

MEDICAL NEWS

INSTA-SCAM: FRAUDSTERS TARGET USAA MEMBERS WITH CARD CRACKING

The number of USAA members falling prey to card cracking scams, conducted primarily on Instagram®, is rising, thanks to criminals targeting military personnel and young adults with the lure of quick, easy money. "If it sounds too good to be true, it generally is," says Brent Mosher, USAA's executive director of financial crimes investigations and recovery.

An example of a card cracking scheme, also known as card popping, occurs when fraudsters pose as USAA officials on social media channels and offer money or deals in exchange for members' account information. Fraudulent funds are deposited into members' USAA accounts, and the posers take what they want as payment before the check bounces and the fraud is detected.

On Instagram, for example, the fraudsters hunt for users who create or like posts containing hashtags such as #ArmyStrong and #USAA, then make direct contact with those users. Results from USAA investigations show that nearly 87% of members lured by this scam are younger than 31 and 47% are active military personnel — 59% of which are Army.

Because members participate in the scam — regardless of whether they're aware it's a scam — they can be held responsible for the fraudulent funds. This could risk the financial well-being of the account holder and any co-signers.

"It could affect their credit rating, their ability to get a car loan and mortgage," says True Brown, USAA's director of financial investigations. "It's a possibility that their wages will be garnished, and they could be at risk of losing their USAA membership. Even their military status could be affected if they are active duty or reserve. It depends on how culpable they are found to be in the activity."

If you suspect you've been contacted by a fraudster, immediately report the fraudulent activity to a USAA member service representative. USAA may be able to put a freeze on the account, which may help minimize the amount of money withdrawn. Members can also contact local law enforcement and report the scam through the social media platform itself.

More Resources:

Protect your finances with 5 Tips for Recognizing Card Cracking Scams on Social Media.
<https://communities.usaa.com/t5/USAA-News/5-Tips-for-Recognizing-Card-Cracking-Scams-on-Social-Media/ba-p/64487>

Fraudsters frequently target service members. Here's what to watch out for
<https://www.usaa.com/inet/wc/advice-security-scamartistslovemilitary>

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Wounded Warrior DoD Games



(U.S. Army photo by Spc. Jamill Ford/Released)

U.S. Army National Guard Capt. Steven Bortle, from Pearl City, Hawaii, embraces teammates before attending a softball game in Bowie, Md., June 6, 2015. Bortle competed in the swimming, track and cycling events at the 2015 Department of Defense Warrior Games. There were more than 40 active duty and veteran athletes training at Fort Belvoir to represent Team Army in the DOD Warrior Games held at Marine Corps Base Quantico, Va., June 19-28. The 2015 DOD Warrior Games is an adaptive sports competition for wounded, ill and injured service members and veterans. Approximately 250 athletes, representing teams from the Army, Marine Corps, Navy, Air Force, Special Operations Command and the British Armed Forces competed in archery, cycling, shooting, sitting volleyball, swimming, track and field and wheelchair basketball. See story on page 3.

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Hawaii Wounded Warrior Champion heads to DoD Games

By 1st Lt. Aubrey Boswell,
*Warrior Transition Battalion-Hawaii
 (Jim 'Goose' Guzior, TAMC Public Affairs,
 contributed to this article)*

HONOLULU — Since 2010, approximately 200 wounded, ill, and injured service members and Veterans have competed annually at the Department of Defense (DoD) Warrior Games, a unique partnership between DoD and U.S. Olympic Committee Paralympic Military Program.

This year, Capt. Steven Bortle, a Signal Officer and Soldier in Transition (ST), represented Hawaii and the Army at DoD's Warrior Games 2015 which took place June 19-28 in Quantico, Virginia.

A decorated combat veteran, Bortle never pictured his Army career ending as an ST. However, throughout his transition, Bortle has strived to transplant his warrior spirit from the battlefield to the athletic field.

Capt. Bortle received his first opportunity to compete in the Army Trials, March 29- April 02 2015 at Fort Bliss, Texas. The Army Trials are the precursor for athletes wishing to represent the Army at the DoD Warrior Games. An avid triathlete since 2006, Bortle com-

peted in: a 30-kilometers cycling time trial; 100 meters freestyle; 50 meters breast stroke; the 50 meters free relay and multiple track and field events to include the 1500 meters, 400 meters and 200 meters races.

"It's an awesome experience," says Bortle. "I feel so lucky (to have the chance to compete). It's inspirational to compete with Soldiers who have been blown up, and lost limbs (in combat). It makes what I've had to go through seem less complex and less overwhelming than their experiences," added Bortle.

