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THE SOLDIERS NIGHT BEFORE CHRISTMAS

*“Merry Christmas, My Friend”
by LCpl James M Schmidt, USMC, 1986*

’Twas the night before Christmas, he lived all alone,

In a one bedroom house made of plaster & stone.

I had come down the chimney, with presents to give and to see just who in this home did live

As I looked all about, a strange sight I did see, no tinsel, no presents, not even a tree.

No stocking by the fire, just boots filled with sand.

On the wall hung pictures of a far distant land.

With medals and badges, awards of all kind, a sobering thought soon came to my mind.

For this house was different, unlike any I’d seen.

This was the home of a U.S. Marine.

I’d heard stories about them, I had to see more, so I walked down the hall and pushed open the door.

And there he lay sleeping, silent, alone,
Curled up on the floor in his one-bedroom home.

He seemed so gentle, his face so serene,
Not how I pictured a U.S. Marine.

Was this the hero, of whom I’d just read?

Curled up in his poncho, a floor for his bed?

His head was clean-shaven, his weathered face tan.

I soon understood, this was more than a man.

For I realized the families that I saw that night,
owed their lives to these men, who were willing to fight.

Soon around the Nation, the children would play,

And grown-ups would celebrate on a bright Christmas day.

They all enjoyed freedom, each month and all year, because of Marines like this one lying here.

I couldn’t help wonder how many lay alone, on a cold Christmas Eve, in a land far from home.

Just the very thought brought a tear to my eye.

I dropped to my knees and I started to cry.

He must have awoken, for I heard a rough voice,

“Santa, don’t cry, this life is my choice

I fight for freedom, I don’t ask for more.

My life is my God, my country, my Corps.”

With that he rolled over, drifted off into sleep,

I couldn’t control it, I continued to weep.



Courtesy photo by Marine Corps Sgt. Sarah Perkins

Doctor provides aid in Vietnam mission

Maj. Aaron Pumerantz (center), a native of Simsbury, Connecticut and chief of rheumatology, William Beaumont Army Medical Center, lifts a log over his head during a Defense POW/MIA Accounting Agency (DPAA) recovery mission in Quang Binh Province, Vietnam, Aug. 14. DPAA’s mission is to provide the fullest possible accounting for our missing personnel to their families and the nation. See story on page 2.



WBAMC doctor provides aid in Vietnam mission

By Marcy Sanchez

William Beaumont Army Medical Center Public Affairs Office

By Marcy Sanchez

More than four decades ago, the United States found itself divided by the controversial war in Vietnam. The conflict resulted in the deaths of almost 60,000 service members. More than 1,200 are still Missing in Action (MIA).

During a recent temporary assignment with the Defense POW/MIA Accounting Agency to Vietnam, William Beaumont Army Medical Center's Maj. Aaron Pumerantz, D.O., contributed to the ongoing search to locate our service members and bring them back home.

Pumerantz, chief of rheumatology at WBAMC, deployed as one of the 124th Joint Field Activity's medical officers during excavations for fallen service members at Ha Tinh, Quang Tri, Quang Nam, Quang Binh, and Thua Thien-Hue Provinces in Vietnam.

"We went to an austere envi-

ronment in Vietnam as part of a team to recover fallen service members," said Pumerantz, a native of Simsbury, Connecticut. "I volunteered for it."

For a month and a half Pumerantz and a team of service members comprised of Soldiers, Airmen, Sailors and Marines excavated different sites trying to recover remains.

The deployment was challenging physically, emotionally and psychologically, said Pumerantz. In addition to the challenging labor, the teams were required to hike for miles to reach excavation sites. According to Pumerantz, a former college football player, it was some of the hardest work he's experienced.

For Pumerantz and his colleagues, the mission was more than just finding remains at excavation sites; it meant an opportunity to bring America's sons and daughters back home.

"We're going to work until we bring them all home or can't work anymore to find them. That's what we do, and that's why it was a successful mission. We worked hard," said Pumerantz. "We're getting closer to providing solace to a wife, daughter, son, or parent that wants to put a loved one to rest.

