

NORTH

NORTHERN REGIONAL MEDICAL COMMAND

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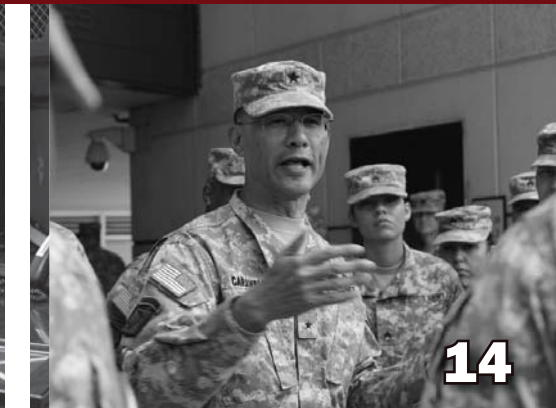
LEADING THE WAY

CG HEADS TO TWO-STAR COMMAND

**KENNER MEANS BUSINESS
AMONG BEST IN BIZ BOWL**

**SECURE MESSAGING SERVICE
COMES TO MCDONALD**

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NORTH

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A MESSAGE FROM NRMC LEADERSHIP



Brig. Gen. Joseph Carvalho, Jr.



Command Sgt. Maj. Benjamin Scott

Welcome to the winter 2012/2013 edition of NORTH, the magazine of the Northern Regional Medical Command.

We strive to be the Nation's leading Regional system of health. The health of the Nation is our primary focus, and we support our goal by defending the health of America's finest citizens: the Soldiers and Families of the U.S. Army. The stories in this issue show the men and women of NRMC providing world-class healthcare, while supporting the warfighter, developing leaders, and operating with accountability. Medical innovation is a hallmark of this Region. The orthopedics team at West Point's Keller Army Community Hospital was recently awarded a large sports medicine grant to continue research on preventing anterior cruciate ligament injuries. These professionals personify Army Medicine's emphasis on keeping people healthy.

Doing more with available resources is an absolute necessity in today's fiscally-constrained environment. The Community Rehabilitation Clinic in Fayetteville, N.C., is an example of both innovation and stewardship. Beneficiaries of the Fayetteville VA Medical Center and Womack Army Medical (WAMC), Center will benefit from this collaboration through improved access to specialized outpatient care. Also at WAMC, we are developing the next generation of Army Medicine's leaders through a world class residency program in obstetrics and gynecology. The culture of academic inquiry being built there will improve readiness and help Soldiers and Families for generations to come.

At Ireland Army Community Hospital, we recently established the Fort Knox, Ky., bariatric surgery program. For some beneficiaries, surgery, along with dietary modifications and lifestyle changes, will help reduce the risk of obesity-related illnesses. And from Fort Lee, Va., Kenner Army Health Clinic proved it is the best of the best placing second in all of the Army Medical Department in this year's "Biz Bowl," where Medical Treatment Facilities compete for funding awards in the categories of patient satisfaction, productivity gains, quality and preventive measures, improvements in care continuity, reductions in emergency room usage and maintaining or exceeding enrollment and workload targets.

There is much more in this issue, and all of the pictures and articles tell the same story: NRMC is committed to patient-centered care that improves the health of our patient population through innovation and prevention.

Brig. Gen. (Dr.) Joseph Carvalho, Jr.
Commanding General
Northern Regional Medical Command

Command Sgt. Maj. Benjamin Scott
Command Sergeant Major
Northern Regional Medical Command

JOINT FAYETTEVILLE DOD/VA CLINIC TO BENEFIT SOLDIERS, VETERANS

FAYETTEVILLE, N.C. -- Military and veteran enrollees in the greater Fayetteville area can expect to see a new, \$6.7 million state-of-the-art Community Rehabilitation Clinic.

The Community Rehabilitation Clinic will provide outpatient services for physical therapy, occupational therapy and speech pathology. Womack Army Medical Center (WAMC) together with Fayetteville VA Medical Center (VAMC) will proceed with site selection and leased space for the clinic with the expected move in date yet to be determined.

News of funding for the project came from the federal government's Health Executive Council (HEC). A provision of the FY 2003 National Defense Authorization Act requires DOD and VA to establish a joint incentives program, through the creation of a DOD-VA Health Care Sharing incen-

tive fund, regularly referred to as the Joint Incentive Fund (JIF).

The Joint Committee for Resource Sharing, comprised of WAMC and Fayetteville VAMC staff, is a partnership that meets regularly to explore areas for improved beneficiary access while realizing efficiencies in their health care operations.

"The financial award will be shared between Fayetteville VAMC and WAMC and used as start-up funds to get the clinic up and running. Co-locating DOD/VA care to one familiar location for Soldiers and veterans exemplifies how our medical centers work together to improve access to care, patient satisfaction and provide cost effective resource sharing," said Elizabeth Goolsby, director, Fayetteville VAMC.

Estimated patient care will include 62,000 visits per year allowing greater control of the quality of care delivered, an im-

proved patient care process and improved efficiencies for both DOD and VA. The new jointly-operated outpatient clinic will employ eight physical therapists, three occupational therapists, one speech pathologist, and 13 therapy technicians to jointly increase our capabilities, offset purchased care services and reduce total costs. Currently active duty Soldiers receive ca "The new clinic will help meet the ever increasing demand for rehabilitative services due to increasing patient populations in both the VA and DOD. This will also enhance the continuity of care for Soldiers requiring rehabilitative services as they transition to Veteran status," said Col. Steven Brewster, commander, WAMC.

