Soldier Self-Amputates Leg to Aid Battle Buddies

Traumatic Brain Injury Therapy MEDRETEEs in Honduras
Spc. Ezra Maes undergoes physical rehabilitation at the Center for the Intrepid, Brooke Army Medical Center’s cutting-edge rehabilitation center on Joint Base San Antonio-Fort Sam Houston, Oct. 2, 2019. U.S. Army photo by Corey Toye.

BY ELAINE SANCHEZ
Brooke Army Medical Center Public Affairs

A year after his accident and the loss of his leg, Spc. Ezra Maes is still amazed at the circumstances that led to his survival. If you ask, he’ll credit his survival to a uniform belt, smart phone and "shockingly good" cell service.

What the 21-year-old Soldier fails to mention is the sheer force of will it took for him to stay alive.

"If I didn’t help myself, my crew, no one was going to," said Maes, now assigned to the Brooke Army Medical Center Warrior Transition Battalion. "I knew I had to do everything I could to survive."

A year earlier, the Army had deployed Maes, an armor crewman stationed at Fort Hood, Texas, to Poland in support of a joint training mission called Atlantic Resolve. He served as the loader for the main cannon of an M1A2 Abrams tank, a massive 65 ton tank known for its heavy armor and lethal firepower.

Exhausted on the second day of a weeklong rotation in Slovakia, he and two other crew members fell asleep in the tank that evening. He was jolted awake a few hours later by the sudden movement of the tank heading downhill.

"I called out to the driver, ‘Step on the brakes!’" Maes said. "But he shouted back that it wasn’t him."

The parking brake had failed. The crew quickly initiated emergency braking procedures, but the operational systems were unresponsive due to a hydraulic leak.

The tank was now careening down the hill at nearly 90 mph. "We realized there was nothing else we could do and just held on," Maes said.

After a few sharp bumps, they crashed into an embankment at full speed. Maes was thrown across the tank, his leg catching in the turret gear. He then felt the full force of the tank turret sliding onto his leg. His initial thought was his leg was broken. His next thought was he needed to get free so he could assist Sgt. Aechere Crump, the gunner, who was bleeding out from a cut on her thigh. The driver, Pfc. Victor Alamo, was pinned up front with a broken back.

"I pushed and pulled at my leg as hard as I could to get loose and felt a sharp tear," Maes said. "I thought I had dislodged my leg, but when I moved away, my leg was completely gone."

Freed from the pressure of the turret, the blood poured out of his wound at an alarming rate, but with other lives on the line, Maes pushed his panic and any thought of pain aside. He pulled himself up and into the back of the tank to grab a tourniquet from the medical kit. Halfway there, he began to feel lightheaded from the blood loss.

"I knew I was going into shock," he said. "All I could think about was no one knows we’re down here."

"Either I step up or we all die."

Maes began shock procedures on himself – stay calm, keep heart rate down, elevate lower body – and cinched his belt into a makeshift tourniquet to slow down the heavy bleeding. He called out to Crump, who had staunched her own bleeding with a belt tourniquet, to radio for help.

Maes’ heart sank when Crump said the radio wasn’t working.

But then he heard an incredible sound; his cell phone was ringing.

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Maes’ phone was the only one that wasn’t broken and the only one with working cell phone service. With one leg cut and the other broken, Crump crawled to reach Maes’ phone and threw it down to him. He unlocked the phone and sent his friend a text. Help was on the way.

His last memory of that location was his sergeant major running up the hill carrying his leg on his shoulder. “I wanted to keep it, see if it could be reattached, but it was pulverized,” Maes recalled.

Maes, who had also broken his ankle, pelvis in three places, and shoulder, was rushed to a local hospital, his first helicopter ride, before being flown to Landstuhl, Germany, and then on to BAMC. Between an infection he picked up overseas and nearly daily surgeries to fight it, he spent four months in intensive care.

“I feel super lucky,” he said. “My crew all does. So many things could have gone wrong. Besides my leg, we all walked away pretty much unscathed.”

A year later, Maes is immersed in physical and occupational therapy at the Center for the Intrepid, BAMC’s outpatient rehabilitation center. This day, Maes is working out intensely with Candace Pellock, a physical therapy assistant. Against the backdrop of the hospital, Maes moves across gravel on crutches with an ever-present smile despite the Texas heat and strain of balancing on uneven ground.

It’s all in preparation to receive his long-term prosthetic leg through a cutting-edge procedure called osseointegration. For this procedure, not unlike a dental implant, BAMC surgeons will implant a titanium rod in the bone of Maes’ residual limb, rather than a traditional socket, to attach the prosthesis.

While he was having a tough time emotionally before the accident, Maes now sees each day as a gift. It’s a second chance he’d like to share with others who may be having a tough time post-injury or trauma.

“When something like this happens, it’s easy to give up because your life won’t be the same, and you’re not wrong,” he said. “Life will take a 180, but it doesn’t have to be a bad thing. Don’t let it hinder you from moving forward.”

At 21, Maes has a new attitude and a new lease on life. With combat arms in the rearview mirror and inspired by the CFI’s care, he plans to become a prosthetist and help others regain their mobility.

But what he doesn’t plan to do is switch his phone service.

As he puts it, “My cell phone saved my life.

To view a video about Spc. Maes and his story of survival click the dvids icon.
Army Medical Center’s Brain Injury Rehabilitation Service

Amy Bowles, BIRS chief. “Ultimately, we hope to...