"Not only are we accomplishing the mission and getting farther in finding fallen service members, but the team camaraderie and joint service aspect provide a unique experience," said Pumerantz.

Each joint field activity team was supported with professionals ranging from linguists and Explosive Ordnance Disposal technicians to photojournalists and mortuary affairs technicians. When Pumerantz wasn't burrowing in the jungles of Vietnam, he provided medical care for his team members and the Vietnamese nationals working alongside them.

The care included musculoskeletal issues, gastrointestinal illnesses, skin rashes and other symptoms associated with the type of labor involved. Pumerantz, who had volunteered for humanitarian missions in Central America during college, said the mission and others like it provide inspiration and unique opportunities to serve.

"Going to a third world country is so moving for many reasons. Crying, bleeding, everything was involved in this mission," said Pumerantz. "It's symbolic of the major opportunities the Army has to offer. It was challenging but incredibly rewarding."



Courtesy photo by Marine Corps Sgt. Sarah Perkins
Maj. Aaron Pumerantz, a native of Simsbury, Connecticut and chief of rheumatology, William Beaumont Army Medical Center, poses for a photograph during a Defense POW/MIA Accounting Agency (DPAA) recovery mission in Quang Binh Province, Vietnam, Aug. 26. DPAA's mission is to provide the fullest possible accounting for our missing personnel to their families and the nation.

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•Night before Christmas

(Continued from front page)

I watched him for hours, so silent and still.

I noticed he shivered from the cold night's chill.

So I took off my jacket, the one made of red, and covered this Marine from his toes to his head.

Then I put on his T-shirt of scarlet and gold, with an eagle, globe and anchor emblazoned so bold.

And although it barely fit me, I began to swell with pride, and for one shining moment, I was Marine Corps deep inside.

I didn't want to leave him so quiet in the night, this guardian of honor so willing to fight.

But half asleep he rolled over, and in a voice clean and pure, said "Carry on, Santa, it's Christmas Day, all secure."

One look at my watch and I knew he was right,

Merry Christmas my friend, Semper Fi and goodnight.



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Support Group formed to help parents deal with loss

By Staff Sgt. Anthony Hyatt
70th Intelligence, Surveillance and
Reconnaissance Wing

When Staff Sgt. Ara Abbott met Senior Airman Mary in early 2016, she knew something was wrong. Mary, a language analyst with the 41st Intelligence Squadron, had stopped by the education office to learn about a program offered to enlisted members. Abbott, an education services counselor assigned to the 707th Communication Squadron, sat Mary down to assist her with her questions and education request.

Up to that point, it had already been a stressful day for Mary and she didn't feel like beating around the bush, so she flat out told Abbott, "I lost my son, and I needed to get back in to school." Mary knew she wasn't ready to jump into all of the necessary courses. She wanted to take it slow, one class at a time.

Abbott stared at Mary for a second, then asked if she would mind waiting so they could speak privately. A few minutes later, Abbott called Mary into her office and teared up when she started to tell Mary about the daughter she had just lost.

Back in August, Abbott, her husband, Master Sgt. Brandon Abbott, and Mary started talking about forming the group, Bereaved Parents of Fort Meade.

"In talking to each other, we all found out we lost a child recently, and found comfort in being able to talk to someone who had gone through a similar tragedy," Master Sgt. Abbott said. "We were able to relate to each other's experiences, share in each other's grief, and support each other."

Knowing there were other families and parents who had gone through similar situations, the three started asking around to see if there were any support groups for bereaved families at Fort Meade – there were none.

In September, the three parents coordinated with the 70th Intelligence, Surveillance and Reconnaissance Wing chaplain, the wing psychologist, Airman and Family Readiness Center and other base resources to seek direction and support in forming the group.

