

MEDCOM NOW

MEDCOM NOW—a newsletter highlighting the challenges, successes and personnel of Army Medicine

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Office of the Army Surgeon General and Army Medical Command

New Leadership at Army Surgeon General and Army Medical Command

Lt. Gen. Eric B. Schoomaker—Army's 42nd Surgeon General and Commander, U.S. Army Medical Command

Lt. Gen. Eric B. Schoomaker became the 42nd Army Surgeon General on Dec. 11, 2007, and assumed command of the U.S. Army Medical Command on Dec. 13, 2007. Schoomaker previously served as the Commanding General, Walter Reed Army Medical Center and the North Atlantic Regional Medical Command.

"I am deeply humbled and profoundly grateful to be honored with the privilege to serve as your Surgeon General and to serve as your advocate for the health and well being of our Soldiers and their Families."



Lt. Gen. Eric B. Schoomaker

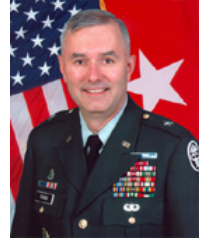
Command Sgt. Maj. Althea Green Dixon—U.S. Army Medical Command, Command Sergeant Major, Senior Enlisted Advisor to the Army Surgeon General

Command Sgt. Maj. Althea Green Dixon became the Command Sergeant Major, U.S. Army Medical Command and Senior Enlisted Advisor to the Army Surgeon General in December 2007. Dixon previously served as the Command Sergeant Major of the Southeast Regional Medical Command/Eisenhower Army Medical Center, Fort Gordon, Ga.; Medical Research and Materiel Command & Fort Detrick, Fort Detrick, Md.; and the North Atlantic Regional Medical Command/Walter Reed Army Medical Center, Washington, D.C.



Command Sgt. Maj. Dixon

Army Medical Action Plan Update—By Brig. Gen. Mike Tucker, Assistant Surgeon General for Warrior Care and Transition



Brig. Gen. Tucker

For the last 35 years in uniform, I have made it my practice to judge organizations and people not by their mistakes but by their response. So when I was asked by the Army's leadership to lead the transformation of Warrior Care for ill, injured and wounded Soldiers and their Families, I was determined that our response be swift, comprehensive and most important, compassionate.

It is a mission that as a former drill sergeant and as an officer that I take personally. I know that my work and that of my team changes lives. Our mission extends far beyond treating illnesses and healing wounds—it's a lifetime commitment of care and compassion. While those of us involved in the transformation of Warrior Care are dedicated to honoring ill, injured and wounded Soldiers and Families with a commitment to care in battle and at home, this mission is broader than changing policies and processes. It affects every person touched by the Army Family.

I ask you to reexamine how you treat those who are ill, injured and wounded whether they are on the battlefield or the home front. Each Soldier and their Family make the Army strong, and it's their experience, skill and knowledge that have built a vital force to defend our nation. We must be even stronger now as we work to heal our Warriors.

Healing Warriors is everyone's responsibility—from your fellow Soldier to the squad leader to brigade commander and up. We must all work together to ensure we are all focused on the care and healing of these Warriors. While my office of Warrior Care and Transition will continue to focus on improving the healing journey for our ill, injured and wounded Soldiers, we need Soldiers of all ranks and specialties to remember that the path to recovery requires compassion, common sense and commitment to care—no matter the type of illness, injury or wound—seen or unseen.

To ensure all Warriors receive the treatment they deserve, we developed a "Triad of Care" for each ill, injured and wounded Soldier and their Family. The triad includes a health care and military support team including a primary care manager, a nurse case manager and a squad leader. This team is assigned to each Warrior to facilitate all care, support and services. Each Warrior in Transition is then in turn assigned to a Warrior Transition Unit which will be managed by a military commander, first sergeant and platoon sergeant. Each of the 35 Warrior Transition Units is located near a Soldier and Family Assistance Center in an effort to centralize Warrior access to essential services. Those centers are managed by the Army Installation Management Command.

Warriors with life-altering injuries and wounds including: loss of limb, sight, brain or spinal-core damage, traumatic brain injury, post traumatic stress disorder, severe burns, disfigurement and multiple gunshot wounds are assisted through the Army Wounded Warrior Program. The program provides each Wounded Warrior with a Soldier Family Management Specialist who works closely with the Soldier and their Family to coordinate benefits, services and other assistance programs. Throughout the entire process, the Army Family Covenant focuses on providing Soldiers and Families a Quality of Life commensurate with their voluntary service and daily sacrifices. The covenant's intent is to provide a holistic means of assistance for Families and loved ones in education, employment, housing, the Army's Well Being programs and more.

