

MEDICAL NEWS

News in Brief

HUMAN FACTOR, THE BEST IED DETECTOR

By Lisa Browne

Joint IED Defeat Organization Strategic Communications

WASHINGTON, D.C. — In today's war, our military must be resilient to the high stress that comes with terrorist and insurgent threats. To help them, the Joint IED Defeat Organization (JIEDDO) is sponsoring a trial of the Warrior Optimization Systems (WAROPS™) at Fort Carson, Colo. on April 29.

Humans are the best detectors of IEDs. However, long deployments and the persistent threat of improvised explosive devices (IEDs) pose a serious long-term risk to the mental and physical health of soldiers serving in Iraq and Afghanistan.

"We're supporting the soldier's overall well-being by giving them the mental and physical tools to handle the stressful situations we're placing them in," said Army Col. Todd Dombroski, JIEDDO's medical advisor.

WAROPS™ is a training program designed to help soldiers manage operational stress while maximizing performance and combat readiness. The program was developed by the Magis Group and is being administered to 4,000 Army personnel of the 4th Brigade, 4th Infantry Division from Fort Carson.

A core premise of the program – reflected in its training manual – is that "the brain and body require equal attention to maintain performance both on and off the battlefield."

The WAROPS™ program (including core training, leadership training and sustainment training) emphasizes a balance between physical and mental training and health, noting the interaction between mind and body in areas like memory and learning, neurological responses to external threats and the effects of the body's flight-or-fright response.

To help relieve mental combat stress, WAROPS™ highlights training designed to manage attention and improve situational awareness. Especially relevant to the detection of IEDs, the program recommends that soldiers cycle their attention from hard to tight – from a single element on the battlefield to a broad awareness of environment.

To mitigate the physical effects of combat stress, WAROPS™ focuses on teaching soldiers how to maintain a high physical energy state throughout the operational cycle of a demanding military environment with techniques such as breathing exercises, hydration techniques, nutrition and an exercise regimen designed to reset core muscles.

WAROPS™ trainers have backgrounds in Army Special Forces, Marine Force Recon and other specialized military units, as well as professional

★ See IED page 2

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(US Navy photos by MC1(AW) Russ Tafuri)

Roberta Speh (left), area coordinator for Quilts of Valor and Global War on Terrorism Veterans in Need Co-Chairman Mark Harden (far right) present HM2 Carlos Cordova (2nd from left) and HMC Dexter L. Lewis with quilts in honor of their service at an awards ceremony May 1 at NH Pensacola. The corpsmen were also recipients of Purple Hearts.

Purple Heart recipients presented 'Quilts of Valor'

Naval Hospital Pensacola Commanding Officer Captain Maryalice Morro held Friday's morning colors and weekly awards ceremony May 1 much like most. But on this particular day -- also known as May Day and the first day of Military Appreciation Month in Pensacola -- two hospital corpsmen were recipients of Purple Heart medals, for injuries sustained in support of Operation Iraqi Freedom, and 'Quilts of Valor' from a pair of

veterans-support groups.

Chief Hospital Corpsman Dexter L. Lewis and Hospital Corpsman 2nd Class Carlos J. Cordova were presented with the medals, and special quilts by Roberta Speh, area coordinator for 'Quilts of Valor' and Navy Retiree Mark Harden, co-chairman of the Global War on Terrorism Veterans in Need.

★ See Valor page 6

INDEX

- | | |
|--|------------|
| Army Veteran invents Bleeding System for wound training | page 2 |
| Stateside Army clinics adding battlefield medical recording system | page 3 |
| Classifieds | pages 4-10 |

Army Veteran invents Bleeding System for wound training

FORT DETRICK, MD. — Up to 50% of casualties who die on the battlefield do so as the result of severe blood loss, the treatment of which requires the administration of red blood cells, plasma, and platelets or their substitutes.

Army medics learn to treat wounded warriors during Combat Medic Training at Fort Sam Houston.

