



MEDCOM selects Soldier, NCO of the Year

Eighteen of the best Soldiers in the U.S. Army Medical Command converged on Camp Bullis, north of San Antonio, Texas, braved the extreme heat, and pushed themselves to the limit during the annual MEDCOM Best Warrior Competition, June 3-8, 2012.

Each of the major subordinate commands underneath MEDCOM sent two candidates, a noncommissioned officer and a Soldier, to compete for the title of Best Warrior. The 18 candidates earned the right to compete by winning their respective NCO and Soldier of the Year competitions at each of their units, and up through the corresponding Regions or Major Subordinate Commands (MSCs).

Triple digit temperatures this year made the demanding competition that much more difficult. This challenging series of events is meant to test the physical and mental stamina and warrior task knowledge of each competitor in order to select the best of the best to represent the MEDCOM at the Army Wide Best Warrior Competition. The competition consists of the Army Physical Fitness Test, weapons qualification, warrior tasks, an oral board, a mystery event, combatives, day and night land navigation, and a written exam with an essay.

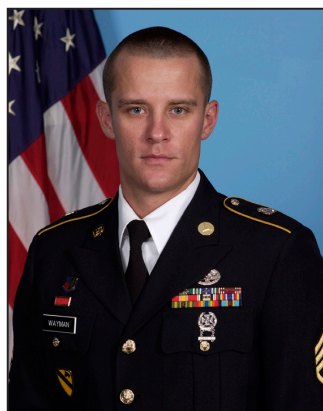
Staff Sgt. Craig Wayman, from U.S. Army Medical Research and Materiel Command, Fort Detrick, Md., won the title of MEDCOM NCO of the Year, and Spc. Henry Odele, from Bayne-Jones Army Community Hospital, Fort Polk, La., won MEDCOM Soldier of the Year. The winners were announced during the awards ceremony and luncheon and were presented the Army Commendation Medal for their outstanding performance.

MEDCOM Command Sergeant Major, Donna A. Brock, applauded the Soldiers and NCOs for taking on the challenge and implored them to continue to be the best. "We are proud of each and every one of our competitors. These Soldiers and NCO's embody the very best of Army Medicine."

Wayman and Odele will represent MEDCOM at the U.S. Army Best Warrior competition Oct. 15-18 at Fort Lee, Va., and as Wayman put it, "They better get ready for MEDCOM because this time, we're bringing the heat!"

(Provided by the Southern Regional Medical Command Directorate of Communications)

See **COMPETITION P5**



Staff Sgt. Craig Wayman,
MEDCOM NCO of the Year



Spc. Henry Odele,
MEDCOM Soldier of the Year



Command Sgt. Maj. Donna A. Brock (left) and Mr. Herb Coley (right) presented Staff Sgt. Craig Wayman (left center) and Spc. Henry Odele (right center) with the Army Commendation Medal for their outstanding achievement. (Photo by Lindan A. Moya)



Happy 237th Birthday AMEDD on July 27, 2012!

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.

Rapid detection devices to be fielded

By Carey Phillips

USAMMDA Public Affairs

FORT DETRICK, Md.-- The leishmania assay, the third of a trio of arthropod vector rapid detection devices developed by the U.S. Army Medical Research and Materiel Command, received its individual national stock number Jun. 4, after a recommendation submitted by the Armed Forces Pest Manage-



Sgt. Michael Sandford, a laboratory technician at the Walter Reed Army Institute of Research, Md., demonstrates how to use the Arthropod Vector Rapid Diagnostic kits. (Photo by WRAIR)

ment Board.

These arthropod vector rapid detection devices, or AV-RDDs, sometimes called 'dipstick' assays, detect pathogens in mosquitoes and sand flies that cause malaria, dengue and leishmaniasis. The national stock number, or NSN, assignment to the latest dipstick assay to detect *Leishmania* in sand flies marked the availability of the three dipstick assays for purchase by preventive medicine personnel and units as needed.

"The *Leishmania*, malaria and dengue dipstick assays will become part of entomological medical equipment sets," said Maj. Vanessa Melanson, chief of the Diagnostics and Laboratory Services Department in the Entomology Branch at the Walter Reed Army Institute of Research. "These kits will enhance and improve the ability of preventive medicine personnel to assess the risk of arthropod-borne diseases in a given area of operations."

Mosquitoes and sand flies collected using standard surveillance techniques (e.g., the CDC miniature light trap) can be tested for the presence of pathogens by simply grinding them with the tools provided in the

dipstick assay kit and then using the dipstick for detection. The kits require little to no additional equipment to perform the test and results are available in as little as 15 minutes.

"Real-time results allow preventive medicine personnel to more accurately determine where arthropods are infected with disease-causing pathogens in an area of operations. This enables them to make better decisions regarding implementation of control measures and to provide recommendations to decision makers regarding the use of personal protective measures," said Melanson.

Also available are the Rift Valley fever, West Nile, and St. Louis encephalitis virus dipstick assays, but they will not be included in the medical equipment sets.

The development and fielding of the dipstick assays was a collaborative effort between USAMRMC, WRAIR, U.S. Army Medical Research Institute of Infectious Diseases, U.S. Army Medical Research Unit -- Kenya, and the U.S. Army Medical Materiel Development Activity with industry partner VecTOR Test Systems, Inc.

IP 10.0 Leverage
Research,
Development
and Acquisition

Clinical data visualization: Improving EMR delivery, usage

By Betty A. Levine and Dave Schroeder

TATRC

In recent years, there has been an increase in Electronic Medical Records (EMR), personal health records, home monitoring devices, and other digital devices that generate digital health-related information. The development of these novel technologies also requires new ways to visualize data so that it can be used to identify patterns in the health of individuals as well as the population.

Clinical Data Visualization includes the presentation of captured data as well as the user interface to access that data. Data is captured in an electronic medical record by typing, speaking, scanning, or other input methods. Once the data is captured, the presentation and representation of the data helps to illuminate trends and patterns. These trends and patterns are then used by clinicians to take meaningful action to treat the patient.

