ARMY MEDICINE
Serving To Heal...Honored To Serve

MERCURY

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Breast Cancer Awareness Month

By Kirk Frady
MEDCOM Public Affairs

October is National Breast Cancer Awareness Month across the nation. Breast cancer is the most commonly diagnosed non-skin cancer in women. One out of every eight women will develop breast cancer in her lifetime.

According to Gail Whitehead with the U.S. Army Medical Research and Materiel Command (MRMC), "This year, approximately 226,870 women in the U.S. will receive a diagnosis of invasive breast cancer and 63,300 women will be diagnosed with in situ breast cancer." She added, "In addition, although male breast cancer is rare and accounts for less than 1 percent of all breast carcinomas in the U.S., about 2,190 men will be diagnosed with breast cancer this year." Breast cancer is the second leading cause of cancer deaths in women in the United States. Approximately 39,510 women and 410 men in the U.S. are projected to die from breast cancer this year.

The Department of Defense Breast Cancer Research Program (BCRP) was established in 1992 as a result of the powerful effort of breast cancer advocates. Their continued efforts, in concert with the program's successes, have resulted in more than $2.6 billion in congressional appropriations through fiscal year 2011 executed by the Congressionally directed Medical Research Programs of MRMC. The BCRP vision is adapted yearly to ensure that the program remains respon-

See CANCER P13

Inaugural Wolf Pack of the Year Award

Lt. Col. Laura Pacha and Paul Pietrusiak receive the Inaugural Wolk Pack of the Year Award from Lt. Gen. Patricia D. Horoho, Surgeon General and Commanding General, U.S. Army Medical Command, for their work on the U.S. Army Public Health Command's Rabies Response Team. Photo by Kirk Frady.

By Valecia Dunbar
MEDCOM Public Affairs

Congratulations to the 2012 Wolf Pack of the Year Award winners, the Rabies Response Team (RRT) from the U.S. Army Public Health Command.

Lt. Gen. Patricia D. Horoho, Surgeon General and Commanding General U.S. Army Medicine Command, and the AMEDD Civilian Corps Chief, Gregg Stevens, presided over the award ceremony September 28, to acknowledge winners of the first ever Wolf Pack of the

See AWARD P7

Depression Awareness

October is National Depression Awareness Month. On Oct. 11, organizations and communities across the United States will observe 'National Depression Screening Day' to educate people about the various signs and symptoms of depression and the availability of free anonymous behavioral health screenings. The Army theme for 2012 is "Redefining Strength – Get Screened, Seek Care." Symptoms of depression include persistent sadness/anxiety, feelings of hopelessness, pessimism, helplessness, difficulty concentrating, alcohol or substance abuse, and more.

Clinical depression is a serious medical condition that if left untreated, may lead to other medical conditions. A depression screening is often the first step towards getting well. Unfortunately, two-thirds of people who suffer from depression fail to seek care. They mistakenly believe their symptoms are just a normal part of life. The good news for those who suffer with depression is that clinical depression can be treated. Treatments may include psychotherapy, medications or a combination of both.

The Army is committed to decreasing stigma for Soldiers, Family members and Army Civilians who seek behavioral health care. Even the most severe cases of depression are treatable. The earlier the treatment begins, the more effective it is and the greater the likelihood the recurrence of depression can be prevented. If you or someone you know suffers from depression, help is available. Individuals suffering with depression are urged to contact their primary care physician or a behavioral health professional to get the needed care. Anonymous depression screenings are available through the Department of Defense, Department of Veterans Affairs, behavioral health agencies and resources in local communities.

See DEPRESSION P3

THE MERCURY

U.S. Army Medical Command

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INSIDE THE BUBBLES: Understanding the strategy map

Throughout the Mercury, our readers will notice interactive bubbles connecting issues and topics to the Army Medicine Strategy Map. The Strategy communicates the mission, strategic vision, and goals of the AMEDD. The bubbles are the strategic objectives - the "means" and "ways" to accomplish the "ends." For more information, visit https://ke2.army.mil/bsc

Happy 18th birthday MEDCOM

By Kirk Frady
MEDCOM Public Affairs

The United States Army Medical Command (MEDCOM) celebrates its 18th anniversary on October 2. It all began with a ceremony held on the parade field at Fort Sam Houston, Texas on October 4, 1994. The establishment of the MEDCOM replaced the previously designated Health Services Command (HSC) which came into being in April 1973 under the command and control of Maj. Gen. Spurgeon H. Neel, Jr.

The intent behind creating MEDCOM was to establish a broader scope than HSC, clearer lines of authority, more manageable spans of control, and more efficient use of Army medical resources. It also provided then Army Surgeon General, Lt. Gen. Alcide M. LaNoue, control of all Army medical resources and matched his responsibility as senior medical officer on the Army staff. LaNoue commented, "This reorganization streamlined and flattened the command and control structure of Army Medicine. These changes were not undertaken for the sake of change; nor were they designed simply to create a smaller organization." The initiative also met the requirements for reducing the Army Staff and limiting the number of personnel in the National Capital Region.

LaNoue's goal for the reorganization was to produce an accessible, deployable, accountable and integrated Army Medical Department. The process began in 1993 when he assembled "Task Force Aesculapius," a group of officers that outlined the new structure. The design principles focused on: establishing a clear authority and alignment with responsibility; it would be organized around work; ensuring people work in the right tasks at the right level; eliminating duplication and redundancy; and that it be "value-added."

The task force recommendations were refined until they finally received approval from the Army Chief of Staff on Aug. 12, 1993.

Under this unprecedented reorganization, the Surgeon General's staff in Washington, D.C. was streamlined from more than 500 to about 100 personnel with about 400 at MEDCOM Headquarters in San Antonio, TX. This allowed the medical department to avoid necessary cuts in healthcare providers. As part of the transformation, in November 1993, Dental Command and Veterinary Command were formed as provisional commands under the MEDCOM to provide real command chains for more efficient control of dental and veterinary units—the first time those specialties had been commanded by the same authorities who provided their technical guidance. In December 1993, seven Medical Center (MEDCEN) commanders assumed command and control over care in their regions. The new "Health Service Support Areas" (HSSAs), under the MEDCOM, had more responsibility and authority than the old HSC regions.

In March 1994, a merger of Medical Research and Development Command (MRDC), the Medical Materiel Agency (MMA) and the Health Facilities Planning Agency (HFPA) resulted in creation of the Medical Research, Development, Acquisition and Logistics Command (MRDALC), subordinate to the provisional MEDCOM. The MRDALC was soon renamed the U.S. Army Medical Research and Materiel Command (USAMRMC). Then, in June 1994, an additional HSSA was formed to supervise medical care in Europe, replacing the 7th Medical Command, which was inactivated. That summer, the Army Environmental Hygiene Agency formed the basis of the provisional Center for Health Promotion and Preventive Medicine (CHPPM) which is now known as U.S. Army Public Health Command (USAPHC).

Under current MEDCOM structure, the Surgeon General is "dual-hatted" as the Commanding General (CG) of MEDCOM and is also the Army Surgeon General. The Surgeon General (TSG) serves as the medical expert on the Army staff, advising the Secretary of the Army, Army Chief of Staff and other Army leaders and providing guidance to field units. As Commanding General of the MEDCOM, the CG commands fixed hospitals and other AMEDD commands and agencies. This dual-hatted role unites in one leader's hands the duty to develop policy and budgets as TSG and the power to execute them as the MEDCOM Commander.

DEPRESSION from P1

The Army encourages commanders and leaders to coordinate events locally with military and civilian healthcare professionals to get the word out to Soldiers, Family Members and Army Civilians that depression is treatable, and of the opportunities to be screened and referred for treatment by a primary care or behavioral health professional. The 2012 National Defense Authorization Act (NDAA) mandated enhanced behavioral health screening of deploying Service Members. The Army is implementing these requirements through all phases of the deployment cycle as well as exceeding the mandated screening by establishing annual screening for all Soldiers, regardless of deployment status, through existing Periodic Health Assessments.

