



# MERCURY



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## Army Celebrates Warrior Care Month

By Kirk Frady  
MEDCOM Public Affairs

The Army celebrates Warrior Care Month during the entire month of November. Clearly, there is no greater or higher calling

than helping wounded, ill or injured Soldiers heal and transition successfully back to the force or into private sector jobs and careers. While the Army cares for Soldiers and their Families each and every day, November offers a time to highlight how it continues to honor its sacred obligation to these men

and women. This is a time to reaffirm a commitment to quality healthcare, education and careers for our nation's wounded, ill and injured service members. The theme for this year's joint observance is "Success through Transition – Education, Employment, Entrepreneurship."



Across the Army during November Army leaders will host employment fairs, professional development sessions, open houses, media days, adaptive sports and reconditioning events, and celebrate the resiliency of Soldiers and their Families. Wounded, ill and injured Soldiers from Warrior Transition Units (WTUs) will engage local community groups, sharing their personal experiences from health care to training, education and employment.

General Lloyd J. Austin III, Army Vice Chief of Staff stated, "Leaders across our Army recognize that the health of our Soldiers, Army Civilians and Family members is a top priority. We remain committed to doing what is needed to care for our most precious asset—our people--thereby ensuring a healthy and resilient Force for the future."



Go Army! Supporters and participants display their Army spirit during the cycling event at the Third Annual Warrior Games, May 1, 2012, Colorado Springs, Colo., during a visit by Secretary of the Army John McHugh. (Photo by Staff Sgt. Bernardo Fuller)

See **WARRIOR P6**

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**CONGRATULATIONS 2012 BEST MTF.** Get the full story on P5 & P6

# THE MERCURY

**U.S. Army Medical Command**

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

## MEDCOM TEAM PROFILE

### SAFETY

The Safety Management Office develops and implements OTSG/MEDCOM policy for a comprehensive safety and occupational health program. The Safety Office serves as the principal safety and occupational health program mission administrator, advisor, technical consultant, and monitor for the CDR and MEDCOM personnel.

The programs' goals are to protect OTSG/MEDCOM personnel from accidental death, injury, or occupational illness by minimizing risk and mitigating hazards. Goals also include protecting systems, equipment, materials, and facilities from accidental destruction, damage, loss, or unacceptable hazards to operational missions and personnel.

Additionally, Safety insures all personnel and operations comply with applicable safety and occupational health regulations which federal and state regulatory agencies promulgate. Safety's mission includes pro-

***MEDCOM'S SAFETY MANAGEMENT SYSTEM AND PROGRAM EXECUTION WERE RECENTLY IDENTIFIED AS "BEST IN ARMY" AND THE PROGRAM IMPLEMENTATION PROCESS WAS SELECTED AS THE ARMY ROLE MODEL.***

tecting the public from risk of death, injury, illness, or property damage as a result of OTSG/MEDCOM operations.

MEDCOM's safety management system and program execution were recently identified as "Best in Army" and the program implementation process was selected as the Army role model.

For more information about MEDCOM's safety program check the website at: <http://medcomsafety.amedd.army.mil/>

If you would like to have your team profiled in an upcoming edition of the Mercury, please submit an article between 150 to 200 words in length and a high resolution team photo to the Mercury inbox at [medcom.mercury@amedd.army.mil](mailto:medcom.mercury@amedd.army.mil)

## MERCURY Comment



Why the "Mercury"?

"Mercury" is the name selected for the newspaper to be published monthly by the Health Services Command to bring news of and about the command to the command. (1) Mercury, in Roman mythology, served as a messenger, which represents the purpose of the newspaper, and (2) mercury, as one of the oldest elements known to man, served the art of healing long before recorded history." --From the historian archives: HSC Mercury, Oct 1, 1973 Vol. 1, No. 1


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

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

 Engage in **Activity**

 Improve **Nutrition**

 Get Quality **Sleep**



## THE MERCURY

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## TSG SPEAKS

### LIFESPACE

#### Portions of Lt. Gen. Horoho's Keynote Remarks from the 2012 AUSA Warrior & Family Symposium

*About a third of your life is spent working; about a third is spent with your family and friends, and a third is spent sleeping. You might ask yourself: "Do I have balance in my life – balance between work, family, and sleep?"*

*In Army Medicine, we are developing Performance Triad Programs for Soldiers and their families focused on Activity, Nutrition, and Sleep. We are researching and packaging the best practices of corporations, organizations, and successful communities, to help you better Shape your LifeSpace.*

*We are introducing some new ideas about "vital signs." Not the standard vital signs you get when going to the doctor, but rather a new set of health vitals that help you track your activity, nutrition, and sleep – 3 key elements to your overall health.*

*Finally, what does "Win" mean for an individual? It means:*

- Achieving an optimal health status,
- Actively participating in your family and community,
- And sharing your experiences while lending a hand to those in need.

*In conclusion, I want to thank you again for your Service, sacrifice, and dedication. You represent all that is right about America and demonstrate an extraordinary path to overcoming adversity.*

*Remember to balance your efforts between your Prevent, Shape and Win roles – both as organizations and as individuals.*

*On a personal level, please focus on your Health and remember to balance your LifeSpace giving attention to activity, nutrition and sleep.*

*It's only through strong, resilient, and caring individuals that we can continue to best serve our Nation and our fellow veterans and their families.*



Lt. Gen. Patricia D. Horoho, Surgeon General, and Commanding General U.S. Army Medical Command

**LIFESPACE  
IS THE TIME BETWEEN APPOINTMENTS  
WHEN HEALTH HAPPENS.**

# Veterans Day

## DUSTOFF PREMIERE

"I will leave when I have your wounded." These last words of Major Charles Kelly, Medical Service Corps, "The Father of DUSTOFF" became more than the mark of the man who spoke them; they forged a life-saving mission that continues for today's Warriors of Compassion.

On Friday, 9 November, Lt. Gen. Horoho will host the premier of the AMEDD Center of History and Heritage (ACHH) presentation of "When I have Your Wounded: The DUSTOFF Legacy" in the Pentagon auditorium. This one hour documentary is the history of DUSTOFF from its meager beginnings in World War II, with more refinement in Korea, to establishing a legacy in Vietnam that motivates medevac crews today. The documentaries producer, Pat Fries stated, "this documentary will depict the valor of the men and women who fly these missions in all sorts of weather and hostile conditions to save the life of a fellow warrior."

Invited to the premier are pilots, flight medics and crew chiefs that flew DUSTOFF missions in Vietnam, Iraq and Afghanistan. A special part of the film is the interviews of the spouses and children of these AMEDD aviators discussing their pride and also the fears and loneliness while their loved one is deployed.

It is anticipated that special presentation will be done for the OTSG/MEDCOM staff in November or December.

**WHEN I HAVE YOUR WOUNDED:**  
**The DUSTOFF Legacy**

**SPECIAL PRESENTATION PREMIERE**

9 November 2012  
1730 Hrs.  
at the  
Pentagon Auditorium

**How will you celebrate Veterans Day?** *Join the conversation and engage.*



**Army Medicine News:** <http://www.army.mil/ARMYMEDICINE>

**You Tube:** [www.youtube.com/user/Armymedicine](http://www.youtube.com/user/Armymedicine)

You Tube

**Facebook:** [www.facebook.com/OfficialArmyMedicine](http://www.facebook.com/OfficialArmyMedicine)

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**Twitter:** [twitter.com/ArmyMedicine](http://twitter.com/ArmyMedicine)

# Team Blanchfield ACH Wins Best MTF 2012

By Valecia Dunbar  
MEDCOM Public Affairs



Academic gridiron, superior MTF performance, and agile MTF competitive teams able to excel under pressure. That's exactly what the 2012 MEDCOM Commander's Business Operations Bowl year-long process and 2012 Best MTF Competition were all about.

***"This competition is serious business. We do this today to help build on best practices and ensure the Soldier and the Army family can remain 'ready and resilient'."***

***-- LT. GEN. PATRICIA D. HOROHO***

The road to every championship begins with enduring performance and dedication. And the journey to the 2012 Best MTF Championship began with the monitoring and evaluation of MTF business operations performance. Every month, the performance of our 33 Army MTFs were evaluated against a series of nine measures, dubbed "The Noble Nine." Facility-wide performance of every MTF was ranked, "seeded," and published monthly. Commanders and staffs closely watched their own performance and that of their peer MTFs. Month to month, the MTF placements changed, as each MTF pushed to show the entire Army Medicine team that their high levels of daily performance did indeed reflect in these key measures. They knew the ultimate proving ground, The Best MTF Competition, lay months ahead. Participation in that 4-round gauntlet had yet to be earned.

