



# MERCURY

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## ARMY Medical Advancements Taking Care of Soldiers Benefits Civilians Too

By Jeffrey Soares

U.S. Army Medical Research and Materiel  
Command Public Affairs

For over two centuries, the medical advancements of the U.S. Army have benefitted millions of warfighters and civilians. Preventing illnesses from yellow fever to malaria to influenza, the Army has faced great challenges in trying to secure a nation despite attacks from enemies that could not be seen with the naked eye.

“Since 1775, America’s medical personnel have stood shoulder to shoulder with our fighting troops,” said Lt. Gen. Patricia D. Horoho, surgeon general of the Army. “They are ready when called upon to put their lives on the line to care for our wounded Soldiers. Often this care translates to benefits for the civilian world as well.”

From vaccine development to casualty evacuation, many methods considered



Medical research conducted by the U.S. Army often leads to advancements that benefit civilian medical practice worldwide. (Photo courtesy of MEDCOM)

common medical practice throughout the world today originated from military innovation. During the American Revolutionary War, the U.S. military immunized its Army against smallpox and developed ways to construct isolation wards to guard against cross infection. During the War of 1812, improvements continued when the Army was ordered to vaccinate instead of inoculate its troops to prevent smallpox—using a

similar but less lethal virus—a milestone in military preventive medicine that continues to this day. However, widespread vaccination is only one facet of military medical protocol that has transcended the barracks and battlefields to become a modern medical standard.

In 1819, the surgeon general ordered

See **ADVANCEMENTS P21**

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Ready for Black Knights Football? Where will you be on Dec. 8? Page 10



## HOLIDAY SEASON SAFETY

1. The Winter Holidays are a special time when Families and friends gather to celebrate the magic of this festive season. The sound of traditional holiday music, the smell of our favorite foods and the promise of a winter wonderland create an environment that offers immediate respite from our daily work routines. The holidays are a perennial bright spot on our already overcommitted calendars. American author and poet, Washington Irving opined that "the holidays are the season for kindling the fire of hospitality in the hall and the genial flame of charity in the heart." While this season can be a magical time, it is also a challenge for others. Therefore, I encourage each of you to find meaningful ways to give back in your communities and whenever possible, to creatively incorporate your extended Army Medicine Family into your holiday plans.

2. While we may be in the midst of one of the happiest times of the year, the holidays present a new set of risks related to either preparing our homes for entertaining or traveling the increasingly congested roadways. For these reasons and the attendant distractions, I ask that you be particularly cognizant of your surroundings. Combating accidents and reducing accidental fatalities is a tough, but achievable, goal. Winter Safety initiative, "Know the Signs" campaign, is designed to heighten awareness of seasonal risk factors and provide leaders and Soldiers the tools they need to address safety issues in their unit or peer group. The signs are all around - it is up to you to recognize and act on them. The "Know the Signs" campaign, including tools and resources, is available at the Army Safety Center website, at <https://safety.army.mil>.

3. Cold weather injury prevention tools are available at the following Public Health Command website: <https://phc.amedd.army.mil/topics/discond/cip/Pages/default.aspx>. Many of you will be traveling to be with your families over the next month. I ask each of you to use the TRiPS online planning tool found on the Army Safety Center website at <https://safety.army.mil> to assist you in making sound risk decisions regarding your travel plans.

4. Help to make this the safest and most joyful holiday season by looking out for each other and taking the time necessary to re-invest in your personal resiliency. During your restoration, I encourage you to invest a moment to reflect on your life's journey and the promise the future holds. Moreover, please say a special blessing for those deployed in harm's way and for their Families who are anxiously awaiting their safe return. To the entire Army Medicine Family, Command Sgt. Maj. Brock and I extend our personal best wishes for a joyous and peaceful holiday season. We are "Army Safe and Army Strong." --Serving to Heal...Honored to Serve!

Lt. Gen. Patricia D. Horoho  
The Surgeon General and Commanding General  
USAMEDCOM

**U.S. Army Medical Command**  
**Lt. Gen. Patricia D. Horoho**  
Commander

**Col. Theresa S. Gonzales**  
Director of Communications  
**Jaime Cavazos**  
MEDCOM Public Affairs Officer  
**Valecia Dunbar**  
Editor

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### A HOLIDAY MESSAGE



Season's Greetings,

**Command Sgt. Maj. Brock and I extend our warmest wishes and holiday greetings to our Army Medicine Family and our DoD healthcare partners around the world. The care, commitment and compassion you provide our beneficiaries is truly remarkable, and it does not go unnoticed or unappreciated. No doubt, the holidays will provide additional demands on the staff as we care for our patients who would much rather be home with their Families. For most of us, the holidays are a perennial bright spot on our overburdened calendars, and we encourage you to take time to celebrate with your Families as you embrace the warmth and magic of this holiday season.**

**The holidays are a time of reflection and remembrance, a time of charity and hospitality, and perhaps more importantly, a time of hope and renewal. As you celebrate with your loved ones this season, please invest time in remembering our deployed service members and their Families who are defending our freedoms far forward. During my time in Afghanistan, I treasured the thought that Family, friends, and even some that I had never met were thinking about us and praying for us. As a woman of faith, I consider being with my Family one of my greatest blessings as we celebrate together what is for me one of the best and most charitable times of the year. No matter what your faith or belief, I hope you will pause to reflect on the many blessings in your life. Command Sgt. Maj. Brock joins me in wishing each and everyone a joyous and safe holiday season.**

Happy Holidays,

Lt. Gen. Horoho



## AMEDD GLOBAL

### TSG Addresses Augusta Chamber of Commerce

## The Importance of Teamwork

I'd like to share with you this evening the experiences, opportunities, and the people who shaped my life.

I'd like to start with the people first because I've found that it's when you're at the intersection of doing things you love WITH people you love, and FOR people you love, that wonderful things happen.

Our generation lives in a state of continuous partial attention. Information overload is certainly part of the problem. Important things start losing their significance. And we don't even notice. Eating together at the table as a family, having meaningful conversations, attending school events, volunteering.

Zen teachings call this "zazen" which means that we are so distracted that we miss most of our lives. I've found that the act of mentoring not only shaped my career and successes, but when I actively mentor, I feel I've re-connected to the world.

In business, we often say that if we want our voices heard, we have to be at the table. Well it's true. Kitchen table or boardroom table – you have to be present. Simply interacting in a meaningful way with human beings.

My hope, is that by the end of tonight, we'll all think more about reclaiming our calendars, our time, and our lives. We can then redirect some of it, back to where it belongs; back into things that matter.

*“Who’s your team?  
I can say without reservation that EVERY career success in my life was because I had a good team.  
The art of good teaming, like the art of mentorship, requires practice and patience but pays huge dividends.  
I surround myself with people who are enough not like me to ensure diversity of thought and a different perspective. But, who like me, love to laugh and follow their joy.”*

*Excerpts from Lt. Gen. Patricia D. Horoho's keynote remarks before the Augusta (GA) Chamber of Commerce, Nov. 13, 2012, where she was invited to talk about her formative years, military experience and the importance of mentorship. Access TSGs full remarks at: <https://mitc.amedd.army.mil/sites/CMIO/STRATCOM/MediaDashboard/Speech%20Archive/TSG%20Speech%20Augusta%20Metro%20Chamber%20of%20Commerce,%20Nov%202013,%202012.docx>*

*Share your expressions of gratitude and special memories with Mr. Herbert Coley on the occasion of his retirement from Federal Service. Strict confidentiality protocol will be observed with each entry.*

*On 31 Dec 2012, the final entry will post at 1700 hours. After which, the responses for the Farewell Journal will be aggregated, assimilated, and bound for presentation.*

*Please post your comments to Mr. Coley's Farewell Journal at:*

*[http://www.armymedicine.mil/leaders/coley\\_journal.cfm](http://www.armymedicine.mil/leaders/coley_journal.cfm)*

## TSG INITIATIVES

### Army Medicine 2020 Strategy

**Foreword - Serving to Heal:** This strategy is a **call to action** that contains the vision, strategic imperatives and way ahead for Army Medicine from a healthcare system to a system for health. This framework will allow us to be global leaders in healthcare and in health. For more information, visit the Army Medicine home page at:

<http://www.armymedicine.mil/> and scroll down page to "Army Medicine...Hot Topics."

### Army Medicine Peer-Reviewed Publications

A monthly list of current research and information collected from peer-reviewed publications of interest to Army Medicine practitioners, providers, and professionals. To download your copy of the latest edition, visit:

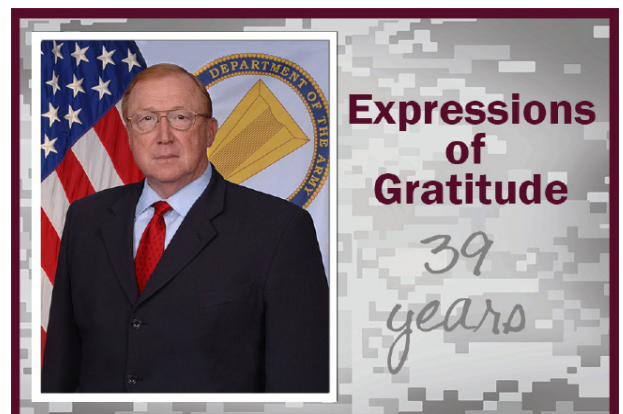
<http://www.armymedicine.mil/news/pubs/AMPR.html>

### Performance Triad

Army Medicine's operational approach to improve Soldier and Family health and stamina focusing upon Activity, Nutrition, and Sleep Management (ANS).

### Technology & LIFESPACE

Learn about DoD Apps and other online resources at: [www.t2health.org](http://www.t2health.org)



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# GLOBAL HEALTH DEFENSE



## Message from ASD(HA) & Service Surgeon Generals

Military Health System Team -

As we mentioned in our inaugural joint message last month, we are working to organize and lead the Military Health System (MHS) into the future by building a stronger, even more unified team. As we continue in these efforts, we are also committed to transparency, and to sharing our decisions. Recently, our team has made significant progress in outlining the MHS of the future with the creation of enhanced Multi-Service Markets (eMSM). Promoting health for over 9.7 million beneficiaries in the MHS is a shared responsibility among the Military Services, purchased care providers, and beneficiaries that requires team collaboration to successfully achieve medically ready forces, healthy beneficiaries, and a high quality, cost-effective System For Health. eMSMs are a centerpiece of this cooperative and accountable approach, focused on the beneficiary across geographically overlapping markets rather than individual MTFs. By uniting common clinical and business practices across the market, we will not only improve effectiveness, value and efficient care, but also advance the health of all our beneficiaries. We are continuing our implementation planning in this area. These efforts aim to provide value to the MHS while continuing to provide the best care possible, and will support one of the foundations of our System For Health - Primary Care.

Also, in our message last month, we promised to keep you informed of the major initiatives driving transformation from a healthcare system to a System For Health. In 2008, MHS leadership identified the Patient Centered Medical Home model for primary care as a key enabler of the Quadruple Aim.

By redesigning health care delivery around the patient, starting with a multidisciplinary team that includes the patient, primary care truly becomes the foundation of health and readiness, and drives the strategic outcomes defined in the Quadruple Aim: ensuring a medically ready force, delivering a consistently competitive care experience, reducing the causes of disease and illness through focus on prevention and encouragement of healthy behaviors, and creating value through improved health outcomes and elimination of waste and inefficiency in the care delivery process.

Each of the three services is well along in the process of transforming their Primary Care clinics (430+ sites) to Patient Centered Medical Homes. This transformation is complex and far-reaching with fundamental changes in how Primary Care work is designed and implemented, how care teams are organized and trained, and how Primary Care is integrated with the broader health care system to ensure delivery of safe, effective, comprehensive, and coordinated care.

Those changes are bearing fruit. Across

the services, mature Patient Centered Medical Homes have shown significant improvements in patient satisfaction, PCM continuity, and access to care. Practice managers are teaming with clinical staff and hospital administrators to expand the definition of access from the traditional face-to-face PCM visit to include group visits, virtual care through Tri-Service adoption of secure messaging, and direct links to clinical pharmacists, dieticians, and other members of the expanded Primary Care delivery team.

Our investment in informatics to support the Patient Centered Medical Home goes beyond secure messaging to include evidence-based decision support tools to support business and clinical decision-making, telehealth capabilities, patient facing web portals, and systems for care coordination and tracking.

