



## Suicide Prevention: A Healthy Force is a Ready Force

By Kirk Frady

*MEDCOM Public Affairs*

The Army has designated September as Suicide Prevention Month and joins our Nation in observing National Suicide Prevention Week September 10-14 and World Suicide Prevention Day September 10. The Army will expand its observance with events occurring during the entire month of September, focusing efforts on total Army Family well-being, resilience, stigma reduction, and positive results achieved by getting involved and reaching out for help.

“We are committed to every Soldier and our efforts are focused on prevention well before the individual chooses suicide as their only option,” said Lt. Gen. Patricia D. Horoho, Army Surgeon General and Commander of the U.S. Army Medical Command.

To reduce the number of suicides, the Army is taking a holistic approach to health promotion, risk reduction, and suicide prevention. It takes into account the challenges derived from financial, relationship, legal, substance abuse, and medical issues. The Army has partnered with the National Institute of Mental Health (NIMH) to conduct the largest behavioral health study of risk and resilience factors among military personnel.

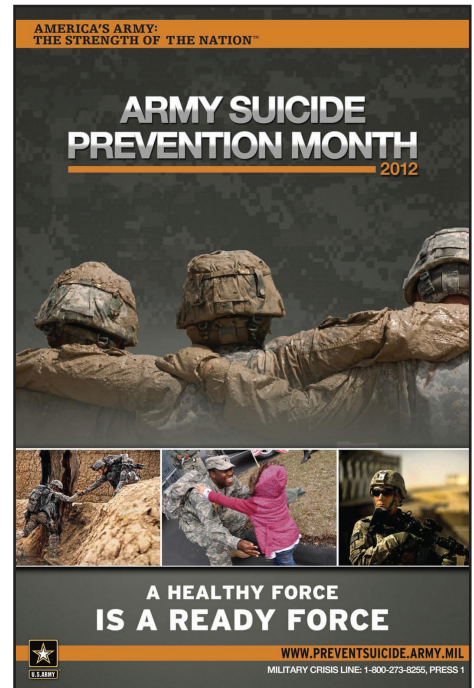
Agencies and organizations throughout the Army are planning appropriate educational activities to observe the Army’s Suicide Prevention Month. The Department of the Army will sponsor a health fair in the Pentagon Courtyard September 12-13, with representation from various government and non-government agencies. Similar activities will occur throughout the Army. Former NFL player, Herschel Walker, will attend the health fair to share his testimony with attendees. A Suicide Prevention webpage has been established on the Army Suicide Prevention website to facilitate suicide pre-

vention training and resource needs. Public Service Announcements with senior leaders’ messaging have been developed and disseminated throughout the Army to support Army leaders. A Stand Down has been directed by the Army Vice Chief of Staff for September 27. The theme for the Stand Down is “Shoulder to Shoulder, We Stand up for Life.”

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.”

Defeating suicide will take active involvement from everyone. Civilian and military research on suicide has demonstrated that it is a complex phenomenon which defies easy solutions. The Army has expanded access to services and programs to help Soldiers and Family members improve their ability to cope with the stresses associated with military service (i.e. separation, deployments, financial pressures, etc.). The increased utilization of these services indicates that Soldiers and Families are using these programs. For example, the number of Soldiers that have been seen in behavioral health clinics has steadily increased over the past five years, the total number of behavioral health clinic visits increased, and the number of Soldiers that participate in Strong Bonds marital retreats has increased. These types of programs are geared towards getting the Army out “in front” of the suicide, and will ultimately help lower suicide rates.

“Despite the tough enemies our Army encountered in Iraq and Afghanistan, suicide is the toughest enemy we’ve faced...and, I’m confident we will defeat this enemy,” said Dr. Joseph Westphal, Under Secretary of the Army. “I’ve served as a senior leader in the Army and various capacities, across



several administrations, and I have never seen a challenge that, when Army leadership put their minds to it, they weren’t able to address it successfully.”

Stigma towards seeking behavioral health support is a national problem which the Army takes very seriously. Numerous surveys indicate that some Soldiers are reluctant to seek help because they view it as a sign of weakness, or they believe their leaders will view it as a sign of weakness. However, over the past several years there has been a decrease in the percentage of Soldiers that hold these views. At the same time, the number of Soldiers who are using treatment programs such as behavioral health and substance abuse has steadily increased which indicates Soldiers are overcoming those stigma barriers. It will take time to change this culture, but through actions and example, Army leaders are beginning that transformation.

Army leaders have developed and

See **SUICIDE P11**

# THE MERCURY

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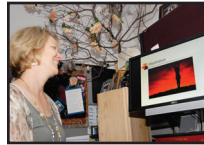
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## INSIDE THE BUBBLES: Understanding the balanced scorecard

Throughout the Mercury, our readers will notice interactive bubbles connecting issues and topics to the Army Medicine Balanced Scorecard (BSC). The BSC 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 [armymedicine.mil/about/BalancedScorecard.pdf](http://armymedicine.mil/about/BalancedScorecard.pdf).

# LRMC receives 2012 VFW Armed Forces Award

By **Chuck D. Roberts**  
LRMC Public Affairs

LANDSTUHL REGIONAL MEDICAL CENTER, Germany -- Landstuhl Regional Medical Center (LRMC) joined the ranks of Lt. Gen. Colin L. Powell, The Prisoners of War (in absentia), and Brig. Gen. (Dr.) Rhonda L. Cornum on July 23 when it received the 2012 Veterans of Foreign Wars Armed Forces Award.

The award is presented annually by the VFW to recognize extraordinary achievement by members of the Armed Forces in such a manner to reflect the highest traditions of service to the Armed Forces, the Nation, and to its national security.

In presenting the award at its 113th National Convention, Richard L. DeNoyer, Commander-In-Chief of the VFW, acknowledged the selfless service and sacrifice of the LRMC staff as shown by previous award recipients such as Cornum, who became an Iraqi prisoner of war after her Blackhawk helicopter was shot down during a Feb. 1991 search and rescue mission for the pilot of a downed F-16 during the Gulf War. Cornum received the award in 2009, Powell in 1988, and The Prisoners of War (in absentia) in 1971.

“Taking care of the wounded and sick is not an easy task, and we know how taxing that can be on a caregiver,” said DeNoyer. “The VFW holds Landstuhl and its staff in the highest regard for their steadfast efforts, and we hope this expresses our gratitude to all that are involved in their immensely important operation. Landstuhl Regional Medical Center provides our American communities with hope and optimism with every Service member they are able to send home safely to their Families, and for that we in the VFW, and indeed all of America, are grateful.”

“We also thank you for your outstanding contributions to our nation and for your dedication to the health and well-being of United States Service members. The unwavering and enthusiastic employees and members of Landstuhl Regional Medical Center should be recognized for their tremendous efforts, and we hope they know how essential they are to the survival and the spirits of America’s finest and their love ones at home.”