In order to earn participation, an MTF's monthly seeded performance had to position it as 1 of the top 14 overall MTFs across the Noble Nine measures, or rank it as 1 of 2 MTFs with the Most Improved Performance across those measures. In short, enduring monthly business operations performance

had to position an MTF as 1 of the Qualifying 16 MTFs. The road to the Championship began here, as MTFs worked tirelessly to be among the 16 contenders whose 4-member MTF Teams would face each other in the Best MTF Competition.

On 9 October 2012, the Qualifying 16 MTFs gathered for Round 1, the Written Exam. From that field of 16, the top 8 scoring MTF teams prepared to travel to Headquarters, MEDCOM in San Antonio to forge ahead in the ultimate business operations contest. On 29 October 2012, the 8 Quarterfinalist Teams engaged in Round 2, the Scholar Bowl – a series of 4 head-to-head lightning-fast match-ups. Again, the field was cut in half. The 4 winning MTF Teams from Round 2 progressed to Round 3, The Case Study. They had earned the right to present their Team recommendations, based on a complex fictional case study scenario, to a panel of senior healthcare executives. Decisions were again based on head-to-head competition. After 4 impressive and detailed analytical presentations, 2 victors remained – Blanchfield ACH and Kenner AHC -- poised to face each other in the final challenge of Round 4, the Red Zone.

Congratulations to Team Blanchfield and Team Kenner! Team Blanchfield ACH is the 2012 Best MTF Competition Champion, earning \$750,000 for the MTF and the MEDCOM Commander's Cup. Team Kenner AHC is the 2012 Best MTF Runner-Up, earning \$500,000 for the MTF and the crystal Runner-Up trophy. Team Blanchfield and Team Kenner earned not only awards on 29 October. They earned the esteem of the entire



2012 Best MTF Competition Champion, Blanchfield Army Community Hospital (BACH), receives the 2012 MEDCOM Commander's Cup and Best MTF Competition award check. (right to left) Lt. Gen. Patricia D. Horoho, Surgeon General, and Commanding General U.S. Army Medical Command; Col. Paul R. Cordts, Commander, BACH; Lt. Col. Kyle A. Patterson, DCA, BACH; Sgt. 1st Class Marc Migala, BACH; Mr. Paul Pierson, BACH; and Command Sgt. Maj. Donna Brock. (Photo by Michael Orear, Fort Sam Houston)



The 2012 Best MTF Competition Runner-Up, Kenner Army Health Clinic (KAHC), receives the 2012 Runner-Up trophy and Best MTF Competition award check. (right to left) Lt. Gen. Patricia D. Horoho, Surgeon General, and Commanding General U.S. Army Medical Command; Lt. Col. Eric Poulsen, DCA, KAHC; Col. Joseph Pina, Commander, KAHC; Master Sgt. Douglas Schwab, KAHC; Mr. Jeffery Kavanaugh, KAHC; and Command Sgt. Maj. Donna Brock. (Photo by Michael Orear, Fort Sam Houston)

command. They demonstrated their accomplishments both in their daily performance and on the academic battleground. Team Blanchfield and Team Kenner showed their talent, capacity, sportsmanship, and tenacity, as well as MTF Team versatility across the academic terrain of multiple demanding challenges.

Leading the way to transforming life space through superior business operations performance – Blanchfield ACH and Kenner AHC!

## TEAM STATS



### 2012 Best MTF Competition: Stats: Top 2 MTF Teams

Blanchfield Army Community Hospital (BACH): 2012 CHAMPION  
Commanded by Col. Paul Cordts (CDR of 2011 Runner-Up Team). First time in Qualifying 16.  
Monthly 2012 performance placed BACH as 1 of 2 Wild Card Teams #15 of the Qualifying 16 MTFs.  
Entered Round 2 as the #7 Seed of 8 Quarterfinalist Teams.

Kenner Army Health Clinic (KAHC), Ft. Lee: 2012 RUNNER-UP  
Commanded by Col. Joseph Pina. A 2011 Quarterfinalist.  
Monthly 2012 performance placed KAHC as #3 of the Qualifying 16 MTFs.  
Entered Round 2 as the #1 Seed of 8 Quarterfinalist Teams.

## BEST MTF SPOTLIGHT--LIFESPACE

As part of this day of command-wide learning via VTC, Mr. Josh Davis, Olympic Champion and life coach, addressed MEDCOM participants on the elements and essentiality of Life Space to each individual's well-being. Mr. Davis connected his critically important "Seven Habits of Highly Successful Athletes," to every person – Soldier and Civilian.

To view, photos, quotes, and the final brackets, please visit our social media direct links at:

- Facebook: [www.facebook.com/officialarmymedicine](http://www.facebook.com/officialarmymedicine)
- Twitter: [twitter.com/armymedicine](http://twitter.com/armymedicine)
- Flickr: [www.flickr.com/photos/armymedicine](http://www.flickr.com/photos/armymedicine)

### Download the Champion photo on Flickr:

<http://www.flickr.com/photos/armymedicine/8139235282/in/photostream>



Army Medicine leaders shown wearing some of Mr. Davis' Olympic gold medals. (Right to left) Maj. Gen. Richard A. Stone, Deputy Surgeon General; Lt. Gen. Patricia D. Horoho, Surgeon General and Commanding General U.S. Army Medical Command; Mr. Josh Davis; and Mr. Herb Coley, Chief of Staff, U.S. Army Medical Command. (Photo by Michael Orear, Fort Sam Houston)

## Warrior *continued from P1*

November is also a time to acknowledge the men and women who don't wear the uniform, but who support and care for our Soldiers and their Families – employers, educators, the Veterans Administration, Congress, veteran and military organizations, non-profit organizations, corporate America, local communities and individual citizens. The Army recognizes that our Nation comes together in many different ways to honor the sacrifices made by Soldiers and their Families and to contribute to warrior care.

Lt. Gen. Patricia D. Horoho, Surgeon General of the United States Army and Commander of the Army Medical Command stated, "We have an enduring responsibility, alongside our Sister Services and the Department of Veterans Affairs (VA), to provide care and rehabilitation of wounded, ill and injured service members for many years to come." She added, "We will stand

### 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>

alongside the Soldier from point of injury through rehabilitation and recovery, fostering a spirit of resiliency. The Warrior Care and Transition Program is the Army's enduring commitment to providing all wounded, ill and injured Soldiers and their Families a patient-centered approach to care."

In the Pentagon, a joint service adaptive reconditioning competition - seated volleyball - is tentatively scheduled for 20 November, demonstrating the value of a holistic ap-

proach to healing and recovery.

Warrior Care Month 2012 is also being executed locally in Army communities. Individuals should check local web sites and installation and community newspapers to learn about upcoming events.

Follow the month-long observance on the Warrior Transition Command website and blog, and share your thoughts on Facebook and Twitter.

# ERMC News

## Service Animal Reunites with Handler

By **Chuck Roberts**

*Landstuhl Regional Medical Center Public Affairs*

LANDSTUHL REGIONAL MEDICAL CENTER, Germany – When an injured handler for a military working dog regains consciousness from a blast or other incident downrange, the first thing they ask is, “How is my dog? How is my dog?”

A Soldier recently injured in Afghanistan asked the same question in the intensive care unit at Landstuhl Regional Medical Center, Germany. When his nurse told him JaJo (pronounced “zsa-zso”) was being treated for injuries at a nearby military veterinary clinic, but was doing fine, she said a tear of relief rolled down his cheek.

Only one day after surgery, JaJo, with a bandaged foot and

shepherd appeared uninjured as he eagerly made his way bedside. Although his handler wasn’t initially aware of his visitor, JaJo licked his outstretched hand and was ready to jump up and share the bed. Moments later, an eye opened as JaJo licked his hand again and the Soldier was alert enough give his friend a loving cuddle.

“If he could, JaJo would lay on that bed all day,” said Capt. (Dr.) Catherine Cook, officer-in-charge of the Military Working Dog Ward at the Dog Center Europe facility at Pulaski Barracks. Cook said JaJo is expected to recover from his wounds and could be able to deploy again as a Tactical Explosive Detection Dog, but first would be medevaced stateside to convalesce. His handler would also soon be medevaced to the U.S. to continue his long-term recovery.

It was because of the unlikelihood of their paths crossing again that prompted Cook and her staff to help them reunite. She could recall only a handful of previous occasions when both handler and dog were seriously injured and one was physically capable of visiting the other.

