



Keep safe during 101 critical days of summer

Summer poses additional accident prevention challenges due to people being more active and taking advantage of the nice weather.

Historically, there are distinct increases in off-duty fatalities for the Army during the 101 Critical Days of Summer (Memorial Day through Labor Day).

Trends have shown that during the summer, motorcycle, automobile and all-terrain vehicle fatalities and injuries peak. Failure to wear seat belts or motorcycle protective equipment such as helmets, speeding, and impaired/inattentive driving continue to cause fatalities and injuries command-wide with the root cause being lack of discipline.

Leaders must reinforce the importance of safety across their organizations, remain vigilant and recognize the primary threats to our Soldiers, Family members, DA Civilians and Contractors. Repetitive motion injuries such as carpal tunnel syndrome, continue to rise as more people utilize computers and other multi-media devices. Slips, trips and fall accidents result in more emergency room

visits than any other injury, yet are among the most preventable. Motor vehicle crashes are the number one cause of work-related deaths and also kill more teens than the next three leading causes of death combined.

The following are the focus of this year's National Safety Month (June):

- a. Employee Wellness Week – 3-9 June
- b. Ergonomics Week – 10-16 June
- c. Preventing Slips, Trips and Falls Week – 17-23 June
- d. Safe Driving Week- 24-30 June

Tips for a Safe Summer:

- Sun exposure - Wear sunscreen with an SPF of 15 or higher whenever you spend time in the sun, and reapply as needed. Some sun screens fade with sweat.
- Heat stroke - To avoid life-threatening heat stroke (a core body temperature above 104°F), avoid strenuous activities during high temperatures. Conduct activities during cooler evening hours. Drink plenty of water or sports drinks for hydration.
- Diving injuries - Severe spinal injuries can occur if people dive and hit their head on



the bottom of a pool, lake or other body of water. Don't dive if you don't know the depth of the water. Be aware that even if you know the depth in a river or lake, these depths can change over time. In addition, there can be debris such as trees and rocks under the waterline.

- Swimming - Swim only in designated swimming areas, areas patrolled by lifeguards or other rescue personnel and never swim alone.
- Insect repellents - Wear repellents, especially when hiking or camping, to prevent Lyme disease (spread by ticks) and West Nile virus (spread by mosquitoes).

See SAFETY P8

Surgeon General celebrates Women's Health



Lt. Gen. Patricia D. Horoho speaks at the inaugural event of the Women's Health Task Force at Fort Belvoir's Officer's Club. (Photo by Navy Seaman Tina Staffieri)

By Kristin Ellis
FBCH Public Affairs

FORT BELVOIR COMMUNITY HOSPITAL, Va. -- The Women's Health Task Force celebrated their inaugural event at Fort Belvoir, Va., May 14 to kick off the Army's Women's Health Month and recognize the unique challenges of being a woman in the Army.

The Army Surgeon General established the task force in December to evaluate issues that female Service members face, including the nearly 275,000 women who have deployed to Iraq and Afghanistan. The task force's primary responsibility is to examine health matters unique to women Soldiers, engage these issues to ensure the needs are met both on and off the battlefield, and ensure the ongoing integral role that woman play in the military.

"We have many things that are one-size-fits-all," said Lt. Gen. Patricia D. Horoho, Army Surgeon General and commander of U.S.

See WOMEN P8

THE MERCURY

U.S. Army Medical Command

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The Mercury is an authorized publication for members of the U.S. Army Medical Department, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army, or this command.

The Mercury is published monthly by the Office of the Chief of Public Affairs, Communication Directorate, U.S. Army Medical Command, 2748 Worth Road Ste 11, Fort Sam Houston, TX 78234-6011.

Questions, comments or submissions for the Mercury should be directed to the editor at 210-221-6770 (DSN 471-6770), or by email; medcom.mercury@amedd.army.mil.

Deadline is 15 days before the month of publication. Unless otherwise indicated, all photos are U. S. Army photos.

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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.

MERCURY Comment

Seeking help is first step in recovery

By **Mark J. Howell**
USAG Stuttgart Public Affairs

Recently I had to go to a funeral ... one I shouldn't have had to attend.

The gentleman was one of the first people I met when I arrived in Germany, and though only an acquaintance, his passing affected me personally.

This man, who was obviously loved by his family and friends, fell on tough times, couldn't see a way out and took his own life.

For those of you who have never attended a funeral of someone who has taken their own life, let me describe the scene.

Not only do you find the melancholy associated with any death of a loved one, but under this circumstance, an air of shock, misplaced guilt and "what ifs" also fills the room.

Though I didn't know him very well, even I pondered this. I hadn't seen or spoken to him since last November. What if I had? What if I could've helped him and kept him from doing this? These are just my questions, and I can't even imagine what his

family members are asking themselves at this point.

For some, asking what I could have done to keep him from doing this may seem a little strange, but I have a little insight on the subject. I, myself, have been diagnosed with clinical depression, and have spent time in an in-patient hospital program because of suicidal ideations.

It was a difficult time in my life. At the time, I thought I couldn't overcome it, but now years later, it all seems petty. A counselor I worked with put it very eloquently; suicide is a permanent solution to temporary problems.

Some of the more common symptoms of depression include trouble with eating and sleeping, feelings of worthlessness, and losing interest in things you usually care about. Looking back, when these things surfaced, I found that the longer I waited, the worse they got.

Probably the most important thing I learned while in the hospital is that talking helps. Often when people are depressed, they tend to shut off and keep to themselves,

which is counter-productive. Just listening to other people talk about their problems made mine seem almost trivial.

If you are in pain, reach out and tell someone. As hopeless as everything may seem, people care about you enough to help. There are dozens of resources available to people having thoughts of suicide, ranging from hot lines to chat rooms to your local hospital's emergency room.

