ARMY MEDICINE
Serving To Heal...Honored To Serve

MERCURY

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Military health in period of transformation

By Emily Greene
Health.mil

NATIONAL HARBOR, Md. – Healthcare to health was the topic of discussion at the opening plenary session of the 2012 Military Health System Conference Jan. 31 at the Gaylord National Hotel and Convention Center at National Harbor, Md.

An audience of some 3,000 military medical professionals from across the Department of Defense joined three top defense officers in the conversation about transitioning the military medical community towards a focus on health and readiness in addition to treatment of illness and injury.

Dr. Jonathan Woodson, assistant secretary of defense for health affairs, opened the plenary with his presentation of "Healthcare to Health; A Model for the Nation." He focused on the transformation the armed services face and the challenges a smaller, leaner force will pose for the military medical community.

"Our primary focus remains those serving in combat operations overseas," Woodson said.

However, he added, the Military Health System, or MHS, must begin to plan for the future. He said the last 10 years of combat care have created a precedent of excellence in trauma and critical care. Now, in today's changing defense needs, the military medical community must begin to shift towards a prevalent attitude of health and wellness in addition to traditional healthcare.

Woodson outlined four key objectives moving forward; continuation of the Patient Centered Medical Home, addressing the issues of tobacco use and obesity in the military community, patient safety and innovation. He said innovation is the key to the future of the MHS.

A key theme throughout the morning plenary session was the empowerment of patients in their own health.

Lt. Gen. Patricia D. Horoho, Army Surgeon General and commander, U.S. Army Medical Command, gives remarks during the opening plenary session of the 2012 Military Health System Conference Jan. 31 at the Gaylord National Hotel and Convention Center at National Harbor, Md. (Department of Defense photo by Johnny Bivera)

Acting Under Secretary for Personnel and Readiness Jo Ann Rooney emphasized the need to widen the circle of those who are responsible for health within the defense community. She said health is a community responsibility and the move from healthcare to health within the medical community is a message of hope for the future of the armed services. Rooney also spoke of the importance of integration of technology and maintaining a personal touch in providing for the complex needs of the MHS patient base.

Lt. Gen. Patricia D. Horoho, Army surgeon general and commander of U.S. Army Medical Command, capped off the session with a challenge.

"With all that we've accomplished, are we good enough? No," Horoho said. "Our focus, the nation's focus, is primarily on healthcare. We have to focus on health."

Horoho said health happens in the "white space" between doctors' visits and that this is where the majority of decisions that affect an individual's health are made. She spoke of the need to reach patients on an individual level and to empower them in maintaining and enhancing their own health and well being.

"There are difficult challenges ahead, but our mission remains clear," Horoho said. "In order for us to get to health, we must empower our patients. The need is urgent, the time is now."

All three speakers at the morning's first session closed with a call to action to join in on the MHS transformation in a spirit of innovation and collaboration. They said a commitment to continuous improvement, personal involvement in patient care and safety partnerships with sister services and other federal and civilian organizations as well as beneficiaries is the way forward.

THE MERCURY

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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. The BSC communicates the mission, strategic vision and goals of 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

Self awareness is the first step toward resilience

By Maj. Young S. Kang
U.S. Army Dental Activity

Nine years into the War on Terrorism, the Army acknowledged that its Soldiers and their Families were suffering from high levels of stress and resulting symptoms due to multiple deployments and separations from their Families.

To address this phenomenon, the Army implemented the Comprehensive Soldier Fitness Program to teach resilience and stress management to those Soldiers suffering from stress-related problems, especially military health care providers. The Army has incorporated education on resilience at every level of institutional training, from basic training for enlisted Soldiers to NCOs and commissioned officers in their professional development programs.

My opportunity to study resilience in depth came when I recently attended the Intermediate Level Education (ILE) at Fort Gordon, Ga. The ILE students, mid-grade officers from various branches of the Army, were asked to reflect on their past experiences, successes, and failures in both professional and personal domains to develop their self-awareness and resilience. Upon graduation, these students are responsible for developing resilience in their units, their Soldiers, and ultimately themselves.

The Army defines resilience as "showing a tendency to recover quickly from setbacks, shock, injuries, adversity, and stress while maintaining a mission and organizational focus." Self-awareness is the first step to enhance your resilience.

Prior to my deployment to Iraq in May 2010, I had been in charge of two small Army dental clinics in South Korea and Germany for six years following my residency at Fort Bragg, N.C.

Because I worked diligently to learn all my assigned tasks as a direct-level care provider and clinic manager, I did not pay attention to the risks of working long hours and dealing with the demanding operational tempo.

Everyone in the Army Medical Department, from senior leaders to enlisted Soldiers, has worked very hard to support the Army and its Soldiers during a time of war. The AMEDD prepares units and their Soldiers for operations down range and reintegrates returning Soldiers by providing all necessary medical needs.

I conducted daily management of direct patient care, budget, inter-staff personality conflict, customer satisfaction and production all simultaneously. I did not realize that my health, both physical and mental, could be affected and I could pay a price for my lack of attention to them.

During my deployment in Iraq, I developed sciatica due to a herniated disc. I, a dentist, was suddenly the patient. Sciatica caused excruciating pain, muscle cramping, and numbness and tingling in my right leg.

It was the worst physical ordeal I had experienced. I was unable to sleep at night. I had to rely on Percocet and Valium to ease the pain and sleep. I was unable to walk. The pain was so bad, I almost fainted a couple of times; each time, I was carried to the emergency room of the combat support hospital. My fellow Soldiers had to bring the meals to me in my living container.

Because all neurological cases are mandated to be evacuated out of theater, I was medically evacuated out of Iraq to Ramstein, Germany. Throughout my Army career, I prepared myself to go to war by visualizing it. However, being carried out on a litter onto an Air Force C-130 was not how I pictured my deployment ending. I was disappointed and felt I had failed at something important. When I returned to Germany, a decision was made to keep me at an Army hospital at Landstuhl, Germany, for diagnosis and initial treatment before doctors determined whether I would return to theater or I would be released back to the home station.

Although some patients experience a quick recovery from sciatica, my recovery was somewhat slow. Worse, in my first week at Landstuhl, while I was struggling to recover, I had to mourn the loss of my grandmother who had passed away after a five-year battle with Alzheimer's disease. Because my condition did not allow me to fly to the U.S., I was not able to attend her funeral. I never felt more helpless.

It has been a year since I was evacuated out of Iraq. Since then, I have recovered from the physical injury and engaged in daily reflection on the experience. Reading self-help literature, conversations with friends and Family, and seeking spiritual support helped during those difficult days.

During the recovery period, I found strength and wisdom for resilience from many sources. I began to read books on leadership as well as self-help books.

I talked to my wife and friends, who always stood by me. I forgot how fortunate I was to have my Family- especially my wife and kids-who loved me unconditionally, even though I was not always the ideal father or husband.

