



THE INNOVATOR

OPTIMIZING COMBAT CASUALTY CARE



OCTOBER 2015

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



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USADTRD Cases Colors, Becomes a USAISR Directorate

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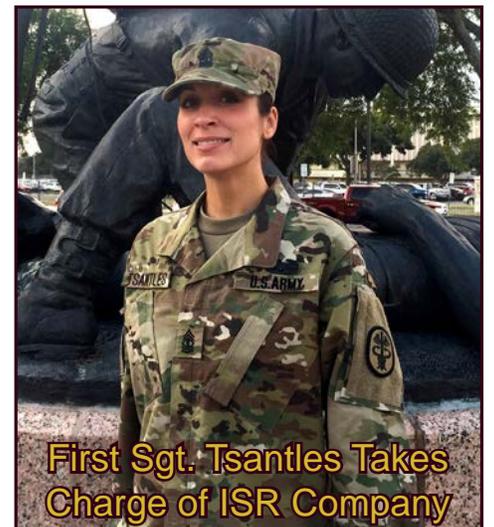


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First Sgt. Tsantles Takes Charge of ISR Company

CDR's Corner



Col. (Dr.) Michael D. Wirt
Commander, USAISR

"Optimizing Combat Casualty Care"

Greetings ISR,

October is here and summer is gone. Change is all around us and it is not only in the weather. Today (Oct. 1) we cased the colors of the Dental and Trauma Research Detachment as they transition to the Dental and Craniofacial Trauma Research and Tissue Regeneration Directorate with Col. (Dr.) Richard Williams at the helm. Needless to say, the exceptional research completed by the team will only to continue to excel as we develop innovative solutions for our wounded warriors.

I would also like to congratulate Col. Williams for his selection into the 2015-16 class of the American Dental Association's Institute for Diversity in Leadership program. Great job Col. Williams!

Last month we observed Post-Doc Appreciation Week with a cake reception on Sept. 24, but our appreciation for the Post-Docs at this Institute goes



Col. William E. Geesey, Commander U.S. Army Medical Materiel Development Activity, left, and Col. Alejandro Lopez-Duke, U.S. Army Medical Research and Materiel Command Chief of Staff, right, pose with Col. (Dr.) Michael Wirt during a visit the USAISR Sept. 24.

beyond a cake reception. We all truly appreciate your efforts and the contributions that you make every day at helping us meet our mission of optimizing combat casualty care. You are an integral part of the ISR Team and I want to give you all a big thank you for your dedication and determination that you bring to the Institute every day.

During the month of October we will be observing Columbus Day which falls on the second Monday of the month. I ask that you have a fun and safe three-day weekend regardless of how you choose to enjoy it. October also brings some notable observations. First of all, as you go about your daily routine tomorrow (Oct. 2) smile! Oct. 2nd is World Smile Day celebrates the yellow smiley icon that we've all come to recognize. It is also a day designed of us to do an act of kindness—why not do both? October 5 is World Teacher's Day and the 9th is Fire Pre-

vention Day. Emergency Nurses Day is held on the second Wednesday of October, which is the 14th this year. And don't forget Boss's Day on the 16th. Navy Day is observed on the 27th to show our support to our Navy and our research partners at NAMRU. Don't forget that the last day of the month is as usual, Halloween. Let's all be safe and enjoy the evening.

October is also Breast Cancer Awareness, Domestic Violence Awareness, Lupus Awareness, and National Diabetes Month. And lastly, the second week of October marks Fire Prevention Week. It is certainly a busy month!

Again, and I can't say this enough, thank you for all that you do at the Institute every day. Look around the SAMMC Campus and you will see how your work and dedication to combat casualty care is making a difference. Be safe and enjoy the beautiful weather while it's here.

Serving to Heal... Honored to Serve!



ARMY MEDICINE
Serving To Heal...Honored To Serve

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SGM Says



Sergeant Major
James L. Devine

I have completed my second month as the Institute of Surgical Research Sergeant Major and time has passed very fast. It is a pleasure to be a part of an organization that is at the forefront of prolonged field care. I recently had the opportunity to address the senior NCOs of the organization to share my thoughts and ideas. As the senior enlisted advisor for the organization, I am committed to ensuring our enlisted Soldiers are disciplined, professional and prepared to perform their mission that ultimately supports the warfighter. This will require an NCO Corps that is adaptive and ready to lead in the midst of the changes occurring in the Army.

Know that changes in the organization are inevitable. Leaders recognize change, strive to master it, and show their support for it. If a leader sits back and resist change, the organization will fail. When Soldiers resist change, and they will for a number of reasons, you must articulate to your Soldiers why there is a change and how important it is for everyone to support the organization.

As an example of the upcoming changes, Select Train Educate Promote (STEP) soon will apply at all level of the noncommissioned officer education system with the end state of appropriate training, education and experience that is completed before



Sgt. Maj. James L. Devine, U.S. Army Institute of Surgical Research senior enlisted advisor, left, welcomes Command Sgt. Maj. Gerald C. Ecker, U.S. Army Medical Command senior enlisted leader to the USAISR Sept. 8 as USAISR Commander Col. (Dr.) Michael D. Wirt looks on.

promotion in order to prepare our NCOs to fight and win in a complex and agile leaders and trusted professional for force 2025.

Build a team. We have the clinical side and we have the research side. There should be no us and them. We are all a part of the same organization. I welcome friendly competition that will motivate our Soldiers. How can we do this? Through tough demanding training and socials, such as right arms night, builds strong bonds among the members of our organization.

Be creative, enforce, and encourage team building. My goal while serving along with the commander is to maximize your potential while serving in the research and clinical capacity. Again, I am honored to be a part of the ISR team and look forward to open discussions to improve ourselves and support the Army. Serving to Heal...Honored to Serve! Army Strong!