JaJo and his handler weren’t a traditional K-9 team with a more long-term handler who remains part of the duo until his or her permanent change of station. JaJo’s handler is an infantry Soldier who attended an intensive dog handler’s course for approximately four weeks. He would be paired up with JaJo for the duration of his deployment. It is during the training period where Cook said teams develop a special bond and handlers learn to give commands for seeking out improvised explosive devices.

Cook gives huge credit to the on-scene medics and other medical personnel downrange for helping make the reunion possible. JaJo’s treatment in Afghanistan included a chest tube, catheter and other medical treatment for penetrating shrapnel wounds.

“The medics who worked on him did a fabulous job - high speed. They treated him as well as any human Soldier,” said Cook.

The effort to treat military working dogs continues in Germany where Cook and her staff put in long hours caring for canines seriously injured downrange. Being able to experience the reunion helps put the hard work and effort into perspective.

“It’s rewarding because you could tell he recognized JaJo,” Cook said. “If he only remembers just a little bit of this in the future, it was all worthwhile.”



JaJo rests his head on the hand of his injured handler in the intensive care unit at Landstuhl Regional Medical Center. JaJo and his handler were injured by blast injuries sustained in Afghanistan. (U.S. Army Photo/Capt. Leslie Keller)

shrapnel wounds visible across his body, was allowed to visit his handler and friend -- an infantry Soldier recovering from the same incident whose name is being withheld for patient privacy reasons.

Although JaJo had half of his spleen removed and suffered two broken bones in his right-rear foot, the young German

## 30th MEDCOM Casing Ceremony

Right: The 30th Medical Command Commander, Col. Koji D. Nishimura and Command Sgt. Maj. Alexis A. King rolled the unit’s guidon during a casing ceremony in Sembach, Germany, Oct. 12. The ceremony was in preparation for the unit’s deployment in support of Operation Enduring Freedom where the 30th MEDCOM mission will be to control all medical assets in Afghanistan. (U.S. Army photo by Sgt. 1st Class. Randall Jackson, 30th Medical Command Public Affairs, Released)



## SRMC News

### BJACH Earns Top Performer

By Kathy Ports  
Public Affairs Officer

#### BJACH EARNS TOP PERFORMER ON KEY QUALITY MEASURES: RECOGNITION FROM THE JOINT COMMISSION

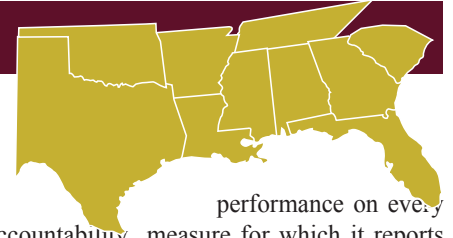
FORT POLK, LA—BAYNE-JONES ARMY COMMUNITY HOSPITAL (BJACH) was named one of the nation's Top Performers on Key Quality Measures by The Joint Commission, the leading accreditor of health care organizations in America. BJACH was recognized by The Joint Commission for exemplary performance in using evidence-based clinical processes that are shown to improve care for certain conditions, including heart attack, heart failure, pneumonia, surgical care, children's asthma, stroke and venous thromboembolism, as well as inpatient psychiatric services.

BJACH is one of 620 hospitals in the U.S. earning the distinction of Top Performer on Key Quality Measures for attaining and sustaining excellence in accountability mea-

sure performance. BJACH was recognized for its achievement on the following measure sets: Surgical Care and Venous Thromboembolism. The ratings are based on an aggregation of accountability measured data reported to The Joint Commission during the 2011 calendar year. The list of Top Performers increased by 50 percent from its debut last year and represents 18 percent of more than 3,400 eligible accredited hospitals reporting data.

BJACH is one of 244 hospitals that achieved the distinction two years in a row. Last year, BJACH was recognized by The Joint Commission for its achievement on the measure set in the Surgical Care Improvement Program.

Each of the hospitals that were named as a Top Performer on Key Quality Measures met two 95 percent performance thresholds on 2011 accountability measure data. First, each hospital achieved performance of 95 percent or above on a single, composite score that includes all the accountability measures for which it reports data to The Joint Commission, including measures that had fewer than 30 eligible cases or patients. Second, each hospital met or exceeded 95 percent



performance on every accountability measure for which it reports data to The Joint Commission, excluding any measures with fewer than 30 eligible cases or patients. A 95 percent score means a hospital provided an evidence-based practice 95 times out of 100 opportunities to provide the practice. Each accountability measure represents an evidence-based practice — for example, giving aspirin at arrival for heart attack patients, giving antibiotics one hour before surgery, and providing a home management plan for children with asthma.

“When we raise the bar and provide the proper guidance and tools, hospitals have responded with excellent results,” said Mark R. Chassin, M.D., FACP, M.P.P., M.P.H., president, The Joint Commission. “This capacity for continual improvement points toward a future in which quality and safety defects are dramatically reduced and high reliability is sought and achieved with regularity. Such day-to-day progress will slowly but surely transform today's healthcare system into one that achieves unprecedented performance outcomes for the benefit of the patients.”

## WRMC News

### Eye Opening Benefits Offered at Madigan

By Staff Sgt. David Chapman  
5th MPAD

JOINT BASE LEWIS-MCCHORD, Wash. -- Battling with glasses and contacts are common tasks that many Soldiers are subjected to when their vision isn't perfect. Fortunately for Soldiers on Joint Base Lewis-McChord, the opportunity to rid themselves of steamed up glasses and lost contacts is as simple as a visit to the post hospital.

The Laser Refractive Surgery Center located at the Madigan Healthcare System on JBLM, provides Soldiers the opportunity to correct their vision by using the Warfighter Refractive Eye Surgery Program. WRESP was established by the Department of Defense so that Soldiers could deploy and not have to battle the complications

of wearing glasses while performing their duties in various environments.

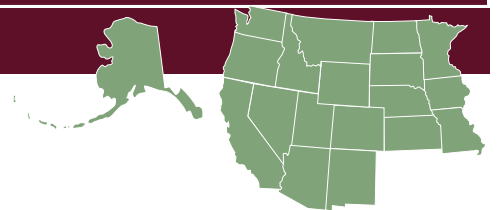
“This is specifically set aside for warfighters. This program has been set up to improve mission readiness,” said Dr. Angela Triebold, Madigan optometrist. “We want to be able to deploy these Soldiers and have them not worry about breaking glasses or improper contact lens care, we want to make sure we are getting the front-line Soldiers to take advantage of this free procedure.”

Located at Madigan or the last ten



years, the clinic is capable of doing both Photorefractive keratectomy (PRK) and Laser-Assisted in Situ Keratomileusis (LASIK) and average 1,000 procedures

See WRMC BENEFITS P12





# OTSG GLOBAL

## AUSA RECAP

### Army Medicine Does Not Wait

*Army medicine does not wait, reaches out to patients...*

In an effort to combat suicide and other behavioral health problems, the Army is going far beyond simply treating people in hospitals and clinics, Army Surgeon General Lt. Gen. Patricia Horoho told listeners at the 2012 Annual Meeting and Exposition of the Association of the United States Army.

“It’s not enough to wait for patients to come to us—we need to reach out...,” Horoho said Tuesday Oct. 23. “And, we are.” She said doing this was a way of overcoming the stigma associated with asking for help.

Horoho said behavioral health services are now being offered where Soldiers and Families live and work. They are being embedded into units as well as soldier- and patient-centered medical homes, schools, and communities. In collaboration with the Fisher Foundation, she added, Army Medicine is standing up 11 National Centers of Excellence, which will synchronize care of behavioral health and traumatic brain injury.

In addition, Army Medicine is using social media and the Internet to contact Soldiers and Families.

Asked via Facebook from Fort Bliss, Okla. about what Army Medicine is doing to shorten the length of time it takes to get an appointment with behavioral health services due to the tremendous demand, Horoho cited several steps.

“We’ve doubled the number of behavioral health providers,” she said, bringing on social workers and nurse practitioners to join psychiatrists and psychologists. Second, such staff have been embedded in primary care. Third, emphasis on prevention has reduced the need for behavioral health care in the first place.

Horoho also mentioned a striking fact: “We have had 80 percent of service members diagnosed with PTSD actually heal and return to duty,” she said.



Lt. Gen. Patricia D. Horoho, Surgeon General, and Commanding General U.S. Army Medical Command addresses attendees at the Association of the United States Army (AUSA) Annual Meeting and Exposition held Oct. 22-24, in Washington, DC. (Photo by Capt. Elizabeth Mangini, OTSG Public Affairs)

# 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 <http://www.armymedicine.mil/>

## Army Medicine Peer-Reviewed Publications

A monthly list of timely and up-to-date 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 will focus upon Activity, Nutrition, and Sleep Management (ANS), also known as the “Performance Triad.”