"Losing a child is a horrifying experience that can make you feel alone and isolated," said Master Sergeant Abbott. "When you put your uniform on to come to work, your co-workers may not know the burden and pain you carry and the loss you feel. Having a network of people who have similar experiences opens a door to sharing that loss and pain in a safe environment around people who don't have to worry about 'feeling sorry for you'. It is a chance to support each other and share experiences in how to overcome challenges, negative emotions, and how to even better look out for our fellow Airmen, Soldiers, Sailors, Marines and civilian co-workers who may be facing a loss



(U.S. Air Force photo/Staff Sgt. Alexandre Montes)

The Bereaved Parents of Fort Meade group held its first meeting in early November 2016. The group was created to be a network for people who have lost a child or loved one. They plan to meet once a month.

and not knowing how to deal with it."

Everyone deals with loss in different ways, but it doesn't mean others care less if they mourn differently than you do. While some losses may be less visible, such as miscarriages, others experience of loss may be more painful, such as an accident, illness, murder or death during war.

"My son's name is Ryland Alexander and I was blessed to have held him and raised him for 16 months before he was suddenly gone," Mary said. "My loss is just as unique as the next person's, but one thing I've learned through this group (Bereaved Parents of Fort Meade) is that no one understands this type of grief better than those who are struggling though it every day. Sixteen minutes or 16 months, our children leave more than just empty cradles, and the Bereaved Parents of Fort Meade is an opportunity to express that in a safe environment."

The group's first meeting was held earlier this month, and they plan to hold meetings monthly and involve guest speakers. Eventually, the Abbott family and Mary plan for the group to grow into more than just a network, but become a resources for those who need help with medical, funeral and a few other expenses that tend to pile up, Mary said.

"I know that prior to our first meeting, I was expecting awkward pauses and few people willing to open up, but that couldn't be further from the case," Mary said. "Everyone bared their souls and had the security of an empathic group of people. To say I am nothing but humbled by the strength of the people I met at the first meeting is an understatement."

Parents can feel alone and isolated in their grief, as friends and relatives are often at a loss as to what to say, but it is important for grieving parents to talk to people who understand their loss. That is exactly why the Bereaved Parents of Fort Meade group exists.

"I would hope that the need for a group like this wouldn't exist and never hope for new members, but I want to be there for that person who needs someone to lean on during what might be the most difficult time of their life," Master Sgt. Abbott said.

The group's formation did not go unnoticed by leadership in the 70th ISRW.

"My heart goes out to anyone that has suffered a loss," said Chief Master Sgt. Benjamin Higginbotham, command chief, 70th ISRW. "I applaud the effort Senior Airman Mary and the Abbott family are doing to help those going through these circumstances. It speaks

volumes of their character. This kind of assistance, help and wingmanship is exactly what the Air Force is all about."

There is more help coming for the members of the group.

"The Exceptional Family Member Program (EFMP) advocates were established on base this year to find a venue for Airmen to support fellow Airmen who are going through significant medical and mental issues," said Chief Master Sgt. David Vasser, 34th Intelligence Squadron superintendent. "Because of the establishment of the advocates, we are able to find a way to support a specific segment of our population, the Bereaved Parents Group. Our Airmen face many challenges on a daily basis, but the loss of a child is one of the hardest events any parent can imagine. To help this group find additional resources while they continue to heal is an honor the advocates. The EFMP advocates are happy to support any group and also provide a resource for commanders, superintendents and first sergeants to reach out to as a force multiplier as we care for Airmen and their families."

For more information about the Bereaved Parents of Fort Meade, please call 443-634-7046. To reach out to the EFMP, e-mail 70isrw.efmp.efmp@us.af.mil.

Bustin' ours to save yours

By Senior Airman Samuel Wacha
934th Airlift Wing Public Affairs

MINNEAPOLIS-ST. PAUL AIR RESERVE STATION, Minn. — The 934th Critical Care Air Transport Team is continuing to improve on the sustainment training of teams in the Air National Guard and Air Force Reserve with the use of high fidelity simulation. In collaboration with the Minneapolis Veterans Affairs Hospital, the 934th CCATT pushes the envelope of continuing medical education, so when called upon, our teams can provide the best possible care for our wounded Warriors.

During September's UTA period members of the Critical Care Air Transport Team trained on providing trauma care to critically injured patients on the ground and in the air. CCATT teams consist of Medical Doctors, Nurses, and Respiratory Therapists. Members were invited to the Minneapolis Veterans Affairs Hospital to train in real world settings and utilize training equipment offered there.

