



## Focus for August: immunization health

By Kirk Frady  
*MEDCOM Public Affairs*

The month of August has been designated as National Immunization & Influenza Vaccination Awareness Month. It is critically important that every Soldier, Family member, DA Civilian and health beneficiary receive all required immunizations and obtain their influenza vaccinations to ensure the Army is a healthy and mission ready Force.

Immunizations are really the best protection against disease and have saved more lives than any other medical measure in history. According to Col. Richard Looney, Director of the Army's Military Vaccination (MILVAX) Program, "Immunizations have prevented approximately 42,000 deaths and 20 million cases of disease over the past decade." He added, "Those preventive efforts have also saved billions of dollars in related healthcare costs and total societal costs. Morbidity from vaccine-preventable dis-

eases has fallen 90 percent or more for most diseases since the 20th century."

A majority of disease outbreaks in the U.S. occur in unvaccinated or inadequately vaccinated populations. Measles made a comeback in the U.S. partly because unvaccinated people traveled to Europe, contracted the disease and returned home. Incidence of pertussis (whooping cough) have increased largely due to vaccination coverage rates going down, resulting in a recommendation from the Centers for Disease Control and Prevention (CDC) that everyone receive one lifetime booster dose of a pertussis-containing vaccine. Other vaccine-preventable diseases include polio, mumps, rubella, chickenpox, meningococcal disease, pneumonia, tetanus, diphtheria, human papillomavirus, shingles, and Haemophilus influenza B (hib).

The dominant strain of influenza during the upcoming flu season is still expected to be the H1N1 strain from the 2009 pandemic. Looney said, "H1N1 is still circulating, but

**Vaccines aren't forever... make sure your child is STILL protected**

- Protection from childhood vaccines wears off over time
- Older kids need vaccination against additional diseases such as meningococcal disease and human papillomavirus

**Preteen and teenage boys and girls (ages 11-16) need these vaccines:**

- Tetanus, Diphtheria and Pertussis (Tdap) booster at age 11 or 12
- Meningococcal disease (MCV4) vaccine at age 11 or 12 with a booster at age 16
- Human papillomavirus (HPV) vaccine series (three shots over six months) starting at age 11 or 12
- Influenza vaccine every year

**Get the vaccines:**

- when your child starts middle school or at yearly health checkups or
- during sports/fitness/come physicals

During office visits, be sure to ask your healthcare provider if there are any vaccines your child needs.

**USAPHC** <http://hrc.army.mil> 1-800-222-9698

due to outstanding efforts and immunization campaigns of the past few years, people are

See IMMUNIZATION P3

## Leaders meet to discuss better care for beneficiaries



Command Sgt. Maj. Marshall Huffman, Command Sergeant Major, Southern Regional Medical Command and Maj. Gen. M. Ted Wong, Commanding General, Southern Regional Medical Command, Commanding General, Brooke Army Medical Center and Chief, US Army Dental Corps discuss items during the conference. (Courtesy photo)

More than 60 members of the U.S. Army Medical Command (MEDCOM), representing Army Medicine activities worldwide gathered at the Lavern E. Weber Professional Education Center at Camp Robinson, Arkansas for a two-day MEDCOM Commander's Conference, July 30-31, to discuss Army Medicine's strategy to become a global leader in health-related activities and to improve the health of Army Soldiers, Families, and the Civilian workforce.

Led by Lt. Gen. Patricia D. Horoho, the Army surgeon general and commanders and command sergeants major of MEDCOM, the senior healthcare leaders met "...to set the strategy for our enterprise to provide not only a campaign plan

for the next four years but also a blueprint for the next 15 years," wrote Horoho in her recent "Commander's Thoughts" to the command.

After more than 11 years of contingency operations and providing state of the art healthcare both in the combat theaters of operations and in fixed medical facilities, Horoho said, "...the plan and blueprint will allow us to create the capacity required to enable individual, unit, and organizational health, as well as continuing our healthcare mission; to enhance diplomacy by building new partnerships and strengthening old ones to promote unity of effort at all levels; and improve individ-

See CONFERENCE P3

# THE MERCURY

## U.S. Army Medical Command

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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).



## MERCURY Comment

# Animal Assisted Therapy Program in Afghanistan helps Soldiers

By Maj. Susan Spiak  
528th COSC Commander

As a non-clinician and Commander of the 528th Combat Operational Stress Control Unit, 1st Medical Brigade, stationed in Afghanistan, I have had the pleasure of being part of the Animal Assisted Therapy Program. Animal assisted therapy involves the assistance of animals as a form of treatment to benefit a servicemember's resiliency. Animals have been used for motivation in sports, education, and now in dealing with stress.

In Afghanistan, my Animal Assisted Therapy Program consists of two Labrador retrievers: Maj. Timmy and Master Sgt. Apollo. These dogs and their handler's were trained by Vet Dog's of America prior to deployment. For the handlers, the training is one week long where a mobile training team and dogs came down from New York. The team focused on how to best use the therapy dog as a way to relate to, and interact with, the servicemembers. The handlers must also ensure that they know specific commands on

how to handle the dog, especially in a war zone. If the dog gets distracted by small arms fire or an indirect fire at any time the handler must be able to refocus the dog to take cover in a safe manner. It is also important under these conditions that they must know how to take the dogs on and off different types of aircraft and vehicles while in theater. The dogs and their handlers have to be able to go out to austere locations in Afghanistan where the Soldiers are located.