On the Cover



Col. (Dr.) Michael Wirt, Commander, U.S. Army Institute of Surgical Research, left, and Col. (Dr.) Richard Williams, Commander, U.S. Army Dental and Trauma Research Detachment hold the DTRD colors as USAISR First Sgt. Natasha Tsantles cases the unit colors during a Discontinuation Ceremony Oct. 1.

Company Notes



Company Commander
Capt. Jose A. Juarez

I would like to welcome 1st Sgt. Natasha Tsantles to the ISR Company Command Team! First Sgt. Tsantles took over Sept. 8 and is coming on to the team from the clinical side of the ISR. Welcome Top!

First Sergeant and I would like to welcome the following Soldiers to the ISR family: Col. Samuel Sauer, Maj. Melissa Reece, Capt. Steven Schauer, Capt. Cesar Velasquez, Sgt. Patricia Broadbeck, Sgt. Zeyer Htut, Pfc. Tyler Everett and Pfc. Nicholas May. We would like to say farewell to the following Soldiers: Lt. Col. David Tucker, Lt. Col. James Leith, and Maj. Trinity Peak; thank you for your contributions to the organization and best wishes in your future endeavors.

We would like to congratulate Sgt. Curtis Suafoa and his family on the birth of their son who was born Sept. 11. The family is all doing well! Please congratulate him when you get the opportunity.

A congratulations to our newly promotable Staff Sergeants: Staff Sgt.(P) Christian Hannon, Staff Sgt.(P) Charles Goodwater, Staff Sgt.(P) Michica Trillo, Staff Sgt.(P) Dustyn Rose, and Staff Sgt.(P) Joel McVay. Be sure to congratulate these NCOs on a huge step in their professional careers. Great Job Leaders!

We would also like to congratulate our Soldiers who were promoted to Specialist: Spc. David Watson, Spc. Stephanie Doyle, Spc. Aaron Liddle, and Spc. Fabian Quattlebaum. Congratulate these Soldiers when you see them. Great Job!

Lastly, a huge congratulations to Staff

Sgt.(P) Christian Hannon, Staff Sgt.(P) Charles Goodwater, Staff Sgt. Gina Chang, Staff Sgt. Melissa Arizmendi, and Staff Sgt. Jaffster Daus for graduating from the Senior Leaders Course! Staff Sgt. Chang graduated on the Commandant's List and received the APFT award. Staff Sgt. Arizmendi received the APFT award and was her platoon's representative for the Leadership Award competition. All five represented the ISR extremely well! We would like to thank everyone who attended the graduation, many ISR Soldiers and leaders were in attendance—great way to support and build our Team! Be sure to congratulate these NCOs when you see them around.

The USAISR Command Climate Survey wrapped up on Sept. 25, and First Sgt. and I would like to personally thank everyone who contributed by completing a survey. Thank you all for your participation!

USAISR hosted a Blood Drive Sept. 16: Total Donors—52; Total Units Collected—47; Medically Deferred—5. We want to say, great job to all who assisted and donated during this drive, special thanks to Sgts. Danilo Mendoza and Jamar Daniels



for heading this blood drive.

Just a reminder, the USAISR Combined Federal Campaign is in full swing. The campaign will be held from Sept. 24 through Nov. 13. The USAISR goal is \$20,000, so please take this opportunity to support one of the 24,000 charitable agencies. CFC POC is Capt. Gina Griffith.

The Events Committee for the USAISR needs your help. Please take time to offer your assistance in planning, manning, and coming up with event ideas. The committee is shorthanded, so if you would like to participate or would just like more information about the Events Committee, please contact Staff Sgt. Tiffany Baldwin or Ms. Stephanie Truss.

Thank you for everything that you do every day and it is truly an honor to be your Command Team!

Serving to Heal... Honored to Serve!



Left to right: Spc. David Watson, Spc. Stephanie Doyle, Spc. Aaron Liddle, and Spc. Fabian Quattlebaum were promoted to the rank of Specialist Sept. 11 during a mass promotion ceremony.

USADTRD cases colors, becomes a directorate

Story and photos by Steven Galvan
 USAISR Public Affairs Officer

The 43-year history of the U.S. Army Dental and Trauma Research Detachment at the U.S. Army Institute of Surgical Research came to an end Oct. 1 as the unit's colors were cased during a command discontinuation ceremony at Fort Sam Houston, Texas. The detachment joined the USAISR in 2010 and will continue research as directorate of the Institute headed by the former DTRD Commander Col. (Dr.) Richard L. Williams.

"The new Dental and Craniofacial Trauma Research and Tissue Regeneration Team will continue their groundbreaking work addressing gaps in combat dentistry, biofilm, craniofacial bone regeneration, and face burns and mitigation of scars," said USAISR Commander Col. (Dr.) Michael D. Wirt.

Although Army dental research started in 1922 with the creation of the Army Dental School at Walter Reed Army Medical Center, DTRD was officially established in 1962 as the U.S. Army Institute of Dental Research. The goal of the newly-established IDR was to improve patient care through clinically relevant research. To meet this goal the Institute recruited and trained dental officers who had specific clinical expertise and advanced degrees



Col. (Dr.) Richard Williams, Commander, U.S. Army Dental and Trauma Research Detachment, left, Col. (Dr.) Michael Wirt, Commander, U.S. Army Institute of Surgical Research, and USAISR First Sgt. Natasha Tsantles case the DTRD unit colors during a Discontinuation Ceremony Oct. 1.

to collaborate with biomedical researchers, scientists and highly-trained enlisted personnel to plan and lead research studies with a strong interdisciplinary feature.