The VA hospital welcomes medical teams from across the military to train and share knowledge whenever possible. After conducting scenarios inside of the intensive care unit the team prepared a simulated patient to load and transport into a C-130 aircraft.

Loud noise and confined space require teammates to have a strong understanding of all team roles to complete the mission.

While in flight CCATT teams utilize radio headsets to remain in constant communication allowing for proper



934th CCATT members conduct a Hot Wash discussion after completing a training scenario.

Photo by Senior Airman Samuel Wacha

assessment and treatment of patients.

"I could not be more proud of the tremendous efforts our unit has put forth to further the medical training of our CCATT teams. This training will

without a doubt better prepare CCATT for real world missions," said Maj. Jeff Pepin, 934 AW CCATT operations coordinator.

The 934th CCATT team will be con-

tinuing to advance their training and preparedness with more scenarios, real world surroundings, and the knowledge they bring from professional civilian careers in the months to come.

Things you can do to be prepared and save lives

By Corey Russ

A mass shooting, a terror attack, a natural disaster or even serious car wreck, it is a tragic event that we all dread. We can be certain that when it happens, there will be injuries that we would rather not think about. However, in the wake of these events, there are simple things you can do to be prepared and save lives. The men and women in police, fire and emergency services rush in after these horrific events to save as many lives as possible. They do this with one of their most important tools- the hemostatic dressing. These are advance dressings that stop life-threatening bleeding, yet many people in our communities are unaware about their use.

Hemostatic dressings are applied immediately after an injury to stop the bleed. Several versions of these hemostatic dressings have been used by US and Allied militaries for several years where each had different rates of success. According to military trauma research, uncontrolled hemorrhage accounts for 50 percent of the deaths among combat casualties. Unfortunately a high percentage of these deaths are potentially survivable with prompt and effective hemorrhage treatment.

These bandages are the future of serious wound care, by moving past the need to hold minutes and minutes of direct pressure. These advanced technologies work by creating a strong bond between the positively and negatively charged particles in red blood cells and the dressing. The most advanced technologies have gone even a step further and incorporated a technology called Chitosan-R, which reacts with the blood, causing it to clot substantially faster. Through the use of this technology, a life can be saved in under one minute.

While the "magic" and science of hemostatic dressings is the truly the stuff of miracles, the importance for non-medical personnel is just catching on. As we acknowledge that catastrophic events that cause significant injury are an ever-present threat, we see communities push for wider adoption of these hemostatic dressings. Many take the lessons from the battlefield and community streets and add them to their own emergency response plans. To be adequately prepared for these events, there are more and more in use with Police Officers in their first aid kits, with Firefighters in their Rescue Task Force bags and even in Public

Access trauma kits found in schools and office facilities.

When tested by military, EMS workers and police officers, the advanced technology of today's hemostatic dressings have received excellent reviews. One user noted, "_Gauzes have been effective at times... but can't be counted on because you need to keep pressure on the wound up to five minutes. In a dangerous situation, even three or four minutes won't work- it's just forever. The best ones work rapidly, in just one,minute_".

Serious injuries occur more often than we realize but when it does happen, seconds matter. Hemostatic dressings can drastically reduce the amount of time required to stop bleeding and significantly increasing the chance of survival for those injured. These products need wider adoption as they don't just heal wounds, they save lives.

Corey is a career Special Forces Medic with extensive knowledge in hemostatic dressing, and tactical & emergency casualty care. Today he is CEO of Combat Medical, focused on advanced trauma medical solutions.

Eye See You:

Belvoir Hospital becomes first military hospital in nation to perform cutting-edge eye surgery

By Alexandra Snyder

Fort Belvoir Community Hospital

Fort Belvoir Community Hospital made history November 21 when it became the first military medical facility in the country to perform a vital sight-saving procedure. The procedure, corneal cross-linking, was recently approved by the FDA and allows patients with keratoconus to slow or halt the progression of their disease. Keratoconus is a progressive eye disease in which the normally round cornea thins and begins to bulge into a cone-like shape. This cone shape deflects light as it enters the eye on its way to the light-sensitive retina, causing distorted vision. In some cases, patients with it are unable to wear glasses, and in severe cases patients require corneal transplants.

