

MEDCOM NOW

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

Inside this issue:

The Army Medical Action Plan—One Year Later

Walter Reed's Warrior Clinic Officially Opens

Vicenza WTU Renovation Nears Completion

Center for the Intrepid Celebrates One Year Anniversary

AMEDD Instructor Receives Purple Heart

Surgeon General Presents 2007 AMEDD Beneficiary Advisor Of the Year Award

Fort Drum MEDDAC Commanders Discuss Army's Disability Evaluation System Pilot Program

Leaning in the Right Direction—MEDIC Reenlists by Tower

AMEDD Achievements Recognized at the 2007 Military Health System Conference

The Way Ahead

Office of the Army Surgeon General and Army Medical Command

Army Medical Action Plan—One Year Later

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



Lt. Gen. Eric B. Schoomaker

The Army Medical Department has no higher obligation than to care for Soldiers who have been injured in service to their country. In the past year, Army leadership placed enormous emphasis on ensuring we meet this obligation and the Army Medical Action Plan (AMAP) has enabled fundamental change throughout the Army.

Inpatient medical, surgical and nursing care for wounded, ill and injured Soldiers has always been excellent; but now, they also benefit from improvements in the continuum of care from inpatient to outpatient and better administrative support and services as they recover and rehabilitate.

These efforts prepare them to return to duty or become productive members in their community while continuing care under the Department of Veterans Affairs (VA) or in civilian rehabilitation facilities.

Specific AMAP accomplishments include:

—Established 35 Warrior Transition Units (WTUs) to provide Wounded Warriors support while they recover medically, emotionally and provide assistance with administrative actions. Each Warrior has a triad of care which consists of a squad leader, a nurse case manager and a primary care physician.

—Opened 30 Soldier and Family Assistance Centers which provide additional support to Wounded Warriors and their Families.

—Established a 24-hour Wounded Soldier Family Hotline that serves Soldiers and Family members with answers to questions or help with issues.

—Provided and continue to add ombudsmen; many are retired noncommissioned officers with medical experience who work at 21 Army medical treatment facilities.

—Set new policies making it easier for Wounded Warriors and their caregivers to travel and receive lodging at government expense.

We also are addressing concerns and providing treatment for those Soldiers with concussive injuries and those with symptoms of post-traumatic stress. We understand these are great concerns for the American public as well as Soldiers and their Families. We recognize the importance of prevention, timely diagnosis and treatment of concussive injuries and post-traumatic stress and we are aggressively executing programs designed to educate, prevent, screen and provide care for deployment-related stress and injuries.

The Army Medical Action Plan—One Year Later (continued)

We continue to work on making the transition to care under the VA fluid and hassle free for Soldiers and their Families. We instituted a year-long pilot study for an improved disability evaluation system in the National Capital Area with the VA. Both the VA and Department of Defense are also working on sharing electronic health information so each department can view the other's clinical encounters and medical history, which includes: pharmacy, allergy, microbiology, chemistry/hematology and radiology reports.

In efforts to improve communication and coordination, the Army Surgeon General's Office and the VA have exchanged personal advisors who work directly for the Secretary of the VA and the Surgeon General. The VA also increased the number of Federal Recovery Coordinators and liaisons to the Army staff and Army hospitals. In turn, we've increased the number of Army liaisons who work at VA polytrauma rehab centers and we've incorporated VA personnel into WTU training.

America can be assured that we will not rest until all Soldiers who are wounded, injured or ill while serving the Nation are cared for competently and compassionately. We are committed to getting this right and will provide a level of care and support to our Warriors and Families that is equal to the quality of their service. I am proud of the Army Medical Department's efforts over the last 12 months and I am convinced that our coordinated efforts are making a positive difference.

Walter Reed's Warrior Clinic Officially Opens

Story & photo courtesy Army News Service

The Walter Reed Army Medical Center (WRAMC) Warrior Clinic held its ribbon cutting ceremony Feb. 15, to officially open its doors.