"For 93 years, the concept of basic and applied scientific exploration for the Dental Corps has served to develop many talented leaders and clinicians who provided quality care for all of our Service Members," said Williams. "The casing of the colors is a time-honored tradition dating back centuries signifying a transition as units prepare to move and begin a new mission. Today is the sixth and final time this organization's colors will be cased or re-designated. But this ceremony today is only symbolic in that we will continue our amazing mission as a full-fledged directorate in the best medical lab command in the Department of Defense—the U.S. Army Institute of Surgical Research."

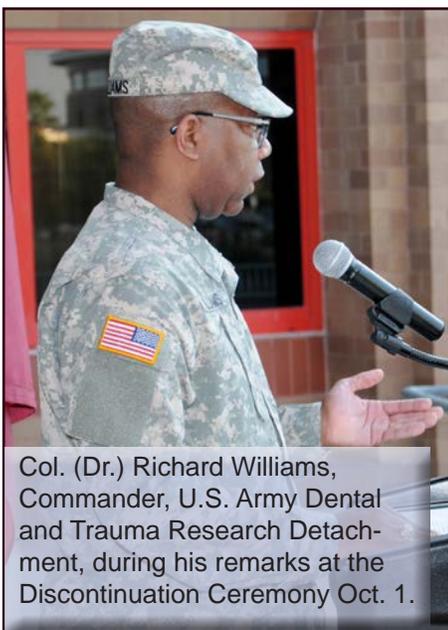
In 1991, the IDR converted to a detachment and moved to Great Lakes, Illinois, as the U.S. Army Dental Research Detachment. The move was mandated by the 1991 Base Realignment and Closure Act to relocate the DRD with the Naval Dental Research Institute and the Air

Force Dental Evaluation and Consultation Service. Trauma was officially included in the research of the detachment and was renamed DTRD as a combat casualty care research organization in 2006.

As a result of the 2005 BRAC, DTRD along with the Navy and Air Force relocated to San Antonio in 2010 where all three units formed the Dental and Maxillofacial Trauma Task Area to continue dental research and solutions to maxillofacial battle injuries.

"As we continue to anticipate future combat casualty care requirements, to include attacking the challenge of prolonged field care in austere, volatile, complex, uncertain and ambiguous environments, we look to leverage the exceptional research capability of the DTRD staff to meet these challenges head on," Wirt said.

Williams concluded his speech by saying: "As the ISR's newest directorate, we will continue to carry the torch of responsible leadership for the Medical Command—leading change; resource stewardship; and of course, the accomplishment of our touchstone mission—optimizing combat casualty care."



Col. (Dr.) Richard Williams, Commander, U.S. Army Dental and Trauma Research Detachment, during his remarks at the Discontinuation Ceremony Oct. 1.

MEDCOM Command Sgt. Maj. Visits Combat Casualty Care Research Staff



Andy Wallace, right provides a brief on the Burn Flight Team equipment and capabilities to Command Sgt. Maj. Gerald C. Ecker, U.S. Army Medical Command senior enlisted leader during a tour of the Burn Center Sept. 8.

Story and photos by Steven Galvan
USAISR Public Affairs Officer

Command Sgt. Maj. Gerald C. Ecker, U.S. Army Medical Command senior enlisted leader, visited the U.S. Army Institute of Surgical Research Sept. 8 to meet with the staff and become familiarized with latest combat casualty care research.

The call to the Fort Sam Houston, Texas, headquartered command was Ecker's first, and was an opportunity for the enlisted Soldiers and staff of the Institute to showcase their research aimed at optimizing care for Wounded Warriors.

"The importance of this visit was first to thank every member of the team for their contributions in optimizing combat casualty care over the past 15 years of war," said Ecker. "The ISR has been and is central to understanding the science of how to provide effective combat medical interventions to very complex wounds and injuries far forward on the battlefield."

Ecker, who is a combat medic, knows firsthand the importance of having well-trained medics with state-

of-the-art equipment and material to save lives of those wounded on the battlefield.

"I want to ensure that our medical Soldiers performing their duties within the scientific walls of the ISR have a full appreciation for the battlefield art that our first responders and combat medics must master outside of a con-

I want to ensure that our medical Soldiers performing their duties within the scientific walls of the ISR have a full appreciation for the battlefield art that our first responders and combat medics must master outside of a controlled environment. In order for us on the Army Medicine team to master our profession of saving lives, we must understand not only the Warfighter, the enemy and terrain but also see ourselves within the overall situation. I believe this methodology then provides the why of what we medics do, in whatever our capacity."

Command Sgt. Maj. Gerald Ecker

trolled environment" he said. "In order for us on the Army Medicine team to master our profession of saving lives, we must understand not only the Warfighter, the enemy and terrain but also see ourselves within the overall situation. I believe this methodology then provides the why of what we medics do, in whatever our capacity."

Sgt. Maj. James L. Devine, USAISR senior enlisted leader, said he was pleased with briefs Ecker received on the latest research initiatives and burn care at the USAISR Burn Center.

"Our Soldiers and staff did a great job at providing Command Sgt. Maj. Ecker with a detailed description of the various research task areas at the ISR," said Devine. "I believe he now has a better understanding of our mission, capabilities and responsibilities."

Ecker ended his visit at the USAISR with a talk to the Soldiers where he encouraged them to read and be familiar with the Army's transformation and future outlook.

"The ISR's future endeavors of professional expertise will certainly be needed in order to meet the demands of our Army continuing to win in a complex world," Ecker said.

Sgt. Francisco A. Rosario, non-commissioned officer in charge of the Burn Intensive Care Unit and the Burn Flight Team, briefed Ecker on burn care, patient medical evacuations and inflight patient care. Rosario believes that it is imperative for senior leaders to make these types of visits to gain knowledge of the command and for the Soldiers to receive the latest information directly from Army leaders.

