

the MEDDAC-Fort Carson Healthbeat

Serving the Front Range Military Family

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Army honors wounded, ill and injured

This November, the Army honors wounded, ill and injured Soldiers and their Families by commemorating Warrior Care Month. This year's theme is "Warrior Care – Building a Ready and Resilient Force."

"Caring for wounded, ill or injured Soldiers and their Families is a sacred obligation and an enduring mission," said Brig. Gen. David A. Bishop, assistant surgeon General for Warrior Care and commander of the Warrior Transition Command. "Each of these Soldiers contributes to the strength of our Army, and we've built a robust program that gives each one the dedicated time and place to heal and transition."

Across the Army during November events will be held honoring these men and women and highlighting their experiences in Warrior Transition Units with a focus on their resilience and the contributions they make to the readiness of the force.

Since 2007, the Army Warrior Care and Transition Program (WCTP) has provided the best possible support to each Soldier and Family throughout the recovery and transition process. This scalable, comprehensive program supports a ready and resilient force through:

- 29 Warrior Transition Units (WTUs) and 9 Community-Based Warrior Transition Units (CBWTUs) currently serving more than 7,500 Soldiers
- Personalized Comprehensive Transition Plans (CTPs) for each WTU Soldier, with short- and longterm goals for each of six domains of life (physical, social, emotional, spiritual, Family, and career)



- A professional cadre spanning all aspects of medical and non-medical care
- The Army Wounded Warrior Program (AW2), which provides personal support to the most severely wounded, ill or injured Soldiers and their Families, even into Veteran status
- Establishing adaptive sports and reconditioning programs at WTUs to enable Soldiers to build self confidence and see how much they can still accomplish
- Developing a Career and Employment Readiness program that enables Soldiers to return to school, obtain civilian certifications, or participate in internships to gain civilian work experience
- Returning more than 26,000 Soldiers (47%) of all WTU Soldiers to duty

- Supporting more than 56,000 Soldiers through WTUs in the last six years

Along with the other military services the Army will kick-off the observance with social media events the week of Oct. 28; and on Nov. 21 the third annual joint service sitting volleyball competition will be held in the Pentagon Athletic Center. More information on events at WTUs around the

Supporting wounded warriors

The Warrior Care and Transition Program builds a Ready and Resilient Force by:

- Ensuring wounded, ill or injured Soldiers have the time, place, and resources to heal at 29 Warrior Transition Units and nine Community-Based Warrior Transition Units throughout the nation, Europe, and Puerto Rico.
- Providing each Soldier with a Triad of Care and multi-disciplinary team focused on meeting personalized long- and short- term goals across six domains of life through the Comprehensive Transition Plan.
- Enabling WTU Soldiers the opportunity to participate in adaptive reconditioning programs that align with their medical situation.
- Facilitating Soldiers' career and employment readiness goals through internships, education programs, and certifications.
- Integrating efforts and programs to build and improve the readiness and resilience of Soldiers, Families and Caregivers, and Cadre.
- Providing personalized support to the Army's most severely wounded, ill or injured through the Army Wounded Warrior Program.

country is available on the WTC website at <http://www.wtc.army.mil/>.

WTC is a major subordinate command under the U.S. Army Medical Command (MEDCOM). WTC's mission is to develop, coordinate and integrate the Army's Warrior Care and Transition Program (WCTP) for wounded, ill and injured Soldiers, Veterans and their Families.

Army to stand up Resiliency Directorate

Jacqueline M. Hames
Soldiers Live

WASHINGTON -- Army leaders announced Oct. 21 a new directorate would be established in the Pentagon under the Army's G-1.

The Resiliency Directorate will be stood up Nov. 4, said Lt. Gen. Howard B. Bromberg, deputy chief of staff, G-1, speaking during a panel at the Association of the United States Army Annual Meeting and Exposition.

The panel discussed the service's Ready and Resilient Campaign, and Bromberg said the new directorate will be responsible for leading a cultural change Army-wide.

Bromberg said one of the challenges the Army faces in the upcoming years is force readiness in the face of downsizing and budget constraints.

"So, how do you maximize your readiness? Well, you maximize equipment by maintaining your equipment, or you can maximize your people also, by keeping them in resiliency training," he said.