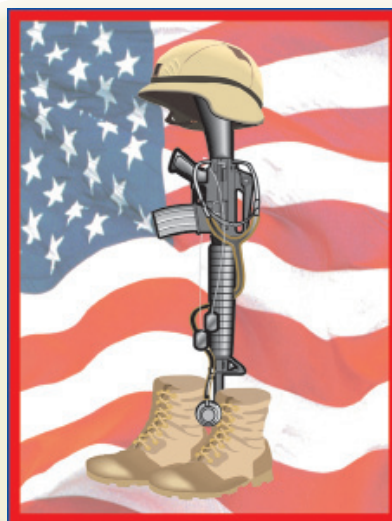
In receiving the award, Col. Barbara Holcomb, LRMC commander, acknowledged the continued tremendous support the hospital receives from the VFW and



Col. Barbara Holcomb, LRMC Commander, accepts the 2012 VFW Armed Forces Award from Richard L. DeNoyer, Commander-In-Chief of the Veterans of Foreign Wars of the United States, during the 113th VFW National Convention in Reno, Nevada. (Photo Courtesy VFW)

expressed her great honor in accepting the award on behalf of the LRMC staff, as well as paying homage to the Wounded Warriors they are honored to serve. More than 68,000 U.S. and coalition Service members from Afghanistan and Iraq have been treated at LRMC. Of those, approximately 14,000 -- the equivalency of about 20 battalions -- have been able to return to duty.

“They want to know how is my buddy and how soon can I go back,” said Holcomb of the response she most often hears while visiting Wounded Soldiers. “We have a tremendous Armed Forces and these young men and women that come through truly love what they’re doing and love supporting the nation and fighting for what they believe in and what we all believe in.”



***The last, full  
measure of  
devotion***

SGT Eric E. Williams, 68W,  
July 23, 2012, 3rd Battalion, 82nd  
Combat Aviation Brigade, 82nd Air-  
borne Division

# You posted what on Facebook?

By Ben Sherman  
Fort Sill Cannoneer

FORT SILL, Okla. -- The 2012 Presidential election is less than 90 days away. Political perspectives and opinions are running at a fevered pitch, and many people are more than willing to express their opinions in public.

Often Soldiers and government employees want to get involved with the political process, especially on social media sites. There are, however, a number of things that they need to keep in mind when it comes to being in military or government service and being involved in political activity.

For example, an Army Reservist found himself in deep trouble last year after he took the stage at a Ron Paul campaign event while in uniform to express his support for the candidate. This kind of political activity is prohibited because he was in uniform.

Social media is giving people more opportunities to express their opinions about politics than ever before. A statement can be posted on Facebook, Twitter or other social media sites and be viewed across the country and around the world instantly. Some of these messages are posted on the fly, and not thought out concerning their impact. Soldiers and government employees need to know the rules that apply to such public statements, both on the Internet and other places.

An example of how social media can cause trouble for military personnel involves a Marine who was recently discharged from the Corps because he posted critical and derogatory comments about the president on Facebook. The site failed to indicate that the views being expressed were not the views of the Marine Corps or the Department of Defense. He had previously been warned by the Marine Corps that such sites were a violation of military policy, but he did not heed the warning.

## Social media guidelines

DOD has published guidelines for using social media related to political activities and issues in the "Public Affairs Guidance for Political Campaigns and Elections." Here are highlights of guidance offered by the DOD regarding political activity on social media:

Active-duty Service members may generally express personal views on public issues or political candidates via social media or personal blogs, much like writing a letter to a newspaper.

If the social media page or posts identifies the person as an active-duty Service member, then the page or post should clearly and prominently state that the views expressed do not represent the DOD, or their branch of service.

Active-duty members may become "friends" or "like" a Facebook page, or "follow" the Twitter account of a political party or partisan candidates.

## Active-duty military personnel:

Active-duty members may not engage in any partisan political activity, even on social media sites. Posting of any direct links to political parties, partisan candidates, campaigns, groups or causes is the equivalent of distributing campaign literature on behalf of the individual or party, which is prohibited.

Active-duty members may not post or comment on pages or send "tweets" to political parties or partisan candidates, as such activity is engaging in partisan political activity through a medium sponsored or controlled by political entities.

Active-duty members should not engage in activities that suggest others "like," "friend," or "follow" the political party, partisan political candidate, group or cause, or forward an invitation or solicitation from those political causes.

Active military Service members may be subject to additional restrictions under the Uniform Code of Military Justice governing the use of government resources and communication systems, such as email and the Internet. To learn more see the "Public Affairs Guidance for Political Campaigns and Elections" document: <http://tinyurl.com/d9ovwxh>.

## Hatch Act and political activity

The Hatch Act, originally passed in 1939, applies to federal employees. The Act was amended in 1993 and "permits most federal employees to take an active part in partisan political activities and campaigns. While federal employees are still prohibited from seeking political office in partisan elections, most employees are free to work, while off-duty, on partisan campaigns of candidates of their choice."

The DoD recently published the "Civilian and Military Personnel Participation in Political Activities" guide to educate employees on what is permitted. The basic guideline is contained in DOD Directive 1344.10 "Guidance for Military Personnel" and states:

*"Generally all Service members are prohibited from acting in any manner that gives rise to the inference of endorsement or approval of candidates for political office by DOD or the U.S. military."*

A clear example of this is an active-duty military person wearing their uniform while engaging in political activity, as mentioned earlier. Reservists and Guard members not on active duty have more latitude and may engage in certain political activities, provided they are not in uniform, and do not act in a manner that implies sponsorship or approval of a candidate. Military personnel should avoid any activity that violates this policy.

DOD civilian personnel are covered under similar guidelines for political activities that are directed towards success or failure of a political candidate or party. Government employees are allowed to participate in the same political activities allowed to military personnel, as previously mentioned.

## However, government employees may not:

Participate in any political activity while on duty or in a federal building.

Use the insignia of a government office or any official authority while participating in political activities.

Solicit, accept or receive political contributions, regardless of where these activities take place.

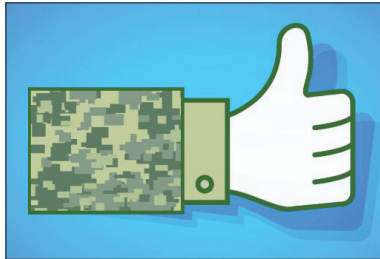
Display campaign posters, buttons, bumper sticker, screen savers or any other campaign materials in a federal building.

Engage in political activities while using a government owned or leased vehicle.

Host a fundraiser for partisan candidates.

Run for public office in a partisan election.

For more information see "Political Activities by Members of the Armed Forces" at <http://tinyurl.com/cv8aup> and "Civilian and Military Personnel Participation in Political Activities" at <http://tinyurl.com/c5bshlw>.



# Fort Carson medical clinic named for fallen medic

By Stacy Neumann  
Evans ACH Public Affairs

FORT CARSON, Colo. -- The Pfc. Eric P. Woods Soldier Family Care Center (SFCC) was dedicated July 27 in honor of a combat medic who made the ultimate sacrifice in Tal Afar, Iraq, in 2005.

The U.S. Army Medical Department Activity hosted Woods' widow Jamie Woods, son Eric Scott, parents, grandparents, and other members of his Iowa-based Family for the ceremony honoring the fallen hero.

While serving with 2nd Squadron, 3rd Armored Cavalry Regiment, Woods went into an area under fire to treat a Soldier shot by a sniper. When leaving the area, their armored ambulance was hit by an improvised explosive device. A team of officers and noncommissioned officers asked that the SFCC building be named for Woods.

His former platoon leader spoke at the memorialization ceremony, describing a confident and dedicated medic whose contribution gave his unit the ability to execute any mission.

"Many Americans have a good understanding that a combat medic is charged with saving lives at point of injury in an austere environment, and Woods excelled in that scenario many times during this tour," said Capt. William Hamrick, now commander of the Warrior Transition Battalion's Company B. "His Family should be honored for the number of sons and fathers he returned home alive."