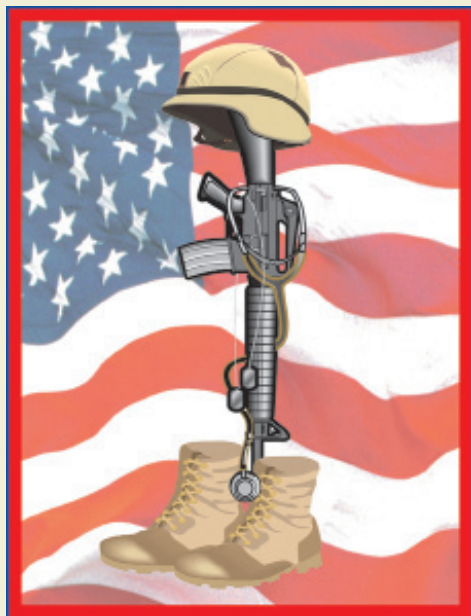
The Army Suicide Prevention Program hits the nail on the head with the "A.C.E." acronym. Ask your buddy, Care for your buddy, and Escort your buddy. If a friend or family member shows signs of depression or mentions ending their life, follow these steps and get them help immediately.

Don't be embarrassed or scared to get help. Leadership from all military branches are continuously working to eliminate the stigma associated with getting assistance. Seeking help is a sign of strength, not weakness.

National Suicide Prevention Lifeline
 1-800-273-8255



Happy 237th Birthday U.S. Army June 14, 2012!



The last, full measure of devotion

SSG Joseph, J. Altmann, 68W, Dec. 25, 2011, HHC, 2nd Battalion, 27th Infantry, 3rd BCT, 25th Infantry Division

PFC Justin M. Whitmire, 68W Dec. 27, 2011, HHD, 720th Military Police Battalion, 89th Military Police Brigade

SPC Keith D. Benson, 68W, Jan. 18, 2012, 2nd Battalion, 28th Infantry Regiment, 172nd Infantry Brigade

SPC Edward J. Acosta, 68W, March 5, 2012, 2nd Battalion, 5th Infantry Regiment, 3rd BCT, 1st Armored Division

CPT Bruce K. Clark, 66H, May 1, 2012, A Company, Troop Command, William Beaumont Army Medical Center

Preschoolers take cues from you during deployments

By Jennifer Clampet

WBAMC Public Affairs Office

Young children have little problem interpreting their parents' deployment-related stress.

"Kids are extremely sensitive to us," said Monica Lawson, licensed clinical social worker with William Beaumont Army Medical Center's child and adolescent psychiatry services on Fort Bliss.

In the last decade, more than two million military children have had a deployed parent. Within that time, studies have highlighted the challenges military children face with deployments.

"All children, but especially military children, are incredibly resilient," Lawson said.

A life of constant relocations and deployments has contributed to a growing movement for resilient military children – a trait that often begins with caring adults and open communication.

When deployment activities loom for parents of children ages 5 and younger, remember these tips.

Don't take it personally.

"Kids will be kids. When children are toddlers and preschoolers, they only have two to three years of experience. You can only expect them to respond with the experience they have," Lawson said.

"Be sure to take care of yourself," Lawson said of spouses or caregivers of military children. "Plan for supporting your children but also plan to nurture yourself."

Plan fun activities with friends and get out of the house daily. Crying daily for more than a few days or not being able to get out of the house are symptoms of needing additional support.

Every child handles stress differently.

"Every child is different," Lawson said noting the factors of tem-

perament, home life and activities that help a child deal with stress.

Reinforce a connection to the deployed parent by actively involving children in art work projects, letter writing and even baking goodies to send to deployed Service members.

Include the deployed parents through routine Skype sessions, videos of parents interacting with their children and recordings of the parent reading a book or singing a song to the child.

Be patient and gentle.

Clingy behavior is a normal reaction, Lawson said. But so too, are displays of anger and fear. The 2002 Journal of Pediatric Nursing article also notes that preschool-aged children may exhibit behaviors they had previously outgrown.

Given a few weeks most children return to a positive new normal with the Service member back in the role as parent, Lawson said. To help with the transitions, Families should stick to a routine.

"Routines give a child a sense of security," Lawson said referring to the importance of bedtime rituals and fun activities.

If behavior changes persist, parents should seek help.

Parents can visit their pediatricians who can give referrals to child and adolescent psychiatry services.

Families can also contact Military and Family Life Consultants – licensed providers who help with normal transition issues.

Army Community Service offers new parent support classes, play groups and programs – which provide parent networking opportunities for support systems – through the Family Advocacy program.

For more helpful tips on children and deployments, visit www.militaryonesource.com.

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Protected Families,
Beneficiaries and
Army Civilians

America's leading Veterinary Medical Team

The U.S. Army Veterinary Corps was formally established by an Act of Congress on 3 June 1916. However, recognition of the need for veterinary expertise had been evolving since 1776 when General Washington directed that a "regiment of horse with a farrier" be raised.

Veterinary Corps participation in all of our nation's conflicts since World War I has been an essential element in the maintenance of the health and well being of both animals and Soldiers. The highly technical education obtained by veterinarians has continued to prepare them for their changing mission requirements for over the past ninety years.

Following the establishment of an Air Force Veterinary Corps in 1949, the Army shared military veterinary responsibilities with its sister service. However, in 1979 Congress directed changes to the Department of Defense (DoD) veterinary missions. Effective 31 March 1980 the Air Force Vet-

erinary Corps was disestablished and the Army became the Executive Agent for all DoD veterinary services.

The U.S. Army Veterinary Corps continues to significantly impact current operations. Veterinary unit commanders and their personnel are critical in effecting remarkably low food borne illness rates. This is in great measure a result of veterinary inspection of subsistence in the United States as well as the approval of safe food sources around the world. Army veterinarians ensure the health of military working dogs and assist with host-nation related animal emergencies. Veterinary staff advisors also play key roles regarding issues involving chemical and biological defense.

At home, military veterinary supervision of operational ration assembly plants, supply and distribution points, ports of debarkation, and other types of subsistence

operations are critical to ensuring safe, wholesome food for our Soldiers, Sailors, Airmen, Marines, and their Family members. The large segment of the Veterinary Corps involved in Medical Research and

Development missions contribute immeasurably to the overall military effort. Vaccine, anti-toxin, and antidote development, directed toward the protection of military personnel, has been and will continue to be, heavily reliant on military veterinary expertise.

Development

Accomplishing its broad functions of food safety and defense, animal care, veterinary public health, and research and development, will continue to be essential as long as the need for military forces remain.