The G-1's goal is to take resiliency concepts and translate them into something commanders can do and touch, he explained, emphasizing the long-term effort that will be involved in a cultural shift toward resiliency.



Photo by Lisa Ferdinando

Lt. Gen. Patricia Horoho, commanding general, United States Army Medical Command, discusses key points for bringing resiliency to Soldiers at a forum at the Association of the U.S. Army Annual Meeting and Exposition, Oct. 22.

The G-1 has already reorganized, Bromberg said, adding that the new Resiliency Directorate is being established with no overall growth in personnel.

"The responsibility of the directorate will be to be the synchronizer and the driver and energy at the department level for making resiliency the cultural change across the Army."

The Army is now in phase one of that change, Army Vice Chief of Staff Gen. John F. Campbell said, asking non-commissioned officers to lead the

change at the ground level.

"After more than a decade of fighting both in Iraq and Afghanistan -- really it's the longest conflict our nation has been involved in -- we have to have the ability to rehabilitate, reset and reshape the force," Campbell said.

Campbell said he wants to take the lessons learned about resiliency over the past few years and apply them to help Soldiers, families and civilians.

Lt. Gen. Patricia D. Horoho, the Ar-

(Resiliency Directorate continued on page 4)

Resilience training is good for spouses too

Jessi Mitchell
Army Live

I was lucky enough to attend the Master Resilience Trainer course offered by the U.S. Army's Comprehensive Soldier and Family Fitness program in the summer of 2012 at Fort Campbell, Ky. This was the first time the course was open to Army spouses.

Resilience is a buzz word that has been thrown around

a lot lately, but what exactly is resilience? The Comprehensive Soldier and Family Fitness program defines resilience as the ability to grow and thrive in the face of challenges and bounce back from adversity. The program trains Master Resilience Trainers to teach resilience skills over an intensive 10-day course, eight to nine hours a day. Twelve different resilience skills are

taught through lectures, discussions and practical exercises. After being nominated by our Brigade Command Team and interviewed by a panel of division leadership and Master Resilience Trainers, I and 29 other Army spouses participated in this course alongside 30 soldiers. While the soldiers were required to be there, we were volunteers. We fought to be there. We were there to

learn and grow.

As soon as we started the training, I was hooked. The material just made sense to me. The course put into words things that I already knew or saw happening around me but couldn't explain. For example, there's a concept in the course called Thinking Traps. One Thinking Trap is called Mind Reading: assuming that you

(Spouse Training continued page 4)

Stamp Out Lung Cancer, Commit to Being Tobacco Free

Lindsay Huse
MEDDAC Preventive Medicine

November is Lung Cancer Awareness Month. According to the Centers for Disease Control, over 150,000 people die each year from lung cancer, which is the leading cause of cancer deaths in men and women. Smoking causes most cases of lung cancer, and contributes to the development of many other serious conditions including heart disease, stroke, chronic obstructive pulmonary disease (COPD), and emphysema. Kicking the habit of using tobacco is good for many reasons, but the best reason is your own life.

Many people understand that tobacco use is harmful to them, but quitting is a great challenge because nicotine is so highly addictive. In fact, most people who eventually quit smoking make several attempts before they permanently quit. However, the nearly 50 million former smokers in the United States are proof that it can be done.

Most people who quit smoking need a good reason to do so. Besides potentially avoiding lung cancer and other diseases, consider these reasons to quit:

- You can save your life, and those of your family

members, by avoiding exposure to smoke.

- Needing extra money for the holidays or vacation? If an average price for cigarettes is \$5 per pack, a smoker who uses one pack per day could save \$1820 in a year by quitting.

- Run rings around your buddies: Within a few weeks of quitting, lung function improves by 30 percent. Better lung function means better performance while exercising...and maybe even a better PT score!

- Get the stamp of approval: Medical and dental providers may turn you down for elective surgeries and procedures unless you quit using tobacco first!

- Stay young! Quitting tobacco will help delay early signs of aging.

- What's that smell? People who quit using tobacco report better sense of taste and smell within days. Food tastes better, too!

- Tobacco use can lead to impotence. Enough said!