I will never forget how terribly worried my parents were when I informed them of my injury and medical evacuation. Now, I truly empathize with the Families of wounded Soldiers and the Families who lost their loved ones during the war. I was also moved and encouraged by many friends who wished me a quick recovery.

I also sought spiritual counseling from my chaplain and a colleague who happened to hold a doctorate in social work. I rediscovered the meaning and purpose of my life from the recent experience.

Above all, I was able to redefine my leadership philosophy as a father, husband, officer, and dentist. I learned to be balanced and calm. I should be sensitive to other people's emotions and feelings. I must have a healthy respect for everyone around me, especially those who struggle. I must be secure enough to handle dissension and criticism. I must understand and advocate resilience. I must be a critical thinker but not a criticizer. I must possess health in mind and body.

I must not be a perfectionist or draconian. I must have high moral standards for myself and others. I must be wise enough to distinguish the mistakes of omission and commission from the mistakes created by the lack of critical judgment. I must understand that a single mistake does not paint a whole picture. I should not be judgmental to anyone before all facts are known. I must understand that no success at work will compensate for failure at home.

Lastly, but most importantly, I must be compassionate for my patients' suffering and empathize with them. I now know what it is like to be a patient who needs loving and compassionate care from one's doctor.

Horoho signs healthcare covenant, honors excellence

By Michael Elliott
Army Medicine

Lt. Gen. Patricia D. Horoho, Army Surgeon General and commander of U.S. Army Medical Command, and Command Sgt. Maj. Donna Brock (right), MEDCOM senior enlisted advisor, hold up the new Army Medicine Healthcare Covenant after signing it Feb. 2. (Photo by Glenda Smith)

Lt. Gen. Patricia D. Horoho, Army Surgeon General and commander of U.S. Army Medical Command, and Command Sgt. Maj. Donna Brock, MEDCOM senior enlisted advisor, signed a new Army Medicine Healthcare Covenant Feb. 2 during the Army breakout and final day of the Military Health System Conference.

The covenant is leadership's commitment to the health, wellness and resilience of the force and their Families.

"We are signing a document today but it is more than a signature or words on paper. Our promise is clear – we will continue to expertly care for the force and their Families while we are on a mission of health. Health is a shared responsibility between patients and Army Medicine; and Army Medicine is leaning forward as we collaborate with our sister services and leading the health conversation in our Nation," Horoho said.

The covenant is a symbol of trust by Army Medicine to partner and provide all Army Medicine patients – Soldiers, retirees and Family members – the quality care and service they earned through years of service and sacrifice.

"HOOAH," came the call and response from Brock to the excited audience. "Our commitment to the force and their Families is ever present and our signatures here today solidify this covenant," she said.

Horoho and Brock also presented winter performance awards and checks totaling $3.75 million to military treatment facilities and regional dental commands for excellence achieved in medical evidence based practice, patient satisfaction, access to care and service growth.

Leadership representing the five Army Medicine regions joined Horoho and Brock to receive an award and check.

The Europe Regional Medical Command, led by Brig. Gen. Nadja West and Command Sgt. Maj. Robert Luciano, received an award and $360,000 for achievement by the Bavaria Medical Activity and Landstuhl Regional Medical Center.

The Pacific RMC, led by Brig. Gen. Keith Gallagher and Command Sgt. Maj. William Franklin, received an award and $480,000 for outstanding performance and achievement by MEDDAC-Korea; Tripler Army Medical Center, Honolulu, Hawaii; and BG Crawford Sams AHC, Japan.

An award and $720,000 was presented to the Northern RMC, led by Brig. Gen. Joseph Caravalho and Command Sgt. Maj. Benjamin Scott, for excellence achieved by the Kenner Army Health Clinic, Fort Lee, Va.; Ireland Army Community Hospital, Fort Knox Ky.; Keller ACH, West Point, N.Y.; Womack AMC, Fort Bragg, N.C.; and Kimbrough Ambulatory Care Center, Fort Meade, Md.

Maj. Gen. General Phillip Volpe and Command Sgt. Maj. Tuileama Nua, representing the Western RMC, received a check and award totaling $900,000 for excellence achieved by the R.W. Bliss AHC, Texas.; Irwin ACH, Fort Riley Kan.; Evans ACH, Fort Carson, Colo.; Munson Health Clinic, Fort Leavenworth Kan.; William Beaumont AMC, Texas.; Gen. Leonard Wood ACH, Fort Leonard Wood, Mo.; Madigan AMC, Joint Base Lewis-McChord, Wash.; and Weed ACH, Fort Irwin, Calif.

The Southern RMC, led by Maj. Gen. Ted Wong and Command Sgt. Maj. Marshall Huffman, received an award and check for $1.18 million for excellence achieved by Lyster AHC, Fort Rucker, Ala.; Blanchfield ACH, Fort Campbell, Ky.; Fox AHC, Redstone Arsenal, Ala.; Dwight D. Eisenhower AMC, Fort Gordon, Ga.; Martin ACH, Fort Benning, Ga.; Reynolds ACH, Fort Sill, Okla.; Moncrief ACH, Fort Jackson S.C.; Winn ACH, Fort Stewart, Ga.; and the San Antonio Military Medical Center.

Col. Priscilla Hamilton and Sgt. Maj. Jaime Nunez-Acosta, representing the U.S. Army Dental Command, received an award and $110,000 in recognition of performance excellence achieved by the combined efforts of Northern and Western Regional Dental Commands.

The Army Surgeon General's Excalibur Award, an award recognizing teams and organizations that demonstrate innovative thinking, was also presented. Col. Doreen Lounsberry, Army Medicine's Chief of Quality Management, joined Horoho and Brock to present the awards.

Col. Timothy Lamb accepted an award on behalf of Martin ACH, Fort Benning, Ga., for the category TDA MTF, Active Component, Direct Clinical Impact for their project titled Soldier Centered Care - The Soldier's Patient Centered Medical Home. The Soldier centered care model increased the return of the trainees to their units from 16.5 to 85 percent, significantly decreasing lost training days.

In the category of TDA MTF, Active Component, Indirect, Col. John McGrath accepted an award on behalf of Evans Army Community Hospital, Fort Carson, Colo., for their project titled Integrated Disability Evaluation System, Electronic Database Tracking System. Improvements in the IDES processing resulted in a 60 percent time saved and a cost avoidance of $1,951,302 in personnel annually.

Hamilton, in the category of TDA Non-MTF, Active Component, accepted an award on behalf of the U.S. Army Dental Command for their project: Electronic Dental Soldier Readiness Processing. The team developed synchronized electronic validation processes, creating a seamless system

See HOROHO P5

Army Medicine celebrates Patient Recognition Month

By Shannon Carabajal
Mercury Editor

With a theme of "We Are Patient Centered," Army Medicine is honoring patients and focusing on patient-centered care, access and customer satisfaction throughout Patient Recognition Month this February.