Data stored in an EMR takes on many forms including text, numerical values, date ranges, wave forms, audio, video and images. Patients, clinicians, administrators and public health groups may require access to the information stored in an EMR. The interface used to access information is critical to the usability and acceptance of the EMR.

Electronic medical records offer the potential to improve patient care and enhance the efficiency of clinicians by making more data available when and where it is needed. At first glance, it is tempting to think that more data is better. However, sometimes it is possible to have too much of a good thing. Electronic medical record

systems, physiological monitors and other medical devices generate large amounts of valuable data and make it possible to transmit that data to almost any clinician who needs it, anytime and anywhere. However, a clinician may only need a small subset of this data when caring for a particular patient. The challenge becomes to provide the necessary data and to display it as clinical information that allows the clinician to make correct and efficient decisions.

Access to healthcare data is an important issue for military health beneficiaries and caregivers. The increase of electronic record systems increases the complexity of accessing health data; therefore, a single simplified user interface has the potential to improve the delivery of healthcare. Access to and interpretation of medical data is critical to understanding trends in data for improved diagnosis, better healthcare delivery and understanding population health concerns.

The visualization of clinical data effort will help lay the foundation for clinical decision support tools by turning data into relevant clinical information.

This initiative will explore how to accomplish this in two ways. First, the information must be contextually relevant, and second, the information must be displayed in a way that is easy for the clinician to interpret. Contextually relevant means that the application understands pertinent characteristics about the clinician-patient interaction and retrieves information that is specifically relevant to that interaction. The relevant information is then displayed to the clinician, such that the most important information is prominent and can be interpreted quickly and correctly.

Fort Hood Warrior Transition Brigade's new campus opens

Story and photo by Gloria Montgomery

WTB Public Affairs Specialist

FORT HOOD, Texas--Fort Hood Warrior Transition Brigade's new \$62 million campus to take care of the Army's wounded, injured and ill Soldiers is officially open.

In June 6 ribbon-cutting ceremonies held in front of the new 5-story barracks, Lt. Gen. Donald Campbell, III Corps commanding general, said the new Warrior Transition Brigade (WTB) campus demonstrates the Army's long-term commitment in caring for Soldiers in Transition and their Families.

"We're proud to say that we're opening up a wonderful facility today," Campbell said. "It's the total care commitment the Army has in taking care of wounded warriors and their Families to make sure they continue to heal and to continue serving this great country in a number of fashions either in uniform or back into their community as a great civilian that had a great experience in our wonderful Army."

Fort Hood's new Warrior Transition Brigade 15-acre campus includes a 30,137 square-foot battalion headquarters, a 15,000 square-foot company headquarters, a 192,000 square-foot 320-person barracks and a 15,000 square-foot Soldiers and Family Assistance Center that includes child-care facilities and a modern playground.

Previously, facilities and services used in caring for the Army's wounded, ill or injured Soldiers were scattered across Fort Hood. With the opening of the new WTB campus, services for Soldiers and their Families are now centrally located and within walking distance.

Col. John Kolessar, WTB commander, told the 300 plus crowd the opening of the new campus is not only a great day for Fort Hood, but more importantly, demonstrates the Army's mission of improving care for its wounded, injured or ill Soldier.

"The WTB campus is the culmination of a five -year plan to provide the best housing and support for our Soldiers," Kolessar said of the brigades' 2008 beginnings that started in trailers on Battalion Avenue. "Today, we move into state of the art facilities that accommodate all our Soldiers, including those with special needs due to illness, injury or wounds. The campus setup is truly ideal because now most of the programs and services, including the hospital where our Soldier receives treatment, are located within walking distance."

Since its inception August 2008, the Fort Hood Warrior Transition Brigade has served more than 2,500 wounded, ill or injured Soldiers. The mission of the WTB is to provide command and control, primary care, rehabilitation and case management for Soldiers in Transition to ensure that the Soldier receives the appropriate medical care and administrative support so he or she can fully return to duty or transition back as a veteran into the civilian community.

Lieutenant General Campbell, as III Corps commander, ensured the Soldiers in Transition that he is committed to WTB's mission of healing and transitioning, as well as honoring the WTB's motto of "Soldier First; Soldiers Always."

"You're 'Soldiers First' because this facility focuses on your needs as a wounded Soldier. It focuses on you as a patient. It focuses on your Families, and it focuses on your care providers," he said, "because now the headquarters and hospital are now within walking distance."

"You are 'Soldiers Always' because this facility was built to last 25 years without renovation," Campbell said, touching on the new complex's eco friendly features such as solar-power panels to reduce water heating consumption, local drought-resistant vegetation to re-

duce watering needs and a campus design that reduces foreign water runoff that not only increases durability but also will reduce Fort Hood's energy bill.

The new barracks, which can house up to 320 Soldiers, include a selection of ADA-compliant rooms with roll-in showers, kitchen counters and desks to accommodate wheel chairs and wheelchair-accessible washer and dryers. Handrails are installed throughout hallways, as well as in all private bathrooms. Each room is equipped with a single bed, computer desk with hutch, walk-in closet, ceiling fans, full-length mirror, night stand, ergonomic task chair, dresser and lamp.

All four buildings are eco friendly with design solutions that conserve energy, water efficient and self-sustainable. The buildings have solar panels that provide about 30 percent of energy used to heat hot water as well as standing seam metal roofs that lower the buildings' solar reflectivity index, which reduces heat and cooling costs. Other energy efficiency enhancements include motion sensing lights, high-efficiency window systems and non-water using urinals that use a biodegradable liquid for sanitary and odor free environment and dual flush toilets. The battalion operations building is LEED (Leadership in Energy and Environmental Design) Silver Level certified.