"Command Sgt. Maj. Ecker was able to provide a detailed overview of the Army's goal to ensure that every military treatment facility becomes a high reliability organization, while operating as a medical training and readiness platform," said Rosario.

"Our ISR Soldiers are extremely intellectually gifted, mission-oriented and impressive, and they provide a unique capability that will help our Army win," Ecker said.

Williams Selected for ADA Leadership Institute



Col. (Dr.) Richard L. Williams, Director of Dental and Craniofacial Trauma Research and Tissue Regeneration, at the U.S. Army Institute of Surgical Research, was selected to participate in the American Dental Association's Institute for Diversity in Leadership 2015-16 class.

By Steven Galvan
USAISR Public Affairs Officer

Col. (Dr.) Richard L. Williams, Director of Dental and Craniofacial Trauma Research and Tissue Regeneration, at the U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas was selected to participate in the American Dental Association's Institute for Diversity in Leadership 2015-2016 class. The class consists of 16 active leaders of the dental profession from various regions of the county. They were selected by the ADA Board of Trustees for this unique leader development program which will be completed during three on-site training sessions in Chicago.

"It feels great to be selected for this program, and I'm very proud to be a part of it," said Williams. "It's an opportunity for us to get involved at a higher level of organized dentistry and assimilate into those ranks, and hopefully transfer into those positions in the future."

The Institute provides a diverse

group of dental professionals with education and experience to develop their leadership skills, strengthen professional networks, and set leadership paths in dentistry and their communities.

"Helping to encourage and inspire the future leaders of our profession through our diversity institute enriches our communities and our association," said ADA President Dr. Maxine Feinberg in an ADA press release. "Many of the program graduates have gone on to leadership roles in the organized dentistry. I'd love to see more leadership development programs like this at the local level."

The ADA Institute for Diversity in Leadership is supported by Henry Schein, Inc. and Procter & Gamble. A key part of the program is to have each participant design and implement a personal leadership project for their community or profession. For his project, Williams proposed an idea to a local underprivileged school district in San Antonio to promote opportunities in dental or medical education and

Science, Technology, Engineering and Math.

"I have already consulted with academic leaders from the 'Promise Zone' from San Antonio's east side. The director for Science and Technology for San Antonio Independent School District and I have already started collaborating and developing a plan to enhance the development and preparation of students of the Young Men's Leadership Academy."

Williams and his class members are scheduled to attend two more sessions at the ADA Headquarters—one in December and the third in September 2016. During the sessions they will be working with leading educators from Northwestern University's Kellogg School of Management and Duke University's Fuqua School of Business.

"I'm looking forward to it," added Williams. "It's an opportunity not too many military dental officers get. It's also a wonderful opportunity for me to represent the Army and the Medical Command."

Tsantles Assumes Command of USAISR Company



First Sgt. Natasha M. Tsantles, left, is congratulated by retired Command Sgt. Maj. Stephen T. Maldonado during a Lateral Appointment Ceremony from Master Sergeant to First Sergeant Sept. 8.

By Steven Galvan
USAISR Public Affairs Officer

The U.S. Army Institute of Surgical Research welcomed 1st Sgt. Natasha M. Tsantles as the USAISR Company first sergeant Sept. 8. Tsantles takes her new role just six months after reporting to the USAISR Burn Center where she served as the senior clinical non-commissioned officer.

“I am truly humbled to be the ISR first sergeant,” said Tsantles. “I am extremely excited to be leading and serving alongside Soldiers at one of the most innovative and forward-thinking platforms the Army has in its inventory.”

Tsantles enlisted in the Army four months after graduating high school because at the time she was unsure of what she wanted to do for a career or how to get into college. So she decided to enlist in the Army for a four-year stint to become a practical nursing

specialist.

“And here I am almost 17 years later, and I cannot see myself having it any other way,” she said.

Tsantles said that she looks forward to being a first sergeant because she gets the opportunity to lead and train Soldiers every day.

“Being able to professionally develop the future leaders of our Army is an honor that I do not take lightly,” she added. “Taking care of Soldiers and their families is more than a job, it’s a privilege.”

With a nursing background, the newly-appointed 1st Sgt. personally understands the challenges of having the Company Soldiers working two different schedules. Half of the Soldiers work on research and the other half on the clinical side where Soldiers and staff run 24-hour operations.

“As the first sergeant you want to ensure that Soldiers feel your

presence at all times and that includes Soldiers working on night shifts,” Tsantles said. “This is a leader challenge that can be easily overcome.”

Tsantles said that the ISR staff can expect to always have an energetic and charismatic leader who truly wants what’s best for them in their personal and professional lives.

“I will foster a climate where Soldiers can develop the attributes of a leader – character, presence and intellect – so they can be the most confident and agile Soldiers and leaders possible,” she said.

In return she expects the Soldiers to give 100 percent in every thing that they do and to be competent in their jobs. Tsantles believes that there

is no task that is too small because everything contributes to the accomplishment of the USAISR mission.

“Whether a Soldier is taking the APFT, working on a research protocol or administering patient care, each and every Soldier is vital member of the team,” Tsantles added. “Without their training, knowledge and skill set our mission would greatly degrade.

“Most of all, I want the ISR staff to know that I believe that we have the best organization in Army Medicine,” she added. “We are the tip of the spear for combat casualty care and burn trauma, and I am amazed daily by what we accomplish.”

On a personal note, Tsantles goal is to eventually retire from the Army as a sergeant major or command sergeant major. Meanwhile she is working on completing her master’s in sports management with a concentration in coaching theory and strategy and hopes to have it completed by November.

