

MEDICAL NEWS

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WHEN SECONDS COUNT: *Belvoir Hospital trains for battle (wounds) during simulation course*

By Alexandra Snyder
Fort Belvoir Community Hospital

The full-day course was instructed by experts in the field of each procedure from Walter Reed National Military Medical Center and Belvoir Hospital. The format followed a hands-on simulation structure.

“Research has shown that the use of simulation in healthcare creates a safe learning environment in which practitioners can enhance their individual skills before encountering patients –improving overall safety in care delivery,” said Army Maj. Megan Matters, a clinical nurse specialist in Belvoir Hospital’s Emergency Department. Matters designed the program with support from Sunny Jade Yauger, the hospital’s simulation program specialist.

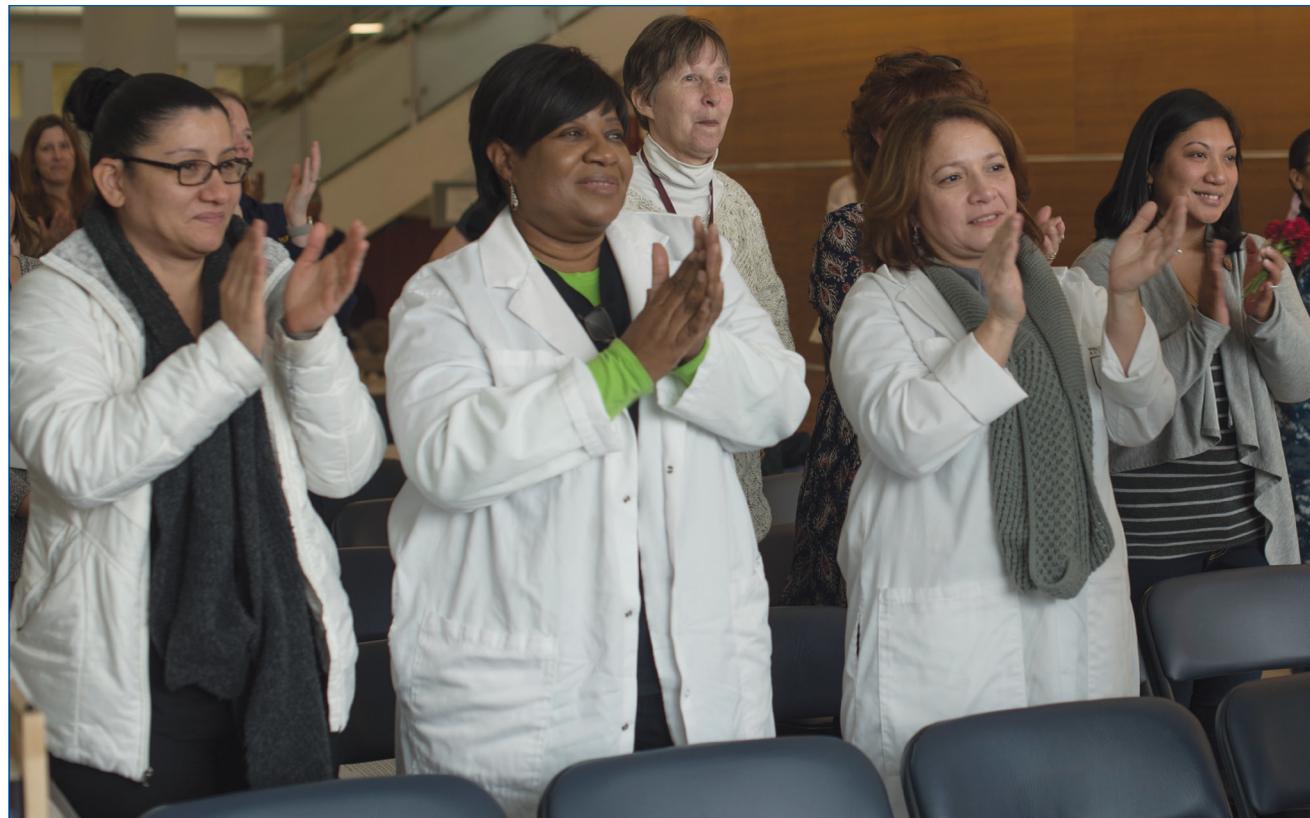
“The overarching goal of this course is to support the command’s readiness,” said Matters. “Learners enhance their individual expertise reviewing skills that have been learned but not often utilized, ultimately translating to improvements in quality care and safety in the patient experience.”

Service members and civilian doctors across the military use simulation techniques to better prepare for high-risk scenarios, such as stabblings and gunshot wounds or breech births where babies’ positions threaten their well-being and that of the mother.

“A lot of what we do is teach early recognition of something and how to treat it,” said Army Col. Timothy Barron, chief of Emergency Medicine at Belvoir Hospital. “Luckily, we do not have to see severely injured soldiers in order to get the experience and muscle memory needed to provide expert care to our future patients. The method of on the job training and pattern recognition is supplemented beautifully with the use of simulation. Across the board, if we have an opportunity to train on a simulator before working with an actual patient, it is our responsibility to do that.”