The expansion in rehabilitative services for Soldiers extends to other beneficiaries. Expanded capacities allow these beneficiaries to receive these services within the Womack direct care system so the primary care manager has the ability to manage their patient's complete medical needs with an electronic medical record system.

PATIENTS LOSE OVER 750 POUNDS IN BARIATRIC PROGRAM

Story by Kristen Schabert, USA MEDDAC Fort Knox

FORT KNOX, Ky. – Ireland Army Community Hospital began its first-ever Bariatric Surgery program earlier this year, with the team performing its first surgery on April 23.

Now, just over six months later, the program has completed more than 20 cases with much success.

"The more than twenty cases we have performed have lost a combined total of more than 750 pounds," said Angela Angus, IRACH's Bariatric Nurse Coordinator. "We've also had several patients with a total resolution of their hypertension and diabetes."

Tricare Prime Family members and retirees who meet specified criteria are eligible for the program. Currently, the procedures being performed in the IRACH program are Adjustable Gastric Banding, using the Allergan's Total Care LAP-BAND system, and Open or Laparoscopic Sleeve Gastrectomy.

The procedures, while effective, differ in surgical technique, dietary modifications,

lifestyle changes, medical monitoring, and risk to the patient.

According to Dr. Raymundo Racela, one of IRACH's bariatric surgeons and the officer-in-charge of the General Surgery Clinic, "Patients should understand that bariatric surgery is not a quick fix, and it's not for everyone. Bariatric surgery is only successful when used in combination with proper nutrition and exercise. It's just a tool in weight loss, and how well patients use that tool affects their outcome."

"We know that each patient is unique, so the consultation process is very involved to determine the best surgical procedure for each individual," Angus said. "Ultimately, it is a decision the patient and the surgeon make together."

Angus and Laura Bottoms, Registered Dietitian in IRACH's Nutrition Care Division, run a support group for the patients. Activities in the past have included guest speakers, clothing and recipe Swaps, and in the coming months may include nutrition and exercise demonstrations.

"We were committed to the development and implementation of a quality program, and we believe that by the success and satisfaction of our patients, we have met that goal, and we will continue to strive daily to ensure a quality program," said Dr. Carl Tadaki, the Director of the Bariatric Surgery Program. "In our program, the patient is also a dedicated member of our healthcare team working with the bariatric surgery team, the Nutritional Care Department and their Primary Care Providers in meeting their weight loss goals."

According to the Center for Disease Control, obesity is the second leading cause of preventable death in the United States, and weight loss surgery - when used with nutrition and fitness - is an effective tool for weight loss.

"Given the data from the CDC, it was imperative that we put into place a quality program for our dependents and retirees that not only improved their quality of life, and assisted in reducing obesity-related conditions, but also increased their life expectancy," Tadaki said.



WOMACK DOCTOR SETS UP WORLD-CLASS RESIDENCY PROGRAM

Story & Photo by Sgt. A.M. LaVey
16th Military Police Brigade

FORT BRAGG, N.C.--Col. (Dr.) Michael J. Sundborg knows women. And it's this knowledge that brought him back to Fort Bragg after a long professional absence.

Sundborg, an obstetrician and gynecologist specializing in gynecological oncology, is the director of graduate medical education for Womack Army Medical Center and was tasked with initiating an OB-GYN residency program here.

"This residency selects medical school graduates and trains them over a four year period to become obstetrics-gynecology physicians," said Dr. Y. Sammy Choi, chief, clinical investigation service, WAMC. "(Sundborg's) job is to foster a culture of teaching and scholarly activities that are required by the Accreditation Council for Graduate Medical Education, the accrediting body for physician training programs in the U.S."

Setting up the new program at Womack was no easy task; the entire process took about ten years.

In order for Womack to have a complete training program, the hospital must have all the departments for a resident to rotate through, like: general gynecology, urogynecology, pelvic reconstruction, gynecologic oncology, reproductive endocrinology and infertility, and maternal-fetal medicine.

"Because of Fort Bragg's population, we're now the only medical center in the region that has all the subspecialties for women's health," said Sundborg. "When I was a resident here in the 90s, we had to go to [the University of North Carolina at Chapel Hill for additional training.] Having all the subspecialties here will really be the key ingredient needed to make or program successful."

Sundborg was born into an Army Family at Fort Campbell, Ky., and came to Fort Bragg as an enlisted medical specialist in the 82nd Airborne Division in 1978. After completing a degree in biology on a ROTC scholarship at then Methodist College, Sundborg was commissioned and spent time as a field artillery officer with the XVIII Airborne Corps, as well as in Korea. He transferred over to the medical corps after completing his doctorate in medicine at the Uniformed Services University of the Health Sciences in 1994.

It was during a tour in Iraq as the commander of the 1st Forward Surgical Team that Sundborg said he really felt the need to give back to military medicine.

"Our medical training program for military gynecologists became very important to me and I really saw a new role for me and that was to start mentoring doctors-in-training," he said. "These are the doctors who will be taking care of our wives, daughters and mothers."

A medical residency is a graduate-level study of medical practices under the tutelage of a more senior doctor in the specialty of the student's choice. These programs are post-doctoral, usually paired with an internship, and are generally required for medical licensure.

Currently, Womack has five residents who are rotating through all the OB-GYN departments, spending time in each subspecialty in order to increase medical knowledge within their chosen specialty.

"This is one of the only places in the military that provides such a program," said Sundborg.

