO Input.....Page 7
- APCGPage 9
- February Health News/In the Spotlight. Page 10
- Safety Notes.....Page 11
- Army Accidents Down.....Page 13
- Around the ISR.....Page 14
- Around the ISR Continued.....Page 15
- Back When/January Awardees.....Page 16



Scan 2-D code for USAISR Website link

Page 8



MOTR Designed to Improve Extremity Injury Outcomes

Page 12



Burn Center Provides FST Pre-Deployment Training

CDR's Corner



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

"Optimizing Combat Casualty Care"

Hello ISR,

This calendar year started with a sprint and the pace is going to remain fast over the next six months. Over the past month the Institute: conducted its Competency Management Initiative with MRMC, hosted the Secretary of Defense, hosted the Assistant Secretary of Defense for Health Affairs, and received the 1st Quarter FY14 Wolf Pack Award from The Surgeon General herself. Normally, you would take a knee, drink water and change socks after a forced march like that; but this is no time to rest. There are many issues that require our attention and action.

Joint Base San Antonio-Fort Sam Houston is implementing a significant change in gate access. The bottom line is that people entering the base will require military identification or other



Col. (Dr.) Michael Weber, left, welcomes the Honorable Chuck Hagel, Secretary of Defense to the Burn Center to visit with combat wounded patients Jan. 8.

credentials from the visitor's center. If you are a resident of JBSA-FSH, you will have to coordinate with base security to ensure your non-military ID holding family members and guests will be able to access the base. The changes in procedures are required to bring the base in compliance with security requirements mandated by the DoD. As base access to our neighborhood stakeholders is restricted, it is important that all of us take opportunities to invest in relationships with our community. I encourage everyone to meet your neighbors and consider volunteering in an activity that is personally important. The San Antonio Stock Show and Rodeo is an opportunity to meet your neighbors and will be underway with Military Appreciation Days on 7, 14, and 21 February. Please consider wearing our unit shirt when

you attend.

We are training teams to earn and support MRMC's Expert Field Medical Badge testing. EFMB is one of the most grueling testing programs in the Army and physical preparation must be focused on intensity and duration. For those who are not undergoing EFMB training, please find ways to support and encourage our courageous competitors.

There are several celebrations in February starting with African-American History Month. Two of our Presidents have birthdays in February: Abraham Lincoln on 12 February and George Washington on 22 February. Our country celebrates the Federal holiday of "Washington's Birthday" on

CDR continues on page 16



ARMY MEDICINE
Serving To Heal...Honored To Serve

The Innovator is an authorized publication for members of U.S. Army Institute of Surgical Research, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense or the Army. Editorial content is prepared by the ISR Public Affairs Officer. 210-539-5470 or DSN 429-5470

SGM Says



ISR Sergeant Major
Vincent M. Herrington

“Protect and Sustain,
Lead From the Front”



Congratulations to the awardees in last month’s awards ceremony. Welcome back to those who recently returned from deployment. Thanks to everyone for your hard work, teamwork, and dedication to the Institute of Surgical Research.

Enforcing Army standards has been the topic of conversation recently among senior leaders at Joint Base San Antonio-Fort Sam Houston. Although all Soldiers have general military authority to make on the spot corrections, Noncommissioned Officers are primarily responsible for enforcing Army standards. In fact, it is mentioned in our NCO Creed. Commonly known as the fighting words of the NCO Creed, the following words enables NCO to take ownership of enforcing Army standards: “Officers of my unit will have maximum time to accomplish their du-

ties; they will not have to accomplish mine... I will not forget, nor will I allow my comrades to forget that we are professionals, noncommissioned officers, leaders!”

Enforcing Army standards and not your standards can be challenging. First, you have to know the Army standards and then tactfully confront Soldiers who do not meet the standards. There are several reasons why Soldiers may not be in compliance with the Army standards. Most often, the Soldier simple do not know the Army standards. Therefore, NCOs should take the time to educate Soldiers on current Army standards. If done correctly, it may also open the door to teach, coach, or mentor a fellow Soldier. We know our NCOs are “Army Strong” and can accomplish any mission. Thanks to all the NCOs who are taking care of Soldiers by enforcing the Army standards.



Sgt. Maj. Vincent Herrington, left, welcomes Lt. Gen. Thomas W. Travis, Surgeon General of the Air Force to the Burn Center for a brief on the Extracorporeal Membrane Oxygenation system and the Critical Care Air Transport Teams Jan. 22.

“Taking care of people means a lot of things. It can mean listening, advising, or making a correction when someone is making a mistake. “

SMA Jack L. Tilley



Company Notes



Company Commander
Capt. LaShawna N. Ray

Welcome Home: Maj. Alejandro Gonzalez and Staff Sgt. Hector Cortez from their tours to Afghanistan.