The dogs are a key player in outreach, traumatic event management, and available to surrounding units to cope with stressful situations. You can see the evidence of change in the servicemember's demeanor. Once they see or touch the dog, their eyes light up and the Soldier starts to talk. There are times when providers can't get the servicemember to talk about traumatic events and his or her feelings, but when they know that one of the dogs will be there, the Soldier is much more likely to open up when petting the dog. By the end of the visit he or she isn't as anxious and they are talking about the



Timmy and Apollo (Courtesy photo) traumatic event and surrounding feelings. This allows the providers to understand the Soldier and develop a way to cope with his or her needs.

I witnessed the positive effects our therapy dogs first hand as our unit lost one our own. Having Timmy and Apollo available was comforting for all of our servicemembers. These dogs are part of a comprehensive approach by the 528th COSC to the Soldier as a whole. Their value is difficult to measure but you know it when you see it.

### IMMUNIZATION from P1

more aware and likely to be adequately protected during the height of flu season." He went on to say, "Influenza immunization rates have gone up every year, and there's no reason to expect they won't go up again during the 2012-13 season."

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

A common misconception is that vaccinations are just for kids. Everyone over the age of six months should receive a seasonal flu shot every year. Infection from influenza viruses can result in illness ranging from mild to severe and may cause life-threatening complications. However, there are certain groups that should not receive

the vaccination. For instance, persons with altered immune competence are at high risk for influenza infections and should be vaccinated with trivalent inactivated influenza virus vaccine (TIV). Live virus vaccines are contraindicated and should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. Similarly, if a person has had a severe allergic reaction to a vaccine, another dose is not recommended. Some people should not be vaccinated against the flu without first consulting a physician.

Flu vaccinations are also available at no cost to beneficiaries from any TRICARE-authorized provider or at any participating pharmacies.

For more information on vaccinations, visit MILVAX Agency [www.vaccines.mil/](http://www.vaccines.mil/) Vaccines Healthcare Center Network (VHC): [www.vhcinfo.org/](http://www.vhcinfo.org/) CDC [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

### CONFERENCE from P1

ual stamina, to guarantee unit and organizational stamina – a must for readiness and the Army's ability to Prevent, Shape, and Win wars."

At the conclusion of the conference, Maj. Gen. M. Ted Wong offered this observation, "This week's conference enabled The Surgeon General to expound on her "white space" concept and clearly articulated to the AMEDD Senior Leaders her vision for the AMEDD and our strategic imperatives." He added, "By creating capacity, enhancing di-

plomacy and improving stamina, the Army Medicine will transform from a healthcare system to a 'system for health,' ensuring the readiness of the force while helping the Army and our beneficiaries lead the DOD and the Nation in wellness, prevention and collective health." Wong is the commanding general of the Southern Regional Medical Command and Brooke Army Medical Center and chief of the Army Dental Corps.

"Fantastic conference! Great collaboration across the MEDCOM team!" is how Command Sergeant Major Donna A. Brock described the conference. "Our Flag Officers

and Senior Enlisted Leaders came together with anticipation, curiosity, and enthusiasm seeking the future of Army Medicine," she said. "They left with clarity, direction and motivation in the way ahead for Army Medicine 2020." Brock added, "...part of my focus will be to ensure that ALL Soldiers and staff members are educated, motivated, and move to lead from the front in healthy lifestyles. We will be the example of a healthy force! Very exciting times ahead!"

# Bavarian clinic earns first 'Star Status' for MEDCOM

Story and photo by Douglas Demaino  
Bavaria MEDDAC Public Affairs

VILSECK, Germany -- The Illesheim Army Health Clinic is the first organization within the U.S. Army Medical Command and one of few units within the Department of Defense to earn the impressive Star Status, an elite Occupational Safety and Health Administration standard.

Upon completion of the final phase of a rigorous assessments June 21, the Illesheim Clinic attained the Department of Defense's Voluntary Protection Programs Star Status for exemplary occupational health and safety standards and processes.

"We have become an Army star site for VPP," said Maj. Vincent Myers, who was commander of the clinics from August 2010 to June 28. "It has been a long road, but our staff has done an incredible job to get us where we are today."

VPP is a DOD program designed to reduce accidents by building a safety-conscious culture in the workplace through the implementation of safety practices and procedures. Achieving Star Status requires three stages of assessments focused on management leadership and employee involvement, worksite analysis, hazard prevention and control, and safety and health training.

Thirty-six months is the standard duration to complete the three-stage assessment to achieve a Star Status, said Doris Scheuring, a safety manager for Bavaria Medical Department Activity. Illesheim Health Clinic achieved the Star Status in 17 months.

"I've had the opportunity to be on a lot of good teams in my Army career and what makes up a good team is a lot of good leaders and some great leaders," Myers said. "What makes up a great team is a lot of great leaders, and this organization, the Illesheim Health Clinic, is full of great leaders and that is why this has been such a success."

Illesheim started its VPP assessment in January 2011, said Thomas Zirkelbach, the safety manager for BMEDDAC. For the unit to move to the final inspection stage, deficiencies found in stages one and two of the inspections must be corrected and documented.

"Stage one they come and look at you as a whole," Myers said. "Stage two they take a much more detailed look into your processes. Stage three is really focused on the staff and how they interact and put it all together."

In stage three, all members of the staff are interviewed, Myers said.

"It is an assessment to ensure the staff understands and knows safety," he said. "To see the Soldiers and civilians of the Illesheim Health Clinic achieve this status as the first in MEDCOM to be an OSHA star site is truly an honor to me."