## Technology & LIFESPACE

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

View and Share TSG AUSA photos on Facebook at: <http://www.facebook.com/OfficialArmyMedicine?ref=hl#!/photo.php?fbid=10151133888103208&set=a.420212183207.194224.91481618207&type=1&theater>



**ARMY MEDICINE**  
Serving To Heal...Honored To Serve

CURRENT TECHNOLOGY MAKES IT EASY TO TRACK LIFESPACE DECISIONS AND ACHIEVE OVERALL GOOD HEALTH.

T2 Mood Tracker  
PTSD Coach  
Breathe 2 Relax App  
T2 Virtual PTSD Experience  
Mild Traumatic Brain Injury App

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



Join the conversation and engage. Follow The Surgeon General on Twitter.

# GLOBAL HEALTH DEFENSE

## Medical Readiness

Ready and Resilient is the Army's holistic approach to total healthcare for its Soldiers, Family members, and civilians, both on and off the battlefield. The major components of Ready and Resilient are medical and personnel readiness. The major components are filtered through nine major topic areas - physical, environmental, behavioral, medical and dental, psychological, social, family, spiritual, and nutritional health. Each area further centers on maintaining, improving, restoring, and/or sustaining good health, strengthening resiliency, and preventing illness and injury.

Ready and Resilient programs and medical innovations are on the cutting edge of medicine and are saving lives on the battlefield and in civilian communities. The Army's Ready & Resilient medical readiness, personnel readiness and transition efforts:

### MEDICAL READINESS FOCUS AREAS:

**Behavioral Health:** The well-being and psychological health of Soldiers and Families is a top Army priority. The Army continues to strengthen the behavioral health system of care. Our commitment to Soldiers and Families is steadfast...

**Post-Traumatic Stress Disorder (PTSD):** Post-traumatic stress is treatable. There are a number of effective talk therapy and medication options that support a Soldier or patient's return to a healthy, productive and

satisfying life. We acknowledge that health is both personal...

**Traumatic Brain Injury (TBI):** Army Medicine leads the Nation in recognition and treatment of traumatic brain injuries (TBIs) through aggressive research and clinical capability. Because Army Medicine is at the cutting edge of identifying brain injuries with a comprehensive policy...

**Warrior Transition Units:** The Army is committed to taking care of Soldiers and Families. The Army desires what the Soldier desires - to heal, pursue their goals, and continue to lead proud, productive lives...

**Pain Management:** Army Medicine has a comprehensive approach to pain management that integrates the most effective conventional medical treatments with complementary therapies such as acupuncture, medical massage, movement therapy (yoga), and bio-feedback...

**Polypharmacy:** Our wounded Soldiers receive definitive care for multiple conditions that may require treatment with multiple medications. Prescribing practices in the Army are consistent with the medical standard of care practiced in the civilian community...

For the full text on the Medical Readiness Focus Areas, visit <http://www.army.mil/readyandresilient/medical> or the Ready & Resilient Home Page at <http://www.army.mil/readyandresilient>

## DOD and VA to Fund \$100 Million PTSD and TBI Study

WASHINGTON - The Department of Defense (DoD) and the Department of Veterans Affairs (VA) are investing more than \$100 million in research to improve diagnosis and treatment of mild Traumatic Brain Injury (mTBI) and Post-traumatic Stress Disorder (PTSD).

"PTSD and mTBI are two of the most prevalent injuries suffered by our war fighters in Iraq and Afghanistan, and identifying better treatments for those impacted is critical," said Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson. "These consortia will bring together leading scientists and researchers devoted to the health and welfare of our Nation's Servicemembers and Veterans."

The two groups, The Consortium to Alleviate PTSD (CAP) and the Chronic Effects of Neurotrauma Consortium (CENC) will be jointly managed by VA, and by the Congressionally Directed Medical Research Programs (CDMRP), on behalf of the DoD.

More than 15 percent of Servicemembers and Veterans suffer impaired functioning as a result of PTSD. CAP will study potential indicators of the trauma, as well as prevention strategies, possible interventions, and improved treatments. Biomarker-

See **STUDY P18**

## Understanding The Strategy Map

CREATE CAPACITY  
ENHANCE DIPLOMACY  
IMPROVE STAMINA

**Prevent  
Shape  
Win**

Throughout the Mercury, our readers will be informed of issues and topics that link to the Army Medicine Strategy Map. The Strategy communicates the mission, strategic vision, and goals of the AMEDD. The strategic initiatives covered in each issue, serve to demonstrate - the "means" and "ways" to accomplish the "ends." For more information, visit <https://ke2.army.mil/bsc>

### TSG'S PROFESSIONAL READING LIST

1. *Better* - A Surgeon Notes on Performance by Atul Gawandi
2. *Blink: The Power of Thinking Without Thinking* by Malcolm Gladwell
3. *Congress and its Members* by Roger Davidson and Walter Oleszek
4. *Death by Meetings* by Patrick Lencioni
5. *Fierce Conversations* by Susan Scott

To download the full reading list, go to: [https://ke2.army.mil/bsc/lib/pass\\_thru\\_doc.php?filename=20120416132057LTG-s-2012-Readinglist.pdf](https://ke2.army.mil/bsc/lib/pass_thru_doc.php?filename=20120416132057LTG-s-2012-Readinglist.pdf)

## NRMC News

# Newest Army Wellness Center Launched at Carlisle Barracks

By Lyn Kukral

USAPHC Public Affairs Officer

The 4th continental U.S. Army Wellness Center officially opened Sept. 14 at Carlisle Barracks, Pa.

It is among the first examples of a health initiative that will help Soldiers and their Families take more responsibility for their own health. At Carlisle Barracks, the AWC serves the active-duty, civilian and retiree population surrounding the post and additionally introduces the Army's future leaders attending the Army War College to health promotion and prevention services. In four years, the same core services will be available to most U.S.-based Army beneficiaries.

"Army Wellness Centers offer services that help achieve lifestyle change and prevent chronic diseases like diabetes, heart disease and stroke," explained Todd Hoover, AWC Operations program manager at the U.S. Army Public Health Command. "They empower people to build, sustain and manage their own good health through individualized, ongoing services that help them achieve sustained behavioral change."

AWCs are designed to fill the gap between 10-minute medical appointment counseling and the ongoing support Army beneficiaries need to make lifestyle changes that stick. Wellness center services include metabolic testing, exercise testing and prescription, stress management and biofeedback, tobacco education and referral, general wellness education and weight management. Programs are standardized and based on scientific evidence, Hoover said.

The AWC program is a U.S. Army Medical Command initiative that is managed by the USAPHC. It is a key element in the Army surgeon general's long-term strategy of refocusing Army medicine from a healthcare system to a system for health by emphasizing primary prevention, which means stopping diseases and chronic conditions before they start.

"It is such an accomplishment to open this center which provides the tools to empower this community to prevent disease, improve health and, ultimately, quality of life," said Col. Stephanie Wilcher, commander of the Dunham Army Health Clinic.

"Today, we begin to change the consequence of preventable disease through education and programs that focus on health," said Wilcher. "Pre-diabetes does not have to become diabetes. Obesity does not have to become cardiac disease. We can make a difference and save many the human burden of disease."

Medical treatment facilities like Dunham manage AWCs. Wellness centers are staffed by nurse- and health-educators who document client visits to the centers in the client's medical record. Physicians give direction and oversight, and follow patient progress through the medical record. As more AWCs stand up, the records of Soldiers and their Families will follow them as they move from duty station to duty station.

AWCs operate as a partnership among installations, medical treatment facilities and the USAPHC as MEDCOM's program manager for AWCs. That partnership was reflected in the dignitaries and

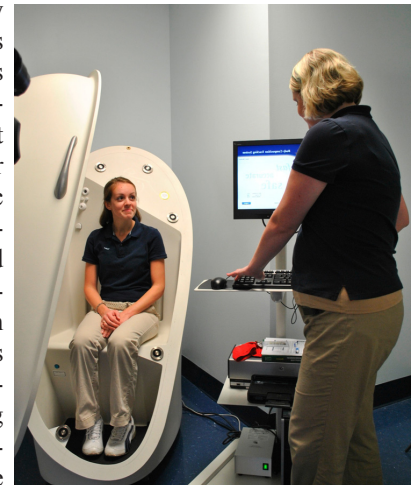
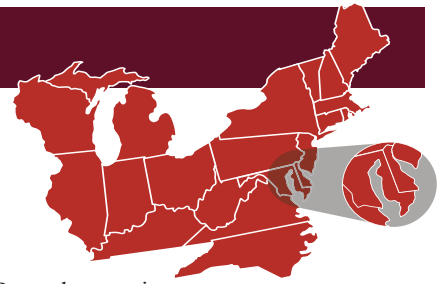
attendees at the Carlisle Barracks opening ceremony.