Congratulations to Sgt. Danny Girela and Spc. Micah Korff for being selected as NCO and Soldier of the Month, respectively, for January. Their photographs will be on display in the company area.

Also, congratulations to Sgt. Andrew Ludescher on his promotion February 1.

Upcoming events: On February 12-14 we are hosting the ISR NCO/SOY FY13 and NCO/SOQ 1st QTR FY14. We are also conducting a M-16 range on February 12, with the PMI for qualification on February 11.

Thank you to the Equal Opportunity team for the contributions made toward making our MLK Jr. Day Celebration a great success. The ISR will serve as the host for the upcoming African American Heritage Month Observance. The event will take place on February 20 at 1200 in the SAM-MC Medical Mall. We will have guest speaker, Councilwoman Ivy Taylor, entertainment, as well as a cultural sampling of dishes.

This year's theme for Black History Month of Civil Rights in America acknowledges the struggles that American and the world has had in the past and yet continues to have in our



Welcome Back! Staff Sgt. Hector Cortez, left, and Lt. Col. Elizabeth Mann-Salinas are welcomed back from their deployments to Afghanistan Jan. 7.

history with civil rights and freedom. The history of civil rights in the United States is largely the story of free people of color and then African Americans to define and enumerate what rights pertain to citizens in civil society. It has been the history of enlisting political parties to recognize the need for our governments, state and federal, to codify and protect those rights. Through the years, people of African descent have formed organizations and movements to promote equal rights.

I would like to encourage all of you to take advantage of the events planned on JBSA and throughout your community for the rest of this month that will recognize the sacrifices, past achievements, and ongoing contributions made by African-Americans to the building and preservation of our great country.

Thank you all for everything that you do each day to help us be the best organization in the MRMC!



NCO of the Month
Sgt. Danny G. Girela



Soldier of the Month
Spc. Micah J. Korff

BRDSS Team Presented Wolf Pack Award

By Steven Galvan
USAISR Public Affairs Officer

Lt. Gen. Patricia D. Horoho, U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command (AMEDD) presented the prestigious AMEDD Wolf Pack Award for the first quarter of fiscal year 2014 to the Burn Resuscitation Decision Support System (BRDSS) Team at the U.S. Army Institute of Surgical Research (USAISR) Jan. 30.

The BRDSS Team was recognized for the development of the Burn Navigator, a Food and Drug Administration (FDA)-cleared device that assists non-burn experienced medical providers in a deployed setting with burn resuscitation.

USAISR Director of Research David G. Baer, Ph.D., said the Burn Navigator, also known as the Burn Resuscitation Decision Support System-Mobile (BRDSS-M), is the first-of-its-kind technology and the only medical device to ever start as a research project within U.S. Army Medical Research and Materiel Command, and then go through advanced development, FDA clearance, and exit the decision gate process into fielding.

“The BRDSS-M fully has transitioned to Full Rate Production, which means the device has been manufactured and deployed to the field,” Baer added. “The Army will buy and field the first nine devices, with additional purchases to follow for outfitting all units and training centers.”

In addition to military use, several U.S. burn centers are in the process of acquiring the device to assist in treating their most challenging patients.

“I think you’re going to revolutionize healthcare in the civilian sector and I could not be more impressed with the work that is done here,” said



Lt. Gen. Patricia D. Horoho, left, U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command presents Jose Salinas, Ph.D., Research Task Area Program Manager for Comprehensive Intensive Care Research at the U.S. Army Institute of Surgical Research the prestigious AMEDD Wolf Pack Award for the first quarter of fiscal year 2014 Jan. 30.

Horoho.

Accepting the award was USAISR Research Task Area Program Manager for Comprehensive Intensive Care Research Jose Salinas, Ph.D, who helped develop the BRDSS.

“The original BRDSS technology was developed for use at the USAISR Burn Center Intensive Care Unit about seven years ago,” said Salinas. “It was designed to assist in avoiding problems related to over- or under-resuscitating by medical care providers who do not routinely care for burn patients.”

“We are extremely proud of the efforts of this extraordinary team,” added Col. (Dr.) Michael A. Weber, commander USAISR. “This team truly supports our mission of optimizing combat casualty care through their dedication to a device that will help save lives of those wounded on and off the battlefield.”

Deputy to the AMEDD

Commanding General, Gregg Stevens, stated that the history of the Wolf Pack Award is all about teaming civilians and military members to work together to achieve something for the Army Medicine mission.

“And you have done just that,” he said. “Technology and the software that runs technology is going to be what lightens the load for our Soldiers, Sailors, Airmen and Marines going to the war of the future, especially those that are medical, and lighter more capable units is what’s going to win and you have contributed greatly to that.”