Though celebrated nationally Feb. 1 - 7 as a week-long celebration, Army Medicine is devoting the entire month to honoring more than 3.95 million eligible beneficiaries worldwide, including active duty service members, retirees, and their Family members.

CS 6.0 Improved Patient and Customer Satisfaction

Col. Karen Gausman, Army Medical Command Health Policy and Services Clinical Services Division, said Army Medicine hopes to reinforce patient partnership with Soldiers, retirees and Family members throughout the month.

"Without our patients, we would not have Army Medicine. It is the Soldiers on the battlefield, our retirees and Families who allow us to continue to serve in our role. By meeting their needs, we remain relevant," Gausman said.

In a typical day, the Army Medical Command serves patients through 41,986 clinic visits, 374 patient admissions, 26,600 dental procedures, 5,879 immunizations, 64 births, 12,494 radiology procedures, 54,048 outpatient pharmacy prescriptions and 50,420 laboratory procedures. Gausman said keeping the focus on patient-centered care is key to the command's success.

While special patient recognition month activities are planned at medical facilities around the Army, Gausman said patient-centered care is important to Army Medicine year round. Through many programs and campaigns, she said the AMEDD has embarked upon a system for health that places patients at the center and in a partnership with their medical team to holistically address their health care needs – mind, body, and spirit, social and Family fitness.

"We have listened to our patients over the last several years and identified opportunities for restructuring our system to meet their needs," Gausman said, citing initiatives like the Patient Centered Medical Home (PCMH) concept that is helping Army Medicine transition from a healthcare system to a system of health.

Under the PCMH model, patients are seen by the same provider and healthcare team each time they have an appointment. That healthcare team works with each patient over time to take care of health issues as they arise, to ensure delivery of prevention screening and services, manage chronic conditions, and promote a spirit of health, wellness and trust.

Other programs like the Comprehensive Pain Management campaign, which aims to improve care of pain by focusing on prompt, appropriate treatment of acute pain to minimize chronic pain issues, and the Behavioral Health System of Care working group, which is standardizing, synchronizing and coordinating behavioral healthcare across the Army and throughout the Army Force Generation cycle, are also enhancing the medical care of all beneficiaries.

The programs and campaigns represent a shift toward a lifelong commitment to health and illustrate Army Medicine's dedication to improving access and continuity of care while creating a culture of trust.

"By focusing on the patient, you build trust," Gausman said.

HOROHO from P4

of trusted, synchronized dental readiness data for the Reserve Component. This eliminated multiple paper processing and human decision-making processes, leading to improvements in SRP processing efficiency, cost savings and data integrity.

Capt. Shawn Defries accepted an award on behalf of the 1st Cavalry Division Consolidated Physical Therapy Clinic for the category of TOE, Active Component. The clinic consolidated assigned physical therapy assets within the division footprint to provide Soldiers more access to care for comprehensive rehabilitation/injury prevention services. As a result, appointment wait times were cut in half and available appointments quadrupled leading to potential annual profit of nearly $1 million.

Rodriguez Army Health Clinic, Fort Buchanan, Puerto Rico, received an award for their project titled Personalismo: Building an Army Medicine Culture of Trust in a Latino United States Reserve and National Guard Community. Col. Danny Jaghab accepted the award on behalf of the clinic recognized for improving continuity of care and access to care in the network for U.S. National Guard and Army Reserve Soldiers. The project resulted in a 21 percent decrease in the number of visits, a 4 percent reduction in services used and a 9 percent cost savings in 10 months.

Ken Canestrini, director of the TRICARE Division for MEDCOM, joined Horoho and Brock to present the 2011 Beneficiary Counseling and Assistance Coordinator award to Denise Dibble, Darnall AMC, Fort Hood, Texas, and Southern RMC. The 2011 Debt Collection Assistance Officer of the Year Award was presented to Elfinesh Worku, Heidelberg MEDDAC, Heidelberg, Germany, Europe RMC.

The awards recognize individuals for outstanding contributions in support of Army Medicine beneficiaries. Dibble and Worku each received a plaque, a letter of appreciation and a cash award for $2,000.

Col. Patrick Grady, MEDCOM's Director for Programs, Analysis and Evaluation, joined Horoho and Brock to present the 2011 Readiness Awards given to recognize overall program success toward meeting Army medical readiness goals.

Camp Zama, Japan, led by Col. Kathleen Ryan and Sgt. Maj. Henry Myrick, and the BG Crawford Sams received a check and award for $120,000. Evans ACH, Fort Carson, Colo., led by Col. John M. McGrath and Command Sgt. Maj. Ly Lac, received an award and check for $160,000.

The final award and check for $140,000, was presented to Baynes-Jones ACH, Fort Polk, La., led by Col. David Dunning and Command Sgt. Maj. Jayme Johnson.

Horoho concluded by thanking Soldiers and civilians for their service, passion and ideas as members of the Army Medicine Family and for always working to strengthen the culture of trust. She also issued a challenge.

"Moving from a healthcare system to a system for health – particularly under a new MHS governance model, will demand that each one of us do our part. I challenge you to think out of the box to answer this question every day, Horoho said.

"What do our patients need and how can we move them to health? I'm confident that, collectively we can lead the Army, and the Nation, to a more effective and efficient patient-centered system of health."

Brock focuses on 'basics,' looks to future

By Shannon Carabajal
Mercury Editor

After a little more than a month on the job, the senior enlisted advisor to the Army Surgeon General and command sergeant major for U.S. Army Medical Command is impressed by what she has seen and excited about the future of Army Medicine.

With an emphasis on people and communication, Command Sgt. Maj. Donna A. Brock is initially focused on what she calls the basics: upholding standards, taking care of Soldiers and Families, and ensuring everyone is getting the support they need and has confidence to ask for the help.

"Since we are not going to be fighting two wars anymore, (AMEDD personnel) are going to be in the garrison preparing for future contingencies but (to do that) we must get back to the basics, making sure we haven't forgotten what we've learned along the way. We're proud of who we are and we're setting the standard," she said during a recent visit to Fort Sam Houston, Texas.

She is still working on refining her long-term goals, using her first months in office to look at the AMEDD as a whole before making any decisions.

"I'm using this time right now to see where we need to make changes, where we need to refine our skills," she said.

As the California native looks forward to the next four years, she is happy to be working with Lt. Gen. Patricia D. Horoho, Army Surgeon General and MEDCOM commander, to meet the future goals for the 5th largest healthcare organization in the world.

"She is phenomenal; she really has a wealth of experience. Watching and listening to her, getting to know her as my battle buddy… I am so excited to be working with her."

Though they are still shaping their strategy and top initiatives, Brock said retaining the right people as the Army goes through a force reduction over the next decade is key to maintaining a strong AMEDD.