Woods' father, Charles Woods, wanted the group to understand the man they chose to honor. He described a son "full of life from the very beginning" who was active in sports, church, and adored his wife and child. He also talked about a Soldier dedicated to his craft.

"He took his duty to heart and was always very concerned for the welfare of his guys," said Charles Woods. "He would call home and have us ship things that weren't available to him at the time. We're proud as a Family to see this beautiful medical facility and be there to carry Eric's name on."

Brian Woods spoke about how he was always trying to follow in his older brother's footsteps. He focused on leadership and pride.

## *Sports injuries in the Army: Don't get sidelined*

By Tim Bushman, Phillip Garrett, Keith Hauret, Tyson Grier and Bruce Jones  
USAPHC

Injuries are the biggest health problem in the United States Army and are the leading cause of non-battle injuries and medical evacuations. About 60 percent of Soldiers are injured each year, resulting in a little over 1 million medical visits annually due to musculoskeletal injuries. Roughly half of the Soldiers experiencing an injury were injured due to participation in sports, exercise and recreational activities. As an indicator of the impact of these injuries on Soldiers and unit readiness, 72 percent of Soldiers with an injury had two or more days of limited duty, and nearly 40 percent had 15 or more days of limited duty.

Running alone causes about 50 percent of all sports and activity-related injuries. A review of non-running related sports injuries

demonstrates the most common ones result from basketball (15 percent), weight training (13 percent), football (10 percent), martial arts (9 percent), and softball/baseball (3 percent). The body region most frequently injured in sports and recreational activities is the lower extremity, with the knee making up almost a quarter of all injuries. The ankle follows with (18 percent), back (12 percent), foot (10 percent) and shoulder (9 percent). The most common type of sports injury is sprained joints, with ankle sprains being the most frequent.

Sports medicine literature offers only a few scientifically proven, evidence-based approaches to prevent injuries from sports, exercise and recreation. Some prevention strategies that can be recommended on the basis of scientific evidence include avoidance of overtraining, wearing mouth guards and semi-rigid ankle braces during high-risk activities, wearing synthetic-blend socks to

prevent blisters, and wearing helmets for bicycling, skiing, football, lacrosse, and Army combatives. The use of breakaway bases for softball and baseball has been shown to reduce the risk of ankle injury by 98 percent.

When Soldiers suffer serious injuries such as concussions, fractures, or dislocated joints, they should seek medical treatment and inform unit leadership. Other injuries such as sprains, strains, abrasions, or bruises can be treated with rest, ice, compression and elevation (R.I.C.E.). You must rest to give the injury time to heal (this could take several days or weeks depending on the severity of the injury). Use ice (20 minutes on, 20 minutes off for 4 to 6 hours) to reduce swelling of the affected area and decrease the pain. Compression bandages will help stabilize the joint, and elevating the affected area will help reduce swelling. If pain and swelling persists, seek medical treatment.



1st Lt. Stephen A. O'Hearn hugs Charles Woods, father of Pfc. Eric P. Woods, at the unveiling of a plaque dedicating the Pfc. Eric P. Woods Soldier Family Care Center. O'Hearn was Eric Woods' platoon sergeant in Iraq (Photo by Joel Sundquist)

"He was always in front of the line," Brian Woods said. "He was always striving to be a part of something bigger than himself. I'm proud of my brother for making the tough decision and doing the right thing when the wrong thing would have been so much easier. I'm proud of the way that he served his country as a medic. Once again, he gets to be part of something larger than himself, grander than he could do alone."

Brian Woods went on to say that he felt the building and the people inside embody all of the things he loved about his brother.

Col. John M. McGrath, MEDDAC commander, said that staff will endeavor to prove that the building is worthy of its name.

"We, like Pfc. Woods, have a duty to provide care to our own, in a military Family environment that recognizes the sacrifices and stresses of the Army life. I know that occurs every day in this building," said McGrath.

# Fristoe replaces Dingle at Medical Recruiting Brigade

By Medical Recruiting Brigade

Advertising and Public Affairs Office

Col. Karrie A. Fristoe accepted command of the Medical Recruiting Brigade (MRB) from Col. Raymond “Scott” Dingle in a 9 a.m. ceremony at Fort Knox, Ky., on July 13. Hosted by Brig. Gen. Henry L. Huntley, deputy commander, United States Army Recruiting Command, the ceremony included vehicles from USAREC that are used in recruiting as well as members of the six recruiting battalions and two recruiting branches that are part of the MRB.

Before the change of command ceremony Dingle and Mrs. Sonja Dingle attended an awards ceremony at the gazebo, across from Brooks Field on Fort Knox. Dingle received a Legion of Merit and a U.S. Army Recruiter of Excellence Medallion from Huntley. Huntley said Dingle has been a great teammate, battle buddy and has done much for the entire footprint of this great command. Huntley noted that Dingle had a job that covered more than 18,750 zip codes.

“You’ve done well,” Huntley said to Dingle. “That is something we are all proud of. You have been a wonderful friend to us all and the Army is expecting a lot more from you. When you get there [the National War College, Fort McNair, Washington, D.C.] take advantage of opportunities to spend time with Family and recharge batteries.

Mrs. Dingle was presented with a Recruiting Command Gold Service Award and a Spouse Appreciation Certificate by Huntley.

At the change of command ceremony Soldiers from MRB presented Mrs. Dingle, daughter Morgan Dingle, and niece Danyel Sanders with red roses while son, Ray Dingle, received a special coin. Fristoe’s husband, Col. Jonathan Fristoe, was presented with a mug etched with the MRB insignia, and son Andrew Fristoe received an MRB coin. Fristoe’s mother, Janet Gebhard, was presented with yellow roses.

Following the presentations Huntley, Dingle and Fristoe inspected the formation and then conducted the exchange of organizational colors signifying the passing of command from Dingle to Fristoe. MRB Cmd. Sgt. Major Manuel Atencio, took part in the exchange by receiving the organizational colors from Fristoe in his first act of allegiance to the new commander.

Huntley began his remarks with thanks



Col. Karrie A. Fristoe accepts the Medical Recruiting Brigade organizational colors from Brig. Gen. Henry Huntley, deputy commander, U.S. Army Recruiting Command, in a ceremony on Brooks Field on July 13. Outgoing MRB Commander Col. Raymond Scott Dingle, stands on the right. (Photo by Kimberly Sandoval)

to the 113th Army Band “Dragoons” for their music at the ceremony. He recognized the incoming and outgoing commanders by saying they were both proven professional Soldiers. Huntley thanked Dingle for a job well done, and welcomed Fristoe back to the USAREC Family. (Fristoe commanded the 1st Medical Recruiting Battalion from 2008 to 2010.)

“The brigade mission is a difficult one,” Huntley said, “it covers the entire footprint of USAREC. Scott’s [Dingle] past experience made him a perfect fit with the MRB. He never missed a step in making your mission, our Army’s mission. Sixteen hundred medical professionals accessed this year. He initiated several new Grassroots programs. (An advisory board program for civilian medical professionals to work with the Army.)

“When Scott first meets his Soldiers he gives them a small ball bearing,” Huntley said, “and urges them not to lose their bearing. He has taken care of the Army’s most precious resources – its people, the Soldiers and Civilians of the MRB,” Huntley added.