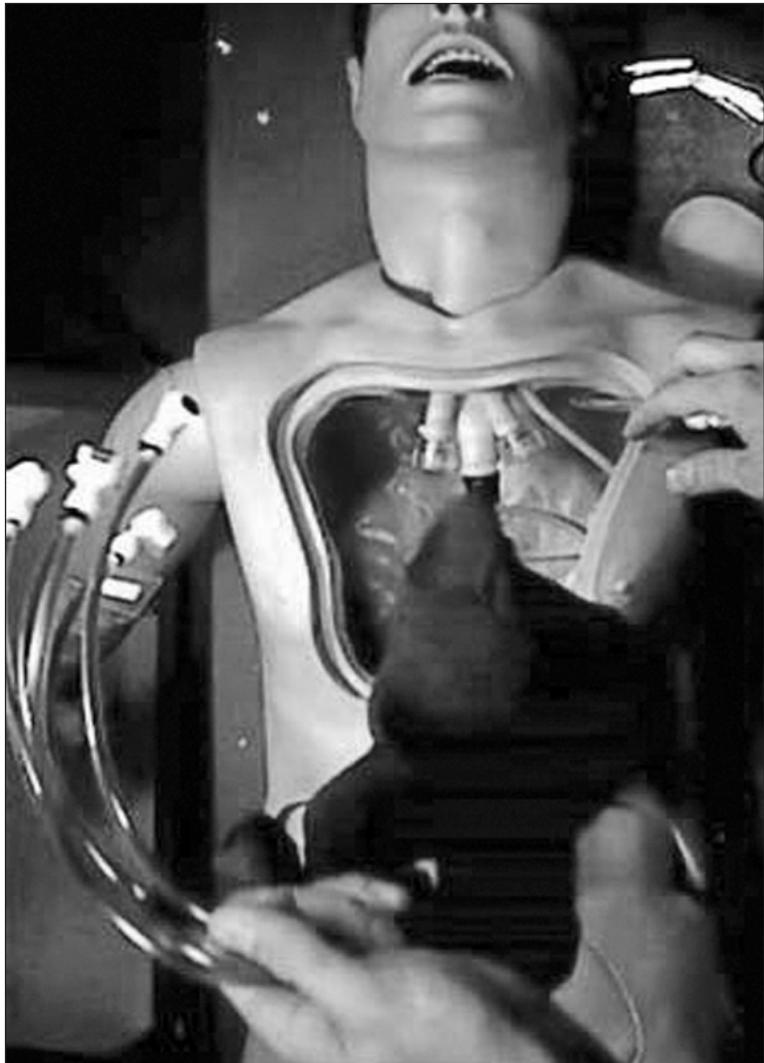
Army veteran Sgt. Lynn Randall King felt the existing training tools didn't recreate the stress and difficulty of real life hemorrhage control in the field.

King was an Army medic trainer when he created the Field Expedient Bleeding Simulation System.

The Army prototypes simulate several concurrent wounds, either mild or severe, from a venal nick to a pulsing arterial hemorrhage. Units are suited for retrofitting of typical mannequins already in use, or the systems can be worn by personnel in a role-playing exercise.

SKEDCO, Inc. of Tualatin Ore. has commercialized FEBSS so medical responders learn how to treat bleeding wounds in the field.

Commercial devices resulting from the license of this Army technology, which is the subject of several U.S. provisional patent applications, were enhanced under a Cooperative Research & Development Agreement between SKEDCO and the Army. Both agreements were negotiated by the U.S. Army Medical Research and Materiel Command's Office of Research and



Retrofitting a mannequin with FEBSS System

Technology Applications.

Early on, Col. Patricia Hastings, former director of the Department of

Combat Medic Training at Fort Sam Houston, demonstrated the use of the FEBSS in hemorrhage control classes due to the realism it offers. She is now the director of the Emergency Medical Technicians.

"It adds a realism that even the higher fidelity mannequin cannot offer when placed on a real human. There is an added degree of surprise because one knows the manikin will bleed and the student knows this.