Resources:
Army Behavioral Health **www.behavioralhealth.army.mil/**
Real Warriors Campaign **www.realwarriors.net/**
Military OneSource **www.militaryonesource.com**
Comprehensive Soldier Fitness **www.army.mil/csf/**
Veterans Crisis Line 1-800-273-8255 (Press 1)

National Red Ribbon Week October 23-31, 2012
The mission of the Red Ribbon Campaign is to present a unified and visible commitment towards the creation of a DRUG-FREE AMERICA.

TSG Pays Tribute to the Legacy of "Army Medics"

By Valecia Dunbar
MEDCOM Public Affairs

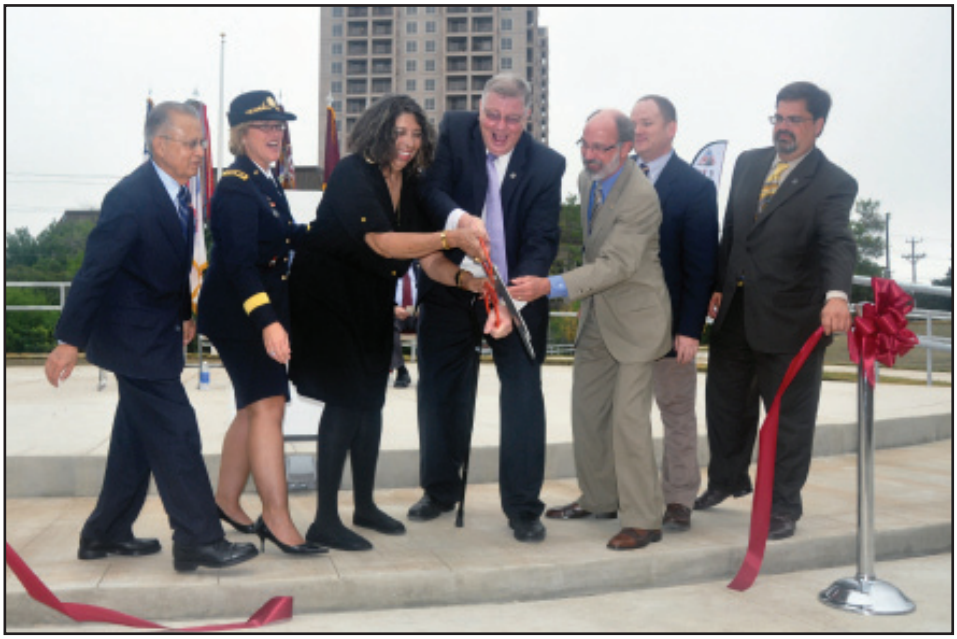
The U.S. Army Medical Department Museum (AMEDD Museum) is now the home of the nation's first monument recognizing AMEDD recipients of the Congressional Medal of Honor. Lt. Gen. Patricia D. Horoho, Army Surgeon General spoke of the bravery and legacy of these "Army Medics" during the official dedication of the AMEDD Medal of Honor Walk held on September 28, at 9:00 a.m. on the grounds of the AMEDD Museum.

Maj. Gen. (Ret) Patrick Scully, Deputy Surgeon General from 1998 to 2002 served as Master of Ceremonies for the event that signifies "the fulfillment of a dream" for him and many others who envisioned the monument as an outdoor memorial and living reminder of 52 AMEDD members who took actions of uncommon valor and sacrifice resulting in the award of the nation's highest military recognition. Three AMEDD Medal of Honor recipients currently reside outside of the San Antonio area.

"Those we honor with the AMEDD Museum Medal of Honor Walk epitomize the sacrifice and service that has always been the legacy of the AMEDD," said Sculley. "We desire to not only honor the Medal of Honor recipients, but to pass their legacy from generation to generation of 'Medics'."

The grounds surrounding the AMEDD Medal of Honor Walk reflect a venue purposed to revere and inculcate the traditions and values that are at the heart of AMEDD heritage. The two-acre site adjacent to the AMEDD Museum is a beautifully landscaped area of the museum grounds which permits curved walkways for leisurely strolls along sidewalks with Walk monument stations listing the names of soldier "medics" from each of the Nation's wars who have been awarded the Medal of Honor. Among them is the only female recipient of the Medal of Honor, AMEDD surgeon Dr. Mary E. Walker, who was awarded the Medal of Honor for valor during the Civil War.

A surrounding Regimental Green creates a place of tranquility and serenity leading to a 250-seat amphitheater that overlooks the Medal of Honor Walk and Presentation Plaza. The facility will support a variety of events and facilitate medical training amongst the honored legacy of those who have earned the Medal of Honor.



Left to Right: Al Dominguez, AMEDD Museum; Lt. Gen. Patricia D. Horoho, Surgeon General, and Commanding General U.S. Army Medical Command; Maria Rocco, widow of Medal of Honor Recipient, CWO2 Louis R. Rocco; Maj. Gen. (Ret) Patrick Sculley, Chairman of the AMEDD Museum Foundation; Maj. Gen. (Ret) Kenneth Farmer, Jr., former Deputy SG; Scott Schoner, AMEDD Museum; Marc Long, representing project contractor, Tetra Tech cut the ribbon on the AMEDD Medal of Honor Walk. (Photo by Kirk Frady)

"This is the fulfillment of a dream for the Museum Foundation. It is very nice to be a part of a special project. We have completed the build out of our acreage and provided a lasting tribute to our Medal of Honor recipients," said Sculley.

The Medal of Honor Walk expands the AMEDD Museum grounds to include a fully functional amphitheater for ceremonies, programs, classes, and presentations in an environment where there is always present a reminder of the full meaning of being a Medic. The $1.6 million Walk facility was built totally with private donations from individuals who wanted to preserve the history of the Army Medical Department and a strong desire to see a museum at Fort Sam Houston to contain the equipment and documents that soldier medics used from the beginning of Army medicine to the current day. The AMEDD Museum Foundation was established to raise funds that built the main museum facility over three major projects. The last project was the Medal of Honor Walk and Amphitheater. After project completion, the gift is titled to the U.S. Government.

Horoho's attendance reflects the unwavering support of The Army Surgeon General for of the Medal of Honor Walk project from beginning to completion. Then Army Surgeon General Lt. Gen. Eric B. Schoomaker attended the kick-off event in 2009, along with Medal of Honor recipient Maj. Gen. (Ret) Patrick Brady and his wife.

For additional information on AMEDD Medal of Honor Awardees, please go to the AMEDD Medal of Honor landing page on the Army Medical Department website located at http://ameddregiment.amedd.army.mil/moh/awardees.html

The current AMEDD Museum officially opened its doors in November 1989 and is considered a "world class" and a "standout" facility in the Army Museum system. It serves as a living reference library and research facility for students of all ages who have an interest in military medicine. It also augments the training of the more than 36,000 military and civilian students who attend the U.S. Army Academy of Health Sciences at Fort Sam Houston, Texas, each year.

The facility is free and open to any member of the public in possession of a valid driver's license or ID card. For additional information, contact the AMEDD Museum at 221-6358/6277 or visit the AMEDD Museum landing page on the Army Medical Department website located at http://amedd-museum.amedd.army.mil/index.html

Patients benefit from paperless health portal

By Valecia Dunbar
MEDCOM Public Affairs

Behavioral Health (BH) patients will soon see improvements in their appointment process following the implementation of a paperless portal designed to reduce redundancy, improve patient-provider communication, and give providers 'real-time' access to critical information.