The results of Bortle's performance at the Army Trials were nothing less than outstanding. He earned three bronze medals and placed in the top ten for every event he competed in. He waited anxiously for word of his selection to represent the Army. A few weeks later the call came: he would compete at the Warrior Games for the Army. Bortle learned he had been selected to compete in at least one swimming, track and cycling event. Bortle's excitement grew knowing he would also be representing Hawaii and Tripler Army Medical Center's Warrior Transition Battalion at the games.



Bortle competes in the 30 kilometers cycling event for a spot in the 2015 Department of Defense Warrior Games during the 2015 Army Trials, Fort Bliss, Texas, March 29, 2015.

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(U.S. Army photos by Spc. Garry Abidin/Released)

U.S. Army National Guard Capt. Steven Bortle, from Pearl City, Hawaii, practices his running technique during track and field training for the 2015 Department of Defense Warrior Games at Fort Belvoir, Va., June 6, 2015.

"Some people may never get this opportunity," remarked Bortle. "They may be faster and stronger (than I), but because of their transition timeline, this was unavailable to them. I'm humbled to have this experience," he added.

Bortle continues to train with his triathlon training group three times a week as he conducts pool and track workouts. Bortle hopes these workouts will elevate his performance at the 2015 DoD Warrior Games and improve on his 3rd place finishes from the Army Trials.

"We are incredibly proud of his determination," said Lt. Col. Brian Peterson, Commander of the Warrior Transition Battalion. "I think he will do very well at the Warrior Games, especially with all of Army-Hawaii cheering him on," added Peterson.

A livestream of events will be available at <http://defensetv.tv>. Fans of the Warrior Games can also follow via Facebook page at www.facebook.com/warriorgames or on Twitter with the handle #WarriorGames.



Steven Bortle, assigned to Schofield Barracks Warrior Transition Unit, Hawaii, conducts training for the swimming event for the 2015 Department of Defense Warrior Games at Fort Belvoir, Va., June 5, 2015.



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Preventing blindness: Cataract Awareness Month

By Jim Goose Guzior, Tripler Army Medical Center Public Affairs and Maj. Harris A. Abbasi, O.D., Chief of Optometry, SBAHC/Tripler AMC

HONOLULU — With the summer solstice and long hot summer days fast approaching, it's no wonder that June has been declared 'Cataract Awareness Month,' by the Prevent Blindness organization. Cataracts are the leading cause of blindness within the United States and are expected to rapidly increase in incidence with an aging population.

"There are many different types and causes for cataracts, however, regardless of the type, they all essentially occur when the intraocular lens within the eye loses its clarity or starts to cloud over as we age," said Maj. Harris Abbasi, Chief of Optometry Services for Tripler Army Medical Center. "The vast majority of cataracts progress slowly and present very few symptoms at first. Often the first complaints are increased glare, especially at night with oncoming headlights in traffic, and halos around lights. As cataracts mature, they begin to decrease color appreciation and ultimately decrease vision," added Abbasi.

While aging is the number one cause of cataracts, there are many other conditions and factors that can cause or increase the rate of progression. Exposure to radiation such as UV-B from UVA-B has a devastating effect on the structure of the ocular lens and is the primary reason for



Photo by Jim Goose Guzior, TAMC Public Affairs

Mr. Ashley Paik, Optometry Technician at Tripler Army Medical Center (TAMC), tests a patient for a new prescription at the Optometry Clinic. According to TAMC Optometry, Cataracts can be easily diagnosed during a comprehensive annual eye examination by your optometrist or ophthalmologist.

age related cataracts. This is especially important in Hawaii, as the southern latitude results in increased exposure to the sun's harmful rays.

"Certain medications containing steroids can also produce lenticular changes as well as trauma to the eye, which can bring about a sudden onset of cataracts," said Abbasi. "Cataracts can be associated with congenital or hereditary conditions as well. Risk factors also include diabe-

tes, smoking tobacco, prolonged exposure to UV light, and alcohol," added Abbasi.

One of the easiest and most effective ways of preventing cataracts is wearing sunglasses that have 100% protection from both UV-A and UV-B light. One of the major misunderstandings about sunglasses is that darker tint results in more protection from harmful UV exposure. While often times the darker lenses may be more comfortable, it doesn't not

Marines and Sailors participate in a mass heat casualty exercise in support of ITX 4-15

Marine Forces Reserve
Story by Cpl. Ian Ferro

TWENTYNINE PALMS, Calif. — Halfway into a 109-degree day, without a cloud in the sky and nothing but sand as far as the eye could see, a small number of Marines and Sailors were prepared to do their job and be the difference between life and death.

Fourth Medical Battalion, 4th Marine Logistics Group, Marine Forces Reserve is one of the many units participating in the 2015 Integrated Training Exercise 4-15 aboard Marine Corps Air Ground Combat Center, Twentynine Palms, Calif.

In addition to their own period of training and exercise, 4th Med. Bn. is also providing a critical asset to ITX 4-15.