<http://veterinarycorps.amedd.army.mil/>



Special Ops doctor receives Hero of Military Medicine award

FORT BRAGG, N.C. -- Col. Russ Kotwal received the 2012 Heroes of Military Medicine awards courtesy of the Henry M. Jackson Foundation for the Advancement of Military Medicine in Washington D.C., May 2.

Kotwal is one of three individuals to be a recipient of the award. These individuals have distinguished themselves through excellence and selfless dedication to advancing medicine for our nation's wounded, ill and injured Service members, Veterans and their Families.

Kotwal has served in the U.S. Army for 27 years. He is currently the Deputy Command Surgeon for the U.S. Army Special Operations Command. His education includes a Bachelor of Science in Health Education from Texas A&M University (1985), a Doctor of Medicine from the Uniformed Services University of the Health Sciences (1996), and a Master of Public Health from the University of Texas Medical Branch (2004).

Kotwal has completed residency training in both Family Medicine at Martin Army Community Hospital (1996-1999) and Aerospace Medicine at the Naval Operational Medicine Institute (2003-2005). He is also a Fellow of the American Academy of Family Physicians.

His operational assignments include four years with the 25th Infantry Division, nine years with the 75th Ranger Regiment, and two years with the U.S. Army Special Operations Command. He has deployed to combat twelve times with the Rangers, nine times to Afghanistan and three to Iraq. He has conducted hundreds of combat ground and air missions as the senior medical provider for which he

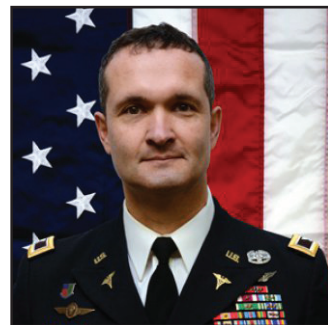
has received five Bronze Star medals, two Joint Service Commendation medals for valor, and two combat jump stars.

His other awards include two Meritorious Service Medals, three Army Commendation Medals, and four Army Achievement Medals. Other recognitions include that of Chairman of the Joint Chiefs of Staff Award for Excellence in Military Medicine, Distinguished Member of the 75th Ranger Regiment, Special Operations Medical Association Award for Lifetime Achievement, Order of Military Medical Merit, and Infantry Order of Saint Maurice.

Kotwal is also a master parachutist and master flight surgeon. He is credited with numerous novel training and technology initiatives, professional publications, and national and international presentations related primarily to pre-hospital medicine on the battlefield.

Kotwal is an adjunct professor for both the Texas A&M Health Science Center and the Uniformed Services University of the Health Sciences, and he is a member of the U.S. Department of Defense Health Board Committee on Tactical Combat Casualty Care.

(Courtesy USASOC Public Affairs)



Col. Russ Kotwal

Forward Progress builds emergency medical readiness

Story and photo by 1st Lt. Maggie Kohler
30th MEDCOM Public Affairs Office

MIESAU, Germany -- Soldiers of the 212th Combat Support Hospital trained medical logistics to improve their ability to deploy within hours of notification during Operation Forward Progress in Miesau, Germany.

"We're focusing on the mobility of the unit and their ability to conduct an Emergency Deployment Readiness Exercise," said Col. Ann Sammartino, commander, 212th Combat Support Hospital.

Just days after assuming command of 30th Medical Command -- the higher headquarters of the 212th CSH -- Col. Koji Nishimura, along with Command Sgt. Maj. Alexis King, visited Miesau. He met the Soldiers, toured the facilities, climbed into the vehicles, and witnessed the work of Operation Forward Progress as part of his introduction to the unit.

"The 212th CSH Team is creating the environment for Soldiers and Families to take care of each other, do the right thing, and strive for world-record performance -- our command philosophy for innovation and discipline in the future," said Nishimura.

The head nurse of the Intermediate Care

Ward, Capt. Laurette Mangan, walked the commander and command sergeant major through the unit warehouse. She explained how each section developed electronic inventory lists and vehicle load plans for all of the hospital's supplies and equipment, pointing to aisles filled with color-coded containers perfectly lined up on shelves in cages for each section of the hospital.

"When there is a product that is going to expire soon, we have records of that on the computer. We now know exactly which box it is located in, in order to replace it," said Mangan.

"I am very proud of the Soldiers, NCOs and Officers that all went above and beyond my expectations during this exercise and truly set the standard of world-record performance," said Sammartino.

The 30th MEDCOM, headquartered in Heidelberg, Germany, is the enabling medical command asset for the European Command theater of operations. Its Soldiers provide medical support for combat, humanitarian assistance and training missions for U.S. European Command, U.S. Army Europe, U.S. Africa Command, U.S. Central Command, and Operations New Dawn and Enduring Freedom and Kosovo Force.



Col. Koji Nishimura, commander, 30th Medical Command, climbs behind the wheel to start the engine of a 212th Combat Support Hospital Light Medium Tactical Vehicle during his visit to Operation Forward Progress, in the motor pool in Miesau, Germany.

**IP 1.0
Optimize
Medical
Readiness**

Holcomb assumes command of LRMC

By **Chuck Roberts**
LRMC Public Affairs

LANDSTUHL REGIONAL MEDICAL CENTER, Germany – Col. Barbara Holcomb assumed command of Landstuhl Regional Medical Center during a May 3 ceremony also honoring the service of outgoing commander, Col. Jeffrey Clark.

“This is indeed an honor,” said Holcomb. “I’m deeply humbled by the tremendous opportunity to serve as a commander once again, especially at a medical center with the incredible reputation held by Landstuhl.”

“That same admiration for the LRMC staff having saved the lives of thousands of America’s sons and daughters, as well as the ill and injured from 51 different coalition partners runs deeply through many military leaders past and present,” said Holcomb. “After being here just a few days, I certainly understand why, and I will do my absolute best to provide the resources, guidance, training and decisions necessary to maintain the high level of service currently in place,” Holcomb said before a packed gymnasium.

That level of service occurred under the leadership of Clark, selected to replace Brig.

Gen. Nadja West as commanding general of Europe Regional Medical Command and Command Surgeon for U.S. Army Europe.