The 'actor' with the device is unexpected and makes the student react in ways that are more realistic.

The device is light, can be remotely activated and simulate one or more areas of hemorrhage which adds to any scenario. Compared to the mannequin it is very inexpensive, offers quality training, can be "reset" faster for more training and relatively indestructible," said Hastings.

Since its commercialization in the spring of 2008, FEBSS has been pur-

chased by numerous military and civilian medic training organizations in the U.S. and abroad.

Training realism can help the medics prepare for what may be a shocking first sight for some, preparing them to take appropriate action with minimal delay in the line of duty. Effective training is especially important given that a high percentage of fatalities and disabilities result from delays in effective hemorrhage control.

The U.S. Army Medical Research and Materiel Command is the Army's medical materiel developer, with lead agency responsibility for medical research, development and acquisition, medical logistics management, medical information management/information technology and medical health facility planning.

The mission of the congressional-mandated Office of Research and Technology Applications is to assure the transfer of federally owned or originated technology to the nonfederal sector for approval and manufacture and to optimize all opportunities for WRAIR investigators to collaborate with the private sector.

The mission of the U.S. Army Medical Department is to produce concepts, doctrine and organizational structure that meet force requirements; conduct individual training, Soldierization, specialized/functional skills, and leadership development which provides the appropriate skill sets to DOD, non-DOD, and Allied Soldiers and leaders; create training strategies, products, and programs and make them available; consult and collaborate with internal and external agencies and commands in matters of common interest.

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★IED

Continued from page 1

athletes. They are familiar with the practical and systematic use of mental and physical optimization skills in combat environments, and provide real-world experience to soldiers on how to understand stress at the biophysical level. The self-management techniques they teach are designed to be used by soldiers in pre- and mid-deployment phases, as well as during the reintegration process.

Awaiting results of the trial process to determine any future applications of the WAROPS program, JIEDDO will continue to support training to defeat IEDs and protect warfighters serving in Iraq and Afghanistan.

-Established by the Department

of Defense in 2006, the Joint IED Defeat Organization (JIEDDO) is the Pentagon's lead for all efforts to combat improvised explosive devices in support of the Army, Navy, Air Force and Marine Corps. JIEDDO's goals are to synchronize and synergize the actions of national, military, interagency, coalition and international partners against the IED, and to facilitate the continued support of an organized, well-trained and well-equipped force ready to defeat IEDs as a weapon of strategic influence by training the force, attacking the network, and defeating the device. For more information about JIEDDO and its proposal process, please visit <http://www.jieddo.dod.mil>

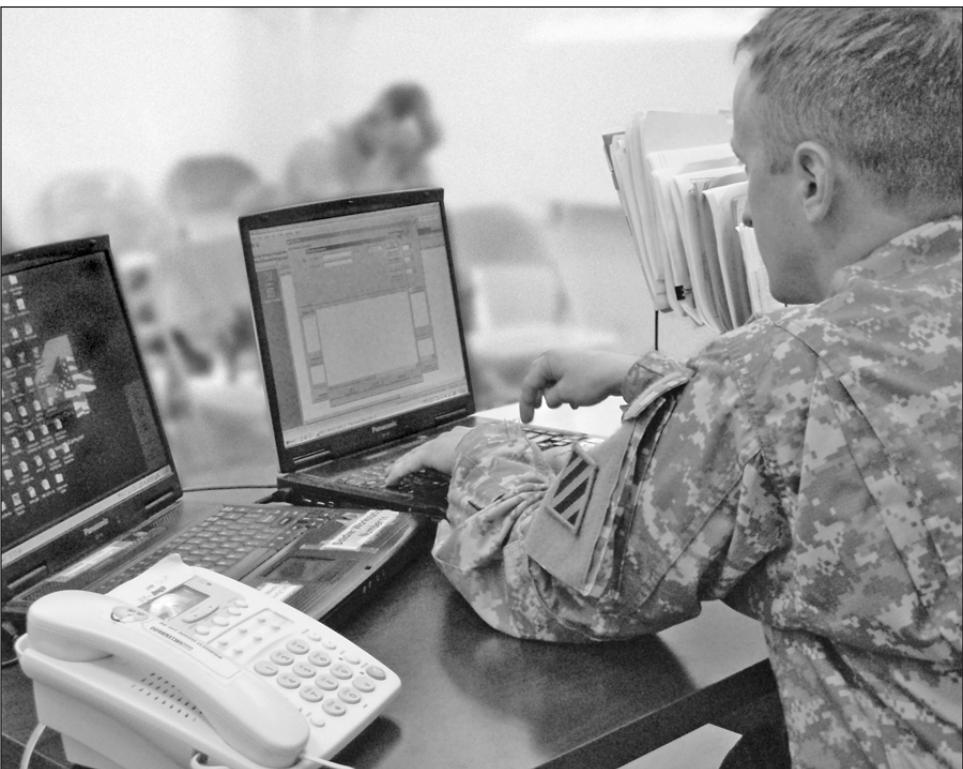
3rd Infantry Division adds Battlefield Medical Recording System to Stateside Aid Stations