"For the long-term future, we have to make sure we keep those Soldiers, those medics, who have all the experience. (We need to) keep those hard chargers and do what it takes to help them grow," she said.

Brock also plans to emphasize weight control, physical fitness and proper nutrition to organizations, Soldiers and Family members, as her roadmap for the future takes shape.

Command Sgt. Maj. Donna A. Brock speaks to Army students going through the Department of Combat Medic Training during a visit to the Medical Education and Training Campus on Fort Sam Houston. Brock is the senior enlisted advisor to the Army Surgeon General and command sergeant major for U.S. Army Medical Command. (U.S. Navy photo by Lisa Braun)

"We have to look at wellness. With the cost of healthcare now, it costs a lot to (treat) acute and chronic problems. If we take care of our bodies (and) get our folks to take care of themselves, they won't have those chronic problems that cost so much money," she said.

Having served amongst the ranks as a medic since she was a private, Brock said her deployments and assignments at fixed medical facilities, along with her time serving at every leadership level, has readied her for the challenges and opportunities that lie ahead.

"I feel that I have been positioned for this job. The icing on the cake was my former job as the Joint Task Force National Capital Region Medical senior enlisted leader. I learned so much from that and with the changing political environment that we have, moving toward this increased collaboration with "sister services" models in the medical community, I think that really did help me understand a lot more about the other services," she said.

As she moves forward, Brock believes communicating with the enlisted force and keeping them informed is imperative to personal and professional development.

"I'm going to do everything I can to keep open lines of communication with every enlisted member, every officer, every civilian and every retiree as much as possible," she said.

Brock plans to use several methods to keep information flowing.

"All medical personnel in the Army should be receiving some kind of communication from me. I like to talk to folks. I plan, for this next year, to get out to as many sites as possible. Every time I get a piece of information, I put it out to the senior leaders and my expectation is that they continue to trickle that information down to the lowest level," she said.

Brock will also use the AMEDD enlisted website (**www.us.army.mil/suite/page/143**) and the Medical Soldiers' Outlook, the newsletter for AMEDD enlisted corps, to communicate with her troops.

"We are going to do everything we can to maintain a strong AMEDD Army force. I want everyone to know that the TSG and I are totally approachable. We want to hear from the field. We want to hear what their concerns are and we want recommendations for how we can do things better.

"I don't know what I don't know. I have to hear it from folks so I'm definitely going to keep an open ear. We want to make things better," she said.

Keenan takes command of USAPHC

ABERDEEN PROVING GROUND-NORTH, Md. – Maj. Gen. Jimmie O. Keenan assumed command of the U.S. Army Public Health Command during a traditional military ceremony Jan. 27 at the Top of the Bay, Aberdeen Proving Ground–North. She is the first two-star general to head the USAPHC or its predecessor organizations, the Center for Health Promotion and Preventive Medicine and the Army Veterinary Command.

Before hundreds of USAPHC Soldiers and civilians, guests, family and friends, Command Sgt. Major Gerald C. Ecker passed the unit colors to Keenan, signifying her assumption of command. Lt. Gen. Patricia D. Horoho, the 43rd Army surgeon general and commander, U.S. Army Medical Command, served as the reviewing official.

Horoho commended Col. Dennis C. Brown for his extraordinary leadership while serving as the acting commander of the USAPHC, and expressed her continued confidence in him as he returns to the command's chief of staff position.

Horoho also praised Keenan's leadership, and said the command's future is bright with leaders like her.

"Maj. Gen. Keenan's skills and experience as a leader and administrator make her most qualified to take the reins as commander and to ensure that the Public Health Command remains a key enabler for Army Medicine and for the entire military health system," said Horoho. "We look forward to her bold leadership, enabling us to prevent disease and promote good health at every level from the individual deployed Soldier to the entire Army family."

Keenan is the 12th commander and fourth nurse to lead the U.S. Army Public Heath Command. She said she looks forward to broadening the organization legacy of outstanding service to Soldiers and retirees, their families and Army civilians.

She also said she was humbled to serve in her new position, and called the command the "bedrock of prevention-based, wellness-focused health care."

She emphasized that the mission of prevention is key to the future of Army medicine, as well as to the well-being of each individual the USAPHC supports.

"Our responsibility is great," she pointed out, explaining that Army Medicine looks to the Public Health Command for identification of diseases, epidemics and spikes in medical conditions that signal the need for medical intervention; for injury prevention; and for analysis of the factors that contribute to suicide.

"We monitor, mitigate and archive environmental health risks (and evaluate) occupational exposures in our workplaces, helping to protect both Soldiers and civilian employees, empowering us make the healthy changes that will help ensure our quality of life," said Keenan.

Despite the potential for budget constraints, Keenan expects the demand for USAPHC's public health services to increase.

"We will continue to champion the cause of those we serve," she said. "We will remain pioneers, creating initiatives that promote both mental and physical wellness. Together, we will continue to improve, to pursue promising initiatives and to base our decisions on good values, good science and good practice."

In her new duties as commanding general of the USAPHC, Keenan will lead a worldwide organization with more than 3,000 Soldiers and civilians assigned. The USAPHC promotes health and prevents disease, injury and disability in Soldiers and military retirees, their family members, and Army civilians, and assures effective execution of full-spectrum veterinary services for the Army and Department of Defense.

Maj. Gen. Jimmie O. Keenan (left), receives the U.S. Army Public Health Command unit colors from Lt. Gen. Patricia D. Horoho, Army surgeon general and commander, U.S. Army Medical Command, during a change of command ceremony Jan. 27. Keenan is the first two-star general to head the USAPHC or its predecessor organizations, the Center for Health Promotion and Preventive Medicine and the Army Veterinary Command. (Photo by Ben Bunger)

Keenan also serves as the chief of the Army Nurse Corps. In that role, she has oversight of more than 40,000 civilian, active-duty and Reserve nurses.

She was commissioned into the Army as a Nurse Corps officer after receiving her Baccalaureate of Nursing degree from Henderson State University in Arkadelphia, Ark. She also holds a Master of Science in Nursing Administration from the Medical College of Georgia and a Master's in Strategic Studies from the U.S. Army War College. She has enjoyed a variety of medical and command assignments of increasing responsibility, both in the U.S. and overseas.

Her most recent assignments were as the first chief of staff, U.S. Army Warrior Transition Command, and as commander of Evans Army Community Hospital, Fort Carson, Colo.

(*Courtesy USAPHC Public Affairs Office*)

Army Nurse Corps

Celebrating 111 years of proud service

By Lt. Col. Nancy A. Cantrell
Army Nurse Corps Historian

In 1899, the Army Surgeon General set criteria for a reserve force of nurses. The Spanish-American war proved that without a reserve force, there would be a nursing shortage during wartime. On Feb. 2, 1901**,** the Nurse Corps (female) became a permanent corps of the Medical Department under the Army Reorganization Act passed by Congress.