While MRB is losing a great leader, Huntley remarked, it is receiving another. She (Fristoe) performed superbly as an MRB battalion commander. Huntley welcomed Fristoe back to Fort Knox and said we look forward to your guidance and the

many wonderful talents you bring to the team.

Dingle recognized the outstanding Soldiers of the Highlander Brigade and thanked God for the opportunity to command.

“In reflecting over the past 24 months,” Dingle said, “what comes to mind is not recruiting. Rather I am blessed to have been surrounded with a team that has esprit de corps that is outstanding. I am blessed with wife and family. I am happy and ecstatic to have commanded the Highlander Brigade. Your outstanding service and dedication has truly been exceptional. Highlander 6 signing off the net.”

Fristoe said it is great to be back and thanked the leaders, Soldiers and families for attending. She remarked that the formation looks great and she is looking forward to serving with everyone.

“It’s an honor to take charge of this unit with such a unique mission,” Fristoe said. “It is truly an exciting mission full of challenges and many rewards. I am humbled and truly honored to assume this command. Highlander 6 signing on the net.” Fristoe comes to Fort Knox from Fort Sam Houston, Texas, where she served as executive officer for the U.S. Army Dental Command.”

# Finding the time to quiet the mind

Story and photo by Jennifer Clampet  
WBAMC Public Affairs Office

Dr. Cynthia Hamilton bobs slightly on an exercise ball as she taps out a few key strokes on her computer. Her quirky office chair matches the informal space -- sprawling art hovering over her work station and sounds of bubbling water brimming from a fish tank.

Her office at the Soldier Family Medical Center on Fort Bliss is dark. The shades are closed, and cooling air helps to give the provider a respite away from the fluorescent-lit halls of the clinic.

Hamilton smiles. "This is where it happens," she says.

In this small, dark, cool room is where she leads Soldiers and Family members in group exercises meant to calm the mind.

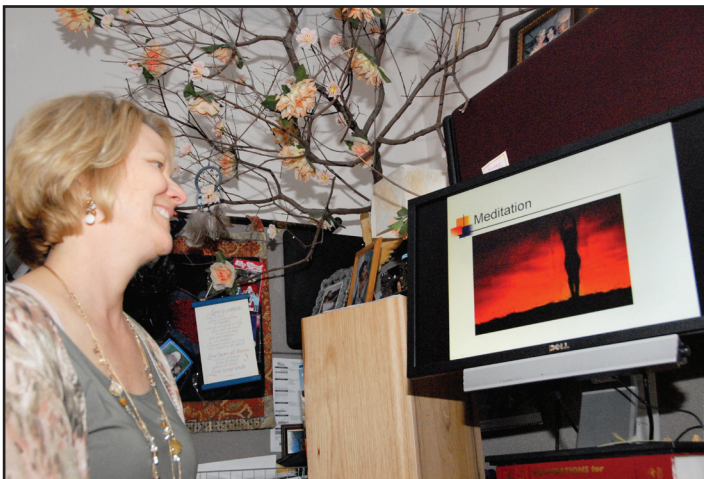
"Just sitting down and relaxing. Just sitting and relaxing," said one Fort Bliss Soldier, a member of a TBI group that meets with Hamilton for mind-body medicine skills.

The most important thing the Soldier took away, he said, was just that: relaxing.

In September, researchers with the U.S. Army Medical Research and Materiel Command and Southeast Louisiana Veterans Health Care System will complete a two-year study on mind-body skill groups. Researchers have been observing how the skill groups -- developed by The Center for Mind-Body Medicine -- affect veterans who experienced stressful war-related situations and who display symptoms of post traumatic stress disorder (PTSD).

Does it improve their symptoms of PTSD, depression and anxiety? Will it help to reduce anger? Does it improve quality of life and quality of sleep? And the big question, will it result in post traumatic growth? These are all questions cited by researchers in the brief summary of the randomized study initiated in September 2010.

Mind-body medicine is a focus on self-care and self-awareness. Conveyed in group settings it includes the use of guided imagery, drawings and writings, self awareness, meditation, breathing exercises, stress management, and bio feedback.



Dr. Cynthia Hamilton looks through a PowerPoint presentation she references for her Mind-Body Medicine Skill groups offered at the Soldier Family Medical Clinic on Fort Bliss.

In her office, Hamilton lays out three sheets of paper with child-like, stick-figure drawings. The images sketched by a skills group member illustrate an internal path of discovery for one Soldier.

The drawing exercise is just one tool Hamilton uses during group.

The family care doctor was trained in the Healing Our Troops program at The Center for Mind-Body Medicine -- an organization established by James Gordon, M.D., who is also a principal investigator on the Army's mind-body skills study.

In the last three years, the Department of Defense and the Army in particular have called for a more holistic approach to medicine in the military.

A 2009 Army Pain Management Task Force, chartered by then Army Surgeon General Lt. Gen. Eric Schoemaker, has seen the establishment of interdisciplinary pain management clinics throughout the Army.

And in June 2011, the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury published "Mind-Body Skills for Regulating the Autonomic Nervous System." The DCOE paper focuses on mind-body health practices.

Though fluid and abstract, the concept of mind-body is based in an emerging science of the autonomic nervous system (ANS). The ANS functions independent of conscious awareness -- i.e. the regulation of organs and system functions that maintain heart rate, blood pressure and perspiration. According to the DCOE, "mounting research over the past three decades suggests a relationship between emotions and changes in the ANS." With two components -- the sympathetic and parasympathetic -- the ANS provides a person with two reactive options.

The sympathetic nervous system (SNS) prepares the body for fight, flee or freeze, and becomes dominant in stressful situations. Physical signs of SNS activation include increased heart rate and raised blood pressure. The parasympathetic nervous system (PNS) prepares the body for rest and digest in relaxing situations. Signs of PNS dominance include decreased heart rate and warm and flushed skin. Stress can occur when either the SNS or PNS is improperly dominant over the other.

The DCOE notes that while most functions of ANS are involuntary, respiration can be directly manipulated. As such, breath is the primary function of the ANS over which humans can exert control.

At Fort Bliss, Hamilton begins every mind-body skills group session with meditation and breathing exercises.

In July, Hamilton began to reach out to Fort Bliss beneficiaries interested in a new way to combat stress, to combat anxiety and to combat the overwhelming emotions that can drag down a person's health.

"It was taking me out of my comfort zone and putting me in a new comfort zone," said one TBI Soldier who opted to attend a second session of the one session a week, 8-week skills group.

The key, said Hamilton, is for group members to realize that they have more control of themselves than they know.

"There is no separating our mind from our body," Hamilton said.

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# JBLM leaders discuss changes to review of disability cases

By Sharon D. Ayala

*Western Regional Medical Command*

JOINT BASE LEWIS-McCHORD, Wash.— Last week, senior leaders from I Corps, the Western Regional Medical Command and Madigan Army Medical Center participated in a press conference to address questions regarding the Army's recent announcement about changes to how Post Traumatic Stress Disorder (PTSD) cases are processed, the reinstatement of Col. Dallas Homas as Commander of Madigan, and the way ahead for the base's medical community.

Lieutenant General Robert B. Brown, commanding general, I Corps and Joint Base Lewis-McChord, opened the August 2 press session by reiterating that his top priority as the senior mission commander is to ensure Service Members and Families are getting access to the care they need, and reduce the stigma associated with seeking behavioral healthcare.