Although Belvoir Hospital is not a Level-1 trauma facility, the hospital sees tens of thousands of patients in the Emergency Department each year. Most of the cases are “not the most critical, but are right in the middle of the spectrum,” Barron says, citing abdominal pain and

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(U.S. Air Force photo by Airman 1st Class Rustie Kramer)
Audience members of the National Intrepid Center for Excellence Creative Arts Café give applause at the end of a performance at Walter Reed National Military Medical Center in Bethesda, Md., Dec. 13, 2016. NCAC is performance platform for NICoE patients and staff to share creativity though creative arts once a month.

Music therapy impacts recovering service members

By Airman 1st Class Rustie Kramer
11th Wing Public Affairs

BETHESDA, Md. — Isolation and avoidance were the behaviors Marine Staff Sgt. Anthony Mannino used to cope with adjusting to life when he came back from deployment in Iraq.

Mannino deployed for eight months total to Iraq in 2007 and 2008.

“Things are not the same as they used to be,” Mannino, National Intrepid Center of Excellence at Walter Reed National Military Medical Center patient, said. “I’m slower and it’s harder for me to focus.

Sifting through all the noise is difficult. Sometimes all I can smell is death, burnt skin and blood.”

His post-traumatic stress enveloped his life and held him captive in a mental prison.

“The walls [I built] between me and everyone else kept me safe, but also forced me to change who I am,” Mannino said. “They became my life.”

The trauma Mannino experienced during his deployment resulted from concussions from roadside bomb explosions in Iraq and being hit by a truck while sta-

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• Course

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chest pain as the most common reasons for ER visits.

He describes emergency departments as “diagnostic epicenters” in which medical staff see conditions and injuries of all kinds, on all ages of patients. This means medical staff must keep up with the best practices in clinical care or evidence-based medicine across many medical specialties.

“In the Emergency Department, you are able to access care for a cough or a fracture or an illness on any given day. However, emergency medicine providers are “life savers” in many circumstances. We never know when those circumstances will arise,” noted Barron. “These lifesaving procedures are absolutely critical to those moments and this training experience is invaluable to high level providers and their patients when that time comes.”

Naval Hospital Beaufort receives breast ultrasound accreditation, first in navy medicine

By Lisa Lill
Naval Hospital Beaufort

According to the ACR website, the Breast Ultrasound Accreditation Program provides facilities performing breast ultrasound and ultrasound-guided breast biopsies peer review and constructive feedback on staff qualifications, equipment, quality control, quality assurance, accuracy of needle placement and image quality.

This is the sixth accreditation for the NHB Radiology Department.

The department is accredited in every modality (radiology service) available at the hospital, to include Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Ultrasound.

Additionally, NHB is an ACR certified “Low Dose CT Lung Cancer Screening Center” and Pediatric “Image

Gently” facility.

These accreditations set a gold standard for all Navy Radiology Departments to emulate.

When asked why NHB submitted each modality for ACR accreditation Mr. Hassel (David) Estep, assistant department head for radiology, responded “we did it to prove that we meet or exceed the standard to be a high reliability organization.

This work shows that our technologists, radiologists and equipment meets or exceeds the same standard as our patients should expect to receive in a civilian hospital.”

Achieving six accreditations is no easy feat; they are time intensive and require renewal every three years.

In a military facility with active duty staff members rotating every two to three years the civilian personnel

play an integral role in maintaining the accreditations.

These individuals act as the “corporate knowledge” for the department, passing down information to the new active duty staff and ensuring all of the requirements are met to maintain the accreditations.

The success of the department relies heavily on the highly trained and motivated personnel managing the studies and running the equipment.

Radiology Department Head Lt. Cdr. Stephen Pearson said “This accredita-

tion is a direct result of the hard work and dedication of the radiology personnel at NHB. It is an honor to work alongside such a talented and committed staff.”

One of NHB’s busiest clinics, the radiology department has processed more than 25,000 studies in 2016. The department serves three military installations, and has partnered with the Veteran’s Administration to improve access to quality care for active duty service members, their families, military retirees and veterans.

• Music therapy

(Continued from front page)

tioned in Hawaii.

Six months after receiving treatment at WRNMMC, Mannino began music and art therapy with NICOE.

Rebecca Vaudreuil, NICOE music therapist contractor, explained that the music therapy program is part of a four-week intensive outpatient program where active-duty military members participate in extensive treatment including diagnostic testing, rehabilitation and clinical work in approximately 26 different disciplines and over 100 appointments.

Mannino said he was initially resistant to treatment when he began the program almost a year ago because he disliked art and music, but he got tired of nothing working and kept trying.

“I started with guitar,” said Mannino. “It made me focus on something else even though I was at the hospital getting treatment.”