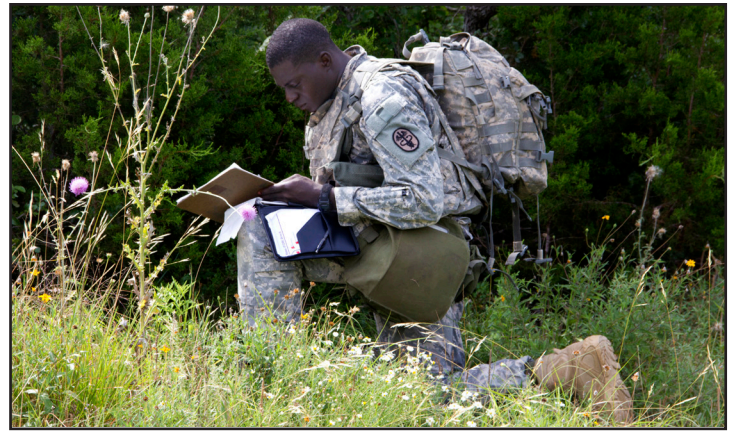
The WTB campus courtyard includes two bubbling water features for focal point and calming effect, bicycle racks to promote bicycle commuting and cut down on vehicle carbon emissions, sheltered bus stops, improved courtyard travel with lean rails and benches for multiple rest stops and pedestrian walkways with direct entry and exit access.

The WTB complex, by using durable finishes and efficient systems, is designed for a 25-year life span before renovation. It has an estimated 50-year life span with renovations.



Fort Hood Warrior Transition Brigade's new campus to care for wounded, ill and injured Soldiers is now open. WTB's Warrior of the Year, Staff Sgt. Christine Crutchfield, officially opened the new \$62 million facility with a ceremonial ribbon cutting June 6. From left, Command Sgt. Maj. Kyle Crump, WTB command sergeant major; Col. John Kolessar, WTB commander; Lt. Gen. Donald Campbell, III Corps commanding general; Staff Sergeant Crutchfield, WTB Warrior of the Year; Command Sgt. Maj. Arthur Coleman, III Corps command sergeant major; Andy Burry, Army Corps of Engineers; Col. Patrick Sargent, CRDAMC commander; and Command Sgt. Maj. Roger Velarde, CRDAMC command sergeant major.

COMPETITION from P1



TOP: Spc. Henry E. Odele, representing Southern Regional Medical Command reviews Warrior Tasks at a break during the MEDCOM Best Warrior competition at Camp Bullis, TX. (Photos by Erin Perez) ABOVE: A Soldier leads his team to a simulated Afghan village while on patrol during the MEDCOM Best Warrior competition. LEFT: Sgt. Christopher Dettor representing the European Regional Medical Command has his kick blocked during the final round of the combatives event.

Medical Corps celebrates 237 years of service

Army Medical Corps officers are essential team members to Army Medicine in primary, preventive, acute, rehabilitative, and critical care ensuring military medical readiness both on and off the battlefield.

Both the Army Medical Department and the Army Medical Corps trace their origins to 27 July 1775, when the Continental Congress established the first Army Hospital to be headed by a "Director General and Chief Physician." The language of the Congressional resolution spoke of "a Hospital" which in those days meant a hospital system or medical department. Among the accomplishments of Army surgeons during the years of the Revolution was completion (in 1778, at Lititz, Pennsylvania) of the first pharmacopoeia printed in America. In 1789, the Department of the Hospital was disbanded and a system of "Regimental Surgeons" was established in its place.

- Congress made official the designa-

tion "Medical Corps" in 1908, although the term had long been in use informally among the Medical Department's regular physicians.

- Key, internationally recognized contributions of MC officers include: Medical Education, John Warren and Harvard Medical school, 1780's to 1813; Clinical Research, William Beaumont, 1820's to 1830's; Jonathan Letterman, ambulance evacuation system, echeloned surgical resuscitation and treatment system, a field medical supply system and preventive medicine inspection system – Civil War era; John Shaw Billings, established Index Medicus to catalogue the medical literature, 1879; George Sternberg, America's first bacteriologist and founder of the Army Medical School (late 1800s); Walter Reed, control of Yellow Fever through the mosquito early 1900s;

William Gorgas, Father of Modern Day Preventive Medicine, early 1900s; Albert Glass, Father of modern military Psychiatry (WWII to Viet Nam)

- In 1946, Army residency programs for MC officers were introduced into the Medical Department, providing for the first time the full spectrum of graduate medical education to prospective MC officers. Today, these graduate medical education programs are among the best in the nation, exceeding national averages in accreditation length and board certification pass rates.



Currently, the MC consists of over 4,400 active duty physicians representing all the specialties and subspecialties of civilian medicine. They may be assigned to fixed military medical facilities, to deployable combat units or to military medical research and development duties.

AMEDD personnel ImPact3 five month journey

By **Rebecca Shinneman**

Human Systems Transformation Directorate

A five month self-development journey is what 20 Army Medicine personnel recently experienced by attending the ImPact3 course. ImPact3 is an organizational leadership course designed to build better working environments through examining “self” and those of others. This course develops interpersonal skills, opens perspectives and provides self-awareness. Attendees looked at their choices, focused on outcomes, acknowledged challenges that are best addressed by teams, and the exponential effect we have as we transform Army Medicine into a High Reliability Organization.

Cohort One completed their five month self-awareness journey in May. Members of the Cohort took Spectrum training, learned about ego management, trust, communication, relationships and behaviors.

Alvin Taylor, Administrative Officer for MEDCOM Chaplain’s office stated “I went from having a tackle box of tools to now having a large craftsmen’s tool box. I have an array of tools to select from and I can also reach back to other members of the Cohort.”

Throughout the five months members of the Cohort were able to implement and try out new skills in their work place and at

home. Some members found their work environment improved when they stopped and took the time to slow down and not be on automatic. Cohorts found they began building relationships and approaching co-workers and staff with a heart of peace not a heart of war.