"Our primary mission is not only to train but also provide medical care for the Marine Air Ground Task Force," said Petty Officer 1st Class Adam C. Strotz, 4th Med. Bn. lead petty officer.

Going above and beyond a sideline medical center, the unit is currently using their Shock Trauma Platoon Forward and Resuscitation Surgical System at the exercise ranges.

"We are much depended upon," said Cpl. Maurice L. Webb, water purification specialist, with Surgical Company A, 4th Med. Bn. "If anyone goes down for any reason, we can treat them for anything from heat casualties to dismemberment or gunshot wounds, and be the first ones on deck to get that person stabilized and out for a higher echelon of care."

The STPFRS System was developed in 2001 and was initially utilized during the invasion of Iraq during Operation Iraqi Freedom. Since then, the system has been updated and is now more efficiently providing aid and support to casualties.

"In this unit we are capable of providing surgical care for up to 18 patients over a period of 72 hours without

resupplying," said Navy Capt. Carl Bergren, 4th Med. Bn. officer in charge. "This is a highly mobile system. It is designed to be able to be broken down and set up again within an hour at another location."

The most common casualties the unit has seen at ITX are heat casualties. However, they are equipped and ready to handle much more.

"In a combat situation this unit would be capable of transporting blood, we would have limited laboratory capabilities, to be able to draw blood and run some laboratory exams, as well as surgical capability," said Bergren. "We are in a position where we are able to provide our own convoy support so that we can quickly resupply ice and intravenous fluids, as well as provide our own ground transportation to be able to take Marines and Sailors back to the main side of the base or Camp Wilson."

The unique weather and terrain present during ITX in Twentynine Palms allows Marines and Sailors to train under realistic conditions, which gives them a taste of what they may deal with during a deployment.

"This training is getting us ready to deploy at any time," said Webb. "We have also had cold weather training in Alaska. We are being trained for any terrain or climate that you can possibly think of."

The battalion's training and hard work paid off when a mass heat casualty struck the unit by surprise during another unit's exercise. More than 20 patients with heat-related illness were treated by the medical team over the period of an hour.

"That was a real world scenario," said Strotz. "They all performed exceptionally well. They were all able to treat, assess and triage the patients accordingly."

Another crucial factor in the unit's success is the cohesion and team work between Marines and Sailors.

"The Marines and Sailors here work great together,

necessarily mean they are blocking out UV light. In fact, certain clear lenses, such as polycarbonate found on all APEL approved Ballistic Eyewear, will absorb 100% of UV-A and UV-B light due to the inherent properties of the material. Avoiding medication such as steroids, not smoking, and eating a diet high in anti-oxidants can all delay the onset and slow the progression rate of cataracts as well.

Even if all precautions are taken, cataracts will likely still form and over 24 million Americans over the age of 40 will develop them.

"Cataracts can be easily diagnosed during a comprehensive annual eye examination by your optometrist or ophthalmologist. Once cataracts are diagnosed and develop to the point where vision quality is affected; surgical removal of the lens and replacement with a synthetic lens is the only effective treatment procedure," said Abbasi. "The surgical procedure is one of the most commonly practiced procedures and has a 95% success rate," Abbasi added.

Further information can be obtained from your eye care professional. All Active Duty and Prime Enrollees can make their annual appointment with optometry by calling (808) 433-8460 for either Tripler or Schofield Barracks Optometry clinics. Services for Tricare for Life are provided on a space available basis.



(U.S. Marine Corps photo by Cpl. Ian Ferro)

Sgt. Charles Retter, motor transport maintenance chief, and Lance Cpl. Gustavo Arellano, radio operator, both with 4th Medical Battalion, 4th Marine Logistics Group, Marine Forces Reserve, carry a casualty to an aircraft in a casualty simulation exercise during 4-15 Integrated Training Exercise aboard Marine Corps Air Ground Combat Center, Twentynine Palms, Calif., June 20, 2015.

everyone steps up when needed," said Strotz. "The Marines are definitely playing a vital part in maintaining security, communication and non-medical assets. All the corpsmen are stepping up and ensuring that any type of support the Marines need is being taken care of."

Challenges were expected, preparations were made and so far the outcome has been successful.

"My crew has been stellar in their performance. Everyone has stepped up, especially during the real world mass casualty," said Bergren. "I can't ask for a better group and I would be proud to go to war with them."

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'Dagger' brigade medics undergo trauma training

By Sgt. Dana Moen

*2nd Brigade Combat Team,
1st Infantry Division Public Affairs*

FORT RILEY, Kan. — More than 100 medical Soldiers from the 2nd Armored Brigade Combat Team, 1st Infantry Division, battled a grueling 100 degree Kansas heat to hone their lifesaving skills June 16 to 26 at Fort Riley in preparations for an upcoming deployment.