The only clinic of its kind in the Army, it actually began treating patients in Oct. 2007, and administers to about 686 outpatient Soldiers assigned to the Warrior Transition Brigade (WTB) at Walter Reed, said Col. Patricia D. Horoho, commander of the Walter Reed Health Care System. It represents a new focus on providing primary care at WRAMC, she added, and not just specialized tertiary care.

According to head nurse Maj. Greta Collier, the entire clinic was constructed in less than two months and was designed with handicapped Soldiers in mind. Clinic staff advised on everything from the type of exam tables to the location of supplies to the artwork on the walls, which represent Soldiers' hometowns from across the 50 states.

Even the clinic's location on the first floor, she said, was chosen for patients' convenience. A larger example of the 35 WTUs across the Army, the WTB consists of three companies. The centerpiece of the WTU or WTB is the triad: squad leader, nurse case manager and primary care manager.

Each company has its own primary care doctor (one for every 200 Soldiers) who can get to know the Soldiers, which officials said was critical for continuity of care.

To further ensure that Soldiers' needs are met, there is a squad leader for every 12 Soldiers. The squad leader handles logistics and finances. There is a nurse case manager for every 18 Soldiers. The case manager tracks appointments and medications.

That support has been crucial in helping keep track of six to seven personal appointments each week, said Sgt. Michael Anthony Mynard, who lost both legs while serving in Iraq with the 2nd Stryker Brigade.

"If any appointments pop up that I don't know about, (my nurse case manager) will give me a call so I don't miss them, and then if she feels I need an appointment, she'll make one."

"And if I need an appointment and I can't make it, she'll also make one for me. And then, Sgt. 1st Class Torres (my platoon leader) makes sure I get everything I need to get done in order to continue working."



Sgt. Michael Anthony Mynard talks with his nurse case manager 1st Lt. Laurie Voss and platoon leader Sgt. 1st Class Eliseo Torres at the Warrior Clinic.

"I'm his advocate," said Sgt. 1st Class Eliseo Torres. I'm an extension to him. Whatever he can't do physically or mentally, that's my job."

"I have to put myself in his shoes every day to see what he goes through, and see what he needs to accomplish to make himself better and to be able to be successful later on once he leaves here," Torres said.

"My job as a leader is to make sure I'm taking care of my troop, and he has someone he can count on. This has probably been one of my best assignments ever because I feel that I get to make a difference."

"Sgt. Mynard inspires me everyday to do what I do. Him and others like him. To have just gone through what he went through and to have a positive attitude and still trying to go on and live his life, I owe it to him."

Vicenza WTU Renovation Nears Completion

Story & photo courtesy, USAG Vicenza Public Affairs

VICENZA, Italy - Soldiers here are seeing considerable renovations on post that will play a major part in helping injured troops on the road to recovery as part of a Warrior Transition Unit (WTU) that officially opened Feb. 22.

"Building 9A is complete, and we are already moving Soldiers into their new rooms, said Staff Sgt. Patrick Chaplin, WTU squad leader. "The other building will be complete by the end of this month."

Once the revamp is finished, there will be 36 rooms - a combination of single and double quarters - housing a total of 56 Soldiers and two cadres, with new decks providing wheelchair access.

Those already assigned to the WTU have Started moving into the new quarters. For example, Sgt. Justin Varnes now has single room to himself.

"It's a really nice space, much better than the regular barracks," Varnes said. "Not having a roommate is great, but I'd love to have more of a kitchen area, rather than just a fridge and microwave."

Besides the new barracks, the unit has taken delivery of a specially fitted Mercedes van to shuttle

Able to handle up to nine passengers, the vehicle is outfitted with a hydraulic lift in the rear to put wheelchair-bound Soldiers securely into the van while they remain seated.

"We've got lots of storage area," added Pfc. Thomas Bryant, who is moving into a double room. "I like it a lot. I even have a signal for my cell phone. Better than hanging out the window in the last place I lived."

For now, available rooms will be occupied by WTU Soldiers only. As more rooms become available, they will be filled by other troops needing short-term billeting - but WTU members have precedence.