“I found it is okay to be me and this doesn’t just stop at work”, stated Paul Repaci, a Health Systems Specialist with the Proponent Office for Preventive Medicine.

In addition, many of the Cohort members have developed both personal and professional goals. Professional goals such as: connect better with co-workers, being more aware of people and not to judge, recognize the diversity of Army Medicine’s workforce, and to do daily check-in with my staff. Members of Cohorts also felt they had gained individually from the ImPact3 course by learning more about themselves, self-enlightened, and their belief system.

As Army Medicine transforms ImPact3 is one of the change agents. As many of the Cohort members agreed everyone would benefit from the course by having a common language, a set of tools to be more resilient to change and flip or tip the organization.

Elizabeth Sadler, Staff Officer Rehabilitation & Reintegration Division R2D, explained “we are in a fast paced work environment, sometimes we get distracted and

lose site of the mission. ImPact3’s benefit is to stop, ask the questions and clarify so we know where we need to go.”

Col. Donn Grimes, Staff Officer Dental Corps, said “I sure would have benefited from something like this years ago when I was a young Commander.” Grimes explained he learned something about himself the very first session about his filters, beliefs and being right. Now he is practicing his new skills in both his professional and personal life and has experienced changes in relationships in both.

The next series Cohort Two and Cohort Three begins in this month and August 2012.

ImPact3 is “learning something about yourself that is very valuable and giving yourself tools for life,” as Bill Novak, Deputy to the Commander USAMIC, explained about what he has gained from the course. ImPact3 is about influencing the white space and transforming Army Medicine. It is a course that is impactful, challenging, enlightening, and skill building. One member explained they had learned about self-awareness, trust based relationships and taking care of vulnerable people.

Ludlow Ball, Health System Specialist Health Policy & Services Directorate TRI-CARE Division said, “I want to surround myself with people who lift me up and make me better.” ImPact3 is about people and the human system.

**LG 2.0
Improve
Training and
Development**

Upcoming MEDCOM Commander’s Conference

The 2012 MEDCOM Commander’s Conference will be held later this month to discuss MEDCOM’s transition to a system of health. It will also be a chance to assess current MEDCOM operating model and synchronize the plan for future-state operating model in order to be America’s premier healthcare team...Serving our Nation, trusted by all.

Phase One: “A Look to the Future” which will set conditions for the following phases and features a guest speaker

Phase Two: Where are we? Examples from the Regional Medical Commands (RMC): World-Class Healthcare & Shift to Health. This phase features a Story Board Display session for review by all participants. Story Boards will include examples of successful implementation of complex healthcare programs/projects (how standards were promulgated and enforced) and Positive Health Outcomes (measurable, repeatable).

Phase Three: Design Working Group. Discussion on the direction of the Design Workshop.

Phase Four: World-Class Healthcare & Moving to Health. Dis-

cussion based on themes from previous Phases – focus on “What” not “How.” Get agreement on what needs to be done. World-Class Healthcare: What are our priority efforts? How can we capitalize on processes demonstrated by RMC “wins” to ensure optimal performance across MEDCOM? Moving to Health: What are our priority efforts? How can we make a demonstrated impact on the health of Soldiers, retirees, and their Families? This Phase will seek to shift Army Medicine rapidly to an operating company model while focusing on the five tasks below:

- (a) Reduce variance & increase standardization of the healthcare delivery systems
- (b) Increase organizational agility
- (c) Synchronize and deconflict plans/policy/guidance at MEDCOM/OTSG HQ level
- (d) Enable RMCs/MTFs to focus on execution
- (e) Establish a Plan of Action and Milestone (POA&M) that identifies the major adjustments/changes required to shift to an operating company

Look for a recap of the conference in the August edition of the Mercury.



GIS branch helps map Soldier health

By Jane Gervasoni
PHC Public Affairs

Within U.S. Army Public Health Command's G-6 Directorate of Information Management/Information Technology is a small team of geographers who use maps to tell some very detailed stories. The team takes data with a spatial component and puts them in a format that often reveals relationships, patterns and trends.

The Geographic Information Systems Branch is the only group of its kind within the Army Medical Command. The GIS Branch provides planning information for tracking troops, environmental sample mapping, injury patterns and other two- and three-dimensional representations of events. It provides support to all Army Institute of Public Health and USAPHC regions, as well as the Office of the Army Surgeon General/U.S. Army Medical Command and various Department of Defense entities.

"A geographic information system is a technique that integrates hardware, software and data to capture, store, manipulate, analyze, manage and present all types of geographically referenced data," according to Shannon Lowe, one of three geographers with the GIS team. "GIS can integrate and relate any data with a spatial component and gives the user the ability to view, understand, question, interpret and visualize data in ways that reveal relationships, patterns and trends."

During the 1st Gulf War, the Kuwait oil well fires posed military and medical concerns to those deployed to the area. Team members from the former U.S. Army Center for Health Promotion and Preventive Medicine used GIS technology to capture, manage, analyze, model and display data that tracked smoke and particulates from the fires.

This information was linked to locations and movements of Soldiers and units to determine exposures and possible health risks.

"The Kuwait study was one of the first opportunities to demonstrate how this technology could support multiple aspects of a deployment," according to Jeff Kirkpatrick, Health Risk Management Portfolio director.

Kirkpatrick, a meteorologist, was one of the early proponents of GIS technology at the USACHPPM and helped develop and apply the capabilities of the current group of GIS specialists.

As the desire for this technology grew at USACHPPM, a team was formed under the leadership of Jason Edmondson, chief, Information Systems Division in G-6. Even though centralization was taking place, G-6 did not want to move part-time users of GIS technology, program level scientists and engineers, away from their pockets of expertise.

For instance, the Entomological Sciences Program is self-sufficient in using GIS, explained Edmondson.

"We map pest populations inside and outside of buildings. Cockroaches inside Army dining facilities, tick populations on military posts, and brown recluse spiders in exercise areas have been tracked using this system," according to Tom Burroughs, ESP chief. "The GIS technology allowed us to better understand the location of the pests, their movement, and their possible effect on human populations," he added.