Finding reasons to quit is easy. Doing it is another story. The good news is that you don't have to do it alone. There are people who want to support you. You can start by attending a 1 hour cessation class offered by the Fort Carson Army Wellness



Center. Sign up by calling 526-3887. If you prefer to explore online tools to help you quit, visit www.ucanquit2.org, or www.lung.org/stop-smoking/. Other techniques to help you in your quest:

- Set a quit date, and then tell everyone you know. Post it on Facebook, Twitter, call your mom, whatever will help you be accountable and build support.

- Talk a friend into quitting with you.

- Deal with cravings by finding alternate activities; go for a run around the building, play basketball, play games or apps to keep your hands busy on breaks.

- Find something else to do with your mouth, like chewing gum.

- Find new ways to deal with triggers. Avoid alcohol if you feel you must smoke when you drink. Go for a

walk after dinner instead of lighting up.

- Detail your car and clean your home to remove reminders that may cause you to relapse.

- If you slip up, acknowledge it and move on. Recognize the hard work you are doing!

- Reward yourself for making progress! Set small goals, such as being smoke free for a day, a week, or a month. Then reward yourself when you reach your goal.

The Great American Smoke Out is November 21st. We invite you to join with millions of others by committing to be tobacco free on that day. Better yet, make it your quit date! Give yourself, and your family, the gift of better health this holiday season. Quit now, and make 2014 your healthiest year yet!

Spouse Training (Continued from page 2)

know what another person is thinking or expecting them to know what you are thinking. I recognized that was me, especially with my husband, and it's a real communication blocker, particularly in close relationships.

Because we had a mix of soldiers and spouses in the course, we were able to benefit from each other's perspectives. They tended to think about the skills in the context of handling soldiers, while we thought about how the skills would help us see our families

through the challenges of military life.

After the training was over, I noticed that by using the skills I was making subtle, gradual changes in my family life. My husband and I became increasingly self-aware, had greater self-regulation and mental agility (flexibility in thinking,) and we were creating a lifestyle that was continually positive.

Two weeks after the course was over, my husband deployed with his brigade, 3rd Brigade Combat Team "Rak-

kasans," 101st Airborne Division (Air Assault,) to Afghanistan. As a new Master Resilience Trainer, I taught my first resilience course to a classroom of spouses from our brigade, who were also facing deployment. Because the course improved their ability to handle the stresses in their lives, these spouses were better able to support their soldier. Further, they were receiving the same training and were exposed to the same material that many of their soldiers have received, creating a common

language and topic of interest.

My husband and I recently moved into leadership positions within the Army – he took a company command, and I have taken on the role of the Family Readiness Group leader. With this training as a foundation, we have experienced both personal and professional growth in how we view our leadership roles and our goals and mission for these next few years.

Although the cycle of deployments is winding down, I believe that resilience training is needed more than ever. Many of the soldiers currently serving and their families have only known rapid deployments and have become accustomed to the high intensity, high adrenaline lifestyle that comes with them. Now they are going to have to adjust to garrison life, which comes with its own types of stresses. In the long run, spouse Master Resilience Trainers are going to be a positive growth agent for the Army as they help to integrate these skills across the entire Army family.



Photo by Sgt. Alan Graziano

Military spouse Jessi Mitchell said taking the Army's Master Resilience Trainer course last year transformed her life. She now teaches resilience skills to other military spouses.

Resiliency Directorate (Continued from page 2)

my's surgeon general, discussed key points for bringing resiliency to Soldiers. The first is to ensure support systems are delivered to where Soldiers are, and to do that, the medical community is nesting their support within the larger Army community, so everyone is working together to improve the readiness and resilience of Soldiers and family members.

"The second point that I'd like to make is that it really is meeting people where they need to be met. So, it's the synchronization of those programs and capabilities, and it's making sure that we don't wait for them to come to us, that we try to do that outreach," she said. Horoho added that it's important to make sure the programs being presented to Soldiers are

the right programs, the ones that will do the most good.

Campbell acknowledged that as the Army entered the fiscal year, new budgetary challenges would appear, limiting resources for resiliency training.

He said that senior leaders will be faced with tough decisions, and will need to assess risk and prioritize programs, but he hopes non-commis-

sioned officers and leaders out in the field will provide candid feedback so those decisions are the right ones.

"We can't afford to be redundant. We have to take the right resources and make sure we get the biggest bang for our buck on all of our posts, camps or stations to take care of our Soldiers and our families and our civilians," Campbell said.