As you know, it takes more than one Soldier to win a battle. It takes more than a single medic, physician or nurse to heal an ill, injured or Wounded Warrior. It's a coordinated, compassionate, synchronized team effort. We need your help today to continue to build a system that responds to the actual needs of Soldiers and their Families that will continue to grow and sustain itself in the years to come. Transforming our system is about doing what is right for Soldiers and their Families today. It also means ensuring that the health care system and Family support structure we develop responds to your needs, my needs and the needs of our fellow Soldiers when they need it.

It's hardly a simple task, but I follow a guide Dwight D. Eisenhower used in his decision making to help keep me and our effort on track. We all use one yardstick to test every major problem we encounter—and that yardstick is: Is it good for Soldiers? Is it good for Families?

I hope you will do the same.

Army Proponency Office for Rehabilitation and Reintegration Helps Lead the Way Towards Improved Soldier Health care

Headquartered in Falls Church, Va., with a branch office located at Fort Belvoir, Va., the Proponency Office for Rehabilitation and Reintegration (PR&R) is the Army's comprehensive oversight office for all rehabilitative and reintegration programs and policies for Soldiers who are injured and Family members. The Army Office of the Surgeon General and Army Medical Command established the office in May 2007, due to the significant increase in the number of Soldiers returning home with post-traumatic stress disorder, traumatic brain injuries and other deployment-related injuries.

Lead by Col. Bonnie DeMars, the PR&R director, the office's mission is to institute Army-wide standards of care for the rehabilitation and transition of injured Soldiers diagnosed with injuries such as: traumatic brain injury, amputations, polytrauma, vision and hearing impairments, burns, chronic and acute musculoskeletal injuries and functional limitations related to combat stress/post traumatic stress disorder. The daily PR&R operations are managed by deputy director, Col. Judy Ruiz and operations branch manager Col. Mary Lopez.

"Our Soldiers face many challenges in theater and we want them to be mentally as well as physically ready," Lopez said. "Before they deploy, we want all Soldiers to have a positive attitude about the Army health care system and know that the Army will be there to take care of them on the battlefield and upon their return home."

The PR&R top initiatives include: working closely with the Defense and Veterans Brain Injury Center to establish a TBI Clinical Management Guideline (CMG) for primary care providers at all levels, baseline (pre-deployment) cognitive testing, certification of hospital/clinic TBI programs, development of rehabilitation programs inside the Warrior Transition Units and musculoskeletal CMGs for primary care providers.

"We are working towards methodologies that will lead to the early diagnosis and treatment to help wounded and injured Soldiers attain the best possible quality of life," Lopez said.

Fort McPherson Opens Warrior, Soldier Family Assistance Center

Soldiers, Family members and DoD civilians gathered at Fort McPherson recently for a ribbon-cutting ceremony to officially open the Army Reserve Warrior and Family Assistance Center.

The center provides Army Reserve Soldiers and their Families with a single source to resolve situations or medical issues and to get information on programs and benefits available to them. The center's slogan exemplifies its mission, officials said: "Soldier's first, Families always."

The cadre is comprised of active, Reserve and National Guard Soldiers. Care for Soldiers is managed by a nurse case manager.

The center also has staff who serve as liaisons for Soldiers and Family members during their transition and healing process.

The Warrior Transition Brigade (WTB) offers Soldiers a comfortable environment to concentrate on their healing. Soldiers at the WTB don't have to worry about their medical needs—that's all taken care of for them. Their mission is to heal.

"Taking care of Soldiers is our number one priority and we ensure that their medical, physical and Family needs are met at the battalion," said Sgt. Maj. Marilyn Wilson, sergeant major for the WTB.



Brig. Gen. Anne F. MacDonald, chief of staff, U.S. Army Reserve Command, and Col. Scotty Grigsby, chief of the Army Reserve Warrior and Family Assistance Center, cut the ribbon commemorating the opening of the new Warrior and Family Assistance Center at Fort McPherson. Watching from the side are Sgt. 1st Class Bruce B. Golden, left, a career counselor, and Maj. Fidel Perez, an operations officer, both assigned to the Warrior Transition Battalion at Fort Benning.

Army Combat Medic (Miss Utah) Competes for Miss America Crown

Story & poster courtesy Army News Service

A combat medic and Miss Utah 2007, Sgt. Jill Stevens will compete for the Miss America Crown in Las Vegas, Nev., January 26.