By Bill Snethen,
MC4 Public Affairs

This month, the 3rd Infantry Division (ID) expanded its use of the Army's battlefield electronic medical recording (EMR) system, Medical Communications for Combat Casualty Care (MC4), to two more garrison aid stations at Fort Stewart, Ga. The 1st Battalion, 64th Armor and 26 Brigade Support Battalion joined the Special Troops Battalion Aid Station at Fort Stewart and the 603rd Aviation Support Battalion at Hunter Army Airfield in Savannah, Ga., as the first group of 21 garrison aid stations led by the 3rd ID to discontinue the use of paper medical records.

The implementation of the digital medical recording system by the 3rd ID, and the 82nd Airborne Division at Fort Bragg, N.C., in January, has resulted in the capturing of 3,000 electronic patient encounters in garrison to date. The use of MC4 at battalion aid stations in the U.S. not only provides an EMR capability for clinics with low-to-no connectivity, but supports a new initiative by the Army to "train as you fight" with MC4.

3rd ID Division Surgeon Lt. Col. Edward Michaud ushered in the new business process so that personnel supporting the facilities would gain valuable hands-on experience using the same equipment to electronically document patient care in garrison that is used in theater. The laptops and servers used in the stateside clinics—fielded, trained and sustained by the MC4 program—are the same used by medical



Pfc. Don Pickering, Jr., medic with the 603rd Aviation Support Battalion, checks in a patient at the aviation clinic at Hunter Army Airfield, Savannah,

All photos courtesy of MC4

personnel and supported by the technical staff of signal officers (S6) and the Combat Service Support Automation Management Office (CSSAMO) throughout Iraq, Afghanistan and 12 other countries worldwide.

"The primary benefit of this endeavor is the training and habituation that improves through continued use," Lt. Col. Michaud said. "Utilizing the EMR system on a daily basis in gar-

rison reduces future training requirements and helps to eliminate any delay Service members may experience in receiving medical care. Also, the S6 and CSSAMO are better prepared to efficiently install and support the system, as well as troubleshoot any issues that may arise."

In addition to training, Soldiers that visit the clinics on post also benefit from the use of MC4.

"The staff is able to provide enhanced care since they now have the ability to quickly access historical information and view previous illnesses and treatments," Lt. Col. Michaud said. "Without an EMR, aid stations primarily screen patients. Today, the 3rd ID has four aid stations with the ability to electronically capture patient encounters, document notes and reorder medications. Use of the MC4 system offers a significant benefit to the Soldier and the unit while in garrison that was not previously available."

Augmentation of the MC4 System to AHLTA Proving Useful

Capt. Christina Johnson, physician assistant at the 3rd ID's STB Aid Station, used the MC4 system in 2008 while deployed to Camp Buehring, Kuwait, as a professional officer filler system (PROFIS) member with the 3rd Cavalry, Fort Hood, Texas.