"Brigade Combat Team Trauma Training is a pre-deployment trauma training for medics," Capt. Robert Levesque, the BCT3 officer in charge from 187th Medical Battalion, 32nd Medical Brigade said. "It is developed to provide an intense and in-your-face training to ensure its combat medics are ready to preserve life at a moment's notice."

According to the Levesque, a documented 15 percent of battlefield deaths

were due to uncontrolled hemorrhage, tension pneumothorax, airway obstruction and hypothermia.

"As a line [unit] medic, we are on the ground and in the mix," Spc. Jose Morales, a medic with 1st Battalion, 7th Field Artillery Regiment, 2nd ABCT said. "If and when a Soldier gets injured, we must be able to stop the bleeding and save that Soldier's life."

During the intense two week training, broken down into two phases, medics had their skills validated by instructors from 187th Medical Battalion, 32nd Medical Brigade from Fort Sam Houston, Texas.

"We received refresher courses in a classroom environment," Cpl. Steven Upham, senior medic with Bravo Company, 1st Battalion, 63rd Armor Regiment, 2nd ABCT said. "But hands on is where it all comes together and it sticks."

Days three and four were about muscle memory, Upham said. Repetition, repetition and again repetition. It helps that we all know our jobs.

The final day of the training served as a culminating event; designed to be physically and emotionally demanding.

"Teamwork and communication are important in the medical field," Morales said. "Too much of them both can lead to major success in the field."

Levesque said that trauma management is a perishable skill that tends to be lost without repetitive practice.

"We expect Soldiers to sharpen their trauma management skills," said Levesque. "A lot of its reactive, as the correct intervention at the wrong time can kill a casualty. These realistic lanes the soldiers underwent help to build the necessary confidence medics need in order to save lives."



Spc. Jose Morales, a medic with 1st Battalion, 7th FA Regiment, 2nd ABCT, 1st Infantry Division, assesses a simulated casualty with his team during the Brigade Combat Team Trauma Training June 19 at the at the Medical Simulations Training Center on Fort Riley, Kan. Medical Soldiers are honing their combat lifesaving skills as preparation for the brigade's deployment later this year.

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Health center welcomes new leadership

By Lisa Tourtelot

Raymond W. Bliss Army Health Center

FORT HUACHUCA, Ariz. — Soldiers, family and friends gathered at Brown Parade Field at Fort Huachuca, Ariz., for the Raymond W. Bliss Army Health Center change of command ceremony June 29, 2015.

After two years, Col. Lance Raney relinquished his command to Lt. Col. Edgar Arroyo in an early morning ceremony on the storied parade field.

"There is not a single day over the past two years I wasn't excited to come to work," said Raney. "This is the best place in the army because of the people who call Sierra Vista and Fort Huachuca home."

Maj. Gen. Thomas Tempel, the commanding general of Western Region Medical Command, was on hand to participate in the ceremony and give his remarks.

"There is no more sacred honor given to an officer than that of command," said Tempel. "Lance is truly a visionary leader. He's a visionary thinker who pushes all to achieve their best, but he does it in a fun and competitive way."

During his 24-month tenure, Raney

oversaw the implementation of numerous programs and policies that dramatically improved not only the quality of care offered by the health center, but also the quality of life for the soldiers and staff who keep the health center running.

"Colonel Raney improved the health quality through organization-wide effort that focused on patient and staff safety," said Tempel. "He also championed a whole variety of initiatives, one of which was the implementation of a patient-centered medical home model here at Fort Huachuca and today the [medical treatment facility] boasts the best continuity and satisfaction [ratings] in the entire Western Region."

For his part, Arroyo is ready to take command and begin a new chapter for the health center.

"Wandaliza and I are excited to be part of this health team and the Fort Huachuca community," said Arroyo, who added that his wife, Wandaliza, had already braved two cross-country moves in just 11 months. "I see this command as a tremendous responsibility, but more importantly as a privilege and an opportunity to serve."

Arroyo came to Fort Huachuca fol-



(U.S. Army Photo by Lisa

Tourtelot) Riders with Fort Huachuca's B Troop perform a traditional cavalry charge at the change of command ceremony at Fort Huachuca, Ariz., June 29, 2015.

lowing a tour at U.S. Central Command out of MacDill Air Force Base, Fla.

"He steps into this command position with all the right skills," said Tempel. "I know that he will continue to raise the bar of excellence, while doing an equally great job of caring for the soldiers, retirees and families of Fort Huachuca."

Raney will be continuing his work at the Defense Health Headquarters in

Washington, D.C., as their new Chief of Consultants, where Tempel is assured he will continue setting the example and leading the way for all of Army medicine.