"GIS technology has advanced since its early days," explained Lowe. "We now have the capability to use handheld GPS equipment and computer tablets to transfer data from the field to our office workstations."

In fact, these GPS units really give the scientist or engineer in the field a better tool for mapping environmental samples.

"We maintain these units and have them available for use upon request. Ideally, if data are available, we can pre-load the units with background data for a sampling site. We obtain data from various sources to include the National Geospatial-Intelligence Agency, U.S. Geological Survey and other organizations to ensure our mapping data and other information is up-to-date and accurate," said Lowe.

"The old adage that a picture is worth a thousand words is very true when you look at GIS data," she said. "We take many types of data and integrate them developing 3-D models that give our scientists and engineers a more comprehensive picture of what is happening."

"Our product is much more than just a flat picture," said Shaina Zobel, team member. "The spatial data and maps the GIS Branch produce are multi-layered and contain essential attributes that relate to features on the map. Geographic Information Systems can perform spatial analysis, modeling, and real-world reference, which expands on geo-services that are not offered outside of USAPHC."

GIS mapping data can be of great assistance in the greater public health community in responding to emerging infectious disease outbreaks and humanitarian emergencies.

BioServ is a new GIS-based biosurveillance information service that incorporates human, animal and environmental data with infrastructure data into a single information service that will assist in decision making and providing interventions, explained Patrick Dickinson, third member of the GIS team. This joint venture is headed locally by USAPHC G-7 with support from PHCR--Pacific, the Navy and the Pacific Disaster Center.

"The proliferation of geographic information is now evident in the general public, notably through the use of GPS and internet maps. The maturation of GIS solutions, especially as it relates to providing end users dynamic content, can be seen through the use of internet-based GIS or dynamic PDF files. We are no longer locked into providing just a paper or static digital map for the PHC mission," related Edmondson.



Patrick Dickinson, Shaina Zobel and Shannon Lowe, GIS team members, examine points on a flat map prior to adding additional data. (Photo by Christina Graber)

Army rethinks 'no pain, no gain'

Story and photo by Jennifer Clampet
WBAMC Public Affairs Office

FORT BLISS, Texas-- A newly funded center on Fort Bliss is gearing up to face a persistent foe of the Department of Defense -- chronic pain.

"Ultimately our goal (in integrative medicine) is not to be the last resort," said Col. Richard Petri Jr., chief of the new Interdisciplinary Pain Management Center at William Beaumont Army Medical Center.

"We want to get to the patient's pain before it becomes chronic."

In the last few years, the Army has begun to pay attention not only to the numbers -- the annual cost of chronic pain in the United States is estimated to be about \$100 billion -- but to service members returning from wars with pains that endure both physically and mentally.

The new Interdisciplinary Pain Management Center, which recently received \$4 million in federal funding, will tackle the issue of pain beginning with Soldiers at the Fort Bliss Warrior Transition Unit.

Pain in the military

In 2009 the Army Pain Management Task Force, chartered by then Army Surgeon General Lt. Gen. Eric Schoemaker, recognized that pain is the most frequent reason patients seek physician care in the United States.

"Pain is a disease state of the nervous system," read the task force findings and recommendations. "(Pain) deserves the same management attention given to any other disease state."

The establishment of the Interdisciplinary Pain Management Center came as a task force recommendation -- which pushed for a holistic, multidisciplinary and multimodal approach to pain in the military.

The IPM Center will encompass an integrative medicine approach -- a combination of conventional and alternative treatments -- to pain management.

"A person has to be active in their own healthcare. Integrative medicine takes on empowerment and active participation," Petri said.

Beginning with a staff of eight providers and specialists, the center will have between 50 to 100 staff members when fully operational.

The IPM Center is a first for the DoD as was WBAMC's Center



Dr. Aaron Harris, chiropractic physician with William Beaumont Army Medical Center, performs an adjustment on Col. James Ryan, 15th Sustainment Brigade, at the Center for Integrative Medicine on Fort Bliss.

for Integrative Medicine -- which opened in November 2003. The integrative medicine center offers acupuncture and chiropractic services.

Approaching pain

Dr. Aaron Harris, a chiropractic physician with William Beaumont Army Medical Center, hovered over a bed in the Center for Integrative Medicine on Fort Bliss.

The Vertebral Axial Decompression table --for nonsurgical lumbar decompression -- was used earlier this year on a 23-year-old Soldier suffering from a failed lower back surgery. Over the course of 20 sessions, the Soldier's pain shifted from a ranking of a four to a one (on a scale of 10).

"It helps some and not others," Harris admitted -- though his research findings released on the case call for the Army to recognize the high incidence of disc pathology among Soldiers and the need to study and use conservative technologies to treat the injury.

Do you even know where it hurts?

With the wars of the 21st century, a new battlefield injury emerged -- one caused by a concussive wave that echoes through a human skull like ripples in a pond.

"Iraq and Afghanistan have given us TBIs from improvised explosive devices. The hit disrupts and changes the brain. The white matter actually changes. We're looking at an anatomical change."

The injury occurs in the white matter or gray area of the brain -- linked to controlling human emotions, sensations and even motor skills, Petri said. What was once solely an anatomical injury with real pain is a more complex injury -- one which affects cognitive functions and stress levels.

The 2009 pain task force found that stress is a significant contributor to pain conditions and that chronic pain leads to increased stress.

"You can't treat a patient with pain unless you work with their stress as well. You can't find a patient that is solely with pain and not stress," Petri said noting the potential advantages of treating pain using both conventional medicine and alternative modalities which focus on calming the mind.

"Soldier's will get in the door because of their pain, but we will treat the whole patient."

What to expect

The pain task force recommended that the DoD should "continue to responsibly explore safe and effective use of advanced and non-traditional approaches to pain management."

Those non-traditional approaches include complementary and alternative medicines (CAM) -- diverse practices and products that are not generally considered part of conventional medicine.