"MC4 was very effective when we conducted sick call in theater," Capt. Johnson said. "We supported a post with approximately 20,000 Service members, contractors and foreign nationals who worked on site. I saw approximately 30

patients a day and all of the information was collected in the outpatient program. If I had to hand-write the patient information onto paper forms, the process of seeing patients and charting the care would have been very slow."

Now using the MC4 system in garrison, Capt. Johnson frequently treats Soldiers that report to the STB aid station for sick call. Then she relocates to a different facility, the Lloyd C. Hawks Troop Medical Clinic (TMC), to administer acute care. The combined troop medical clinic is the only facility on Fort Stewart that provides a higher level of care, other than Winn Army Community Hospital. At Hawks TMC, Capt. Johnson is able to view patient encounters in AHLTA after having initiated the records using MC4 at her aid station.

"When a patient arrives at the TMC for additional care, I can go into AHLTA and pull up their medical record and see encounters generated from the STB aid station using MC4," Capt. Johnson said. "This information allows me to quickly see the treatments that have been performed and what medications the Soldier has been prescribed."

Lessons Learned, Forecasting Technical Hurdles in Theater

Capt. Ricardo Swenness, physician at the 3rd ID STB Aid Station, deployed to Iraq in 2006. He worked in an aid station that did not use MC4. The problem was not a lack of equipment, but confusion regarding who to contact to install the systems.

"When I talked with my medics about setting up MC4, they didn't know who to go to," Capt. Swenness said. "We didn't know that the CSSAMO staff had the knowledge to help us install the system. If we had used MC4, we would have had better access to information."

Capt. Swenness recalled that connectivity was always an issue at the deployed aid station. It is also an issue for garrison aid stations. Traditionally, the buildings that house the aid stations are not wired into the local computer network. This can be a setback when trying to install an EMR system into the facility.

Connectivity is required in order to transmit patient data to the central data repository, where it comprises a Soldier's longitudinal health record and becomes immediately available to other medical personnel, regardless of location.

To mitigate technical issues that may derail the implementation of EMR systems in garrison clinics, Lt. Col. Michaud involved the 3rd ID's S6 and CSSAMO personnel from day one.

"The technical staff has worked tire-



Capt. Christina Johnson, physician assistant at the 3rd ID's Special Troops Battalion Aid Station, Fort Stewart, Ga., uses the MC4 system to document Soldiers' medical information and review their medical history.

★ See Recording page 4

Army takes lessons learned from medical data

By Jason Miller
Executive Editor
FederalNewsRadio

"We had a great deal of data gathered during Vietnam, but it took 10 years to analyze it to help improve healthcare for soldiers," says Lt. Col. William Geesey, product manager for the Army's Medical Communication for Combat Casualty Care (MC4) system.

★ Recording

Continued from page 3

lessly to hammer out technical issues, as well as uncover solutions to the networking challenge," Lt. Col. Michaud said. "Meetings are held regularly to foster communication between the different organizations and to keep the process moving forward."

As a result of the collaboration, more garrison aid stations have connectivity to the local networks via a secure wireless channel—Combat Service Support Automated Information Systems Interface (CAISI). As the 3rd ID expands the use of MC4 to other locations, alternatives may be required.

"As we work to bring additional aid stations online with MC4, we have discovered that there is a severe lack of CAISIs and very small aperture terminals to establish network connections," Lt. Col. Michaud said. "It is important to know this information early in the process so that we understand the hurdles that lie ahead. Many of the problems we experience in garrison are potential problems in theater. By implementing MC4 in our stateside facilities, we can mitigate similar issues when we go downrange."

Lt. Col. Larry France, U.S. Army Medical Command, Office of the Surgeon General physician assistant consultant, recently visited the aid stations using MC4, crediting the close collaboration between the 3rd ID and others that has led to the success thus far.