"Now other medical centers have to send their people here, while ours get to stay in one place during their training period. This is the only program in the Army and maybe the [Department of Defense] that has that ability."

Not only does the Womack program top the chart when it comes to curricular training, but with 10 percent of the Army's active-duty force, Fort Bragg's unique population provides access to a wide variety of cases for the residents to be exposed to.

"Here at Fort Bragg, we can offer all the services that they'll need throughout their lifetimes," said Sundborg. "The Army is now 15 to 20 percent female and we are able to provide them with the medical care they need as professional warfighters. Our patients' ages range from young children to a growing number of veterans and retirees."

Many people may not realize that Womack's OB-GYN department is the busiest in the Army and the second busiest in the entire DoD in terms of volume and the types of services offered.

"Fort Bragg is a natural place for me to mentor young doctors," said Sundborg. "We are afforded many training opportunities and are now able to share them with other people through this program. It really is a point of personal satisfaction that I get to mentor these doctors."



Col. (Dr.) Michael J. Sundborg, chief, gynecological oncology, Womack Army Medical Center, Fort Bragg, N.C., speaks with Navy Lt. (Dr.) Mae Wu, a third year obstetrics and gynecology resident from Walter Reed National Military Medical Center.

Residents come to Fort Bragg from Walter Reed National Military Medical Center, Portsmouth Naval Hospital, Madigan Army Medical Center and numerous other medical centers throughout the Department of Defense.

Sundborg's mentees seem to be more than satisfied with his performance as a women's health mentor. Two former residents, Air Force doctors trained at Walter Reed, recommended him for the Armed Forces District of the American College of Obstetricians and Gynecologists' Professor of the Year award.

"It was immediately evident that Dr. Sundborg has a love for the professional ... and a sincere interest in resident education," said Air Force Capt. (Dr.) Kristen Zeligs, an OB-GYN at Walter Reed. "He has proven to be not only a talented teacher, but also a dedicated mentor."

Zeligs studied under Sundborg as both a medical student at the USUHS and as a resident at Fort Bragg.

"Sundborg demonstrates a true passion for resident education," said Zeligs. "His unyielding enthusiasm for learning and clinical medicine is contagious and is evident by the high praise his students have for him after working with him."

Womack colleagues agree that he was a good choice to set up the

Bragg program.

"As a mentor, teacher, researcher and writer, Colonel Sundborg embodies the traits needed to establish and sustain the rigors of such a residency program," said Choi, who also serves as Sundborg's deputy.

From the earliest of times, one has learned a skill or trade from an older, wiser person. Whether you are a parachute rigger or a brain surgeon, the knowledge is acquired over time and then passed on.

"Medical residencies are really the last bastion of apprenticeship for professional services," said Sundborg. "When you go to medical school and read your textbooks, you're getting an introduction to medicine, but it's not until you get to your residency that you learn to become a doctor."

Like a genealogist, doctors are able to trace their lineage back to great doctors of the past times thanks to residency programs like Womack's.

"You are in a true apprenticeship and it will be that mentor who will share with you his legacy which will allow you to practice medicine to the fullest degree," said Sundborg.

WARRIOR SUPPORT EXCELLENCE



Master Sgt. Kevin Joly

*CBWTU Platoon Sergeant of the Year
CBWTU-MA, Concord, Mass.*

Jennifer Leonard

*Transition Coordinator of the Year
WTB-National Capital Region, Bethesda, Md.*

Capt. Michael McCrawley

*Chaplain of the Year
Fort Knox WTU, Fort Knox, Ky.*

Mattie Noel

*WTU Human Resource Specialist of the Year
Fort Eustis WTU, Fort Eustis, Va.*

Staff Sgt. Randy Tharp

*WTU Squad Leader of the Year
WTB-National Capital Region, Bethesda, Md.*

Sgt. 1st Class Jacqueline Wimbush

*CBWTU Human Resource Specialist of the Year
CBWTU-VA, Virginia Beach, Va.*

Sgt. 1st Class Andre Anderson

*WTU Platoon Sergeant of the Year
Fort Knox WTU, Fort Knox, Ky.*





KENNER NETS HALF MILLION DOLLARS IN BUSINESS OPERATIONS COMPETITION

Kenner Army Health Clinic Public Affairs

FORT LEE, Va. -- Kenner Army Health Clinic recently clinched the runner-up title for the U.S. Army Medical Command's (MEDCOM) Business Excellence Competition or Biz Bowl and earned an additional \$500,000 for the fiscal year 2013 operating budget.

While the Fort Lee community braced itself for Hurricane Sandy, Col. Joseph S. Pina, KAHC commander; Lt. Col. Eric Poulsen, deputy commander for administration; Master Sgt. Douglas Schwab, sergeant major; and Jeff Kavanaugh, a health systems analysis and evaluation specialist, traveled to San Antonio, Texas, Oct. 29 to battle seven other military treatment facilities for the coveted 2012 title.

For more than five years, MEDCOM has continued to advance a performance-based adjustment model" of MTF funding that rewards and motivates facilities to improve in measures of importance to the Army including medical readiness, access, quality and cost effectiveness, said Poulsen.

In 2012, MEDCOM launched its Best MTF Competition which begins with selecting the 16 top performing facilities across the command. KAHC became eligible to compete this year after improvements across the "noble nine" metrics of military treatment facility performance, including patient satisfaction, productivity gains, quality and preventive measures, improvements in care continuity, reductions in emergency room usage and maintaining or exceeding enrollment and workload targets.