With continued practice, Mannino improved his guitar playing and performed Dec. 13 at the NICOE Creative Arts Café, a performance platform for patients and staff to share creativity through music, art, writing, dance, photography and drama once a month in front of an audience.

“The NCAC began as a collaboration between the U.S. Air Force Band and the NICOE Music Therapy program November 2015 and the inaugural event was Oct. 11, 2016,” said Vaudreuil.

For this NCAC event, U.S. Air Force Band Max Impact

performed alongside several of the patients performances.

Mannino performed a spoken word piece describing his journey through the NICOE treatment program and his thoughts during each phase while Max Impact played “Walls” by Kings of Leon in the background.

“This was one of the most rewarding experiences I’ve had in the Air Force,” said Nalani Quintell, Max Impact vocalist. “I wish we had more opportunities to give back to heroes like this. After all, it’s not about us, it’s about what we bring to the fight, which is with the soft power of music.”

Mannino, along with fellow patients, found music and art to be a way to communicate his frustration about the physical and mental pain he was experiencing.

Mannino’s wife, Diane, recounted that when he initially began therapy he didn’t believe anything was wrong with him because he didn’t have any physical injuries but after going through therapy, he is able to process and talk about things differently.

Mannino continued with music and art therapy after the end of the four-week program to work on his continued recovery.

“I’m not there anymore, even though some days I feel like I am,” Mannino said. “When the walls come down and things get hairy, I’m overcome with emotions, both good and bad; but I’ve been in treatment long enough to know that feelings mean I’m alive.”

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Still Holding Hands:

A 73-Year Military Love Story

By Alexandra Snyder

Fort Belvoir Community Hospital

“After seeing me in a country school play in Kentucky when I was about 13, George went home and told his mother, ‘I met the girl I’m gonna marry. I looked her over well and I couldn’t find anything wrong with her, ‘sides one crooked tooth,’” said Eloise, gently patting George’s swollen, age-spotted hand.

On their first date, George and Eloise shared a picnic next to a creek in their hometown.

“I brought the blanket and was unpacking the food when I saw George carrying a large box with a handle,” said Eloise. “I had never seen anything like it, but when he sat it down and turned the crank, a beautiful little tune came out. It was a portable record player and George cranked it the whole afternoon as we listened to the song – ‘Sweet Eloise.’

The song, performed by jazz musician Glenn Miller, was popular during World War II – a war that would soon separate George and Eloise for the first of many times.

“George had only ever wanted to be a pilot,” recalled Eloise. “So when he graduated, he applied to cadet school and was accepted. His training was in Texas and I was still in school in Kentucky, but as soon as I graduated I went down there and we were married.”

George would go on to serve 30 years as a pilot in the Army, flying missions from England and Germany during WWII, both Korean and Vietnam wars, as well as many missions in between.

“The military was good to us,” said Eloise. “Oh sure, we weren’t without struggle, but we enjoyed the adventure – even when things didn’t go as planned.”

When a military family prepares for a move, even today, it’s typical for an outside transit company to pack and deliver their belongings to the next destination.

“During one move, none of our furniture had arrived when we got to our new home,” said Eloise with a laugh. “We didn’t have a single sheet or anything. That night, we stuffed a duffel bag with old newspapers and used it as a pillow. I don’t think we slept at all, but we sure did laugh all night.”

Eloise and George eventually expanded their family, adding two boys George Jr. and Phillip.

“George was gone a lot,” said Eloise about those early days as a new mother. “We were stationed in Tokyo and all



Photo By Reese Brown

George Morris, a retired Army colonel, is currently receiving end-of-life care at Belvoir Hospital, where his wife of 73 years, Eloise, is also a patient. Leadership in the facility have authorized an exception to policy and allowed Ms. Eloise to share a room with George. Although it’s a gift for them, it’s an even bigger one for staff, as they witness the love that fills that room.

over the United States, and a lot of the time it was just the boys and I, but I didn’t mind. I was a den mother for their scout troops and I taught them how to play baseball. I was the pitcher, one of the boys was the batter and the other was the catcher. Our German Sheppard played in the outfield and she could catch the balls better than just about anyone. We made a good team... but still, we would listen for George’s call sign to be announced so that we knew he was home safely. We could all breathe a little easier then.”

Despite George’s frequent travels and demanding career, he always put his family first, said Eloise.

“At one duty station, we lived down the road from George’s general. He wanted George to come with him to a foreign base to create an air traffic control station. George was a colonel at the time, and the general promised him he’d make him a general, too, if he’d agree to the assignment,” said Eloise.

“George turned him down. I was afraid he’d regret it, but he never did. He wanted to come back to the States to be near his parents and spend more time



with the boys and I. George loved his country. He truly did. But he also loved his family... probably even a little bit more.”

When George retired in the 70s, Eloise and he settled in Northern Virginia, enjoying time with their two granddaughters, two grandsons, and eventually three great-grandchildren. They still reside in the area today.