By achieving Star Status, Illesheim Health Clinic becomes a mentoring unit to assist other clinics in achieving VPP certifications, Myers said. Since 2010, Army Medicine has been working to implement VPP certification across its facilities.

"We are now really the model for the MEDCOM," Myers said. "This is a program that the MEDCOM is adopting across the board next year. We have already reached out to some of

our fellow clinics to start talking OSHA VPP, and what it is about."

The path to achieve the Star Status was filled with many obstacles including clinic renovations that could easily have complicated or distracted the staff from earning the safety status, he said.

"The renovation provided us with a lot of challenges because we constantly had work going on," Myers said.

Through more than half of their certification assessment, renovations were made to Illesheim's clinic. The staff and patients were in temporary facilities. Work was constantly taking place in the area next to staff and patients and most of the construction workers did not speak English, so there was potential for a mishap due to miscommunication.

"The language barrier and the 'lost-in-translation' piece puts you at a higher risk for a safety related incident," Myers said. "I think the fact that our staff focused on safety during this time more so than previously has really been a huge opportunity for us to grow as an organization. Over that entire year renovation period, we had zero safety incidents."

Illesheim is 50 percent below the national average for Total Case Incident Rate category and 75 percent below the national average for Days Away, Restricted, and Time Away category.

"The bottom line is that for three and a half consecutive years they had just one accident," Scheuring said.

"By establishing this culture of safety, now sustainment really is the easy part," Myers said. "The critical thing is in sustainment, I feel that by changing the culture it becomes as normal as putting on your pants. Now they have that culture of safety and rather than stepping over it, they pick it up. Rather than walking by, they take ownership and that is important."

IP 4.0  
Provide  
Safe  
Patient  
Care



Staff members of the Illesheim Health Clinic gather in the hallways of the clinic on a daily basis to discuss employee and patient care and safety. The team has a daily morning huddle where members of the team can raise issues about their work environment.



# Public health command experts earn Wolf Pack Award

By Jane Gervasoni  
*USAPHC Public Affairs*

Lt. Gen. Patricia Horoho, the Army surgeon general, recognized 22 military and civilian employees of the U.S. Army Public Health Command with Army Medicine's Wolf Pack Award via video teleconference on June 25. Gregg Stevens, the Army Medical Department Civilian Corps chief, presented the award on her behalf to Maj. Gen.



Maj. Gen. Jimmie O. Keenan, commander, USAPHC, accepts the Wolf Pack Award from Gregg Stevens, AMEDD Civilian Corps chief, in conjunction with Col. Steven B. Cersovsky, USAPHC physician-epidemiologist. (Photo by Graham Snodgrass)

Jimmie O. Keenan, USAPHC commander, and John Resta, Army Institute of Public Health director, at Aberdeen Proving Ground South.

The award honored USAPHC personnel who were part of the 156-person team that supported Army Medicine's Rabies Response Team. This team was formed in response to the death of an Army specialist who was the first U.S. Soldier to die of rabies since the Vietnam War. The team was led by USAPHC's Col. Steven B. Cersovsky, a physician-epidemiologist.

The Wolf Pack Award recognizes exceptional teamwork by an integrated group of military and Civilian members focused on excellence. The Rabies Response Team brought together experts from across the AMEDD in the areas of veterinary medicine, epidemiology, disease surveillance, communication and more to ensure that leaders and Soldiers gained awareness of rabies in deployed locations, and that those exposed to animals were assessed and treated appropriately. The team also included members from the other military services, the Centers for Disease Control and Prevention, New York state and county health departments, and military and civilian hospital staffs.

In presenting the award, Stevens said that the work done by this team was an example of the work being done by Army

Medicine personnel to protect Soldiers. He explained that diversity within the AMEDD is one of its strengths, and the Wolf Pack Award is an example of how diverse talents can combine to solve challenging problems.

Stevens also spoke to the more than 100 assembled Civilian and military personnel from the USAPHC about teamwork in Army Medicine. He covered the AMEDD Civilian Corps and how it enhances Civilian opportunities. Stevens said that there will be a growing need for Civilians in leadership positions as the Army moves into the future.

Stevens also covered the AMEDD's Civilian Life-Long Learning Program designed to provide leadership and other training online for Civilians and Soldiers, including continuing education credits, at little or no cost.

"We all need to make solid choices about training and other aspects of our careers," Stevens explained. "Choices that support the mission and overcome cultural differences should be a high priority."

"The Army Medicine mission of taking care of Soldiers and their Families is the most honorable mission in the military," according to Stevens. "Working together as a true team of military, Civilians, hybrids (former military working as Civilians) and contractors we can achieve excellence in that mission."

## Combating childhood obesity: A Family affair

By Allison Pompey  
*Public Health Researcher*

At what age do you remember starting to make healthy food choices? For many of us those decisions don't happen until later in life.

The obesity epidemic has grown considerably in recent years, particularly in children and adolescents. In fact, one in every three American children is overweight or obese. Like other childhood health conditions such as diabetes and asthma, obesity in children requires some form of lifestyle intervention. Numerous studies have found that overweight children and teens are much more likely to become overweight adults unless they make positive lifestyle eating and physical activity changes. Parents and guardians are key decision-makers who affect the lifestyle needs when it comes to the nutrition, physical activity and health of their children.

While the problem of obesity is largely due to inactivity coupled with poor diet, several other factors also contribute to the problem. Those factors include culture, a Family history of obesity, medications, medical illness, stressful life events/changes, low self-esteem and depression or other emotional problems. Children who are overweight are at greater risk of developing complications such as diabetes, high blood pressure and heart disease. Additionally, these children are at an increased risk of developing emotional problems such as depression

and anxiety.