The competition began in early October when each of the 16 teams was given an exam and 60 minutes to answer 193 questions on a wide range of topics in the fields of health care administration, operations, readiness, quality and resource management, Pina said.

"We scored 152 on the exam - the highest score of all 16 teams," he said. "The test results were used to narrow the field to an 'Elite 8' teams that advanced to the final rounds of competition at Army MEDCOM."

The team, working together against the clock, set out to divide and conquer the categories, said Kavanaugh. "We each answered specific questions relative to our strengths and expertise," he said.

Each question was answered because there were no penalties for wrong answers, said Schwab. "We earned points for each of the questions we answered correctly so we made certain they were all answered," he said.

Before traveling to San Antonio, the teams were given a complex case study to review and analyze from a fictitious Summit Army Community Hospital at "Fort Wannabee." Teams were given one week to analyze, prepare and send in a briefing that would be presented by only the final four teams in the third round.

Lt. Gen. Patricia Horoho, the Army Surgeon General and competition host recognized all of the teams and their accomplishments, Pina said.

"Horoho emphasized that this competition is really about making sure we train and equip our MTFs with the right set of skills to bring the best quality, accessible health care to the Soldiers, Families and other beneficiaries," he said.

The competition in round two kicked off in a "bowl" format with the top-seeded team from Fort Lee facing off against the eighth-seed from Camp Zama, Japan, led by Col. Vivian Hutson, prior commander of KAHC. After five sets of toss-up and bonus questions, the Fort Lee team advanced to the semi-finals, defeating the Camp Zama team by a score of 125-40.

Kenner and the seven other teams readied their case study presentations while Horoho introduced the panel of judges, including a former surgeon general and secretary of Veteran Affairs, the current deputy surgeon general, a former MEDCOM chief of staff and the current director, TRICARE Regional Office-South.

Each team presented its case study briefings and presentations and in unanimous vote, the panel selected Fort Lee's team to advance to the final round. In a close and split decision, the other finalist was announced as Fort Campbell and the stage was set.

The final match played out in a Jeopardy-like head-to-head competition.

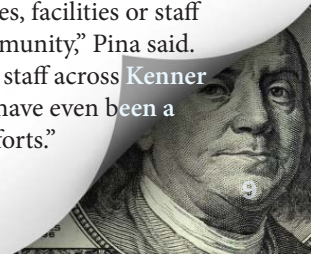
"We held the lead early," Pina said. "The rest of the match-up went to Fort Campbell who won the final in convincing fashion."

Schwab, whose career has mostly been field-based medicine, said he appreciated the opportunity to participate in the competition.

"It was an eye-opening experience," he said. "During preparation for the competition, I looked deeper into the business operations of an MTF which helps me in my duties here."

Not all was lost, though, as performance incentive checks ranging from \$75,000 to \$750,000 were distributed by the surgeon general to all eight MTF finalists. Both the winning team and runners-up received engraved trophies, too, Pina said.

"As runner-up this year, Kenner brings home a check for \$500,000 that can be reinvested into programs, services, facilities or staff to enhance our support of the Fort Lee community," Pina said. What's most important is that we thank our staff across Kenner and make sure they know that we wouldn't have even been a competitor without all of their combined efforts."



TECHNOLOGY ENHANCES PATIENT ACCESS TO CARE



Using the Army Medicine Secure Messaging System, Dr. Prashant B. Bagalkotkar, McDonald Family Health Clinic, can communicate securely with patients 24 hours a day. (Photo by Marlon Martin, McDonald Public Affairs)

Kirk Frady, MEDCOM Public Affairs & Marlon Martin, McDonald Public Affairs

FORT EUSTIS, Va. --McDonald Army Health Center joins a number of Army treatment facilities across the country in offering a new service to improve communications and allow patients to correspond with their healthcare provider team using the Army Medicine Secure Messaging Service (AMSUS).

Secure messaging is a commercial, web-based, secure messaging platform, that provides a robust set of services designed to allow patients and their healthcare team to communicate securely at times and locations that are convenient. This secure platform works very much like an on-line secure banking web site.

According to Terry Newton, M.D., MEDCOM Information Technology Clinical Capability Manager, "Army Medicine issued nearly 2,000 AMSMS licenses to healthcare providers at 48 military treatment facilities during Phase 1 in 2012." He added, "Over the next 24 to 36 months, we will complete deployment of over 5,000 additional licenses to primary and specialty care clinics. Similarly, the other branches of military service are also executing the same secure messaging capability across their treatment facility network."

Registering for AMSMS is relatively simple. All patients have to do is provide an email address to the MCAHC staff. Patients will receive an invitation letter to join the AMSMS system.

Upon receiving this invite, patients can go to the AMSMS Website to set a username and password.

With online services from AMSMS, patients will be able to;

book appointments, request and review lab/test results, request medication refills, request a referral, email their physician a question and schedule web visits with their provider. Additionally patients will have access to a fully integrated electronic personal health record and a robust set of multi-media educational content through the AMSMS.

Army Medicine's goal is to provide the secure messaging service to all beneficiaries who receive care in the direct care system by the end of 2014.

When asked how the secure messaging system will benefit the patient, Dr. Newton explained, "AMSMS is an easy to use secure communication tool that has the potential to significantly impact care to beneficiaries by engaging them in convenient ways and times to build relationships, improve access to information and reduce the need for so many visits to their primary care clinic." Newton went on to say, "Secure messaging is a critical tool in helping Army Medicine achieve the Quadruple AIM of; improving the patient's experience, improving population health and readiness while reducing per capita costs."