"It is critical as leaders that we reduce the stigma of seeking behavioral health care," Brown said. "There is a stigma out there and it's in our society and the Army. I've seen a big improvement over the years, but we still need to get after this one."

Brown added that the Army wants Soldiers to know they can trust their leaders when they seek help for any issue, but especially behavioral health issues.

"As a commander, your number one concern is always taking care of Soldiers, Airmen and Families -- a promise we take very seriously," Brown said. "A key part of that is providing access to world-class medical care. That's why we do what we do, because we know we're going to get world-class healthcare."

Specifically discussed during the press conference was the discontinuation of forensic techniques as part of the disability evaluation process at Madigan. This change is the result of a comprehensive review of Madigan's disability evaluation system as directed by Secretary of the Army John McHugh, and Army Chief of Staff Gen. Ray Odierno, following concerns that some Soldiers diagnosed with PTSD had that finding changed during a subsequent evaluation at Madigan.

Earlier this year, approximately 425 Soldiers who had their initial PTSD diagnoses changed received notification letters inviting them to Madigan or another military treatment facility, to be re-evaluated. Today,

more than half of those individuals have gone through the re-evaluation process.

Madigan serves a beneficiary population exceeding 100,000, and is one of the premier hospitals and institutions for higher learning in medicine in the Department of Defense inventory. The medical center is an unparalleled educational facility with 34 graduate medical education programs, and is equipped with many resident capabilities that are not available at other military treatment facilities.

This, according to Maj. Gen. Richard Thomas, commanding general, Western Regional Medical Command and chief of the Army Medical Corps, introduced variability in how medical evaluation board cases were evaluated throughout the Army Medical Command.

"What we found is that while patients were able to see forensic psychiatrists here (at Madigan), they didn't always have access to that service at the smaller installations," explained Thomas. "So it introduced some variance in how Soldiers were evaluated for their medical evaluation boards."

In the Army's July 31 press release, General Lloyd Austin, Army vice chief of staff, emphasized that Madigan officials acted in accordance with the standard of practice for civilian disability evaluations, but added that while the evaluation may be fair and appropriate, it's not optimal for the unique cases that the Army diagnoses and reviews.

Thomas told reporters that the Army Medical Command is a learning institution, and in learning how to do things better, it discovered that although a valuable tool, forensic psychiatry was being used to evaluate the regular types of cases for disability evaluations, which is really appropriately done by the general behavioral health practitioner.

"Forensic psychiatry is a valuable tool. They do insanity hearings, disability evaluations, and a lot of other specialized areas of focus for us," Thomas explained.

As an analogy, Thomas said, "I compare them to a surgical instrument – you don't want to use a surgical instrument in all cases, because it's not necessary," he said. "We have to be consistent in our application. As Army doctors, there's one thing we must do to take care of Soldiers -- we have to make sure it's fair and equitable, and we're taking care of them—that's why

we're here."

Over the last 10 years, Army Medicine has made tremendous strides in the science of medicine such as pain management and traumatic brain injuries, all of which have significantly improved the health of the force, their Family members and Retirees.

During the press conference, Thomas said that PTSD and the evolving and emerging science behind diagnosing and treatment of those injuries is what Army Medicine is all about.

"We're advancing the science and our capabilities of making sure our Soldiers get the best medical care possible, especially when it comes to those invisible wounds, such as Post-Traumatic Stress. Eighty percent of Soldiers who have a diagnosis of PTSD are not in a hospital, they're working in our offices and in our formations," said Thomas. "These are Soldiers who are working every day and doing a good job."

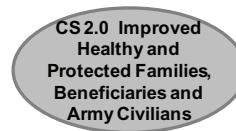
During the Army's three month review, Madigan's commander, Homas was administratively removed from his command position, which is a normal part of the investigational process. However, the press release announced that Homas had been reinstated as Commander of Madigan.

"Col. Homas was temporarily suspended so that we could do a thorough investigation," Brown said. "There was nothing that he did wrong. He's the right leader and we're very excited to have Dallas back in command of Madigan."

Echoing those sentiments, Thomas said, "This is a great day for Army Medicine. It's also a great day for Soldiers and Dallas Homas and his Family. He has my complete faith and confidence and he's the right man to take us forward and to the next level."

Homas said that he is honored and humbled to return to command at Madigan, and is very excited to be back taking care of Soldiers, Airmen, Families and Retirees. He also thanked Col. Michael Heimall for his leadership as acting commander during the last five months.

"Col. Mike Heimall did a great job in my absence and the team is ready and poised to move forward," Homas said. "My pledge to all of you is that I will work tirelessly to ensure that Madigan is delivering the finest care that we are capable of delivering."





## New substance abuse program seeks better outcomes for 'nation's heroes'

By Kristin Ellis  
FBCH Public Affairs

FORT BELVOIR, Va. -- Though an average civilian substance abuser requires six to seven admissions to a treatment facility before achieving sustained sobriety, a new military addictions program at Fort Belvoir Community Hospital aims to expedite that process and yield better, more long-lasting results.

"The military can't wait that long," said Fort Belvoir Community Hospital's Chief of Addiction Medicine Dr. Anthony Dekker. "We need higher success rates, to be cost-efficient, and to serve the mission of the military to maintain the fighting force."

In partnership with Joint Task Force National Capital Region Medical (JTF CapMed), Belvoir Community Hospital launched an intensive Substance Abuse Residential Treatment Program in May for active-duty Service members with alcohol and substance dependent disorders and dual diagnosis disorders such as post-traumatic stress disorder, known as PTSD, and traumatic brain injury, or TBI.

The residential program is the last piece to the comprehensive model aimed at reducing relapse rates, ensuring continuity of care and providing proper oversight to military members in the National Capital Region.

The 20-bed, inpatient section is one of nine departments in Behavioral Health at Belvoir Community Hospital and offers round-the-clock comprehensive care for those in need of the highest level of intervention. In a military population, there is a higher incidence of PTSD, combat trauma, and chronic pain than in the civilian world, and the hospital's residential program specifically addresses those issues.

"We have thought of the adjacencies and integration of the different services from the beginning," said Lt. Col. Jeffrey Yarvis, deputy commander for Behavioral Health. "We're not looking at one piece of the puzzle, we are looking at the whole system so the Warrior is not out there alone and isolated. Occupational therapy, physical therapy, TBI, we all stand shoulder-to-shoulder here."

Prior to the start of this program, Service members with substance abuse disorders would be sent out to civilian treatment centers around the country, making it difficult to monitor their recovery. Joint Task Force CapMed evaluated the current model, the challenges, and designed this program to ensure no Warriors are lost in the system.

For many, the military is like a pseudo Family, explained Maj. Joshua Morganstein, behavioral health officer for JTF CapMed. In a sense, that gets broken when a Service member is removed from his unit. The likelihood of a Service member returning to their unit decreases the farther he is from his command.

"We're keeping people inside the fold here," he said. "The civilian world is vastly different than the world of a Service member. It's not that they don't deliver quality care, but they are unable to reproduce the environment that a military treatment facility can."

By having all aspects of care being met at one place, Service members are treated by a continuous team and don't require an extensive repeat assessment any time the level of care changes. It's in these gaps of time in treatment where accidents and relapses can happen.

Although relapse is expected, by keeping all of the services

in one place the continuum of care can be maintained and Service members won't have to be sent back and forth to different facilities.

"Multiple admissions are the rule, not the exception," Dekker said.