"I used the MC4 system in 2006 when I worked in the palace in Baghdad, Iraq," Lt. Col. France said. "I know the positives and negatives with the system and the 3rd ID is working through a lot of the negatives now. By having every entity involved throughout the process, it will help make the implementation successful. It also helps prepare every level of the organization with their roles in using the system in future deployments."

More MC4 Stateside Integration to Follow

Lt. Col. Michaud is encouraged about the progress that has been made with the use of MC4 in the aid stations, and is looking forward to installing the EMR system into the remaining 3rd ID

"MC4 data was used in development of new body armor in which we could look at wound patterns for soldiers and identify places on the body where we needed to have greater coverage of body armor. We were able to rapidly communicate that information to the material developers who were able to get body armor out to the soldiers to increase survivability."

This is one example of how MC4 is providing the Army, and soon the Defense Department as a whole, with unexpected benefits.

The Army developed MC4 starting in 1999 to replace paper medical cards, which quite often were stained in blood and hard to read by the time the wounded service man or woman got back to the field

hospital.

Geesey says MC4 today is a system of systems that the Army uses to connect a host of electronic medical records applications.

"The applications include in-patient and outpatient capabilities, such as labs, pharmacy and radiation documentation, ordering and retrieval, medical logistics, and a situational

awareness program for medical forces on the battlefield," he says.

The Army uses MC4 in 14 countries, including Iraq, Afghanistan, Kuwait and Saudi Arabia, and it holds more than 10 million medical encounters for soldiers in theater and in country.

All the data is stored in a central database that lets doctors, nurses and other medical professionals access and update data as needed.

Geesey says it still will take another 5-to-10 years before the Army fully implements all the planned capabilities for the MC4. The Army also is trying to reduce the number of hardware configurations to make it easier to support. Currently, MC4 supports seven different configurations.

In the meantime, Geesey says the Army has a strategic plan to continually enhance the system.

The focus areas include:

Enhancing customer support, which includes better training and more system capabilities;

Managing system changes dynamically to take rapidly evolving IT and transition it into the system to get increased capabilities;

Broadening the use of the system so any place where a soldier is on the battlefield or on exercise, their healthcare is documented.

Geesey says the other services already are tapping into the system.

"Each of services will deploy a suite of applications on their own hardware infrastructure, but no matter if on aircraft carrier or at an Air Force base or Army facility, soldiers can communicate and see their records generated from all these services," he says.



Lt. Col. Edward Michaud (second from left), division surgeon for the 3rd Infantry Division, meets with the technical support personnel for Fort Stewart, Ga., and Fort Benning, Ga., as well as MC4 personnel, to discuss challenges and hurdles integrating MC4 systems into additional garrison aid stations.

clinics.

"In light of the successful use of MC4 in the aid stations, I feel comfortable continuing the effort with the other facilities," Lt. Col. Michaud said. "We have learned so much during this process that the other sites can benefit from the trials and errors experienced while integrating the systems in the first few locations. More importantly, the use of EMRs gives us a new capability that enhances the care we can provide to our Soldiers."

Lt. Col. Michaud's acknowledges that in addition to organizational collaboration, user support has been key.

"If the providers were not happy with the system, then I would be very hesitant to move forward and continue the effort," Lt. Col. Michaud said. "Many are familiar with the system from previous deployments. They see the benefits and understand the importance of its use. We now have the advantage of

taking better care of our Soldiers in the states and during future deployments. We also benefit from having the medical staff and technical support personnel practice using the system on a daily basis. This is a win-win for everybody."

For more information about MC4, visit www.mc4.army.mil.