"These rooms are just too nice to leave them empty," Chaplin explained.

"We have Soldiers that may need a temporary place before they get authorization to move off post or to other quarters. But our WTU Soldiers always get priority."

"This van provides ... more mobility and ease in getting around for appointments and such," said Chaplin. However, learning to drive it was a big adjustment; this is a big truck," Chaplin added.

"But it is great transportation."



Staff Sgt. Patrick Chaplin, Vicenza, Italy, Warrior Transition Unit squad leader cuts the ceremonial cake during a ribbon cutting ceremony Feb. 22 to open the WTU.

Co-located with WTU operations are the USO and Better Opportunities for Single Soldiers organizations, which have moved into the refurbished buildings as well.

"Overall, U.S. Army Garrison Vicenza Directorate of Public Works did a superb job in getting the facility renovations completed in such a short time, less than four months," said Christopher Karlsen, who is the sustainment, restoration and modernization program manager for Installation Management Command Europe.

"They ... improved accessibility to buildings; reconfigured room layouts; provided new access control; and added all new furniture," Karlsen noted.

The WTU, which allows Soldiers the time and place to heal, is a large step in the right direction in caring for injured Warriors.

"The facility receives plenty of support. Anything we need, the Ederle community is right on it, Chaplin said."

Center for the Intrepid Celebrates One Year Anniversary

Story and photo courtesy Fort Sam Houston News Leader



Physical therapist assistant Melisa Howard holds on to the gate belt around Pfc. Adrian Garcia's waist to assist him in maintaining his balance as he practices walking with his prosthetic legs in the Center for the Intrepid. Amputees start out walking with their feet turned backwards for additional stability - to avoid the tendency to lean backwards - before knee joints are added.

The Center for the Intrepid, which was one year old Jan. 29, is a rehabilitation facility that treats amputees and burn victims, specifically U.S. servicemen and women who served in military operations in Iraq and Afghanistan. More than 27,000 patients and approximately 200 individual patient appointments have been processed at the center since the building was dedicated last January.

AMEDD Instructor Receives Purple Heart

Story & photo courtesy Elaine Wilson, Fort Sam Houston Public Affairs

Sgt. 1st Class James Jeane, a tactical trauma instructor for the Department of Combat Medic Training (DCMT), Fort Sam Houston, Texas, was awarded the Purple Heart Feb. 8, for injuries sustained in Iraq.

"This is truly a great day, a great honor," said Maj. Gen Russell Czerw, Fort Sam Houston Installation Commander who praised Jeane for heroism and service.

Jeane was wounded in Mosul, Iraq, Feb. 26, 2006, while working with a scout platoon during a raid. After the raid, while chasing a suspected terrorist out of a mosque compound, his platoon's Stryker vehicle was hit by a vehicle-borne improvised explosive device that exploded less than 10 feet from Jeane—hitting him in the head with shrapnel.

"He had to learn how to walk, talk and feed himself again. Think about that as a mission order," Czerw said.

Jeane began teaching at Fort Sam Houston in November 2006, after spending a few months recovering at

Walter Reed Army Medical Center in D.C., and the Veterans Affairs Poly-Trauma Center in Virginia.

He was determined to stay in the Army and thanked numerous people for helping to make it happen.

"They brought me on board and didn't categorize me as a Traumatic Brain Injury or a Wounded Warrior, they treated me like everyone else."

"When you run into Wounded Warriors, don't draw conclusions, Jeane added. Just do what you can to help out."

During opening remarks, Jeane thanked his wife, Sunshine, and their five children ages 12, 8, 6, 4 and 1, for their support over the years.

Also at the ceremony were several members of The Military Order of the Purple Heart, an organization of wounded combat veterans who attend just about every Purple Heart ceremony as well as visit wounded in recovery.

"We can't go back to combat to help our comrades who didn't make it, but we can help the servicemen and women coming back now," said Antonio Roman, Texas chief of staff, Military Order of the Purple Heart.

"We've been there so we can relate to what they're going through. Visiting with them doesn't just help heal them, it heals us too."