BY LORI NEWMAN
Brooke Army Medical Center Public Affairs

Air Force 1st Lt. Jason Hibbetts sits in front of a mirror practicing his salute. This simple action that used to come so naturally now requires much more concentration because the cyber warfare operator, husband and father of two young children suffered a stroke in October 2018.

After his stroke, Hibbetts was referred to Brooke Army Medical Center’s Brain Injury Rehabilitation Service, which provides comprehensive out-patient neurorehabilitation for service members, family members and military retirees who are recovering from a stroke or other brain injuries.

“My first goal was to walk again, because I was in a wheelchair,” Hibbetts said. “That made just simple things like getting around the house take much more time.”

“He is like super dad, so he needed to get back to his regular duties with the kids,” added his wife, Ashley Hibbetts. “One of his big goals was to pick up the kids again. He wanted to be able to do bedtime routine, cook for the kids, get on the floor and wrestle, and play football.”

“(At BIRS) we work to optimize our patients’ physical, cognitive and emotional functioning in order to help them achieve their goals,” said Dr. Amy Bowles, BIRS chief. “Ultimately, we hope to get people back to doing the things that are really important to them in their daily lives.

“People think a lot about traumatic brain injury, but there are also people who have brain injuries from other things, such as stroke, aneurysms, tumors, all sorts of things,” Bowles said.

At the BIRS, each patient has an individualized treatment plan based on their needs and goals. Patient engagement is critical, and the support of family members is highly encouraged throughout their rehabilitation process.

Bowles said having family members involved in a patient’s treatment plan is very important.

“They are there every day. They are our eyes and ears in terms of what we need to work on in terms of rehabilitation,” she said. “They are also critical support for somebody as they go through this and they are also going through it themselves.”

Hibbetts and his wife are pleased with the strides he has made over the past months.

“I feel great about the progress I have made,” Hibbetts said. “I have definitely been able to pick up the kids and roll around on the floor with them and get out of my wheelchair.”

“We got here with a wheelchair and they quickly got him into a cane,” Ashley said. “Whatever his goal was, they believed that he could do it and they worked to make it possible.”

The BIRS uses an interdisciplinary approach including physical therapy, occupational therapy, speech language pathology, recreational therapy, psychology, neuropsychology and case management.

“One of the things that is really unique about our clinic is that we work together as a team,” Bowles said. “It’s not just a collection of people. Our team has the luxury of being able to talk with one another and work together, and work with the patients and families.”

The staff meets weekly to discuss their patients’ goals and how they are progressing to meet them.

“One of the things I like most about the clinic is there are multiple therapists, like speech and occupational therapy and physical therapy all together,” Hibbetts said.

Normally in a hospital all these services are in separate clinics, but everyone is here in one place, he added.

“I would absolutely recommend this clinic, because they have a very special way of working with the problems you have,” Hibbetts said. “They know exactly how to approach things, so you don’t get overwhelmed. They do a very good job. I would just like to thank all of them for everything they have done for me and my family.”

Hibbetts’ wife agrees.

“They are creative in the therapies and they really listen to us as a family,” Ashley said. “Anything that we have needed, as simple as a button hook to make life a little easier, they have provided. We are very happy here.”

Bowles wants people to know about the resources and services that are available at the BIRS.

“A lot of times people don’t think about sending someone for rehabilitation if they are doing pretty well, but those patients are who we can sometimes help the most,” Bowles said.

The BIRS is located on the lower level of BAMC within the Traumatic Brain Injury Clinic. For more information, contact the BIRS Case Manager at (210) 916-8537 or the main clinic number at (210) 916-8693.
Critical Care staff from Brooke Army Medical Center helped conduct two days of validation training for military doctors from around the country during the first week of September.

Using the resources of BAMC's Simulation Center, staff conducted validation training for the Army's Individual Common Task List and Air Force Comprehensive Medical Readiness Program requirements for more than two dozen military internal medicine, or IM, physicians.

“It's a two-day course,” said Army Maj. (Dr.) Tyson Sjuljin, a member of the pulmonary and critical care staff at BAMC who was one of the instructors for the training. “We did the education portion for day one and then validation on day two.”

Validation consisted of an array of situations conducted in BAMC's Simulation Center. There, physicians could practice on “dummies” or “patient simulators” in order to demonstrate their proficiency in the skillsets they were practicing during the training.

While some of the IM staff perform these tasks regularly, other IM subspecialties like gastro and infectious disease, do not routinely see the patients requiring this type of medical intervention,” said Robert V. Coffman, administrative director for BAMC's Simulation Center. “The use of medical patient simulators will ensure that IM physicians are afforded the opportunity to complete the necessary skills required by their service and provide a chance for those who do not regularly perform these skills to practice in a safe environment.”

In addition to the training at BAMC, doctors attended breakout sessions at JBSA Lackland. Air Force Maj. Kelvin Bush, a BAMC cardiologist, helped coordinate the cardiology breakout session. Current cardiology specialists and interns who were interested in specializing in the field were able to learn about present-day innovations and discuss the possible future of military cardiology.

Sjuljin said the training is mandated for military physicians in order to maintain their proficiency and remain ready for deployment around the world, and the Simulation Center is ideally suited to make that training both relevant and realistic. BAMC trainers sent the invitation to military IM doctors to participate in the training. Approximately 60 percent of the personnel who attended the courses were outside the local area.