Docs help to cure 'adult acne'

Dermatology Clinic
Fort Carson MEDDAC

Rosacea affects an estimated 14 million Americans and most of them don't know they are affected.

Rosacea is a common disorder that mainly affects skin on the face. It causes redness on the nose, chin, cheeks and forehead. Over time, the redness can become more intense, taking on a ruddy appearance. Blood vessels may become visible.

In some cases, rosacea appears on the chest, back, or neck. It can also affect the eyes, causing them to feel irritated and to appear bloodshot or watery.

The cause of rosacea is not known. Some circumstances and conditions that can trigger it are sun and wind exposure, emotional stress, hot or cold weather, heavy exercise, alcohol consumption, hot spicy foods, and hot beverages.

People who have fair skin



and who tend to blush easily may be at a higher risk for the disorder. Rosacea appears more often among women, but men tend to have the more severe symptoms.

Primary signs of rosacea include flushing, persistent redness, bumps and pimples, and visible blood vessels on the skin. Other potential signs and symptoms include eye irritation, burning or stinging sensations on the face, dry appearance of skin,

raised red patches, thickening skin, and facial swelling.

While there is no cure for rosacea, medical therapy is available to control or reverse the signs and symptoms. Rosacea treatment may vary depending on a person's signs and symptoms. Treatments used for rosacea include: oral and topical medications, laser and surgical procedures.

If you suspect you have rosacea, consult your doctor.

National Diabetes Month

Diabetes is a challenging disease; it is the leading cause of kidney failure, non-traumatic amputation, and new cases of blindness. It is a major cause of heart disease & stroke and the 7th leading cause of death in the U.S. Almost 19 million people have diabetes, 7 million are undiagnosed and 79 million are pre-diabetic? There are close to 2 million new cases annually in the U.S. and the number is growing! Reduce your risk of diabetes by eating a healthy diet low in sugar and fat, exercising 150 minutes each week (30 minutes a day), and gaining and maintaining a healthy weight. For more info see: www.cdc.gov/diabetes/consumer/learn.htm.

Warts, not just for frogs or witches

Dermatology Clinic
Fort Carson MEDDAC

Warts are caused by a virus and people get warts depending on how often they are exposed to the virus. These viral lesions may occur more easily if the skin has been damaged in some way, which explains the high frequency of warts in children who bite their nails or pick at hang nails.

Patients with a weakened immune system also are more prone to these viral lesions. Warts are such a common problem that there is new research in

the works for a new vaccine against them.

The risk of catching warts from another person is small, though they may be passed from person to person indirectly. The time from the first contact with the warts to the time they have grown large enough to be seen is often several months.

There are several different kinds of warts including: common warts, foot (plantar) warts and flat warts. Common warts usually grow on the fingers, around the nails, and on the backs of hands. These are often called "seed" warts be-

cause the blood vessels to the wart produce black dots that look like seeds.

Foot warts are usually on the soles of the feet and are called plantar warts. Plantar warts grow in clusters and are known as mosaic warts. Most plantar warts do not stick up above the surface because the pressure of walking flattens them.

Warts need to be treated if they are bothersome or painful, or rapidly multiplying and are generally treated with gels, freezing, or a laser. It's best to treat new warts as soon as possible so they don't spread.



Results of the RTS,S phase III vaccine trial being conducted in Africa were presented at the 6th Multilateral Initiative on Malaria Pan-African Conference, Oct. 8, by Dr. Lucas Otieno, principal investigator at U.S. Army Medical Research Unit-Kenya

Army research yields hope for malaria vaccine

Valecia Dunbar, D.M
U.S. Army Medicine Public Affairs

WASHINGTON - Reports of the successful trials that could lead to the world's first malaria vaccine led the headlines of international news outlets this past week. Hidden within the story line is the critical role of researchers at the Walter Reed Army Institute of Research, or WRAIR, who have worked steadfastly for more than 20 years to help bring the vaccine to reality.

"Congratulations are due to the many former and current WRAIR investigators who have helped to develop and test this vaccine over the last 20 years," said Col. Robert Paris, director of the U.S. Military Malaria Research Program at WRAIR.