This secure messaging capability will, for the first time, provide patients the ability to communicate directly with their provider and care teams and allow care teams a two-way flow of communication with individual patients or groups of patients.

To learn more about Secure Messaging Service and other services at McDonald, visit <http://mcdonald.narmc.amedd.army.mil>.

KELLER ORTHOPEDIC TEAM EARNS \$750,000 FOR ACL INJURY PREVENTION RESEARCH

Story by Kenneth L. Cameron, Ph.D., Keller Army Community Hospital

WEST POINT, N.Y. -- The John A. Feagin Jr. Sports Medicine Fellowship program at Keller Army Community Hospital recently received a research grant from the Congressionally Directed Medical Research Program's Peer Reviewed Orthopaedic Research Program to continue their research in preventing Anterior Cruciate Ligament (ACL) injuries through the use of biomarkers.

The grant will provide approximately \$750,000 over a three-year period to prospectively study changes in the four original biomarkers studied, as well as additional biomarkers that may be important in identifying acute changes in cartilage metabolism following ACL injury.

"If we can identify people predisposed to ACL tears, one day we may be able to prevent injuries before they occur," said Svoboda, director, John A. Feagin Jr. Sports Medicine Fellowship, and the head physician for the Army football team.

Individuals who tear their ACL are seven to eight times more likely to develop post-traumatic osteoarthritis in their knee following injury. Those who injure their ACL are also substantially more likely to experience osteoarthritis at a much younger age than the general population. One study reported that 51 percent of female soccer players who had torn their ACL developed osteoarthritis in their knee by the age of 31.

Svoboda recognized that a significant challenge in treating patients at risk for post-traumatic osteoarthritis is the ability to identify the initiation and progression of this debilitating condition earlier in its clinical course.

In their initial study, the research team including, Lt. Col. Steven Svoboda MD, Lt. Col. Brett D. Owens, Dr. Travis Harvey, Dr. Patrick Tarwater, Dr. William Brechue, and Dr. Kenneth Cameron, examined changes in several biomarkers over time, from pre-injury to the post-injury state, in a group of ACL injured patients and a group of uninjured control patients matched for gender, age, height, and weight. They found that the change over time in three of the four biomarkers studied was significantly different for the ACL injured patients when compared to the control subjects.

Biomarkers are substances that can be collected and measured in



Lt. Col. Chris Roach, Keller Army Community Hospital, orthopaedic physician assistant fellow, makes the first incision in U.S. Military Academy Cadet Patrick Bauk's knee during his anterior cruciate ligament surgery, while Lt. Col. Steven Svoboda, USMA Sports Team Physician and KACH Orthopaedic Surgeon oversees. (Photo by Britney L. Walker, Keller Army Community Hospital Public Affairs Officer)

blood and urine. The advantage of most emerging biomarkers for osteoarthritis is that they may be less costly than other methods (e.g., magnetic resonance imaging), and they show potential as being sensitive to early molecular changes in disease.

Additionally, biomarker levels may change with joint injury, indicating an alteration in joint metabolism and possibly the initiation of post-traumatic osteoarthritis.

According to Cameron, "this suggests that cartilage turnover and metabolism was altered following injury in the ACL injured cases when compared to the uninjured matched controls."

The results of this study were presented at the 2011 American

Orthopaedic Society for Sports Medicine, or AOSSM, annual meeting where the research team received the best scientific poster award for the meeting.

During their research, the team observed notable differences between the ACL injured cases and the uninjured control subjects at baseline, prior to ACL injury.

According to Svoboda, "we expected that the two groups (Control and Injury) would be similar at baseline (i.e. pre-injury) but would be divergent at follow-up (post-injury). Surprisingly, we found that the cases and controls differed both in their pre-injury state, as well as, in the change in biomarker levels over time."

To assess the magnitude of the association between pre-injury biomarker levels and the subsequent likelihood of ACL injury the research team conducted additional analyses and the findings of this work were presented at the 2012 AOSSM annual meeting where the research team received the O'Donoghue Sports Injury Research Award, which is the society's highest award for clinical research.

Svoboda and the research team hope that their research will someday allow orthopaedic surgeons to identify individuals who are at high risk for post-traumatic osteoarthritis much earlier following ACL injury so that effective interventions can be developed and implemented to mitigate the impact of this disease on physical function and quality of life.

Kenner human resources officer receives top leadership award

Story and Photo by Kimberly K. Fritz
Public Affairs Specialist
Kenner Army Health Clinic



Maj. LaMisa Shaw

FORT LEE, Va.--Each year, the U.S. Army Medical Command awards three Army Medical Service Corps human resources managers – one each for active duty, U.S. Army Reserves and National Guard – for their outstanding leadership, professionalism and customer service qualities that go far beyond expectations. This year, Maj. LaMisa Shaw, Kenner Army Health Clinic, Human Resources Division chief, earned the award for the active duty component for her work during the past year.

The Lieutenant Colonel Karen Wagner Leadership Award, named for an Army officer killed during the 9/11 attack on the Pentagon, recognizes the individuals who demonstrate the ideals for which Wagner stood, said Col. Patricia Darnauer, MEDCOM's assistant chief of staff for human resources.

Among those traits are leadership, technical competence, professionalism and customer service. Shaw said getting nominated made her feel appreciated it.