Clark, who has been nominated for promotion to brigadier general, focused on patient-centered healthcare during his tenure at LRMC. But it was feedback not from a patient he chose to highlight during his speech, but from the mother of two potential patients – her sons deployed to Afghanistan. The mother, a Canadian war-warrant officer departing LRMC after serving a six-month tour as a personnelist, shared her observation of the LRMC staff with Clark.

“What LRMC does is provide comfort for mothers like me, for I know that if one of my sons is sick or wounded he will come to Landstuhl.”

LRMC is the largest American hospital outside of the United States, and the only American tertiary hospital in Europe. LRMC provides primary care, tertiary care, hospitalization and treatment for more than 245,000 U.S. military personnel and their Families within European Command. LRMC is also the evacuation and treatment center for all injured U.S. Service members and civilians serving in Afghanistan and Iraq.



Col. Barbara Holcomb (left) accepts the LRMC colors from Brig. Gen. Nadja West, signifying Holcomb as the new LRMC commander during a May 3 change of command ceremony. (Photo by Phil A. Jones)

Social media misuse punishable under UCMJ

By **Cheryl Rodewig**
Fort Benning

Soldiers who use social media must abide by the terms outlined in the Uniform Code of Military Justice.

“Commenting, posting or linking to material that violates the UCMJ or basic rules of Soldier conduct is prohibited,” said Staff Sgt. Dale Sweetnam of the Online and Social Media Division, Office of the Chief of Public Affairs. “Talking negatively about supervisors or releasing sensitive information is punishable under the UCMJ. It’s never appropriate to be disrespectful of superior officers or NCOs (noncommissioned officers), no matter if you’re in the company area or posting to Facebook at your desk at home.”

Five articles in the UCMJ deal specifically different aspects of inappropriate behavior in public. They are Articles 88, 89, 91, 133 and 134.

“It is important that all Soldiers know that once they log on to a social media platform, they still represent the Army,” Sweetnam said. “The best way to think about it is, if you wouldn’t say it in formation or to your leader’s face, don’t say it online.”

The specified articles cover contempt toward officials, disrespect toward superiors, insubordinate conduct toward superiors and conduct unbecoming of an officer and a gentleman. Examples of this last include posting an obscene photo or linking to inappropriate material.

“Probably the most common example of an inappropriate post is

a Soldier talking negatively about a superior,” Sweetnam said. “Some Soldiers think that once they go home and put on civilian clothes they are free to vent on social media platforms. That’s just not the case. You don’t stop being a Soldier at the end of the duty day.”

But it’s not only about being respectful. Operational security is another consideration.

“Soldiers using social media need to know that the enemy is watching,” Sweetnam said. “Releasing sensitive information on social media platforms can put Soldiers and their Families in harm’s way. You have to be careful. Acting disrespectful and damaging the reputation of the Army on Facebook is no different than acting inappropriately in the local shopping mall.”

Determining how to punish or reprimand Soldiers for social media misuse is up to command leadership, he said.

“If a Soldier has committed a violation under the UCMJ, the punishment can range anywhere from a letter of reprimand to an Article 15 and up to a court-martial, depending on the severity of the violation” said Capt. Steve Szymanski, Senior Trial Counsel with the Criminal Law Division of the Office of the Staff Judge Advocate.

“We are expected to be Soldiers 24/7, whether it is in formation, in the bars and restaurants off post, or on Twitter and Facebook,” he said. “We are expected to be Soldiers and we are held to the standards, without compromise. The bottom line is that Soldiers should be careful about what they post online because once it’s out there, it’s out there.”

Soldier Family Care Center named for fallen medic

By Jennifer Clampet
WBAMC Public Affairs Office

The call for medic went out. But in the buzz of flying bullets and wails of rocket-propelled grenades, the medic never came.

Salvatore Giunta, Congressional Medal of Honor recipient, said it was the first time Spc. Hugo V. Mendoza failed to respond to the call for help.

Mendoza, an airborne medic serving with the 1st platoon, Battle Company, 2nd Battalion, 503rd Airborne Infantry Brigade, was killed in action Oct. 25, 2007, while on a battalion-wide operation in Korengal Valley, Afghanistan.

Mortally wounded attempting to save a comrade being dragged away by Taliban forces, Hugo Mendoza was posthumously awarded a Bronze Star and Purple Heart for his actions.

“(Mendoza) like other medics responded to the call for ‘Doc’ that day without regard for his own personal safety,” said Col. Bruce Adams, deputy commander for William Beaumont Army Medical Center Clinical Services, during the April 12 memorial naming ceremony of the SPC Hugo V. Mendoza Soldier Family Care Center.

“That (action) exemplifies the sacred bond between all who wear the uniform and those first responders trained to treat them like medics, corpsmen and combat lifesavers.”

Mendoza’s solemn portrait – painted by

William Beaumont Army Medical Center civilian employee Mark Yerrington – hangs in the foyer of the Mendoza Soldier Family Care Center.

Beside the image is a plaque detailing the life of Hugo Mendoza as a son, a Soldier, a medic and a hero?

“It’s a great honor that my brother’s legacy will be carried on,” said Carlos Mendoza Jr., older brother of Mendoza.

“It is an honor, but we still wish this would not be happening, because it means our brother is gone.”

Born in Harbor City, Calif., Mendoza spent much of his childhood in El Paso attending Hanks High School before moving to Arizona. He enlisted in the U.S. Army in May 2005.

“He wanted to be a fireman,” said Carlos Mendoza, giving insight into Hugo’s enlistment as an Army medic – a means for education. Joining the military in his late 20s, many Soldiers viewed Hugo Mendoza as a father figure, Carlos said.

Giunta – who served with Hugo Mendoza and who was awarded the Congressional Medal of Honor for actions taken during the same attack on Oct. 25, 2007 – remembered the medic as “an amazing man.”

First meeting Hugo in Vicenza, Italy, Giunta remembered the medic sitting on bare bed springs and remarking that he planned to check everyone’s feet after a long road march.

“Hadn’t he also just finished the road march?” Giunta had asked the eager medic. Giving an affirmative answer, Mendoza jumped up and tended to his duties aiding his comrades.