The IPM Center, which received its federal funding in March of this year, is still under development. The IPM Center will be located at the current Integrative Medicine Clinic, Building 2485 D on Fort Bliss. With a current staff of eight people, Petri said the center will have 31 staff members by September and as many as 100 when the center is fully operational.

The center will address another issue raised in the task force findings -- continuity of care. The center will house an acupuncturist, chiropractor, psychologist, primary care providers, pharmacist, massage therapists, yoga instructor, nurses, education specialists and administration all under one roof.

"The goal is to have everyone at the table talking about the patient," Petri said.

Williams Family honored for Volunteer Award

Story and photo by Capt. Charles Patterson
30th MEDCOM Public Affairs

HEIDELBERG, Germany – A medic and his Family have been named the 2012 Association of the United States Army Europe Department Volunteer Family for their efforts in helping Soldiers and various Family programs in their Heidelberg, Germany community.

Sgt. 1st Class Marvin Williams, his wife Jamie, along with their children, were presented the award June 22 during a luncheon hosted by the AUSA Gen. Creighton W. Abrams Chapter.

“We started our Family young and probably wouldn’t be here today without others’ help,” admitted Jamie. “A military community can’t function without volunteers.”

The Williams Family served this year, as they have since 2009, in such activities as volunteering in Family Readiness at Headquarters Company, 30th Medical Command, coaching and assisting multiple sports in the Heidelberg area for children, and helping organize community events with the Baden-Württemberg garrison.

Jamie Williams also received the Gold Presidential Service Award for her more than 500 hours of volunteer service, an award presented last month by US Army Europe Deputy Commander, Maj. Gen. James C. Boozer.

“Her parents instilled this in her,” said Sgt. 1st Class Williams, referring to Jamie. “Our kids are growing up in the same way.” We don’t think about the results, we just like to do it, he said.

Jamie and Marvin explained that giving back to their community is not seen as a chore or additional duty, but as an outlet and a way to share Family time.



Mrs. Jamie Williams, alongside her husband, Sgt. 1st Class Marvin Williams, both Tacoma, Wash. natives, receives the Gold Presidential Service Award from US Army Europe Deputy Commander, Maj. Gen. James C. Boozer at Nachrichten Kaserne, for more than 500 hours of volunteer service. The Williams Family has been named the 2012 Association of the United States Army Europe Department Volunteer Family for their efforts in helping Soldiers and various Family programs in their Heidelberg, Germany community.

“I don’t think of it as taking away from Family – bring your kids there – it’s a shared experience,” said Jamie.

Both of them work full time, one in uniform, one as a civilian. Their children, ranging in age, participate in the Family practice of helping mom and dad around the community.

“I think the younger you are to being exposed to it, the less of a burden it is when you’re older,” said Jamie, reflecting on how volunteering with her parents as a child became her routine as an adult.

“[The kids] understand that when we need help, they know it’s time to help,” said Marvin.

“I think a lot of the skills you get volunteering are something that can help you

professionally, too,” said Jamie. Organizing events, working towards a goal, and motivating people are all marketable skills – skills worth recognizing, which is why the US Army values this element of the military lifestyle.

The Army counts selfless service as one of the seven core Army Values, with communities surviving on the helpfulness of others. Recognition of this value extends beyond an award.

“Everybody needs to feel appreciated,” said Jamie.

The Williams’ packet has gone forward to the AUSA headquarters to compete with the other regions around the world, from which one will be selected for the AUSA Volunteer Family of the Year Award.



Surgeon General addresses AUSA luncheon

Lt. Gen. Patricia Horoho, Army Surgeon General, met with former San Antonio city councilman Carroll Schubert and other civic leaders following the quarterly AUSA Alamo chapter luncheon at Fort Sam Houston, TX. Horoho spoke about moving forward from a healthcare system to a system of health. (Photo by Phil Reidinger)

Colonel honored with award for work with TBI

By Stephanie Abdullah
OTSG Public Affairs

FALLS CHURCH, VA – U.S. Army Col. Geoffrey S. F. Ling, M.D., Ph.D., who has been at the cutting edge of brain injury research since the mid 1990s was awarded the Humanitarian Award from the Brain Mapping Foundation in a ceremony in Toronto, Canada earlier this month. Ling is a professor and the interim Chairman of the Department of Neurology at the U.S.'s only military medical school—the Uniformed Services University (USU) and also the Program Director at the Defense Advanced Research Projects Agency (DARPA).

Ling was the Army's only neuro-intensive care specialist for many years. Therefore, he has had the opportunity to remain at USU since 1995. His expertise was needed to teach and train the medical students.

"Colonel Ling is a remarkable scientist and a compassionate physician who has helped train the finest doctors at USU," said Ret. Vice Admiral Adam S. Robinson, Director of GPS Program of the Brain Mapping Foundation.

"I am blown away by receiving this award," said Ling who is regarded by many as the Army's premier subject matter expert on traumatic brain injury (TBI). "It was totally unexpected and is a tremendous honor."

Ling led the building of the neuro-trauma laboratory at USU in the 90s where they primarily studied TBI. He has deployed multiple times to Afghanistan where he treated countless Service Members and civilians. He said that Operations Iraqi and Enduring Freedom made TBI a big deal due to the nature of the injuries coming from those theaters.

"The wars gave the study and treatment of TBI legs," said Ling. "But, I had already been studying it for years."

Ling who is officially assigned to a critical care billet at the USU has been published in more than 150 publications. He also wrote the TBI chapter in the Cecil

Textbook of Medicine, which is regarded by many in the medical field as "the granddaddy" of general internal medicine texts. He also helped author the Department of Defense/Veteran's Administration (DOD/VA) guidelines on TBI. Additionally, because of his background in intensive care, Ling also has the opportunity to provide direct patient care. One of his first TBI patients in Afghanistan was a little girl who had fallen off of a roof.