"I thought that I was excelling, but I am often my own worst critic," she said. "I felt like I was putting forth a lot of effort and doing decent work, maybe a little above average but not to this magnitude."

Shaw said she was humbled and that it made her feel appreciated to see that her work was noticed.

Her efforts were being noticed by her supervisor Lt. Col. Eric E. Poulsen, KAHC deputy commander for administration and the clinic's commander, Col. Joseph S. Pina.

"Maj. Shaw has led our HRD brilliantly," said Poulsen. "This has been a historical period for Fort Lee, marking the culmination of incredible growth and transformation in support of BRAC."

During the realignment, Fort Lee's population nearly doubled and is one of the largest military installations, in terms of student output, which meant a larger patient population for Fort Lee. Two major military construction projects were concluded – the consolidated Troop Medical Clinic on the completed Ordnance Campus and the complete renovation of Bull Dental Clinic –between September and December 2011, Poulsen said.

"In order to meet this mission growth, the facility depended heavily on the engagement and capabilities of Shaw and her team and they've exceeded our expectations," he said.

Her duties have her working with both military and civilian personnel, including

all awards, evaluations, special actions. She also acts at the acting Inspector General for Kenner.

Because all awards pass through Shaw's lane, she knew she'd been nominated and that made her reflect on the reason for the award, she said.

"Although I did think about winning the award, I also thought about what the award represents," she said. "It made me think about 9/11, and it took me back to who Wagner was and why this award is named for her. I knew she was an outstanding leader first."

She first heard of Wagner when school system near her home in Texas was named in her honor.

"Her work was phenomenal and someone thought my work was worthy of her award – that's a lot to carry," she said. "It's heavy because of what Wagner stood for and the person she was. I asked myself, do I exude the same qualities she did, and can I show the same leadership traits she did now and in the future?"

Shaw's efforts are always benefiting the clinic but more importantly the staff, said Pina.

"She's rejuvenated personnel operations through the development of new and creative practices improving staffing, development, morale and retention within the organization," he said.

Shaw facilitated the implementation of an alternate work schedule program and telework program for clinic staff members.

"These two programs have transformed the facility, adding flexibility," Pina said.

Shaw's 18-year career has afforded her the opportunity to see several career fields and said that medical HR is the right place for her. She spent six years as an enlisted Soldier in the Army Reserves as a technical engineer, and was commissioned as an Engineer officer before finding her niche.

"I'd like to continue my career in HR but at a staff level, maybe with Medical Command, and maybe help with policies in the future," Shaw said.

525,600 MINUTES =
1 YEAR IN LIFESPACE



IMPACT YOUR LIFESPACE to improve your **Health.**

Of the 525,600 minutes in a year, we interact with a healthcare provider an average of 100 minutes. We make the biggest impact on our Health by making better choices in our Lifespace.



Engage in **Activity**



Improve **Nutrition**



Get Quality **Sleep**



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A True Leader

has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent.

Douglas McArthur

Warrior Leader prepares for next challenge

Brig. Gen. (Dr.) Joseph Carvalho, Jr., NRMC commanding general, shared his thoughts on commanding the region during both exciting and challenging times. Carvalho, nominated for promotion to major general, relinquished command Jan. 8 to become the commanding general, Medical Research and Materiel Command and Fort Detrick (Md.). He assumed command of NRMC on July 29, 2011.

NORTH-In your July 29, 2011, remarks to your new command, you told warriors, past and present, along with their families that you will assure Northern Regional Medical Command personnel are well prepared to deliver top quality health care at home and abroad. You also shared your personal goal at that change of command ceremony—to develop leaders at all levels and to take Army Medicine forward well into the future. With that in mind, how have we done in taking Army Medicine forward?

CARVALHO-I think we have done exceptionally well since taking command. The (Army) Surgeon General has published her strategy for Army Medicine for the next ten years and we have made significant headway in moving from a healthcare system to a system of health. I am especially proud of what NRMC has done in that regard, from the implementation of Patient Centered Medical Homes, Soldier Medical Homes, and Community-Based Medical Homes to the training we provide our staff on a daily basis to allow them to succeed when deployed, to the work we have done with military and civilians to develop them as leaders. I think it has

all been exceptional. I am really pleased with advances we have made in this region regarding the development of our civilian staff with the individual development plans and with the honorary recognition of their service both in time and effort. It has really done wonders for the organization throughout the region.

NORTH-When you assumed command, NRMC was undergoing a significant change as a result of the Base Realignment and Closure Act of 2005 (BRAC). There was excitement as well as concern from many staff members. What were your thoughts on how to empower leadership and staff to address the changes during those first few months? In your assessment how have we done?

CARVALHO-BRAC represented a cultural change for all of us. Certainly the loss of Walter Reed Army Medical Center was emotional. Many (staff) served years, if not decades, at that esteemed institution. Looking back, there are a series of significant changes in the history of Army Medicine. This is just another chapter. It took a concerted effort among all ranks to embrace the tri-service and collaborative flavor towards operating within Walter Reed National Military Medical Center and Fort Belvoir Community Hospital under the operational control of Joint Task Force-Capital Medical. I think it has gone well. As you know, I have retained administrative control over the Soldiers working in both hospitals. That has been an exciting venture and we were successful in making headway in supporting our Soldiers who are working in that joint environment.



NORTH-As you prepare to leave command of NRMCC, what would you say are some of your most significant accomplishments?