“That night (in Afghanistan) ... the first thing that I can remember yelling was ‘medic.’ And I knew that Hugo would come. (But) he didn’t,” Giunta said.

Helping others was just something that Mendoza did. It was something that all the members of the 1st platoon did, Giunta said.

“Every member of (my brother’s) unit tried to give his life to save a comrade that night,” Carlos Mendoza said. “Every member of the military who wears a uniform, they’re a hero every day.”

Adams noted Spc. Hugo Mendoza’s valor as a testament to the Warrior Ethos of “never leaving a fallen comrade and displaying commitment to Army Medicine to save lives, foster healthy and resilient people and to inspire trust.”

Unveiling the monument erected just outside the front doors of the Mendoza Soldier Family Care Center, the Mendoza Family gathered around the curved wall to view the legacy of their fallen Soldier.

The \$42 million Mendoza Soldier Family Care Center is the largest and most technologically advanced ambulatory health center in the military.

The 145,000-square-foot, two-story building sits on 14 acres along SSG Sims Street on East Bliss. Completed in September 2010, the clinic provides primary care, pediatrics, laboratory, radiology, pharmacy, physical therapy and behavioral health services for more than 37,000 active duty Service members and Family members.

Inside the center, floor-to-ceiling windows showered the interior with sunlight – a reminder to Mendoza Family members and friends of the infectious smile of their Soldier.

“It was the most painful thing I’ve ever heard to this day,” said Carlos Mendoza of the death of his brother.

With a watchful eye on the world, Carlos Mendoza said he pays more attention to those bumper stickers for Service members.

Reciting one, he said, “Some gave some. Some gave all.”

“My brother gave all,” Carlos Mendoza said.



Carlos Mendoza Jr. (left) stands near his parents Jesus Carlos and Sara Mendoza after unveiling the outdoor plaque detailing the life of his brother Spc. Hugo V. Mendoza for whom the Soldier Family Care Center was renamed for during an April 12 ceremony. (Photo by Julia Yubeta)

A trusted force in a transforming Army

The story of the U.S. Army Medical Service Corps is evolutionary. Precursors such as Revolutionary War apothecaries and officers of the Civil War Ambulance Corps evolved into the World War I Sanitary Corps which was established on June 30, 1917, as a temporary part of the Medical Department based on authority provided by an 18 May 1917 Act of Congress.

This corps, which rapidly expanded to nearly 3,000 officers during the war, enabled the relief of physicians from a variety of administrative, technical and scientific duties. The Sanitary Corps was demobilized following the war. During the inter-war years, it became clear that the Army needed a permanent medical ancillary organization. This



led to the establishment of the Medical Administrative Corps (MAC) on 4 June 1920.

Growth in WW II was spectacular. The MAC increased from less than 100 officers in 1939 to over 22,000 by 1945. These officers freed physicians for patient care responsibilities by occupying an expanded variety of positions. These positions included replacement of the second

physician in maneuver battalions. A third precursor, the Pharmacy Corps, was established as a Regular Army branch on 12 July 1943. Finally on 4 August 1947, the Sanitary, Administrative and Pharmacy Corps were replaced by the Medical Service Corps consisting of four sections: Pharmacy, Supply and Administration, Medical Allied Sci-

ences, Sanitary Engineering, and Optometry. In 2011, an update to Title 10 aligned the MSC into four sections: the Administrative Health Services Section, Medical Allied Sciences Section, Preventive Medicine Sciences Section, and Clinical Health Sciences Section.

Since the end of the Vietnam War, MSCs have served in every major conflict – Grenada, Panama, Operation Desert Shield/Desert Storm, Somalia, the Balkans, and most recently Operations Enduring Freedom and Iraqi Freedom.

<http://medicalservicecorps.amedd.army.mil>

SAFETY from P1

- Transportation - Children and adults should wear helmets when riding bicycles, motorcycles, skateboards or all-terrain vehicles (ATVs). The most effective way to prevent head injuries is to wear a properly fitting helmet.

- Lawn mowers - Never carry additional riders on a riding mower, unless it is specifically designed for passengers. For riding and push-type mowers, always wear sturdy shoes (not sandals), long pants and safety glasses.

- Barbecue and burns – NEVER light a grill using gasoline! Always watch children and pets when grilling outdoors and never bring

a grill inside if the weather turns bad. When lighting fireworks, keep flames and fireworks away from you. The safest thing is to not use fireworks at all.

- Alcohol-Summer festivals, sporting events and other activities often include alcohol.

- To prevent injury to yourself or others, be a responsible drinker and always make sure you have a designated driver. Many boating accidents are also related to alcohol use.

- Bee stings - Cover soda cans and food to prevent attracting bees.
- Playground safety - Check equipment for adequate fall zones and protrusions prior to allowing children to play.

(Compiled from U.S. Army Combat Readiness/Safety Center news releases)

WOMEN from P1

Army Medical Command. “We need to specialize in some areas to show that we are best supporting our women and ensuring that we have the right processes and capabilities, all focused on making them as functional and effective as they can be.”

An initial assessment team deployed to Afghanistan to conduct town hall meetings and interviews to identify and report issues that are unique, what those issues are, and recommend ways to fix them. The multidisciplinary team spoke with more than 150 female Service members and received open and candid feedback on the physical and psychological concerns that women face.

Horoho said the assessment team found many female Service members are concerned about the effect their deployment has on their children and the length of the post-

partum deferment.

More than one-third of active duty women are mothers, and after more than 10 years of war, a parent’s deployment has affected nearly 2.2 million children. The relationship between war stressors in deployed Service members and the increase in adverse emotional and behavioral health outcomes in military children has been seen in all phases of deployment and reintegration, Horoho said.

“As we look at the health of our nation, we have to make sure we are not just looking at the Service members, but we are looking at the Family,” she said.

Women make up 15.8 percent of the active duty, Reserve, and National Guard force and are eligible for 97 percent of the military occupations. The reality of the present

and future battlefield is that women no longer serve in “traditional” roles, the Surgeon General said.

“In our time, we can no longer reliably distinguish a combat role from a non-combat role, the battlespace is simply too dynamic,” Horoho said. “Women Service members adapt to the mission, to the task, and to the environment. This is why Army Medicine needs to adapt as well to meet the unique healthcare needs of women.”