Maj. Gen Richard Stone, the Army deputy surgeon general joined Wilcher; Brig. Gen. Joseph Carvalho, the commander of Northern Regional Medical Command; Col. Bobby Towery, the deputy commandant of the Army War College; John Resta, the US-APHC deputy to the commander for public health; and other leaders and members of the MEDCOM, Army War College, and garrison to officially open the center.

"At the community level, Army Wellness Centers are partnerships with the senior installation commanders, and at the human level, they offer an individualized, holistic approach to health that incorporates body, mind and spirit," said Laura Mitvalsky, the USAPHC's Health Promotion and Wellness Portfolio director. "Together, we are changing the way the Army approaches how we execute healthcare—moving from a healthcare system to a system of health."

A total of 38 wellness centers are planned by the end of fiscal 2017. Currently, in addition to four USAPHC-overseen centers in the continental U.S., seven centers are operating on Army posts in Europe.

(Information for this story was provided by the Army War College Public Affairs Office.)



Sarah Fewell and Sarah Guin, health educators, explain how the Bod Pod® is used to determine body density and the ratio of lean muscle mass to fat mass. The assessment takes five minutes to complete versus more than 45 minutes for hydrostatic weighing. (Photo by Jane Gervasoni, U.S. Army Public Health Command).



An employee at the Carlisle Barracks Army Wellness Center demonstrates the features of a treadmill. (Photo courtesy U.S. Army War College)

# PRMC News

## Medical Planning Officer Receives Emergency Manager of the Year Award



By **Adria Estribou**  
*HAH Communications Manager*

The Healthcare Association of Hawaii (HAH) celebrated excellence in healthcare with the presentation of its 2012 awards and scholarships on August 25. For the first time this year, an award was created to recognize exceptional professional skill and knowledge in emergency management and preparedness. The 2012 Emergency Manager of the Year is Thomas D. Bookman, CHEP.

Thomas Bookman is medical planning officer for Tripler Army Medical Center and the Pacific Regional Medical Command. Mr. Bookman was selected by his peers among 117 Emergency Services Coalition member organizations in the State of Hawaii. His selection comes as no surprise to those who have benefitted from the many contributions he has made to HAH Emergency Services. He worked beyond the call of duty to assist HAH with the planning and execution of the 2011 Asia-Pacific Economic Cooperation (APEC) meetings, the recent Rim of the Pacific (RIMPAC) naval exercises and many other capstone events critical to the success of HAH Emergency Services. Perhaps his most significant contribution is his work to cultivate a unique relationship between HAH Emergency Services and the Department of Defense in the Pacific region.

Tom is a Certified Healthcare Emergency Professional and came to his present position after serving as a command sergeant major in the United States Army.

This year's Awards & Scholarship Dinner was inspired by the dragon, the Chinese sign that rules 2012 and represents ambition, innovation, and success. HAH honored the heroes of healthcare who, just like dragons, are passionate and fearless in the face of challenge. More information about all of this year's awardees, including video and photos, can be found at [hah.org/yearofthedragon](http://hah.org/yearofthedragon)



Thomas Bookman receiving his award. L-R: Rachael Wong, HAH VP & COO; Toby Clairmont, Director of HAH Emergency Services; Thomas Bookman; George Greene, HAH President & CEO

## WRMC BENEFITS continued from P8

year. Both surgeries use lasers to shape the cornea of the eye to correct a person's vision.

The process begins when the Soldier has an eye scan that will measure and determine if they are candidates for the surgery. Some will be tested and find they are good for the surgery, while others may get the disappointing news that they are not able to do the surgery.

"My job is to look at the cornea thickness and make sure there are no abnormalities in the eye. If someone's prescription is too high or too low or if they don't have enough time left in the Army, something like thin cornea's can hold someone back from getting the procedure," said Clint Pugh, ophthalmic technician and seven year member of the clinic.

"I try to let people know if I find something that is going to eliminate

them from the procedure. They are usually disappointed but at least they know. We have about 10-20 percent who are not candidates."

One particular Soldier, 1st Lt. Christopher Griggs, executive officer for the 14th Engineer Battalion, 555th Engineer Brigade, was eager to come in and start looking into the procedure.

"It was such a pain downrange to wear glasses all the time so I knew as soon as we got back that I was going to be doing this," Griggs said. "My command has been very supportive. I know the battalion has pushed a lot of people through the clinic to get Soldiers the treatment they need."

Some Soldiers may be somewhat apprehensive about going to have the surgery done. But the staff at the center is quick to offer compassion and hospitality to those who come.

"They are really friendly here. I would tell anyone who has thought about getting this procedure done to come in and do it," said Griggs. "Come in and get your eyes fixed. It's free; it's going to help them out especially when they are deployed. It helps them and it helps the Army so everyone wins."

Soldiers interested being tested and having the PRK or LASIK procedure, can contact the Refractive Surgery Center at Madigan Healthcare System at 253-968-5516 or go to the center's website <http://www.mamc.amed.army.mil/ophtalmology/refractive.htm> for more information.



**ARMY MEDICINE**  
Serving To Heal...Honored To Serve

## Recognitions

# MEDCOM ANNOUNCES 2011 EMPLOYEES OF THE YEAR

Three civilian employees in the U.S. Army Medical Command headquarters swept this year's MEDCOM 2011 Civilian Employee of the Year competition held last week. The awards recognize deserving civilian employees who are a reflection of MEDCOM's professional workforce and demonstrate a daily commitment to excellence.

The 2011 EOY award recipients are Ms. Janie Cervantes, Category I; Mr. Jeff Moon, Category II; and Mr. Brian C. Clearman, Category III. Winners were each awarded a Superior Civilian Service Award. Additionally, Ms. Cervantes received a \$5000 cash award; Mr. Moon received a \$7,500 cash award, and Mr. Clearman received a \$10,000 cash award.

The board reviewed 24 employee nominations in three categories. Each contestant was assigned individual scores based on their contributions that enhanced the organizational mission, professional attitude, demonstrated commitment to excellence, personal initiative, creativity, and professionalism reflected in employee's daily performance, and customer service.

The selection board, comprised of eight voting members, ranging in grades Colonel or GS-15, representing Regional Medical Commands/Major Subordinate Commands in Europe, Pacific, AMEDDCS, Western, Southern, Northern, Dental Command, and the Medical Research and Materiel Command. The MEDCOM Deputy Chief of Staff, a non-voting member, served as the board chairman.

Category 1: GS-08 and below (non-supervisory); WG-11 and



(From Left) Herb Coley, Gregg Stevens, Lt. Gen. Patricia D. Horoho, Janie P. Cervantes, Brian C. Clearman, Jeffrey P. Moon, and Command Sgt. Maj. Donna A. Brock during the Employee of the Year Awards Ceremony, Wood Auditorium, Fort Sam Houston, Tx., Oct. 28, 2012. (Photo by Dwayne Rider, OTSG Staff)

below; WI-10 and above; and NF2 and NF3 (non-supervisory). Category II: GS-09 and above (non-supervisory); SG-12 and above; WI-10 and above; and NF4 (non-supervisory). Category III: GS-14 and above; NF 5 and All supervisors and managers.

"Ms. Janie P. Cervantes is the Recipient in Category I GS-08 and below. Ms. Cervantes is the Incentive Awards Program Manager at Headquarters, US Army Medical Command.

Janie Cervantes is presented the TSG 3-Star Note and MEDCOM Coin for recognition of her successful and independent planning, administration, and guidance provided to commanders and managers MEDCOM-wide resulting in a high volume of awards approved by The Surgeon General and the Secretary of the Army.

Award CITATION: "Janie P. Cervantes is presented the Superior Civilian Service Award for outstanding performance of duty from January 2011 to December 2011 as a Human Resources Assistant, G-1, Headquarters, US Army Medical Command, Fort Sam Houston, Texas. Ms. Cervantes is recognized as the 2011 MEDCOM Civilian Employee of the Year in Category I. As the Incentive Awards Program Manager, she provided exceptional customer service always placing the needs of the customer first. Her professionalism, work ethic, and commitment to excellence reflect great credit on her, the US Army Medical Command, and the US Army."



Mr. Brian C. Clearman is the Recipient in Category III GS-14 and above, all supervisors and managers. Mr. Clearman is a Management Analyst at Headquarters, US Army Medical Command.