Maj. Gen. Russell Czerw, Commander, Fort Sam Houston and Army Medical Department Center and School, pins a Purple Heart medal on to Sgt. 1st Class James Jeane's uniform Feb. 8 at the Department of Combat Medic Training.

Surgeon General Presents 2007 AMEDD Beneficiary Advisor of the Year Award

Story & photo courtesy American Forces Press Service

Stacy Perez, a beneficiary counseling and assistance coordinator/debt collection assistance officer (BCAC) at Carl R. Darnall Army Medical Center, was awarded the prestigious Army Medical Command Beneficiary Advisor of the Year award for 2007.

The award was presented by Army Surgeon General, Lt. Gen. Eric Schoomaker, at the Military Health System annual conference, held Jan. 28-31, Washington, D.C.

"I was very surprised, honored and did not know that I had been nominated for the award," Perez said.

The Beneficiary Advisor of the Year Award is an honorary award given annually by the MEDCOM to

recognize a selected individual for outstanding contributions as a beneficiary advisor.

The award recipient is selected by a MEDCOM panel who evaluate nominations submitted by military treatment facilities throughout the Army Medical Command.

Nominees are evaluated based on the quality of service provided to MHS beneficiaries, contributions to beneficiary education, special or unique contributions or methods of distributing information, and written contributions to TRICARE articles. Perez has been a BCAC at Fort Hood since 2002.

"I have a huge heart and love helping each and every one of them. I treat each contact as if they were my only contact for the day."



Ms. Stacy Perez accepts a plaque and certificate from Lt. Gen. Eric Schoomaker, Army Surgeon General, after being named Army Medical Command Beneficiary Advisor of the Year for 2007. Perez is an employee at Carl R. Darnall Army Medical Center.

Fort Drum MEDDAC Commanders Discuss Army's Disability Evaluation System Pilot Program

Story & photo courtesy Fort Drum Blizzard Online

When Soldiers are wounded, they often must go through mounds of paperwork, counseling sessions and a series of mental and physical examinations before an official evaluation can be rendered.

In an effort to clarify the current evaluation programs – the Army Physical Disability and Evaluation System (PDES) and the Department of Veterans Affairs Compensation and Pension Program – Fort Drum MEDDAC commanders spoke about the policies in place and the Army's efforts to assist Soldiers.

"The PDES evaluates Soldiers and identifies any medical ailments or injuries that prevent them from being Soldiers, said Lt. Col. Troy R. Johnson, deputy commander for clinical services, U.S. Army Medical Department Activity, Fort Drum. The VA looks at a Soldier's ability for civilian employment," he said.

There is often confusion about how the Army makes note of a Soldier's ailments for the medical evaluation board, which is part of PDES. A Soldier's ability to carry a ruck sack, fire weapons, put on protective gear and engage in rigorous training are all looked at during the PDES phase.

"In the VA system, everything counts as long as it's service-connected," Johnson said.

For the PDES, although these ailments are commented on, they are not factored into a Soldier's disability ratings as long as the Soldier is not disqualified for military service.

If a person can still Soldier, even with an injury, then they won't receive any disability through the Army system," Johnson said.

"This can be confusing for Soldiers who may see a diagnosis on their form and think they will be rated for that ailment, and this is not always the case. ... It always falls back on how the ailment will affect their ability to perform their military duties."

To help ease some of the confusion over having two completely different evaluation systems and the repetitive paperwork, the Army launched November the Disability Evaluation System pilot program in November 2006.



Lt. Col. Troy R. Johnson (left), Deputy Commander for clinical services, U.S. Army Medical Department Activity and Col. Jerome Penner III, MEDDAC commander, discuss current medical evaluation systems for Soldiers.

"The ultimate goal is to have a single, streamlined system that takes care of Soldiers properly—whether it's through the Army and the PDES or the VA," said Col. Jerome Penner III, MEDDAC commander.

"If a Soldier's condition happens to get worse after leaving the Army, their VA compensation may increase. You can't go back to reevaluate the Army rating, but you can be continually be reevaluated under the VA compensation and pension program. Where one system ends, the other one begins," Penner said.