The training is currently slated to be conducted on an annual basis with invitations going out DoD-wide. But, it could increase to twice a year if the interest becomes high enough.

“We have a big role in military readiness,” said Army Lt. Col. Micheal A. Odle, who was on the senior leadership panel discussion. “That role is not going to go away.”
BAMC Fisher House’s 26th Annual Founder’s Day Celebration

By Daniel J. Calderón
Brooke Army Medical Center Public Affairs

Brooke Army Medical Center staff, patients, and beneficiaries took to the field just outside two of BAMC’s Fisher Houses to hold a Founder’s Day Celebration Sept. 20 to honor Zachary Fisher – who initiated the Fisher House program in 1990.

“Today, we remember a true gentleman who really embraced the military and dedicated himself to supporting the troops and their families,” said Inge K. Godfrey, BAMC Fisher House manager.

Godfrey has been with the Fisher House for 27 years. Staff at each installation with a Fisher House can choose how to commemorate Founder’s Day, which is timed to closely coincide with Zachary Fisher’s birthday. This year’s event marks the 26th annual celebration Godfrey’s held at BAMC.

“This is our way of giving back to the volunteers, to the military here, and to the BAMC staff,” Godfrey said. “We get great support from all the BAMC staff – the military, the civil service and the contractors.”

Dave Rios, a local radio icon in San Antonio, served as the master of ceremonies for the event. The celebration opened with the BAMC color guard posting the colors. Air Force veteran Brenná Parker, who once toured with the Air Force’s Tops in Blue performance ensemble, performed the national anthem during the ceremony. The Young Farmers of Gonzales, Texas served more than 1,400 pounds of brisket and more than 800 pounds of sausage; and, organizations from around San Antonio were on hand to help serve the meals.

“When people walk into a Fisher House, we want them to know that people care about them,” said Dave Coker, president of the Fisher House Foundation. “This reminds us of why we are here. We’re here to take care of the families of our greatest national treasure – the U.S. military. And nobody does it better than Inge.”

BAMC has four Fisher Houses on its campus. The first opened its doors in 1992; the second in 1995; and the two closest to the Center for the Intrepid opened in 2007. Military and veteran families can stay in any of the Fisher Houses free of charge while their loved one is at BAMC. There are currently 84 Fisher Houses around the world with seven more in the works over the course of the next year. Since their inception, more than 368,000 families have stayed at a Fisher House.

“It’s been a blessing,” said Donna Lowery, who was the longest steady resident at the Brooke Army Medical Center Fisher House, cut the cake at the BAMC Fisher House’s 26th Annual Founder’s Day Celebration at BAMC, Fort Sam Houston, Texas, Sep. 20, 2019. The celebration is held every year to honor Fisher House founder, Zachary Fisher – who initiated the Fisher House program in 1990. U.S. Army photo by Jason W. Edwards
The Nurse Summer Training Program is a 28-day clinical immersion experience and the pinnacle training event for future Army Nurse Corps leaders. The goal of the NSTP is to provide Army ROTC Nurse Cadets with clinical experience in a hospital setting while introducing them to the duties, roles, responsibilities, and expectations of an Army Nurse Corps Officer. The Cadets will exercise leadership skills in a hospital environment by planning, organizing, implementing, and executing nursing care plans.

At Brooke Army Medical Center the Cadets devote over 120 hours working on a multitude of fast-paced inpatient units to include medical-surgical units, progressive care units, intensive care units, and in the Emergency Department.

In addition, the Cadets are also granted specialty rotations throughout the hospital where they have the opportunity to shadow advanced nursing specialties such as certified registered nurse anesthetists. In addition to clinical hours, the Cadets receive one-on-one mentorship from senior leaders and have the opportunity to network and train alongside junior officers.

In 2019, BAMC hosted three NSTP Cohorts with 32 Cadets total. Throughout each 28-day iteration, the Cadets were exposed to a diverse array of clinical environments and utilized the nursing process in the promotion of effective outcomes for all patients. The Cadets were also able to synthesize information from previous nursing course curricula to facilitate clinical decision making.

Following the NSTP experience, one Cadet said, “This opportunity exceeded all of my expectations and has allowed me to experience more than I have in any other health care setting. We were able to practice our hands-on skills in simulation labs and on patients, and were able to start using our critical thinking process. This experience opened my eyes to what Army nursing truly is.”

Another stated, "I have forged new relationships with peers, established lifelong mentors, and solidified a strong clinical foundation to help me better serve our soldiers and their families.”

Although the nurse Cadets work tirelessly during their clinical practicum, the majority of nursing programs do not award academic credit for the Cadet’s clinical experience. In order to mitigate this challenge, BAMC conducted a two day symposium for senior members of the Northern Arizona School of Nursing in order to showcase the NSTP, the ANC, and the Army Medical Department.

Throughout the experience, university officials received a command overview from the Deputy Chief of Inpatient Services, a tour of the Center for the Intrepid, Institute of Surgical Research Burn Center, Emergency Department, various inpatient units, and met with all key NSTP leadership representatives.

Following the experience, an associate director for the Northern Arizona School of Nursing commented, “The NSTP allows nursing students to gain valuable real-life work experience prior to graduation from nursing school. After spending two days touring BAMC and speaking with key individuals, Northern Arizona University School of Nursing feels confident swapping our final semester preceptorship for NSTP. Army Capt. Karlene Wright, the ROTC brigade nurse counselor, is working to ensure memorandums of understanding (MOUs) are in order and that students and universities have all of their needs met. The program and facility are outstanding!”