Results of the RTS,S phase III vaccine trial being conducted in Africa were

presented at the 6th Multilateral Initiative on Malaria Pan-African Conference, Oct. 8, by Dr. Lucas Otieno, principal investigator at U.S. Army Medical Research Unit-Kenya, also known as USAMRU-K. Otieno has been involved in the "The Walter Reed Project" trials since 2005 and works from the campus of the Kenya Medical Research Institute in Nairobi, Kenya.

The phase III study involved more than 15,000 children across 11 sites in seven African countries. The results demonstrated a 46 percent reduction in clinical malaria episodes among infants and children vaccinated at five to 17 months of age, and 27 percent among infants vaccinated at six to 12 weeks.

According to the World Health Organization, malaria infected about 219 million

people in 2010 and killed about 660,000 of them. Young children in Africa are most affected, with a child dying every minute from malaria.

Malaria is a mosquito-borne parasitic disease that kills hundreds of thousands of people each year. Although initial results indicate positive outcomes over the short term, results over the long term suggest the effectiveness of the vaccine decreases over time. Ongoing research will explore whether a booster dose can increase protection over the long term (after 18 months) as well as other tools, such as the use of bed nets, to reduce risk.

The successful trials give hope that a malaria vaccine will be available by 2015, the same year in which Glaxo Smith Kline announced it will seek licensure with the European Medicines Agen-

cy, the European model of the U.S. Food and Drug Administration.

The USAMRU-K Department of Emerging Infectious Diseases is the Kenyan arm of the U.S. Department of Defense Global Emerging Infectious Surveillance and Response System, or DOD-GEIS, a core component of the Armed Forces Health Surveillance Center.

USAMRU-K is located in Nairobi, Kenya on the campus of the Kenya Medical Research Institute and is one of five U.S. DOD overseas research laboratories. Being part of the global DOD GEIS partnership, USAMRU-K DEID promotes and facilitates national and international preparedness for emerging infections to protect the health of the public at large and U.S. DOD personnel.

Timely identification, treatment important in childhood depression

Jennifer Fontaine
MEDDAC Pediatrics

Normally when most think of childhood, smiling happy faces and kids running and playing come to mind. But for a small portion of American children and adolescents that is a far off dream – they suffer from depression.

The Evans Army Community Hospital Pediatric Clinic would like to share some information and guidance for parents on this often overlooked mood disorder in children and adolescents.

While depression is relatively uncommon in children and adolescents (occurring in 2 to 6% of the population), it is important to know the warning signs and symptoms that your child may have a mood disorder. The most important thing to know about mood disorders in children is that they are treatable.

There are a number of reasons children and adolescents may develop depression. Biology or genetics are thought to play a large role, but environmental and situational factors also tend to influence the development of symptoms. Physical or sexual abuse, neglect, parental depression or other mental illness, loss of a loved one and

medical illnesses are just some of the problems that may influence the onset of depression.

Children who are depressed sometimes demonstrate sadness and crying spells, and may even verbalize that they feel down or depressed. However, for many children the signs are more subtle. Behavior problems, acting out, irritability, anger and negative talk are some common red flags indicating a mood problem in children and adolescents.

Other signs to look for in children who may be depressed are:

- Hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Rejecting participation in activities
- Changes in appetite-either decreased or increased
- Changes in sleep pattern-either inability to sleep or sleeping too much
- Vocal outbursts
- Difficulty concentrating
- Fatigue or low energy
- Physical complaints (headaches and stomachaches)
- Feelings of worthlessness or guilt
- Difficulty making decisions
- Decline in grooming or dress

- Poor academic performance
- Thoughts of death or suicide

Treatment for depression usually includes a combination of individual and family therapy that focuses on teaching the child and the family about the disorder, and how the symptoms are best managed. Management of mood symptoms typically includes attention to getting enough physical activity or exercise, good sleep and eating habits, as well as a number of other skills that can be taught in therapy.

Sometimes medications are used in children and adolescents to treat mood symptoms, and that decision is usually made by a physician after a thorough evaluation.

It is important to note that the longer a child is depressed, the harder the symptoms may be to treat, so timely identification, diagnosis and treatment is important.

Please contact your child's pediatrician or family physician if you have concerns about any of the symptoms discussed or think that your child may have a mood disorder. Evans has a licensed clinical psychologist on staff who is available in the pediatric clinic to assist with diagnosis and treatment recommendations.