After the start of World War I, the Army's Department of Medical Relief worked with the American Red Cross to establish base hospitals in Europe, initially designated to serve the British expeditionary forces. Due to increased needs of military nurses in the war effort, the Army Nurse Corps increased from approximately 4,100 to 21,460 between 1917 and 1918. They served at base and evacuation hospitals in Europe as well as transport ships, hospital trains in France and mobile surgical hospitals stateside.

Army nurses worked tirelessly during World War II, often enduring the same hardships as combat troops. Sixty-seven Army nurses were held as Japanese prisoners of war for 37 months in the Philippines after the fall of Corregidor in 1942, during which they continued to care for the wounded. Nurses played an integral role in medical advancements: access to care closer to the front lines, advanced surgical procedures and post-surgical nursing, the administration of blood products and improvements in evacuation procedures led to greatly improved survival rates. Fixed wing air evacuations moved the wounded to definitive care more quickly, and flight nursing was born.

IP 9.0 Tell the Army Medicine Story

In June of 1950, North Korean communists crossed the 38th parallel, and President Truman ordered troops into South Korea for what has been known as "The Forgotten War" of Korea. The first U.S. Army combat forces arrived from Japan on July 6, 1950 with 57 nurses, the day after Task Force Smith engaged in the Battle of Osan, the first U.S. ground action of the war. Army nurses worked throughout the Korean Peninsula in forward deployed mobile army surgical hospitals.

On Aug. 9, 1955, President Dwight D. Eisenhower signed H.R. 2559, the bill that authorized reserve commissions to male nurses.

Army nurses were deployed during the Vietnam War (1960-1975), beginning in 1965 during the rapid build-up of American forces. Trauma care specialization and an evolution of casualty care was a result of the Army Nurse Corps experience in Vietnam.

Operation Desert Shield/Storm (1990-1991) heralded a new era in trauma care, and the Army Nurse Corps led the way once again in cutting edge technology and critical care. Approximately 2,200 Army nurses served in 44 hospitals, some part of joint operations with host nations. Wounds were now more prevalent to the extremities and new types of traumatic injuries resulted in the need for more advanced protective gear. Army Nurses quickly adapted to the changing battle environment by deploying the Deployable Medical Systems, or DEPMEDS, and enhancing trauma training for critical care nurses deployed to theater in subsequent campaigns. Since Desert Storm, Army nurses have deployed to theaters in Haiti, Bosnia, Kosovo, Iraq, Afghanistan, and for disaster relief and humanitarian efforts worldwide.

This year marks the 111th anniversary of the U.S. Army Nurse Corps. The Corps was established February 2, 1901, and is the oldest military nursing corps in the U.S. and the first women's component in the armed forces.

The current operations tempo requires a flexible and technologically advanced Army Nurse Corps. Army nurses serve with dignity and courage, continually striving for excellence. The Army Nurse Corps continues its transformation as a leading military heath care force in the 21st century, a time of great change and opportunity and celebrates 111 years of proud service.

A nurse with 1st Stryker Brigade Combat Team, 1st Armored Division, administers an IV to a patient on East Fort Bliss, Texas. Male nurses were not allowed to serve in the military until 1955. (Photo by Spc. Jessica Luhrs-Stabile)

AMEDD introduces new Nurse Case Manager Course

Story and photo by Phil Reidinger
AMEDD Center and School Public Affairs

Tad Gow, Fort Bragg Certified Case Manager, instructs students about case management coding requirements during the Nurse Case Manager Course in San Antonio recently. The new three-week course targets nurse case managers assigned to Medical Management Centers, Patient Centered Medical Home clinics, medical clinics and any hospital specialty involved in supporting patient care. Topics include patient care documentation, care plan management, case transferring and closing procedures, and return on investment codifying the value of the nurse case management during patient care.

Since 2008, the Army Medical Department Center and School Department of Warrior Transition has hosted 10 two-week courses averaging 48 students per course for nurse case mangers assigned to Warrior Transition units. Instructors included staff and faculty assigned to the AMEDD Center and School, Army Medical Command, Brooke Army Medical Center and Warrior Transition Command.

In December, the AMEDD Center and School Department of Nursing Science, in collaboration with the Department of Warrior Transition, hosted the first pilot course open to all nurse case managers, not only those assigned to Warrior Transition Units.

The new three-week course targets nurse case managers assigned to Medical Management Centers, Patient Centered Medical Home clinics, medical clinics and any hospital specialty involved in supporting patient care.

The new course recognizes that primary case managers work in conjunction with specialty care managers to develop a comprehensive care plan and transition plan.

Col. Suzanne Scott, Warrior and Transition Command chief nurse and consultant for case management, added that the three –week resident course is only the beginning. Following graduation from the courses, there is a four-week preceptor guided practicum phase.

"The nurses return to their home station for their practicum but stay together as a cohort and participate in weekly webinars and topics based on identified learning needs of the students," she said.

LG 2.0 Improve Training and Development

The nurse case management course topics include patient care documentation, care plan management, case transferring and closing procedures, and return on investment codifying the value of the nurse case management during patient care.

"Presentations focus on core competencies and are based on Case Management Society of America standards of Practice, Department of Defense Medical Management Guide, and the American Nurses Association standards of practice," she said.

The nurse case manager course is designed for novice case mangers. Scott said, "We want nurses to know what right should look like and the intent is to operate from the same standards of practice."

All nurse case managers are registered nurses. "Before becoming a case manager, nurses must master clinical skills, to include assessment, diagnosis, plan of care, evaluating care outcomes, and reassessment," Scott said.

In addition to medical treatment facilities nurse case mangers operate at Community Based Warrior Transition Units supporting medical care for Reserve Component Soldiers.

Reserve Capt. Stacey Brown is assigned to the 4010th U.S. Army Hospital in New Orleans. His background includes emergency room and telemetry experience. Recently assigned to the Fort Hood Warrior Transition Unit, he looks forward to the challenges of nurse case management and patient care from illness to wellness.

"I am impressed with the complexity and in-depth scope of the presentations about case management during the course," he said.

Capt. Nickie Lacer brings seven years experience as an operating room nurse to her new job as nurse case manger with the Medical Management Center at Fort Polk, La. Operating out of the center, she will serve as a nurse case manager for non-deployable Soldiers in units. She said that the course provides a broad scope of nurse management practices and a better perspective of nurse case management standards of practice.

"The four-week preceptor guided practicum phase is a great process. It will help new nurse case mangers develop or improve skills with team support and access to nurse case management subject matter experts," she said.

Smoking increases injury risk, reduces muscle endurance

By Chanel S. Weaver
U.S. Army Public Health Command Public Affairs Office

Nearly one-third of active-duty service members smoke, and that figure increases among troops in a combat zone, according to the 2008 Department of Defense Survey of Health-Related Behaviors.