Tsantles also shared that she is a huge New York Giants football fan and enjoys sports in general. She also enjoys all outdoor activities, physical fitness, reading, traveling and spending time with family and friends. “I would also like to run in the San Antonio Rock N Roll half marathon in December,” she said.



First Sgt. Natasha M. Tsantles

USAISR nurses highlight research studies



By Steven Galvan
USAISR Public Affairs Officer

Nurses from the U.S. Army Institute of Surgical Research were among the researchers selected to highlight their studies at the TriService Nursing Research Program Research and Evidence-Based Dissemination Course in San Antonio, Texas, Aug. 31 – Sept. 3.

The three-and-a-half day Department of Defense-approved course is a continuing nursing education activity that included presentations by military nursing leaders, clinical experts, and military researchers and scientists.

“It is the premier opportunity for nurses across the DOD to network and share research and evidence-based program efforts,” said Lt. Col. Elizabeth Mann-Salinas, USAISR Systems for Care of Complex Patients Task Area Manager. “Most importantly, we can offer our junior officers and staff nurses the opportunity to develop professional skills in dissemination of their great work and improve patient care.”

According to Mann-Salinas, the USAISR nurses presented 11 research and

evidence-based practice posters and eight podium presentations.

“I believe that this course provides a wonderful framework for nurses to share relevant ideas and evidence-based practice,” said Michael G. Barba, a registered nurse at the USAISR Burn Center Progressive Care Ward. “It’s good for nurses to attend these types of events, but more important for them to participate in them as this fosters professional growth and reinforces nursing as a profession.”

Barba presented a poster titled “Developing Nurse Competency and Clinical Reasoning: An Evidence-Based Toolkit for Preceptor Development.” The objective of the study is to develop and implement an evidence-based preceptor development program for experienced burn center nurses that is designed to improve preceptor knowledge and preceptee satisfaction.

“It is important that we have an evidence-based preceptor program in order to professionally and effectively develop the burn center nurses in a consistent manner to reduce variability and economize our efforts,” Barba said.

In addition to presenting a poster

titled “Preparing Nurses for Future Combat Operations: Evaluation of the Role 2 Registry to Inform Pre-Deployment Training,” Mann-Salinas and members of the Burn Flight Team, Capts. Rebecca Fern and Sarah Hensley, participated in a separate meeting sponsored by TSNRP – the Research Interest Group for En Route Care.

“The primary goal of the group was to identify best practice for training and sustaining competency in providing en route nursing care,” she said. “It was attended by members of all services that included researchers, policymakers and nurses who provide direct patient care at staging facilities on both rotary and fixed-wing aircraft. It was a fantastic opportunity to synergize our efforts. Having our Burn Flight Team members attend provided a great opportunity for them to network with Air Force and Navy colleagues.”

The TSNRP course is for all military active and reserve and guard nurses, scientists, researchers and DOD civilian nurses designed to encourage research questions and effective clinical interventions.

Safety Notes

By Stephanie L. Truss
Health, Safety and Environmental Specialist



It's probably happened to most of us. That momentary lapse of inattention thinking about a personal problem or distracted by an activity that ends in a slip, trip or fall. A stumble down stairs, a trip over an uneven surface or slipping on ice, it can lead to a variety of regrettable events ranging from a simple bruised shin to an extremely serious injury. It's just one of a variety of conditions and situations that set the stage for slips, trips and falls in the workplace.

In general, slips and trips occur due to a loss of traction between the shoe and the walking surface or an inadvertent contact with a fixed or moveable object which may lead to a fall.

Here are six guidelines to help you create a safer working environment for you and your employees.

1) *Create Good Housekeeping Practices*

Good housekeeping is critical. Safety and housekeeping go hand-in-hand. If your facility's housekeeping habits are poor, the result may be a higher incidence of employee injuries, ever-increasing insurance costs and regulatory citations.

2) *Reduce Wet or Slippery Surfaces*

Walking surfaces account for a significant portion of injuries reported by state agencies. The most frequently reported types of surfaces where these injuries occur include: parking lots; sidewalks (or lack of); and food preparation areas.

3) *Avoid Creating Obstacles in Aisles and Walkways*

In the Spotlight

SGT Nguvan Uhaa

Job title: Training NCO (MOS 68K Laboratory Technician).

How long have you worked at the ISR? 2 years, 3 months

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

My parents have always been my inspiration. My dad always taught me that hard work is key and my mother always maintained a strong work ethic, no matter what her situation.

What is your favorite part of your work? I love the fact that I get to help people get what they need done every day. Being a Training NCO is very rewarding in that a lot of people come to you for answers and I have to be able to find a solution for them.

What is your proudest achievement? Graduating from college.

Short- and long-term goals: My short-term goal is to get my Promotable Status and fast-track my way to making SSG. My long-term goal is to Commission as an Army Physician Assistant.

Hobbies: I love to read. I also like watching movies, eating out and trying different foods, Zumba, Yoga, and shopping.

Favorite book: *The Bible*

Favorite movie/TV show: *Coming to America/The Mindy Project*

Favorite quote: "There's no substitute for hard work." Dr. Iyorlumun Uhaa



Injuries can also result in from trips caused by obstacles, clutter, materials and equipment in aisles, corridors, entranceways and stairwells. Proper housekeeping in work and traffic areas is still the most effective control measure in avoiding the proliferation of these types of hazards. This means having policies or procedures in place and allowing time for cleaning the area, especially where scrap material or waste is a by-product of the work operation.

4) *Create and Maintain Proper Lighting*

Poor lighting in the workplace is associated with an increase in accidents.

- Use proper illumination in walkways, staircases, ramps, hallways, basements, construction areas and dock areas.
- Keep work areas well lit and clean.
- Keep areas around light switches clear and accessible.

- Repair fixtures, switches and cords immediately if they malfunction.