Moving forward, BAMC hopes to continue building stronger relationships between School of Nursing faculty officials and ROTC programs across the country. Through the establishment of MOUs towards academic credit and guaranteed nursing seats, BAMC can help bridge the gap between theory and clinical practice while providing ROTC Cadets with an opportunity to receive mentorship and develop their clinical acumen to produce a better product upon commission.
BAMC Celebrates Hispanic Americans During Monthly Observance

BY LORI NEWMAN
BAMC Public Affairs

Brooke Army Medical Center held a Hispanic Heritage Month celebration Oct. 11 to honor the contributions of Hispanic Americans to the United States military.


“This theme invites us to reflect on Hispanic Americans’ service and contributions to the history of our nation,” Harter said.

The general spoke about 100-year-old Joe Castellanos, a combat medic who honored his nation and profession in what is considered the bloodiest battle in the Pacific during WWII in Okinawa where thousands of Americans and Japanese lost their lives.

“We’ve had many outstanding Hispanic Americans serving our military throughout history,” Harter said, “including our guest speaker Command Sgt. Maj. Alberto Delgado.”

Delgado is the command sergeant major for U.S. Army North and the senior enlisted leader for Fort Sam Houston and Camp Bullis.

“Through hard work, devotion and loyalty to community and country, Hispanic Americans have pursued the American dream and have made great contributions to the strength, protection and diversity of our nation,” Delgado said.

The command sergeant major added that his family pursued the American dream. His parents, both from Puerto Rico, moved to New York where they met.

“Growing up on Delancey Street on the Lower East Side wasn’t always easy,” Delgado said. “But, the care for each other, work ethic and intuition that was instilled in me from an early age by my family and the roots of our culture shaped my leadership style and ultimately helped me succeed to where I am today.”

Delgado highlighted heroes such as Cpl. Joseph DeCastro, the first Hispanic American Soldier presented the Medal of Honor, and Pvt. David Barkley, the first Hispanic American to receive the Medal of Honor posthumously, as well as several others including Master Sgt. Leroy Petry, a Soldier with the 75th Ranger Regiment who received the Medal of Honor for his service during Operation Enduring Freedom in Afghanistan.

“Hispanic Americans have bravely fought for our nation from the very beginning of American history,” Delgado said. “I am proud of our heritage and contributions to our service. Our Army is stronger because of this diversity. Together, we must continue to strive for equality and treat everyone with dignity and respect, no matter where they come from, what they look like or how they practice their faith.”

The ceremony also included Staff Sgt. Jamie Cruz, a Soldier in the BAMC Warrior Transition Battalion, who performed Spanish music on guitar.

BAMC Command Sgt. Maj. Thomas Oates closed the ceremony and thanked everyone for their contributions and participation.

Staff Sgt. Jamie Cruz, Brooke Army Medical Center Warrior Transition Battalion entertains the audience Oct. 11, 2019 during a Hispanic Heritage celebration in the hospital’s Medical Mall. The guest speaker for the event was Command Sgt. Maj. Alberto Delgado, command sergeant major, U.S. Army North, and the senior enlisted leader, Fort Sam Houston and Camp Bullis. U.S. Army Photo by Lori Newman
Honduran MEDRETEs Provide Invaluable Surgical, Training Opportunities

BY LORI NEWMAN
BAMC Public Affairs

Brooke Army Medical Center personnel participated in two separate Medical Readiness Exercises in Honduras recently.

These exercises, commonly called MEDRETEs, help U.S. military personnel maintain readiness by allowing them to train in the delivery of medical care in austere conditions. They also promote diplomatic relations between the United States and the host nation, and provide humanitarian and civic assistance.

“MEDRETEs play a critical role in the training and readiness of our military medical personnel,” said BAMC Commanding General Brig. Gen. Wendy Harter. “These exercises allow our doctors, nurses, and medics to practice vital skills in austere environments — conditions that closely mirror what they may experience while deployed — while also fostering relationships with partnering nations.”

Tegucigalpa, Honduras

A team of 19 military medical personnel from BAMC and other military treatment facilities participated in an orthopaedic and hand mission in Tegucigalpa, Honduras from Sept. 14-27.

“This was the first time many of us have participated in a MEDRETE,” said Army Lt. Col. Lori Tapley, the mission’s executive officer.

The team from BAMC met up with their counterparts from the other MTFs at the airport before flying into Honduras. “Some of the others who had been there before were able to fill us in about what to expect when we arrived,” Tapley said.

When they arrived at Hospital Escuela the team hit the ground running.

The hospital, which normally has 22 operating rooms, is currently undergoing renovation leaving them with only nine functioning ORs.

“As a result, the hospital was at full capacity with inpatient trauma patients,” explained Air Force Maj. (Dr.) Julia Nuelle, chief of Orthopaedic Hand and Microvascular Surgery at BAMC, and the officer in charge for the mission. “They actually had patients staying in the emergency room, because there were no inpatient rooms available on the floors.”

“A lot of the work we did was operating on these patients who have been there for several weeks,” Nuelle added.

The first day, the team went through the entire hospital accessing the patients, viewing multiple sets of x-rays, organizing the information, and creating a planning schedule for the following weeks.