Like us at [facebook.com/EvansArmyCommunityHospital](https://www.facebook.com/EvansArmyCommunityHospital)



FOR YOUR INFORMATION

Starbucks is coming to Evans

Construction begun Nov. 6 on a Starbucks coffee shop at the former Grab-N-Go on the first floor of the SFCC (Bldg 7503). There will be periods of noise as the contractor performs demolition and construction. Please bear with us as the contractor works to offer us a new convenience.

Still need your FLU shot?

Missed our flu vaccination clinics? You can still receive a flu shot through your assigned primary care clinic either with an existing appointment or during walk-in hours weekdays from 8 - 11:30 a.m. and 12:30 - 3:30 p.m. You can also get flu shots through TRICARE-participating area pharmacies. For detailed information and updates, visit www.evans.amedd.army.mil/PM/flu_information.htm.

Dietary supplement seminar

Evans' Nutrition Care Department presents a free nutritional seminar: Dietary Supplements Ripped or Ripped off. The seminar takes place at the Fort Carson Army Wellness Center at 1 p.m. on Nov. 22 and Dec. 20.

Learn how to identify beneficial, too good to be true, and harmful supplements. Protect yourself and your wallets!

Volunteers needed for brain study

Fort Carson is seeking civilian and active duty volunteers with NO history of concussion or traumatic brain injury for a clinical research study. Data collected from this study may help researchers learn more about normal brain function in comparison with other studies among those who have suffered a concussion or mild traumatic brain injury.

Volunteers must be residents of the Colorado Springs area. Men must be 18-65 years of age, women 18-35 years of age. For more information, call 1-855-408-3614.

Turkey Day comes early to EACH

The Evans Army Community Hospital dining facility will be celebrating Thanksgiving a week early. The DFAC staff will be serving up turkey with all the trimmings on Nov. 21.

They will serve a Continental Breakfast that morning from 6 to 8:30 a.m. The Thanksgiving meal which will be served from 11 a.m. to 1:30 p.m. includes a wide variety of delicious cooking: turkey, pork loin, New York Strip Loin and all the trimmings.

The Thanksgiving meal is: \$7.60 for all Enlisted, Officer, civilians and guests; and \$6.45 for dependents of enlisted personnel E-1 to E4.

This is a flat rate price and no other items or other meals will be sold i.e. (OCONCUS, deli, premade sandwiches, premade salads, fountain drinks etc.). NCD will not be selling advance tickets this year.

EACH goes wireless for patients

EACH is pleased to announce FREE Guest Wireless (or WiFi) in 10 patient-centric locations across the main hospital! With free Guest WiFi, patients can use their smart phones, tablets, and laptops.

The goal of our Guest WiFi is not only to bring EACH into the 21st Century, but to improve the health of patients and guests within the Hospital. Providing this simple-to-access service reduces stress on patients who like to be connected and those who simply want to include other remote family members in their patient care experience thus supporting the Hospital's mission of "improving the well being of our Families."

Consultants can help

The Department of Primary Care has clinical pharmacists and Integrated Behavioral Health Consultants that can assist patients

with anxiety, depression, smoking cessation, insomnia, weight loss and a number of other common issues. Appointments can be made through your PCMH Core Team.

Secure Messaging

Evans Army Community Hospital offers a FREE Secure Messaging service to enrolled hospital patients to allow 2-way electronic communications between you and your assigned Primary Care Medicine Team. Use the secure system to refill medication or review lab tests & to get your medical questions answered. The confidential exchanges between you and your PCM team become part of your permanent electronic record. Enroll at your clinic's reception desk.

EFMP increased hours

The Exceptional Family Member Program office at Evans Army Community Hospital has increased their hours of operation to better accommodate the needs of our service members and families. Their new hours will be:

Mondays to Thursdays 7:30 a.m. to 4 p.m.

Fridays 7:30 a.m. to noon

The EFMP office has moved to Woods Soldier Family Care Center, room 2124.

Help us grow APLSS

What is an APLSS??? It is an Army Provider Level Satisfaction Survey that is sent out after some medical appointments. Not everyone will get one, but if you do we would like to hear about your experience at our facility. Were we courteous? Were you satisfied? Was our facility clean and neat? We care about your comments.

When you return a survey, you help improve your healthcare system. How? Evans earns up to \$800 for each returned survey. That money means we can improve your services. Maybe another pharmacist or an additional pediatrician.

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