Although the risks and complications associated with childhood obesity are burdensome, they are not necessarily permanent. Families can do a number of things to combat obesity. By making healthy eating and regular exercise a Family activity, parents can improve the chances of successful weight control and positively affect their children's health in a big way.

The American Academy of Pediatrics recommends Families start with one of the 5-2-1-0 behaviors listed below and set specific goals to improve their health:

- 5 - Eat at least five fruits and vegetables every day.
- 2 - Limit screen time (i.e., television, computer, video games) to two hours or less per day.
- 1 - Strive for one hour or more of physical activity every day.
- 0 - Drink fewer sugar-sweetened drinks.

In addition to the 5-2-1-0 goals, adopt Family activities like eating breakfast every day; limiting fast food, take-out food and eating out at restaurants; and preparing foods at home and eating meals together as a Family. Turn Family time into fun, active time by taking a Family bike ride or hike, going to the park and throwing a ball back and forth, or taking a Family martial arts class together.

Go to [www.kidseatright.org](http://www.kidseatright.org) for reliable, scientifically-based health and nutrition information to help children grow healthy.

# From Recruiting Command to the White House

By Vernetta Garcia

Columbia Recruiting Battalion

COLUMBIA, S.C. -- Staff Sgt. Kyle Busby has already accomplished far more than he ever imagined eight years ago while working at an ice cream shop and a home reconstruction business in his hometown of Clinton, Ill. And now, a small inspired act will soon take him to the White House and lead him on the journey of a lifetime.

In August Busby starts a three-year tour with the White House Medical Unit (WHMU), which provides comprehensive medical care to the president, vice president and their immediate Families.

"This will be an outstanding opportunity, serving back in the medical field, working with the most prestigious doctors in the country," said Busby. "I have a passion to help people and there is no better field for me than the medical profession."

An Army medic, Busby wanted a change after three years of recruiting duty at Columbia's Dentsville Station, and he set the wheels in motion that led him down the path he was meant to take.

Although his aspirations initially lead him to pursue the Criminal Investigation Command (CID), he said God was in charge and had other plans. Once he received the top secret security clearance required by the CID, he not so patiently waited for a CID school date.

One afternoon, Busby received a call from Human Resources Command and was asked if he was interested in White House duty -- a position for which he would not have even been considered without the top secret clearance.

After an enthusiastic discussion with his wife, Busby decided to pursue this intriguing opportunity. One of only seven NCOs selected for interviews from the 250 whose records were reviewed, Busby traveled to Washington, D.C., in February for an interview.

Busby was interviewed seven times in two days; he was notified of his selection an hour after his last interview.

"My Family is very proud of me and extremely excited about the new career," said Busby. "My oldest daughter thought it was the coolest thing when I got a letter from the White House stating that I was selected for the position."

He said his wife is the backbone of the

Family.

"She stands behind me in everything that I do and always motivates, encourages and inspires me," said Busby.

He was also inspired by his father who served in the Army as a military policeman, and had a passion to follow in his footsteps. "I wanted to make something of myself," said Busby. "I have always had a calling to do something more and have taken that throughout my entire career."

In 2004 he left Clinton for Basic Combat Training (BCT) at Fort Leonard Wood, Mo. After Advanced Individual Training he was assigned to Fort Stewart, Ga., and three months later he deployed to Iraq.

"I drove tanks, commanded tanks, gunned tanks, and served as the combat medic for my 15 fellow tanking brothers."

He deployed again in 2007 serving as a squad leader with responsibility for all medical supply ordering, maintaining, inspecting and distributing for his battalion. It was during this last deployment that he volunteered for recruiting duty.

"I needed to share my Army story with others to inspire them," said Busby. "I felt as though I have served as a medic and done my job well."

Now having three years as a recruiter, Busby said he feels he has served his purpose: "to inspire many Future Soldiers."

As his station's Future Soldier leader, he has received numerous notes of appreciation from Soldiers who have shipped to BCT about how his training program has helped them tremendously.

"He is excellent at constructing action plans that replicate the rigors of BCT in order to provide realistic training," said Capt. Karen Roxberry, Columbia Company commander. "I adapted our company Future Soldier program from his plan."

"For the past two years, I have observed Busby do some amazing things,"

said Roxberry. "His training style demonstrates the passion that he has for the Army and his extensive knowledge as a combat medic."

Busby said he's proud of the impact he's had on Future Soldiers.

"The ability to take a young kid that has no parental guidance or role models out of a lifestyle that they believe is 'normal' and introducing them to the Army lifestyle where they can really appreciate how the Army takes care of its own," Busby said.

He's not only affected Future Soldiers, but also hundreds of educators. Instrumental in the success of the 2011 Military Career Pathways 101, Busby was one of the primary presenters at Moncrief Hospital during a tour of Fort Jackson, S.C. The purpose of the tour was to highlight military careers. Since health sciences are among the most popular careers, he was able to showcase the many health related careers the military offers.

"He was clearly a subject matter expert, his presentation was impressive and was the most popular session of the day," said Martha Daniels, battalion education services specialist.

A humble person, Busby takes on every challenge with open arms. He is excited about this opportunity and said he will take the experiences of recruiting duty with him on all of his future assignments.

"I never stop trying to learn more and achieve more."