Nuelle led a team to care for the hand and upper extremity injuries, while Army Lt. Col. (Dr.) David Gloystein, chief of Spinal Reconstructive Surgery at Eisenhower Army Medical Center, led another team to care for the lower extremity injuries.

“Currently in Honduras the main mechanism for upper extremity injury is likely a machete attack, and we saw a lot of those patients,” said Air Force Capt. (Dr.) Tayt Ellison, one of the residents who was on the mission.

The teams treated several patients who had multiple tendon and nerve injuries.

“Not just on the flexor or the extensor side, but the machete cut both sides,” Nuelle said. “There were several severe polytrauma patients we took care of with injuries that were several weeks old. That made the cases much more challenging than if they had been taken care of within the first week or two.”

Both teams worked long hours, rotating shifts to best utilize the space and equipment needed to perform the complex procedures. Even though the team brought the supplies and equipment they needed, they were faced with a myriad of challenges, including power surges, power outages, no air conditioning in the ORs and the threat of a water shortage.
“We were also using instruments and equipment we don’t commonly use in the U.S. because we have different options,” Nuelle said. “For instance, typically when we are drilling for screws, we use a power drill, but to sterilize our power drills in Honduras it took several hours, so if we had multiple cases, we actually used hand crank drills to put the screws in. It required a lot of coordination between the teams to make sure we were utilizing our supplies and equipment the optimal way.”

Every day the entire team had to collectively decide which sets of instruments each team was going to use that day.

“Every day was a different problem, and different problem-solving situation,” Ellison said.

Tapley, a family nurse practitioner, became a rotating OR nurse, and Ellison assisted in most of the trauma and upper extremity surgeries.

“We all stepped into roles we don’t do on a regular basis, just like you would in a deployed environment,” Tapley said.

In the end, the team completed 128 procedures, and Army Capt. Lina Ochoa, an occupational therapist who is fluent in Spanish, was able to hand write therapy protocols for patients to follow after the team left.

In addition to the daily surgical regimen, some of the team members completed a lecture series with the Honduran plastic surgery department on advanced upper extremity surgical techniques.

“They were very receptive to having us there and working with them,” Nuelle said.

The last day, the team finished their mission by visiting their patients and delivering toys and coloring books to the hospital’s pediatric ward.

“This was the type of training that you can’t get anywhere else,” Nuelle said. “We dealt with things you don’t think about happening here (in the U.S.), but could certainly happen downrange.”

“I thought it was a great experience,” Ellison said. “The ultimate goal is to be in a situation where you are ready to be deployable.”

**Meanwhile in La Ceiba, Honduras**

In addition to the MEDRETE in Tegucigalpa, a separate team of 12 U.S. military medical personnel went to La Ceiba, Honduras from Sept. 19-27.

The team consisted of two surgeons, two anesthesiologists, three OR technicians, one OR nurse, one emergency room physician assistant, a pediatrician, Army Maj. Jordan Guice, officer in charge, and Army Sgt. 1st Class Michael Foglio, noncommissioned officer in charge. Seven of the personnel were from BAMC.

“We were working in a government hospital, and they had a backlog of cases, so we were helping work through their backlog,” said Guice. “Our mission initially was trauma, but it turned out to be more of a humanitarian mission.”

This team worked alongside their Honduran counterparts completing 32 operations which included 10 gallbladder operations, 21 hernia repairs and one trauma case.

“This was my first time working in a hospital in a foreign country and the first time working in an austere and resource limited environment,” Guice said. “Training here at BAMC I’m used to having everything available.”

During the trauma case, which was also a patient who had severe machete wounds, the power went out.

“As we were suturing the lights went out and we all had to grab our cell phones for light,” Guice said.

The team anticipated the surgical cases, but they didn’t anticipate a pediatric burn patient with second and third degree burns. The patient was from a remote area of Honduras and the family traveled three days by motorcycle to bring the child to the hospital.

Thankfully Foglio had previous experience with burn care and pediatric patients.

“It was edifying for me to be able to take the skills that I have learned here (at BAMC and the U.S. Army Institute of Surgical Research) 10 years ago and pass them onto our pediatrician, our OR tech and our combat medic,” Foglio said. “I was also able to teach the patient’s dad how to do burn care.”

The team heavily relied on Army Sgt. Luisa Rodriguez-Harmon, OR technician, because she was fluent in Spanish. Her family is from El Salvador, which is a neighboring country to Honduras.

“We share a lot of similarities,” she said. “I have always liked helping people, especially people with language barriers; just helping translate and getting their point across. Going on this mission and having the ability to do that was a blessing.”

Rodriguez said the people were very nice and welcoming.

“Every chance they got, they made sure we ate,” she added. “They would bring their native plates. It was just really awesome. They were the sweetest people.”

As with the MEDRETE in Tegucigalpa, BAMC personnel said they enjoyed the experience and learned many valuable lessons.

“The intent of these MEDRETEs is to give us the opportunity to function in a more austere environment,” Foglio said. “This is an area that has increased trauma, and that real-world trauma is something that is difficult to replicate in a training environment.

“It makes you appreciate everything we have here in the U.S. on a personal level and on a medical level,” he added. “I think every single one of us grew for this experience.”
BAMC Staff Holds Training For City of San Antonio Personnel

BY DANIEL J. CALDERÓN
Brooke Army Medical Center Public Affairs

Staff from the Brooke Army Medical Center’s Trauma Clinic held Stop the Bleed training for a City of San Antonio councilmember and more than two dozen council staff members, along with San Antonio Police Department officers and personnel during two sessions held at city facilities the last week of August.