Leaning in the Right Direction—Medic Reenlists by Tower

Story and photo courtesy Military Health System Press Room

EUROPE REGIONAL MEDICAL COMMAND, Germany - Some might say Spec. Rudolph Maduro (right) is leaning toward the Army, since he reenlisted for two more years at the Livorno Health Clinic, Livorno, Italy. Capt. Gregory Iverson (left), Livorno Health Clinic commander, administered the reenlistment oath to Maduro, a medic, at a ceremony in front of the Leaning Tower of Pisa.

To have a reenlistment ceremony at The Leaning Tower was a special event for the medic, made possible by the efforts of Camp Darby and depot commanders, senior leadership, and others.



Capt. Gregory Iverson (left), Livorno Health Clinic commander, administered the reenlistment oath to Maduro, at a ceremony in front of the Leaning Tower of Pisa.

Office of the Surgeon General and Army Medical Command

Coming Events

**Warrior Transition
Personnel Training
Conference**
March 3-7, 2009

**5th Annual World Health
Care Congress**
April 21-23, 2008

**Annual Military Suicide
Prevention Conference**
April 21-24, 2008

Contact

MEDCOM NOW

Submit Army Medical
Department, AMAP and
other related good news
features for publication to

5109 Leesburg Pike,
Suite 671, Falls Church, VA
22041

Phone:
(703) 681-1942

Fax:
(703) 681-4870

E-mail:
mike.j.elliott@us.army.mil

AMEDD Achievements Recognized at 2007 Military Health System Conference

The assistance secretary of defense, health affairs, Dr. S. Ward Cassells, recognized Army Medical Department (AMEDD) achievements at the 2007 Military Health System conference held Jan. 28-31, in Washington, DC. The awards presented to the AMEDD include:

Excellence in Customer Satisfaction (CONUS)

*Medium Medical Facility—Keller Army
Community Hospital, West Point, NY.*

*Large Medical Facility—Walter Reed
Army Medical Center, Wash. DC.*

Excellence in Inpatient Satisfaction

*Irwin Army Community Hospital, Fort
Riley, Ka.*

Excellence in Pharmacy Operations—Army

*Brooke Army Medical Center, Fort
Sam Houston, Texas.*

*Rader Army Health Clinic, Fort Myer,
Va.*

Excellence in Health Innovations Programs—Access

*Effective Patient Partnerships—Carl R.
Darnall Army Medical Center, Fort
Hood Texas.*

*Quality—Carl R. Darnall Army Medical
Center, Fort Hood, Texas.*

USUHS Excellence in Teaching

*Madigan Army Medical Center, Fort
Lewis, Wash.*

The Way Ahead

The Army Medical Department's highest priority is caring for our wounded, ill and injured Warriors and their Families. I am proud of our efforts over the last 12 months and I am convinced that in coordination with the Department of Defense, the Department of Veterans Affairs and Congress, we have "turned the corner" toward establishing an integrated, overlapping system of treatment, support and leadership that is significantly enhancing the care of our Warriors and Families. Army Medicine— Army Strong!

Lieutenant General Eric. B. Schoomaker

Commander, US Army Medical Command,
The Surgeon General

Excellence in Patient Safety Programs—Use of Technology, Hospital

*Madigan Army Medical Center,
Fort Lewis, Wash.*

Electronic Health Record Innovators Award

*Irwin Army Community Hospital,
Fort Riley, Kan.*

Excellence in Deployment Nursing

*Maj. Stacey Weina, U.S. Army Nurse
Corps.*

Nursing Research Lifetime Achievement

*Col. Stacy Yung, McCaughan,
U.S. Army Nurse Corps.*

MHS Motto Competition

Winning motto "Caring for the best"—
*Submitted by LTC Michal Rossman,
Army Medical Activity, Heidelberg.*

MHS Logo Competition

Winning logo submitted by
*Col. Randall Anderson,
U.S. Army Military Vaccine Agency.*