Most Soldiers know that smoking cigarettes can eventually cause lung cancer and emphysema, but one does not have to wait 20 or 30 years to experience the adverse effects of smoking.

Multiple studies by U.S. Army Public Health Command scientists show that smoking has immediate health effects—such as increased injury risk and diminished physical performance.

"Past studies of Army basic trainees show the risk of injuries among Soldiers who smoke was as much as 90 percent higher than nonsmokers," said Michelle Chervak, senior epidemiologist at the USAPHC.

"From past data as well as analysis of recent data collected on operational units, we can definitely say that smokers have a greater risk of any injury, and more specifically, overuse injuries—damage to musculoskeletal tissue that accumulates with repetitive activities such as running," she added. "Higher injury risk is likely due to factors that impair the body's healing and repair processes."

CS 1.0 Improved Healthy and Protected Warriors

USAPHC studies have also demonstrated that smoking negatively impacts muscle endurance, especially as Soldiers get older.

"Our data show that smokers perform fewer push-ups and sit-ups on the Army Physical Fitness Test," said Chervak.

Smoking can also affect mission readiness. USAPHC studies have shown that Soldiers who use tobacco have reduced night vision and mental sharpness, and increased risk of heat and cold injuries. Nicotine decreases oxygenated blood flow, resulting in a 30 percent reduction in night vision for normal eyes, and 50 percent reduction in those wearing corrective lenses.

Likewise, smoking also causes reduced blood flow to the extremities, which leads to more heat and cold injuries as the body is unable to cool and warm them, especially fingers and toes.

More Adverse Effects of Smoking

Not only does smoking have a negative effect on a Soldier's performance, it also has poor health consequences for the smoker and those in his/her environment.

President Obama's National Prevention Strategy report states that cigarette smoking causes approximately 443,000 U.S. deaths each year. These deaths occur as a result of lung cancer, chronic bronchitis, strokes, heart attacks, emphysema and other conditions.

Second-hand smoke can also be damaging to others' health—especially children.

"If Soldiers knew the effect that smoking has on their children, I think more would be encouraged to quit," said Col. Heidi Warrington, chief nurse executive at the USAPHC.

Children who are exposed to second-hand smoke are at increased risk of suffering from chronic ear infections, asthma and learning disorders, said Warrington.

The financial costs of smoking are also significant. A recent Army Times article stated that tobacco use costs the Pentagon $846 million a year in medical care and lost productivity. Not to mention the cost to the smoker, with cigarettes currently ranging from $5 to $12 a pack.

Benefits of Tobacco Cessation

More than 80 percent of adult cigarette smokers start before their 18th birthday, so a key tool to preventing tobacco addiction is to encourage smokers not to start, said Warrington.

For those who wish to reduce smoking, there is good news.

USAPHC studies show that the risk of a heart attack decreases 24 hours after stopping smoking and, after one tobacco-free year, the risk for heart disease is one-half that of smokers.

Because the nicotine in cigarettes is so addictive, quitting the habit is not easy. But those who wish to quit smoking should not be discouraged, said Warrington.

"Any reduction in tobacco use is considered a success," said Warrington. "Soldiers who are having trouble quitting should focus on reducing the amount of cigarettes they smoke—with an ultimate goal of achieving a tobacco-free lifestyle."

Many military medical treatment facilities offer tobacco cessation classes, and physicians can prescribe medications to help smokers kick the habit. Many communities across the U.S. also offer tobacco cessation assistance and counseling.

Smoking cessation resources

Quit Tobacco – Make Everyone Proud
www.ucanquit2.org

San Antonio Military Medical Center Quitline
1-877-SAMMC-11
www.sammcquitline.org

American Lung Association
www.lungusa.org/stop-smoking/workplace-wellness

American Cancer Society
www.cancer.org/Healthy/StayAwayfromTobacco

Online Tobacco Cessation Program
www.becomeanex.org

The 'business' side of saving lives

Handheld device holds potential to enhance medic effectiveness

By Jeffrey M. Soares
U.S. Army Medical Research and Materiel Command

Since 2009, the U.S. Army Medical Research and Materiel Command at Fort Detrick, Md., has been directing several efforts to design, develop or refine handheld telemedicine devices that could help save lives in theater.

The culmination of this effort is drawing near for at least one of the candidate projects.

"The TEMPUS-Pro is an advanced compact telemedicine system intended to support combat casualties in forward areas near point-of-injury on the battlefield," says Dr. Gary Gilbert, chief of the Knowledge Engineering group for the USAMRMC's Telemedicine and Advanced Technology Research Center.

"The unit provides a capability for 'point-of-injury data capture' which is a critical gap we are trying to fill."

As a key resource for medics in the field, the TEMPUS-Pro combines three devices into one handheld module, allowing for (1) immediate communication with other units, (2) pre-hospital monitoring of patient vital signs and telemetry data, and (3) telementoring instruction from more experienced medical providers to less experienced combat medics in theater.

The unit also provides real-time audio and video capability, which is useful in transmitting images to physicians at distant locations. A transcription feature for hands-free voice data input is on the horizon.

"An important aspect of the TEMPUS-Pro is that it can maintain patient data [i.e. vital statistics] from near POI through transport all the way into the hospital room," adds Gilbert.

Along with Carl Manemeit, project manager for TATRC's Joint Combat Casualty Care division, Gilbert has headed up the TATRC branch of the large team tasked with making sure the TEMPUS-Pro was approved by the U.S. Food and Drug Administration as a medical device ready for use in the field.

Designed to be lightweight, mobile, and rugged, the TEMPUS-Pro is intended to be used with tactical communication radio networks that support internet protocol-based transmission, so signals can be sent digitally over classified and non-classified systems. This aspect of immediate digital transfer is what sets the TEMPUS-Pro apart from its predecessors. With this new unit, people can transfer data from one device to another, keeping the patient's medical information with him as he is transported out of the field; it can also be transmitted via radio or tactical internet in advance of the patient to the next stop in the medical evacuation chain.

A TEMPUS-Pro is tested during Army Command, Control, Communications, Computers, Intelligence, Surveillance and Reconnaissance, or C4ISR, on-the-move communications integration exercises at Joint Base McGuire-Dix-Lakehurst, N.J. (Courtesy photo)

The patient's vital records can be exchanged wirelessly between various systems and eventually placed into a permanent medical record. Using this secure digital system, data is neither lost nor compromised.

Because of this feature, the TEMPUS-Pro is prompting an upgrade to the current limited capability of the military to transmit data digitally between air and ground units.

"The military's helicopters do not all have compatible high-tech radio systems necessary to transmit this information digitally from helicopter to ground. One of our biggest challenges is to get the TEMPUS-Pro integrated properly to be used in the medevac helicopters," Gilbert said.