CARVALHO-I think the work we have done with developing our leaders is something of which I am most proud. Empowering our NCOs has been a singular focus for me. I'm really pleased with being able to give our young NCOs greater voice in the middle and senior level management of our MTFs. I anticipate they will be our command sergeants major of the future and I wanted them to have the experiences necessary to run Army Medicine. I am also pleased with the advances we have made with our Soldiers-in-Transition--our ability to streamline the Integrated Disability Evaluation System, and to treat our Soldiers with dignity and respect while they recover, rehabilitate and reintegrate. It still requires additional work to streamline that process, but I think we are making great progress in that regard. And, finally, I am proud of the care we provide our valued beneficiaries across the region in seven very unique and individually complex organizations. This has been a welcomed challenge for me to see improvements come together independently and individually for each.

NORTH-Looking back over the past 18 months, what were some of the challenges facing the region, particular those dealing with warrior care, and in your opinion how we have addressed those challenges?

CARVALHO-I think what is very difficult is the large number of Soldiers-in-Transition with extremely complex wounds, injuries and illnesses. To maintain the dignity and respect for each (Soldier) requires a multidisciplinary, integrated approach. It's unique for each individual, and it is a period of great apprehension. It takes compassion at the highest level for those caring for our Soldiers. It takes team work of all COMPOs (components) to pull this off adequately. And it requires significant effort among the warfighters assigned to our Soldier Transition cadre. Additionally, the number of people who will require Soldier Transition care will remain at high levels as the war winds down and for several years thereafter. I believe that's because the number of Soldiers with associated behavioral health wounds and illnesses have not yet come to light. It will require our very best, concerted effort to care for these Soldiers.

NORTH-Is there any message that you want to leave with the Northern Regional Medical Command team?

CARVALHO-My tenure here represents a chapter in the illustrious

history of Northern Regional Medical Command, and I am extremely proud to have been a part of this organization, especially during this time in history as we transitioned under BRAC 2005 to move forward in both Army Medicine and the Military Health System. I have been surrounded by a legion of extraordinary officers, NCOs and civilians. I look forward to seeing continued greatness emanating from this command in the years to come. ★



(Opposite Page)--Brig. Gen. Joseph Carvalho, Jr. talks to Soldiers prior to a mass reenlistment ceremony at the Washington National's baseball stadium.(Top Left)--The general visits with a Soldier at the Community-Based Warrior Transition Unit in Virginia. (Top Right)--During his travels around the region, Brig. Gen. Carvalho takes time to meet and greet NRMCC civilian staff. (Above)--The general takes one last tour of the old campus of Walter Reed Army Medical Center during a special event recognizing and honoring the BRAC transition team.

For more photos, visit the commanding general's Facebook site and click on the photo album "Around NRMCC with the CG".

www.facebook.com/NRMCCCommandingGeneral



Healing through Hunting

*Story and Photos by
Staff Sgt. David Bruce
Camp Atterbury-Muscatatuck Public Affairs*

Each war leaves a legacy.

One of those legacies is the amount of wounded left in war's wake. Thanks to technology and doctrine, the casualties in our current wars have resulted in fewer American military deaths than previous conflicts. Those who survive bear the physical and emotional scars of their experiences. Also unlike previous wars, there exists a greater awareness of the needs of these veterans and programs have sprung up to help them move forward, deal with the long-term effects of their injuries and reintegrate into society.

One such program to help these veterans move past their injuries is the Wounded Warrior Hunt held at Camp Atterbury Joint Maneuver Training Center, Ind. The hunt started Oct. 22 and concluded with a dinner and social Oct. 26.

It took place in the training areas throughout Camp Atterbury and a day of fishing at a private lake that was opened to the veterans, said Ryan Mangus, of Greenwood, Ind., who help facilitate the event.

"This is our third hunt; we had two deer hunts, including this one, and a turkey hunt last spring," said Mangus, who is an 18-year Army veteran and Purple Heart recipient. "Plans are ongoing and we intend to have another turkey hunt in April. We had nine hunters total this time and the feedback has been really positive."

The purpose of the hunt is to help wounded veterans reintegrate into society and get back to doing activities they enjoyed before their injuries, said Master Sgt. Bobby Farmer, of Fort Bragg.

"These programs are extremely important," said Farmer, who has received three Purple Hearts. "Not only is it important for the guys to get out of the hospital, but taking their minds off their injuries and getting them reintegrated back in to society. Let them forget about their wounds for a little while. I think the Army needs to do more things like this for the guys."

Farmer helped organize the first hunt working with Mangus and Capt. Matthew Hall, who met during a deployment to Afghanistan in 2006. But this time Farmer participated in the hunt.

"Matt, Ryan and I helped organize the first fall hunt at Camp Atterbury last November. We brought out eight guys from 3rd Special Forces Group to hunt. That one was such a success that they organized a spring turkey hunt. Everybody liked it so much that it is an ongoing thing right now."

Farmer said the personal involvement in this program comes from his own journey through the healing process.

"I've come full circle from being wounded and going on my first trip to taking guys out and doing stuff like this. Not only is this for the guys, but their Families. They get a break from the hospital appointments.

Master Sgt. David Glenn, also of Fort Bragg and a hunt participant, said programs like these are a way to decompress.

"I got involved in the program through Bobby. He and Ryan Mangus and Matt Hall had an idea to do this and things just fell into place with Ryan and Matt working out here. They had the idea of putting on a wounded warrior hunt and it came to fruition last year."