"About 50 percent of civilians will be using drugs or alcohol within the first year after they have completed treatment. The residential treatment facility at Eisenhower Army Medical Center at Fort Gordon, Ga., has a relapse rate of 27 percent," Morganstein said.

"In the military world there is a high level of monitoring, command-directed intervention," Dekker said. "This is not the case in the civilian world. If they had the same level of scrutiny in the civilian world, they would have higher rates of success."

Family and environment also play a big role in relapse and recovery and the Substance Abuse Residential Treatment Program is designed to engage the Family in intervention strategies.

"There is a very subtle but powerful impact on the Family structure," Yarvis said. "Just like you transmit your healthy values, you transmit the toxic."

With the "one team" approach, the command, patient, treatment team, and family all have one objective: successful treatment.

"Treatment is more than just four weeks in a hospital," Dekker said. "It's a commitment to a change in how someone lives. By helping this person become sober, we help them become human again; to live again."

The residential treatment program provides Service members with those tools through evidence-based addiction intervention for successful recovery.

CS 1.0  
Improved  
Healthy and  
Protected  
Warriors



Fort Belvoir Community Hospital launched an intensive Substance Abuse Residential Treatment Program in May as part of the last piece to the comprehensive model aimed at reducing relapse rates in active-duty Service members. The 20-bed, inpatient section is one of nine departments in Behavioral Health at Belvoir Community Hospital and offers round-the-clock comprehensive care for those in need of the highest level of intervention. (Photo by Navy Seaman Tina Staffieri)

# Fort Benning's blood center celebrates grand opening

By Rick Lumzy

ASBP Blood Donor Recruiter

Celebrating the Lt. Col. Eugene R. Sullivan Memorial Blood Center grand opening, ribbon cutting and dedication recently at Fort Benning's Sand Hill were blood donors, community leaders, the command team of the Maneuver Center of Excellence and members of the Sullivan family.

The Armed Services Blood Program opened a fixed site donor center after a year in the making. The new center is a state-of-the-art facility with more than 19,000 square feet and is designed to minimize donation time and maximize donor comfort, enabling more individuals to support the needs of the combat Warrior.

"My father (Lt. Col. Sullivan) was mobilized in World War II as part of the 6th General Hospital, formed largely from the staff of the Massachusetts General Hospital in Boston. The 6th General Hospital was created as a 1000 bed hospital which, at its peak, grew to over 2400 beds and my father was particularly involved in the blood collection and distribution system in the Mediterranean Theater, for which he received the Legion of Merit. Whole blood was a key element in treating the wounded in World War II and continues to remain as vital today as it did then despite efforts to find substitutes, hence the importance of this center," said Lt. Col. Sullivan's son, Roger.

Commemorating the occasion were guest speaker Col. Francisco Rentas, director of the Armed Services Blood Program and additional remarks were made by Col. Timothy E. Lamb, Martin



Participating in the ceremony were: left to right, T.G. Banks, President and CEO of IAP-Leopardo Construction; Martin Army Community Hospital Command Team; CSM William Rost and Timothy Lamb; COL Francisco Rentas; Director, Armed Services Blood Program Office; the Sullivan Memorial Blood Center Command Team; MAJ Matt Swingholm and SFC George Anderson; Trill Birdseye, Director Project Management Division, Health Facilities Planning Agency; and Alan Bugg, Corps of Engineers. (Photo by Jenna Hughes)

Army Community Hospital and Mr. Roger Sullivan.

"I was reminded why Fort Benning is the right place for this donor center when, on the first morning we were open, four donors showed up ready to give at 9 a.m. on the dot," said Maj. Matt Swingholm, director of the Sullivan Memorial Blood Center. "You don't find that kind of motivation anywhere else," he added.

## PTSD: The dreaded four letters you don't have to fear

By Kelly L. Forsy-Donahue, Ph. D.

USAPHC

PTSD. These four little letters have been the source of much confusion, misunderstanding, pain, and now hope. PTSD, which stands for Post-Traumatic Stress Disorder, is a reaction to experiencing or witnessing one or more terrible events. The one, sure-fire way to prevent PTSD is to avoid seeing or being involved in any horrible event or scene that may cause you distress. This is easier said than done, especially for Service members in times of war.

Although you may not be able to avoid all stressful and disastrous situations, there are things that you can do to help prevent PTSD. These things include creating a strong social support network, getting enough sleep, maintaining mental and physical health, and engaging in activities that make you feel good--physically, emotionally and mentally.

Even if you make every effort to prevent PTSD, it can still occur, and that does not mean that you are weak or defec-

tive. All kinds of people can get PTSD--children, adults, men, women, civilians, Service members, officers, enlisted, tall, short, etc.

PTSD occurs when an individual has several symptoms that impact his/her ability to function in life. These symptoms usually occur within three months of a traumatic experience; however, symptoms can occur up to one year following the event. There are three main types of symptoms that occur in PTSD:

### 1. Memories

Individuals with PTSD may have flashbacks, which are experiences of feeling as if the individual is back in the traumatic moment. Flashbacks are scary because they seem very real and can last for a few seconds or for hours. Flashbacks can occur at any time, with or without a trigger of the disturbing event. Another kind of memory occurs when you dream. Nightmares of the event are common and make it really tough to get a good night's sleep.

### 2. Avoidance

It makes sense that an individual with PTSD would want to avoid any reminders

of the horrific event, and that is exactly what happens! In addition to avoiding places, smells and conversation about the event, the avoidance can spread to avoiding pleasurable things that used to be enjoyable because of a fear that the happy experience might trigger memories of the bad event. When an individual begins to avoid things that were once enjoyed, pleasure in life decreases, which can cause problems in relationships, difficulty concentrating, memory problems, hopeless feelings, numbness or detachment from life.

### 3. Anxiety

Individuals with PTSD are often on "high alert," meaning that they cannot relax. They tend to be startled easily, and they may hear or see things that are not there. They may feel angry, irritable or guilty, and they may do things that are harmful to themselves, like drinking or reckless driving, to try to cope with these symptoms.

PTSD is not fun, but the good news

See PTSD P12

# New imaging technique may better detect brain injury

By Jeffrey M. Soares  
MRCM Public Affairs

FORT DETRICK, Md. -- A new dimension in imaging technology detects minute levels of vascular damage in the form of bleeding, clots, and reduced levels of oxygenation that may better illuminate our understanding of brain injury, particularly related to trauma.

Currently, the U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center (TATRC) is managing a related project that is being led by Dr. E. Mark Haacke of Wayne State University.

Haacke recently presented his work in susceptibility weighted imaging and mapping, or SWIM, to a national panel of military and civilian medical experts. In this current project, he is exploring advanced magnetic resonance imaging methods and SWIM to improve diagnosis and outcome prediction of mild traumatic brain injury.

"This study is just one example of the promising research that TATRC supports. Collaborations among the investigators we bring together may lead to creative solutions we hadn't imagined," said Col. Karl Friedl, TATRC director.

In 1997, Haacke's team developed susceptibility weighted imaging, a highly sensitive technique to detect the presence of blood products. According to Haacke, it has been proved to be the most sensitive approach to visualizing cerebral microbleeds and shearing of vessels in traumatic brain injury, or TBI.

"These conditions do seem to be reliable indicators of injury because we have imaged hundreds of adults over the years, of all ages, and rarely find them in the normal control population," said Haacke.