The Behavioral Health Data Portal (BHDP) is a patient-driven Web portal that helps patients "tell their stories" to BH providers by answering a series of questions to identify BH related issues. BHDP is accessed from a laptop tablet or computer station located in the Behavioral Treatment Facility (BHT) clinic waiting area. The user-friendly tool allows patients to complete a questionnaire prior to their BH appointment during the time they would normally wait to see their provider. The process takes less than 30 minutes for first-time appointments. Follow-up visits take about five minutes because the BHDP process reduces the need for patients to repeatedly answer the same questions. The portal saves the patient from filling out mounds of paperwork and gives the providers valuable information to use during the appointment.

As soon as the patient completes the BHDP, the results are immediately available to discuss with the provider. The information also moves with the patient, allowing providers at different Military Treatment Facility (MTF) locations access to the most current information. Further, the patient's Protected Health Information (PHI) is still secure.

BHDP was developed by providers to enable patients to "tell their story."

"We want patients to give us the best and most current information possible so that we can immediately give quality and personalized care during the appointment," said Lt. Col. Millard Brown, BHDP Program Office lead. "One of the best features of BHDP is that responses over the course of a series of appointments can be captured in a graph that allows us to view it with the patient, discuss their progress and improvement over time, and adjust treatment efforts based on individual patient feedback."

"It's a win-win for patients and providers," says Katherine Babb, Management Analyst/Project Manager for the Behavioral Health Division of the U.S. Army Medical Command (MEDCOM). Babb has worked over the past three years to coordinate MEDCOM's global implementation strategy and direct program communications initiatives. "Within the DoD, it has been a challenge to introduce technology that reduces the arduous process of standardizing the collection of multiple sources of information. BHDP is a great example of how technology should be used to assist both the beneficiaries and end users, said Babb"

One goal of BHDP is to allow BH providers across an entire care team improve coordination of care and assist providers in delivering higher-quality care. Many patients are already benefitting from the process that has improved mobility and accessibility of records for both patients and providers who are stationed throughout global Army Medical commands. The platform is currently available to soldiers and will ultimately include family members. BHDP uses the same validated scales used in the PDHA/PDHRA and these systems will be synchronized together for tracking of scores over time. However, BHDP does not replace PHDA, PHA, PHDRA or the GAT, which is a separate program.

The BHDP system is currently active at six Army posts: Tripler, Hawaii; Joint Base McCord, Washington State; Ft Sam Houston, Texas; Ft Carson, Colorado; Ft Bragg North Carolina; and Laundstahl, Germany. MEDCOM's ultimate strategy is to have BHDP in place at all Behavioral Health Clinics by December 2012.

BHDP is a key enabling component of the Behavior Health Services Line concept and part of an overarching movement of the Behavioral Health System of Clinical Care (BHSOC2), a coordinated, synchronized and integrated plan to develop and sustain optimal physical, emotional and spiritual wellness in Warriors and their families. This is accomplished through behavioral health education, prevention, diagnosis, intervention, treatment, documentation/data-collection and follow-up across all phases of the continuum of service for the Warrior and Family life cycles.

For more information about BHDP, contact BDHP@amedd.army.mil or commercial at 210-573-8946.

Don't forget the house when preparing for winter

By Lori Yerdon
Fort Rucker Public Affairs

Cold weather is on the horizon, and as members of the Army Family begin their preparations for winter, officials want them to pay special attention to one area in particular - their homes.

Wintertime usually brings frigid temperatures, inclement weather and the likelihood of power outages and being stranded in the house. Never underestimating the weather and preparing beforehand are just a couple ways to ensure the safety of you and your loved ones this winter.

"Preparing a home for cold weather ahead of time may save you some anguish down the road," said Lt. Col. James Smith, director, U.S. Army Combat Readiness/Safety Center Ground Directorate. "On duty we winterize our vehicles, weapons, and other equipment to ensure they'll work in extreme cold weather, and there's no reason we can't do the same at home."

Some homeowners will turn to their fireplaces and wood stoves for heat when the temperatures dip, but it's important to ensure routine maintenance has been performed on chimneys and other heating systems prior to the first chill. In addition, the Centers for Disease Control and Prevention recommends that homes with fireplaces, wood stoves or kerosene heaters be equipped with battery-operated carbon monoxide detectors.

Dubbed the "silent killer," carbon monoxide is odorless, colorless, tasteless and deadly. According to the U.S. Consumer Product Safety Commission, more than 150 Americans die every year from accidental carbon monoxide poisoning associated with consumer products. These products include faulty, improperly used or incorrectly vented fuel-burning appliances such as furnaces, stoves, water heaters and fireplaces.

Generators pose similar problems. The CPSC cautions against using them inside homes or garages, even if doors and windows are open. Carbon monoxide from a generator can kill an individual within minutes.

Freezing pipes can also plague homeowners when temperatures plummet. Knowing where the water main is located, insulating exposed plumbing pipes and draining water hoses before the onset of cold weather are measures individuals can take to prevent frozen and burst pipes.

Tripler's sleep disorder center earns accreditation

Story and photo by Stephanie Bryant
TAMC Public Affairs

HONOLULU -- Tripler Army Medical Center's Sleep Disorders Center recently earned accreditation from the American Academy of Sleep Medicine.

After more than a year of preparation, the center was granted the accreditation, Aug. 10. The accreditation covers areas such as clinical operations, in-lab sleep studies, and out-of-center sleep testing for a period of five years.

Tripler's Sleep Disorders Center is Army Medicine's third medical treatment facility, or MTF, to house an accredited Sleep Disorder Center. Adding to that great achievement, the center is the first non-fellowship-affiliated Army MTF to meet the national standards.

"When there is a fellowship at a hospital it means that there is a lot of manpower and training already in place, so when a new clinic comes up who doesn't have that guidance and achieve that accreditation, it is a great accomplishment," explained Richard Suvanarat, supervisor, Sleep Lab, Sleep Disorders Center. "The whole point of being accredited is to live up to the highest standards."

Spc. Mary Stewart, 84th Engineer Battalion, 130th Eng. Brigade., 8th TSC, participates in a daytime sleep study to help determine the cause of her excessive daytime sleeping, Sept. 13, in the Sleep Disorders Center at Tripler Army Medical Center in Honolulu. Tripler's sleep center recently earned accreditation from the American Academy of Sleep Medicine. Tripler is the third medical treatment facility to house an accredited Sleep Disorder Center and the first non-fellowship-affiliated Army MTF to meet the national standards.

The four-bed center quickly evolved into a Sleep Disorders Center that provides a full range of sleep medicine services.

"(The military) population is unique and it has unusual conditions, like narcolepsy, that require day studies, so we do many day (and night) studies, (but most importantly) we follow up with all patients," said Dr. Christine Fukui, sleep medicine physician.

Fukui worked closely with Suvanarat and Dr. (Lt. Col.) Sean Dooley, former physician of Pulmonary Critical Care and Sleep Medicine, Tripler's Sleep Disorders Center, to ensure the lab and center meet the standards set forth by the American Academy of Sleep Medicine.

"Our command really supported us achieving this goal of accreditation since the Sleep Lab was first opened in October 2011," said Dooley, who is on his way to Landstuhl Regional Medical Center in Germany, in December 2012. "The accreditation validates the rigor of our program. It reinforces how we are approaching sleep medicine."

Recently, the Sleep Disorders Center welcomed Dr. (Lt. Col.) Wanhee Choi, medical director for the center.

Under Choi's direction, the center will be continuing a new initiative to incorporate portable home sleep monitoring, which will help capture an additional 10-20 percent of the patient population the hospital still refers to outside centers. This initiative will ultimately allow the center to keep more than 50 percent of the center's patients in-house instead of referring them to another sleep lab or center.

"Not having to refer patients off-post will save a lot of time and taxpayer dollars," Dooley said. "The ultimate goal is to increase services and improve patient care."

Tripler's Sleep Disorders Center is currently increasing staff numbers and expanding its capabilities. They are transitioning from a four-night-a-week operation to a seven-night-a-week operation, as well as adding additional sleep medicine services.