The Wolf Pack Award is a quarterly award presented by the Army Surgeon General/Commanding General, AMEDD, and acknowledges the team work of Department of Defense civilian and military health care teams to significantly advance Army Medicine. The Burn Navigator was among 17

WOLF continues on page 7

OPTIMIZING COMBAT CASUALTY CARE



U.S. ARMY

ARMY STRONG.®



SHOULDER TO SHOULDER I SAVE LIVES



**MSMARY ANN
SPOTT**

7-YEAR ARMY CIVILIAN
OPTIMIZES COMBAT CASUALTY CARE
AS JTS DEPUTY DIRECTOR



**COL(DR)RUSS
KOTWAL**

23-YEAR ARMY VETERAN
OPTIMIZES COMBAT CASUALTY CARE
AS DIV DIR TRAUMA CARE DELIVERY



**MSELOUISE
LOCKRIDGE**

10-YEAR ARMY CONTRACTOR
OPTIMIZES COMBAT CASUALTY CARE
AS DODTR HEALTH INFO MGMT SPEC



Honoring Rev. Martin Luther King Jr. Day

Brooke Army Medical Center and the U.S. Army Institute of Surgical Research commemorated the 2014 Martin Luther King Jr. Observance at the San Antonio Military Medical Center January 15. The ceremony was held in the Medical Mall to remember and honor Dr. King's contributions to society. The guest speaker Oliver W. Hill, left, the San Antonio NAACP chapter president emphasized that January 20 "is a day on, not off, to honor Martin Luther King's contribution to this country."

EO Input

By Sgt. 1st Class Rosalba Rodriquez USAISR EO Leader



A common misnomer of organizational leadership is that managing a diversity program is simple. Managing diversity has its challenges and it takes an effective leader to do it successfully. The authors of an organizational behavior book, Angelo Kinicki and Robert Kreitner wrote that "leaders must understand how diversity can affect their organization and take steps to assure a conflict-free environment by removing barriers such as:

1. Inaccurate stereotypes and prejudice.
2. Ethnocentrism.
3. Poor career planning.
4. An unsupportive and hostile

working environment for diverse employees.

5. Lack of political savvy on the part of diverse employees.
6. Difficulty in balancing career and family issues.
7. Fears of reverse discrimination.
8. Diversity is not seen as an organizational priority.
9. The need to revamp the organization's performance appraisal and reward system.
10. Resistance to change."

Diversity can be the result of different types of communication, making understanding each other challenging. Barriers as described above can hinder communication between leaders and their followers, instilling resentment amongst employees. That is why it is so important to culturally educate leaders. Cultural diversity is about learning and understanding the things that make us different from one another and finding ways to effectively communicate without conflict. Leaders have to take into consideration how each culture group and their needs can affect job performance, overall productivity and organizational culture.

WOLF continued from page 5

other competitors for this award.

"The competition was very tough," acknowledged Horoho. "But the Burn Navigator is one of the brilliant capabilities and is one that is really going to change lives, and if you look at what you do every day here, you change lives each and every day. Congratulations and thank you for what you do each and every day and not losing sight of why we exist. And we exist to ensure that America's sons and daughters who are willing to put their lives on the line in harm's way for the values that we believe in and we cherish will have the best medical care at the point of injury and in every place in the continuum of care."



MOTR designed to improve extremity injury outcomes

Photos and story by Steven Galvan
USAISR Public Affairs Officer

Improving wounded warfighters' battlefield care, rehabilitation, and functional outcomes are some of the objectives of the U.S. Army Institute of Surgical Research (USAISR) Joint Trauma System (JTS). The JTS staff has been assisting in meeting these goals by establishing clinical practice guidelines (CPGs) to be used by trauma surgeons assigned to forward surgical teams and combat support hospitals in war zones.

Thirty-nine CPGs have been established at the JTS and are available to deployed surgeons to help guide them with health care decisions based on specific injuries. The CPGs were developed based on data gathered and analyzed from the Department of Defense Trauma Registry (DoDTR) from more than 150,000 combat-related injuries from Overseas Contingency Operations during the last decade.

"Clinical practice guidelines provide a roadmap for the best treatment algorithm for a particular injury or medical condition," said Maj. (Dr.) Daniel Stinner, Orthopaedic Trauma Surgeon and Director, USAISR Skeletal Trauma Research Consortium.

In keeping with outcome improvements as a priority, the JTS established the Military Orthopaedic Trauma Registry (MOTR) specifically designed to capture data related to combat extremity injuries.

According to Renee Greer, MOTR Branch Chief, orthopaedic or extremity injuries remain the most common combat injury and consume the greatest amount of military medical resource utilization and result in the highest number of long-term disabilities for our warriors.

"Because of this, a military specific, focused orthopaedic trauma registry



Military Orthopaedic Trauma Registry Trauma Nurse Abstractors and Health Information Management Specialists assess combat casualty medical records.

supplementing the DoDTR in conducting data-driven drill-down and targeted process improvement was needed," she said. "The MOTR captures specific orthopaedic information such as injury patterns, fracture characteristics, treatment and complications associated with combat extremity injuries."