Perhaps most powerfully, the Patient Centered Medical Home has provided a foundation from which to engage our beneficiaries in the Life Space. A patient-centered culture enabled by patient-facing technology will allow us to more effectively tackle those fundamental drivers of health in the Life Space: activity, nutrition, and sleep.

Challenges remain. Each service is investing in communication tools and sustainment training to ensure that Patient Centered care is a culture, not a campaign. Leaders at all levels are engaged in building accountable care organizations that ensure smooth, safe transitions between inpatient and emergency room settings, primary care, the subspecialist offices, home, and work. We will continue the collective work of optimizing policies and processes across the MHS to advance our transformation to a System For Health.

Finally, from all of us in Washington, DC at the Military Health System headquarters, we wish you and your families a happy and safe holiday season.

Sincerely,

Jonathan Woodson, Assistant Secretary of Defense for Health Affairs; Lt. Gen. Patricia Horoho, Surgeon General, United States Army; Vice Adm. Mathew Nathan, Surgeon General, United States Navy; Lt. Gen. Thomas Travis, Surgeon General, United States Air Force

## The 2012 Spirit of Hope Award

Master Sgt. Brandon Lambert, Bill Dietrich, Don Wiegand, Surgeon General of the Army Lt. Gen. Patricia D. Horoho, Kelly Hope, Ella Sinise, Peggy Rochon, Carolyn Blashek and Ross E. Roeder, participated Nov. 15, 2012, in the Spirit of Hope Awards at the Pentagon. Lambert, Dietrich, Rochon, Blashek and Roeder attended the event to receive the award. Ella Sinise attended to receive the award on behalf of her father, actor Gary Sinise. (U.S. Army Photo)



## Ethiopia, US Partners for Veterinarian Project

By Tech. Sgt. Donald Allen

Combined Joint Task Force - Horn of Africa Combat Camera

HIRNA, Ethiopia - Situated in the highlands overlooking Ethiopia's Rift Valley, the town of Hirna was the site of a Veterinary Civic Action Program Oct. 22-28, where district animal health workers received continuing veterinary education and local farmers' cattle, sheep, and goats were examined, treated, and vaccinated against disease.

The VETCAP was organized as a partnership between the Ethiopian Food, Medicine, and Health Authority, Oromia Province veterinary professionals, and the U.S. Army's 448th Civil Affairs Battalion Functional Specialty Team from Combined Joint Task Force - Horn of Africa in order to assist locals in enhancing their livestock sustainability efforts.

According to Capt. Heather Stone, 448th CA BN FSP veterinarian and officer-in-charge, assisting in the continuing education of the local animal health workers is key to the success of the mission.

"Supporting the training of the animal health assistants and increasing their skill and knowledge will continue to advance the veterinary infrastructure in the country, and through them our efforts can be perpetuated into the future," she said.

During the week-long training, animal health assistants received classroom training covering topics from veterinary epidemiology, animal examination, specimen collection, and treatment of endemic diseases that affect the local populations of cattle, goat, sheep, and donkeys. These assistants will take their knowledge into the countryside where they will help protect and treat local herds.

The 448th CA BN also provided the district with veterinary supplies and medication to help enhance local efforts. In one day of live animal treatment, more than 600 animals were examined, treated, and vaccinated free of charge for local farmers. With this treatment, the chances for a sustainable and productive herd are greatly multiplied.

"The services provided during this week are of great importance to the locals," said Dr. Solomon Biruk, head veterinarian in the Oromia district. "The knowledge shared and bonds built between the Ethiopian people and the United States will have a long-lasting effect, and we look forward to further partnerships together."



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### TSG'S SUGGESTED PROFESSIONAL READING LIST

1. *Fierce Conversations* by Susan Scott
2. *Flags of Our Fathers* by James Bradley
3. *Freak Economics* by Steven Levitt
4. *Hard Wiring for Excellence*
5. Harvard Business Review - *The Mind of a Leader*

To download the full reading list go to the Balanced Scorecard (AKO Users) link on the Army Medicine home page. Scroll down to "Commander's Thoughts/Prof Reading List" and click on the hyper-link to access the listing.

LIKE, COMMENT, SHARE these stories at  
<https://www.facebook.com/OfficialArmyMedicine>

## Army Medicine on Facebook

**On Twitter & Facebook:**  
Former Walter Reed Intern One of 2 West Point Cadets Named Rhodes Scholars



**See the Video On Facebook:**  
Triple amputee takes to Beltway relearning to drive. Sgt. Monte Bernardo, U.S. Army, 82nd Airborne Division, gets into a modified van at Walter Reed National Medical Center.



# Flight Medic Receives Distinguished Flying Cross

By Dwayne Rider  
OTSG Public Affairs

WHOO, WHOO, WHOO – the rotor blades of a UH-60 Blackhawk air ambulance blasts the dirt into dust at the bottom of a valley in Afghanistan.

It's about eight thousand miles from the balmy breezes of the Hawaiian islands to the gut wrenching visions of Watapur Valley in eastern Afghanistan. U.S. Army Sergeant Julia Bringloe, flight paramedic, adapts quickly to maneuvering a helicopter hoist rescue.

This takes the ability to make quick decisions. She adapts quickly to being shot at as well, while hovering ten feet off the rocky, arid ground.

BAM, BAM, BAM – her claw hammer hits the nail on the head. Shards of lumber flying, saw-dust floats in the gentle Hawaiian breeze.

Before being shot at Sgt. Bringloe once held a hammer in her hand. This was before the Army. She did not have daydreams of hanging from a helicopter while growing up in Bainbridge Island, Washington, or while attending school in Hawaii. Hostile war zones and ricocheting live fire is not part of a carpenter's life. The dangers of a carpenter are different.

After graduating high school her days were filled with learning the trade of carpentry; working on custom millwork and building quality cabinets in homes surrounded by palm trees and Birds of Paradise. To many, working in the state of Hawaii is like being in a movie. But even in the most beautiful places, life can get mundane even with the sounds of hammering and the high pitch whine of the chain saw. Her world was cutting things apart and putting them together. There is no drama in carpentry except when others fall off ladders or a finger is removed by a moment of inattention. She discovered that she had a knack to keep her cool and help the injured. She could keep calm while others suffered. She could help.

"I decided I wanted to make a change..." said the now seasoned Soldier.

And she made it. She joined the Army, got training as a combat medic, and was awarded the Distinguished Flying Cross (DFC). The DFC is awarded to Soldiers that distinguish themselves by heroism or extraordinary achievement while participating in aerial flight. This is no small achievement.

Bringloe's story has been captured in a recent documentary film titled: "When I Have Your Wounded: The DUSTOFF Legacy." The documentary premiered at the Pentagon Auditorium on November 9th. The movie tells the story of what she and the air crew faced. The crew of Dustoff 734 provided direct medical evacuation support to a task force in the Watahpor Valley.

Every military award has a narration. It is usually written by someone close enough to the action so that words have a vivid clarity of why the award is justified. If it is written well, it captures the horror and excitement of

the moment when the recipient decided to act. The narrative captures when Bringloe ignored her own safety and began to save lives. It reads like this:

*Throughout the multi-day operations, Sgt. Bringloe repeatedly faced a disciplined enemy determined to engage her and her crew in the most extreme, high altitude mountain environment in order to conduct life saving evacuations of 11 soldiers.*

ties.

"I looked into joining the fire department to get my emergency medical training." She found out, at 34 years old, it would be difficult and would take too long. The Army gave her a chance to get what she wanted. The Army had a program to become a flight medic. "I joined with no medical background. None whatsoever."

The Army trains their personnel to know emergency medical procedures necessary for treating trauma -- combat trauma. They learn to treat the type of wounds that have been seen or could be seen in combat. In addition, they learn basic aviation skills and how to be part of an aircrew. Bringloe may have joined with no medical knowledge, but she demonstrated that she learned quickly. One of the Soldiers had a gunshot wound to the face.

*Without the crews daring rescue or Bringloe's medical treatment en route to the Forward Surgical Team, the Soldier would not have survived much longer on the mountain.*

The Army's Healthcare Specialist Course designated as Military Occupational Specialty (MOS) "68W", includes

See DFC P17



Sgt. Julia Bringloe, Distinguished Flying Cross recipient (U.S. Army Photo)

# Army Medicine Joins Enterprise Email

On January 7, 2013, the U.S. Army Medical Command (MEDCOM) will begin full deployment of the Defense Enterprise Email (DEE) service provided by the Defense Information Systems Agency (DISA). In coordination with its mission partners at NETCOM, DISA, and Army CIO/G6, Defense Enterprise Email signals a new era for Army Medicine in the delivery of cloud computing as a service. Everyone in MEDCOM will migrate to enterprise email by March 31, 2013.

“Enterprise Email generates enormous capacity for Army Medicine. This service optimizes our ability to globally communicate within the Department of Defense and with our federal, state and host nation partners,” said Lt. Gen. Patricia D. Horoho, the surgeon general and commanding general of the United States Army Medical Command.

This common service delivers CAC (Common Access Card) enabled email on-demand through the Internet on a myriad of computing devices and operating systems. Here’s a taste of the many new features that DEE provides:

- 4 gigabytes of email storage – 40 times the current allotment.
- 3.9 million users in the Global Address List (GAL); that’s everyone with a DoD CAC.
- Calendar sharing with DEE members. MEDCOM’s current calendar is limited to OTSG/MEDCOM users only.
- Tired of wrestling with a different Outlook account configuration every time you move? DEE eliminates this hassle by allowing the user to control updates to organization, location, duty title, telephone numbers, and even display their “nickname.”

“Enterprise email is the first of many cloud computing campaigns of innovation and organizational learning, enabling Army Medicine to maintain, restore, and improve health,” said Col. Dave Parramore, Army Medicine chief technology officer.

As January 2013 approaches, MEDCOM personnel are advised to take the following action steps as required below:

- The very first thing you must do is access the milConnect portal <https://www.dmdc.osd.mil/milconnect/>. Once logged in, look for “Update GAL Info” under “Quick Links.” This feature allows you to customize your name as it will appear in the GAL, your duty location, job title, telephone numbers, etc.

As January 2013 approaches, MEDCOM Personnel are advised to take the following action steps as required:

- Update GAL Information by accessing the milConnect portal <https://www.dmdc.osd.mil/milconnect/>. Once logged in, look for “Update GAL Info”
- Reduce your mailbox to less than 150MB of data
- If you are the current “owner” of a distribution list (DL) on the AMEDD GAL, your DL will be migrated to DEE. DLs without owners identified, however, will not be migrated.
- Move any files located in a “public folder” to the AMEDD Portal (SharePoint), AKO, or a shared drive in order to protect your data from unnecessary loss. The public folder capability ends with the DEE migration.
- MEDCOM is currently in the process of migrating all government furnished computers to Windows 7. The migrating concludes in December 2012. All MEDCOM government furnished computers must have Windows 7 in order for the Microsoft Outlook program to function. If your government computer has Windows XP, you will have Outlook Web Access (OWA) capability. Having OWA means that you can only access email through a CAC enabled web browser.
- You can also access DEE through a CAC enabled browser on a number of personally owned computing devices. Go to <http://militarycac.com/> for configuration help.
- To find out more, go to: <https://mitc.amedd.army.mil/dee>

- You must also reduce your mailbox to less than 150MB of data. This allows for a speedy movement of your AMEDD mailbox across the Internet to its new location on DEE servers.

- If you are the current “owner” of a distribution list (DL) on the AMEDD GAL, your DL will be migrated to DEE. DLs without owners identified, however, will not be migrated.

- You also must move any files located in a “public folder” to the AMEDD Portal (SharePoint), AKO, or a shared drive in order to protect your data from unnecessary loss. The public folder capability ends with the DEE migration.

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- You can also access DEE through a CAC enabled browser on a number of personally owned computing devices. Go to <http://militarycac.com/> for configuration help.

To find out more, go to: <https://mitc.amedd.army.mil/dee>.

[amedd.army.mil/dee](https://mitc.amedd.army.mil/dee). This website has other helpful information and resources available to you such as tactics, techniques, and procedures for group accounts (OTSG OPS, e.g.), dual persona (you serve in the ARNG and are a government civilian e.g.), and much more.

## What about AKO?

As you migrate to DEE, your AKO mailbox will begin to close. What does this mean to you? Your AKO username will remain available, but all mail addressed to your AKO account will forward automatically over to your DEE mailbox. Your AKO and AMEDD mailboxes will close after the MEDCOM’s migration to DEE. The AKO portal will remain available to you so you can continue to access your resources there as usual.