The Sleep Disorders Center works on a referral system. Patients must first visit with their primary care manager in order to have the referral placed.

Teams compete for SRMC Best Medic

Sgt. Samuel Retke and Sgt. Heather Billings, Winn Army Community Hospital team, plot grid coordinates during the day land navigation portion, of the Southern Regional Medical Command Best Medic Competition, Sept. 4 at Training Area 71 at Fort Hood. (Photo by Staff Sgt. Daniel Wallace, III Corps and Fort Hood Public Affairs). The Army's Best Medic Competition will take place October 26-28, 2012 at Camp Bullis, Texas.

AMEDD Regiment receives new leadership

By Valecia Dunbar
MEDCOM Public Affairs

Lt. Gen. Patricia D. Horoho, Army Surgeon General, presided over the Change of the Regiment held at Fort Sam Houston's AMEDD Museum on September 28.

The Honorary Colonels and Sergeants Major U.S. Army Medical Department (AMEDD) Regiment provide a link with history for today's Soldiers. The primary mission of these special appointees is to perpetuate the history and traditions of the regiment thereby enhancing unit morale, fostering regimental esprit, traditions, and perpetuation of the history of the regiment. The duties of the Honorary Colonel and Honorary Sergeant Major are ceremonial and do not conflict with the chain of command.

Outgoing Honorary Colonel of the Regiment, Maj. Gen. (Ret) Patrick D. Sculley, and outgoing Honorary Sergeant Major of the Regiment, Command Sgt. Maj. (Ret) Stephen E. Spadaro, relinquished their responsibilities to incoming Honorary Colonel of the Regiment Maj. Gen. (Ret) Carla Hawley-Bowland and incoming Honorary Sergeant Major of the Regiment Command Sgt. Maj. (Ret) Cornell Richardson Jr.

Following the reorganization of the U.S. Army Medical Department that introduced the brigade as the replacement for the regiment, some Army units lost their identity, their lineage, and their history. The U.S. Army Regimental System was created in 1981 to provide Soldiers with continuous identification with a single regiment. The U.S. Army Regimental System states the mission of the regiment is to enhance combat effectiveness through a framework that provides the opportunity for affiliation, develops loyalty and commitment, fosters a sense of belonging, improves unit esprit, and institutionalizes the war-fighting ethos. The AMEDD Regiment was activated on 28 July, 1986, during ceremonies at Fort Sam Houston in San Antonio, Texas, the "Home of Army Medicine".

Lt. Gen. Patricia D. Horoho, Surgeon General and Commanding General, U.S. Army Medical Command; Sgt. Maj. Ret Bob Ampula (Administrative Officer, U.S. Army Medical Department Regiment); Sgt. Maj. Ret Kasha Zilka (Administrator for the Order of Military Medical Merit); Maj. Gen. (Ret) Patrick Sculley (outgoing COL); Command Sgt. Maj. (Ret) Stephen Spadaro (outgoing SGM); Maj. Gen. (Ret) Carla Hawley-Bowland (incoming COL); and Sgt. Maj. (Ret) Cornell Richardson, Jr. (incoming SGM). Photo by Kirk Frady.

The history of the AMEDD Regiment is located on the Army Medicine website at: http://ameddregiment.amedd.army.mil/about/history.html

AWARD from P1

Year (2012) 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.

Led by Col. Steven Cersovsky, RRT is recognized for exceptionally meritorious service and team work during a worldwide Public Health investigation of potential Rabies exposures among deployed personnel that took place from August 22, 2011 to February 16, 2012.

The RRT integrated capabilities across Army Medicine to respond to a Service Member death from rabies contracted during deployment to Afghanistan. The RRT rapidly developed and implemented a three-phased approach to identify, notify, evaluate, and ensure appropriate treatment for all personnel who sustained potential rabies exposures during recent deployments. The team also implemented additional measures to reduce future risk to Service Members.

The exceptional coordination, perseverance, and dedication to the health and well-being of Soldiers and Department of the Army (DA) Civilians exemplified by all 122 members of the Team resulted in the notification and coordination of treatment for more than 9,000 Service Members as well as actions that will reduce future risks across the Department of Defense. The impact of RRT's actions on the health and wellness of the Army reflects great credit upon its members, the U.S. Army Medical Command, and the United States Army.

The team was selected in a tough competition among the four winners of the quarterly awards for this year: the Landstuhl Regional Medical Center TBI Program, the HQ MEDCOM BizOps Bowl Team, the Carl R. Darnall Army Medical Center Skills/Knowledge Fair Committee, and the PHC Rabies Response Team.

MEDCOM Speaks! Survey Results –The Next Step

By Valecia Dunbar and Lori Geckle
MEDCOM Public Affairs

Lt. Gen. Patricia Horoho extends her thanks to all who participated in the 2012 MEDCOM Speaks! Employee Engagement Survey. A remarkable 35% of U.S. Army MEDCOM service members and civilian employees surveyed gave their feedback, providing valuable information on the state of MEDCOM and employee engagement. The data is currently being analyzed, and employees should expect to begin receiving communications about the survey results by the end of December.

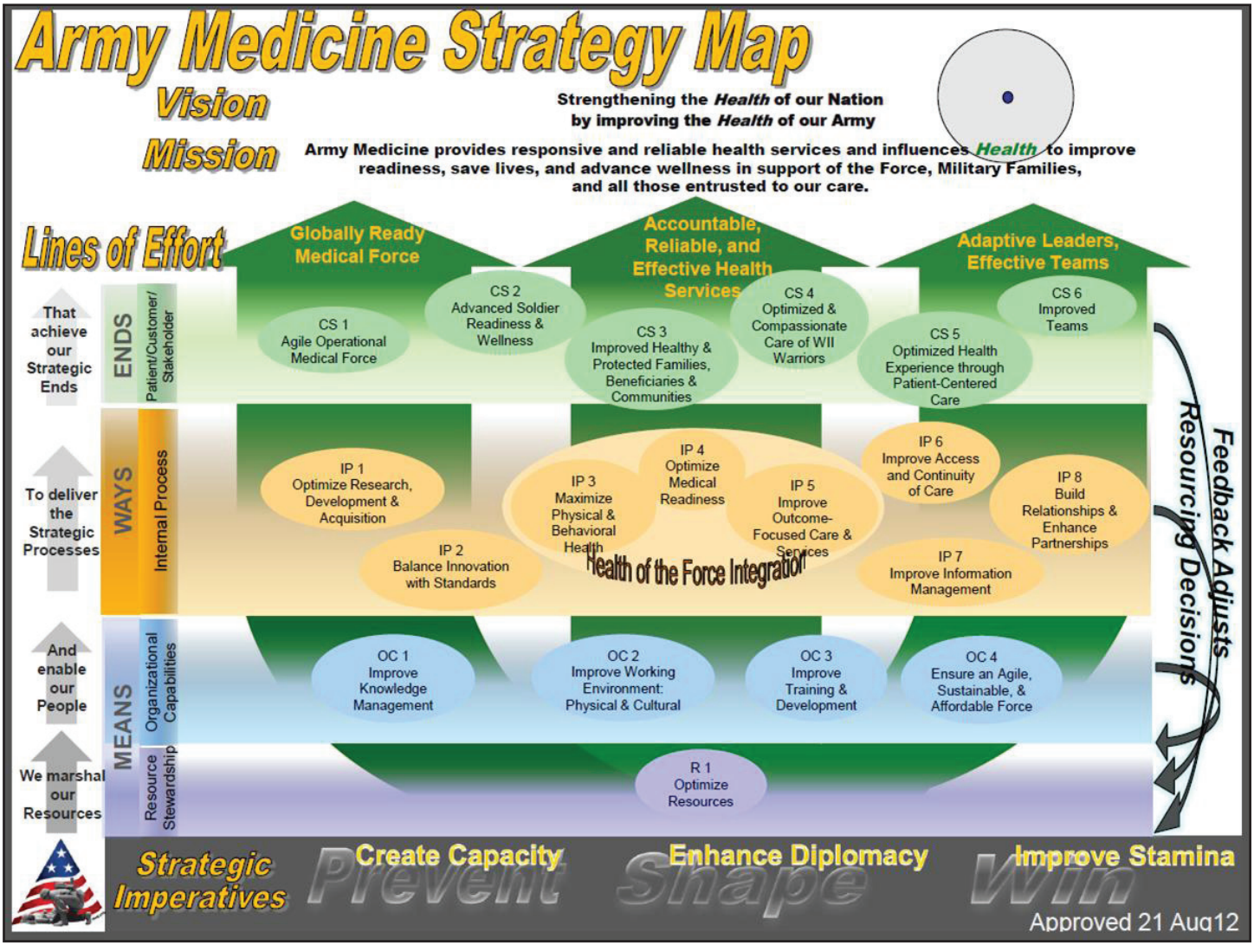
"We are working very hard to make sure that the results are communicated to all service members and employees throughout the Command," said Lt. Col. Thomas Davenport,
Chief, Force Management Division, Human Resources Directorate.
"It is important that employees know their opinions have been heard – both positive and negative, and that they are seeing actions being taken to address opportunities for improvement identified in the survey."