"Through the MOTR, a significant amount of data will be acquired that will improve our knowledge of the clinical outcomes associated with battlefield extremity injuries," said Stinner. "This data can then be used to develop orthopaedic CPGs that can direct non-orthopaedic physicians to provide injury specific optimized care for soldiers with extremity injuries."

Just as the DoDTR was designed for trauma surgeons, the MOTR was designed by and for orthopedic surgeons to catalog injury specific information such as a mangled extremity severity scale, fracture classification, orthopedic complications, and current

procedural terminology codes. Greer emphasized that as a clinical module of the DoDTR, the previously collected trauma data is also available to the orthopedist to review for each case.

"The MOTR collects both retrospective and concurrent information about orthopedic injuries and treatments as the patient moves through the continuum of care from point of injury through various inpatient care facilities," she said.

"Ultimately, these patients may require evaluation and treatment from an orthopaedic surgeon, but improving our ability to diagnosis and initiate treatment of extremity injuries as close to the point of injury as possible will lead to better overall care for our wounded warriors," Stinner said.

The concept of the MOTR was started in 2006 and came to fruition in August 2013. Since that time more than 150 extremity trauma records

MOTR continues on page 9

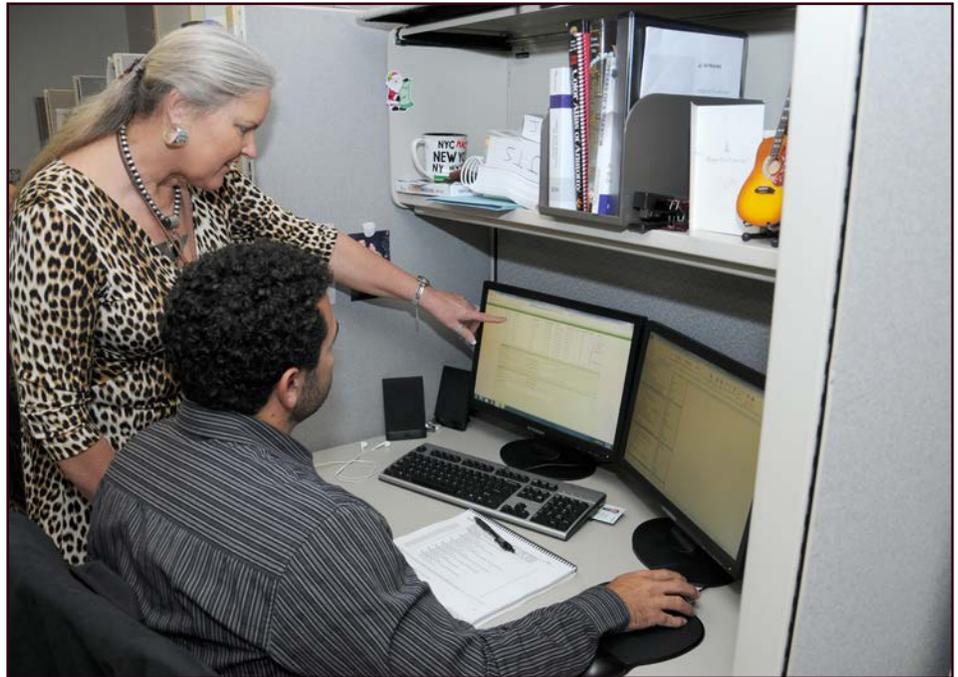
MOTR continued from page 8

have been entered into the MOTR database—mostly from injured warfighters in Afghanistan.

“We will eventually include training injury patients’ data,” said Greer.

While the DoDTR has data from every type of battlefield injury the MOTR will be more precise when queried for extremity injury data.

“We’re very excited about this concept,” Greer said. “This is an area that hasn’t been adequately mined and we have the opportunity to have positive effects on a lot of extremity wound outcomes.”



Renee Greer, left, Branch Chief of the Joint Trauma System Military Orthopaedic Trauma Registry (MOTR), points out a patient selection to Miguel Ramos, a Trauma Nurse Abstractor during orientation for the MOTR.

DTRD anti-plaque chewing gum set for clinical trials

By Steven Galvan
 USAISR Public Affairs Officer
 and Steve Elliott,
 JBSA-Fort Sam Houston Public Affairs

A study funded by the U.S. Army Medical Research and Materiel Command is the first of its kind to use a pharmaceutical-grade, anti-plaque chewing gum for humans to test the feasibility of delivering a drug through chewing gum.

The compound, developed by the Dental and Trauma Research Detachment at the U.S. Army Institute of Surgical Research at Joint Base San Antonio-Fort Sam Houston, is known as KSL-W. It is a novel anti-microbial peptide that kills bacteria and is designed to prevent the development of dental plaque and may reduce periodontal disease and cavities.