“We are thrilled to extend this treatment option to patients in need,” said Army Col. Bruce Rivers, staff ophthalmologist and program director of the Warfighter Refractive Eye Surgery Program and Research Center at Belvoir Hospital. Rivers’ team was the first to perform the procedure.

Corneal cross-linking is a minimally invasive treatment that lasts approximately 60-90 minutes and halts the progression of this disease. The procedure uses liquid riboflavin and controlled UV light to build new collagen bonds in the cornea, which helps recover and preserve some of the cornea’s mechanical strength. During the treatment, the top layer of the cornea is removed, which helps the riboflavin deeply penetrate the cornea, explained Rivers.

After a cross-linking treatment, a contact lens is placed in the eye to act as a bandage as the cornea heals. At this time, only one eye is performed at a time. The ultimate goal of a cross-linking treatment is to strengthen the cornea, which in turn slows or completely stops the progression of keratoconus, but some patients will also see an improvement in the quality of their vision and a mild decrease in the amount of correction needed after treatment, added Rivers.

Saverio Macrina, a United States Military Academy at West Point cadet slated to graduate in May, was the first patient to receive the treatment at the facility. He said he needed it performed to receive his commission. “I’m grateful to the Army for providing me the opportunity to get this surgery,” said Macrina. “My West Point doctor



Cadet Saverio Macrina, U.S. Military Academy West Point, receives corneal cross-linking procedure at Fort Belvoir Community Hospital, Va., Nov. 21, 2016.

DoD photo by Mr. Reese Brown

told me that, right now, the academy is forced to turn away applicants with the disease. My hope is that they no longer have to do this and that I am the first of many who are helped by the military offering this treatment.” Rivers said what Macrina hopes for is also one of his biggest goals.

“When you’re in the military, if you’re not able to be deployed, your career can be cut short. When this disease progresses, it can result in patients being unable to correct their vision to a point where they’re non-deployable since they can only achieve good vision in contact lenses. But contact lenses aren’t approved for combat, which means these otherwise great service

members may be forced to end their military careers before they intend to,” Rivers explained. “Before this service was available through the military, service members could also have chosen to seek this treatment by an outside provider, at a cost of up to \$4,000 per eye.”

Although Belvoir Hospital is the only military hospital in the eastern United States with the machine required for the procedure, interested military ophthalmologists in the region are able to train on it and treat their affected patients—regardless of hospital affiliation.

“Ophthalmologists from Andrews (Air Force Base) and Walter Reed (National Military Medical Center) will start using the system in December,”

said Rivers. “We’re happy to offer our staff and facilities to accommodate other military eye doctors in the area until they get their systems. Our goal is to care for all patients who need it.”

Corneal Cross-Linking will be available to all Tricare beneficiaries, including dependents. “We see a lot of younger patients with keratoconus,” said Rivers. “It’s important for us to offer this treatment to everyone so that we can screen, catch, and treat the disease early, before it can do any severe, permanent damage. Eyes are one of the most important organs a person possesses and my team is thrilled to offer another way to keep them functioning at their best.”

Miscellaneous

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Community partners practice lifesaving procedures

By Lesley Atkinson
U.S. Army Garrison Fort Lee

FORT LEE, Va. — First responders from Fort Lee and staff members from the Petersburg Federal Correctional Complex teamed up for a simulated mass casualty exercise Nov. 15-16 at the FCC neighboring the installation.

The drill is one of the correctional facility's regular training requirements. It allows correctional officers and support staff to rehearse their response procedures to catastrophic events and the partnership agreements with local emergency teams — including Fort Lee's — that would assist with casualty evacuation and incident mitigation.

A simulated bus crash served as the centerpiece of this latest exercise. The role-player "victims" were members of

the Fort Lee Air Force Detachment, 345th Training Squadron.

The Airmen wore yellow coveralls and leg and ankle restraints in the interest of making the training event as close to real as possible. A smoke machine also was used for dramatic effect and realism.