“When I look back on our life together, I feel very happy with the time we’ve spent and how we’ve spent it,” said Eloise. “The military, raising our family, our faith... all of those things are worthwhile pursuits. In Kentucky, kids used to grow up fast, but I have never regretted getting married early. We have never had a knock-down, drag out fight. We’ve had disagreements of

course, but our life has been very good together. George is a good man.”

Now both in their 90s, George is currently receiving end-of-life care at Belvoir Hospital, where Eloise is also a patient. Leadership in the facility have authorized an exception to policy and allowed Ms. Eloise to share a room with George. Although it’s a gift for them, it’s an even bigger one for staff, said Army Maj. Elizabeth Jaurequi, chief nurse officer in charge of Medical Telemetry at Belvoir Hospital and one of the Morris’ medical providers.

“When you walk into that room, you just feel love,” said Jaurequi. “Getting to hear Ms. Eloise speak about their life together and getting to see their love is a privilege, as is the opportunity to care for them both.

Changing lives, one smile at a time

By Senior Airman Jaeda Tookes
341st Missile Wing Public Affairs

When the word dental comes up people typically think of teeth cleaning and cavity filling, but there is much more to it than that.

Aside from the dental clinic, the dental laboratory is where dental technicians like Staff Sgt. Khody Morgan, 341st Medical Operations Squadron dental laboratory technician, assist in general dentistry.

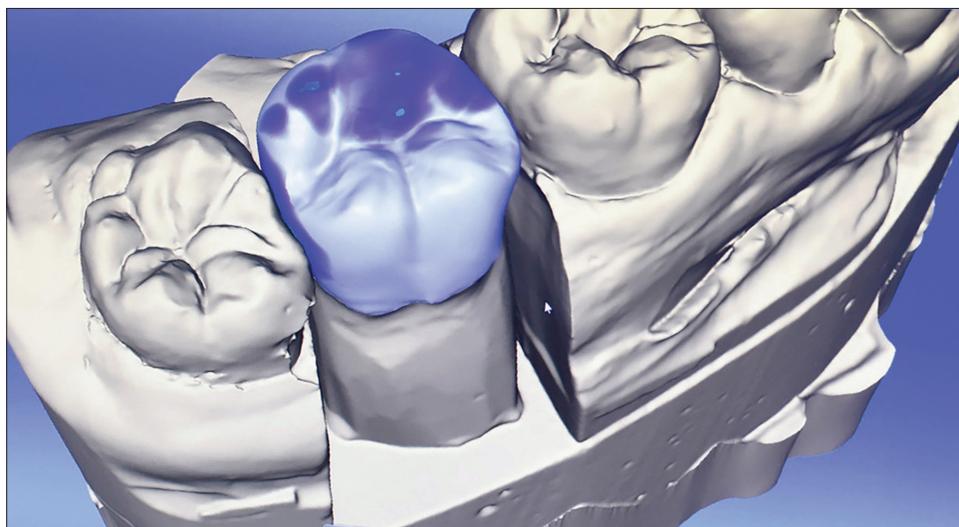
“As a dental lab tech my job is to assist the dentist in crafting and creating custom dental prostheses,” Morgan said.

Dental laboratory technicians can also assist in oral and maxillofacial surgery, endodontics, periodontics, orthodontics and pediatric dentistry.

“It is job satisfaction to know that we play a hand in making someone’s smile better,” said Master Sgt. Apolonio Santos, 341st MDOS NCO in charge of the dental laboratory.

Santos and Morgan are a two-man shop at Malmstrom, and things can sometimes get pretty busy.

“This job has a steady work-flow coming in and out,” Morgan said. “The Area



(U.S. Air Force photo/Senior Airman Jaeda Tookes)

A digital crown pattern is displayed on a computer-aided design and manufacturing machine in the dental laboratory Dec. 5, 2016, at Malmstrom Air Force Base, Mont. The digital image will be milled out into a ceramic crown where it will later be placed in someone’s mouth.

Dental Laboratory offers relief for case overflow if it gets too much for us, or if the doctor needs a special appliance made.”

The Area Dental Laboratory is located

at Peterson Air Force Base, Colorado.

The dental laboratory also has the capability to make sports guards free of charge for members participating in intramural sports.

“Sports guards and night guards are a one-day turnaround,” Morgan said. “We have to make sure the process is started as soon as the doctor brings the impressions in, because they begin to distort 12 minutes after leaving the patient’s mouth.”

The workload is based on the Dental Laboratory Work Authorization form which the doctor brings in.

“On the form, the doctor states everything that needs to be accomplished for the patient,” Apolonio said. “We use many different things to get the job done such as wax, ceramics, porcelain, acrylic and even gold.”

In their career, dental laboratory technicians can become master certified dental technician.

According to nbccert.org, less than 1 percent of all certified dental technicians are master certified dental technicians.

“To become a master CDT, the technician must earn certification in at least five consultation and dental treatment courses,” Morgan said.

The courses include complete dentures, partial dentures, crown and bridge, orthodontics, ceramics and implants.