Stevens is a member of the Utah National Guard's 1st Battalion, 211th Aviation Regiment. She is featured in the December Soldiers Magazine and is documenting her preparation and competition for the pageant at www.army.mil/gjill.

As Miss Utah 2007, Stevens travels the state and across America to spread the word on emergency preparedness.

She also gives motivational talks to students about her slogan, "Lock and Load," which she translates to "Be ready for anything and make every moment count."

Last October, Stevens visited wounded Soldiers at Walter Reed Army Medical Center, Wash., DC., as a Miss America finalist and as a Soldier with the Utah National Guard.

The divide between Soldier and beauty queen, beret and tiara, evening gown and Army combat uniform, is not so vast to Stevens.

"To me, they go hand in hand. The military wants people to get an education, to be fit and, above all, to serve. It's the same with Miss America. They also want you to be educated; they also promote fitness; and the biggest part is service. Both teach you to be leaders," Stevens said.



Poster of Sgt. Jill Stevens was created to promote her journal on the new Army Web site www.army.mil/gjill.

Soldier and Family Assistance Centers Prepare for Full Operation

Story & photo courtesy Army News Service

Personnel from the Army Installation Management Command (IMCOM) responsible for establishing and operating the new Soldier and Family Assistance Centers (SFACs) met at a three-day conference in December to train for their new mission. The SFACs are scheduled to be fully operational by January.

Attending the conference were the new SFAC directors and Army Community Service directors from installations where SFACs are in place.



"Our wounded Soldiers and their Families deserve assistance and support that is not only centralized, but is specialized and tailored to their needs, their circumstances, and their unique mission," said April Davis, director of West Point's Soldier and Family Assistance Center and conference attendee.

Topics covered ranged from legal, post-traumatic stress disorder, casualty and mortuary affairs, Social Security and health insurance.

Brig. Gen. John Macdonald, IMCOM's deputy commanding general, told participants that, in standing up these SFACs on their installations, they will be taking a unique place in history.

"No one will have a greater impact on the culture of these SFACs than you—the people who are first on the ground, in setting up SFAC operations," Macdonald said.

"We have the opportunity here to create a climate—a loving, warm healthy, healing climate that makes our heroes, our Wounded Warriors, "want to get better."

Earlier this year, the Army Medical Action Plan directed IMCOM to establish 29 SFACs on installations in the continental United States where

military treatment facilities and Warrior Transition Units (WTUs) were in place.

Europe will also serve a widely-dispersed population of WTUs through garrison assets, officials said, operating under guidance from three SFAC directors at critical sites.

Together, the WTUs and SFACs provide Soldiers and Family members the critical medical services and support they need to heal.

"The SFAC will not be a place where broken people come for help," Macdonald said.

"It will be a place where strong, brave, proud men and women come to rebuild and reclaim their lives. We will give them our sensitivity, not our pity. We will be partners in their progress, not their deterioration."

Healing Warriors in Germany Appreciate New Warriors in Transition Program

Story courtesy Nick D'Amario, USAG, Grafenwoehr, Public Affairs

GRAFENWOEHR, Germany - When it comes to learning about programs developed specifically for them, wounded Soldiers assigned here are being updated by community leadership.

Col. Brian Boyle, commander of U.S. Army Garrison Grafenwoehr, recently hosted the first Warriors in Transition monthly town hall meeting at the Vilseck Chapel.

Currently, 19 Soldiers are enrolled in the Warrior in Transition program here, with three more expected to join soon.

Their presence was evidenced as they occupied the first two pews - and hooah-ed Boyle's overarching message of "let there be no doubt that in this community, it (the Warrior in Transition program) will work."

A Warriors in Transition Unit activated in Vilseck is part of the new Army Medical Action Plan, allowing Soldiers to receive extended medical care to heal in Europe, instead of being returned stateside.

While current facilities supporting the program are located relatively close to Vilseck's Rose Barracks, there are plans to tighten up their proximity pending construction of a new complex starting in 2009.

No less than 25 Soldier and Family Assistance Center (SFAC) agencies are dedicated to supporting the Warrior in Transition program, with the lion's share of them coming under the direct oversight of Boyle.

SFAC agencies have two key intents:

(1) provide a one-stop location for support to Warriors in Transition and their Families; and (2) provide tailored and responsive core services.

These services will be found on-site, brought forward to the SFAC, or facilitated through priority off-site appointment.

SFAC services offered will include: providing information and referral services to Soldiers and Families; transition and employment assistance; social services; legal assistance; military personnel services; pastoral care; education services; invitation travel claims for Families; and numerous others.

As far as any responsibility residing with Soldiers in the Warrior in Transition program, Boyle said, "You have one job ... to get better."