Brian Clearman is presented the TSG 3-Star Note and MEDCOM Coin for contributing to the success of the MEDCOM Base Realignment and Closure and Joint Basing missions focusing his effort on solving problems resulting in Soldiers and their Family Members continuing access to care during the many transitions."

Award CITATION: "Brian C. Clearman is presented the Superior Civilian Service Award for outstanding performance of duty from January 2011 to December 2011 as a Management Analyst, G-8, Headquarters, US Army Medical Command, Fort Sam Houston, Texas. Mr. Clearman is recognized as the 2011 MEDCOM Civilian Employee of the Year in Category III. He is technically proficient, works until the mission is accomplished, and does what is necessary to "make it happen." His professionalism, work ethic, and commitment to excellence reflect great credit on him, the US Army Medical Command, and the US Army."

EMPLOYEE continued from P13

Recognitions

## AMEDDC&S' Barnett Named 2012 Platoon Sergeant of the Year

By **Stephanie Slater**  
Initial Military Training Center  
of Excellence



“Mr. Jeffrey P. Moon is the Recipient in Category II GS-09 through GS-13. Mr. Moon is the G-8 Executive Officer at Headquarters, US Army Medical Command.”

Jeffrey Moon is presented the TSG 3-Star Note and MEDCOM Coin for his immensely successful planning, management, and oversight of multiple resource management initiatives vital to the G-8, the OneStaff, and the Major Subordinate Commands.”

Award CITATION: “Jeffrey P. Moon is presented the Superior Civilian Service Award for outstanding performance of duty from January 2011 to December 2011 as the G-8 Executive Officer, Headquarters, US Army Medical Command, Fort Sam Houston, Texas. Mr. Moon is recognized as the 2011 MEDCOM Civilian Employee of the Year in Category II. Mr. Moon’s focus, attention to detail, and conscientious oversight of complex resource management actions are major contributors to successful mission accomplishment. His professionalism, work ethic, and commitment to excellence reflect great credit on him, the US Army Medical Command, and the US Army.”

Download the Employee of The Year photos on Flickr:

<http://www.flickr.com/photos/armymedicine/8139153264/in/photostream/>



FORT EUSTIS, Va. – Sgt. 1st Class Delroy Barnett has claimed the title of 2012 Advanced Individual Training Platoon Sergeant of the Year. He represents the U.S. Army Medical Department Center and School, Fort Sam Houston, Texas.

Barnett was announced during a ceremony at Fort Eustis, Va., Sept. 28, 2012, hosted by Initial Military Training Command Sgt. Maj. John R. Calpena and reviewed by Maj. Gen. Bradley W. May, deputy commanding general for IMT.

Barnett was awarded the Meritorious Service Medal, and will serve a one-year tour as an advisor to the IMT. In this role, he will provide ground-level experience and insight into the Army’s initial entry training.

Barnett was among nine of the Army’s top AIT platoon sergeants who competed for the prestigious award. Competitors representing centers of excellence and Army training centers from across U.S. Army Training and Doctrine Command were: Sgt. 1st Class Aaron Baca, Intelligence Center of Excellence, Fort Huachuca, Ariz.; Staff Sgt. William Harper, Aviation Center of Excellence, 128th Aviation Brigade; Fort Eustis, Va.; Staff Sgt. Michael Henry, Basic Combat Training Center of Excellence, Fort Jackson, S.C.; Sgt. 1st Class Kevin McDaniel, Maneuver Center of Excellence, Fort Benning, Ga.; Sgt. 1st Class Devon Martellotti, Maneuver Support Center of Excellence, Fort Leonard Wood, Mo.; Staff Sgt. Dana Richmond, Signal Center of Excellence, Fort Gordon, Ga.; Sgt. 1st Class William Slaght, Sustainment Center of Excellence, Fort Lee, Va.; and Sgt. 1st Class LeArthur Williams, Fires Center of Excellence, Fort Sill, Okla.

For three days of competition, the selectees were evaluated on their physical and mental toughness, professional knowledge and competence, tactical abilities, ability to train Soldiers, and made an appearance before a special evaluation board comprised of



Sgt. 1st Class Delroy Barnett (center), an Advanced Individual Training platoon sergeant from the 32nd Medical Brigade at Fort Sam Houston, Texas, receives the 2012 AIT Platoon Sergeant of the Year award from Maj. Gen. Bradley May (left), Initial Military Training Center of Excellence deputy commanding general, and Sgt. Maj. John R. Calpena, IMT CoE command sergeant major, during a ceremony at Fort Eustis, Va., Sept. 28, 2012. (Photo by Staff Sgt. Wesley Farnsworth)

select command sergeants major from within TRADOC. Barnett will receive the Sgt. 1st Class Finnis D. McLeery Award, which will be presented in a special ceremony in Washington at a later date.

AIT platoon sergeants are top-quality professional non-commissioned officers (NCOs) who play a critical role in the success of IET training. They hail from virtually all branches of the Army and are selected upon stringent criteria set forth by the Department of the Army that parallels the role of a drill sergeant with one exception. Because of an expectation to perform autonomously as the senior NCO in the platoon and to maintain discipline and motivation while meeting the demands of an IET environment, they must be a sergeant first class or staff sergeant.

AIT platoon sergeants mentor new Soldiers, working with them after classes and on weekends to teach and reinforce technical lessons and Warrior Tasks and Battle Drills. They set the tone for the new Soldiers’ first duty assignments, a direct impact on the readiness of the entire U.S. Army.

Currently there are more than 700 Army platoon sergeants serving at 24 AIT schools and training centers. These platoon sergeants play a critical role in the success of this training. They set the tone for the new Soldiers’ first duty assignments, a direct impact on the readiness of the entire U.S. Army.

## Recognitions



1st place (Team 20) Representing Western Region Medical Command Staff Sgt. Andrew Balha (Evans Army Community Hospital) and Staff Sgt. Alexander Folsom (Madigan Army Medical Center). (Photo courtesy U.S. Army)



2nd Place (Team 6) Representing 2nd Infantry Division Joint Base Lewis-McChord. Spc. Brandon Chavez (2nd Combat Aviation Bde and 1st Lt. Jonathan Jordan (2nd Combat Aviation Bde). (Photo courtesy U.S. Army)



3rd Place (Team 29) Representing 56th Medical Brigade. Sgt. Fernando Garcia-Diaz (B Co. 121st Combat Support Hospital) and Spc. Joshua Yi (56th MCGA). (Photo courtesy U.S. Army)

# Grueling 72-Hour Competition Tests "Army's Best Medics"

By Lori Newman  
*JBSA-FSH News Leader*

CAMP BULLIS, Tx. - Sixty-four Soldiers from across the Army competed to earn the title of best medic during a grueling 72-hour competition Oct. 26 to 28 at Joint Base San Antonio-Camp Bullis.

The Command Sgt. Maj. Jack L. Clark Jr. Army Best Medic Competition, now in its second year, originally evolved from the Expert Field Medical Competition.

The 32 two-Soldier teams were challenged both physically and intellectually to test their tactical medical proficiency, physical fitness and leadership skills.

"These Soldier medics may be competitors today, but they will be heroes tomorrow," said Lt. Gen. Patricia Horoho, Army surgeon general and commanding general, U.S. Army Medical Command.

"The combat medic is the key component in the greater than 90 percent survival rate of our combat wounded."

After meeting only a month ago, Staff Sgt. Andrew Balha from Evans Army Community Hospital, Fort Carson, Colo. and Staff Sgt. Alexander Folsom from Madigan Army Medical Center in Fort Lewis, Wash. representing Western Regional Medical Command earned the title of best Army medic.

"Honestly, I was really surprised [we won]. I didn't think it would be us," Balha said.

It was Balha's first time competing in the best medic competition; Folsom competed last year.

"This year's competition was much more physically demanding. It had a lot more medical tasks than last year," Folsom said. "There was a great improvement to the competition overall."

The first day each team received a written test, which they were allowed to carry with them throughout the events.

Teams rotated between the physical fitness challenge, obstacle course and the M-9 and M-4 stress shoots.

Balha liked the fact that the Soldiers could choose the order in which they competed in each day's events.

"You didn't have to go to one point, you had choices. It kind of rewarded forward thinking," he said.

Folsom credited Balha for his planning.

"It kept us in the front pretty much the whole time," Folsom said.

The team managed to garner two of the eight bicycles left for competitors to use to get from one event to another.

The physical fitness challenge and the obstacle course tested each competitors' strength and agility, while the M-9 and M-4 stress shoots allowed each team to demonstrate their marksmanship skills.

Inclement weather caused a three-hour delay during the first day of competition.