“The number one cause of preventable death after an injury is bleeding,” said Army Lt. Col. Luke Hofmann, a BAMC trauma surgeon. “This training can be used anywhere.”

The training consisted of a presentation where attendees learned about the “ABCs of bleeding control” along with some hands-on practice in applying tourniquets, packing wounds and in applying pressure to stop bleeding at the site of an injury.

Councilwoman Dr. Adriana Rocha Garcia, who represents District Four, said she appreciates BAMC for encouraging staff members to share the training with members of the community.

“This training is one more step we can take to give our staff the opportunity to respond in the case of an emergency,” she said. “It’s an outstanding opportunity for us to learn from BAMC.”

BAMC is one of two Level One trauma centers in San Antonio and the only Level One trauma center in the Department of Defense. The staff provides trauma care to tens of thousands of military and civilian trauma patients each year.

Since 2017, the training team has provided more than 100 sessions of the Stop the Bleed training. Garcia said the training from the BAMC staff provided her and the other attendees with information and skills that could help them save lives. She will encourage other council members and community leaders to request this training.

“The goal is to train people to recognize when someone has life-threatening bleeding,” Hofmann explained. “Then, we want to make sure they know the steps to take to stop that bleeding.”

Hofmann said the training is available to members of the community. He said anyone with medical training, and base access, can call the Trauma Education and Prevention office at 210-916-1677 to apply to be an instructor.
It’s that time of year again, when people start sneezing and coughing and they don’t know if it’s from allergies or a cold. One of the most common allergens in central and south Texas is mountain cedar.

According to the U.S. Department of Agriculture Forest Service, the Juniperus ashei, more commonly known as mountain cedar, is found in over 8.6 million acres in Texas, Arkansas, and Missouri but mainly concentrated in central and south Texas. It pollinates when the temperature is close to freezing, usually from November through January.

During this time, pollen from the trees can travel several miles leaving a blanket of yellow dust on everything in its path making people who suffer from this allergy feeling miserable.

Tips to Mitigate Mountain Cedar Pollen

- During the peak season, keep doors and windows closed and run an air filtering unit when the pollen is extremely high.
- Change air conditioning filters at least a few times a year. A HEPA (high efficiency particulate air) filter will help filter the pollen even more.
- Dust with a damp cloth, and vacuum carpets with a vacuum equipped with a HEPA filter.
- Wash your hands and face as soon as you come indoors.
- Take a shower and change clothes after being outdoors for a long period of time. This will protect from pollen that lands on clothes and in your hair.
- Bathe pets more often if they remain outdoors for long periods of time.
- Wear a dust mask when doing yard work or when you are outdoors for an extended period of time.

“While it is almost impossible to avoid this pollen during the peak months, keeping the windows closed and minimizing time outside on high pollen count days or windy days can be helpful,” Waibel said.

Allergies vs. a Cold

“It is often hard to tell the difference between allergies and a cold early on as many of the symptoms are similar,” said Army Col. (Dr.) Kirk Waibel, allergist/immunologist. “While a cold or virus can last for a few days to a week or two, mountain cedar symptoms can last several weeks to months depending on how long the season lasts.”

Even though mountain cedar allergy is commonly referred to as “Cedar Fever,” a fever or chills are very uncommon.

“Some patients start with allergies but they can lead to a sinus infection,” Waibel added. “A runny nose with mucus that is yellow or green in color is much more likely to be a viral illness or sinus infection. Nasal secretions from usual seasonal allergies like mountain cedar are almost always clear.”

Common Symptoms

The most common symptoms are itchy scratchy eyes, runny nose, congested nose, sneezing, and sometimes respiratory symptoms such as cough, wheezing, or shortness of breath.

Treatments Available

Over-the-counter antihistamines or decongestants in pill, spray or eye drop form may help control symptoms. Nasal irrigation is a drug-free remedy that can also be used to wash out the allergens and excess mucus. Doctors can also prescribe oral or nasal corticosteroids and anti-inflammatory drugs.

“Most patients find relief with allergy medications,” the doctor said. “Some patients who continue to suffer from mountain cedar allergy despite allergy medication may benefit from allergy shots (also called immunotherapy) to help control allergy symptoms.

“In San Antonio we have our winter cedar which leads into the spring oak and elm, then the summer grasses, and fall ragweed, and back to cedar all over again,” Waibel said. “On top of that, we have a large amount of mold and some patients are affected by indoor allergens too.”

Patients who suffer from allergies should talk with their PCM about treatment options and additional allergy testing. Their PCM can make a referral to the BAMC Allergy/Immunology Clinic or the clinic at Wilford Hall Ambulatory Surgical Center.
Field Medics Rise Above Peers, Earn Coveted Medical Badge

BY SGT. 1ST CLASS KELVIN RINGOLD
13th ESC Public Affairs

The way combat medics maneuver and perform during warfighter operations has evolved drastically over the years. Providing the critical life-saving measures for the warfighter will always be a combat medic’s No. 1 priority and these skills are required to earn one of the most sought after accomplishments in the Army medical field.