"That's one of the great things that I get to do," he said. "I have the ability to actually take care of patients," said Ling.

"We've created a system of care for TBI that is the best in the world," said Ling. "I'm very proud of the military system of care for TBI. The military does this better than anybody," said Ling.

Ling gave this example: "Take a kid who plays soccer. The boy gets hit in the head. He's taken to a local hospital. He may or may not see a doctor. They may send him home without a scan. Three or four days later, the kid doesn't feel right. He's having headaches. Nobody knows what to do."

On the military side, Ling said, the same kid will undergo a full neurology screening, be seen at a concussion care center, and receive training on mild TBI.

"Our model should be the standard," said Ling. "We take care of TBI patients better than any hospital in the U.S."

Ling also practices at Johns Hopkins Hospital where he did his neuro-intensive care training.

"Hopkins says we [the military] are the best," said Ling. "We want everybody to adopt our system. TBI requires a system of care. The military has that system," he said.

Ling was on all four of former Chairman of the Joint Chiefs of Staff Admiral Michael Mullen's "Gray Teams" that were established to look at the state of TBI in the military. Additionally, he was on the team of physicians who treated U.S. Representative Gabrielle Giffords who was

shot in the head in 2011.

"Her primary doctor, Dr. Peter Rhee, was a former Navy Captain trauma surgeon. He got his experience on the ground in Fallujah, Iraq. He was totally in control and knew exactly what to do," said Ling who expects Gifford's condition to continue to improve. "She got the best military care for her brain injury at the hands of a military doctor," he said.

Ling said that TBI has been around forever. But, gained prominence because of the lingering wars.

"It [TBI] was a problem asking for an answer," he said. "So, I got involved."

"The wars gave TBI traction within the DOD. That got us the resources we needed to manage this problem. The bottom line is it's all about taking care of the wounded warfighter," he said. "So, we were able to develop this system of care for TBI."

Since the year 2000 more than 235,000 Service Members worldwide have been diagnosed with TBI, which is defined as a disruption of brain function resulting from a blow or jolt to the head or penetrating head injury. More than 60 percent of Service Members diagnosed with TBI are U.S. Army Soldiers. Ling said that TBI is treatable and the key to treatment is to seek help immediately.

Though the wars are winding down, TBI now has momentum and support from the DOD, according to Ling.

"The disease won't go away, but neither will our system of care for the wounded warfighter," said Ling. "And that's the positive legacy of this [war]."

Ling said that the VA has become a great partner with the DOD in the treatment of TBI. Though the goal is to return as many to duty as possible, sometimes Service Members must be separated from the military. Because of the DOD/VA partnership, the transition from the military healthcare system to the VA healthcare system is smoother, he said.

"The warfighter will continue to get really good care for as long as they need it. The DOD/VA partnership is one that the American people can be quite proud of," said Ling.



Col. Geoffrey Ling

IP 10.0 Leverage
Research,
Development
and Acquisition

PTSD: Knowing what's wrong, getting help

By Ben Sherman
Fort Sill Cannoneer

Shell shock. Battle fatigue. Combat stress reaction. Traumatic war neurosis. These are all terms from past wars to describe what is now called post traumatic stress disorder (PTSD). PTSD is defined as a mental health problem that can occur when a person has been through a traumatic event. Those traumatic events can be living through a natural or man-made disaster, sexual or physical assault, terrorist attack, a serious accident or other traumatic events. And for military personnel, PTSD can be the result of combat, whether related to explosions and/or the stresses of combat and constant deployment.

Symptoms of PTSD

- Having nightmares or flashbacks of traumatic events, even while awake.
- Trying hard not to think about the event or avoiding situations that remind you of it.
- Feeling emotionally numb or detached from those around you or your surroundings.
- Inability to remember details of the trauma.
- Hyper vigilance, constantly on high alert.
- Feeling jumpy or easily startled.

How common is PTSD?

-Among civilians, some 60 percent of men and 50 percent of women have suffered at least one traumatic event. Of those, 8 percent of men and 20 percent of women will develop PTSD. In combat, Soldiers suffer significant trauma from blasts, physical inju-

ries, constant stress from fear of attack and witnessing the death of battle buddies. Their instances of PTSD are much higher, reaching almost 80 percent.

Is PTSD related to TBI?

A recent survey from the Journal of Head Trauma Rehabilitation has answered some questions regarding the interaction between PTSD and traumatic brain injury or TBI. They surveyed 52 Veterans who served from 2001 to 2008 and found that all of them suffered at least one concussion from explosive blasts. More than 60 percent of them suffered multiple concussions. All 52 had one or more symptoms of chronic combat stress, and 15 of them met the formal criteria for PTSD. The severity of the Veteran's PTSD symptoms was directly correlated to the amount of damage seen on brain scans. So it appears that TBI and PTSD are often linked.

Can I tell if I have PTSD?

It is natural for Soldiers to want to know why they are feeling or acting the way they do. But figuring out whether they have PTSD is difficult. Skilled behavioral professionals are best equipped to help Soldiers deal with what they are feeling. The provider must use their training and judgment to test and diagnose the patient's issues and then interpret the results to determine the best treatment. Only trained professionals, such as a doctor or mental health provider should attempt to assess PTSD.

What should I do?

- Talk to a battle buddy, a close friend or Family member.



- Talk to your Family doctor.
- Talk to a mental health professional.
- Talk to a chaplain or minister.

Above all seek assistance if you are having any feelings that do not seem normal, because it may not be PTSD after all. But you won't know until you ask for help.

Don't be ashamed to ask for help

Soldiers are often reluctant to seek help for PTSD because of the military culture that tells them they have to remain tough no matter what. One in five Soldiers fear what other people would think about them, and one in three Soldiers don't want anyone to know they are in therapy. But seeking help is the only way that PTSD sufferers will get better. Early treatment is the best, because PTSD symptoms can get worse over time. Deal with them now, not later.