5) *Wear Proper Shoes*

The shoes we wear can play a big part in preventing falls. The slickness of the soles and the type of heels worn need to be evaluated to avoid slips, trips and falls. Shoelaces need to be tied correctly.

6) *Control Individual Behavior*

This condition is the toughest to control. It is human nature to let our guard down for two seconds and be distracted by random thoughts or doing multiple activities. Taking short-cuts, not watching where one is going, using a cell phone, wearing sunglasses in low-light areas and running are common elements in many on-the-job injuries.

It's ultimately up to each individual to plan, stay alert and pay attention.

Health News

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



October is commonly linked with the autumn season in the Northern Hemisphere and spring in the Southern Hemisphere. Its seasonal equivalent is April in the Northern Hemisphere. October is generally known as the month of haunts, scares, ghouls, leaves changing color and falling from the trees, and the first frost of the year settling in. Autumn allows us to use the outdoors indoors. Such as leaves, acorns, or pine cones in our fall hobbies and projects. There's nothing except your imagination to limit what you can make with what you've got. There's more to the month than that, though. Did you know October is National Chili Month? Really!

But wait, there's more. A lot more! The flu campaign is on! Flu shots here!

According to the Centers for Disease Control and Texas Health Department the official influenza season is Oct. 4, 2015 to May 21, 2016 in the United States. However flu viruses are detected year round.

While flu seasons can vary in severity, people 65 years and older usually bear the greatest burden of severe flu disease. It is estimated that between 80 percent and 90 percent of seasonal flu-related deaths have been in people 65 years and older and between 50 percent and 70 percent of seasonal flu-related hospitalizations have been in people in that age group. In Texas there were 16 influenza-associated pediatric deaths last influenza season. The 2014-2015 influenza vaccine effectiveness

(VE) was low. Peak season occurred in December of 2014. What should you do to protect yourself from flu this season? CDC Says "Take 3" actions to fight the flu:

1. CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses. Everyone 6 months of age and older should get a flu vaccine.
2. Cover your cough or sneeze. Wash your hands! Everyday preventive actions may slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu.
3. If you get the flu, there are prescription antiviral drugs that can treat your illness. Early treatment is especially important!

There are several flu vaccine options for the 2015-2016 flu seasons.

- Intramuscular (IM) vaccines will be available in both trivalent and quadrivalent formulations. (High dose vaccines, which are IM vaccines, will all be trivalent this season.)
- For people who are 18 through 64 years old, a jet injector can be used for delivery of one particular trivalent flu vaccine (AFLURIA® by bioCSL Inc.).
- Nasal spray vaccines will all be quadrivalent this season.
- Intradermal vaccine will all be quadrivalent

In December 2014, the FDA approved Fluzone Intradermal Quadrivalent (Sanofi Pasteur, Inc., Swiftwater, Pennsylvania), for persons aged 18 through 64 years (15). It is anticipated that this formulation will replace the previously available trivalent Fluzone Intradermal for the 2015-16 influenza season.

This season, protect yourself and those around you, get vaccinated against flu!

October brings the anticipation of the Holidays! Yes, the Holidays! There are 57 days until Thanksgiving in the

US 2015 and 87 days until Christmas. Besides Columbus Day and Halloween here are a few other October events to share.

Red Ribbon Week®, October 23-October 31 each year. The Army Center for Substance Abuse Program provides commanders guidance/resources on all non-clinical alcohol and other drug policy issues. ACSAP is concerned about the use of synthetic drugs in the Army. From alcohol misuse to anabolic steroids to over the counter abuse and synthetic drugs. Poisoning is now the leading cause of death from injuries in the United States and nearly 9 out of 10 poisoning deaths are caused by drugs.

Breast Cancer Awareness Month – The Breast Cancer Myth Men do not get breast cancer; it affects women only. Breast Cancer is the second leading cause of cancer death for American women, its death rate is much lower (1 in 28). Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Men carry a higher mortality than women do, primarily because awareness among men is less and they are less likely to assume a lump is breast cancer, which can cause a delay in seeking treatment. Early detection is crucial to catching the cancer, treatment and survival.

Osteoporosis Awareness: Keep your skeletons healthy! Osteoporosis is not just a "woman's disease"—it represents a major public health threat for older men too. Osteoporosis is preventable. Three factors essential for keeping your bones healthy throughout your life are

- Adequate amounts of calcium
- Adequate amounts of vitamin D
- Regular exercise.

So as we reflect on the end of the year and review our goals, let's integrate the 2020 Campaign Vision: "Strengthening the health of our Nation by improving the health of our Army."

Around the ISR



Top left: Maj. Scott Phillips, right, gives a brief Sept. 2 of the Burn Center Intensive Care Unit to members of the Veterans Employment Service Office.

Center right: Elsa Guerra cuts a birthday cake Sept. 2. Bottom right: Col. (Dr.) Michael Wirt, left, presents Col. (Dr.) Kirby Gross with a command coin during a farewell celebration Sept. 25.

Bottom left: Col. (Dr.) Booker T. King, right, gives a tour of the Burn Center Sept. 23 to members of a Congressional staff delegation.

Center left: Staff Sgt.(P) Joel McVay celebrates his birthday Sept. 11

Center: Winners of the Chili Cook-Off held Sept. 18 are, left to right, 1st Place-Belinda Meyers; 2nd Place-Chris Wiseman; and 3rd Place Tara Diamond.



Promotions



Spc. David Watson, Spc. Stephanie Doyle, Spc. Aaron Liddle, and Spc. Fabian Quattlebaum were promoted to the rank of Specialist Sept. 11 during a mass promotion ceremony.

Top left: Spc. David Watson is pinned on with his new rank by Sgt. Peter Joiner.