Traumatic Servicemembers' Group Life Insurance (TSGLI) Advisors Assigned to 10 Military Treatment Facilities

Story courtesy Army News Service

The Army Human Resources Command announced in December the assignment of Soldier Family Support Specialists (SFSS) at 10 military treatment facilities (MTFs) across the U.S.

The SFSSs will advise and assist Soldiers and Family members needing to file Traumatic Servicemembers Group Life Insurance claims with the Department of Veterans Affairs for traumatic injuries incurred.

The SFSSs work closely with Warrior Transition Units and Soldier Family Assistance Centers and are currently available at the following Army Medical Centers:

Brooke, Fort Sam Houston, Texas; Carl R. Darnall, Fort Hood, Texas; Dwight David Eisenhower, Fort Gordon, Ga., Madigan, Fort Lewis, Wash., Walter Reed, Wash., DC., William Beaumont, Fort Bliss, Texas; and Womack, Fort Bragg, N.C.

SFSS also are currently available at Blanchfield Army Community Hospital, Fort Campbell, Ky., the U.S. Army Health Clinic, Schofield Barracks, Hawaii; and the Guthrie Ambulatory Health Care Clinic, Fort Drum, N.Y.

The SFSSs advisors also will assist Soldiers and Family members at other MTFs across the U.S. Additional SFSSs will be assigned to other MTFs in the future.

For more information about the SFSS program, TSGLI eligibility or information on how to submit a TSGLI claim, contact the U.S. Army TSGLI Service Center at (800) 237-1336 or email TSGLI@conus.army.mil.

TSGLI information is also available on the TSGLI Web site at www.tsqli.army.mil.

Office of the Surgeon General and Army Medical Command

Coming Events

Happy New Year
January 1, 2008

**Warrior in Transition
Leadership and
Training Conference**
January 13-18, 2008

**Martin Luther King
Holiday**
January 21, 2008

**State of the MHS—The
2008 Annual TRICARE
Conference**
January 28-31, 2008

Contact

MEDCOM NOW

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Army to Launch Wounded Warrior Sports Program

Story & photo courtesy Army News Service

The Army will launch a [Wounded Warrior Sports Program](#) for active-duty Soldiers with life-altering injuries in January, giving them the opportunity to compete at the national level.

The Army will pay for the athletes' registration fees, transportation, lodging and per diem while they compete at selected events. Athletic attire will be issued to the Soldiers, who will represent the Army during competitions.

"The goal is to allow our Wounded Warriors an opportunity to continue to participate and compete in state and national competitions," said Willie Wilson, acting director of Soldier programs at the Army Family and Morale, Welfare and Recreation Command. "We have more and more wounded Soldiers staying on active duty who participate in sports. This is an avenue for them to continue their athletic dreams."

Additional information and instructions on how to apply and participate in the Army Wounded Warrior Sports Program are available at www.armymwr.com under the heading Recreation & Leisure, then Sports & Fitness. Soldiers and Family members may also contact Mr. Mark Dunivan at mark.dunivan@us.army.mil or (719) 526-3908 or Ms. Peggy Hutchinson at peggy.hutchinson@us.army.mil or (703) 681-7211.



In January, the Army will launch a Wounded Warrior Sports Program for active-duty Soldiers with life-altering injuries such as the amputees who ran in October's Army Ten-Miler in Washington, D.C.

Warrior Transition Leadership and Training Conference

The U.S. Army Medical Command is hosting a Warrior Transition Leadership and Training Conference in San Antonio, Texas, Jan. 13 to 18, 2008. Personnel invited to attend include: Warrior Transition Unit brigade, battalion and company commanders, first sergeants, case managers, Medical Evaluation Board primary care managers (one per installation) and Warrior Transition Office personnel (one to two from each Regional Medical Command).

The uniform of the day is the Army Combat Uniform for military personnel in attendance and business attire for civilians. For additional information regarding the conference please contact Ms. Lucrecia Reyes at the Office of the Surgeon General Warrior Transition Office at lucrecia.reyes@us.army.mil.

The Way Ahead

"I am humbled and feel very privileged to lead the Army Medical Department, an extraordinary team with a proven record of service and accomplishment. You have earned the trust and confidence of the American Soldier, the love of his or her Family and the respect of the American people and the world. I am honored to serve with you and to serve you. Success in our mission is my only concern and the only focus of my energy and ideas. You are key to our Army remaining...Army Strong!"

Lieutenant General Eric. B. Schoomaker

Commander, US Army Medical Command,
The Surgeon General