You are encouraged to prepare now for this change in email service. Just like taking responsibility for your own health through positive decisions about activity, nutrition, and sleep, action steps are also required for the DEE migration. Teamwork and preparation are keys to a successful migration. Above all, the MEDCOM Enterprise Service Desk (ESD) stands ready to render assistance. Please call them at 1 800 USAMITC. Working together to prepare for the DEE migration will help make this a positive experience for you and Army Medicine.

# Medical Recruiting Brigade Celebrates Anniversary - Sets New Recruitment Records

By Randy Lescault

Medical Recruiting Brigade  
Advertising and Public Affairs Division



FORT KNOX, Ky.—In just a few short years, the Army's Medical Recruiting Brigade has set new records accessing professionals to join the ranks of the Army Medical Department, Chaplain Corps, Warrant Officer ranks, and Special Operations forces.

The Medical Recruiting Brigade (MRBDE) recently celebrated its fifth anniversary in a ceremony that featured the Command General of the U.S. Army Recruiting Command, Maj. Gen. David L. Mann and other dignitaries at the brigade headquarters at Fort Knox, Ky.

"What the Medical Recruiting Brigade has been able to accomplish is truly historic," said Maj. Gen. Mann during the anniversary celebration. "We couldn't meet this incredibly important recruiting mission without the hard work of each of you," he said in his address to members of the brigade.

On October 2, 2007 the U.S. Army's Medical Recruiting Brigade was formally established. Col. Rafael Montagno was appointed as the first commander, and Sgt. Maj. Jeffrey Telepak assumed the position of command sergeant major, or the senior enlisted advisor to the commander.

## **"WHAT THE MEDICAL RECRUITING BRIGADE HAS BEEN ABLE TO ACCOMPLISH IS TRULY HISTORIC."**

The Medical Recruiting Brigade concept was discussed at various levels of the Army chain of command in the years prior to 2007. Before that, the medical recruiting mission was divided amongst five medical recruiting detachments assigned to each of the enlisted recruiting brigades across the country. The idea of a brigade dedicated solely to the medical recruiting mission gained serious traction in 2005, when the medical recruiting detachments became battalions. The concept became reality with its approval by Lt. Gen. Benjamin C. Freakley, commanding general of U.S. Army Accessions Command, in late 2006.

The Brigade had a few challenges in its early days. "We essentially had to train the entire Brigade staff," said Col. Rafael Montagno, the first brigade commander. "We had a few members of the staff who had the training and background to help the brigade function, but we had many more that did not. It took some real effort to get everything established across a footprint that spanned the entire United States and overseas, and to get everyone on the same sheet of music in terms of how we were going to conduct business," he said.

The creation of the Medical Recruiting Brigade also had success early on—it reaped an immediate surge in the volume of applicants, according to Sgt. Maj. Telepak. "Morale improved. The brigade members felt a new sense of pride in their new organization, and recruiters felt like they were part of an organization that was concerned with their well being and success," Telepak said. "Early on, we also developed new tactics, techniques and procedures that we shared across the brigade. They helped us to reach consistent

levels of mission success across the board," he said.

In October of 2009, the brigade assumed responsibility for recruiting special operations Soldiers, Warrant Officers and chaplains. Today, the Medical Recruiting Brigade provides the command, administrative, advertising, logistical, legal, financial and operational control of five medical recruiting battalions spread across the entire United States, plus the Chaplain Recruiting Branch. It also con-



From Left: Sgt. Maj. Manuel Atencio, Medical Recruiting Brigade (MRBDE) command sergeant major, Col. Karrie Fristoe, MRBDE commander, Maj. Gen. David L. Mann, commanding general, U. S. Army Recruiting Command (USAREC), and Sgt. Maj. Todd Moore, command sergeant major, USAREC, cut the Medical Recruiting Brigade's 5 Year Anniversary cake during a ceremony in the command conference room at the brigade headquarters on Fort Knox, KY. (Photo by Jim Welker, U.S. Army)

tinues to provide administrative and logistical support to the Special Operations Recruiting Battalion and Warrant Officer recruiters. Operational control of the Special Operations Recruiting Battalion and Warrant Officer recruiting shifted to Recruiting Command on 1 October of 2012.

In August of 2010, the Medical Recruiting Brigade received the Unit Special Designation 'Allgood's Highlanders', in memory of Col. Brian D. Allgood, the highest-ranking medical officer to give his life for his country in the Iraq war. Allgood was killed when the Blackhawk helicopter he was riding in was forced down by enemy fire and ambushed on the ground northeast of Baghdad Jan. 20, 2007. Col. Allgood was well known for his steadfast commitment to his Soldiers, patients, staff and Army families.

Today, 'Allgood's Highlanders' continue to succeed, increasing its number of accessions in volume, critical areas of concentration, and focusing on the highest quality applicants. The Army's Soldiers, Families and retirees deserve nothing less, according to Col. Fristoe, the current commander of the brigade.

"The Medical Recruiting Brigade has enjoyed unprecedented success in both volume and critical need categories since the brigade's activation," said Col. Karrie Fristoe. "Due to the hard work of our recruiters and civilian staffers, we are providing the quality professionals needed to treat and minister to our Soldiers, wounded warriors, Family members and retirees."



# ERMC News

## Former Soldier Now Helps Others Make the Transition

By Ed Drohan

*European Regional Medical Command Public Affairs*

HEIDELBERG, Germany – A few months ago, Morris Russell was an active duty Soldier assigned to the Warrior Transition Battalion-Europe. A deployment to South America and three to Iraq had taken their toll and he was going through the process of being medically retired from the Army.

Today, Russell is using that experience to help other transitioning Soldiers prepare for life as civilians by helping them get ready for the job market. At the same time, his work is therapy for him as well. Russell is an instructor for the Wounded Warrior Project's Transition Training Academy in Baumholder, Germany. Twice a week, WTB-E Soldiers travel from posts around Germany – some driving as many as three hours – to attend his Introduction

to Computer Repair course. All hope to receive their CompTia A+ certification, something that opens employment doors in the information technology industry.

The course, which started Oct. 1, runs for eight weeks before the 12 students get a three-week break to study for their certification test. They then return for another eight weeks of training on practical applications that they'll need to work in the IT field.

All the students had to first complete the TTA's Introduction to Computer Technology course before attending the computer repair course. Russell said most of the students were surprised when he came in the first day as the course instructor since he'd been one of their fellow students in the first course.

"The last time I was here as a student



Morris Russell, a former Soldier who now teaches computer repair for Warrior Transition Battalion-Europe Soldiers in Baumholder, Germany, describes the functions of different components on a computer motherboard for Maj. Robert Stohler, left, and Spc. Akindade Johnson during a recent class session. Stohler and Johnson are Soldiers assigned to the WTB-E.

in the Warrior Transition Unit," Russell said. "The first day of class, all the guys were looking around and asking where the instructor was because I went to the first course with these guys."

See **TRANSITION P20**

## Livorno Clinic Earns MEDCOM Army Star Strong Award

By Stefan Alford

*Landstuhl Regional Medical Center Public Affairs*

LANDSTUHL REGIONAL MEDICAL CENTER, Germany –The Livorno Army Health Clinic, Italy, is only the second U.S. Army Medical Command facility to receive the prestigious Army Star Strong recognition for exemplary occupational health and safety management practices following a stringent evaluation by MEDCOM officials recently.

The comprehensive on-site inspection concluded a three-phase, 243-item checklist review that began in January 2011 and culminated with the award of the Army Star Strong status by a team of MEDCOM and civilian safety experts from the Department of Defense's Voluntary Protection Program Center of Excellence.

"To the clinic, this is extremely important," said Maj. James D. Phillips, commander of the Livorno Clinic. "It validates

what we have been doing to keep ourselves safe and the fact that we are helping to blaze a trail to a safer working environment in the MEDCOM."

"To the community," he continued, "I think that this is important because, at a time when so much is closing down or has



Members of Livorno Army Health Clinic staff recognized for exemplary occupational health and safety management practices following a stringent evaluation by MEDCOM officials. (U.S. Army Photo)

(reduced) services, this shows the community that their health clinic is striving to reach for a higher level of performance." The VPP was created in 1982 by the Occupational Safety and Health Administration to recognize and partner with worksites

that implement systems to manage worker safety and health that go beyond basic compliance with OSHA standards. In June 2012, the Surgeon General of the Army Lt. Gen. Patricia D. Horoho made the program a requirement for MEDCOM facilities to transform from the compliance-based Army Occupational Safety and Health program to a performance-based management system.

"The Europe Regional Medical Command leadership volunteered to participate in the OSHA VPP two years before it became mandatory," said Carol Fontanese, ERMC safety manager, explaining that the Star Strong process usually takes 36 to 42 months to complete. The Illesheim Army Health Clinic, Germany, was the first MEDCOM unit to receive the award this past June after only 17 months, and Livorno achieved it in 22 months.

"Because of the ERMC leadership commitment to safety, we are now leading

See **LIVORNO P23**

## NRMC News

# Three Army Veterans Honored With Purple Heart Medals

By Britney L. Walker  
*Army Medicine*

WEST POINT, N.Y. --Sgt. Ralph Cipriati, Sgt. Sean Hook and Spc. Miguel Ramos, three former Soldiers assigned to the Keller Army Community Hospital Warrior Transition Unit, were presented Purple Heart medals Thursday, during a Warrior Care Month banquet hosted by the Soldier and Family Assistance Center at the West Point Club.

“The Purple Heart is awarded to members of the U.S. Armed Forces who were wounded by an instrument of war in the hands of the enemy. It is one of the most recognized and respected medals awarded to Service members,” said Col. Felicia Pehrson, West Point Health Service Area commander. “We are so very pleased and proud to be able to present the Purple Heart medal to three very deserving former Soldiers.”

There were three separate incidents that lead to each individual Soldiers’ nomination to receive a Purple Heart for actions displayed while deployed defending their nation.

Cipriati was stationed in Afghanistan in 2010 when his unit was attacked by mortar rounds. While running to his battle position, an incoming mortar round blew up around 50 to 75 meters from his position, knocking him unconscious.

Cipriati, who was previously awarded the Bronze Star, stated that he never expected to receive this kind of award; however, he was very humbled and honored to receive this award.

In 2008 while stationed in Iraq, Ramos was the tactical commander in a three-vehicle convoy en route to Bagram Air Force Base when a vehicle suspected of carrying a vehicle-borne improvised explosive device, or VBIED, tried to ram his vehicle. The driver of the Humvee attempted evasive maneuvers, which caused the Humvee to flip and roll over on the road. Ramos suffered a loss of consciousness and was diagnosed with a Traumatic Brain Injury, TBI.

While on dismounted patrol in Iraq in 2009, an improvised explosive device, or IED, detonated approximately eight meters from



(Left to right) Col. Felicia Pehrson, West Point Health Service Area commander, Sgt. Sean Hook, Lt. Gen. David H. Huntoon Jr., United States Military Academy superintendent, Spc. Miguel Ramos and Sgt. Ralph Cipriati pose for a photo during a Warrior Care Month banquet and Purple Heart presentation, hosted by the Soldier and Family Assistance Center, at the West Point Club. These three former Soldiers were assigned to the Keller Army Community Hospital Warrior Transition Unit. (Photo by Britney L. Walker, Army Medicine)

Hook’s location. He recalls experiencing a feeling of slow motion and some confusion. When recovered, he noticed another injured Soldier screaming, so then ran to pull him to cover. He was then hit on the hip by a projectile.

In a separate incident in 2009 while still stationed in Iraq, Hook was conducting another dismounted patrol when a VBIED exploded approximately 150 meters from his location. He was thrown against a T-wall barrier and struck in his groin protector by shrapnel. Hook was diagnosed with TBI.

“It was never my intention to receive an award like this. Just like everyone else in the Army, I was only doing my job.” said Hook.

## GO Army! December 8

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# Bragg Doctor Sets Up World-Class Residency Program

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 our 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

## NRMC News



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, during a mentorship moment in an exam room. (U.S. Army Photo by Sgt. A.M. LaVey)

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."

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."

See RESIDENCY P22

# SRMC News

## Military Docs Use Cutting-edge Device to Save Patient

By Elaine Sanchez

Brooke Army Medical Center Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas, Nov. 29, 2012 -- Doctors from San Antonio Military Medical Center here saved a young mother's life last month using cutting-edge technology historically reserved for infants and young children.