Center right: Capt. Jose Juarez presents Spc. Stephanie Doyle with her Certificate of Promotion.

Bottom left: Spc. Aaron Liddle has cover with his new rank placed on him by his wife.

Bottom right: Spc. Fabian Quattlebaum is pinned on with his new rank by his wife Latasha.





CELEBRATING SCIENCE

In this section we endeavor to celebrate the dissemination of generalizable knowledge in the form of published manuscripts. One of our core missions is translation of knowledge gained through pre-clinical and clinical experiments in an effort to optimize combat casualty care. It is important to acknowledge and recognize the collective work of our investigators during this process. Hence, we plan on “celebrating science” on a regular basis.



TOP THREE PAPERS OF THE MONTH

Skin graft

Autologous graft thickness affects scar contraction and quality in a porcine excisional wound model.

Chan RK, Rose LE, Wu JC, Tucker DI, Chan MM, Christy RJ, Hale RG, Leung KP.
Plast Reconstr Surg Glob Open



Rodney Chan



Kai Leung

Texture, color, and durability are important characteristics to consider for skin replacement in conspicuous and/or mobile regions of the body such as the face, neck, and hands. Although autograft thickness is a known determinant of skin quality, few studies have correlated the subjective and objective characters of skin graft healing with their associated morphologic and cellular profiles. Defining these relationships may help guide development and evaluation of future skin replacement strategies. The authors found that, thin grafts resulted in scar-like collagen proliferation while thick grafts preserved the dermal architecture. Increased vascularity and prolonged and increased cellular infiltration

were observed among thin grafts. In addition, thin grafts contained predominately dense collagen fibers, whereas thick grafts had loosely arranged collagen. The authors concluded that this model, using autologous skin as a metric of quality, may give a more informative analysis of emerging skin replacement strategies..

ARDS

Low dose heparin anti-coagulation during extracorporeal life support for acute respiratory distress syndrome in conscious sheep.

Prat NJ, Meyer AD, Langer T, Montgomery RK, Parida BK, Batchinsky AI, Cap AP.
Shock



Andre Cap

Over 32% of burned battlefield casualties develop trauma-induced hypoxic respiratory failure, also known as acute respiratory distress syndrome (ARDS). Recently, nine out of ten US combat soldiers’ survived life threatening trauma-induced ARDS supported with extracorporeal membrane oxygenation (ECMO), a portable form of cardiopulmonary bypass. Challenges with this technology includes the size, incidence of coagulation complications, and the need for systematic anticoagulation for traditional ECMO devices. Therefore, a compact, mobile, ECMO system using minimal anticoagulation may be the solution to reduce ARDS in critically ill military and civilian patients. This study was a prospective cohort laboratory investigation to evaluate the coagulation function in an ovine model of oleic acid induced ARDS supported with veno-venous ECMO. Comprehensive coagulation and hemostasis assays did not show any difference due to ECMO support over 10hours between the two groups but did show changes due to injury. Platelet count and function decreased with support on ECMO, but there was no significant bleeding or clot formation during the entire experiment. The authors concluded that a bolus heparin injection is sufficient to maintain ECMO support for up to 10hours in an ovine model of ARDS. With a reduced need for systematic anticoagulation, ECMO use for battlefield trauma could reduce significant morbidity and mortality from ventilator-induced lung injury and ARDS.

Gender dependent outcomes after deployment injury

Disability after deployment injury: Are women and men service members different?

Rivera JC, Hylden CM, Johnson AE.
Clin Orthop Relat Res.



Jessica Rivera

Civilian trauma literature suggests sexual dimorphism in outcomes after trauma. Because women represent an increasing demographic among veterans, the question remains if war trauma outcomes, like civilian trauma outcomes, differ between genders. In this paper, the authors asked the following questions: (1) Do women service members develop different conditions resulting in long-term disability compared with men service members after injuries sustained during deployment? (2) Do women service members have more or less severe disability after deployment injury compared with men service members? (3) Are men or women more likely to return to duty after combat injury?

The Department of Defense Trauma Registry was queried for women injured during deployment from 2001 to 2011. The subjects were then queried in the Physical Evaluation Board database to determine each subject's return-to-duty status and what disabling conditions and disability percentages were assigned to those who did not return to duty. Results indicated that women who were unable to return to duty had a higher frequency of arthritic conditions and lower frequencies of general chronic pain and neurogenic pain disorders. Women had more severely rated posttraumatic stress disorder (PTSD) compared with men. Forty-eight percent of battle-injured women were unable to return to active duty, resulting in a lower return-to-duty rate compared with men. The authors concluded that after deployment-related injury, women have higher rates of arthritis, lower rates of pain disorders, and more severely rated PTSD compared with men. Women are unable to return to duty more often than men injured in combat. These results suggest some difference between men's and women's outcomes after deployment injury, important information for military and Veterans Administration providers seeking to minimize post-deployment disability.



TOP PAPER OF THE MONTH

Lt. Col. (Dr.) Keving Chung presents Lloyd Rose with a command coin Sept. 22 for earning the Top Paper of the Month.

Photo by Staff Sgt. Pablo Sierra

TRANSLATIONAL RESEARCH

Infection

Ciprofloxacin-loaded keratin hydrogels prevent *Pseudomonas aeruginosa* infection and support healing in a porcine full-thickness excisional wound.

Roy DC, Tomblyn S, Burmeister DM, Wrice NL, Becerra SC, Burnett LR, Saul JM, Christy RJ

Adv Wound Care (New Rochelle)



Robert Christy

Coagulopathy

Trauma-induced coagulopathy is associated with a complex inflammatory response in the rat.

Darlington DN, Gonzales MD, Craig T, Dubick MA, Cap AP, Schwacha MG.