Just 32 credits from finishing his bachelor's degree in health sciences, he said his long term goal is to attend the Uniformed Services University of the Health Sciences and become a specialized doctor.

The WHMU comprises the White House physician, who is often selected personally by the president; five active-duty military physicians, nurses, and physician assistants; three medics; administrators and one information technology manager. The medical unit protects the chief executive by guarding his day-to-day health or even performing emergency surgery. The unit is part of the White House Military Office and is also responsible for emergency care for the more than 1 million tourists, guests and international dignitaries who visit the White House each year.



Staff Sgt. Kyle Busby

# Army Medicine begins with the BASICS

By Rebecca Shinneman

Human Systems Transformation Directorate

Each of us wishes to create the very best care and service experience for those we serve. What do we do when we are told someone is angry with us for what they perceive as less than best care and service? How do we handle the news of being criticized for something in our enterprise for which we are completely oblivious? Our beneficiaries have a basic assumption that the healthcare services they seek will meet their expectations. If these expectations are met then they are satisfied. Moreover, if these expectations are exceeded the patient is delighted with the care experience.

Every point in the healthcare experience can be service excellence. Army Medicine is capitalizing on those opportunities by implementing Begin with the BASICS, which is an interpersonal toolkit for all staff to utilize in the delivery of care, service, and service recovery. Attendees are guided through an analysis of their role, service contact points for which they are responsible, and the necessary skills to provide excellent service.

Army Medicine's work to develop BASICS began in the summer of 2008. We looked at existing initiatives, "Patient Centered Care", the "Medical Home" model, "TeamSTEPS", and what was learned from the "Disney Institute" training in early 2008. The product as we recognize it today was introduced in September 2010. The program has had two notable names "Back to the BASICS" from September 2010 to January 2012. Early this year it was rebranded for delivery to an Army Medicine wide audience to what we know it as today "Begin with the BASICS".

Fred Larson, Begin with the BASICS Coordinator and Special Assistant with the Surgeon General's Office, stated "the principle goal of, Begin with the BASICS is to transform the culture of Army Medicine to embrace our core values and practice them in all our affairs. BASICS serve to establish a self-sustaining culture, adverse

## Begin with the **BASICS**

to bad behavior and poor performance. We become institutionally intolerant to anything less than our Best."

The acronym BASICS stands for: Break Barriers, Anticipate and Accommodate, Seek Solutions, Initiate and Interact, Communicate, Service Recovery. During training Army Medicine personnel are taught about each component of BASICS. Beginning with Break Barriers; which is to overcome obstacles in order to provide great service. Participants consider resources, processes, procedures, policies and even mindset when they look at how to break barriers. Anticipate & Accommodate is to be aware of what patients, their families, and coworkers need and to take action. Seek solutions by acknowledging problems and doing everything you can to find a solution. Initiate and interact means always being the one to make contact and offer assistance. It's always worth it even if you get a negative response. Communication is a two-way process of reaching mutual understanding and that the majority of our communication is non-verbal. Service Recovery is the essence of trust driven care or an excellent service experience.

Army Medicine is building new relationships, delivering care and meeting the needs of those we serve. We are doing what we were intended to do and that's treat people in a way that we ourselves would want to be treated. We positively influence the life space and ensure a better outcome, a better tomorrow. When solutions are found, we build lasting relationships with those we serve through a Spirit of Service.

## *Know your surroundings during Anti-Terrorism awareness month*

Terrorism is not a recent phenomenon in the U.S. or overseas. Because terrorists cannot challenge the U.S. in conventional warfare, they prefer to attack targets that they perceive as weak or soft. Bombings, shootings, and kidnappings are the common terrorist methods, but terrorists have also used arson, hostage taking, hijacking/skyjacking, assassination, weapons of mass destruction (WMD), and instances of Web site tampering to further their cause. Not all of these have been attempted against the

Army but the potential still exists. The nature and types of threats to the Army vary widely with geographic location, criticality of the assets, vulnerability of the target, and level of hostile intent. As terrorists cannot challenge us in conventional warfare, they have resorted to asymmetrical attacks to further their objectives. Asymmetrical attacks are those attacks that place an adversary's strengths against our weaknesses, versus a conventional force-on-force scenario. The most devastating form of these attacks will be conducted with the use of WMD, composed primarily of chemical, biological, and radiological weapons and high yield conventional explosives.

The U.S. Government policy on terrorism is steadfast in its opposition to terrorism in all its forms wherever it takes place. The U.S. Government will act in concert with other nations, and unilaterally when neces-

sary, to resist terrorism by any legal means available. Our Government will not make concessions to terrorists, including ransoms, prisoner releases or exchanges, or policy changes. Terrorism is considered a potential threat to national security, and other nations that practice or support terrorism will not do so without consequence.

AT is an integral part of Army efforts to defeat terrorism. Terrorists can target Army elements at any time in any location.

By effectively preventing and, if necessary, responding to terrorist attacks commanders protect all activities and people allowing Army missions to proceed unimpeded. AT is neither a discrete task nor the sole responsibility of a single branch - all bear responsibility. Awareness must be built into every mission, every Soldier, and every leader. Integrating AT represents the foundation crucial for Army success.





# MEDCOM PAO receives diversity award

By Ann Bermudez

*Army Medicine Public Affairs*

The Department of Defense Office of Diversity Management and Equal Opportunity presented the 2012 Excellence in Military Service award to Jaime Cavazos, June 26 at the League of Latin American Citizens (LULAC) National Convention & Exposition's Opportunity Reception: Honoring our Armed Forces Lake Buena Vista, Fl. Cavazos is the Chief, U.S. Army Medical Command Public Affairs Officer, Directorate of Communications.