This case marks the first time the medical center has treated an adult with extracorporeal membrane oxygenation, or ECMO, a heart-lung bypass system that circulates blood through an external artificial lung and sends it back into the patient's bloodstream.

"This is a true success story," said Lt. Col. (Dr.) Jeremy Cannon, the hospital's trauma chief and a key player in the case. "I firmly believe this patient would not be here if it wasn't for ECMO and a tremendous team effort."

Cannon first heard of the case a few months ago, while he was in the midst of a surgery. He had asked to be paged whenever a patient in the hospital develops severe lung injury so he could assess them for ECMO treatment.

The patient, Jane\*, a mother of two young children, had woken up several days earlier with itchy, irritated eyes, but she and her doctor chalked it up to an eye infection or virus. It wasn't until her symptoms spread and worsened that she decided an emergency room visit was in order.

A few hours later, she was diagnosed with severe Toxic Epidermal Necrolysis, or TENS, an autoimmune reaction to medication. She was sent via chopper from her south Texas hometown to the U.S. Army Institute of Surgical Research's Burn Center, the Defense Department's only burn center, which is located in the medical center here.

The TENS progressed quickly and by the time she reached the hospital, Jane's skin was sloughing off, her lungs were filling with fluid and tissue, and her vital organs were failing. She was admitted to the Burn Center on Sept. 15 and initially was stabilized. However, when her condition worsened, Cannon was alerted.

Cannon and his ECMO team members had one thought after assessing Jane: "She's going to die if we don't use ECMO."

Cannon and a select team of specialists here had been training for this moment for more than a year, thanks to a Defense Department grant that provided ECMO supplies, training funds and equipment to explore the use of ECMO on adults.

ECMO is commonly used in neonatal intensive care units around the world on newborns with lung issues such as meconium aspiration, a medical condition that occurs when infants ingest their first stool before or during delivery. However, adult applications are much less common, mainly due to a lack of recent patient data.

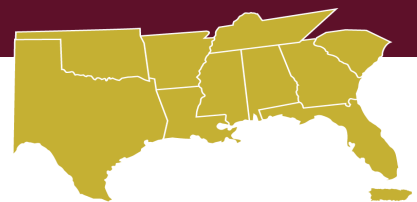
Cannon, however, had been observing ECMO successes since his residency and strongly believed in its outcomes for adults, particularly for patients on the brink of death. He had transferred to SAMMC from the Air Force's Wilford Hall Medical Center, which contained the military's only infant and child ECMO center, so he had ongoing exposure to the technology. Along with its experts, the neonatal ECMO center transferred to SAMMC last year.

Cannon brought his strong convictions about the lifesaving potential of the technology to his leadership and requested for Jane to be SAMMC's first adult ECMO patient. "I've been involved in ECMO cases for 15 years," he said. "I saw the benefit and felt confident we had the team structure and protocols in place."

The same day she checked in, Jane was put on ECMO, and stayed on it for 23 days.

It was touch and go at first, Cannon noted. "It was agonizing for 22 of those 23 days," he recalled.

Finally, on Day 21, Jane's lungs started to clear and, two days later, staff transitioned her from ECMO to a standard ventilator. "Within a day and a half, she went from profoundly ill to greatly improved," he said, noting the team effort of experts across the hospital.



Air Force Lt. Col. (Dr.) Jeremy Cannon (right) and Dr. Jeremy Pamplin place a patient on extracorporeal membrane oxygenation, or ECMO, in September 2012 at San Antonio Military Medical Center in Texas. ECMO is a heart-lung bypass system that circulates blood through an external artificial lung and sends it back into the patient's bloodstream.

"It was exhilarating to see her get better, thanks to a concerted effort," he added.

Maria Serio-Melvin, ISR nurse research consultant, also credited the procedure's success to an "intense, collaborative, cooperative effort" between the ISR and ECMO teams.

A few weeks later, Jane is now an outpatient, staying with her mother in town until she gains enough strength to return home. "It's been tough, but I'm not going to give up," Jane said in a recent interview at the hospital. "I can't say enough about the care I've received here."

Jane's lungs and skin are still healing, but Cannon has high hopes for his patient, as well as for other SAMMC patients who can be helped through ECMO.

Cannon also hopes to see an increased use of adult ECMO in the war zone, where it's already proved lifesaving for several troops. In 2010, an ECMO-trained team picked up a Soldier in Kandahar, Afghanistan, who had been shot in the chest. His right lung had to be removed, a procedure that typically carries a 100 percent mortality rate. However, the lung team placed him on ECMO and he quickly recovered in a hospital in Germany.

Cannon recalled meeting this patient

See **EDGE P19**

## PRMC News



# 325th Combat Support Hospital Flawless During USARPAC MEDEX 12

By **Sgt. 1st Class Rodney Jackson**  
18th Medical Command  
(Deployment Support)

SAGAMIHARA, Japan – During one of Japan's hottest months with temperatures and humidity ranging in the high 90s daily, Soldiers from the 325th Combat Support Hospital, 139th Medical Brigade, 807th Medical Command (Deployment Support), deployed from Independence, Missouri, executed a seamless mass casualty exercise for disaster relief on Sagami (Army) General Depot in Sagami-hara Japan. They also escorted numerous visitors, to include Japanese media, through an 84 bed combat support hospital that the unit built from the ground up a week prior, during U.S. Army Pacific's Medical Exercise 2012, here, Aug. 28.

Medical Exercise 2012, or MEDEX 12, is a U.S. Army Pacific multi-component, joint service, bilateral exercise hosted by 18th Medical Command (Deployment Support), U.S. Army Pacific. This is the second year, of a planned annual event, that 18th MEDCOM (DS) has hosted MEDEX 12, and the first year in over a decade that a combat support hospital has been set-up on Sagami General Depot during the event.

The 325th CSH worked hand-in-hand with the Medical Support Squadron, Yakota Airbase Hospital medical team and had acting patients moved by helicopter and ambulance bus from the Air Base, which is an hour drive and 15 minute flight, to the combat support hospital site to demonstrate the receipt of patients in the event of a natural disaster in the area.

The mass casualty exercise went well, it was interesting and realistic experience to have the Japanese reporters out there when that ambulance bus came up, unexpected adjustments made by the Air force that expanded the event from single triage to

dual triage, which meant all of the hospital units had to respond to the changes, and "it all went smoothly", explained Col. Michael Banton, deputy chief clinical services (one of two), 325th Combat Support Hospital, 139th Medical Brigade, 807th MEDCOM (DS). "There wasn't a sense of chaos, everything went in an orderly manner, which is exactly what we are trying to accomplish in triage."

"The air evacuation process by aircraft is an extensive coordination process and Airman Amanda Woodcox, health service management, Medical Support Squadron, Yakota Airbase Hospital helped coordinate the entire process," said Lt. Col. Tim Martinez, chief, health engagement division, Pacific Air Forces. "Woodcox has a lot of patient administration experience and working with the reservist here, some of them it's their first time, helped make the process better. I'm so glad that the Air Force could be a part of it with the helicopters and patient movement said," Martinez.

The unit has executed the mission, so far, with only half of its Soldiers.

"Half of our unit arrived back at home station yesterday from a deployment to Kuwait," said Sgt. 1st Class John Morschl, orthopedic technician, 325th Combat Support Hospital, 139th Medical Brigade, 807th MEDCOM (DS). "There were little bumps here and there, but despite the challenge of the heat and humidity things are going well."

Morschl went on to say that the unit deployed Soldiers to Afghanistan in 2004



Gen. Eiji Kimizuka, chief of staff, Japan Ground Self-Defense Force, takes a tour of an 84 bed combat support hospital set up by soldiers from the 325th Combat Support Hospital, 139th Medical Brigade, 807th Medical Command (Deployment Support), deployed from Independence, Missouri. (Photo by Sgt. 1st Class Rodney Jackson)

and Iraq in 2007.

Col. Todd Clow, deputy chief clinical services, 325th Combat Support Hospital, 139th Medical Brigade, 807th MEDCOM (DS) responsible for hospital operations, described the performance of the unit as "outstanding" considering the personnel strength.

Typically we would have almost double the amount of Soldiers to help set-up and nurse anesthetists helped pound in stacks and put up tents Clow explained.

He went on to say that the 84-bed hospital is there because it's readily expandable.

"We have 164 personnel and a full complement of a 144 bed combat support hospital has over 480 Soldiers," said Clow. "The point I'm making here is that the Soldiers that have been here on the ground have been really working hard and doing things that they don't necessarily do. We had a timetable to meet and despite the heat they did it."

Tripler medic receives combatives' honor, sets sights on promoting MACP.  
<http://www.army.mil/article/91510/>



Tripler Kicks Off 50-Mile Challenge. See this and other TAMC Health Videos on Vimeo.  
<http://vimeo.com/tripleramc>



# WRMC News

## CELEBRATING SUCCESS

### FORT CARSON MEDDAC

### Embedded Behavioral Health Team

### Earns 1st QTR FY'13

## WOLF PACK AWARD

By USAMEDDAC-Fort Carson  
Public Affairs

FORT CARSON, Co. - The Army Medical Department has selected Fort Carson MEDDAC's Embedded Behavioral Health Team #2 as the winners of the 1st quarter, FY'13 AMEDD Wolf Pack Award.

The Wolf Pack Award recognizes exceptional teamwork by an integrated group of military and civilian team members focused on excellence in support of Army Medicine.

From February to August 2012 the eleven military and civilian team members provided exceptional and direct behavioral health support to a Fort Carson infantry brigade combat team. While supporting its 4000-Soldier unit, the team defined command-behavioral health relationships for all other teams across the Army to emulate.

"They did a great job of managing the BH issues of their brigade combat team and reduced outside BH referrals by a factor of five. This was some great work in an area which has a key impact on the mission

of Army Medicine today," wrote Gregg Stevens, the Army Medical Department Civilian Corps chief.

Prior to the redeployment of their unit, EBHT-2 coordinated with the forward deployed BCT's surgeon and chain of command to identify their most vulnerable Soldiers. They evaluated all returning warriors who were identified "RED" and "AMBER" and met every flight from Afghanistan ensuring the Soldiers had the support they needed.

***"This team has become the definition of embedded behavioral health."***

"This team has become the definition of embedded behavioral health. They've defined command-behavioral health relationships and have set the benchmark for all other embedded behavioral health programs throughout the Department of Defense," wrote Col. John M. McGrath,

commander USAMEDDAC-Fort Carson.

Not lost in this special recognition is the value of teamwork and medical professionals caring for and about each other.

"In all of my Army service within FOSCOM and MEDCOM, I cannot think of a more worthy team for the Wolf Pack Award," wrote Maj. Samuel L. Preston, chief of Fort Carson's Embedded Behavioral Health Service. "These individuals believe in more than just the United States Army, [their supported] BCT, or Fort Carson Embedded Behavioral Health, they believe in one another. They take care of one another...I am extremely proud...of this truly exemplary team."

EBHT-2 will now compete with the winners of the next three quarters for the FY'13 Wolf Pack of the Year Award.

Previous Wolf Pack winners included the Landstuhl Regional Medical Center for its work in management of Traumatic Brain Injury and HQ, USAMEDCOM, Directorates of Program Analysis & Evaluation and Resource Management for creation of the Business Operations Bowl (Biz Ops Bowl) competition.

Congratulations to the Embedded Behavioral Health Team #2 from USA MEDDAC-Fort Carson for being selected as the winners of the 1st quarter, FY'13 AMEDD Wolf Pack Award.

## Center for Integrative Medicine

**Dr. Aaron Harris, chiropractic physician with William Beaumont Army Medical Center, performs an adjustment on Col. James Ryan, 15th Sustainment Brigade, at the Center for Integrative Medicine on Fort Bliss. Since 1921, William Beaumont Army Medical Center (WBAMC) has provided care for military personnel and their eligible family members. We specialize in complete medical care, host a medical education program, and serve as a trauma center for the surrounding community. (Photo by Jennifer Clampet)**



## USAPHC News

# Veterinary Service Personnel Ensure Food Safety for DoD Around the World

By Adria Estribou

HAH Communications Manager

One of the duties of the U.S. Army Public Health Command is to ensure that preparing and handling food safely becomes ingrained in the Department of Defense culture and becomes common practice at home as well as the workplace.