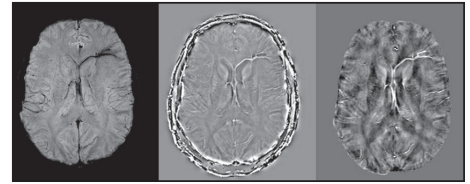
In recent years, Haacke's team and other neuroimaging researchers have applied concepts similar to SWIM to provide a new measure of iron content through quantitative susceptibility mapping. Haacke's approach, SWIM, is a rapid method that not only provides a quantitative map of iron but at the same time reveals the presence of cerebral microbleeds and abnormal veins.

Iron in the form of deoxyhemoglobin can also be used to measure changes in local oxygen saturation, important for evaluating potential changes in local blood flow or tissue function (similar to what is seen in stroke using SWI). SWIM can also be used to monitor changes in iron content over time to see if previous iron deposition is being resorbed or if bleeding continues, both important diagnostic pieces of information for the clinician.

"SWIM is among the highest quality and fastest types of quantitative susceptibility mapping," said Haacke. "We believe it could be in much wider use in about a year."

Haacke has been working with researchers throughout the world for more than five years applying his techniques specifically to traumatic brain injury, stroke, Parkinson's disease and multiple sclerosis.

In this current project, he has demonstrated that there is a lower impact load, either inertia or direct impact forces, which may damage only veins, and he has shown medullary vein damage that has not been vi-



sualized with other techniques. The medullary veins drain the frontal white matter of the brain, so reduced blood flow here could possibly impair the higher level frontal neurocognitive functions. In light of this, treatments that improve blood flow to the brain might be a promising direction to pursue.

While many investigators have focused on arterial changes related to brain injuries, Haacke has remained focused on the veins.

"Veins have relatively more fragile vessel walls than arteries and are more susceptible to damage during head injury," said Haacke. "This important component of the vascular system is often overlooked but may help us better diagnose what is wrong."

"Doctor Haacke's team has a different slant for studying these injury regions that may lead to a new avenue in diagnosis and treatment for traumatic or other types of brain injury," explained Dr. Anthony Pacifico, who manages TATRC's Medical Imaging Technologies Portfolio.

"For instance, the study of dementia could well benefit from SWI and SWIM," said Haacke. "Perhaps as much as one-third of all dementia is vascular dementia."

Haacke and Dr. Zhifeng Kou are working to complete a larger database of normal and mildly brain-injured imaging scans and define the appropriate parameters so that SWIM can be run at most clinical sites.

IP 10.0 Leverage  
Research,  
Development  
and Acquisition

## SUICIDE from P1

implemented numerous initiatives to address the issue of stigma as it relates to seeking behavioral (mental) health services: (1) the co-location of behavioral health and primary healthcare providers (Respect-Mil and Medical Home Model) within medical service facilities; (2) stigma reduction messaging is included in all suicide prevention training videos; (3) strategic communications initiatives launched to promote help-seeking behavior for Soldiers and their Families (to include PSAs using celebrities as well as Army leaders); (4) policy revisions have been promulgated to discontinue use of the term 'mental' when referring to mental health services and replace it with 'behavioral'; (5) the Army continues to explore opportunities to employ confidential behavioral health and related services.

The Army has expanded its Applied Suicide Intervention Skills Training (ASIST) efforts and developed and fielded a number of training tools to facilitate units' training. Other resources include

ACE cards, Suicide Prevention Training Tip cards, Leaders' Guides and videos. Additional resources may be accessed on the Army G-1, Suicide Prevention website: [www.preventsuicide.army.mil](http://www.preventsuicide.army.mil).

Other programs designed to combat suicide include the Comprehensive Soldier and Family Fitness (CSF2) program which the Army instituted in 2012. CSF2 an update to the Comprehensive Soldier Fitness (CSF) program which equips and trains Soldiers, Family members and Army Civilians for the psychological as well as physical rigors of sustained operations. The CSF2 training equips individuals with valuable life skills which helps to better cope in stressful situations, bounce back from adversity, and avoid self-defeating behavior. CSF2 resilience training will help commanders with "Health of the Force" issues to include suicide prevention.

For assistance, Soldiers and Family members can contact The National Suicide Prevention Lifeline, 1-800-273-TALK (8255) and Military Crisis Line, 1-800-273-8255.

# Military, Civilian Partnerships for Trauma Care

Story and photo by Jeffrey Soares  
USAMRMC Public Affairs

At the 2012 Military Health System Research Symposium, an overriding philosophy is that strong partnerships lead to successful research. No one knows this better than Dr. Thomas Scalea, physician-in-chief of the University of Maryland Shock Trauma Center, Baltimore, Md., whose group has teamed with the U.S. military to advance the study and treatment of severe injuries in both the military and civilian sectors.

Scalea said that the military-civilian partnership over the years has yielded a tremendous amount of “cross pollination” of clinical care, in mostly trauma and critical care scenarios. What was born out of necessity on the battlefield has grown into a vital operation in saving lives daily, from bustling city streets to quiet neighborhoods, to ensure that severely wounded patients are treated as quickly as possible.

“Evacuation of casualties -- helicopter transport -- that was born in Korea and Vietnam has really morphed into the civilian sector in a big way,” said Scalea, “and we are now involved in a very large discussion on who ought to be transported by ground and who should get flown -- but all of that really started in the military.”

Today, Scalea’s team at Maryland’s Shock Trauma Center use medical concepts that originated in combat casualty care, and his tour of U.S. military operations overseas in Afghanistan has helped to shape his vision.

“The whole concept of Damage Control Resuscitation was started on the battlefield,” said Scalea, “and all of that [research] has gone from the battlefield into civilian practice.”

The military’s system of Critical Care Air Transport, which involves transporting battlefield victims to military hospitals, has helped to define the current practice of “life-fighting” civilian patients with serious wounds to hospitals via helicopter directly from the accident scene.

Of this method Scalea said, “I really got the idea for this when I was in Afghanistan. I said, ‘We can do this, but we just need to use it in a different way.’”

Tourniquets, shunts, local haemostatic dressings, and various other medical items are going from the battlefield, sometimes

directly, into civilian practice. Military doctors with their invaluable experience are coming out of the Services and bringing their knowledge into the civilian sectors.

The partnership between military and civilian medical practitioners over the years has led to many breakthroughs in life-saving procedures, and the basis for this concept of early intervention was championed decades ago by the man who would eventually create Maryland’s Shock Trauma Center, R. Adams Cowley.

In praising Cowley, Scalea said, “It was R.A. Cowley who came back from [the war in] Korea with the concept that injury was a ‘time-sensitive’ disease, and he then coined the term ‘The Golden Hour.’ Crowley believed that there is a ‘golden hour’ between life and death, and if you’re critically injured, you have less than 60 minutes to live. In his mind, he already had the concept of irreversible shock.”

As modern-day medicine evolves along with the strengthening of military-civilian partnerships in the field, Scalea said that two strong examples of real innovation in this partnering are comprehensive facial transplantation and reviewing genetic profiles to drive care and treatment. Both of these avenues have seen great successes recently, and he remains confident that more success stories of this unique collaboration will be seen in the not-too-distant future.



Dr. Thomas Scalea, physician-in-chief of the University of Maryland Shock Trauma Center, Baltimore, Md., presents his thoughts on military-civilian partnerships in trauma care at the 2012 Military Health System Research Symposium in Fort Lauderdale, Fla., Aug. 13.