Six combat medic specialists from Army units across the United States were presented with the Expert Field Medical Badge Oct. 4 on Cooper Field. The EFMB was designed as a special skill award for recognition of exceptional competence and outstanding performance by field medical personnel and was approved by the Department of the Army June 18, 1965.

Designed as a two-week event, 144 candidates initially began vying for the prestigious badge on Sept. 23, which allowed the candidates to prepare for what they would soon face.

“We go through a week of standardization so that’s when every candidate actually gets to see the lanes and see what the expectations are on the ground,” Lt. Col. Jarrod McGee, commander of 11th Field Hospital and EFMB officer-in-charge, said.

After standardization, the candidates were tested on the Army Physical Fitness Test, a written exam, day and night land navigation, three combat trauma lanes and a 12 mile road march.

The APFT was the first event candidates tested on after a week in the field familiarizing themselves with the EFMB standards. Between having to score at least 80 points in each event, facing temperatures of 105 degrees during the day and the field conditions, the APFT saw the candidate rate drop by 35% percent from the original 144 candidates.

Once the remaining 22 candidates made it to the CTL portion, lane one provided some of the toughest challenges for the combat medics.

“All the medical tasks were performed on this lane,” said Sgt. 1st Class Michael Connery, combat medical specialist, Carl R. Darnell Army Medical Hospital, and the lane noncommissioned officer in charge.

With 15 medical tasks to successfully complete, such as patient assessment, triage casualties and treatment for a penetrating chest wound, this lane gave the candidates a great challenge.

“IT's more of a realistic lane of what they would see in combat,” Connery said. “They had to pull a patient from a vehicle and carry them off on a litter, drag them on a Skedko litter for a certain distance and react to indirect fire.”

This was Connery’s 14th time grading the competition since he earned his badge in 1993 and has been pleased with how the EFMB process has adapted with the warfighter.

“To me it’s more realistic the way we are doing it now than how we did it back in the day,” Connery explained.

Even though the candidates received training during their EFMB time, ensuring they are prepared when they start the process is crucial.

“The modern medical treatments and carries we teach them while they are out here,” Connery said. “If they have no knowledge before they come out here, then they are at a disadvantage. All the stuff is available online and in Army Medicine Department Center and School, Health and Readiness Center of Excellence Pamphlet 350-10 for them to learn.”

Maj. James Winegarner, emergency physician, Brooke Army Medical Center, Fort Sam Houston, was one of the skilled six to earn the EFMB and it challenged him every step of the way.
“It was stressful,” Winegarner explained. “I think the accumulative stress of constant testing for several days on end was probably the biggest difficulty. There was a lot of pressure having to be perfect the first time since there were no redos.”

Staff Sgt. Jenette Paschke, an operating specialist from the 499th Head and Neck Detachment, 11th Field Hospital, 1st Medical Brigade, has been in the medical field for seven years and successfully earned the EFMB on this her second attempt.

“I took it one day at a time and studied non-stop,” Paschke said. “It’s a mental game and I just had to get my mind right. Now that I have my badge, I feel like I’m on cloud nine. It’s amazing!”

Brig. Gen. Wendy Harter, commanding general of Brooke Army Medical Center, was the guest speaker for the badge presentations, and was excited for what these six medical experts were able to achieve.

“Today, the EFMB test is the utmost challenge to the professional competence and physical endurance of the Soldier medic,” Harter said. “It is the most sought after peacetime award in the AMEDD, and while the Combat Medical Badge is the portrait of courage in wartime, the EFMB is undoubtedly the portrait of excellence in the Army all of the time. Be proud of this accomplishment you’ve achieved today. You are now among only nine percent of the Army medical population who hold this badge.”
BY BOB WHETSTONE
BAMC Public Affairs

Joint Base San Antonio gave a segment of the community some special treatment during its annual Retiree Appreciation Day, hosted by Brooke Army Medical Center, Oct. 19.

Hundreds of retired service members and their families participated in the event that included information booths and services such as skin checks, walk-in mammograms, walk-in ID card services, and TRICARE information. Retirees were able to order prescription glasses, and flu shots were administered to beneficiaries 65 years and older.

Brig. Gen. Laura L. Lenderman, commander, 502nd Air Base Wing and Joint Base San Antonio, Texas, opened the event with a brief history of when Americans learned the value and appreciation of service members and their families.

"More than 48 million Americans have served in our military since 1776," explained Lenderman. "In 1818, Congress passed legislation identifying requirements to qualify as a military retiree. In 1865, Abraham Lincoln made a promise in his second inaugural address when he said that America would 'care for him who shall have borne the battle, and for his widow, and his orphan.'"

"Your loyalty to serve our nation is awe inspiring, and we owe you that same promise," said Lenderman.

Joe Silvas Jr., Joint Base San Antonio retirement service officer, headed the planning and execution efforts for RAD. "It takes months to prepare and set aside a day to put on an event like Retiree Appreciation Day," said Silvas. "We’ve actually been in the planning stages since June to make sure every effort and every agency, internal and external are invited and get an opportunity to give back to our retired community and our family members."

"It’s a joint effort between the 502nd and the Brooke Army Medical Center staff," Silvas continued. "We did whatever we needed to do to make it a spectacular day."

To Angel Benavides, an Army veteran of 22 years, RAD has a simple and profound meaning. "Just what it says, they (community) appreciate us," said Benavides. "I hear a lot of people now, when I wear my hat (9th Infantry Division veteran) tell me, thank you for your service."