“Great food safety habits can start simply and lead to a healthier lifestyle,” explained Chief Warrant Officer 5 Ronald Biddle, USAPHC senior food safety officer. “Food safety begins and ends with proper hand washing.”

But hand washing is just one piece in the total food safety picture.

USAPHC’s Veterinary Services Portfolio provides food quality, safety and defense guidelines, policies and procedures for Army veterinary service personnel worldwide. These guidelines enable the Army veterinary food inspectors to provide their customers with a high-quality and wholesome food supply.

Army veterinary service personnel provide public health services in many locations around the world.

“They perform sanitation inspections of facilities, to include inspection of products received, stored and sold,” said Biddle. “They provide these services to the Army and Air Forces Exchange Service establishments; Defense Commissary Agency establishments; Morale, Welfare, and Recreation facilities; and troop feeding activities. These inspections are performed on Navy and Marine installations throughout the nation and abroad.”

Ken Salazar, secretary of the U.S. Department of the Interior and a farmer/rancher, notes the importance of food safety

and defense.

“I think it is paramount that we take proper steps to ensure the safety of our food supply and domestic livestock herd,” he said.

Col. Paul Whippo, Food Protection Program manager, said Salazar’s comment not only reminds individuals of how important the safety and security of the food supply is, but how it is integrated from farm to fork.

“As members of Public Health Command, we develop and implement food safety policies for the Army. We also work in support of our sister services to ensure that the DOD food supply is safe for service members, retirees and their Family members,” explained Whippo.

### **FOOD-BORNE ILLNESSES CAN BE AS INCAPACITATING AS BOMBS AND BULLETS...**

“We work with other federal and foreign regulatory agencies to make sure that we cover as much of the total picture possible. The bottom line is, without the inspector in the commissary; Troop Issue Subsistence Agency; Meal, Ready-to Eat plant; MWR; AAFES facilities; and the auditor in the commercial plants, our system and the safety and security of our military food supply would not exist. They ensure our military forces and their Families are not at risk,” he added.

Military inspectors are frequently engaged in highlighting food safety and



Veterinary food inspector performs an inspection on carrots at a commissary. (Photo by Christina Graber, U.S. Army Public Health Command)

providing information to DOD personnel and their Families on installations around the world.

“Visual aids such as flyers and food safety displays are placed near our military food servicing facilities,” said Biddle.

The USAPHC also provides educational outreach through electronic (e-mails and presentations) and physical (information booths and posters) means to better prepare consumers to understand the importance of food safety.

“We all must be vigilant to prevent food-borne illness,” Biddle emphasized.

Food-borne illnesses can be as incapacitating as bombs and bullets, and they occur in homes as well as on the battlefield.

Col. Robert Webb, director of the Veterinary Services Portfolio, is well aware of the impact that safe and quality food has on the DOD.

“It was Napoleon Bonaparte who said, ‘An Army marches on its stomach,’” said Webb. “By that Napoleon meant a well-fed Army is a formidable one, and his statement is as true today as it was in Napoleon’s time.”

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## Recognitions

# Capt. Janet Payne Named Army Social Worker of the Year

By Ed Drohan

Europe Regional Medical Command  
Public Affairs

HEIDELBERG, Germany – She helped first responders overcome the trauma of the Fort Hood shootings, provided mental health treatment for Iraqi detainees and helped Croatia improve their treatment of Post Traumatic Stress Disorder. Not bad for somebody with just over five years in the Army.

Now Capt. Janet Payne can add another line to her resume -- Army Social Worker of the Year.

"It's pretty humbling to be selected from among your peers for something like this," she said. "There are a lot of extremely talented social workers out there."

Payne has served as an Army social worker since 2007 but was a social worker in the civilian community for nine years before that. Her first Army assignment was at Fort Hood, Texas, where she was working at Marriage and Family Therapy Clinic on Nov. 5, 2009.

That was the day Army psychiatrist Maj. Nidal Hasan is accused of walking into the post's Soldier Readiness Processing Center and opening fire with a handgun. Before he was shot and captured, people had been killed and 32 others injured.

Payne's clinic was put on lockdown as a precautionary measure since little accurate information was known about the incident at the time.

"We were on lockdown until 8 p.m. We didn't have a lot of communications because the system was overwhelmed," Payne said. "There was a lot of misinformation in the media that made people feel less safe than they really were. There were stories that there was more than one shooter, and that it was taking place on and off post. Everybody feared for their safety."

After the shooting, Fort Hood leadership ordered that everybody involved – those who were in the building, first responders and personnel involved in treating the injured – receive counseling because of the scope of the tragedy. Payne said that close to 500 people were directly impacted by the traumatic events that day.

Payne had participated in a traumatic event management course as part of her social work training and helped lead group sessions, along with small group and individual follow-ups, in what she termed "psychological first aid."

"An event like that affects everyone," Payne said. "It challenges ideas of what it means to be safe and who you can trust."

While her work usually involves Soldiers and Family members, her deployment to Camp Bucca, Iraq in 2008 and 2009 led to her working with an entirely different group of patients. The camp was home to a detention center that housed thousands of Iraqi detainees, along with more than 10,000 U.S. military members from all services.

The Geneva Convention states that detainees must be given the same treatment that U.S. Soldiers receive, which includes assistance for mental health issues, Payne explained. Her primary mission during the deployment was detainee operations.

"We were there to identify individuals who needed help and provide them with treatment," Payne said. "This was especially important for people suffering from more chronic mental illnesses like schizophrenia and getting them the proper medications and care."

While she was primarily deployed to deal with detainees, she and the team she worked with were "...the only mental health in town." As such, she used her time to assist the U.S. military members as well.

"I'd go down to the wire (the fenced-in detainee compound) to see patients and along the way I'd talk to no less than five guards," she explained. "I'd talk to them,



Capt. Janet Payne, Army Social Worker of the Year

see how they were doing and establish a rapport."

It was an interesting assignment because she was able to take care of a perceived enemy and also take care of those detaining them along the way, she said.

The captain reported to ERM head-quarters in January 2010 and now works closely with the Exceptional Family Member Program that helps ensure Soldiers who have Family members with special needs are assigned to locations where those needs can be met. She was also asked to be part of a team that went to Croatia earlier this year to assess and evaluate how the country's medical system provides Post Traumatic Stress Disorder treatment.

While the Croatian military was a part of the NATO response in Afghanistan, the majority of PTSD problems stem from what Croatians call the "Homeland War" in the 1990s, Payne said. Many of those who fought were untrained, and the effects of that fighting are still being felt.

"We were there to conduct a review of their system and make recommendations for improvements," Payne said. "The biggest problem is that their healthcare system is so different than ours, so the assessment went beyond what treatment methods they can use to the capability and capacity of how to provide healthcare."

As an example, Payne said, the Croatian healthcare system doesn't have the scope of nursing services that the U.S. system does. Nurses usually are either highly skilled intensive care nurses or nurse's aids – there is no middle ground.

"We couldn't say 'do like us' because we have a whole different support system," Payne explained. "It came down to something bigger than just how to treat PTSD."

According to Lt. Col. Graeme Bicknell, ERM Behavioral Health Director and Payne's supervisor, the Social Worker of the Year award was well deserved.

"No social work officers that I know of, at this early stage in their Army career could have performed as well as Captain Payne has in such an extensively staff focused environment," Bicknell said. "Her accomplishments exceed those of more senior social work officers."

While she's excited about the award, Payne said she felt credit needed to go to those around her as well. "I would not be where I am without the team of people around me," she said. "The thing I love about the Army is we have great people. I get to work with great people."



## DFC continued from P6

certification in the National Registry of Emergency Technicians, ([www.goarmy.com](http://www.goarmy.com)) and serves as the U.S. Army's Medical department training foundation for all Army Combat Medics.

"Medicine is fascinating to me; I just can't seem to get enough of it still to this day," she said. "It's been like that since I started the training."

Besides learning medical terms and procedures, the medic works in aid stations, forward surgical teams, and assists in triage. They are often on their own working and living with the units in the field and are there when a unit could come under fire. These medics are revered by the troops and are referred to as "doc" – a term of endearment. They provide medical treatment in the absence of a doctor. They initiate treatment at the point of injury, they maintain treatment during evacuation to a healthcare facility, and are trained to work in hazardous and challenging terrain. This includes the mountains of Afghanistan or inside the body of a helicopter thousands of feet in the air as it flies to the nearest medical facility.

This is what Bringloe wanted. She wanted to fly, but she had to spend a year as a ground medic before taking her medical education to an even higher level. She had aspirations of doing more.

"I love flying. Flying in helicopters is a thrill!" Bringloe attended the Army's Flight Medic Course at The United States Army School of Aviation Medicine (USASAM) at Fort Rucker, Alabama. <http://usasam.amedd.army.mil/index.htm>

Bringloe flew many missions, inside the aircraft and more than once found herself dangling outside of it as well. A medic can be lowered to the patient to render assistance, and find herself hanging on the end of a very strong cable as she is being lifted into the air. The following tells her story, on a night where the training kicks in, and everything should and better work properly.

*With the fallen Soldier on board, her crew immediately returned the jungle penetrator (JP) to her for her own extraction. As soon as she began securing herself to the*

*JP, the encircling enemy opened fire on her with a fierce determination to take her out. Despite the chaos around her, she didn't hesitate in her job, securing herself and instructing her crew to continue with her own extraction, ultimately hoisting her away...*

What makes a good medic? Is it being cool? Is it making good decisions? Maybe it's a combination of things. Bringloe said: "What steered me towards this is that when stuff goes wrong, my brain seems to pop up and starts working correctly. I like being in tough situations and I just function well when quick decisions need to be made. Quick decisions," she said.

What kind of quick decisions? Decisions like guiding the air crew onto a roof top surrounded by trees to evacuate three wounded Soldiers. Decisions like doing her job while under constant fire. This is why they awarded her the Distinguished Flying Cross. It was awarded because she ignored exhaustion, pain, and displayed ...the knack to keep her cool.

Bringloe's training has not ended. Even with combat, even with the Distinguished Flying Cross a professional builds on what she knows. Bringloe continues to build upon her medical knowledge and experiences by attending Army medical courses between deployments down-range. She recently finished the flight paramedic "C" course. "I've gotten a lot more out of the Army than I ever imagined."

Recently one of her commanders, Lt. Col. Soo Lee Davis, MS Commander, 187th Battalion said, "Sgt. Bringloe is the epitome of the highly skilled and professional combat flight medic. She showed an enormous amount of courage and dedication in the operation for which she was awarded the Distinguished Flying Cross. She remains humble and modest to this day, always stating she was just doing her job, a job that the Army trained her to do. She knows the value of a highly skilled first responder. I know it is this awareness that drives her to be the best combat flight medic, soon to be paramedic, she can be."

## USAARL Soldier Named MRMC Equal Opportunity Leader of the Year



Staff Sgt. David Lopez, U.S. Army Aeromedical Research Laboratory

By

**Catherine Davis**

Public Affairs Specialist  
U.S. Army Aeromedical Research Laboratory



Staff Sgt. David Lopez of the U.S. Army Aeromedical Research Laboratory at Fort Rucker, Ala. was selected as the 2012 U.S. Army Medical Research and Materiel Command EOL of the Year.

Lopez, USAARL's Warfighter Health Division non-commissioned officer in-charge, manages the Laboratory's EO program, which follows the Army's EO program mission to formulate, direct, and sustain a comprehensive effort to ensure fair treatment for military personnel, family members, and civilians regardless of race, color, gender, religion, or national origin, and provide an environment free of unlawful discrimination and offensive behavior.

"It's a real honor to be selected as MRMC's EOL of the Year. I would like to thank USAARL's EO team, Staff Sgt. Craig Berlin, Staff Sgt. Jessica Madrazo, Sgt. William McGilberry, and Sgt. Arlene Breaux-

See LOPEZ P22

## Technology & Research

### LATEST BORDEN INSTITUTE PUBLICATION

#### Combat Casualty Care: Lessons Learned From OEF and OIF

This book is designed to deliver combat casualty care information that will facilitate transition from a CONUS or civilian practice to the combat care environment. Establishment of the Joint Theater Trauma System (JTTS) and the Joint Theater Trauma Registry (JTTR), coupled with the efforts of the authors, has resulted in the creation of the most comprehensive, evidence-based depiction of the latest advances in combat casualty care.