Although the health center staff was sad to bid farewell, the day marks a new beginning and the continued opportunity for growth and even better patient-centered care.

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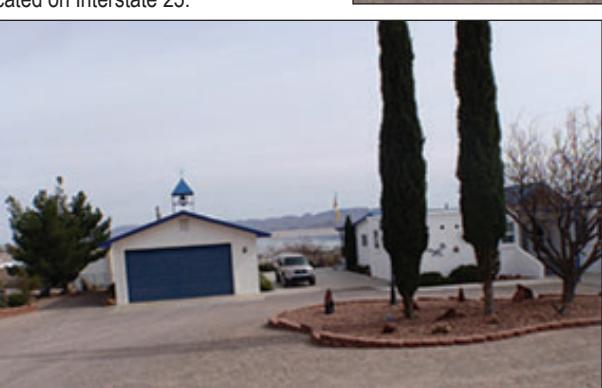
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Navy's newest board certified family physicians honored

By Douglas Stutz

REMERTON, Wash. — The Navy's newest board certified family physicians are ready to join the fleet as Naval Hospital Bremerton's Puget Sound Medicine Residency held the annual Family Medicine Resident Graduation Ceremony June 26, 2015.

The Family Medicine Resident Graduation Ceremony showcased Navy Medicine's strategic imperatives of Readiness, Value and Jointness by featuring four third year residents who are becoming the Navy's newest family physicians, with each transferring to other duty stations throughout the fleet.

There are also six additional Family Medicine first year residents who are continuing their training with the other residents, although instead of most returning to NHB, the majority are continuing on elsewhere.

"This is bittersweet. It's a major milestone. We're saddened that they're leaving. There's no incoming to replace those departing. But the future is about change and these young naval medical officers will help shape that change. I am impressed and proud of them all. Navy Medicine is in good hands," said Capt. Erik Schweitzer, NHB Family Medicine program director, addressing command leadership, visiting dignitaries, staff members, friends, family, co-workers and three overlapping groups of medical students all at various stages of becoming board certified family physicians.

Family Medicine third year residents departing are Lt. Derek A. Austin for USS Harry S. Truman (CVN 75) out of Norfolk; Lt Jacques M. Bouchard, assigned to Naval Branch Health Clinic, Iwakuni, Japan; Lt. William E. Michael for Naval Hospital, 29 Palms, Calif.; and Lt. Katherine A. Snyder, for Naval Health Center, Quantico, Va. Lt. Steven Elek, IV, and Lt. Ruth E. Smith will still be in residency status until the actual dates of their graduation on Dec. 13, 2015 and Oct. 20, 2015, respectively.

"Our residents represent all that's good about Navy Medicine. They also add to our legacy. We are sending fully trained and fully skilled physicians across the globe to care for our service members," Capt. Christopher Quarles, NHB Commanding Officer who has served at NHB three times from intern to resident to his current status.

Quarles also noted that newly board certified family physicians have always been an important part of the command's overall mission of shaping military medicine through training, research, graduate medical education, joint efforts and collaborative partnerships.

"There is no better example of Readiness than these new physicians who are now part of an exclusive fraternity. I also thank their families and our faculty in helping make them the best in the world at their profession," added

Quarles.

Family Medicine first year Residents and the graduating intern class continuing their residency are Lt. Erik L. Anderson, at Flight Surgery, Pensacola, Fla.; Lt Paul E. Flood, Jr., continuing residency at Dewitt Army Community Hospital, Fort Belvoir, Va.; Lt. Kay L.

James, continuing residency at Naval Hospital Camp Pendleton, Calif.; Lt. Shawn M. Myers, continuing residency at Valley Medical, Seattle, Wash.; Lt. Mary Elizabeth Ray, continuing residency also at Dewitt Army Community Hospital; and Lt Matthew J. Parrott, at NHB for General Medical Officer

training.

Continuing their residency are Lt. Eamon C. Keleher, Lt. Jeremy R. Kenison, Lt. Hy G. Pham, Lt. Cmdr. Ray-Bernard Portier, Lt. Janelle K. Riley, Lt. Timothy D. Wilcox, and Lt. Bryan E. Woolridge.

See PHYSICIANS, Page 19

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Second CAB medics use teamwork to thrive

By Sgt. Jesse Smith
2nd Combat Aviation Brigade

CAMP HUMPHREYS, South Korea

Teamwork stems from trust, and trust is born from a bond that is built through shared experiences and hardships. A hardship can be mental, physical or both. Whether it's climbing over a wall or passing a written test, the hardships a team can face will only make them stronger.

Soldiers from the 2nd Combat Aviation Brigade participated in the 2nd Infantry Division Best Medic Competition June 23 on Camp Casey in the Republic of Korea. The competition had multiple events to include night and day land navigation, an obstacle course, written test, a physical fitness challenge and a buddy run. Each of the two teams that competed had two Soldiers.