(Information derived from the National Center for Post Traumatic Disorders of the Veterans Affairs and Army MEDCOM.)

Electronic transfer of inpatient record to support BRAC

The National Capital Area (NCA) was faced with the requirement to keep Walter Reed Army Medical Center (WRAMC) fully operational while greatly expanding the capacity of the National Naval Medical Center (NNMC) until WRAMC's closure. All remaining inpatients at WRAMC were to be transferred to NNMC on its last day, and because capacity at NNMC could not be made available until a date near the time of closure, it was necessary to prepare to transfer as many as 100 patients on that one day. The challenge for the Inpatient Record Work Group (IRWG) at both facilities was to transfer as much medical record data electronically as possible in order to support the clinicians. Working with the inpatient record vendor, the teams endeavored to implement a federated version of the system that would allow direct transfer. This involved installing newer versions of the system that had not even been tested in military facilities.

With a hard deadline, the teams successfully implemented the solution and successfully transferred record information for all patients who moved. On August 27, 2011 all remaining inpatients at

WRAMC were moved to NNMC, and for each one a comprehensive extract of his/her WRAMC inpatient record was waiting in his/her NNMC electronic record upon arrival. The work flow created has now been funded to be implemented enterprise wide, as it provides all inpatient facilities a needed ability to create and export a portable electronic extract of the inpatient stay. The availability of this information greatly reduced the burden on the incoming caregiver team and greatly improved the continuity of care for the patients, improving the overall experience of care.

Successful creation of an electronic extract of the enterprise inpatient electronic record was developed and implemented to support the inpatient move of patients in the NCA. This success relied on clearly defined requirements in a vendor contract that allowed for agile development, demonstrating the ability to deliver a successful solution given a hard deadline. The electronic support of the documentation burden improved the experience of care for these patients and their providers.

IP 2.0
Improve
Information
Systems

Healthcare dignitaries learn about Army Medicine

By Jaime Cavazos

MEDCOM Public Affairs

More than 35 members of academia and healthcare centers from across the nation visited Fort Sam Houston for "Army Medicine Experience II", June 17-20. Sponsored by the Medical Recruiting Brigade in concert with U.S. Army Recruiting Command, the 3-day event was designed to increase awareness of the Army Medical Department, discuss behavioral health programs and shortages in medical career specialties and to highlight career opportunities through the Health Professions Scholarship Program (HPSP).

In opening remarks to the distinguished visitors at the Airport



Herb Coley, Army Medical Command's Chief of Staff, provides an overview brief to Army Medicine Centers of Influence (COIs) on the Army Medical Command. The COIs were accompanied by members of Army Medical Recruiting Brigade and US Army Recruiting Command. (Photo by Kirk Frady)

Crown Plaza, Maj. Gen. David Mann, commander of US Army Recruiting Command, said, "The Army issues approximately 400 medical related scholarships per year. The Army needs your help in getting the word out about these scholarships and other programs." He added, "We are looking for individuals that have a genuine desire to care for our Soldier and give back to the nation."

Also speaking at the opening day breakfast, MEDCOM Chief of Staff Herb Coley spoke about the quality of Army medical personnel as "enduring." He said, "MEDCOM is over 80,000 personnel strong, operates 616 medical facilities worldwide and care for 1.8 million beneficiaries...the survival rate on today's battlefield is approximately 95%, much higher than in previous conflicts."

The Centers of Influence (COI), as they are referred to, visited the San Antonio Military Medical Center, and toured the Burn Center and the Center for The Intrepid. While touring the AMEDD Museum, a panel of AMEDD officers including Army doctors who had taken advantage of the HPSP answered questions and shared some of their training, travels and service experiences. Among the panel members were Maj. Gen. Jimmie O. Keenan, commanding general of Public Health Command, Maj. Gen. Robert J. Kasulke, commanding general Army Reserve Medical Command and MEDCOM Chief of Staff Herb Coley.

While some toured Camp Bullis and observed operations of a Combat Support Hospital and Combat Casualty Care Course training, 19 visitors and two general officers participated in a Golden Knights Tandem Jump at Stinson Airfield in San Antonio.

By providing these civilian members of academia and healthcare professionals a close and personal look at Army Medicine and discussion with active duty Army doctors, the Army hopes the visitors carry the Army Medicine story to their respective areas and ultimately strengthen AMEDD Direct Commission and HPSP to ensure mission recruiting success especially in medical specialties that are critically short.

Mass casualty exercise

Private Jaime Medina (right), a medic with Company C, 702nd Brigade Support Battalion, 4th Stryker Brigade Combat Team, 2nd Infantry Division; and a Soldier augmenting the battalion treat a simulated casualty June 12 outside the company's aid station on the National Training Center at Fort Irwin, Calif., during a mass casualty exercise that tested their entire base. (Photo by SGT Christopher M. Gaylord)



AROUND ARMY MEDICINE

1. Staff Sgt. Easter Jackson, clinical instructor, explains the functions of a transport ventilator to Navy Petty Officer 2nd Class Justin Speight, an Interservice Respiratory Therapy Program student, as Maj. Thomas Zanders, the program's medical director, looks on in the Pulmonary Department at San Antonio Military Medical Center. (Photo by Elaine Sanchez)

2. Medics from the 67th Forward Surgical Team work diligently to save the life of an improvised explosive device victim at Forward Operating Base Farah, Farah province, Afghanistan. (Photo by Staff Sgt. Jonathan Lovelady)

3. Adam Porras, a Soldier in the Wounded Warrior Program, gets a Therapeutic Riding Program Lesson at the Caisson barn and stable on Fort Belvoir, Va. (Photo by Sgt. Luisito Brooks)

4. Spc. Spencer Smith, a medic with Team Delaware, 1st Battalion, 501st Infantry Regiment, 4th Brigade Combat Team (Airborne), 25th Infantry Brigade, Task Force 4-25, checks out a local villager who complained of chest pain. (Photo by Sgt. William Begley)



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