Lessons learned in Operation Enduring Freedom (OEF) and in Operation Iraqi Freedom (OIF) have been fortified with evidence-based recommendations with the intent of improving casualty care. The chapters specifically discuss the differences between combat casualty care and civilian sector care, particularly in the scheme of “echelonized” care. Overall, the educational curriculum was designed to address the leading causes of preventable death and disability in OEF and OIF. Specifically, the generalist CCC provider is presented requisite information for optimal care of U.S. combat casualties in the first 72 to 96 hours after injury. The specialist combat casualty care provider is afforded similar information, which is supplemented by lessons learned for definitive care of host nation patients. This text is supplemented with a DVD-based educational program that is comprised of five components, and this interactive case-based format requires the user to apply acquired knowledge to actual patient care scenarios. Upon conclusion of this educational program, readers will have a solid understanding of the latest advances in OEF and OIF combat casualty care. This information provides an excellent supplement to pre-deployment CCC training and education.

For information on Borden Institute Publications, visit the AMEDD Virtual Library at: <https://medlinet.amedd.army.mil/>

# USAMITC Initiates Behavioral Health Kiosks to Improve Patient Care



By Kenneth Blair Hogue  
USAMITC Public Affairs

FORT SAM HOUSTON, TEXAS – The U.S. Army Medical Information Technology Center (USAMITC) recently completed work on a key component to support the Behavioral Health Data Portal (BHDP) initiative. The BHDP kiosk was designed to greatly improve communication between patients and doctors within Army Medicine at the Military Treatment Facility (MTF) level.

The BHDP initiative, which involves all of Army Medicine worldwide, came about to improve providers’ ability to more rapidly identify Soldiers at risk for behavioral health concerns. Combined with the BHDP workflow, this initiative more efficiently utilizes the patient and providers’ time to put critical information at the providers’ fingertips when it’s needed. The BHDP initiative grew out of a best practice from Madigan and Tripler Army Medical Centers, was further refined and is now being deployed Army Medicine wide starting in Landstuhl, Germany.

“Prior practice required the patient to fill out personal information on a paper questionnaire about their mental state of health and hand it to the medical technician or corpsman for entry into Medical Operational Data System (MODS),” said Russell Nagle, USAMITC’s lead for the Engineering, Integration and Technology Branch in the command’s Core Technology Division, and the team lead for this BHDP Initiative. “The perception was that we were possibly not getting the accurate information because dealing with mental health is a touchy subject,” said Nagle. “We wanted patients to input this information directly into MODS online, without feeling as though someone was looking over their shoulder. So that was the tasking that came to us; to create a product that would ensure patient confidentiality and be used with multiple computing plat-



Russell Nagle, of USAMITC’s Core Technology Division, is the BHDP Initiative team lead. (U.S. Army Photo by Kenneth Blair Hogue)

forms, a tablet, a laptop or a PC, wired or wireless” said Nagle. “As a bonus, having the answers already input, the doctors can review the answers to the questions immediately, thereby speeding up the process.”

These behavioral health kiosks pertain to the mental health community Army-wide, and this process can also help to bridge the gap between Army, Air Force, Navy and Marine Corps patients. But right now, this process is only available to Army Medical Command military patients. The service might be expanded later to include family members and other dependents. “Dependents and other personnel that may not have Common Access Cards, and the need for the system to be wireless, were two huge challenges that had to be overcome,” said Nagle. “And the teams involved in these evolutions did an excellent job in making this project successful. As a result, you can use a tablet, laptop or desktop to complete your on-line mental health questionnaire in a confidential manner.”



**ARMY MEDICINE**  
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## Technology & Research

# USAPHC Completes Health Hazard Assessment of Ballistic Underwear

By Chanel S. Weaver, Public Affairs Office  
U.S. Army Public Health Command

ABERDEEN PROVING GROUND, Md. - The Army is one step closer to issuing an updated version of its ballistic underwear after a recent review and approval by the U.S. Army Public Health Command.

Experts in the command's Health Hazard Assessment Program completed an occupational health assessment of the new protective outer garments and undergarments, and provided recommendations on how to minimize any risks.

"We evaluated these items to identify any occupational hazards that could arise from wearing them," said Robert Booze, an industrial hygienist project officer at the USAPHC. "Our goal was to mitigate any risks to Soldiers before the protective outer garments and undergarments were distributed to the user."

After a thorough review, the HHA Program approved the protective outer garments and undergarments for military use.

Military work is inherently dangerous, but officials at the USAPHC believe that Soldiers in combat should not be placed at a disadvantage or at unusual risk because their protective clothing is deficient.

Although these undergarments look similar to a set of men's bicycle pants, they are no ordinary underwear.

"They are designed to use protective fabric and withstand injuries to the pelvic region that may result from the blast of an improvised explosive device," said Booze.

From 2003 to 2011, more than 600 Soldiers suffered injuries to the genital region during the wars in Iraq and Afghanistan. Although Soldiers are well protected

by body armor on their torso, some injuries to the lower body are so severe that they can cause Soldiers to lose all or part of their genitals. This loss of the reproductive organs can have devastating psychological effects.

The Health Hazard Assessment Program was not the only program within the USAPHC that helped complete the assessment of the pelvic protection system.

Wilfred McCain, senior toxicologist, said the USAPHC Toxicology Portfolio conducted an evaluation of the materials that were used in the underwear to see if they posed any potential risk to the wearer's skin.

"We evaluated the fabric, and did not see any threats to the user," said McCain. "The safety of our Soldiers is a top priority."

The garments must also be comfortable, using breathable fabrics like cotton, according to specifications requested by the Army.

Booze, who once served as an infantry officer in the military, said he feels blessed to perform a job that helps ensure protection of the troops. The HHA Program reviews not just personal protective clothing, but weapons systems, equipment and training devices as well.

"I am grateful that I still have a job that allows me to support our Army in a meaningful way," he said.

Now that the USAPHC health hazard assessment is complete, the Army will conduct several more reviews before the outer garments and undergarments are adopted in the field. The Army is expected to have 75,000 pair ready this fall.



The Army is reviewing several samples of protective undergarments to provide better protection to the pelvic region when a blast occurs from an improvised explosive device. The undergarments feature removable ballistic inserts for females and males. (Photo courtesy of PEO Soldier)



## EDGE continued from P12

a few weeks after he arrived at SAMMC. "He's married now and enjoying life," he said. Since then, there have been five ECMO transports from the battlefield to Germany, he added.

Cannon's long-term vision is to see ECMO patients transported directly from the battlefield to a stateside location, such as the medical center here, for their recovery.

"We've proven we can very safely take care of even most critically ill patients and I'm very optimistic we'll be able to offer these services to wounded warriors throughout their continuum of care," he said.

Based on recent successes around the nation, Cannon said he expects to see resurgence in ECMO research around the world, which will help to build confidence in the technology for adults. A trial with strict research protocols based in France is now under way and promises to answer some of

the unknowns that remain about the use of ECMO in adults.

Whatever the future holds, Cannon said he'll never forget the lifesaving impact of ECMO for Jane. "All of this came together beautifully and it worked," he said. "She's alive because of an amazing team effort."

The day she improved, he added, "was the pinnacle day in my medical career."

\* The patient's name was changed to protect her privacy.

# Effects of mTBI on Marksmanship Abilities, Weapons Utilization Tasks

By Catherine Davis

Public Affairs Specialist, U.S. Army  
Aeromedical Research Laboratory

Approximately 90 percent of acute mild traumatic brain injury (mTBI) patients and 80 percent of chronic mTBI patients display vestibular disorders, such as vertigo, dizziness, and disequilibrium. In addition, reports from occupational and physical therapists indicate that Soldiers recovering from mTBI experience balance-related difficulties with weapons utilization.

The U.S. Army Aeromedical Research Laboratory's Warfighter Health Division is developing a return-to-duty assessment battery for recovering dismounted Warfighters by examining the vestibular and balance-related effects of mTBI on marksmanship abilities and weapons utilization tasks.

The study "Development of a Return-

to-Duty Assessment Battery for Recovering Dismounted Warfighters" by Catherine Webb, USAARL principal investigator and research psychologist, evaluates if a novel dynamic weapons utilization battery can supplement current RTD assessments.

During phase 1 of the research study, sixty U.S. Army Soldiers completed five marksmanship tasks: turn to shoot, kneel and shoot, pick up and shoot, walk and shoot, and traverse beam and shoot using USAARL's Engagement Skills Trainer 2000 weapons simulator. All tasks were measured for accuracy, reaction time, shot radius, and aiming drift.

"The data from phase 1 allowed us to assess the reliability and sensitivity of the new tasks," said Webb. "It looks like task 2, the narrow kneel and shoot task shown in the photo, is the most promising. The next step is to collect data from an mTBI



Sgt. Pedro Cruz performs a series of tasks to inform a USAARL study of mTBI effects on soldier marksmanship abilities. (U.S. Army Photo)

population."

Phase 2 of this study will examine the effects of mTBI on marksmanship abilities using those tasks that were found reliable and sensitive from the phase 1 analysis.

Webb presented preliminary results of this promising study at the 2012 Military Health System Research Symposium, as well as the recent RTD research working group meeting, sponsored by the USAM-RMC Military Operational Medicine.

## TRANSITION continued from P9

While still a Soldier in the WTB-E, Russell was working on his degree in cyber security and pulling on-the-job training with the U.S. Army Europe IT help desk. He was able to pass the test for his CompTia A+ certification, and, after medically retiring in Germany, was offered the instructor's position. He said at first, though, he didn't think the job was right for him.

"I had just gotten the A+ certification and they (WWP) asked if I'd like to work with the Wounded Warriors," Russell explained. "At first I didn't want to work with them. I had a lot of anxiety issues about speaking to groups of people because of my PTSD, but I was working with my therapist to work out those issues, to get me out of my shell."

Eventually he decided to accept the job offer, looking at it as a challenge. "It forces me to get in front of the class," Russell said. "It allows me to take small steps and work in a room full of guys I can relate to. It's therapy for me."

His students run the gamut in experience, from one Soldier who has worked in the IT field for years to another who has almost no experience at all.

"Some of the guys have been doing this stuff since they were 8, others have

never touched a computer," Russell said. "The end goal is that they absorb as much information as they can, not just from me, but from their classmates, research – anything that can give them the edge." His students agree that the TTA is something they couldn't pass up.

"This is a fantastic opportunity," said Maj. Robert Stohler, who is a member of WTB-E's D-Company in Vilseck, Germany. He's taking the course with his son, who is his registered caregiver. "It's great that somebody would do all this, go through this large expense, all so we have something to take into our civilian career."

Russell said he makes it a point to tell his students something positive about themselves every day of class to plant the seeds of encouragement in them. His goal is the same as when he was active duty.

"My goal is to have these guys leave here knowing more than I do, with a better plan than I had, and go out and accomplish more than I did," Russell said. "A good leader always wants his Soldiers to be better than they are."

He added that he gets as much out of the experience as his students do. "Here I am teaching IT classes, still working with Soldiers and helping them," he said. "I still feel like part of the team – I'm still serving."

## COMPETITION BEGINS FOR PGE EXCELLENCE AWARDS

Practice Greenhealth just announced applications for their 2012 Environmental Excellence Awards for sustainable health-care facilities is opening on 3 Dec 12. MEDCOM is pursuing 2012 Environmental Excellence Awards for sustainable health-care facilities through our membership in Practice Greenhealth (PGH).

Last year, six MEDCOM facilities won awards with Madigan AMC being the first federal medical facility to ever be inducted into the Environmental Leadership Circle, PGH's top honor. PGH Practice Greenhealth is the nation's leading health care community that empowers its members to increase their efficiencies and environmental stewardship while improving patient safety and care through tools, best practices and knowledge. The PGH Awards recognizes outstanding efforts at many levels of achievement in sustainable healthcare.

PGH award nomination packages are web-based. **Nomination packages will be available starting 3 December 2012 at <http://awards.practicegreenhealth.org>.**

Completed applications are due NLT 1 February 2013. Learn more about the PGH awards requirements and past winners at [www.practicegreenhealth.org/awards](http://www.practicegreenhealth.org/awards)

**MEDCOM in The Community**

# Army Family Action Plan (AFAP)

## CITIZENSHIP AND RESIDENCY APPLICATION PROCESS STREAMLINED

By **Jaime Cavazos**

*MEDCOM Public Affairs*

For years, the Army Family Action Plan (AFAP) has served Army Family members as a medium through which their voices and concerns are heard and addressed by the Army's senior leadership. These concerns are addressed by the appropriate Army staff or agency and progress on the issues is reviewed annually by the Army Family Action Plan General Officer Steering Committee. Action on some issues can be swift, while others can take time... sometimes years to resolve.