The Women’s Health Task Force sets out to bridge this gap, Horoho said, and ensures female Service members have the care, education, and logistical support they need without compromising their health or humility as they successfully execute the mission. In order for women to be fully integrated and effective members of the team, the task force works to ensure their distinct health needs are being considered and met, she said.

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Taking the stress out of stress management

By Jeffrey M. Soares
MPMC Public Affairs

Although the overall stress level for Americans continues to drop, this level still remains high and exceeds what most citizens consider to be healthy. Add in the factors of a military life, such as deployment, re-deployment and combat, and one can only conclude that our men and women in uniform are most likely burdened with additional stressors unknown to the typical civilian.

The U.S. Army Medical Research and Materiel Command manages an active portfolio of Department of Defense- and U.S. Army-funded research that aims to develop and scientifically test different techniques to enhance an individual's ability to deal with stress effectively. Approaches that are currently under investigation include mindfulness-based methods, yoga, and mind-body approaches, along with other techniques such as stress inoculation, which may be beneficial across various settings.

"Stress is one of the leading contributors to preventable disease," said Dr. Deborah Morrone of the Frederick (Md.) Chiropractic Wellness Center. "It doubles the rate of heart and cardiovascular problems, substance abuse, and infectious diseases, and it may increase the average rate of some cancers by up to five times."

Morrone visited the Soldiers and civilians at Fort Detrick, Md., to present a seminar on proper stress management techniques. Not only did she provide facts regarding the impact of stress, but Morrone offered a number of suggestions to alleviate its negative effects.

"When you experience stress, your body responds by increasing the release of hormones such as cortisol and adrenaline, so that your body goes into a state of 'fight or flight,'" said Morrone. "Too many people are stuck in this mode, and their stress response stays in high gear, which leads to chronic health problems."

While these statistics may be alarming to many, Morrone says that a little self-care can go a long way. And the mantra she advocates is simple: Eat well, move well, think well.

Eat well

As the saying goes, we are what we eat, and this is critical when trying to fend off

the negative effects of stress on one's body. A consistent intake of proper nutrients is important in helping the body to refuel in order to function and heal. A varied diet of whole, natural, unprocessed foods (100% whole grains, fruits and vegetables, meats and fish, nuts and legumes, and dairy products) is best. However, good quality, food-based nutritional supplements are sometimes necessary and important to fill in the gaps of a less-than-perfect diet, or if you have specific health challenges. Synthetic vitamins like those usually found in your average over-the-counter supplements may not work as well, since your body will not absorb or use them as well as the combination of nutrients found in whole foods.

Morrone said chemical-laden processed "food-like" substances only add to the strain on the body by creating inflammation. Eating whole and minimally processed foods provides greater benefit to the digestive system and allows for greater absorption of nutrients. One should also be aware of undetected food sensitivities and allergies, as these keep the immune system and stress hormones running on "high," leading to chronic fatigue, digestive problems, and depression, among other things.

Move well

"Physical activity works better than medication for depression," said Morrone. "It increases endorphins, which are your body's natural painkillers, improves lung capacity and heart function, and improves digestion by helping with movement of the digestive tract."

The doctor also says forward head posture, or slouching, results in as much as a 30% loss of vital capacity of the lungs, and this shortness of breath can lead to heart and vascular disease. It should be quite clear that proper, full breathing is critical in maintaining good physical health.

"One of the biggest problems I see often in people dealing with stress is that they just don't breathe or move normally," said Morrone. "Their shoulders are hunched up tight and they forget they have to breathe! You can clearly see the tension in their body posture."

Think well

Morrone says there are basically two types of problems: those you can do something about, and those you cannot do any-



While various factors can influence the amount of stress one may experience, proper management techniques can help to control the negative effects of stress. (Courtesy photo)

thing about. She suggests making a list of all of the stressors in one's life, without thinking too much about each. Her advice is to just sit down and start writing, and once the list is compiled, to take a look at what is on the paper.

"When you see the list of items, one by one, in black and white," said Morrone, "then you have to ask yourself, 'What is really important? Will this problem matter 10 minutes from now, 10 days from now, 10 months from now, or 10 years from now?' If not, let it go and move on to the next problem, and soon you'll see that most of the things troubling you aren't really major problems at all."

As the crux of Morrone's advice is to "chunk it down" to the next simplest step, she recognizes some problems need to be faced and resolved before one can move forward. Her best advice for this task is to establish firm guidelines to address these problems within a reasonable timeframe.

One should keep this simple advice in mind the next time the stress levels begin to rise. Instead of viewing the anxiety as an overwhelming rollercoaster ride rushing you along, think of it as a children's ride that you can get off at any time. Just like being at an amusement park, you can hop on whichever rides you like, at any time. The choice is up to you.

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New medical machine extends the arm of care

Story and photo by Jennifer Clampet
WBAMC Public Affairs Office

The U.S. Army is looking to a medical machine to help in the outpatient treatment of Soldiers suffering post-traumatic stress and traumatic brain injuries.

EMMA -- an Electronic Medication Management Assistant offered through In-Range Systems Inc. -- is being used in Warrior Transition Units throughout the Army.

At Fort Bliss, the medical device -- which resembles a cash ATM machine in design -- was introduced in the fall of 2011. The device can be kept in a Soldier's quarters, is controlled remotely via Wi-Fi connection to EMMA representatives and dispenses medications according to programmed times.

Four military medical facilities including Walter Reed Medical Center have been testing the EMMA system since 2007. Three Fort Bliss Warrior Transition Battalion Soldiers now use the machine.

"I take more than 21 medications," said Sgt. James Mitchell, Alpha Company, Fort Bliss WTB.

Crowding a dresser top in his bedroom, the EMMA machine's blue screen glows when prompted to dispense Mitchell's many pills.

The 18-year Army veteran -- who spent most of his time in service as a Soldier in the U.S. Army Reserves -- has been diagnosed

with PTSD and TBI. Mitchell was stationed at the Fort Bliss WTB in 2007 following a tour in Iraq pulling convoy security.