Davenport and his team are working with the Directorate of Communications to implement a communications plan to disseminate results broadly and successively across MEDCOM. Because the team recognizes the importance of regular employee comments, an anonymous feedback option for employees to provide ideas throughout the year is also being established.

MEDCOM Speaks!, which replaced the previous Command Climate survey, is conducted three times a year to collect and report on MEDCOM employees' attitudes and perceptions about the MEDCOM overall, their organization's Command, their immediate supervisor, and their job to identify root causes of dissatisfaction or disengagement, and to implement initiatives that will appeal to dissatisfied or disengaged employees. All service members and civilian employees (excluding contract personnel) are invited to complete the survey annually, and all responses are confidential. Survey results are presented to TSG and other senior leaders each quarter, and the survey results are being integrated into Balanced Scorecard initiatives to ensure planned improvements are tracked.

"TSG and our senior leaders are truly committed to increasing employee engagement. An engaged and proactive workforce is an absolute necessity as we prepare to meet the demands of a changing health care environment," Davenport said. "MEDCOM Speaks! has become more integrated into the Army Medicine culture since it was formally launched in 2011, and we want to make sure that all employees hear about the results, see improvements being made, and be able to provide feedback on a regular basis. Making sure that we have processes in place to dialogue with employees will continue to be a priority."

Army Medicine's new Strategy Map, vision, mission



Army ready with vaccine for flu season

By J.D. Leipold
Army News Service

WASHINGTON-- The Army has ordered nearly 2 million doses of vaccine to immunize all Soldiers, their Families, Civilian employees and retirees for the upcoming flu season.

The vaccinations will be available at most installations in October, but each medical facility will set its own schedule for distribution.

Seasonal influenza can start as early as October and run as late as May, but it generally peaks between January and March, according to the Centers for Disease Control and Prevention. The CDC cautions that new flu viruses can appear which could lengthen the season -- though that's not expected for 2012-2013.

The Army expects to have 90 percent of the force vaccinated by Dec. 17, according to Col. Richard Looney, director of the Army Military Vaccination Program. He said vaccinations would be available at installations as soon as it's received and until the supply runs out or expires.

"Regardless of previous vaccination history, routine annual influenza vaccination is recommended for all persons age six months and older," Looney said. "Several studies have demonstrated that post-vaccination immunity declines over the course of a year, thus, annual vaccination is recommended for optimal protection against influenza."

All Soldiers, including active duty, Reserve, and National Guard, are required to be vaccinated against influenza annually. The vaccine will be available at many locations later this month. (Photo by Spc. Howard Alperin)

Looney said about two-thirds of the Army's order for 2012 consists of vaccine that's given through intramuscular injection and the remaining third of the order is the type administered via nasal spray.

The dominant influenza strain for the upcoming flu season remains the H1N1 strain from 2009, Looney said, adding that due to outstanding efforts and immunization campaigns of the past few years, people are more aware and likely to be adequately protected during the height of flu season.

Immunization rates climb every year, and Looney said he sees no reason why that trend won't continue. An annual average of 25 million reported cases, 36,000 deaths and 226,000 hospitalizations occur each year in the U.S. due to influenza infections.

"Immunization is the very best protection against disease and related complications," Looney said. "Vaccines are safe and effective, and have saved more lives than any other medical measure in history."

People who should not be vaccinated against the flu without first consulting their physicians include:

• People with severe allergies to chicken eggs

• People who have previously suffered severe reactions to influenza vaccinations

• People with a history of Guillain-Barre syndrome

• Children younger than six months of age

Vaccination is especially important for the following, in order to decrease the risk of illness:

• Pregnant women

• Children younger than age 5 and especially children under age 2

• People 65 years of age and older

• American Indians and Alaskan natives

• People of any age with certain chronic medical conditions

Flu vaccinations will be available at no cost to beneficiaries from any TRICARE-authorized provider or at any participating pharmacies. To find a participating pharmacy, call 1-877-363-1303 or go to http://www.express-scripts.com/TRICARE/pharmacy/.

Dry Skin: Stop that itching

By Linda Vo
USAPHC

Do you have the sort of dry, itchy skin that makes you feel like you're infested with fleas, that keeps you awake at night and miserably raking your skin with a back scratcher?

If the itching wasn't bad enough, a dry skin problem can be more than just a superficial issue. You could be giving all sorts of bacteria a way in that can lead to more serious problems. Let's put down the back scratcher and figure out whats really causes dry skin.

Dry skin is a common condition that can be annoying, uncomfortable and sometimes painful when left untreated. It can result in itching and scratching or roughness and/or red patches, which can be unattractive and bothersome. In worse cases, dry skin can lead to skin diseases (for example, eczema), severe inflammations of the hair follicles (folliculitis) and skin tissues (cellulites), or even infections when the skin is broken by excessive scratching.

What causes dry skin? Healthy normal skin has a thin layer of natural fatty substances that lock in moisture, leaving the skin soft and supple. Dry skin is a condition where these fatty oils are deficient, damaged or stripped away, and skin loses its moisture. Soldiers are most likely to experience dry skin when they are exposed to extreme weather conditions.

The following environmental exposures generally cause dry skin:

• During low humidity, cold harsh weather or dry hot weather, dry air draws the moisture out of the skin.

• Prolonged exposures, such as taking too many or too long showers or baths, can wash away the skin's natural fatty oils. Also, the evaporation of the water after taking long, hot showers or baths causes the skin to dry.

• The use of harsh soap or chemical cleansers, the overuse of sanitizers and cleaning agents such as rubbing alcohol, or rigorous scrubbing of the skin can strip away the skin's natural fatty oils.

In addition, dry skin can be a side effect of certain medications or be a symptom for a variety of medical conditions, such as heatstroke, diabetes, hypothyroidism, hyperthyroidism, allergies, infections, hypertension or high cholesterol. The lack of essential nutrients (malnutrition) or dehydration can also deprive the skin of healthy normal skin substances.

How to care for and prevent dry skin? Immediate short-term skin care practices to reduce dry skin include:

• Apply moisturizer or an oily substance (such as petroleum jelly) when the skin is damp (for example, after showers).

• Use more mild moisturizers with no perfumes or alcohol.

• Use lukewarm water for washing instead of hot water.

• Decrease the number of showers or baths.

• Avoid rigorous scrubbing of the skin.

• Use a humidifier to increase the moisture in the air.