“The initial gum formulation was done with the School of Pharmacy at

the University of Kentucky, in collaboration with Dr. Patrick DeLuca (Professor Emeritus),” said Dr. Kai Lueng of the USAISR DTRD. “It took three years to characterize the formulation of the gum, the release and stability profiles of the peptide.

“Our oral cavity produces antimicrobial peptides as part of our innate defense,” Lueng said. “We modeled the naturally occurring antimicrobial peptides such as defensins and developed several synthetic peptides exhibited similar or more potent antimicrobial activity. The pharmaceutical active, KSL-W peptide, is one of the more potent molecules showing stability in the oral cavity.”

“The peptide is designed to replenish and strengthen the body’s innate defense mechanisms in the oral cavity,” added DTRD commander Col. (Dr.) Robert G. Hale. “Oral health is essential to warriors on the battlefield and could potentially save the military

countless of hours and dollars in dental health.”

There were a few challenges associated with infusing an innocuous item like gum with a pharmaceutical-grade drug, Lueng said.

“The first was ensuring adequate release of the peptide within 20 minutes of chewing,” Lueng said. “Ideally, we would like to see more than 70 percent of the active ingredient to be released within that time. At present, we have accomplished this level of release using the current gum formulation developed by Fertin Pharma, the manufacturer of the clinical gum used in the trial. We’re also concerned about the stability of the peptide in the gum formulations and in saliva.”

Getting the gum approved by the Food and Drug Agency will be another major step in the evolution of the anti-plaque gum.

“There would be multiple steps in-
APCG continues on page 13

**February
Health News**

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



Treat yourself or a person you love this Valentine's Day. Dr. Tracy L. Stevens, a cardiologist at St. Luke's Health System in Kansas City, Mo., and a national spokesperson for the American Heart Association, suggests celebrating this Valentine's Day on February 14, by giving yourself and/or a loved one a "Heart" gift basket containing the following items:

- **A home blood pressure monitor.** Think of your blood pressure like the air pressure in tires. If the air pressure goes too high, the tire could pop. Keep a blood pressure log and take it with you to your next doctor's appointment.
- **A tape measure.** Waist circumference should be no more than 40 inches for men and no more than 35 inches for women. Recommendations are lower for people of Asian descent: 37–39 inches for men and 31–35 inches for women.)
- **A pedometer.** Track your steps during the day and try to work up to 10,000 steps a day. The American Heart Association recommends 150 minutes of moderate-intensity aerobic physical activity a week.

To be proactive about your heart health, Dr. Stevens recommends following these guidelines:

- Stay physically active. So grab your buddy! Start moving!
- Laugh. Laughter is the best medicine. Research suggests laughter can decrease stress hormones and reduce artery inflammation.
- Reduce stress. Healthy habits can

In the Spotlight

Sgt. Scott Stapleman

Job title: Physical Therapy Tech

How long have you worked at the ISR? 3 years and 6 months

What or who has been an inspiration to you in your work?

The patients! Patients who recover and walk out of here is all the motivation and inspiration that I need.



What is your favorite part of your work? Watching patients survive when most people think they won't is the most rewarding and my favorite part of what I do.

Your proudest achievement? Between finding God and my 13 years in the military thus far along with finding my beautiful wife would have to be my proudest achievements.

Short- and long-term goals: My short-term goals is to continue my education toward BSN and my long-term goals are to retire from the Army and work toward my CRNA, PA or NP.

Hobbies: My wife and I spend 4 nights a week volunteering for our church doing youth ministries and child care for K-3rd graders.

Favorite movie/TV show: *The Goonies/Big Bang Theory and Once Upon a Time*

Favorite quote: "Don't do anything I wouldn't do but if you do, do it twice." Unknown

protect you from the harmful effects of stress.

- Keep your waistline under 35 inches (measure just above the belly button). Waist circumference and body mass index are indirect ways to assess your body composition.
- Avoid processed foods. Cutting out processed foods reduces high sodium intake.

The newest heart disease and stroke prevention guidelines for doctors were released Nov. 12, 2013 by the American Heart Association and the Amer-



ican College of Cardiology. For more information visit : http://www.heart.org/HEARTORG/Conditions/Understanding-the-New-Prevention-Guidelines_UCM_458155_Article.jsp The American Heart Association's **Go Red for Women** campaign can help make it easier for women to take ownership of their heart health. At goredforwomen.org, women can get heart-healthy meal ideas, read inspirational stories from real women who have overcome heart disease, assess their own heart health risk and learn how to make positive lifestyle changes.

The greatest gift you can give to yourself and your loved ones, and family is the gift of good health. What your loved ones really want on their birthdays, graduations and weddings is to spend time with you! Have a Happy Healthy Hearty month!