As the USAMRMC team works to overcome this obstacle, its focus remains on the welfare of the wounded, in an effort to save as many lives as possible.

"We want to be able to get pre-hospital data to the hospital before the patient gets there," says Gilbert.

The device's capabilities for transmitting still photos and live video of injuries is also essential for medics in the field. Using the TEMPUS-Pro, medics can quickly assess severe injuries and send real-time images, as well as live telemetry data to experienced surgeons off site for instruction on how to proceed. Viewing the situation, the physician-mentor can with medics over the built-in Voice-over-IP capability and guide them through life-saving techniques, instead of delaying effective treatment until the patient arrives at the hospital.

The TEMPUS-Pro does more than collect data. With ultrasound and laryngoscope capabilities in the works, the effectiveness of the field medic will increase exponentially. Having the ability to capture and transmit internal images will afford a more complete assessment of patient trauma, leading to more accurate diagnoses and treatment.

"With this device, the military could realize much more of the hidden potential of its very capable medics, because it will make them better at what they're doing for the injured out in the field," Gilbert said.

Medics use simulator training to prevent battlefield deaths

Staff Sgt. Jeremiah Christy, a combat medic and trainer mentor with First Army Division East, takes the pulse of the Laerdal SimMan patient simulator during a four-day familiarization course at the Regional Training Site-Medical, Fort Gordon, Ga.

Story and photo by Sgt. Amburr Reese
First Army Division East

FORT GORDON, Ga. – With blood loss being the leading cause of preventable death on the battlefield, First Army Division East is incorporating more realistic, up-to-date training to prepare the nation's deploying Soldiers for treating injuries on the battlefield. The ultimate goal: more lives saved.

Recently, 11 combat medics from First Army Division East underwent four days of in-depth train-the-trainer-type training on the Laerdal® SimMan patient simulator at the Regional Training Site-Medical located at Fort Gordon, Ga. Upon returning to their mobilization training sites, these medics will then use their knowledge and experience to train medics prior to their deployments.

Unlike active duty Soldiers who work and train daily in their chosen career field, Reserve component service members only have approximately 39 days a year to achieve the same level of proficiency prior to mobilization, which makes simulated training a beneficial tool.

CS 3.0 Responsive Battlefield Medical Force

"This simulated training is good. I think it's very relevant, especially given the training tasks and missions we handle," said Sgt. 1st Class Matthew Furnace, a combat medic with the 158th Infantry Brigade, Camp Shelby, Miss.

The SimMan simulator, a mobile, realistic state-of-the-art simulated medical patient mannequin, can be programmed with simulated "real world" medical scenarios for students training in all aspects of medicine. It is equipped with realistic breathing, vocal, cardiac, lung, pulse, and sounds that can be transmitted from the simulator through its computer software.

"Automated mannequins provide us the most realistic medical training available," said Lt. Col. George Kyle, First Army Division East surgeon.

"With them, we can replicate the body's physical and physiological reaction to injuries on the battlefield," said Kyle.

GETTING FAMILIAR

Throughout the course the Soldiers reviewed and practiced various aspects of operating the SimMan.

"The first thing we did was set the simulator up," said Staff Sgt. Jeffrey Mullins, a special skills trainer and medic with the 72nd Field Artillery Brigade. We were able to actually see the vital signs on the screen once the mannequin was tethered to the computer system."

The Soldiers practiced proper care and maintenance of the mannequin and computer system, how to up-load scenarios and how to read the historical log the computer produces whenever the SimMan is touched.

"Having that log and being able to see what has been done to the mannequin is part of what makes the training so relevant," said Furnace.

Furnace went on to explain that the real-time data that service members receive forces them to pay more attention and to be more aware of their actions while operating the equipment.

"It gives the Soldier an opportunity to get that real-time feedback on how they are actually doing. Are they positioning things correctly, are they checking the pulse right. I think it makes it very

See SIMULATOR P13

Partnership brings new technology to warfighters

By Barb Ruppert
TATRC science and technology writer

Student teams from the Johns Hopkins University Carey Business School Global MBA program presented commercialization plans for eight military medicine projects in December 2011, marking the first such Department of Defense/university technology transfer partnership.

The military projects were all sponsored by the U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center. TATRC joined with Johns Hopkins's new Global MBA program in its Discovery to Market Project, or D2M, a required yearlong course in which students develop a business plan for translating a scientific discovery into a technology with commercial potential.

The TATRC researchers were among several high-technology partners working with the students. TATRC projects included in the program ranged from an e-learning system for surgical skills to a wearable robotic arm to a mobile diabetes self-care system.

TATRC's director of technology transfer and commercialization, Ron Marchessault, said he approached Hopkins about participating in the project because he felt it could be a useful part of TATRC's wider commercialization program. He and Carey Business School interim dean Dr. Phillip Phan and other staff worked out a collaboration that would aid in TATRC's goal of translating research into new products to advance the care of the nation's warfighters.

The D2M program gave the students' vital experience in applying business theory to assist high-tech start-up companies in the Baltimore/Washington region. At the same time, it provided invaluable input that may help speed promising technology to market in order to address the health needs of service members.

LG 3.0 Promote and Foster a Culture of Innovation

"The intellectual property research and in-depth marketing analyses the students provided these scientists and small companies for free could easily have cost them hundreds of thousands of dollars," said Dr. Toby Gordon, the D2M course director. "The students were enthusiastic and brought all of the resources of Johns Hopkins to bear on their projects."

Dr. Yiming Chen, who managed the TATRC student projects, said the inventors were surveyed, and most were highly satisfied with the quality of the students' work.

"We were very pleased to have such rigorous, objective analyses for these projects regarding what would be needed to create a viable product and who would buy it," said Marchessault. "The D2M partnership is helpful to our efforts to apply federal research dollars where they will have the greatest benefit, and we look forward to working with the next class of students."

TATRC has an innovative Technology Transfer Program to partner federally funded research and development with private sector investment to bring new technologies to the care of the warfighter.

About TATRC

It is the mission of the Telemedicine and Advanced Technology Research Center to explore science and engineering technologies ahead of programmed research, leveraging other programs to maximize benefits to military medicine. To this end, TATRC directs military medical research in emerging health promotion, information, and training technologies. TATRC also initiates, sponsors, promotes, and oversees programs and partnerships in medical science and engineering that augment military medical programs.

With the strategic application of funding from congressional special interest programs, small business innovation research/small business technology transfer, Army Medical Department advanced medical technology initiatives, and other sources, TATRC accelerates the implementation of novel science and engineering technology applications through validation studies, translational research, and demonstration projects. As a result, TATRC has become a network of experts and capabilities positioned to rapidly address urgent Department of Defense needs.

SIMULATOR from P12

relevant," explained Furnace.

IMPLEMENTING SimMan

Each First Army Division East training brigade has two patient simulators similar to the SimMan. This course, coupled with the trainer mentors first-hand experience, will allow the brigade medical staffs to more readily train medical service personnel.