Sgt. Balamurali Devarajan, a native of Fairfax, Va. and flight medic from the Co. C, 3rd General Support Aviation Battalion, 2nd Combat Aviation Brigade, was one of the Soldiers who competed to be named the best medic in the division.

"It feels pretty good to be out here," Devarajan said. "It is important for us to test our skills and decision making."

The competitors were chosen due to their previous achievements includ-

ing earning their expert field medical badges. The Soldiers needed to be in good standing he said. Each Soldier teammate was chosen for him.

Devarajan said the challenges during the competition did not seem nearly as intimidating having a teammate there alongside him.

"Everything is about teamwork," he said. "We completed everything as a team and it was always about the team winning."

He said having that other person there and support from leadership back at the unit really made the difference.

"Just like in the gym, you need a spotter," Devarajan said. "Someone who can catch you before you fall."

Sgt. Scott Lackey, a native of Albuquerque, N.M. and an emergency care non-commissioned officer for the 602nd Aviation Support Battalion, 2nd CAB, was Devarajan's teammate during the competition.

While Lackey said he was privileged to compete, he is also very proud of his own skills as a medic. He wanted to go out there and challenge himself. He ended finding his motivation through his teammate. He said he was glad he got paired with such an outstanding Soldier like Devarajan. "The Army is not an individual event," Lackey said. "Just like this competition is not an individual event."

These teammates may have been individuals before the competition, but through shared pain, sweat and

triumphs they have come together to be able to raise each other above any obstacle they may face.



Sgt. Balamurali Devarajan, a flight medic with the Company C, 3rd General Support Aviation Battalion, 2nd Combat Aviation Brigade, and Sgt. Scott Lackey, an emergency care noncommissioned officer with the 602nd Aviation Support Battalion, 2nd CAB, use teamwork to crawl under low barbed wire during the 2nd Infantry Division Best Medic Competition on June 23 at an obstacle course on Camp Casey in the Republic of Korea. Devarajan and Lackey were part of a two-Soldier team hoping for a chance to compete in the 8th U.S. Army Best Medic Competition. The event included day and night land navigation, a written test, and obstacle course, a physical fitness challenge and a buddy run.

Alaska Guardsmen partner with other nations, services in the name of health care

By Sgt. Marisa Lindsay
Alaska National Guard Public Affairs

TAVANTOLGOI, Mongolia — A line of Mongolian citizens, some of whom traveled great distances, wait outside the gates of the 79th High School in Ulaanbaatar, Mongolia, for a chance to be seen by multinational military medical personnel during Exercise Khaan Quest's healthcare service support engagement, which is open to the public for two weeks, through June 27.

The exercise, in its 13th iteration, is co-sponsored by U.S. Army Pacific and U.S. Marine Corps Forces, Pacific, and hosted annually by the Mongolian Armed Forces. Khaan Quest is designed to strengthen the capabilities of U.S., Mongolia and other partner nations in international peace support operations.

For Col. Rebecca Young, an obstetrician nurse practitioner and medical detachment commander with the Alaska Army National Guard, this year marks her 9th visit to the country in support of the medical outreach mission.

"This exercise and partnership with Mongolia have given the Alaska National Guard an avenue to pursue great training while giving back to the community," explained Young. "It helps us train in austere environments while working with other forces and other nationalities — it makes for a wonder-



(U.S. Army National Guard photo by Sgt. Marisa Lindsay/Released)

A 9-year-old Mongolian boy awaits his turn for dental care at the health services support engagement held at the 79th High School in Ulaanbaatar, Mongolia, during Khaan Quest 2015, June 27, 2015. Khaan Quest is a regularly scheduled, multinational and multi-service exercise hosted annually by Mongolian Armed Forces and co-sponsored by U.S. Army Pacific and U.S. Marine Corps Forces, Pacific. The HSSE portion of the exercise allows the U.S. and Mongolian Armed Forces an opportunity to provide subject matter expert exchanges as well as preventative medical, dental and veterinary care to the local community.

ful opportunity to train, provide health-care, and learn from one another on how to deliver health care."

The HSSE was established to provide

preventative medical, dental and veterinary care to the local community in the exercise areas. This year, approximately 50 multinational service members were

able to treat more than 4,300 Mongolian citizens.

"Our mission at the HSSE is to provide health care to Mongolians," Young said. "We will screen for wellness, screen for minor surgeries that we can perform care for here, and coordinate with the Mongolians and their health care systems for situations that are too big for our facility."

A portion of HSSE includes traveling into local neighborhoods for home healthcare visits, provided by the professional medical teams in support of the exercise.