Safety Notes



By Stephanie L. Truss
Health, Safety and Environmental Specialist

Looking out for Safety

Your Safety Attitude: A safe attitude recognizes risks. You need to tune into a potential accident and visualize it before it happens and do something about it so that it doesn't happen. Almost all accidents can be avoided, but when you have poor safety habits and attitude, accidents occur. Serious accidents due to poor attitude or behavior can cause lost work time, painful injuries, death, productivity losses, and needless expenses that can affect not only you but your family and co-workers.

Common Sense: Failure to use common sense can cause accidents. Taking safety seriously means paying attention and being alert at all times. This should be part of your daily job. Often we get careless for a number of reasons—complacency, emotions, fatigue, carelessness, and a “know-it-all” attitude. If we let these factors be part of our daily activities, we are potentially exposing ourselves to an accident. We must take safety seriously all the time.

As employees, we have to be actively involved and paying attention to safety training and safety talks. Listen carefully for instructions, ask questions and take part in all the training offered to us. By following these simple steps, we can achieve a safe work environment for all of us. Start by participating and contributing to the USAISR/BHT Safety Culture in at least 3 meaningful

ways and this will assist in meeting our OSHA/Army VPP Star status. Some examples are:

As a leader/manager set the example of safe and healthful behavior
- Ensure all workers have a high quality safety and health protection-safety training.

As an employee participate in hazard reporting -Safety Training
- Demonstrate an understanding of basic principles of VPP (Complete your APEQs training)

- Volunteer to be a Safety Representative and or assist in the roles and functions within your areas
- Develop, review and follow area SOP's (SOPs should identify hazards along with note the engineering controls required and or list the PPE)
- Conduct in-services and or training on new equipment and or procedures within your area
- Prepare and review risk assessments

Develop a good Safety Culture: It is always advisable to plan your day ahead of time. This strategy can help you develop a good safety culture. By looking around for anything that could go wrong or is unsafe, to eliminate the risks before you start your day, to



Safety matters

check any chemicals, tools, vehicles, etc. before use, to use the appropriate personal protective equipment and to eliminate or remove from the workplace anything that may cause an injury or accident such as tripping hazards etc., you will eliminate many potential risks.

Some tips to develop a good safety culture:

- Don't eat or be distracted while driving.
- Respect labels on machinery or equipment.
- Turn off equipment when it's not in use.
- Use the right tool for the job.
- Follow safety procedures.
- Have a buddy when in high risk jobs (using heavy equipment, patient lifting and or transport, backing, etc.)

Keep your mind and eyes on the task - Stay focused!

Spring Stats/Epidemiology Series
February 25th

* Continuous Data: Beyond the Basics

Learn

- the principles of Analysis of Variance (ANOVA)
- how to analyze data by two different grouping variables and interactions
- how to read and interpret results of ANOVA

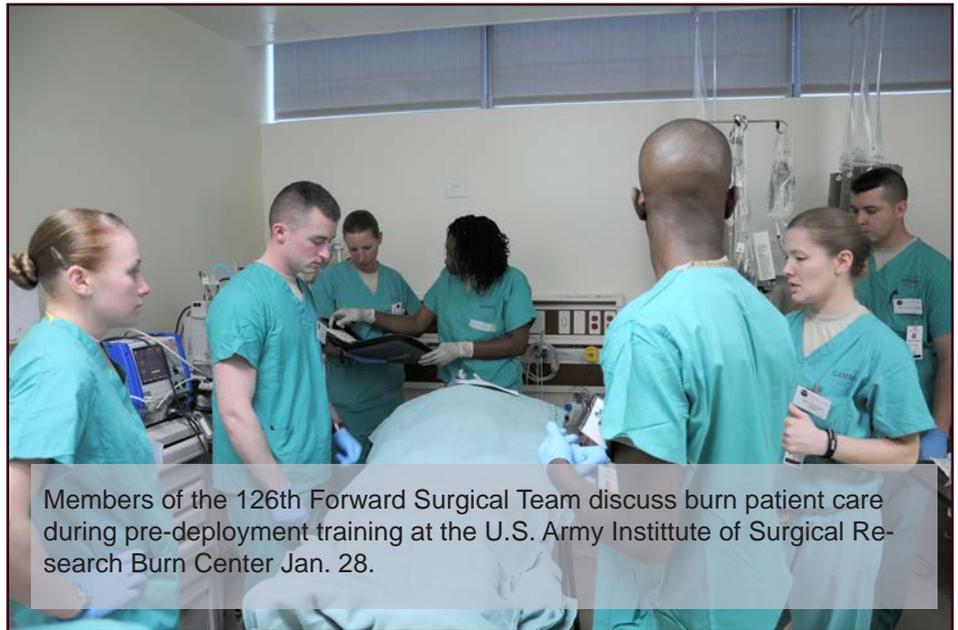
BHT-2 1st Floor Conference Room • 1500-1600

Burn Center provides FST pre-deployment training

Photos and story by Steven Galvan
USAISR Public Affairs Officer

Forward Surgical Teams (FSTs) are a highly skilled group of critical care providers who give combat wounded medical attention within a war zone during the first hour, also known as the “golden hour” of injury. Deployed to support Overseas Contingency Operations, FSTs are composed of 20 critical care team members who train for months prior to deploying to ensure a cohesive and effective team to care for wounded warriors and prepare them for the next level of medical attention.