"I was privileged to have been nominated by the leadership to represent the U.S. Army Medical Command in this prestigious competition," Cavazos said. "I'm humbled at my selection as the Army's civilian to receive the 2012 Excellence in Military Service Award. Although I've never been associated with LULAC, I am certainly aware of the organization's efforts in combating discrimination and promoting American patriotism while pro-

moting Hispanic advancements both in the civilian and military communities."

The Diversity Outreach awards provide Army Medicine with an opportunity to acknowledge the exceptional manner in which Cavazos has performed his duties. He has uniquely distinguished himself by promoting the tenets of civil/human rights, equal opportunity, human relations and public service, and displayed exceptional character that distinguishes him as an outstanding leader, role model, and mentor for other DoD and Department of Army personnel. His endless contributions to public affairs are well known to his colleagues, the Army, and Army Medicine Family.

LULAC is the largest and oldest Hispanic Organization in the United States. LULAC advances the economic condition, educational attainment, political influence, health and civil rights of Hispanic Americans through community-based programs operating at more than 900 LULAC councils nationwide.



Margaret Moran, League of Latin American Citizens National President, presents the 2012 Excellence in Military Service award to Jaime Cavazos, Chief, MEDCOM Public Affairs Officer, at the LULAC National Convention & Exposition June 26. (Photo by Melissa E. Cavazos)

## TRICARE Prime enrollment fees set to increase

On October 1, 2012, TRICARE Prime enrollment fees will increase. TRICARE Prime annual fees increased last year for new enrollees for the first time since the program began. For fiscal year 2013 (October 1, 2012–September 30, 2013), most existing enrollees will see a slight increase, which was calculated based on the calendar year 2012 Cost-of-Living Adjustment (COLA) of 3.6 percent. Moving forward, TRICARE Prime enrollment fees will be subject to increases each fiscal year based on the COLA for the calendar year, as authorized by the National Defense Authorization Act for Fiscal Year 2012. Fees are outlined in the table below.



Retired service members and their eligible family members, survivors, and former spouses pay TRICARE Prime enrollment fees, which are applied to the annual catastrophic cap. There are no enrollment fees for active duty service members and active duty family members enrolled in TRICARE Prime, TRICARE Prime Remote, or TRICARE Prime Remote for Active Duty Family Members.

### Exceptions for Survivors and Medically Retired Service Members

An exception to the fee increase applies to survivors of active duty deceased sponsors and medically retired uniformed service members and their dependents. Their fees remain frozen at the rate in effect at the time they are classified in the Defense Enrollment Eligibility Reporting System (DEERS) as survivors or medi-

cally retired and enrolled. Fees remain frozen as long as there is no break in their TRICARE Prime enrollment.

### Find Up-To-Date Cost Information Online

There is a possibility that there will be another enrollment fee increase later in the year if new fees are included when Congress passes the final FY 2013 budget. If the fees are changed, the amounts and effective date will be announced using all available media and on this Web site. If that doesn't happen, enrollment fees are subject to increase each October.

All fees, cost-shares, and copayments can be found at [www.tricare.mil/costs](http://www.tricare.mil/costs)

## TRICARE Prime Enrollment Fees

### Fiscal Year 2011

(October 1, 2010- September 30, 2011)  
\$230/individual \$460/Family

### Fiscal Year 2012

(October 1, 2011- September 30, 2012)  
\$260/individual \$520/Family

### Fiscal Year 2013

(October 1, 2012- September 30, 2013)  
\$269.28/individual \$538.56/Family



# Medical Simulation Training Center makes it real

Story and photos by Jennifer Clampet  
WBAMC Public Affairs Office

Fort Bliss, Texas -- For a decade Soldiers have asked combat life saver instructors the same question: How does this fit into my mission?

Will there be time to place a tourniquet? Will there be a reason to take action on a tension pneumothorax patient in the field? Can a non-medical under the pressure of time, distractions and supplies really save a life?

Instructors and trainers with the Army's Medical Simulation Training Centers at 18 installations around the world have responded with a resounding "yes."

"You won't always have a medic on the ground," said Sgt. First Class Warren Wright, technical oversight representative for the Fort Bliss MSTC.

"But you can have someone with these medical skills on the ground. It increases the chances of survival."

And with cutting-edge simulators provided through the Army's Program Executive Office for Simulation, Training, and Instrumentation and funding for real medical supplies through the Army Medical Department, MSTCs have evolved with one facet of battlefield medical treatment in mind.

Make it as real as possible.

Spc. Demetriuce Britton, 127th Aviation Support Battalion, Combat Aviation Brigade, 1st Armored Division, and PFC John Summers, 208th Signal Company, 212th Fires Brigade, 1st Armored Division, enter into a darkened room.

A strobe light pulses accompanying a constant rhythm of weapons fire, screams and incoming rounds.

The duo observes the scene. Bodies. Bodies on the floor.

Dressed in full battle rattle, the two men set to work. They crouch by the first dummy. Unresponsive. The next is the same.

In the corner, Britton sees the uneven rise and fall of a chest cavity. He signals to his partner. "We've got a live one."

As the duo's simulation at the Fort Bliss MSTC ended, Summers glanced down at a METI mannequin -- a training dummy that simulates human bleeding, breathing and other responses for medical training.