"I had a lot of bad stuff happen," Mitchell said. "I try not to focus on it."

But the WTB Soldier offers candid remarks in describing his adjustment to EMMA -- a machine intended to keep the high-risk Soldier in adherence with his poly-pharmacy drug therapy.

"The first week I didn't like a machine telling me what to do. Now it really is a load off my mind. And now I'm fighting to keep it," said Mitchell who has begun transitioning out of the Army.

EMMA is designed for outpatients suffering from cognitive impairments associated with conditions such as PTSD and TBI.

Between 2000 and 2011, the Army has reported diagnosing more than 76,000 cases of PTSD and more than 233,000 cases of TBI in Soldiers.

Soldiers diagnosed with either one or a combination of the two conditions can be placed on multiple medications -- for which schedules for correct usage in outpatient settings rely heavily on Soldiers or caretakers to comprehend and follow.

"I can never remember what doctors told me," said Mitchell who keeps a diary and tape recordings as reminders of instructions for medications.

While PTSD and TBI treatments can

include therapy and medications, the latter treatment is a concern as risks associated with poly-pharmacy drug regimens (taking four or more medications) include accidental and intentional overdoses.

"EMMA is used to help mitigate risks associated with outpatient drug therapy," said Dr. Robbie Rampy, medical director at Fort Bliss WTB.

The effects of a TBI injury include difficulty organizing daily tasks, easily irritated or angered trouble with memory or concentration and easily confused.

The PTSD condition includes the re-experience of a life-threatening event over and over again; avoiding people, places and feelings that remind a person of the event; and feeling on the edge all the time.

The machine which is monitored 24/7 by EMMA representatives and offers programmed alarms for reminders to take scheduled pills. The system is remotely programmed by TRICARE pharmacies to ensure that the patient's medications are delivered according to the physician's prescribed dosing instructions. Medications can be mailed to the patient's home.

"It gives the Soldiers independence when they have the machine," Smith said.

For caregivers, the independence is similar.

"Before I would have to put all his pills into the pill boxes," said Patricia Mitchell, James' wife, who remembered the day when her husband's pills stopped fitting into the small individual plastic containers.

"Now we just have a password," she said.

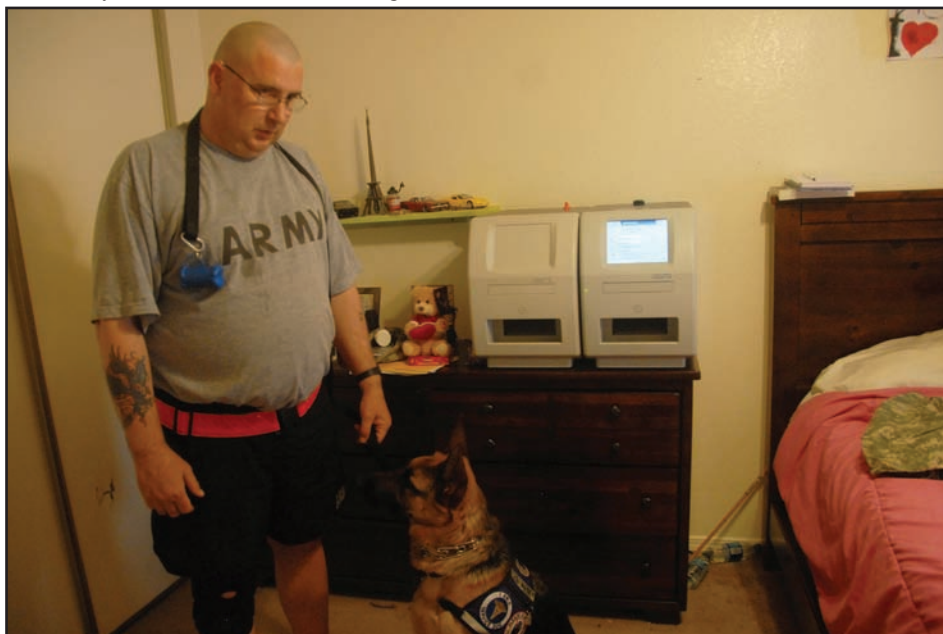
But as with all technology, some patients are hesitant to surrender control to a machine. At Fort Bliss the success of the EMMA-option is dependent upon the Soldier's willingness to use the device.

EMMA is covered under TRICARE. A waiver is submitted to TRICARE on behalf of the Soldier requesting the use of the machine. The request then undergoes a lengthy approval process, said T.J. Inslee, national military sales manager with InRange Inc.

Mitchell is aware of his past behaviors in struggling with PTSD and TBI. Giving a tug to a dog leash attached to Nakita -- Mitchell's service dog -- he notes even the dog's assistance in helping him hear the alarm sounds for pills from EMMA.

"There is no way physically possible to beat that machine," said Mitchell.

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Sgt. James Mitchell, Alpha Company, Fort Bliss Warrior Transition Battalion, stands in his bedroom which houses his Electronic Medication Management Assistant (EMMA) with his service dog Nakita.

1st Area Medical Laboratory tests new concept

Story and photos by Lt. Col. Carol McClelland
20th Support Command (CBRNE) Public Affairs

Aberdeen Proving Ground, Md. – The 1st Area Medical Laboratory tested a new concept during a field training exercise here April 30 - May 4 that could revolutionize the unit's framework.

The 1st AML is designed as a deployable analytical laboratory with a diagnostic capability to detect and identify environment contaminations that could harm warriors on the battlefield. The technicians provide combatant commanders with health hazard assessments of environmental, occupational, endemic and chemical, biological, radiological, nuclear or high-yield explosive threats, also called CBRNE, in support of force protection and weapons of mass destruction missions.

Sometimes called "Soldier Scientists" they test air, water, soil, food, waste and vectors like insects, animals and blood, for various kinds of contaminants. To do this, the unit was structured into three specific areas: biological, chemical and occupational health, according to Col. Anthony Bostick, the 1st AML commander who's previously worked with special operation units.

"Right now in order to get all three aspects, we have to send the whole team," Bostick explained. "Special operations units travel in small teams. I constantly heard the complaint that we're too big; that we'd be requested monthly or every other month to deploy but when they see how large we are, we have too large of a footprint," Bostick said.