The 126th FST from Fort Hood, Texas is preparing for a deployment in 2014 and honed their critical care skills with a five-day pre-deployment training at the U.S. Army Institute of Surgical Research (USAISR) Burn Center Jan. 27-31. Maj. Scott A. Phillips, Burn Center Senior Critical Care Nurse Specialist and Chief of the USAISR Clinical Education Department helped design the training to expose the FST on crucial care for combat wounded burn casualties.



Members of the 126th Forward Surgical Team discuss burn patient care during pre-deployment training at the U.S. Army Institute of Surgical Research Burn Center Jan. 28.

“Everything we do is to benefit Soldiers on the battlefield,” said Phillips. “Our job is to get them [FSTs] trained on burn care since they provide critical medical treatment as forward as possible in a war zone.”

Designing realistic hands-on training was the goal of Phillips who has firsthand experience in a deployed war zone setting.

“Burn patients have to be properly

resuscitated within the first 72 hours of injury,” he said. “Too much or too little fluids can be fatal. Our goal is to train FSTs who do not have much experience with working on burn casualties on how to properly resuscitate them.”

One of the tools used to accomplish proper resuscitation is the incorporation of the Burn Navigator in the training. The Burn Navigator (Burn Resuscitation Decision Support System) is designed to assist non-burn care providers with recommendations on how to properly resuscitate a burn casualty and assist in avoiding problems related to over- or under-resuscitating by medical care providers who do not routinely care for burn patients.

The 126th FST Chief and Critical Care Nurse Specialist, Maj.(P) Jodelle Schroeder, said that the exposure to burn care training is important for her team.

“It serves two purposes. First, it gives us an opportunity to work together as a team for a quick evaluation of treatment, and it exposes us to burn patients so that we will know how to care for a burn patient.”



Maj. Scott Phillips, left, show Maj.(P) Jodelle Schroeder how to use the Burn Navigator to assist with resuscitating a burn patient care during pre-deployment training at the U.S. Army Institute of Surgical Research Burn Center Jan. 28.

APCG continued from page 9

cluding Phase II and III trials for larger scale of safety and efficacy trials to go through with the FDA,” Lueng said. “We are currently conducting a small scale (Phase I) and proof-of-concept efficacy (Phase IIa) trials at the Oral Health Research Institute at Indiana University-Purdue University Indianapolis.”

In a year-long clinical study, the OHRI will administer the gum to 137 people between the ages of 18 and 64, focusing on the safety and tolerability of single and multiple doses of the compound. Further studies will be required to determine the extent to which the gum reduces periodontal disease and cavities.

The institute was chosen to administer the clinical study because it is one of the best oral health research institutes in the nation, Lueng said.

“The staff there has a lot of experience performing trial on oral health products,” he said. “The selection is through competitive application and selection by the Army Evaluation Board consisting of members from different branches of Medical Research and Materiel Command. The criteria used included technical competence, management, facilities, past performance and others.”

“Soldiers in the field just don’t spend a lot of time brushing their teeth,” said Dr. Domenick T. Zero, OHRI director, professor of preventive and community dentistry and principal investigator of the study.

“The hope is that the gum will reduce the amount of plaque buildup that occurs when soldiers aren’t brushing their teeth, reducing the risk of periodontal disease and dental decay.”

Will the anti-plaque gum ever make it to the public for general consumption and chewing?

“Because the FDA considers this a new drug entity, it will have to market as prescribed drugs initially prior to



The anti-plaque chewing gum to be used in the clinical trial are tablets in a very small vial. Photo Tim Centers, Indiana University School of Dentistry.

becoming over-the-counter after collection of more safety data after human

use,” Lueng said. “This would be similar to the situation of nicotine gum.”

Army accidents continue downward trend

By Julie Shelley
 Directorate of Communication and Public Affairs
 U.S. Army Combat Readiness/Safety Center

Following the Army’s safest year on record, accidental fatalities fell once again during the first quarter of fiscal 2014, according to data recently released by the U.S. Army Combat Readiness/Safety Center.

Overall, accidental deaths declined 21 percent from the first quarter of fiscal 2013, due largely to significant drops in private motor vehicle accidents. Historically, PMV mishaps have been the No. 1 accidental killer of Soldiers.