Medical Airmen reinforce deployment readiness

By Senior Airman Nicolo Daniello
92d Air Refueling Wing

With the recent headlines about actual and possible use of chemical weapons by adversaries in various parts of the world, the job of medical bioenvironmental Airmen is as important as ever - performing gas mask fit tests to ensure Airmen have a proper fit prior to deployment.

Airmen typically complete this test only once, but the resulting gas-mask sizing sustains their preparedness and readiness for their deployed mission the rest of their career.

“The fit test ensures the mask is seated properly on an individual’s face,” said Senior Airman Ants Vahk, 92nd Aerospace Medicine Squadron bioenvironmental engineering journeyman and Fairchild’s respiratory protection program manager. “It refreshes their proficiency to effectively use the mask and how to properly get it to seal on their face.”

According to Vahk, the test is performed by hooking up a gas mask to a machine called a Porta Count. One hose connects to the mask and takes account for the air within the mask, while a second hose takes in a sample from the surrounding environment outside the mask. The machine performs a calculation based on how many particles are outside the mask versus how many particles leak inside the mask, therefore determining if the mask is properly sealed on the person’s face.

Throughout the fit test, participants perform different body movements that mimic their daily activities. Airmen



(U.S. Air Force photo/Senior Airman Nick J. Daniello)

Senior Airman Ants Vahk (right), 92nd Aerospace Medicine Squadron bioenvironmental engineer, sizes Staff Sgt. William Anderson (left), 92nd Maintenance Squadron munitions systems technician, with a sizing tool Dec. 7, 2016 at Fairchild Air Force Base, Washington. The sizing tool gives an estimation on what size mask a person should wear.

move their heads left, right, up and down, and also reach to touch their toes. These movements test the mask’s seal to their faces.

“The test will validate through all the different exercises that replicate day-to-day movement,” said Staff Sgt. Adam Wriglesworth, 92nd AMDS bioenvironmental engineering craftsman NCO in

charge of readiness and training. “It will identify different movements that cause the mask to fail or to cause the seal to break.”

Vahk said all Airmen should take the gas mask fit test seriously because if you don’t know how to properly use your gas mask, or if someone is wearing the wrong sized mask, it could

potentially be fatal during a real world chemical or biological incident.

This is one of the ways medical Airmen enable Rapid Global Mobility.

Bioenvironmental engineering Airmen welcome walk-ins for gas mask fit tests Tuesdays from 8 a.m. to 4 p.m. and Thursdays from 9 a.m. to 3 p.m. For more information, call (509) 247-2391.

Caretakers of Andrews' furry warriors

By Airman 1st Class Valentina Lopez
11th Wing Public Affairs

A small town girl from Fremont in Ohio, had the dream of working in veterinary medicine. Little did she know she would walk straight out of high school and into a U.S. Army recruiter's office where she would obtain a job caring for animals.

This girl is now U.S. Army Staff Sgt. Valerie Garvin, Public Health Command District animal care specialist at the Veterinary Treatment Facility on Joint Base Andrews. She works in a very unique job field only available to soldiers of the Army.