The scene played out as if the bus was heading to the FCC and rolled over in an accident. Prisoners and correctional officers were tossed throughout the vehicle with multiple injuries. To simulate this part of situation, the role players were placed under seats, in the aisles and on top of each other. Each "victim" carried a card describing the extent of his or her injuries.

Staff members of the nearby FCC facility were first to arrive at the scene. Abimael Zayas from its emergency response team described the moment as "overwhelming."

"When we showed up, the bus was smoking and the first thing we had to consider was whether it was safe for us to enter," he said. "Once we got the go, we went in and got to work. We started tagging the bodies and setting up the triage stations. When Fort Lee got here, they helped us move them out. The camaraderie was great. We have a good relationship with Fort Lee and something like this allows us to take advantage of our combined logistics."

Fire Assistant Chief Christopher Steckel oversaw Fort Lee's participation in the exercise. He's the assistant chief of the Training Division, Fire and Emergency Services.

"The response was pretty much by the book," he said. "They established a triage area and took care of the walking wounded. Our job is to assist them with treatment of the more serious injuries and provide transportation to emergency medical facilities."

"Practicing roles and responsibilities is key," Steckel noted. "Chaos reduces the effectiveness of first responders; and in a situation involving mass casualties, confusion could cause further harm to victims. We've worked with the folks from FCC on previous exercises within the prison compound; we knew we could easily combine our efforts to mitigate the emergency pretty quickly. It's training like this that keeps both agencies proficient in working together."

At the conclusion of the exercise, Stacy Flowers, an FCC nurse practitioner, gave high marks to the organizers and role players.

"It was definitely beneficial," she said. "Practice is imperative to saving lives in a real situation. This drill helped us see what we need to



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Soldier turns Tragedy to Triumph

By Staff Sgt. Chris Hubenthal
TRIPLER ARMY MEDICAL CENTER, Hawaii — U.S. Army Maj. Patrick Miller began working at Tripler Army Medical Center in 2016 as the hospital's resource manager but not a day goes by when he doesn't remember one day at a past assignment that changed his life forever.

For Maj. Patrick Miller April 2, 2014 was like any other Wednesday, any other work day ... until it wasn't.

"I was thinking to myself I can't believe this is how it ends... this is how I'm going to go," Miller said. "I said 'I'm not spitting up blood, choking up blood, I can control my breathing, and I'm cognoscente of the situation... I'm going to live.'"

Miller is one of 16 survivors of the 2014 Fort Hood tragedy, one who faced life and death at less than an arm length away from a Soldier focused on ending lives.

"I vividly remember thinking this Soldier sees Major Miller standing there and he'll come in our office for protection," Miller said. "At that time he ran up to me and shot me in the stomach, point blank, with a .45."

After being severely injured and despite his life hanging in the balance,



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Naval Hospital Bremerton Sailor acknowledged for contributions on U.S. Naval Academy Lean Six Sigma project

By Douglas Stutz
Naval Hospital Bremerton

Used to be, U.S. Naval Academy Midshipmen on Induction Day in need of immunizations were forced to deal with long lines, longer waits and redundant red-tape.

Not anymore. Petty Officer 3rd Class Kayla Kirk, from Bend, Ore., currently assigned to Naval Hospital Bremerton as Urgent Care Clinic assistant leading petty officer, was part of a Lean Six Sigma (LSS) team that conducted a quality improvement project which not only effectively reduced time spent on providing vaccinations but lessened staffing needs and sped up the entire process for all patients involved.

The LSS team was comprised of Dr. Jitendrakumar R. Modi and Ensign Chrysanthy Ha from School of Medicine, Uniformed Services University of the Health Sciences; and retired U.S. Air Force Master Sgt. Donald A. McCoy from Navy Medicine East, and Capt. Robert S. Fry, Petty Officers 3rd Class Kirk and Christopher B. Taylor of Naval Health Clinic Annapolis.