"There was so many things wrong with him," Britton said of the METI dummy --

painted with the wounds of a gunshot to the chest, an amputated left leg and superficial wound on the right shin for his simulated exercise.

"Even though this was just training, I was still in panic mode."

The Fort Bliss MSTC has trained about 4,300 Soldiers in CLS courses this year alone.

The annual attendance numbers continue to grow as units on the expanding installation begin to hear word of the real-life scenarios and hands-on training the center offers, Wright said.

Army MSTCs are designed to better prepare Soldiers, Sailors, Airmen and Marines for the application of medical interventions under combat conditions. The MSTC program supports training for medical and non-medical personnel including active duty, Reserves and National Guard, with priority given to deploying units.

"The two biggest things to learn in combat situations are how to control hemorrhaging from the limbs and a tension pneumothorax," Wright said.

For each of these skills, the Fort Bliss MSTC has a dummy to aid in Soldier training. The Multiple Amputation Trauma Trainer mannequin or MATT gives on-hands experience to Soldiers learning to apply tourniquettes to dummies that actually bleed from amputated leg wounds.

The METI -- frequently used in the validation room scenarios at Fort Bliss MSTC -- are used to explain the complexity and simplicity of recognizing respiration problems with wounded Soldiers.



Above: Spc. Demetriuce Britton, left, 127th Aviation Support Battalion, Combat Aviation Brigade, 1st Armored Division, and PFC John Summers, right, 208th Signal Company, 212th Fires Brigade, 1st Armored Division, complete a live simulation as part of their Combat Lifesaver Program training as Air Force Staff Sgt. A.J. Pereira, center, 204th Security Forces Squadron, observes as an assistant instructor.

Below: Soldiers from units on Fort Bliss participate in Basic Life Support recertification training -- including how to respond to unresponsive infants who are choking -- at the Medical Simulation Training Center on Fort Bliss.



# Treating hypotension using Intrathoracic Pressure Regulation Therapy

By Jeffrey M. Soares  
MRMC Public Affairs

Annually, there are over 11 million diagnoses of hypotension in the U.S. alone. These cases result from a variety of clinical conditions including cardiac arrest, traumatic injury, head trauma, septic shock and post-operative complications. Hypotension and shock resulting from hemorrhage account for 87% of the “potentially survivable” casualties among warfighters, and another 12% of those who have traumatic brain injury result in elevated intracranial pressure.

In light of these statistics, the U.S. Army Medical Research and Materiel Command tasked its Combat Casualty Care Research Program at Fort Detrick, Md., with seeking out ways to lower the casualty figures related to conditions associated with hypotension/hemorrhagic shock. Eliminating or reducing hypotension and elevated ICP as quickly as possible has a life-saving impact on patient outcomes, and the USAMRMC has partnered with Advanced Circulatory Systems, Inc. in order to solve this problem.

The result of this joint effort is Intrathoracic Pressure Regulation technology.

“IPR technology provides a simple, inexpensive, and non-invasive approach for the treatment of several clinical conditions that are common to both military and civilian medical emergencies,” said Dr. Sylvain Cardin, portfolio manager for Forward Surgical & Intensive Critical Care within the CCCRP.

“IPR therapy focuses on creating a vacuum inside the chest cavity to enhance circulation, increase blood pressure and lower intracranial pressure,” he said. “The vacuum pulls more blood back to the heart from the extremities, resulting in more blood being circulated, and this is actually a huge change from the traditional approach.”

Dr. Vic Convertino, a senior scientist at the U.S. Army Institute of Surgical Research located at Fort Sam Houston, Texas, said, “This approach of enhancing circulation to the brain, heart, and other organs by using a small amount of resistance during inspiration to decrease pressure within the thorax is particularly eloquent because it takes advantage of a fundamental relationship between breathing and circulation that naturally exists.”

Maintaining a long-standing, successful partnership with the Department of Defense and National Institutes of Health programs, ASCI has been built around a robust product research and development pipeline with both DoD and NIH Small Business Innovation Research funding through ten Phase I awards and eight Phase II awards. The result of this research has been the development of three medical devices designed to enhance circulation to the heart, brain and other vital organs: (1) ResQPOD® for non-spontaneously breathing cardiac arrest patients; (2) ResQGARD® for spontaneously breathing individuals suffering from severe hypotension; and (3) ResQVent® for patients requiring assisted ventilation.

Launched in 2005, the ResQPOD® has been shown to increase neurologically-intact-survival to hospital discharge rates by 53% in out-of-hospital cardiac arrest pa-

tients, in combination with ACSI’s CardioPump®. No other technology has had such a transformative and disruptive impact in the field of cardio-pulmonary resuscitation, including a shift in American Heart Association doctrine of training for basic life support from Airway-Breathing-Circulation to the current paradigm of emphasis on circulation through the teaching of Circulation-Airway-Breathing.

“With regard to its military application, the ResQPOD® has been placed on every emergency ‘crash cart’ at Brooke Army Medical Center, and in the medical kits at the Battalion Aid Stations and air ambulances in the Operation Enduring Freedom theatre,” said Cardin. “This device has been shown to save more lives both inside and outside the hospital when used with high-quality CPR.”

As with the ResQPODs, ResQGARDS have been placed in medical kits and air ambulances. This technology has proven life-saving benefits as demonstrated by a case of an intervention with this device at a Combat Support Hospital in Iraq with a combat casualty’s life-threatening gunshot wound to the pelvis. Events such as this attest to the immediate impact that the ResQGARD® has had on addressing important military needs -- made possible with the support of military funding.