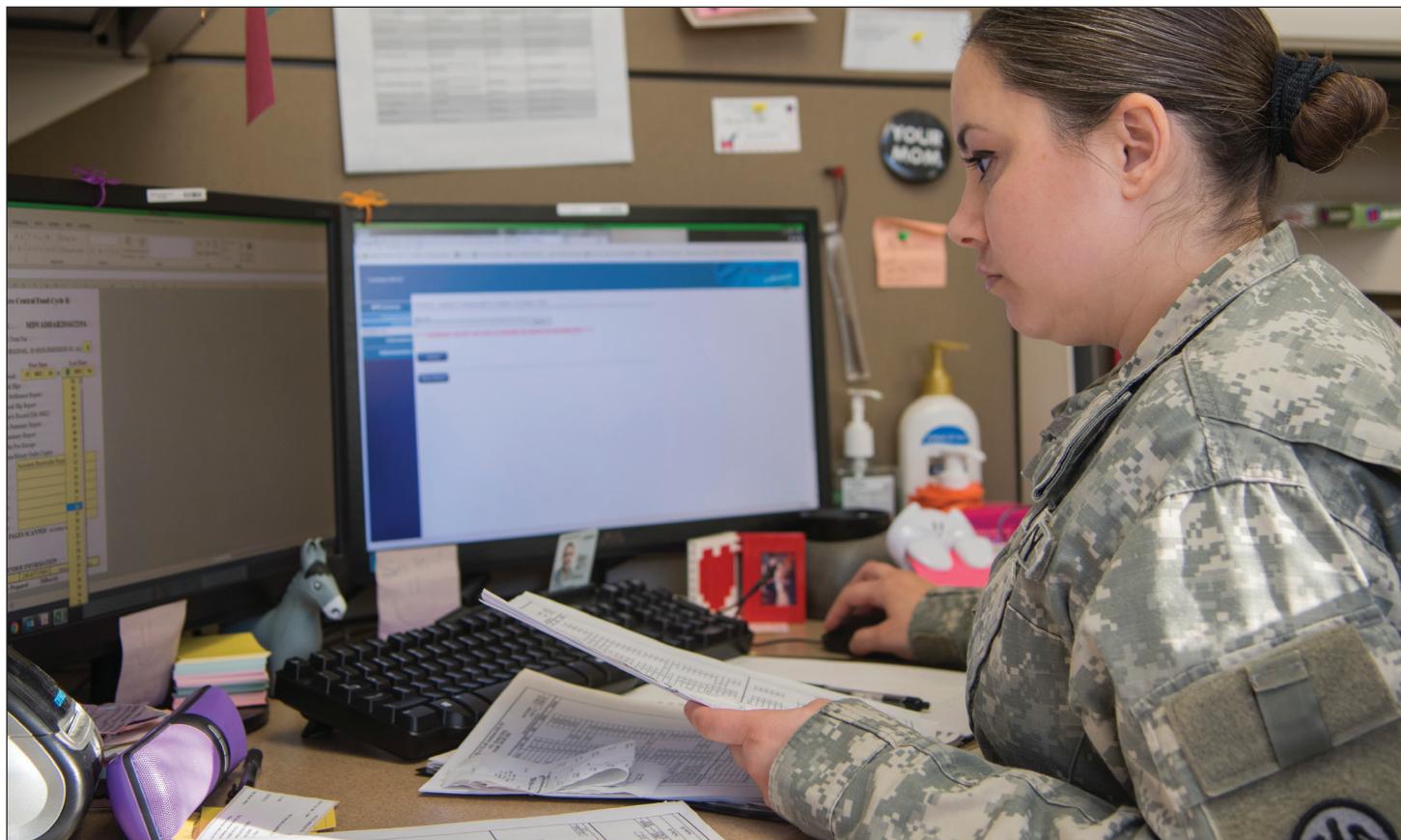
"I had always dreamed of becoming a veterinarian, but didn't know the military had animal care specialists until I started looking into the armed forces," said Garvin. "Once I knew this job was along the lines of my future goal, I tried my hardest to work with my recruiter to obtain it."

Some of the duties she has consist of checking in animals for appointments, taking vitals, running lab tests, restraining animals and assisting the veterinarian.

The primary mission of the JBA veterinary clinic is to provide complete veterinary care for all government owned animals, such as military working dogs. This clinic is especially busy because it services one of the largest MWD units in the military, holding 30 to 40 dogs.

The clinic not only provides care for government owned animals, but also veterinary care for service member's pets.

"Many people don't know that we exist on this base, but the base clinic is an option JBA residents can utilize," said U.S. Army Maj. Laura Anderson, Public Health Command District veterinarian. "We offer general care for member's pets, such as check-ups, blood work and medications. The animal care specialists are



(U.S. Air Force photo by Airman 1st Class Valentina Lopez)

U.S. Army Staff Sgt. Valerie Garvin, Public Health Command District animal care specialist, budgets the Veterinary Treatment Facility income at Joint Base Andrews, Md., Dec. 20, 2016. As an animal care specialist, she manages and files everything in the facility including budgets, medications and patients.

the first people our clients see. They are in charge of keeping the clinic functioning and I appreciate their assistance. Staff Sgt. Garvin is one of the best animal care specialists I've worked with because she's very good technically and at making sure tasks are accomplished in the clinic."

Garvin has served in this career for 19 years and has gained experience with many types of animals, to include puppies, primates and tigers.

"This career isn't all puppies and rainbows," said Garvin. "My day can consist of urine, feces, scratches and bites. The job can be demanding and challenging, but can also be very rewarding. Whenever I help a pet that is sick, the owner becomes so grateful for the care provided. My favorite part of my job is interacting with my clients."

For additional information, call the clinic at (240) 857-2084. The base clinic is located at 1781 Arnold Avenue and open Monday through Friday, from 8:30 a.m. to 4 p.m. for routine animal care services.



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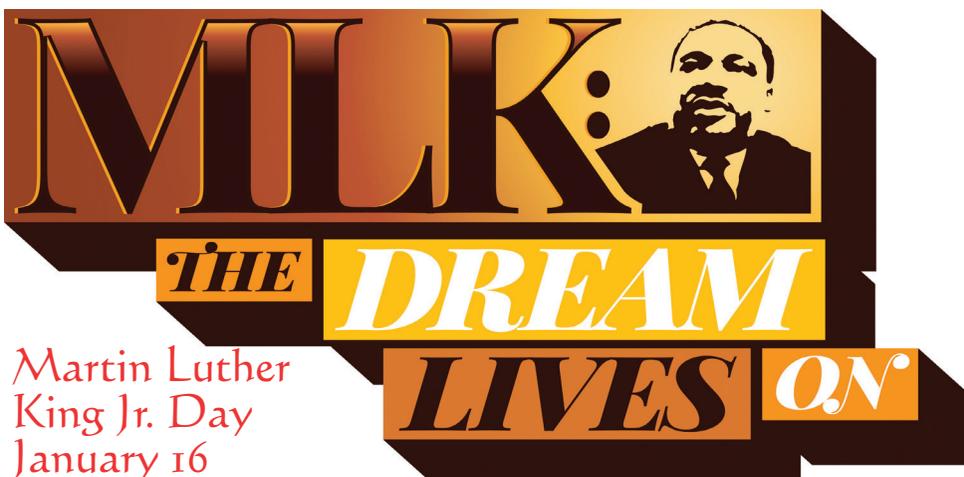
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(U.S. Navy photo by Jacob Sippel, Naval Hospital Jacksonville Public Affairs/Released)