One such protracted issue first accepted by the AFAP in 2002 (Issued 515) that has finally been resolved dealt with the application process for citizenship/residency for Soldiers and Families. According to Col. Jon Freundt, M.D., deputy chief of Clinical Services, U.S. Army Medical Command, at the root of the issue was the concern that non-US citizen Family members of Soldiers were required to have a medical exam and electronic finger printing as part of the naturalization process. The medical exam typically cost around \$200 per person so for a Soldier with 3 or 4 dependants, these exam were nearly cost prohibitive. Unfortunately, these medical exams could only be performed by a "Civil Surgeon" and

the U.S. Citizenship and Immigration Services (USCIS) would not accept exams performed in military treatment facilities. Furthermore, these services were not covered by TRI-CARE. .

However, USCIS recently approved a policy memorandum that designates military physicians as "Civil Surgeons" for members of the armed forces and their eligible Family members enabling DoD physicians to perform USCIS physical for beneficiaries of military healthcare. Additionally, USCIS has agreed to accept, as a courtesy, DoD fingerprint cards prepared at military treatment facilities, should DoD determine that a service or Family member is not able to obtain fingerprints at a USCIS Application Support Center or by a mobile fingerprint unit.

The physical examination for purposes of immigration are designed to identify communicable diseases of public health significance; ensure individuals are immunized; rule out physical or mental disorders linked with harmful behavior; and to identify those with drug abuse or addition.

"This is clearly a success story that shows the value and effectiveness of the AFAP process as well as Army Medicine's willingness to provide enhanced services to its beneficiaries," said Freundt.

### **ADVANCEMENTS continued from P1**

the collection of troop records regarding sickness and mortality to collate the data and compare among geographical areas. These reports led to the first widespread American health statistics, published in 1840. The compilation of this valuable data prompted research that would overcome various health problems in both the military and the civilian sector.

At the end of the 19th century, military research led to the discovery that tropic anemia in the Caribbean was caused by a hookworm. Using this knowledge, Army researchers developed a successful drug therapy combined with an effective prevention and control program that reduced the endemic disease to a sporadic occurrence for hundreds of thousands of people at risk.

Circa 1910, military scientists developed the process of chlorination to purify drinking water for Soldiers in the field, and this technique became the basis of water purification throughout the world. During World War II, military studies of whole blood preservation led to the development of kits for sterile collection of blood from donors, and for the rapid typing of blood—a process globally used today in emergency medical treatment.

More recently, the Army's MEDEVAC

system, which involves transporting battlefield victims to military hospitals, has helped to define the current practice of "life-fighting" civilian patients with traumatic wounds to hospitals via helicopter directly from the accident scene.

Tourniquets, shunts, locally applied hemostatic dressings, and various other medical items are going from the battlefield, sometimes directly, into civilian practice. Military doctors with their invaluable experience are coming out of the services and bringing their knowledge into the civilian sectors.

"The partnerships that academia forms with private industry and government allow us to develop ideas and products for success," said Horoho. "These partnerships, which include research into facial reconstruction, burn treatment, healing without scarring, limb salvage and limb reconstruction, can result in effective treatment and rehabilitation for those service members and civilians who have suffered traumatic injuries."

Today, the Army continues its work of medical research that may be translated into effective medical practice for the civilian sector. Recent accomplishments over the past decade include a Malaria Rapid Diagnosis Device, which is being used to

help prevent approximately 3 million deaths claimed by this disease annually, and a Japanese Encephalitis vaccine to halt the spread of this deadly disease throughout Asia and other parts of the world. Army-developed products to be used by civilians in the future include the CO2 Generator, the Bed Net, and the Environmental Sentinel Biomonitor.

From cancer and HIV research to the development of advanced prosthetics, the Army's medical research programs have helped to advance the "state of the science" for civilian medical facilities and practitioners across the United States and throughout the world. The establishment of a regenerative medicine program to treat severely wounded and disfigured Soldiers returning from combat also provides hope to civilian trauma patients in communities everywhere. It is this hope that continues to drive the field forward.

"The medical advancements made by our military medical personnel help not only our men and women in uniform but potentially individuals and families across the world. The legacy of our advances is testament to the extraordinary role military medicine has contributed to improved health," Horoho said.

## WARRIOR CARE MONTH 2012

# SITTING VOLLEYBALL TOURNAMENT



In observance of Warrior Care Month, wounded, ill, and injured WTU Soldiers and Veterans compete in the second annual sitting volleyball tournament held at the Pentagon on November 20th. This year's competition included teams representing Special Ops, Army, Air Force, Veterans Affairs, Navy, and Marines. Army and Special Ops (in white) contend for winners rights to move forward in the competition. (U.S. Army Photo)

### WARRIOR CARE RESOURCES:

- Warrior Transition Command: <http://www.wtc.army.mil/>
- Warrior Transition Command Blogs: <http://wtc.armylive.dodlive.mil/tag/commanders-drumbeat/>
- Army Wounded Warrior Program (AW2): <http://www.wtc.army.mil/aw2/index.html>
- Warrior Transition Command Videos: [http://www.wtc.army.mil/press\\_room/videos.html](http://www.wtc.army.mil/press_room/videos.html)
- Warrior Transition Command Twitter: <http://twitter.com/armyWTC>
- Army Wounded Warrior Blogs: <http://AW2.armylive.dodlive.mil>

## LOPEZ continued from P17

Waltz and USAARL's command staff, Maj. Antonio Blue and Col. Dana Renta. Without their help, it would have been very difficult to accomplish the EO program mission," said Lopez.

Lopez was selected due to his management of USAARL's EO program, which led to commendable ratings during the recent MRMC and U.S. Army Medical Command EO inspections, and his essay response to the question, "Gays in the Military: Should Lesbian-Gay-Bisexual-Questioning be an equal opportunity protected category? Why or why not?"

"EO is an important part of my life. Everyone is born into a different family circle with different sets of values and beliefs. Because of our differences in race, religion, gender, color, or national origin, we sometimes tend to separate from others and even become prejudicial against each other. Early in my career, I realized that the EO program was in place to protect all Soldiers. The Department of Defense is a pioneer when it comes to human relations, so I am proud to be part of the EO program," said Lopez.

"Staff Sgt. Lopez's outstanding

competence, initiative, compassion, and professionalism have a positive impact on the lives of many people," said Master Sgt. Bobby Edmond, USAARL's senior enlisted advisor. "His leadership serves as an example of how to treat others."

"I can speak for WHD in saying that we couldn't be prouder of our NCOIC," said Dr. Art Estrada, director of WHD. "Congratulations, Staff Sgt. Lopez, for your care and concern for us all."

***Lopez was selected due to his management of USAARL's EO program, which led to commendable ratings during the recent MRMC and U.S. Army Medical Command EO inspections...***

"I am grateful for the opportunity to represent MRMC at the Fiscal Year 2012 MEDCOM EOL of the Year competition," said Lopez.



## RESIDENCY continued from P11

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.

"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."

**LIVORNO** continued from P9

the way in MEDCOM,” added Fontanese. “(As a result) beneficiaries will experience a culture where hazards are quickly identified and corrected, making it a much safer and healthier place to receive their medical care.”

The different phases of the VPP to achieve Star Strong status include assessments focused on management, leadership and employee involvement, worksite analysis, hazard prevention and control, and safety and health training. During the final stage of the evaluation at Livorno, to assess the staff’s understanding and knowledge of the program, all employees were interviewed, to include military, local nationals, DoD civilians and contractors.

“It’s not just a safety manager responsibility anymore – it really involves everybody,” said Harry Raith, Landstuhl Regional Medical Center safety manager who accompanied the MEDCOM assessment team at Livorno. “This program establishes a culture where everybody sees it as their responsibility to take action where safety is concerned.”

“It’s a mindset,” agreed Pfc. Gregory Swindell, a radiology technician at Livorno. “Too often you’ll see an organization playing host during a command team visit, where (they) will implement or exercise certain ideologies and practices that the command team wants to see.

“Then, as soon as the command team leaves, everything returns to the way it was before they arrived,” he continued. “That’s the wrong answer. As a team, while preparing for this assessment, we simply continued to do the same things we had previously been doing because our culture of safety was already established. We already possessed a common mindset that prioritized safety as our mission.”

Raith noted that the Livorno staff was also recognized with an ERMC-level award recently for not having a DUI/DWI in the last five years, as well as not having had an accident during the last three fiscal years.

“We make sure the overall program elements are in place, set overall policy and standards and provide some training,” said Raith of Livorno and the eight other outlying military treatment facilities that fall under LRMC, “but really, it’s the accomplishments of the men and women of the Livorno Clinic.”

**MEDCOM TEAM PROFILE****SHARP TEAM**

The Army Medical Department’s Sexual Harassment / Assault Response and Prevention Program (SHARP Program) reinforces the Army’s commitment to eliminate incidents of sexual assault through a comprehensive policy that focuses on education, prevention, integrated victim support, rapid reporting, thorough investigation, appropriate action, and follow-up. Army policy promotes sensitive care for victims of sexual assault and accountability for those who commit these crimes.

The Army Medical Department (AMEDD) SHARP program has a dual mission for program execution which includes services for family members (18 yrs. and older) and civilian (when authorized) sexual assault patients and expands our prevention/response capacity to influence health and readiness. The role of the AMEDD transforms from a healthcare system to a system for health. Quality healthcare for victims of sexual assault begins with a prevention focus and continues beyond the forensic exam to restorative health and wellness.

**MEDCOM Regulation 40-36;  
21 Jan 2009**

Medical Facility Management of Sexual Assault guides healthcare providers on how they should respond to sexual assault patients and engaging the patient in their individualized health plan is a key component for patient centric care.

Additionally, it emphasizes the provision of timely, accessible and comprehen-

*Intervene, Act, and Motivate (I. A.M.) -*

**“I.A.M. STRONG”**  
*is the Army’s campaign to combat sexual assaults by engaging all Soldiers in preventing sexual assaults before they occur.*

sive medical management to victims who present at Army MTFs and all of the necessary follow up care.

The Army has begun a transformative mission to prevent sexual assault in the military incorporating bystander intervention into the Sexual Assault I.A.M. Strong prevention campaign.

**The MEDCOM SHARP program supports The Surgeon General’s effort to bring value and inspire trust through the Army Medicine Healthcare Covenant to deliver maximized physical and behavioral health promotion.**

Training the SARC/VA-SHARP is critical to the successful implementation of the SHARP/POSH integration and the prevention objectives.

**Army sexual assault Web site:  
[www.sexualassault.army.mil](http://www.sexualassault.army.mil)**

**MERCURY**

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Your comments may be published in a future edition of the newsletter.