The currently available models of the non-invasive circulatory enhancer technology can be carried and used by multi-level civilian emergency care and military personnel to treat low blood pressure secondary to: (1) hemorrhage, (2) heat shock, (3) dehydration, (4) orthostatic hypotension, and (5) cardiac arrest. The device can also be used by a combat medic to begin resuscitative efforts in situations where establishing intravenous therapy is not possible or practical, and to increase blood pressure to facilitate establishment of intravenous therapy.

“The use of this technical innovation by the U.S. Army on the battlefield, by NASA for post-space flight care, and by personnel in the civilian EMS and acute care markets clearly demonstrates how cooperation between different federal government agencies and private citizens’ investment can produce a deliverable product than can make a significant difference in combat theater,” said Cardin.

This IPR technology has been recognized nationally with numerous awards, including the 2012 U.S. Army Small Business Innovation Research Achievement Award for “use on the battlefield and during transport for Soldiers with traumatic brain injuries and/or hypotensive emergencies.”

“The development of ResQPOD®, ResQGARD® and ResQVENT® is truly a SBIR success story,” said Convertino. “No other technology in the history of the Army SBIR program has received two independent SBIR Achievement Awards for two different life-saving applications.”

“It is nice to see what can be accomplished when many agencies come together in a synergistic manner to create a simple, yet very timely and useful, medical device for combat casualty care,” said Cardin. “It also shows how basic physiology still has a place in today’s high technology world.”



The ResQVent Intrathoracic Pressure Regulator (Courtesy photo)





## Check-up

Army Reserve Col. Donald Begezda (standing) speaks with Col. Thomas Dundon, commander of the 912th Dental Company (Area Support), during the last day of a dental readiness, July 4. The 912th is in Honduras as part of U.S. Army South's Beyond the Horizon-2012 exercise, which combines military skills training with humanitarian exercises. (Photo by 1LT John Quin)

# Army Reserve dedicates memorial for Capt. John P. Gaffaney

Story and photo by Maj. Matthew Lawrence  
807th Medical Command

GARDEN GROVE, Calif. - The Army Reserve center in Garden Grove, Calif., was dedicated to the memory of Fort Hood, Texas, shooting victim Capt. John P. Gaffaney on July 21.

Gaffaney was killed while trying to subdue the gunman in the Nov. 5, 2009 attack that killed a total of 13 people, including five Army Reserve soldiers from the 807th Medical Command.

Gaffaney was posthumously awarded the Soldier's Medal for his actions by Secretary of the Army John McHugh, at a ceremony at Fort Hood one year after the attack. But this honor is something more permanent and visible, reminding soldiers and the public alike that the cost of freedom is often the lives of some of its citizens.

"I am so honored for my brother," said Michelle Vannote of North Fargo, N.D., Gaffaney's elder sister. "This building means so much, and I hope that the men and women who come through those doors get the sense of his duty and honor."

Gaffaney's service to the country is inspiring. He had retired from military service in 1999 after serving in the U.S. Navy and the California National Guard. After the 9/11 terrorist attacks, he waged a three year campaign to rejoin the military as a psychiatric nurse. While he had done that job for the California Department of Corrections for 23 years, the military did not consider him educationally qualified to perform the job.

Finally, in 2006, the Army Reserve



Brig. Gen. David Smalley and Col. Odis Blueitt flank Mrs. Christine Gaffaney as she holds a painting of her late husband, Capt. John P. Gaffaney, during a ceremony dedicating the Garden Grove, Calif., Army Reserve Center in his honor on July 21. Gaffaney was killed in the Fort Hood shooting on Nov. 5, 2009, when he tried to disarm the gunman.

relented and assigned him to the 113th Combat Stress Control Company in Garden Grove.

He was, as narrator Col. David Rabb said, "a man who didn't need to be where he was, and who didn't need to do what he did....He is a true American hero."

"John would be ever so humbled," said Joan Williams of Phillipsburg, Mont., another sister of Gaffaney's.

The memorial was the result of several months of work by Gaffaney's former command, the 2nd Medical Brigade. The

Gaffaney Memorial Reserve Center will provide offices for nearly a dozen Army Reserve units in Orange County, from several major Army Reserve commands, including the unit Gaffaney belonged to – the 113th Combat Stress Control Company.



# AROUND ARMY MEDICINE

1. Staff Sgt. Erin Gibson, reassures patients in the back of an 82nd Combat Aviation Brigade medevac helicopter while Spc. Bryan Heaston maintains a close watch on security and safety in Logar province, Afghanistan. (Photo by Sgt. First Class Eric Pahon)

2. Dr. (Col.) Eric Crawley (left), chief, Pulmonary and Critical Care Medicine, Tripler Army Medical Center, performs a Bronchial Thermoplasty on Spc. Thomas Richberg's, food service specialist, 558th Military Police Company, 728th Military Police Battalion. (Photo by Stephanie Bryant)

3. Capt. Donell Barnett, a psychologist with the 528th Medical Detachment Combat and Operational Stress Control Unit, demonstrates how the telebehavioral health system works with Capt. Christina Rumayor, a psychiatrist with the 528th Medical Detachment Combat Operations Stress Control Unit. (Photo by Capt. Addie Randolph)

4. Lt. Col. Donald Gajewski, director of the Center for the Intrepid, introduces Defense Secretary Leon E. Panetta to Marine Corps Lance Cpl. Jonathan Stephenson during his tour of the CFI on Fort Sam Houston in San Antonio, June 27. (Photo by Elaine Sanchez)