So he reorganized his unit into six smaller, more mobile teams. Each team will have all three elements—bio., chem. and occupational health, using only 10-11 people verses 43 and a much smaller equipment load.

But testing the concept wasn't easy.

"I think it's hard for someone who doesn't do this on a regular basis. It's hard to grasp sometimes," said Sgt. Trent Crews, a food inspector who traveled to Japan with the unit after the tsunami to do food and air radiation testing. Yesterday she did bacteria strains and looked at them under a microscope. Today, she learned how to use a water testing kit. "I think it's nice to learn about the other team member's equipment but some go to school for a year in comparison to me, and it's kind of frustrating," she said.

"The whole idea is to give a little familiarization so if they go out they know how to use the equipment," said Capt. Sean Beeman, chief of occupational environmental health. Beeman thinks going to the lighter, more mobile concept increases his unit's value to the Army. But it also increased his workload during the exercise.

With the new reorganization during the field exercise, each of the three chiefs oversaw two teams instead of one because while the AML is authorized 43 personnel, only 30 are available at all times. The 13 personnel not permanently assigned to the unit are from the Professional Filler System, or PROFIS, assigned to U.S. Army Medical Command organizations and fill in when required. Also the commander, executive officer, sergeant major and operations lead had to be part of the white cell (exercise proctors) as well as be part of the teams.

"It was very interesting to see some of the solutions they came up with and some were very creative, said Beeman who watched well sampling during the 24-hour operations. "For well sampling

you use a bailer or other specific types of sampling equipment. But not everyone had all the same types of equipment on the six teams so team leaders had to become creative in order to collect samples they needed."

While acknowledging the heightened frustration level, the AML commander said his personnel realized during the exercise that cross training is critical.

"They're very bright Soldiers and they pick up quickly so I don't think it's going to be a problem," Bostick said.

Food inspector Crews said if it were a real situation, she thought the ones that had the expertise in a certain area would be sent.

"It was good to see and get hip-pocket training but I wouldn't want someone else to do my mission," Crews said.

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Top: Capt. Todd Jaszewski and Spec. Megan Clark draw a water sample from a well using a creative solution.

Above: Commander of 1st AML, Col. Anthony Bostick, pours mosquitoes into a tube as part of a scenario. He mixed two Dengue affected insects with dozens of healthy ones and handed the mosquitoes and a worksheet citing symptoms with the expectation his Scientist Soldiers would analyze and deliver the correct diagnosis.

WTB opens new barracks complex

Story and photo by Michelle L. Gordon

MEDDAC Fort Stewart Public Affairs

Soldiers assigned to the Fort Stewart Warrior Transition Battalion have a new place to call home with the May 15 opening of a new, \$25.1 million barracks complex located across from Fort Stewart's Winn Army Community Hospital.

The 144,600 square-foot complex includes two buildings with two apartment-style floor plans. One plan is a two-bedroom, two-bath apartment with a shared kitchen, living room and laundry room. The second floor plan offers a two-bedroom, one-bath apartment with a shared kitchen. The campus also includes a respite garden area and a special obstacle course to help Soldiers adjust to maneuvering wheelchairs.

"This barracks complex houses 240 Soldiers in some of the finest, most technologically advanced quarters in the United States Army," said WTB Commander Lt. Col. William C. Reitemeyer. "All of the rooms meet or exceed [Americans with Disabilities] compliant standards with wider hallways and doors, and lower countertops. They can also be tailored to accommodate Soldiers with different disabilities, injuries and ailments."

The WTB campus project is managed by the U.S. Army Corps of Engineers Savannah District, which oversees military construction on 11 Army and Air Force installations. They provide engineering, design and construction support.

"Our Soldiers and Families have sacrificed so much so it's an honor to provide these facilities to them," said Lt. Col. Thomas Woodie, Project Manager for the U.S. Army Corps of Engineers Savannah District.

Prior to the completion of the project, WTB Soldiers were housed in several modular homes throughout the installation. The new barracks consolidates them into one facility and co-locates them with both the hospital and the Soldier and Family Assistance Center.



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The amount of time Soldiers are assigned to the WTB varies due to the complexity and severity of their injury or illness. However, according to Reitemeyer it's important to remember that regardless of the complex medical conditions that brought them to the Warrior Transition Battalion, they are Soldiers first and foremost.

"These barracks are the next step toward the final completion of a fully-integrated campus providing the finest care and healing environment for our nation's wounded, ill and injured Soldiers," he said.

The new barracks are part of the \$49 million WTB campus project. The final step will be the construction of the battalion headquarters building, which is scheduled to be completed later this year.

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Expert Field Medical Badge

Private 1st Class Stephen Zukowski, Headquarters and Headquarters Troop, 1st Squadron, 32nd Cavalry Regiment, 1st Brigade Combat Team, 101st Airborne Division, makes his way through an obstacle of concertina wire. This task was one of many in the combat tactical testing lanes for the Expert Field Medical Badge. This fiscal year, Fort Campbell yielded the highest graduation percentage across the Army for the EFMB.

(Photo by Heather Clark)

AROUND ARMY MEDICINE

1. A living representation of the Combat Medic Memorial Statue takes center stage during the Expert Field Medical Badge presentation ceremony in the Fort Riley training area. (Photo by Mollie Miller)

2. Members of 30th Medical Command staff gather on a hill near Sainte-Mère-Église in Normandy, France, under the shadow of the statue "Iron Mike," learning from the lessons there and honoring those who served. (Photo by 2nd Lt. Shawnee Phillips)

3. Fred Gage, far left, a clinical research coordinator at Walter Reed National Military Medical Center in Bethesda, Md., instructs organ recovery team members Sgt. Candice Westbrook, Caroline Acker, Sgt. Zachary Johnson and Spc. Michael Douglas on how to use the new kidney perfusion machine. (Photo by Sharon Rene Taylor)

4. Sgt. Cliff Aughe, a flight medic with C Company, 1st Battalion, 171st Aviation Regiment, New Mexico Army National Guard, watches over a soldier from the Afghan National Army during an evacuation mission in Afghanistan. (Photo by Sgt. Daniel Schroeder)