# AROUND ARMY MEDICINE

1. Preventive Medicine brings home honors at Army Ten-Miler: The Preventive Medicine Master Divas team, Lt. Cols. Kerri LeFrancis, Jennifer Caci and Elizabeth Miller; Maj. Gen. Jimmie O. Keenan, commander, U.S. Army Public Health Command and Functional Proponent for Preventive Medicine; and Lt. Cols. Sheryl Kennedy and Deydre Teyhen, pose with their first-place Eagle trophy after competing in the Association of the U.S. Army 10-Miler in Washington Oct. 21. The team running time was 5 hours 2 minutes and 15 seconds. (Photo by Will Keenan)



2. WARRIOR TRANSITION COMMAND, Fort Campbell – Three Tennessee Titans quarterbacks visited Soldiers recovering from traumatic brain injuries as well as wounded, injured and ill Soldiers in the Warrior Transition Battalion Oct. 23 at Fort Campbell's Warrior Resiliency and Recovery Center. Quarterbacks Jake Locker, Matt Hasselbeck and Rusty Smith not only learned about the multidisciplinary treatment Soldiers recovering from traumatic brain injuries receive at Fort Campbell, the players also experienced the treatment sessions first hand. This visit was just one example of the ways that the Army and the NFL are partnering to improve awareness of traumatic brain injuries and increase research into its causes, prevention and treatment. The Titans presented each Soldier with an inaugural National Football League Salute to Service pin, a camouflage ribbon. The same design will also adorn NFL footballs during the month of November in honor of veterans and military service members. The Department of Defense has designated November as Warrior Care Month, commemorating the sacred obligation and enduring mission to care for the Nation's most wounded, ill and injured service members and to support them as they transition back to the force or leave military service. (U.S. Army Photo)



3. HONOLULU, HAWAII – Dr. (Lt. Col.) Robert Oh (left), physician, Family Medicine Clinic, Tripler Army Medical Center (TAMC), and 1st Lt. Carolyn Rittermann (right), wellness dietitian, Nutrition Care Division, TAMC, speak with Rhonda Plum, family member, about simple ways and lifestyle changes to make to help make managing diabetes easier, such as switching out sugar with sugar-free substitutes, during a diabetes health and wellness fair held Nov. 17, at TAMC. (Photo by Stephanie Rush, Pacific Regional Medical Command Public Affairs)

Access the full story at:  
<http://www.army.mil/article/91516/>





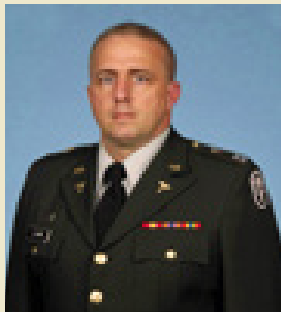
IN HONOR OF OUR FALLEN COMRADES  
WHO HAVE MADE THE ULTIMATE SACRIFICE

## 2012 IN MEMORIAM



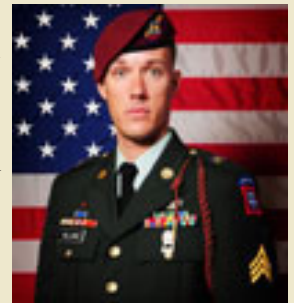
Spc. BENSON, Keith D.  
68W  
2nd Battalion, 28th Infantry Regiment, 172nd Infantry Brigade,  
Grafenwoehr, Germany  
Norwood, MA  
18-Jan-2012

Spc. ACOSTA, Edward J.  
68W  
2nd Battalion, 5th Infantry Regiment, 3rd BCT, 1st Armored Division  
Ft. Bliss, TX  
Hesperia, CA  
5-Mar-2012



Capt. CLARK, Bruce K.  
66H  
A Company, Troop Command, William Beaumont Army Medical  
Center  
El Paso, TX  
Spencerport, NY  
1-May-2012

Sgt. WILLIAMS, Eric E.  
68W  
3rd Battalion, 82nd Combat Aviation Brigade, 82nd Airborne Division  
Fort Bragg, NC  
Murrieta, CA  
23-Jul-2012



## The Final Flight of Lt. Col. Lee Roupe A STORY OF HONOR

[Excerpts] Fellow AMEDD Soldiers – As many of you know Lt. Col. Cephus Lee Roupe died on March 2, 2012. His wife granted me a tremendous honor and asked me to serve as Lee’s escort. This note will tell of the amazing outpouring of love and honor that I was privileged to witness while executing duties as his escort.

By way of background Lee was just 48 hours into his transition leave and preparations for retirement when he died suddenly of an apparent heart attack. His family and the staff of Southern Regional Medical Command (SRMC) were diligently plan-

ning for his retirement ceremony at Fort Hood with a grand celebration at his home in Salado, Texas. Lee’s tragic and shocking loss highlights for all of us that we need to make the most of every day we are given...

It was now time for the final salute. In a divine bit of timing, just as the Commander of Troops directed “Present Arms,” we heard the unmistakable sound of a Blackhawk helicopter in a turn just outside the ANC airspace. I was looking straight ahead but was able to see Lee’s wife look up and see the helicopter. It was simply amazing timing. You see, Lee was a



Lt. Col. Lee Roupe (Courtesy Photo)

master rated aviator having flown several thousand hours in six types of rotary and fixed wing aircraft. She told me later how she knew Lee would have loved knowing that a Blackhawk had flown by at his funeral.

Access the full narrative at: <http://medicalservicecorps.amedd.army.mil/news/LeesFinalFlight.pdf>

## 2012 IN MEMORIAM

### A FAREWELL TRIBUTE TO SGT. MAJ. RETIRED RON STILL

*“Life must be lived forward,  
but it can only be understood backward.”*

- Søren Kierkegaard

To My Army Medical Department Family family – One of our brothers at arms, Sgt. Maj. Ronald Francis Still (Retired), departed this life on November 14, 2012. It is with profound sadness and a tremendous sense of loss that I write this correspondence. It is hard to attenuate the grief that we collectively share as we mourn so great a loss to not only the medical community but also to our Nation. Ron served Army Medicine with distinction for nearly 52 years--26 years in uniform followed by 26 as an AMEDD Civilian. Ron was a Vietnam veteran, who also served several tours in South Korea. Ron was highly regarded by the medical community as an extraordinarily accomplished historian whose intellect, academic discipline and raw determination set a new standard for historian-educators.

Ron was a man of great integrity, love and fierce loyalty. He epitomized the Army Values and all that is right regarding the roles and responsibilities of the civilian- Soldiers. Ron served in the AMEDD, retiring as the sergeant major of the Directorate of Logistics, AMEDD Center & School. He was a decorated Soldier and AMEDD civilian and he left a legacy of excellence in all of his endeavors.

One of my fondest memories of Ron occurred during the time I served as a first sergeant during the 1990's. I contacted him with a rather urgent request regarding a static display of historical memorabilia. I had to plan and execute an event where enlisted AMEDD uniforms were displayed representing successive military

**RON WAS A MAN OF GREAT INTEGRITY, LOVE AND FIERCE LOYALTY. HE EPITOMIZED THE ARMY VALUES AND ALL THAT IS RIGHT REGARDING THE ROLES AND RESPONSIBILITIES OF THE CIVILIAN- SOLDIERS.**

eras. Ron helped me to execute this task flawlessly. In fact, he offered to assist with duties that stretched far beyond his scope or job description to ensure the event not only captured our history appropriately but also reflected our near palpable esprit de corps. His dedication and loyalty to his patrons was exceeded only by his eloquence when sharing AMEDD enlisted history.

When the announcement was made that Ron had passed, I received a continuous stream of email traffic from the field from officers and NCOs alike who were significantly moved by this accomplished man and beloved AMEDD historian. I'd like to share a few comments from the field:

Retired Command Sgt. Maj. Sandra Townsend, 14th MEDCOM command sergeant major: “Hard to believe this icon of Army Medicine and AMEDD history that many of us received valuable knowledge and mentoring from throughout the years is no longer with us. Many fond memories of times spent with him.”

Retired Command Sgt. Maj. Gregory Griffin: “Wow... what an ICON of the MEDCOM, truly a selfless servant over many years to one and all.”

Retired Command Sgt. Maj. Frederick Clayton, 9th HSC com-

mand sergeant major: “I first met Ron when he was a first sergeant in Korea (1981-83). He took care of many issues but a particular issue struck me. We had an issue with adequate barracks space for females. Ron mounted a campaign to fix the problem which resulted in adequate space for females in the entire Yongsan community. This great American Soldier has always dedicated his life to helping Soldiers and their families.”

Retired Command Sgt. Maj. Althea Green-Dixon, 16th MEDCOM command sergeant major: “He did so much for the Army, for Army Medicine, and especially to bring more recognition to the great work of our enlisted medics! I, for one, will be forever grateful, and will miss him.”

Retired Command Sgt. Maj. Paul Brown: “I loved going to his office while stationed on Fort Sam Houston and getting schooled on historical accuracies. He saved me from buying AMEDD related fakes/reproductions on EBay several times. Most of all, it was his passion for his work and no-nonsense approach that really motivated and inspired me.”

Retired Command Sgt. Maj. Martin Pate III: “My personal remembrances of Ron are what a very kind and caring man he was, who would do all possible to help shape, advertise, and promote the good message of the MEDCOM. I always saw him as a kind, gentle, caring, and honest man, and the MEDCOM and the Army was fortunate to have him for the many years that he honorably served in uniform and as a DOD Civilian.”

As you can see by the outpouring of sentiments from so many in the AMEDD community he was definitely loved and admired by all. Ron believed as so many of us believe that failure to acknowledge the significance of history is more than just ignorance-it is a form of ingratitude for the efforts of all who had gone before. To the end, he labored valiantly to make all of us better historians. There is a bit of Ron's passion for history that lives in all of us and that ensures that our history will be preserved. Many contend that past is indeed prologue and therefore, it is the personal responsibility of all us to ensure we continue to devotedly document the AMEDD's traditions and heritage as our history continues to be written. Ron- thank you for imbuing this responsibility in each of us.

**Command Sgt. Maj. Donna Brock**  
MEDCOM Command Sergeant Major





(From left) Willie Kucera, William Beaumont Army Medical Center's oldest beneficiary speaks with WBAMC Chief of Staff Michael Amaral. Kucera passed away in August just weeks after celebrating his 106th birthday.

## WBAMC's Oldest Beneficiary Passes

Willie Kucera was living history. At the age of 106 Kucera was believed to be the oldest beneficiary in the William Beaumont Army Medical Center's region of care. Sitting in a room among doctors and administrators of 21st century medicine, everyone would pause to hear the names and stories Kucera recalls from his 20 years in the Army – a span that included World War II and the Korean War.

From a childhood in Texas' cotton country and raised in the retail business, the retired Army major smirked at the memory of sleeping under the candy counter case at his father's store in Ennis, Texas. It was Thanksgiving Day in 1942 when Kucera was drafted and took the plunge into a world of fatigues, hand salutes and marching troops.

He found his niche as a commissioned officer with the early Army Exchange Service program. Kucera was commissioned as a first lieutenant to help with the Army Exchange Service – changed to the Army and Air Force Exchange Service (AAFES) in 1948.

## Warrior Medic Memorial

The AMEDD Regiment designed the Army Medical Department Warrior Medic Memorial to honor our fallen comrades who have made the ultimate sacrifice. The memorial resides at the Army Medical Department Museum, located at Fort Sam Houston, Texas. A second, traveling memorial is available for set up at select events across the country.

# 2012 IN MEMORIAM

## Tripler Honors Fallen Behavioral Health Specialists

By Stephanie Bryant  
Tripler Army Medical Center  
Public Affairs

HONOLULU -- Tripler Army Medical Center hosted a Wreath Laying Ceremony and Fallen Comrade Tribute at the National Memorial Cemetery of the Pacific, here, Oct. 29.

The wreaths were laid in memory of Lt. Col. David Cabrera and Staff Sgt. Christopher Newman, the first behavioral health specialists to be killed in the overseas contingency operations. The ceremony was held on the one year anniversary of the death of the two Soldiers.

Cabrera and Newman were killed in action in Afghanistan on Oct. 29, 2011. They were two of 17 people killed on a busy road in Kabul when a Taliban suicide bomber carrying some 1,500 pounds of explosives rammed into an armored military bus.

Sgt. 1st Class Russell Lane, non-commissioned officer-in-charge, behavioral health specialist product line, Pacific Regional Medical Command, had been Newman's supervisor prior to his deployment, and was asked to escort Newman's body back to his hometown of Shelby, N. C. for his funeral.

"The important thing is not how long one lives but what one does within his life time," Lane said. "While down range he was given the nick name Big Country. He was given that name not only for his 6-foot-6-inch size but also because of the size of his heart. He was always thinking of others."

"Staff Sgt. Newman only lived to the age of 26 but his presence and influence were profoundly felt by his peers, leaders, community and family," Lane added.

Unlike Lane, Lt. Col. Derrick Arincorayan, social work consultant to the Army's Surgeon General and chief, De-



partment of Social Work, TAMC, did not know Cabrera very well, but he managed the taskers that deployed social workers overseas and takes each deployment tasker very seriously.

"(Cabrera) was (given) a prestigious assignment as an instructor at the Uniformed Services University of Health Sciences in Bethesda, Md., prior to his deployment," Arincorayan explained. "As far as being directed to be assigned to a deploying unit, Cabrera really was protected from being selected from any deployment because he was not assigned to the U.S. Army Medical Command.

"(However, being an officer who would not accept no for an answer and having a sense of duty to care for Soldiers on the battlefield, Cabrera was able to persuade his cadre of supervisors to release him for a six month deployment," Arincorayan added.

Arincorayan reminded the Soldiers and staff in attendance how importantly it is to honor and remember fallen comrades.

"If there are any lessons learned from deaths of these brave men, it is that we must not only remember the way they died but most important remember how they lived," Arincorayan said. "Courage, compassion, selfless service, loyalty and duty to country are the values they displayed the day they were killed. These values are the fibers that are woven in the fabric of the uniforms that we wear today."