Cmdr. Kristian Sanchack, Naval Hospital (NH) Jacksonville family medicine residency program director, checks a patient's ear for possible inflammation. The Jacksonville Business Journal honored Sanchack as a 2016 Health Care Hero. Health Care Heroes have improved the quality of health care, saved lives, made discoveries, and championed the next generation of health care providers.

Jacksonville Business Journal honors Naval Hospital Jacksonville physicians as health care heroes

By **Yan Kennon**
Naval Hospital Jacksonville

The Jacksonville Business Journal honored two Naval Hospital (NH) Jacksonville physicians, Capt. Jesse Geibe and Cmdr. Kristian Sanchack, as 2016 Health Care Heroes.

"I'm extremely proud of our two physicians on their selection as Health Care Heroes," said Capt. David Collins, NH Jacksonville commanding officer. "To be included in this prestigious group is a tribute to both Capt. Geibe and Cmdr. Sanchack."

Health care is one of Jacksonville's largest industries, and each year the Jacksonville Business Journal selects heroes who have improved the quality of health care, saved lives, made discoveries, and championed the next generation of health care providers.

Geibe, NH Jacksonville director for public health, has worked to stop Ebola in West Africa and cholera in Haiti. He was the Department of Defense liaison at the Centers for Disease Control and Prevention (CDC) for four years; and continues to serve on CDC's Advisory Committee for Immunization Practices, setting U.S. immunization recommendations. He started out as a dive medicine physician, serving with Navy SEAL teams. He currently oversees multiple departments that impact the health of all personnel at Naval Air Station Jacksonville and other bases. This year he helped bring to fruition a weekly farmer's market (on-base) to support good nutrition for military service members and their families.

Sanchack, NH Jacksonville family medicine residency program director, cares for patients from the beginning to the end of life. He has deployed with Marines to a shock-trauma platoon in Iraq. As a medical acupuncturist, he promotes the connection between mind, body and spirit; and its role in health. He works with behavioral health specialists in Family Medicine, to help patients make better choices. Sanchack oversees 43 family medicine residents and their clinical research. He integrated the residency program into the hospital's pilot of value-based care and is piloting a four-year family medicine residency program. Sanchack also oversaw the first Clinical Learning Environment Review in Jacksonville by the Accreditation Council for Graduate Medical Education.

Jacksonville Business Journal recognized 24 Health Care Heroes in the region, from organizations such as Brooks Rehabilitation, Mayo Clinic, NH Jacksonville, St. Vincent's Healthcare, and UF Health.

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.

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Plastic surgeon earns commission in United States Navy Reserve

By Petty Officer 3rd Class **Brandon Martin**

Navy Recruiting Command

For most people, the idea of a second chance at something will never reach farther than the depths of their own imagination. We often escape to a world full of "what could have been" only to realize that something we wanted to accomplish has long passed us by.

For a select few, however, fate smiles fondly upon the dreamer, and that one thing we wanted to accomplish all along suddenly comes back within our reach. Such is the story of Dr. Charles Wallace, a native of and plastic surgeon in Dallas. After amassing a number of accomplishments and career milestones, Wallace can finally check off one achievement that, at the age of 60, he thought he would never attain.

"My grandfather was cavalry in World War I, my father was Army Air Corps in World War II, and you might

say, I missed the boat as far as the Navy is concerned. At the end of the Vietnam War, joining the military didn't fit into my plan as I was busy getting through pre-med, medical school, and starting my residency. At the time, it just didn't seem all that attractive to me but here is an opportunity for me to pick up and fulfill that part of my life that I just didn't do at the usual young age."

The opportunity Wallace is referring to is part of a new initiative Navy Recruiting Command (NRC) started in order to draw high-quality candidates into a variety of medical programs. Under the initiative, letters were sent out to medical professions in the Orthopedic Surgeon, General Surgeon, Anesthesiologist, Oral and Maxillofacial Surgeon, and Perioperative Nurse communities calling them to serve in the Navy Reserve and lend their talents to ensure the health and well-being of Sailors and Marines.