See **MEDIC P17**

## Technology & Research

# Insect-Repelling ACUs Now Available

By David Vergun, J.D. Leipold  
Army News Service

WASHINGTON (Army News Service, Oct. 1, 2012) -- Factory-treated, insect-repelling Army Combat Uniforms that until now were issued only to Soldiers deploying to Iraq, Afghanistan, and some other overseas locations, will now be available to all Soldiers.

The new uniform, called the "ACU-P," uses the chemical permethrin to ward off insects such as ticks, mosquitoes, fleas and chiggers. Permethrin has been extensively tested and found to be safe by the Environmental Protection Agency, Department of Agriculture, and Food and Drug Administration, said Col. Pearline McKenzie-Garner, an occupational medicine physician in the Office of the Surgeon General.

"The Army's battlefield experience shows that the EPA-approved permethrin fabric treatment ... protects the Soldier from diseases transmitted by a variety of pests, including fleas, ticks and mosquitoes," said Lt. Col. Eugene Wallace, product manager for PEO Soldier, clothing and individual equipment. "It is also proven safe to wear. This is not just the Army saying this. The Centers for Disease Control and Prevention and the World Health Organization both advocate the use of permethrin-treated clothing for people who may be exposed to insect-borne diseases."

Wallace said that 25,000 Soldiers were surveyed about the uniform's effectiveness at repelling insects and 85 percent of those surveyed said it works. The treatment helps stave off insect-borne illnesses such as Lyme disease and West Nile Virus.

Permethrin has been used by the Army for decades in a liquid or spray and also in a version that could be applied to a combat uniform.

According to Col. Shawn Lucas, a program manager with PEO Soldier, the problem with the liquid or spray was that Soldiers sometimes either forgot to apply it or they applied it in excessive amounts, which in a few cases caused rashes.

With the factory-treated ACU, the permethrin is applied consistently, and Soldiers no longer need to remember to apply a bug repellent, Lucas said.

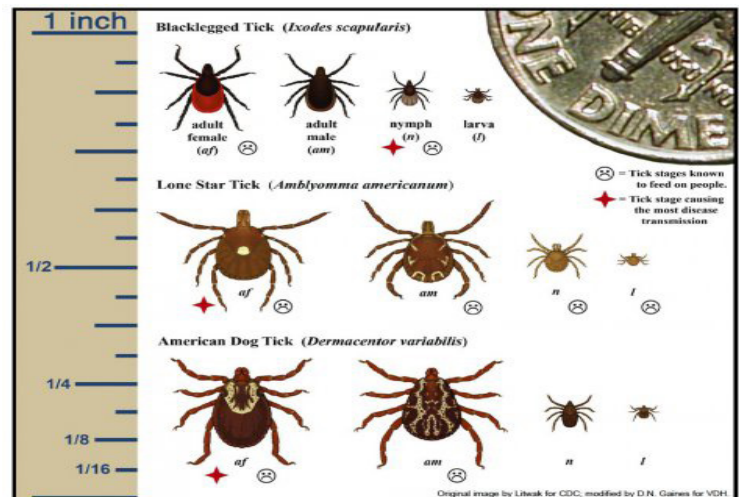
Soldiers won't have a choice in going permethrin-free the next time they buy new ACUs -- all new uniforms will be treated with permethrin. For Soldiers with a medical reason to not have permethrin-treated uniforms, such as pregnancy, there is a special-order option to get ACUs without the treatment.

McKenzie-Garner added that the ACU maternity uniform will remain permethrin-free.

ACU-Ps are good for about 50 launderings -- the same as regular ACUs. The uniforms can be washed with normal laundry detergent, but should be washed separately from other clothing.

Lucas said the addition of permethrin to the uniform increases the cost by about eight dollars, but Soldiers will not have to bear that additional expense because the uniform allowance has been increased to incorporate those production costs.

For more information on permethrin studies, visit the CDC's website, <http://www.cdc.gov/> and keyword "permethrin" in the search engine at the top of the homepage.



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# Army Medicine Fields Secure Messaging

## WHAT PATIENTS MUST DO TO PREPARE

By Kirk Frady  
MEDCOM Public Affairs

Beneficiaries of Army Medicine will soon be able to communicate online with their primary care provider through secure messaging. The US Army Medical Command (MEDCOM) is implementing the use of Army Medicine Secure Messaging Service (AMSMS) by offering it to 100 percent of beneficiaries who receive care in the "direct care" system by the end of 2014. Secure messaging is a commercial, web-based, secure messaging platform, that provides a robust set of services designed to allow patients and their healthcare team to communicate securely at times and locations that are convenient. This secure platform works very much like an on-line secure banking web site.

According to Dr. Terry Newton M.D., Information Technology Clinical Capability Manager, "Army Medicine issued nearly 2,000 AMSMS licenses to healthcare providers at 48 military treatment facilities during Phase 1 in 2012." He added, "Over the next 24 to 36 months, we will complete deployment of over 5,000 additional li-

censes to primary and specialty care clinics. Similarly, the other branches of military service are also executing the same secure messaging capability across their treatment facility network."

This secure messaging capability will, for the first time, provide patients the ability to communicate directly with their provider and care teams and allow care teams a two-way flow of communication with individual patients or groups of patients. If patients want to know whether or not their primary care provider is currently using the secure messaging system they should check with their assigned military treatment facility to find out.

Army Medicine's goal is to provide the secure messaging service to all beneficiaries who receive care in the direct care system by the end of 2014. In 2013, AMSMS will enter Phase 2 of this project. Delivery will be focused on any primary care facility that did not receive AMSMS in 2012. During Phase 2, secure messaging service delivery will also be expanded to specialty care such as Orthopedics, OB/GYN, etc.

When asked how the secure messaging system will benefit the patient, Dr.

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

With online services from Army Medicine Secure Messaging Service (AMSMS), patients will be able to; book appointments, request and review lab/test results, request medication refills, request a referral, email their physician a question and schedule web visits with their provider. Additionally patients will have access to a fully integrated electronic personal health record and a robust set of multi-media educational content through the AMSMS.

To register for online services, beneficiaries should visit with their healthcare team administrator or call their primary care clinic for more details.

## MEDIC continued from P15

Once the rain stopped, the teams reset to where they left off. The teams who were unable to complete all of the day's events were allowed to finish them on day two.

The advanced night land navigation course began at 11 p.m.

Teams were flown by helicopter and inserted into the innermost parts of JBSA-Camp Bullis. Once on the ground, each team had to locate grid coordinate locations using terrain association and topographical maps.

Day two brought new challenges for the competitors.

The teams navigated through the urban assault course engaging mock enemy, treating casualties and watching each other's back.

Three combat casualty lanes tested the competitors' ability to perform casualty care in close quarters and evacuate wounded safely.

"One of the medical lanes was pretty demanding," Folsom said.

"We were carrying an approximately 200-pound man up about a 90-degree incline," explained Balha. "It was pretty physically demanding. I think that was the toughest part.

"Being physically prepared is the key," he said.

The night combat medic lane tested each teams' ability to perform medical tasks under the cover of darkness using the tactical simulator for military medicine.

The competition concluded on day three with the competitors' turning in their written exam, more combat casualty care, a litter obstacle course and a timed 2.7 mile buddy run.

"I congratulate all of the competitors their efforts in this competition and their contributions every day to our Soldiers and their families," Horoho said.

Priscilla Clark, widow of Command Sgt. Maj. Jack Clark, also sent a letter of congratulations to the competitors.

"Congratulations to all the teams for being chosen to compete in this prestigious competition," she wrote. "Please know that you represent the very best that the Army Medical Command has to offer."

To the winning team she wrote ... "This distinction will be highly regarded throughout your military career as well as in your personal achievements."

Both Folsom and Balha said they would encourage other Soldiers to compete in the Army's Best Medic Competition.

"This competition showed me a good way to train my Soldiers," Balha said.

Download the Best Medic  
photos on Flickr:

<http://www.flickr.com/photos/armymedicine/8135180795/in/photostream/>



**ARMY MEDICINE**  
Serving To Heal...Honored To Serve

**MEDCOM in The Community**

## Military Family Appreciation Month

What is it? Military Family Appreciation Month (MFAM) is a campaign designed to communicate the Army's recognition and appreciation for Army Families and to fulfill the Army Family Covenant - provide them a quality of life commensurate with their service. The result is Families feeling important, supported and connected to the Army and the nation.

What has the Army done? MFAM provides an opportunity for Army leaders to raise awareness about the importance and sacrifices of our military Families. The strength of our Soldiers comes from the strength of their Families. The Army encourages senior mission commanders, garrison commanders, National Guard and Army Reserve commanders, and family programs staff to work together to conduct MFAM events and awareness campaigns in their community throughout November.