## PTSD from P10

is that it is treatable, and the earlier that it is identified, the quicker the improvement. You wouldn’t keep walking on a broken leg, would you? NO, you would go see the doctor ASAP and start treatment to heal the leg. Similarly, you do not need to live with the negative symptoms of PTSD. Getting help early and often improves the outcomes, but it is never too late to get help. Even if you have been dealing with symptoms of PTSD for a long time, treatments will help you get better. Treatments often include a combination of medication (especially to help with sleep) and talk therapy

or counseling. Treatments can occur in individual or in group settings.

Counselors treat thousands of people for PTSD each year, and they will help to determine the best combination and course of treatment for each case. Therapists trained in the treatment of PTSD are available at behavioral health clinics on post, in the civilian community, and in Veterans Affairs clinics. If you or someone you know is showing signs of PTSD, do them a favor and get them help. Their symptoms can be relieved, and they can “be themselves” again. Do not fall into the trap of

medicating with alcohol or other drugs because these will only worsen PTSD symptoms and prolong recovery in the long run. Identifying the problem is the first step, and making a call to get help is the next. Don’t let four little letters rule you!

# Army Medicine History: Gerald Gordon

By Dr. Sanders Marble  
Office of Medical History

Red haired, six footer Gerald “Bud” Gordon volunteered for the Army in 1943 at age 19. The war disrupted career plans; he had started at University of Chicago, planning to be a rabbi. He joined the 36th Infantry Division, first seeing action in the invasion of Sicily. He fought with the division into Italy, then for the summer 1944 invasion of Southern France he volunteered to be a medical aidman. After landing in August, they fought steadily north until Allied supply problems slowed the advance and German resistance stiffened just west of the Rhine River.

During a German counterattack, his unit (Company L, 143d Infantry Regiment) came under heavy fire on 13 and 14 December 1944 near Mittelwihr, France. The perimeter shrank until the company command post was holed up in a girls’ school. With the unit dangerously outnumbered, Bud ripped off his Red Cross brassard and grabbed a rifle. Drawing on his infantry experience, he coordinated artillery fire with the rifle fire from the building, and as the Germans closed in, he personally directed mortar fire. But he continued his medical work, leaving the school seven times to treat the wounded and move them to safety – once bringing a buddy back from only 25 yards from the enemy with machinegun bullets flying all around. After reconnoitering a withdrawal route across an adjacent field under enemy mortar and machine-gun fire, Bud returned and helped repulse an assault, killing an enemy bazooka man and two Germans who were setting up a machinegun. While carrying a tele-



Gerald Gordon

phone line across a bullet-swept field he was reported missing in action.

In later years he would not be able to remember how he reached Rickwihr, a village a few kilometers distant, surrounded by Germans and separated from his unit. Throwing away the dogtags which identified him as Jewish and the letters from his fiancé (with an identifiable Jewish last name), he evaded capture for hours. Eventually, he dislodged tiles from the roof he was clinging to and he was taken prisoner.

He escaped from the infamous POW camp in Moosberg in March of 1945, having survived typhus and starvation; when he was repatriated, he weighed 112 pounds. For his actions that night, he received the Distinguished Service Cross.

Back in the States, he returned to the University of Chicago, then went to medical school. He settled in Denver in 1959 as a cardiologist and was a major factor in defining Emergency Rooms, Intensive Care Units, EMTs, and Paramedics. He was instrumental in bringing EKG interpretation and cardiac drug administration into the hands of paramedics. He started the Denver General Paramedic training program, eventually supervising the training of paramedics and EMTs. He retired in 1999 and died in 2006. He is still vividly remembered by those whom he trained.

The war had changed his career plans, and he joined the Army. After seeing front-line fighting, he became a medic to save lives, but when the chips were down he picked his rifle back up – but balanced it with his aid bag. Army Medicine had awakened new interests in him and he helped develop American Medicine.

## Generation appreciation

By Dwayne Rider  
OTSG Public Affairs

If you’re a dentist, everyone that sits in your chair has a story. Sometimes, it’s more than what they saw on TV, or the ball game. Sometimes, the story can span back 70 years ago to a time of a world at war.

Sixteen million, one hundred twelve thousand five hundred and sixty six individuals wore our nation’s uniform at the conclusion of WWII, and the numbers are quickly dwindling. Someday, they won’t be with us anymore. That makes the veteran patient in your dentist chair very unique.

Dr. Joel Strom, D.D.S., M.S., believes everyone should show some type of appreciation for those military Service members who have been tagged as “The Greatest Generation.” Strom provides free cancer screenings, oral examinations, root canals, oral surgeries, and routine restorative care for as many WWII Veterans as he can.

“I believe we fail to show the gratitude and respect they deserve. They don’t ask for it, but let’s face it, these heroes of the Second World War are a group of Veterans who de-

serve our respect,” said Dr. Strom. “We should do something. We must do something.”

After putting together a show of appreciation called “Dentistry United for WWII Vets” during the week of Veterans Day in 2006, Strom promoted his own personal Dentistry United for WWII Vets and now provides free dentistry for about 20 WWII Veterans annually.

He has partnered with the organization called Operation Military Support and has a vision to expand this service nation-wide. Much of what Operation Military Support does depends on the participations of other dental organizations. To support the WW II Veteran a dentist must give freely his or her time and the cost of materials.

“One Vet told me he had jumped in to a war zone on D-Day eve and 44 of the 48 guys died (The classic film “The Longest Day” was based on his paratrooper unit.). After our hygienist had completed his regular cleaning and he was about to leave, I thought, I can’t charge this guy. How could I charge him for a routine dental cleaning? I went out to the office area and told him, ‘There would be no charge.’ He started weeping and called us heroes. Can you



Dr. Joel Strom, D.D.S., M.S., conducts a free dental cleaning for one of his World War II Veteran patients. (Courtesy photo)

believe that, he called us heroes?”

It was then Dr. Strom discussed with his staff the idea of giving any WWII veteran a brighter smile.

Getting the word out for his program was first quite literally, by word of mouth. After a while it became more organized. It caught on, and now he has reached his maximum capacity on the number of patients he can help. However, he hopes that other dentists will consider giving their time freely to this cause. He is looking for others to help out.

“... I would like dentists across the country, border to border to donate their services to WWII Veterans in their area,” he said.

# AROUND ARMY MEDICINE

1. Maj. Kelly Blair (top center), commander of the 250th Forward Surgical Team, 62nd Medical Brigade, and surgeon at Madigan Healthcare System, Joint Base Lewis-McChord, Wash., instructs members the 102nd FST, 62nd Medical Brigade, as they perform mock surgery on the Chloe Surgical Simulator. (Photo by Sgt. Mark Cloutier)

2. A team of medics led by Cpl. Eric Smith, assigned to the 1st Squadron, 89th Cavalry Regiment, prepare to transport a "casualty" through a culvert during the best medic competition. (Photo by Capt. Michael Greenberger)

3. Lt. Gen. Patricia Horoho, The Surgeon General and Commanding General U.S. Army Medical Command, and staff, meet with actor/activist Montel Williams about current medical innovations the Army has for treating injured Soldiers. (Photo by OTSG Public Affairs)

4. A UH-60 Black Hawk medical evacuation helicopter lands in Ghanzi province. The "hot LZ" – a landing zone where an enemy attack might happen – is protected by U.S. Army paratroopers. (Photo by Capt. Thomas Cieslak)