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 This book guides you in providing resilience-based, wellness-oriented therapy to meet the psychological needs of those exposed in a war zone. Includes pre- and post-tests; outlines strategies, and provides empirically validated treatments.
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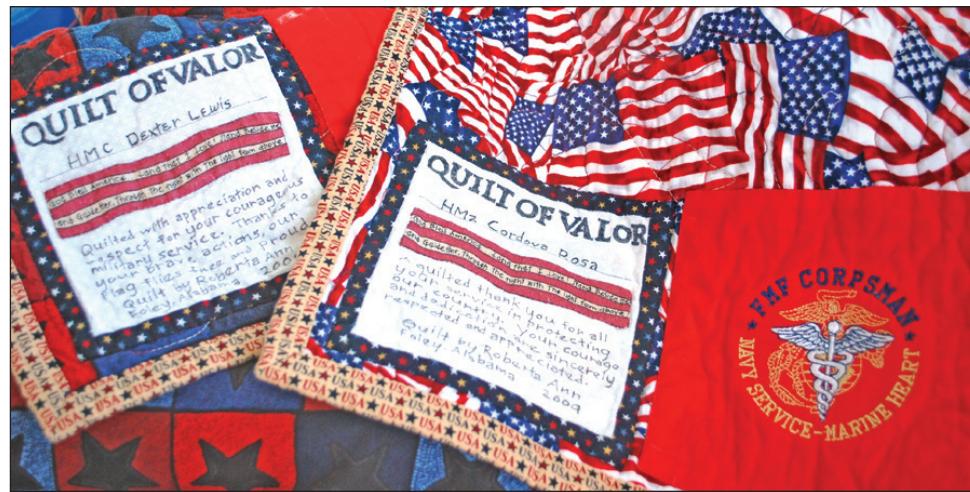
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The two quilts have unique patches sewn on depicting the Hospital Corpsman caduceus symbol, Marine Corps insignia, and a stitched note of thanks from Roberta Speh – who hand-made the quilts.

★ Valor

Continued from page 1

Committee.

The two U.S. Navy-themed quilts with special patches sewn on had an even-more special sentiment behind the presentations.

"These quilts are in appreciation of your courage and dedication in protecting our safety here" (in the US), said Speh. Quilts of Valor, a non-profit organization with members sewing and donating quilts to service members injured in Operations Iraqi and Enduring Freedom, was established in 2003 by Catherine Roberts when her son deployed to Iraq.

GWOTVIN's presentation of quilts "is a way that we, who have served, have a chance to give back," added Harden. His organization is a committee of the Pensacola Veterans Memorial Park Foundation committed to helping severely injured veterans and their families.

One particular thing about the donated quilts to the two corpsmen is a special patch sewn into each depicting the Hospital Corpsman caduceus symbol, the Marine Corps insignia, and a stitched note of thanks from Speh – who hand-made both quilts.

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Qualified applicants are encouraged to fax curriculum vitae to:

Jay Sapiro, M.D.

Director Osteogenesis Imperfecta Program
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Physicians

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The Physician Foundation at California Pacific Medical Center (PFCPMC) is a group of over 100 physicians and a Sutter Health affiliate. PFCPMC delivers medical services to patients through our affiliated medical groups, Physician Foundation Medical Associates (PFMA) and Marin Headlands Medical Group (MHMG). We provide our physician members with an infrastructure for administrative and operational support, allowing them to focus on the practice of medicine. The San Francisco Bay Area is a wonderful place to work and a vibrant place to live. It is rich with culture, diversity and corporate strength. We are currently looking for a physician with experience in internal medicine for a position in the San Francisco Bay area. For more information about this opportunity, please call 415-600-4250 or email.

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Physicians

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Courtesy photos

Left: George Church stands for a photo with his oldest brother, Ted, who wrote to Church's parents asking them to let his brother choose where he wanted to go instead of being drafted. Church joined the Navy and Ted was part of the Army.
Above: Pictured here are members of George Church's Winnebago Grade School basketball team.

WWII vet walks with Illinois High School graduates

It only took him 62 years – but George Church will soon catch up with his high school class. The now 81-year-old wasn't able to walk with his Winnebago, IL High School class of 1945 – he decided instead to leave for World War II.

Today, Church might not be feeling the end-of-the-year itch like most students, but his excitement might just top at least some WHS grads. He's called in his cap and gown sizes and he walked with the Class of 2009 at commencement on May 17.