Why is it important to the Army? The Army recognizes the commitment and sacrifice Families make every day. The Army knows the strength of Soldiers comes from the strength of their Families, which means providing a strong, supportive environment where Soldiers and their Families can thrive. To do this, the Army is committed to building a partnership with Families that enhances their strength and resilience to face an environment of full tempo operations.

What continued efforts does the Army have planned for the future? The Army will continue to provide families a strong, supportive environment and has an extensive network of programs and services to strengthen the resiliency and readiness of Army Families. This is in keeping with the Army's commitment to support Army Families, improve their well-being and provide them communities of excellence in which to thrive.

The Army is dedicated to improving Family readiness through funding of programs, better health care, housing, schools, youth services, child care, education and employment opportunities, and we will continue to build upon and improve the tenets of the Army Family Covenant.

The Army Family Covenant is the Army's commitment to provide Soldiers and their Families a quality of life that acknowledges their service, sacrifices and dedication to our nation.

The Army Family Action Plan helps leaders address the needs and concerns of the entire Army family. AFAP enlists representatives from around the world to identify, prioritize, and elevate quality of life issues to senior leaders for resolution.

## **STUDY** continued from P10

based researched will be a key factor for CAP's studies.

A primary goal of CENC is to establish an understanding of the aftereffects of an mTBI. Potential comorbidities also will be studied; that is, conditions associated with and worsen because of a neurotrauma.

"At VA, ensuring that our Veterans receive quality care is our highest priority," said Secretary Eric K. Shinseki. "Investing in innovative research that will lead to treatments for PTSD and TBI is critical to providing the care our Veterans have earned and deserve."

On Aug. 31, the President signed an executive order to improve access to mental health services for Veterans, Servicemembers and military Families.

As part of that executive order, the President directed the Department of Defense, the Department of Veterans Affairs, the Department of Health and Human Services and the Department of Education to develop a National Research Action Plan that will include strategies to improve early diagnosis and treatment effectiveness for TBI and PTSD. He further directed the Department of Defense and Department of Health and Human Services to conduct a comprehensive mental health study with an emphasis on PTSD, TBI, and related injuries to develop better prevention, diagnosis, and treatment options.

Specific information on the consortia, including the full description of each award, eligibility, and submission deadlines, and General Application Instructions, are posted on the CDMRP website at <http://cdmnp.army.mil>

## MEDCOM Partnership for Patients Initiative

### PARTNERSHIP FOR PATIENTS: BETTER CARE, LOWER COSTS

MEDCOM is a partner in the Military Health System's Partnership for Patients Campaign and part of a broader national initiative that aims to reduce harm and improve care in health care facilities.

The MEDCOM Quality Management Division has been tasked with aligning efforts of MTFs with Partnership for Patients (PfP) key aims to reduce harm by 40% and reduce readmissions by 20%.

"We are pleased to be part of this broad initiative of our Military Health partners. Patient safety is something we advocate on a daily basis, this program mirrors our ongoing efforts to provide the best possible care while ensuring quality management to improve patient outcomes," said Col. Kimberly Kesling, Army Patient Safety Program Manager, MEDCOM Quality Management Division.

Doctors, nurses and other health care providers in America work incredibly hard to deliver the best care possible to their patients. Unfortunately, an alarming number of patients are harmed by medical mistakes in the health care system and far too many die prematurely as a result.

The Obama Administration launched the Partnership for Patients: Better Care, Lower Costs, a new public-private partnership that will help improve the quality, safety, and affordability of health care for all Americans. The Partnership for Patients brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared

See PARTNERSHIP P19

## Tips For A Safe Autumn Season

“KNOW THE SIGNS. KNOW WHAT’S RIGHT. DO WHAT’S RIGHT”

*Change smoke and carbon monoxide detector batteries.*

§

*Keep children safe during Halloween.*

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*Ensure you take food safety precautions for Thanksgiving.*

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*Wash hands frequently to prevent flu.*

Based on a strategy to increase awareness for MEDCOM Soldiers, Families, Healthcare providers, DA Civilians and our beneficiaries.

Someone always knows when a Soldier is at risk for an accident. It’s up to that “someone” to intervene before a troubled Soldier’s life ends in tragedy. Intervention can be difficult, but it’s often the only way to take action.

Share **Autumn Safety Tips** with your MEDCOM family.

Post your comments on Facebook or send a Tweet. Don’t forget to like or retweet good tips to your friends.



Protect yourself, always use OPSEC when engaging social media.

## MEDCOM in The Community

University of Texas alumni Danny Gonzales continues to play music and support his alma mater as a member of The Longhorn Alumni Band (LHAB). LHAB consists of Longhorn Band members from the 1940s, 1950s, 1960s, 1970s, 1980s, 1990s and, up to recent graduates.

These dedicated members come from all over the country and meet just once a year to perform at one of the home games in Austin.

“We practice the music for just 1 hour the night before that game and practice the marching routine for just 2 hours the morning of the game, say Mr. Gonzales who plays Snare Drum.

The band recently performed the weekend of 8 Sep 2012 when UT played against the University of New Mexico.

One of our snare drummers had a camera positioned slightly above his snare drum and recorded the live performance. The video has more than 500 Youtube views.

If you missed Danny’s performance, you can see him now at [https://www.you-](https://www.youtube.com/watch?v=VbjtSXtweUI&feature=plcp)



*James Turpin (L) and Danny Gonzales, Longhorn Alumni Band post performance photo just after The Longhorn Alumni Band (LHAB) finished practicing in The Bubble (in the background)*

[tube.com/watch?v=VbjtSXtweUI&feature=plcp](https://www.youtube.com/watch?v=VbjtSXtweUI&feature=plcp)

Gonzales is an Administrative Assistant for the Behavioral Health Division, Health Policy and Services Directorate.

## PARTNERSHIP continued from P18

effort to make hospital care safer, more reliable, and less costly.

The two goals of this new partnership are to:

- Keep patients from getting injured or sicker. By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010. Achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than 60,000 lives saved over three years.
- Help patients heal without complication. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010. Achieving this goal would mean more than 1.6 million patients would recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

Achieving these goals will save lives and prevent injuries to millions of Americans, and has the potential to save up to \$35 billion across the health care system,

including up to \$10 billion in Medicare savings, over the next three years. Over the next ten years, it could reduce costs to Medicare by about \$50 billion and result in billions more in Medicaid savings. This will help put our nation on the path toward a more sustainable health care system.

For more information about MEDCOM’s involvement in the Military Health System’s Partnership for Patients Campaign, contact Col. Kimberly Kesling, Army Patient Safety Program Manager, MEDCOM Quality Management Division.

Additional information is available at <http://www.health.mil/dodpatientsafety/>

For the full story on the Department of Health and Human Services Partnership for Patients program, visit [Healthcare.gov](http://www.healthcare.gov) at <http://www.healthcare.gov/compare/partnership-for-patients/>



# AROUND ARMY MEDICINE

1. A wide and interesting array of runners participate in the Breast Cancer Awareness Run held Oct. 13, 2012, at Landstuhl Regional Medical Center, Germany. (U.S. Army Photo-Phil A. Jones)

2. LANDSTUHL REGIONAL MEDICAL CENTER, Germany – Illustrator Paul Combs draws a caricature of Master Sgt. Jeff Cerri during his Oct. 23, 2012, visit with staff and patients at Landstuhl Regional Medical Center, Germany. Cerri is an Air Force firefighter stationed at Dover Air Force Base, Delaware, and Combs, in addition to his career as an illustrator, is also a veteran firefighter. Combs joined fellow cartoonists Tom Stiglich (Editorial Cartoonist), Mason Mastroianni (B.C.), Ray Alma (Mad Magazine), Bruce Higdon (Punderstatements) and Ed Steckley (Mad Magazine) for a USO visit to the Kaiserslautern Military Community. (U.S. Army Photo/Phil A. Jones)



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3. LANDSTUHL REGIONAL MEDICAL CENTER, Germany – There was no question in patients' minds about who appeared bedside Oct. 10, 2012, when Alex Trebek visited Wounded Warriors at Landstuhl Regional Medical Center, Germany. Trebek autographed Jeopardy! hats and spent time with LRMC staff and patients during a break from his European search across U.S. military installations for contestants to appear on "Jeopardy!" (U.S. Army Photo/Phil A. Jones)

4. The Army's Golden Knights parachute team descend on participants and guests attending the 2012 Best Medic Competition held on Oct. 26-28 at Camp Bullis, San Antonio, Texas. (Photo by Dwayne Rider, OTSG Public Affairs)



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