Kirk was recently recognized with a Navy Letter of Appreciation (LOA) by Capt. M.B. McGinnis, Naval Health Clinic Annapolis Commanding Officer for her 'knowledge and effort' in helping to streamline the requirement of providing inoculations to incoming plebes.

Kirk was noted to have significantly impacted the overall process, decreasing the steps taken by 79 percent and process times by 75 percent as vaccinations for approximately 1,200 new Midshipmen were administered with a

mass immunization procedure during the in-processing period.

McGinnis cited the 'LSS team's ability to conduct a comprehensive Rapid Improvement Event project based on past data to drive milestone improvements could not have been done without Kirk's observation, attention to detail, and overall desire to improve the patient experience for newly inducted Midshipmen.'

"Your participation and feedback helped us shape Naval Health Clinic Annapolis to enhance our patients' experience. Thank you so much for your hard work and keep pressing to improve our healthcare system. Bravo Zulu on a job well done," wrote McGinnis.

Kirk attests that the idea originated with Dr. Modi, a pediatrician she worked with at Naval Health Clinic Annapolis.

"He wanted to streamline a new process for Induction Day at the Naval Academy for the beginning of plebe summer, which is basically 'boot camp' for Midshipmen. What we did to improve the process was use data from previous years to discover where we could cut back and organize to save money on not only unnecessary vaccines but hourly wages by cutting down time immensely," said Kirk.

Kirk explained that the team sent out vaccination forms in the acceptance packet for the incoming students and parents to fill out and submit prior to their arrival on Induction Day.

"Immunizations staff screened each and every student to see which vaccines they still needed, if any. On Induction

day they were given only what they needed, which met our goals of cutting down on time and wasting vaccines," explained Kirk.

Of equal note was that Kirk was also commended for contributing in publication of the article, 'Using Lean Six Sigma Methodology to Improve a Mass Immunization Process at the United States Naval Academy,' that appeared in *Military Medicine – International Journal of Association of Military Surgeons of the U.S.*, Volume 181, June 2016.

"It is an amazing honor to be recognized in this article not only as an active duty member but as an enlisted member. To me this symbolizes that no matter what your rank, great ideas can come from anyone. We owe a huge thanks to our leadership, Dr. Modi, for including us in the process and for recognizing us alongside himself as authors for this article," Kirk said.

Kirk assisted in the entire process from the initial stages through realization to where it ended up being published.

"My team and I spent long hours mapping out our goals and strategies and arranging our ideas, as well as screening immunization forms and transcribing into the students medical records. When it came time to put our well thought out process to the test we took a few days to set up and get ready for show time. Everything ended up running smooth," shared Kirk, adding that along with Taylor, they were the leaders and subject matter experts responsible for oversight and safety and made sure

everything ran according to plan.

Kirk attests that having a Sailor with corpsman-training was the perfect choice to help formulate and carry out such a project.

"Each and every day we are building relationships with patients, and are the first and last interaction when patients come for an appointment or walk-in visit. Who better to have on your team of process analysis than the people that spend the most time and have the most impact with patients during their visit? Lean Six Sigma can be utilized in any workplace. I believe that having Sailors trained on how to apply LSS in their own work center is important because technology and our environments are constantly evolving. For us to evolve with it sometimes we have to cut down what may be holding us back by using process analysis and understanding waste. As we evolve we become more efficient," Kirk said.

For Kirk, there was fulfillment in being part of a team project that has made a positive impact in improving patient-centered care at such a notable military institute.

"It is truly amazing to see that all the hard work we put into this LSS project is now being used as a model for process improvement at the Naval Academy. Induction Day is the first impression those students have on not only the academy, but also Navy Medicine. The impact we left on them this day will determine the care they can expect to receive during their time at the Academy as well as in the Navy," stated Kirk.

•Partners (Continued from page 8)

improve upon. I think it went well, and it was a lot more involved than what I thought it was going to be. This was definitely a learning experience."

Riley Lawson, an observer and an

FCC general foreman, stated, "I think it went very well. Working as a team helps us prepare for any type of scenarios that might happen. I really appreciate the Fort Lee firefighters, medics and role-players coming here

and helping make this thing happen."