Military couple avert Soldier's suicide attempt

Story and photo by Rick Scavetta
IMCOM Public Affairs

KAISERSLAUTERN, Germany-- One evening in late July, military police called Sgt. 1st Class Danny Licciardi saying that a Soldier whom he knew needed help.

The Soldier had called stateside, telling friends goodbye. Fortunately, those friends called Military OneSource, a service that counsels Soldiers and families during difficult times. They alerted military police in Kaiserslautern -- but they didn't know where to look.

Licciardi, the noncommissioned officer in charge of the garrison's religious support office, tried the Soldier's cell phone. No answer. He and his wife, Charlene, got into their car -- not knowing where to go. Licciardi called again, and again, and again. After 15 calls, he heard the Soldier answer in slurred words.

"Don't hang up," Licciardi said. "Stay on the line."

An hour earlier, the Soldier had parked in an isolated area and overdosed on pills. Barely conscious, the Soldier could not tell Licciardi where the car was. Time was running out. If Licciardi couldn't keep the Soldier awake and figure out where the car was, it might be too late. That's when suicide prevention training kicked in, he said, allowing him to stay focused.

"Danny was very calm, totally in control. I was really impressed," said Charlene Sanchez-Licciardi, who works at the garrison's Army Community Service. "We had to ask leading questions because we did know where the Soldier was."

Training and suicide prevention awareness information helped the Licciardis as they drove along a wooded road behind Ramstein Air Base. Nerve wracking minutes passed as they kept the Soldier talking.

"Stay awake," he told the Soldier. "Don't close your eyes."

Danny had an idea where the Soldier was. Meanwhile, Charlene called the military police -- telling them about the pills and Soldier's relative location. Out of the corner of his eye, using what Charlene described as a "sixth sense," Danny spotted the Soldier's car.

Sgt. 1st Class Danny Licciardi and his wife Charlene were recently recognized for having saved the life of a Soldier who had attempted suicide.

"When we got there it was even more nerve wracking," Danny Licciardi said. "The MPs and the ambulance arrived about five minutes later."

The Soldier was taken to Landstuhl Regional Medical Center and afterward went to the U.S. for further treatment. For their efforts, the Army's Installation Management Command recently recognized the Licciardis as heroes. During a teleconference, Joe Capps, IMCOM's executive director, told the Licciardis how proud the command was of their dedication.

"What distinguishes a great leader is that they intimately involved and care about Soldiers," Capps said. "They do not let time or distance stand between them and the people they lead. The Army owes you a lot for that type of leadership."

Resiliency required for successful Soldiers

By Spc. Jennifer Andersson
159th Combat Aviation Brigade Public Affairs

FORT CAMPBELL, Ky. - Soldiers are not just in the Army - they are the Army, and when they overcome personal hurdles, the Army is that much stronger from it.

Resiliency training is just one part of the Army's holistic, multi-disciplinary approach to suicide prevention. Discussing theories and practical techniques to integrate into every day activities provides Soldiers and their Families essential tools for success.

"Soldier resiliency is a Soldier's ability to bounce back from adverse situations much wiser, stronger, and better equipped," said Capt. Vincent L. Hardy, the chaplain for 7th Squadron, 17th Cavalry Regiment. "Each experience shows a person a new facet about themselves and it brings out new coping mechanisms. The bottom line is that the information, if utilized, can help a person or Family unit bounce back from adversity wiser and stronger."

Resiliency training for Soldiers is just as essential as any other military training. It all leads to staying fit and mission-ready.

A Soldier's ability to concentrate on the mission and bounce back no matter what obstacle presents itself is critical, said Deidra D. Davis, the Family Readiness Support Assistant for 7th Sqdn., 17th Cav. Rgt.

"Resiliency is about being smart and economical in how we deal with adversity," Hardy said. "For example, a Soldier can deal with an enormous work load by breaking down each task into smaller bite-size tasks. The smaller bite sized tasks can eliminate the feeling of being overwhelmed."

A few of the other programs the Army employs to build resiliency are the suicide prevention training and Strong Bonds retreats for Families as well as single Soldiers.

"The points learned from the training such as ACE [Ask, Care, Escort] can help Family members that are dealing with a potential suicide within their Family unit," Hardy said. "The Strong Bonds training can help Family members develop direction for their Family unit along with opening up the doors of communication."

Strong Bonds allows Family members to play a more active role in Soldier resiliency from a different angle.

"Strong Bonds is an additional tool to give both the [Soldier and Families] structured classes on a range of topics that build their communication skills, stress management, and parenting skills," Davis said.

Trainings and retreats are not a Soldier's only resources. Soldiers who wish to seek help may do so using their chain of command, keeping in mind that asking for help shows courage and responsibility. The Army has several outlets available for additional assistance, including chaplains, Military OneSource and Army Community Services, just to name a few.

WBAMC sets sights on laser eye clinic

Story and photo by Jennifer Clampet
WBAMC Public Affairs

FORT BLISS, TEXAS -- It's no guarantee that they won't need glasses.

But laser eye surgery has Army Soldiers lining up for a chance to leave behind their gas mask inserts and enjoy a day at the range without glasses sliding down their sweaty noses.

"There's no such thing as perfect vision," said Frances Sanchez, clinic supervisor of the Warfighter Refractive Eye Surgery Program at William Beaumont Army Medical Center.

And so a laser eye operation is no guarantee of a life without spectacles -- especially as patients age.

"But a large majority of laser-eye surgery patients go on to function without glasses," said Lt. Col. Daniel Washburn, chief of the WRESP at William Beaumont.

WBAMC is in the process of opening its own Warfighter Refractive Eye Surgery Clinic -- one of a dozen offered to Army personnel throughout the country.

According to Army Medicine, military personnel perform duties in a variety of operational environments that are poorly suited to wearing standard spectacle glasses or contact lenses. Challenging environments include operating complicated sighting systems, wearing protective masks or night vision goggles and working in the rain, mud and sand.

WRESP's were developed to increase combat readiness.

WBAMC's eye surgery clinic will not be fully operational until later this fall. The clinic is currently using a priority list to focus on Soldiers of combat arms units (special operations, infantry, field artillery, air defense, aviation, engineers and armor battalions).

But the state-of-the-art clinic has already attracted Soldiers at Fort Bliss for the surgeries which can correct vision using the latest in laser technology.

A WaveFront system personalizes the advance CustomVue for each patient according to the unique characteristics of his or her eyes. Equipment in the new clinic is used for both Photorefractive Keratectomy (PRK) and Laser Assisted In-Situ Keratomileusis (LASIK) surgery procedures.

PRK is a procedure using excimer laser which reshapes the cornea removing micro-thin layers of tissue from the front of the surface. PRK is the most popular eye laser surgery for Army personnel because the procedure does not require the cutting of a flap as with LASIK eye surgery.

Lt. Col. Daniel Washburn (right) demonstrates how the equipment in the new Warfighter Refractive Eye Surgery Center at William Beaumont Army Medical Center operates as ophthalmology technician Georgina Boisselier lies on the bed.

LASIK is the most popular eye surgery to correct vision problems in the United States. In LASIK a state-of-the-art Intralase IFS laser is used to make a thin flap in the surface of the cornea. The flap is folded back and the doctor then applies the excimer laser beneath the corneal flap reshaping the cornea. The procedure is done as an all-laser LASIK surgery.

All surgical procedures involve risks, said Sanchez. While time in the actual chair during the eye surgery can last as little as 10 to 15 minutes, the pre-operative evaluations and post-operative follow-ups require more time.

"It is in fact a real surgery. We can control many aspects of the surgical procedure, it's up to the soldiers to comply with the strict post-operative instructions to ensure a successful outcome and proper healing," Sanchez said.

After a laser eye surgery, a Soldier is placed on convalescent leave automatically for 6 days. Soldiers are provided with a profile including the following restrictions:

•For one year sunglasses must be worn outside at all times.