"One day, we paid a home visit to a 97-year-old retired Mongolian Soldier," Young said. "His big complaint during our visit was his back — he could barely stand due to severe back pain. However, he was so proud that we were coming to see him that he stood on his porch for hours waiting to greet us. It was a very humbling experience."

The nations supporting HSSE include the Canadians, Indians, Koreans, Mongolians, as well as U.S. forces — nine of whom are members of the Alaska National Guard alongside Young.

"It's the people that keep me coming back, year after year," Young said. "The Mongolians, the troops — I'm just so glad that everyone is here and am so proud of what we're able to do."



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**Yakima Valley Farm Workers Clinic****Yakima Valley Farm Workers Clinic****Family Medicine, Family Medicine w/OB, Internal Medicine**

Dedication: That is what you will find in the provider teams & support staff that make up the healthcare teams of the Yakima Valley Farm Workers Clinic. Have you been searching for a practice opportunity that allows you to see patients from newborns to geriatrics & multiple generations of the same families? Do you desire to truly make a difference in the communities that you serve? If so, please consider learning more about our 17 different medical clinics in Washington State & Oregon. *We are currently recruiting for Family Medicine, Family Medicine w/OB, & Internal Medicine.* YVFWC has clinics in communities that range in size from 5,000 to 610,000. You can live in a small farming community filled with local pride & access to an endless supply of fresh fruits & vegetables from May to October or you could choose to live in a metropolitan area with easy access to a thriving downtown scene. With a commitment to providing the highest quality of healthcare to our patients, regardless of their ability to pay, YVFWC offers state of the art clinics & a long list of support services.

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About YVFWC

Yakima Valley Farm Workers Clinic serves over 120,000 people across 27 clinics & programs in two states. We have exp & ed medical care to include dental, orthodontia, nutritional counseling, autism screening, & behavioral health. We also offer community programs that offer assistance with employment & training, after school education, rental & shelter assistance, energy assistance, weatherization, HIV & AIDS counseling & testing, home visits, tobacco cessation, & three mobile medical/dental clinics.

If this sounds like the opportunity you have been looking for, please contact:

Tanya Gutierrez Leishman, Provider Recruiter
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Physicians



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Photo by Jim Goose Guzior, Tripler Army Medical Center Public Affairs

Simulated casualty

Tripler Army Medical Center (TAMC) staff offload a simulated casualty into the clinic emergency area during the 2015 Mass . As part of both a state wide initiative and accreditation with the Joint Commission, TAMC participated in a drill to exercise the processes for receiving and treating large numbers of unplanned casualties from natural and man-made disasters or any large influx of patients that overwhelms the common operational capabilities. The training helped staff identify and address needed changes in their Emergency Operations Plan, identify training gaps within their team and maintain a constant familiarity with the Emergency Operations Plan so it is familiar in the case of an actual emergency event. Participants included the entire chain of care starting at the point of injury with Emergency Management System agencies, like the Federal Fire Department, continuing on to the Tripler Emergency Department through the departments within the hospital that provided care to the casualties. These departments included the operating room, logistics, nutrition, leadership and inpatient units.

Team Army survives, fights off late rally from Team British Armed Forces in wheelchair basketball

By Ronald Wolf
U.S. Army Medical Command

MARINE CORPS BASE QUANTICO, Va. — Team Army raced to a big lead in wheelchair basketball at the 2015 Department of Defense Warrior Games in an elimination game against Team British Armed Forces, June 21. Team Army then had to withstand bombardments from two late rallies as the British Armed Forces team refused to surrender. Team Army advanced to the medal rounds with a 36-31 win.

The 2015 DoD Warrior Games, held June 19-28, is an adaptive sports competition for wounded, ill and injured service members and veterans. Approximately 250 athletes, representing teams from the Army, Marine Corps, Navy, Air Force, Special Operations Command, and the British Armed Forces are competing in archery, cycling, track and field, shooting, sitting volleyball, swimming, and wheelchair basketball.

Before the game, coach Rod Williams said he believed he knew what his opponent's game plan was, and he had a strategy. Part of that strategy was for his team to get an early lead and build on it. Team Army responded and grabbed an early 12-3 lead, and a 16-7 lead at

the half.

Team Army continued to build that lead at the start of the second half with two fast break baskets and an eventual 24-7 lead. It looked like a smooth march to victory for Team Army.

That wasn't the case. With 17 minutes to go in the game, Team British Armed Forces called time out and when they returned to the court, they deployed a full court press that they did not call off for the rest of the game.

The British Armed Forces team went on a 14-0 run that turned the game into a tight 24-21 nail biter.

Team Army finally got itself turned right side up when, after finally breaking the press, Sgt. Nicholas Titman, Fort Carson, Colorado, made a fast break layup with nine minutes to play. Titman followed that with three more fast break layups and Team Army's lead seemed secure again.