Staff at both the Fort Lee Fire and Emergency Services Division and FCC Petersburg said they look forward to future trainings, continued partnerships and camaraderie.

•Soldier (Continued from page 10)

Miller fought back, applying pressure to his wound with one hand and calling 911 with the other.

"I just pushed him out of the doorway, shut and locked the door, ran through the office so I could lock the other side of the door, and grabbed the folks that were under their desks, under their cubicles and brought them into my office," Miller said.

Once the area was secure medics were able to arrive on scene to help Miller and transport him to the nearest hospital.

"I still communicate and talk with, to this day, the surgeons, the doctors, the nurses, the medics, and the staff at Carl R. Darnall Army Medical Center," Miller said. "I'm eternally grateful for them saving my life."

His period of physical recovery would prove challenging, but thanks to his wife being there with him every step of the way he was able to overcome obstacles.

"Physically and mentally it was tough, especially those first few months," Miller said. "It was an adjustment for my wife and my family. My wife is a nurse so that care, that home care, was a godsend in itself. What drove me then and what drives me today is not sitting around feeling sorry for myself, but to really be greatly that I'm still here and I am still alive."

Aside from his duties as the hospital's resource manager Miller shares his story with Soldiers and civilians to bolster readiness so that others can be more

prepared if they have to react to a real world active shooter scenario.

"I volunteer to augment the antiterrorism, active shooter training here to take a real life, real world example to kind of show people how real it is so it can hit home a little more," Miller said. "It's so important to pay attention to those active shooter trainings... the resiliency stuff that we do because run, hide, fight, it's not a joke and you need to know what to do, the steps to take, where to go because the worst thing you can do is do nothing."

U.S. Army Col. Soo Lee Davis, TAMC Deputy Commander of Administration, said that the efforts Miller volunteers to fulfill in order to heighten awareness is important.



Photo By Lesley Atkinson

Fort Lee firefighters practice medical evacuation procedures with role-playing victims who feigned various injuries from a simulated bus crash during a Nov. 15 mass casualty exercise.

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For Additional Information, please contact Brian Murphy (209)556-1533

Naval Hospital Jacksonville nurse receives leadership excellence award

By Yan Kennon

Naval Hospital Jacksonville

Kathleen Davitt, Naval Hospital (NH) Jacksonville nurse educator, was selected as the Military Health System Federal Civilian/Military Nursing Leadership Excellence Award (senior category) winner on Dec 1.

Davitt serves as NH Jacksonville's course director and instructor for multiple advanced training courses, and as a clinical resource for clinical staff.

Davitt's contributions to nursing includes: developing a post-anesthesia care unit clinical pathway; developing a partnership with Jacksonville University, offering college credits for Navy Midshipmen during summer training; and incorporating simulators in all classes with psychomotor skill stations.

Additionally, Davitt negotiated agreements with local private-sector hospitals for cross-training of NH Jacksonville intensive care, labor and delivery, and emergency nurses. This provides nurses with a wider range of experience in multiple critical care settings.

Celebrating its 75th Anniversary this year, NH Jacksonville's priority since its founding in 1941 is to heal the nation's heroes and their families. The command is comprised of the Navy's third largest hospital and five branch health clinics across Florida and Georgia. Of its patient population (163,000 active and retired sailors, soldiers, Marines, airmen, guardsmen, and their families), about 85,000 are enrolled with a primary care manager and Medical Home Port team at one of its facilities. To find out more or download the command's mobile app, visit www.med.navy.mil/sites/navalhospitaljax.



Kathleen Davitt, Naval Hospital Jacksonville nurse educator, demonstrates cardiopulmonary resuscitation to a sailor at the hospital. Davitt was selected as Military Health System's Federal Civilian/Military Nursing Leadership Excellence Award (senior category). Davitt was recognized for her commitment to patients and staff, and ensuring the development of skilled providers who deliver the best care possible to patients.

(U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville Public Affairs/Released).





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[†]Occasional muscle pain due to exercise or overuse. [^]SPINScan Other Herbal Formula Subcategory Brand Rank, data ending 7/10/16. Promotion cannot be combined with other offers.

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