Glenn has deployed to Afghanistan five



Staff Sgt. Jeff Bulington, of Montecello, Ind., waits in a hunting blind during the Wounded Warrior Hunt held at Camp Atterbury Joint Maneuver Training Center, Ind., Oct. 25. The Wounded Warrior Hunt is an annual event to help Soldiers injured in the line of duty cope with their injuries.

times and to Iraq once. Two of his Afghanistan deployments occurred post injury.

“I was injured about eight years ago and I avoided all the outreach programs. The only thing I was focused on was getting back to my job. Some of the newer guys who have been wounded come here and some of them are still coping with post traumatic stress disorder issues or that they have been wounded. It helps to get them with the older guys and help them decompress. For me, it’s a chance to hang out with friends, which is difficult due to deployments and training cycles. Bobby and I are in the process of retiring, so we haven’t had much of a chance to see each other. So it’s nice to get together with friends, relax and go hunting together. It’s all good times.”

The Army has been focusing on issues of PTSD and traumatic brain injuries for some time and programs like the Wounded Warrior Hunt help these veterans deal with their injuries.

“Some of us have gotten help with issues. It’s a nice reminder that when you get away from the military bases, that there is still patriotism and appreciation for what we do.”

Glenn said the important thing for those wounded in action is

perseverance.

“Never give up. I was one of the first guys to get mangled this bad and stay on.” Glenn’s injuries resulted in double, below-the-knee amputations.

“Whether you’ve been shot or mangled as bad I have been, you just have to drive on and move past it; not to dwell on it. You have a life to live, go live it.”

Mangus said it is amazing to see the camaraderie develop between the participants through their shared experiences.

“Some of the guys who come to this have never met, but after a few days, it’s like they have known each other for their entire lives,” said Mangus.

Mangus is involved in other programs for wounded warriors and said how we treat our veterans and those injured in the line of duty, is a statement about who we are as a country and society.

“This is a worthy cause,” said Mangus. “We still don’t know what the cost or legacy of the wars are, but some of the guys came back pretty messed up. We owe it to them to help. It’s all about showing that someone still cares.”

Wounded Soldiers face new challenges on green

Story by Michelle Kennedy, Mountaineer Staff Writer

FORT DRUM, N.Y. -- Many Soldiers have spent their whole lives playing sports and being active. However, if they are injured in combat or contract a serious debilitating illness, they are often unable to enjoy the activities they did in the past.

Salute Military Golf Association's New York chapter gave more than 20 wounded warriors another chance at participating in physical sports this summer during an eight-week golf clinic that took place at several local golf courses in the area.

"Many of these young warriors were baseball, football and basketball stars in high school and college before being (injured)," said Frank Dorchak Jr., SMGA-NY regional manager. "After getting injured, they figured their sports-playing days were over."

In addition to the physical aspect of golf, the sport also "exercises" participants' ability to concentrate and builds their self-confidence by proving they can participate in sports despite their injuries, Dorchak added.

"The program is working exceptionally well, the word is getting out around Fort Drum, and each season, more wounded warriors show up," he said.

"In 2011, I had only one instructor and 12 Soldiers; this past season, I had three instructors and the numbers doubled. "I'm still getting calls (from) Soldiers wanting (to participate in) the program," Dorchak added.

For several of the Soldiers, participating in the SMGA clinic was the first time they had played golf.

Spc. Lavert Pennington, who is attached to 3rd Battalion, 85th Mountain Infantry (Warrior Transition Unit), learned firsthand that anyone can learn to play golf, regardless of ability, age or economic background.

"The golf clinic was a tool for rehabilitation to help us recover," he explained, adding that the program offered adaptive techniques to accommodate all of the Soldiers' abilities.

In addition to the physical activity golf provides, Pennington added that he likes being away from everyday life.

"You don't have cell phones ringing or someone ... telling you to

'hurry up,'" he explained. "It's just you, the course and the ball. You can take your time and play at your own pace."

Golf professionals who assisted with the clinic tailored the Soldiers' training, techniques and swing to each individual, Pennington noted.

"(The golf professionals) helped us learn the game without aggravating or re-injuring ourselves in any way," he said.

Because Pennington was active in sports before his injury, he thought learning to play golf would be easy.

"I thought that because I played other sports throughout the years that golf would come naturally, but I was wrong," he said. "It's like night and day from football, basketball or baseball. It's more of a 'thinking man's' game. It's not as abusive on your body.

"Learning the game of golf actually saved my life," Pennington continued. "When I had my injury downrange and I was (sent) home, I was told I would never be able to play ... traditional sports ever again."

Pennington said he trained in mixed martial arts for nearly five years before he was injured. Learning that he could never participate in the activities he loved led him to slip into a depressed state.

"The game of golf gave me hope again," he said.

Anthony Stephens, who medically retired from the Army as a staff sergeant, also was active in sports before being injured. Stephens said this was the second year he participated in the program.

While he had never played before participating in his first clinic last year, Stephens said he was always interested in learning to play golf.

Golf played an important role in Stephens' healing, and he encourages other wounded warriors to learn to play golf.

"I'm competitive, and (playing golf) seemed like I was still in the fight," he said. "You have to go out there and play 18 holes and play every hole.

"I like that challenge that golf brings," Stephens continued. "You have to stay focused, (just like) when you're in the military. (When) you're on a mission, you have to stay focused."

Staff Sgt. Jeremy Simons, 3rd Battalion, 85th Mountain Infantry, putts a ball during a golf outing. (Courtesy photo)



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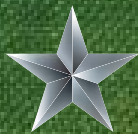
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