Through the State Department of Veterans Services, any World War II or Korean War Veteran who was drafted prior to their high school graduation is eligible for a diploma. In 2008 the General Assembly passed Senate Bill 2682, which allows local school boards to award high school diplomas to Vietnam War veterans as well.

Church was born in Winnebago on Pecatonica Street and the area still somehow feels like home — even though he spent most of his adult life living in Rockford, IL. While in high school, he spent most of his time working, since companies needed

employees while most men were off to war.

It was actually Church's grandson, Jason, who was graduating from high school in Arizona when Church made the comment to him that he was always sorry he'd never graduated. The issue, overheard by his son, was dropped for a while – but when Church's daughter, Debbie's son, Zack interviewed Church again for an English paper, the issue surfaced again.

Hearing the thought from her father for the second time piqued Debbie's interest just enough to check into it. She knew of an acquaintance in Seward and asked if she had any connection to Winnebago High School. She did, and Winnebago's Supt. Dennis Harezlak just happened to be the principal where Debbie's daughter used to attend school.

"It's like this was all really meant to happen," Debbie said.

After talking to Harezlak, a family reunion was planned for mid-January in Arizona and Church was given a beautiful certificate in front of family, letting him know he would officially receive his diploma, and could walk with the class

of 2009.

"I couldn't believe it," Debbie said of her father's reaction. "Rarely is my Dad speechless." Church's wife, Annie, was also touched by the gesture. The couple has been married for 58 years and Church says she's been his strength.

Enlisting

Since Church was well aware he would be enlisted to the war after his graduation, he decided instead to join the Navy in order to choose where he was going. He enlisted against his parents' wishes the day after Christmas in 1944 before his graduation. His oldest brother, Ted, was in the Army then and wrote to their parents asking them to let his brother choose where he was going to avoid getting drafted.

The 17-year-old headed for boot camp in Great Lakes for eight weeks and was part of a group of 40 men taken alphabetically to Lighter Than Air and sent them out on Navy Air Ships, or Blimps. From there, he went to New Jersey.

"I was lucky to be part of that group," Church said, noting that others were sent to California and eventually faced heavy combat.

Soon, Church was in North

Carolina and worked as an engine mechanic on a blimp. It was a job he loved immediately. "It got me a taste of aviation," Church said with a smile.

He spent 18 months in the service and the war ended the summer after he enlisted. He was discharged and then re-enlisted for four years of inactive duty, serving a total of 5-and-a-half years in the Navy.

At that time, some of the servicemen were heading back to high school for their diploma, but Church said he didn't want to do that – he was more interested in continuing his aviation career. "I wanted to fly," he said.

Valuing education

Although he wasn't planning to head back to high school, Church valued education and it was important he stay educated. Over the years, he's attended more than 10 schools, beginning with the Currey School of Aeronautics in Galesburg, Ill., which he attended for a year-and-a-half and received his Airframe, Engines and Private Pilot Certificates.

From there, Church would fly for Sundstrand Corporation in Rockford serving as a Pilot and Corporate Manager of Aircraft

Maintenance for more than three decades. At his retirement, he continued to work as a self-employed consultant and stayed busy with mostly out-of-state companies.

Among his highest achievements is his FAA Charles Taylor Master Mechanic Award, when his name was placed in the Charles Taylor roll of honor in Washington DC and on the Charles Taylor Memorial at the Octave Chanute Aerospace Museum in Rantoul, Ill.

"Flying gets in your blood," Church said. "It's all I wanted to do."

His children: Debbie (Gary) Larson, Rockford; Alan (Roberta) Church, Arizona; and David (Gina) Church, Florida are truly proud of their father for his life's accomplishments and plan to attend the graduation ceremony they otherwise wouldn't have been able to.

"I felt like I was a dropout," Church said. "But when I use that word, my family comes down on me – they don't see me like that."

Church will be celebrating with a graduation party after the ceremony at Debbie's home in Rockford.



***Remember Those
Who Served!
Land of the Free,
Because of the Brave!***