•For one month may not do the following: swim, wear pro-mask or face paint, field duty, staff duty, organized PT, drive military vehicle, work in sunny/windy/dusty area, fire weapon, contact/combat activities, tactical/night operations, receive small pox vaccine.

Soldiers are also expected to keep all scheduled appointments, which are as follows:

•Initial eye exam- up to half a day

•Surgery -- 6 days convalescent leave

•Post-op exams: Day after surgery, at 1 week, 1 month, 3 months, 6 months, 12 months.

This mission-readiness program -- meaning it is not an entitlement program -- is open to all active duty Army personnel. However, as clinics such as the one at WBAMC first open, WRESPs are setting strict criteria for those who can receive laser surgery -- hence, the current restriction to limit surgeries at WBAMC to Soldiers of combat arms units. These restrictions are expected to be lifted shortly after the clinic becomes fully operational.

Laser eye surgery also includes another priority list of requirements including:

•Must be 21 years of age.

•Must have at least 18 months of active duty status after surgery under current service obligations.

•Must have at least three months stabilization after surgery at current duty station with no permanent change of station, schools or deployments.

•Soldier must not be pending any adverse personnel actions (i.e. chapter, flag, medical board, UCMJ). Personnel with any pending adverse actions are not eligible for surgery.

•No contact lenses in eyes for a minimum of 30 days for soft.

•Females must not be pregnant or nursing 6 months before or after refractive eye surgery as it could adversely impact the surgical result.

Appointments are not made until all requirements have been met. Soldiers also have to fill out a history questionnaire and obtain their commander's authorization. Commander's authorization is only valid for 90 days from the date it was signed.

New Walter Reed Bethesda chief of staff "Here to serve"

By Sharon Renee Taylor
WRNMMC Public Affairs

BETHESDA, Md.-- Army Col. Ramona M. Fiorey joined Walter Reed National Military Medical Center (WRNMMC) July 5 as only the second Chief of Staff appointed to the nation's flagship military treatment facility.

"This is an honor that very few people have this position, in this place, at this time," she explained. "I'm here to serve: patients and staff."

The Georgia-native who grew up on a farm outside of Macon earned two nursing degrees and a graduate degree in Public Health. She spent 10 years as a civilian nurse and Army wife before donning the uniform herself as a Soldier in 1987.

"And I never looked back. Wish I'd done it 10 years before," said Fiorey, who credits her civilian experience for contributing to the success of her military career.

Her 25 years of service in uniform includes assignments at Bassett Army Community Hospital, Fort Wainwright, Alaska; Madigan Army Medical Center, Fort Lewis, Wash.; Tripler Army Medical Center, Hawaii; Blanchfield Army Community Hospital, Fort Campbell, Ky.; and Womack Army Medical Center, Fort Bragg, N.C. Most recently, she led as commanding officer of Moncrief Army Community Hospital at Fort Jackson, S.C. before her assignment to WRNMMC.

Fiorey called WRNMMC a window to the next generation in the evolution of military medicine. "We are looking into the face of the future of military medicine," the nurse explained. "We do miraculous care here."

With a self-described management style she called "collaborative," she cited the tremendous energy of the staff.

"There is incredible talent in this hospital," said Fiorey, who believes staff members want to continue to excel, as well as have a say in what their work environment is like. The chief of staff said the new strategic plan presented in an Aug. 28 kick-off provides workers with that opportunity.


Col. Ramona Fiorey

The medical center leader, big on accountability "that starts at the top, goes all the way down, and back up again," said her goal is to ensure patients have confidence that they are getting the best care that can be given, not just in a military facility but anywhere.

"For every patient who comes here, every time when they enter the building, when they pick up the phone to make that appointment they have absolute confidence," Fiorey said. "And when they walk into this building they feel the aura that this is world-class medicine. This looks like, feels like, smells like every sense they have tells them that this is world-class medicine and every staff member thinks when they come to work every day that this is the best place in the world to work: that they would not work anywhere else."

Fiorey said the medical center has the opportunity to build upon the legacy and reputation built by both the former Walter Reed Army Medical Center and the National Naval Medical Center before they integrated to form WRNMMC more than a year ago.

Warriors participate in underwater therapy

By Ed Drohan
ERMC Public Affairs

HEIDELBERG, Germany – Staying underwater for long periods of time isn't something that comes naturally to most people. Add to that the anxiety or panic issues that are sometimes symptoms of post traumatic stress and scuba diving can be downright intimidating.

That's not how the Warrior Transition Battalion-Europe and the Wounded Warrior Project look at it, though. To them, helping Warriors in Transition find the strength to push past those issues – many of which are combat stress related – is a form of underwater therapy.

"They are reminded to trust their equipment and practice controlled breathing, and from there we connect the dots," said WTB-E Social Worker Eileen Pawloski. "We show them that if they can do this, if they can learn to control their breathing scuba diving they can control their breathing during a panic attack. If they can confront their fear underwater, they can confront fear in a large crowd for example."

The scuba class took place at Hambachtal Holiday Resort northwest of Baumholder, Germany, and was one part of the WWP's Project Odyssey. Named after Homer's epic poem about overcoming adversity and finding the way home, Project Odyssey seeks to help Soldiers overcome combat stress through outdoor activities shepherded by project staff and trained counselors, or, as the WWP web site puts it, "Using nature and recreation to heal."


Warriors in Transition from Warrior Transition Battalion-Europe participate in scuba diving at the Hambachtal Holiday Resort as part of the Wounded Warrior Project's Project Odyssey. (Photo by Staff Sgt. Michael Mattice)

For three days Warriors in Transition participated in a high ropes course, canoeing, kayaking, hiking and other outdoor activities, but it was the diving event at the resort's pool that was a highlight – if a somewhat anxious one – for most.

WTB-E has been participating in Project Odyssey for more than a year now, Pawloski said, with 10 transitioning Warriors able to take part in each session. Pawloski said she usually has quite a few volunteers from the battalion's three companies for each session, but that wasn't always the case.

"The first time we did this in June 2011 there was a lot of hesitation" on the part of the Warriors, Pawloski said. "It was hard to get them sold on trying it out. By the end of the first one they were totally turned around."

Word of mouth has taken it from there so that now the social worker has no problem filling slots for the sessions.

"It thrills me a lot," she said. "I'm a firm believer that talk therapy and medication management are important, but programs like Project Odyssey enhance their treatment by teaching them to use coping techniques in their environment."

CANCER from P1

sive to what is currently happening in the research community. Over the years, the BCRP has created and introduced unique funding mechanisms to support a broad portfolio of research and training awards that have transformed the breast cancer field. The BCRP challenges scientists to pursue high-risk, high-reward research that has the potential to make major leaps to eradicate the disease. The program is committed to supporting new, innovative ideas that reflect new discoveries and could lead to breakthroughs. The BCRP also promotes synergistic collaborations across disciplines and integrates scientists and consumers in unique research partnerships.

During the past 20 years, the DoD Breast Cancer Research Program has funded over 6,100 research awards and brought forward new diagnostics, therapeutic drugs, mammography registries for surveillance, improved website information, advances in identification of genetic bio-markers, and therapeutic development using nanotechnology.

Early detection of the breast cancer can provide early treatment for the service member and or their beneficiaries. For those women diagnosed with localized (stage 1) breast cancer there is over a 98% probability that they will survive 5 or more years. Lowering the risk of death from breast cancer for service members and their beneficiaries contributes to the readiness and well being of those who serve.

For more information visit: **http://cdmrp.army.mil/bcrp/default.shtml**

NFL, Army both work to combat traumatic brain injury

By Dave Vergun
Army News Service

WEST POINT, N.Y.-- The Army and National Football League are both working to improve awareness of traumatic brain injury and further research into its causes, prevention and treatment.