“We’re obviously very pleased with that news,” said Brig. Gen. Timothy J. Edens, director of Army Safety and commanding general, U.S. Army Combat Readiness/Safety Center. “With so many extended holidays in



the first quarter, there’s always a chance we’ll see a spike in driving fatalities. It’s an encouraging sign that Soldiers are increasingly taking personal responsibility for their safety off duty.”

On-duty deaths remained relatively stable with last year’s figures, although Army Motor Vehicle accidents were up for the first time in several months. Three Soldiers died in HMMWVs, all

SAFCEN continues on page 16

Around the ISR



Top left: Members of the Medical Recruiting Brigade present Lt. Col. Paul Mittelsteadt and the Burn Center staff with a plaque in appreciation for medical care provided to wounded warriors Jan. 3. Top right: Col. (Dr.) Michael Weber briefs members of the Military Compensation & Retirement Modernization Commission at the Burn Center Jan. 6. Center right: Araceli "Sally" Perez celebrates her birthday Jan. 9. Bottom right: Michael Dubick Ph.D., left, presents Jill Sondeen Ph.D. with a going-away gift Jan. 27. Bottom left: Col. (Dr.) Leopoldo Cancio, left, provides a tour of the Burn Center to members of the Military Compensation & Retirement Commission Jan. 6. Right center: Lt. Col. Paul Mittelsteadt gives a tour of the Burn Center to Dr. Farah Abdulla a Science and Technology Policy Fellow with the American Association for the Advancement of Science with placement at the Department of Defense, Office of the Assistant Secretary of Defense, Human Performance, Training, & BioSystems Directorate.

Around the ISR continued



Top left: Members of the Medical Recruiting Brigade pose with 4E staff members Jan. 3. Top right: 2nd Lt. Victor Gaines has his new rank placed on him by his wife and daughter during his promotion ceremony Jan. 8. Center right: Lt. Col. Kimberlie Biever cuts a "farewell" cake Jan. 31. Bottom right: Col. (Dr.) Michael Weber greets Dr. William L. Henrich, President of the University of Texas Health Science Center at Texas, at the Burn Center for a tour Jan. 10 Bottom left: Michelle Foster celebrates her birthday Jan. 14. Center: Col. (Dr.) Lee Cancio and Lt. Col. Elizabeth Mann-Salinas were selected as Fellows of the Critical Care Medicine in recognition of their national and international professional prominence due to personal character, leadership, eminence in clinical practice, outstanding contributions to research and education in critical care medicine Jan. 11.



Back When...



Can you guess who this ISR staff member is? This photo was taken in 1997 when she was a Staff Sgt. at 19th Air Force Command Section, Randolph AFB.

Submit your "Back When" photo to the PAO for publication in the upcoming issues of *The Innovator*.

Last Month's Answer:



Patricia Long
Logistics Division

SAFCEN continued from page 13

while conducting home station training.

"The numbers are still pretty low, but we want to get a handle on the issues now to prevent these type accidents from becoming a trend," Edens said. "We have more Soldiers at home station now than we have in years, and AMVs are part of nearly every training activity. Leaders should be paying close attention to factors like speed, the environment and restraint system use every time a crew gets ready for a vehicle mission."

Command Sgt. Maj. Leeford C. Cain, USACR/Safety Center, said non-commissioned officers will continue to play a critical role in keeping their Soldiers safe, whether on or off duty.

"NCOs are our first line of defense for safety," he said. "They should be showing their Soldiers how to manage risk, first through standards enforcement on the job and then by example off duty."

With spring just around the corner, both Edens and Cain urged leaders to focus their safety programs on the season's hazards, predominantly motorcycle accidents and drowning.

"Water-related fatalities rose 225 percent during fiscal 2013," Edens said. "We have a moral and professional imperative to make sure that number goes down this year."

For more information on Army safety, visit <https://safety.army.mil>.

CDR continued from page 2

the third Monday of February: 17 FEB 14. Happy 282nd Birthday President Washington! Don't forget Valentine's Day on Friday, 14 February; you might consider a romantic evening at the Stock Show and Rodeo.

I am very impressed by what each of you do at the ISR and I am proud to stand shoulder to shoulder with you. Hooah!

January Awards Ceremony

Order of Military Medical Merit
Harold Klemck, Ph.D.

Meritorious Service Medal
Maj. Brian Balcerak

Civilian of the Year
Gilbert Ramon

Army Commndation Medal
Sgt. Virgil Moore
Spc. Stephen Holmes

Civilian of the Quarter
Chaya Galin (Resource)

Joint Service Commendation Medal
Lt. Col. Elizabeth Mann-Salinas

Achievement Medal for Civilian Service
Vicky Barrera-Garcia
Jose Rodriguez
Sarah Zayas

Army Achievement Medal
Lt. Col. Elizabeth Mann-Salinas

Commander's Award for Civilian Service
John Jackson

Military Outstanding Volunteer Service Medal
Staff Sgt. Khanesha Murrell

Certificate of Achievement
Teresa Balcerak