When Benavides returned from Vietnam back in 1969, he remembered the reception was cold and degrading. "It’s better, and it’s changed quite a bit for those who serve," he said. "I feel appreciated."

Brig. Gen. Wendy Harter, BAMC commanding general, also addressed the crowd before the start of RAD. "I want you to know that we hold you in great esteem on more than just one day of the year," she said. "We honor our retirees and veterans every day."

Benavides reflected on the reason why he and 48 million others served the country. "It’s not because I was becoming a millionaire at $68 a month basic pay back in 1963," he laughed. Benavides sees the military sort of like a family business. His brother served in Vietnam, and his step-father fought in Korea and Vietnam as well.

"I’d like to thank the family members of our retirees as well," said Harter. "Your selflessness gave our retirees the strength and stability to be able to do their jobs, knowing they had the love and support of their families."

"There’s a lot of military in my blood," said Benavides. "If you teach the young people to respect what we stand for, what the military stands for, I think we’ll be a lot better off."
Thirty-three students attending the Army Medical Department Noncommissioned Officer Academy Senior Leader Course 201-20 volunteered their time to speak to, and spend time with, several Soldiers at the Brooke Army Medical Center Warrior Transition Battalion and their families Sept. 28.

Three Senior Leader Course squad leaders, including Staff Sgt. Richard Davis, who is currently in the SLC class that will graduate Oct. 31, facilitated the volunteer event they named “Operation Battle Buddy Check.”

The NCOA students, in leader training with the U.S. Army Medical Center of Excellence, purchased pizza and soda and visited at the WTB’s Liberty Barracks, while a team of 10 students accompanied two of SLC squad leaders to visit wounded warriors at the Fisher House.

The impromptu initiative had a very positive outcome. Many of the Soldiers in transition assigned to the WTB expressed that they were thankful they had others to speak with and share their stories. At one point Soldiers who originally did not sign up for the event came out of their barracks rooms and joined the gathering.

A major takeaway from the event was re-emphasizing the camaraderie, ensuring the Soldiers who are transitioning out of the Army for medical reasons and their families understood they were not forgotten now that they are assigned to the WTB. Additionally, SLC students had new perspective on the leadership attributes required to serve in MEDCoE, a complex Army medicine organization.
Other Happenings at Brooke Army Medical Center

Meritorious Service Medals & Army Achievement Medal

Brooke Army Medical Center Commanding General Brig. Gen. Wendy Harter and Sgt. Maj. James Brown presented awards to three BAMC Warrior Transition Battalion cadre Sept. 23 in the auditorium. Sgt. 1st Class Jeremy Martin, WTB squad leader, and Col. Jeanne Dillon, battalion surgeon, each received Meritorious Service Medals. Staff Sgt. Brian Hyder, WTB squad leader, received the Army Achievement Medal. Congratulations and thank you for your contributions to the health and wellbeing of our Soldiers in the WTB.

Pharmacy Week Celebration

BAMC Commanding General BG Wendy Harter and pharmacy staff cut the cake 21 October to officially kickoff National Pharmacy Week 2019. The BAMC pharmacy team consists of 260 personnel. The department consists of 9 outpatient pharmacies, 4 inpatient pharmacies, 1 support/investigational pharmacy, 1 nuclear pharmacy and clinical pharmacy. The outpatient pharmacies dispenses approximately 1.3 million prescriptions annually, and 2 million inpatient pharmacy unit-dose medications and sterile products annually.

Military Retiree Appreciation Day

BAMC hosted the JBSA Military Retiree Appreciation event on October 19. Hundreds of retired service members and their families visited the information booths and took advantage of the on-site services such as skin checks, walk-in mammograms, and walk-in ID card services. Thank you to everyone who played a part in putting this tremendous event together for our military veterans, retirees and their families.
Other Happenings at Brooke Army Medical Center

**Spiritual Care Week**

BAMC kicks off Spiritual Care Week with a special ceremony featuring prayers from chaplains of all faiths and an on-site painting by CH Hamilton. The painting demonstrated the importance of finding an outlet for your creativity and spirituality.

BAMC staff members participated in a Prayer Walk and Prayer Luncheon as part of Spiritual Care Week, which has focused on spiritual resilience.

**Military Spouse Appreciation Barbecue & Cookoff**

BAMC Troop Command Soldier and Family Readiness Group hosted a Military Spouse Appreciation Barbecue and Cook Off Sept. 21 at the Lazy U Ranch in Seguin, Texas. The event featured family activities such as corn hole, volleyball and water sports. There was also a barbecue cook off.

**ESGR’s Patriotic Employer Award**

Candice Nelson was nominated for the award by Jessica Fuller, Inpatient Social Worker and Captain in the Army National Guard. Regarding Candice, Jessica said, “Candice Nelson has been an outstanding supporter of my work in the National Guard. She has ensured that I always get time off to support my unit’s training schedule; she has given me opportunities to learn things that will help me in my civilian and military job. She also has given sage advice regarding my military work experiences.”

Caryl Hill of the Employer Support of the Guard and Reserve (ESGR) presents Candice Nelson, Program Director for Inpatient Psychiatry, with the ESGR’s Patriotic Employer Award.
MISSION
We protect the Nation by ensuring Total Force Readiness through innovative, high quality care and the development of elite healthcare professionals.

VISION
To be the pinnacle of military healthcare — Anytime, Anywhere!