Shock



Dan Darlington

CLINICAL RESEARCH

Coagulopathy

Mechanisms of early trauma-induced coagulopathy: The clot thickens or not?

Dobson GP(1), Letson HL, Sharma R, Sheppard FR, Cap AP
J Trauma Acute Care Surg



Andre Cap

Wearable vital signs monitor

Data quality of a wearable vital signs monitor in the pre-hospital and emergency departments for enhancing prediction of needs for life-saving interventions in trauma patients



Nehemiah Liu



Jose Salinas

Liu NT(1), Holcomb JB, Wade CE, Darrah MI, Salinas J
J Med Eng Technol.

Impact of anemia

Impact of anemia in critically ill burned casualties evacuated from combat theater via US military critical care air transport teams.

Hamilton JA, Mora AG, Chung KK, Beberta VS
Shock

Blood loss

Individual-specific, beat-to-beat trending of significant human blood loss: The compensatory reserve.

Convertino VA, Howard JT, Hinojosa-Laborde C, Cardin S, Batchelder P, Mulligan J, Grudic GZ, Moulton SL, MacLeod DB
Shock



Victor Convertino

Hemorrhage and Resuscitation

The US department of defense hemorrhage and resuscitation research and development program.

Pusateri AE, Dubick MA
Shock.



Michael Dubick

Limb salvage

Late amputation may not reduce complications or improve mental health in combat-related, lower extremity limb salvage patients.

Krueger CA, Rivera JC, Tennent DJ, Sheean AJ, Stinner DJ, Wenke JC.
Injury



Josh Wenke

Shock

What's New in Shock Military Supplement 2015?

Dubick MA, Pusateri AE.
Shock.



Michael Dubick

EXTRAMURAL COLLABORATION

Hypovolaemia

Fluid restriction during exercise in the heat reduces tolerance to progressive central hypovolaemia.

Schlader ZJ, Gagnon D, Rivas E, Convertino VA, Crandall CG.
Exp Physiol

Resuscitation

Prehospital resuscitation of traumatic hemorrhagic shock with hypertonic solutions worsens hypocoagulation and hyperfibrinoly.

Delano MJ, Rizoli SB, Rhind SG, Cuschieri J, Junger W, Baker AJ, Dubick MA, Hoyt DB, Bulger EM.
Shock

CONGRATULATIONS TO SAPRF AWARD WINNERS

Please join us in congratulating the winners from the ISR who participated in the San Antonio Post-Doctoral Research Forum, held at the University of Texas Health Science Center at San Antonio:



1st Place:

Dr. Whitney A. Greene,
Ocular Trauma, (Task Area Manager: Col. Jeffery Cleland)
SCREENING PHARMACOLOGICAL COMPOUNDS USING AN IN VITRO MODEL OF PROLIFERATIVE VITREORETINOPATHY

2nd Place:

Dr. Christine Kowalczewski,
Extremity Trauma and Regenerative Medicine and Burn Injury Research,
(Task Area Managers: Dr. Josh Wenke, Dr. Bob Christy)
ANTIBIOTIC-LOADED KERATIN HYDROGELS AS A FIRST-LINE THERAPY FOR BATTLEFIELD BURNS

3rd Place:

Dr. Randolph Stone II,
Extremity Trauma and Regenerative Medicine and Burn Injury Research
(Task Area Managers: Dr. Josh Wenke, Dr. Bob Christy)
PEGYLATED FIBRIN HYDROGELS FOR DELIVERY OF ADIPOSE DERIVED STEM CELLS TO TREAT DEEP PARTIAL THICKNESS BURN WOUNDS



Back When...



Can you guess who this ISR staff member is? This photo was taken in 1991 when he was a Pvt. attending 11B Basic and AIT, E Company 1-19th Infantry Battalion, Fort Benning, Ga.

Submit your photo for publication in upcoming issues.

Last Month's Answer:



Martin Dahlman
Information Management
Officer

next to the wooden in box. Sign the bookcard from any books you wish to check out. Date both the bookcard and the book date due slip with the date stamp. It is a one-month loan. Leave the bookcard(s) on the desk for staff to process. Loose issues of journals do not check out, as well as reference materials. Hardbound journals should be used in the library (copy the articles you want on our copiers). In rare instances, we will approve a week's loan for a bound journal. There will be no bookcards found in these bound items.

Last, another reminder to register at the ISR Library before applying for an Athens account. If you are not registered here, you will not be approved. We must have the patron registration form on file here and entered into our system. The CAD we ask is the number on back of your CAC. This number is your "barcode" for library records. Also remember, Athens authentication is not needed to access the library resources here in the USAISR. You only need Athens for off-campus use with a username/password. The links on the library intranet will take you directly to our available resources without having to log in to Athens.

Any questions about the above procedures, do not hesitate to contact me. Thank you for using the ISR Library.

Library News

By Gerri Trumbo
Library Manager



There are a few things that need repeating so this month's news will be a mash-up of various items I have attempted to relay to our customers in the past few weeks.

A significant change in the delivery of requested Interlibrary Loan articles may catch your attention. Some publishers and vendors of electronic resources are now banning the transmission of pdf format email from one

library to another library (the usual Interlibrary Loan process). Therefore, libraries are forced to go back to our old method of sending printed copies by snail mail. I have received communication from the Briscoe Library at UTHSCSA that they will follow this procedure when necessary. Naturally, this will impact our service to you. We will have a turn-over of perhaps 3-7 working days in the case of first class mail arriving here. So please be aware that this is happening now, not often, but I feel it will increase as publishers reign in their license agreements to libraries and continued copyright infringements propagate.

I would like to remind you also of the honor system for checking out books at the ISR Library in the absence of a staff member. There is a date stamp and instructions on the counter