"I hadn't received a recruiting letter in probably 10 to 15 years," said Wallace. "The letter came in a stack of mail that I received when I returned from a snow skiing trip and as I was sorting through my mail 85 percent of it went straight to the trashcan. But this letter arrived as Mr. Wallace and not 'Dear Medical Provider, Dear Surgeon, Dear Healthcare Professional,' or any of the other generic salutations. The letter basically outlined in a very straight forward process what their objectives were, why they were doing this and it appeared to be hand signed by the rear admiral."

While the letter outlined many of the benefits awarded to someone joining the Navy Reserve such as special pay up to \$25,000 per year for board-certified physicians and low-cost insurance options, Wallace was drawn to a much simpler aspect about the initiative.

"Many of my friends have asked me on occasion why I'm doing this," said Wallace. "My answer remains: the opportunity to both serve the country and extend my career in a different environment for the betterment of our troops and their families. It seemed to me to be an irresistible opportunity."

Throughout his recruitment, Wallace readily admits he was constantly amazed by the opportunity and personnel involved in the process

"What surprised me most was that I was being recruited in the first place," said Wallace. "As I had my 59th birthday less than six weeks before I got the

letter, it was a huge surprise that this opportunity and this door would even open. From there, possibly the biggest surprise was the enthusiasm and professionalism of the Navy affiliated personnel who worked with me

That community has reached out to me to welcome me and encourage me to go through the process.

Following a 27-year career in private practice, the University of Texas Southwestern Medical School graduate stands ready to lend his medical expertise to the Navy and the personnel that will work under him

"I hope that I can contribute my skills both directly in patient care and in teaching younger, perhaps less experienced, physicians and corpsmen," said Wallace. "I've had the good fortune of having a broad base practice so I hope that I can share that and multiply the effort of that experience by teaching as much as possible.

Finally done with the recruitment stage, Wallace took the final step in merging his reality and his world of "what could have been" when he became a lieutenant commander in the United States Navy after taking his oath of commissioning in a ceremony held at NRC in Millington, Tenn., on December 19. For more news from Commander, Navy Recruiting Command, visit us on the web, <http://www.navy.mil/local/cnrc/>; on our Youtube channel, U.S. Navy Recruiter; on Facebook, <http://www.facebook.com/NavyRecruiting>; and on Twitter, @usnavyrecruiter.

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Interested individuals should contact the HR Department at:

William R. Sharpe, Jr. Hospital
936 Sharpe Hospital Road
Weston, WV 26452

Ph: 304-269-1210 x360 • Fax: 304-269-6235

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(U.S. Navy photo by Mass Communication Specialist 2nd Class Brandon Martin/Released)
Lt. Cmdr. Charles Wallace, left, signs his commissioning paperwork with Lt. Cmdr. Markeece Murriel, healthcare administrator at Navy Recruiting Command, on the quarterdeck of NRC in Millington Dec. 19. Following a 27-year career of private practice in plastic surgery, Wallace will now lend his medical expertise as part of the United States Navy Reserve.



Photo By Maj. Simon Flake

1st Lt. Matthew Manley briefs his classmates and cadre on his sexual assault action plan as a part of his SHARP Foundation Course capstone project at Gillem Enclave.

3rd Medical Command trains 38 victim advocates during the SHARP Foundation Course

By Maj. Simon Flake
3rd Medical Command
Deployment Support

The 3rd Medical Command Deployment Support hosted the Sexual Harassment Assault Response and Prevention Foundation Course for 38 victim advocates from the Army Reserve and Active Component.

The SHARP Foundation Course was 80 hours in duration and served as a proactive initiative to prevent sexual harassment and assault throughout the Army Reserve and Active Component.

Ms. Sharon Shields, the 3rd MCDS SHARP Program Manager said, "Training can help reduce the occurrence of sexual harassment and assault, our goal is prevention as opposed to reaction. We're teaching people to intervene wisely to prevent sexual harassment and assault."

The SHARP training included several lessons, two assessments, an expert's panel, and a capstone assignment. Each task was designed to bring understanding on how to prevent sexual harassment and assault in the Army and what to do in the event that either of the two incidents should occur.

Maj. Robert Bethard, a healthcare systems manager from the 382nd Medical Company and SHARP Foundation Course Graduate said, "It bothered me to hear the horrible cases of sexual assault in the military and I wanted to get that changed to where the Army is the model for a safe work environment."

Bethard is not alone. 37 additional victim advocates will return to their various units and make a positive impact in their hometown by training their teams on how to prevent sexual harassment and assault.

3rd Medical Command Deployment Support is a senior deployable medical command and control headquarters, providing support to U.S. Army Africa and U.S. Army Central areas of operation. The division provides support and technical supervision for more than 6,515 soldiers and civilians located in 21 states and Puerto Rico to prepare and provide trained and ready soldiers and units to U.S. Army Reserve Command for mobilization. Capabilities include health care specialists, X-ray technicians, ophthalmology, nurses, physician assistants, physicians, dentists, surgeons, and veterinarians.

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