Cpl. Jasmine Perry, Fort Campbell, Kentucky, and Veteran Spc. Dustin Barr, Jamesville, North Carolina, made clutch baskets, and with four minutes to go Team Army began to breathe easy with a 36-21 lead.

The British Armed Forces team wasn't accepting defeat just yet. They mounted another charge at Team Army, and with

a three-point shot with under a minute to play, the score was 36-31.

That was as close as they could get, and Team Army ran out the clock.

Team Army's reward for their hard

work is a rematch with the team from the Marine Corps on June 22; the Marines went undefeated in their five games during the preliminary round to determine seeding for the tournament.



(U.S. Army Photo by Ronald Wolf, Army Medical Command)

U.S. Army Reserve Spc. Sidney Davis, Fort Belvoir, Va., lines up a free throw against Team British Armed Forces at the 2015 DoD Warrior Games. The DoD Warrior Games, June 19-28, is an adaptive sports competition for wounded, ill and injured service members and veterans. Approximately 250 athletes, representing teams from the Army, Marine Corps, Navy, Air Force, Special Operations Command, and the British Armed Forces are competing in archery, cycling, track and field, shooting, sitting volleyball, swimming, and wheelchair basketball.

• PHYSICIANS

Continued from page 11

Former faculty member of the Puget Sound Medicine Residency, Rear Adm. (retired) Mike Anderson highlighted his remarks as guest speaker by stressing to the graduating physicians that they are three important things they need to remember as they continue on in their career.

"One; since the Gallup Poll started taking public opinion, physicians have consistently rated higher in honesty and ethical standards than many others such as clergy, lawyers and police officers. Doctors are the most trusted profession and carry greater weight. A physician doesn't take short cuts with patient care. Two; you have to continue to have your skills sharpened to a razor's edge. Residency is just the start of our goals and maintaining your board certification is paramount. Three; I cannot overemphasize being committed to your community. You and your patients are part of that community. Seek way to improve and practice family medicine in the community," said Anderson, current vice president at Harrison Medical Center.

Lt. Cmdr. Francesca Cimino, another former faculty member now serving at the White House was also scheduled as a guest speaker, but duty called and her remarks were shared by Capt. Schweitzer.

According to Schweitzer, the graduate medical education (GME) program has had an essential role at NHB in



A jump for joy like no other: The Navy's newest board certified family physicians get vertical before as they commence their graduation day to join the fleet at Naval Hospital Bremerton's Puget Sound Medicine Residency annual Family Medicine Resident Graduation Ceremony on June 26, 2015.

maintaining Navy Medicine's proficiency and readiness to support national operations stateside, overseas, aboard ships, with the Marine Corps and other fleet assets.

The NHB Residency program goes back to the initial years of 1982 to 1987 and then became Puget Sound Family Medicine Residency (PSFMR) in 1990 with three interns and two second year resident training officer. From that initial group, there have been a total of 189 residents and 125 graduates.

Dr. Ron Dommermuth, retired Navy captain and physician, has the longest

tenure associated with the program. He went through his residency as a young Navy lieutenant from 1991 to 1994, and then returned as a staff physician, followed by assignments as assistant program director, program director, director of medical services and currently as a faculty physician in a civilian capacity.

This year's graduating class is one of the last to be honored at NHB for the program will be slowly phased out with residents redistributed to other Military Treatment Facilities (MTF) through 2016.

The decision is based on a Bureau of Medicine and Surgery (BUMED) hospital study conducted from 2011 to 2013 on nine Navy MTF's across the U.S. The study evaluated the MTF patient population needs, which showed advances in clinical medicine along with technology, resulted in a migration of care from inpatient to predominately outpatient services and provided an opportunity to shift to ensure there is a correct mix of personnel and service to meet the needs of active duty service members, family members and retirees.

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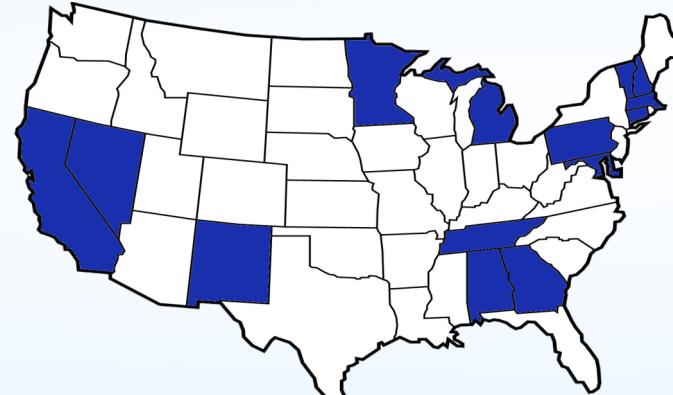
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