The top leaders of both organizations -- Army Chief of Staff Gen. Ray Odierno and NFL Commissioner Roger Goodell -- met at the U.S. Military Academy Thursday to discuss the issue and sign a letter of agreement to continue sharing resources to combat TBI.

They were joined by a panel of Soldiers and retired NFL players who have had concussions while serving on the battlefield and the playing field. Also, about 200 cadets attended, as well as representatives from Army medicine.

Odierno explained how some of the best traits in Soldiers can sometimes hinder many from seeking help following concussions: "Mental and physical toughness, discipline, team over self and stressing the importance of resilience are fundamental to the cultures of both the NFL and the Army. We have the Warrior Ethos, reinforced by the Soldier's Creed," said Odierno.

"While commendable and essential to what we do, these traits make it particularly difficult for individuals to come forward and identify physical and mental issues, especially mental," he continued. "We are seeking to educate both players and Soldiers about TBI, to empower them to seek treatment both on the battlefield and playing field."

The Army and NFL are continuing the dialogue and sharing of research on TBI, said Odierno, citing examples of joint efforts at monitoring TBI, including placing special sensors in the helmets of both Soldiers and NFL players, which can detect a possible concussion following trauma to the head.

Both NFL players and Soldiers are now coordinating strategies and using special types of tests to determine if a concussion has occurred, added Dr. Richard Ellenbogen, chair, Department of Neurological Surgery, University of Washington. He expects research to continue to reduce TBI.

The NFL commissioner then addressed the cadets. "You are the future leaders of Army," he told them. "Together, we can make a big difference, sharing medical research, and helping players and fighters and bringing a greater awareness to society as well. I believe we can change our cultures, with athletes and Soldiers sharing their experiences."

The cultural shift to which Goodell was referring is the reluctance of many football players and Soldiers to ask for help after receiving concussions.

"Sometimes the NCOs must make the decision for the Soldiers and not penalize them," said Staff Sgt. Shawn Hibbard, addressing the reluctance of many Soldiers to seek help on their own. "When I got blown up I felt like, 'hey, I'm mentally still in the fight.' That NCO must check those injured and remove them from the fight so they can get better." Hibbard suffered concussions during recent combat operations, but was reluctant to seek help.

Goodell said that old school mentality of not asking for help will no longer be tolerated. He stressed the importance of accountability. "Myself, the coaches and other members of this organization have a responsibility to make the lives of players better, both on and off the field," he said, adding that he hopes those in other sports -- especially young athletes -- get the message and provide proper leadership and supervision.

"We need to learn to rely on the players to do the right thing; to raise their hand if they need help or ask others to seek assistance," he said. "Someone needs to say 'hey, you're not feeling too well,' and allow medical personnel to make the call whether to stay in the game. The coaches or players should not make that call. You can play smart as well as tough. Seeking help is playing smart."

The commissioner said he's not satisfied that enough progress has been made. "We're not going to stop; we're going to continue, we're going to make a difference."

Odierno concurred that more has to be done, despite recent policies and directives designed to protect the health of Soldiers.

Directive-Type Memorandum 09-033, for instance, stipulates that Soldiers have a minimum of 24 hours of downtime and get a medical clearance before returning to duty following a blast or vehicle incident.

Maj. Sarah Goldman, program director of Army Traumatic Brain Injury at the Office of the Surgeon General, Rehabilitation and Reintegration Division, emphasized that seeking help more often than not does not take a Soldier "out of the fight." She said more than 13,000 service members sustained some form of concussion since 2010 and 95 percent were returned to duty.

"I worry about our leaders more than anyone else. They're the ones who feel the burden of leadership and responsibility. They're the ones who won't take themselves out of the fight. I'm asking that leaders look after leaders," he implored. "First sergeants looking after NCOs, sergeants major looking after commanders, senior commanders looking out for junior commanders. We've got to have a bond to take care of each other."

"Having played football and been the senior commander in Iraq for almost five years, I've personally seen the impact of traumatic brain injury," said Odierno. "Roger and I got together on several occasions. He's passionate about taking care of his players. Our organizations make a really good match. I'm excited."

Odierno said he hopes the initiative helps both Soldiers and football players.

AROUND ARMY MEDICINE

1. Rooted on by teammate and coworker 2nd Lt. Amy Belaus, Master Sgt. Clarance Jones, both assigned to the 308th Brigade Support Battalion, 17th Fires Brigade, performs a set number of pull-ups during a five-day course by the Comprehensive Soldier Fitness-Performance and Resilience Enhancement Program on Joint Base Lewis-McChord, Wash., that seeks to enhance leaders through mental skill sets. (Photo by Sgt. Christopher M. Gaylord)

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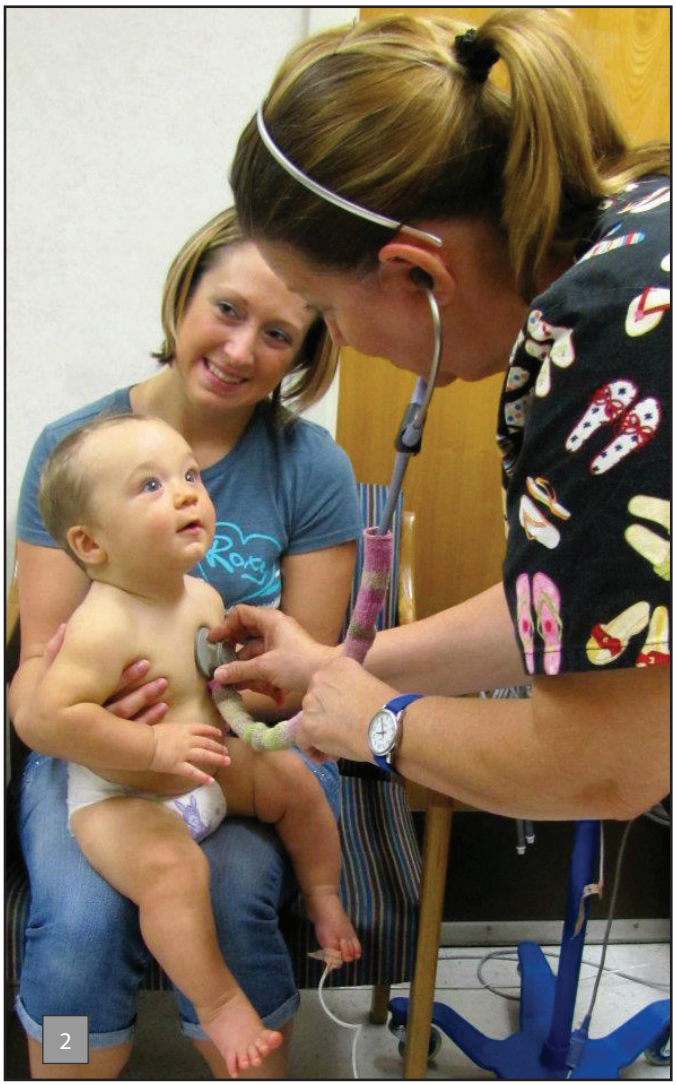
2. During a recent visit to McDonald Army Health Center, Sabrina O'Kane brings her son, Soren, into the Pediatrics Clinic for a routine check-up. Pediatrics is one of four primary care clinics that will offer Patient Centered Medical Home services -- a new model of healthcare that has been adopted throughout the military healthcare system. (Photo by Marlon J. Martin)

3. BG John Poppe, Assistant Surgeon General (Force Projection) and Chief, US Army Veterinary Corps, stands with Ryan Newman, driver of the Army Medicine #39 NASCAR. (Courtesy photo)

4. Soldiers from the 325th Combat Support Hospital, 139th Medical Brigade, 807th Medical Command (Deployment Support), work on patients in a mass casualty exercise for disaster relief in Sagamihara Japan, during U.S. Army Pacific's Medical Exercise 2012. (Photo by SFC Rodney Jackson)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