"Being able to operate and have total control over the simulation has been a real good experience," said Furnace. "I think that it is going to be very helpful in providing a more relevant and a more proactive Soldier when it comes to medical treatment."

Furnace said human-like simulators are being implemented across the board due to their realistic training potential.

"This sort of training is very realistic, especially how in-depth you can get with the simulation. The more we learn about it and the intricacies of the system, I think it gives us an opportunity to provide some real realistic training for Soldiers," said Mullins.

Previously the Army has used Common Task Training, or CTT, which is developed annually to promote hands-on training and to evaluate critical battlefield survival skills.

"This is a great addition to the old CTT training with your battle buddy," said Furnace. "I don't think it can ever replace putting your hands on a person. At the end of the day that's about as real as it gets. Being able to incorporate the practical hands on training with the simulations is going to be a really great addition to the training."

With constant changes on the battlefield and with the military's mission continually evolving First Army Division East will continue to incorporate new technology and training practices to ensure the nations' service members are well prepares for what lies ahead of them.

"Simulated training is critical to obtaining maximum realism in training, This training is directly improving our Soldiers and medics ability to save lives," said Kyle.

Dietary supplements removed from Exchanges

WASHINGTON – The Department of Defense has implemented a temporary moratorium on the sales of products containing dimethylamylamine, commonly referred to as DMAA, within military facilities.

The moratorium will remain in effect pending further review of relevant scientific evidence and reported events, officials said.

Recent reports show that two Soldier deaths and additional adverse health effects in other service members may be related to the use of dietary supplements containing DMAA.

"We support the decision of the military exchanges and commissaries to remove products containing DMAA from their shelves until we can make a further determination about the safety of this ingredient," said Dr. Michael Kilpatrick, the deputy director of Force Health Protection and Readiness Programs with the Office of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness.

DMAA is sold as a single supplement and in combination with multiple other ingredients. In particular, it is often combined with caffeine, a legal, natural stimulant. Stimulants may accelerate metabolism, heart rate and blood pressure, which may increase the body's production of heat, especially in hot and humid conditions.

"We are concerned about reports of heat illness, kidney (and) liver damage, and sudden death in service members who reportedly used products containing DMAA," Kilpatrick said.

Assistant Secretary of Defense for Health Affairs Jonathan Woodson asked the surgeons general of the military services to conduct a review of available scientific evidence and adverse-event reports to better understand any potential relationship between DMAA and these events. Recommendations from this review will guide further decisions, officials said.

"We take the health of our service members and Families very seriously, and believe this action is necessary as a precautionary measure until we can learn more," said Lt. Gen. Patricia Horoho, the Army Surgeon General.

TRICARE beneficiaries reassured of robust pharmacy service

FALLS CHURCH, Va. – The expiration of the retail pharmacy contract between Express Scripts, Inc. (ESI) and the Walgreens pharmacy chain means Walgreens is no longer a TRICARE pharmacy network provider.

"The majority of beneficiaries have access to another network pharmacy very close to home as our pharmacy contract requires ESI to maintain high access standards," said Rear Adm. Thomas McGinnis, chief of the TRICARE Pharmaceutical Operations Directorate.

"There are still 56,000 network pharmacies nationwide – easily meeting or exceeding our access requirements."

In addition to 56,000 network pharmacies, TRICARE beneficiaries have other pharmacy options including military pharmacies at no cost and convenient TRICARE Pharmacy Home Delivery. Generic medications are available at no cost through Home Delivery.

Beneficiaries who use non-network pharmacies, including Walgreens, pay full prescription costs up front and submit their own claims for reimbursement. Reimbursement will occur only after the non-network deductible is met.

Out-of-network costs include a 50 percent point-of-service cost share for TRICARE Prime, after deductibles are met. All other non-active duty TRICARE beneficiaries pay the greater of a $12 copay or 20 percent of the total cost for formulary medications and the greater of $25 or 20 percent of the total cost for non-formulary medications, after deductibles are met.

"We are committed to ensuring all our pharmacy beneficiaries are aware of the many options that TRICARE makes available to them."

- Brig. Gen. Bryan Gamble
TRICARE Deputy Director

For more on pharmacy costs go to **www.tricare.mil/pharmacycosts**.

TRICARE beneficiaries changing from Walgreens pharmacy can simply take their current prescription bottle to their new network pharmacy to have the prescription transferred. To find a nearby network pharmacy, use the "find a pharmacy" feature on **www.express-scripts.com/tricare**.

Beneficiaries who want help finding a pharmacy, changing their medications to Home Delivery or who have other questions can contact Express Scripts at 1-877-885-6313.

The issues between ESI and Walgreens are not specific to TRICARE. Other employer-sponsored and some Medicare Part D pharmacy plans are also affected. Beneficiaries with questions and concerns about this issue can go to **www.tricare.mil/walgreens** for more information.

"We are committed to ensuring all our pharmacy beneficiaries are aware of the many options that TRICARE makes available to them," said Brig. Gen. Bryan Gamble, TRICARE Deputy Director.

"By now, all of our beneficiaries who use Walgreens to fill prescriptions should have been contacted to advise them of their pharmacy options and to take action to ensure their pharmacy benefit remains uninterrupted. The health of our Service members, retirees and their Families remains my number one priority."

In addition to the letters already mailed to each beneficiary who uses Walgreens, ESI has contacted many beneficiaries by telephone and followed up with reminder letters over the last few months of 2011. Beneficiaries taking medications to treat hemophilia, multiple sclerosis, and some rheumatoid arthritis and cancer drugs have also been contacted.

TRICARE pharmacy information and updates can be found at **www.tricare.mil/pharmacy**.

TSG recognizes top AMEDD physicians

By Shannon Carabajal
Mercury Editor

Lt. Gen. Eric B. Schoomaker, former Army Surgeon General and commander, U.S. Army Medical Command, honored four Army physicians during the Joint Service Graduate Medical Education Selection Board Nov. 29 in Washington, D.C.

Col. Paul F. Pasquina received The Surgeon General's Award for Military Academic Excellence while Lt. Col. Melissa L. Givens, Lt. Col. Kevin K. Chung and Capt. Charles J. Atkinson received The Surgeon General's Physician Recognition Award.

Col. Paul F. Pasquina

Pasquina is a graduate of the Uniformed Services University of the Health Sciences, trained in physical medicine and rehabilitation and primary care sports medicine. He is the chief of the Department of Orthopaedics and Rehabilitation at Walter Reed National Military Medical Center in Bethesda, Md.

The colonel was instrumental in developing the Amputee Care Program at Walter Reed Army Medical Center which became the model for amputee care for both the Department of Defense and the Department of Veterans Affairs. As the first integrated Chief of Physical Medicine and Rehabilitation at WRNMMC, Pasquina created the military amputee research program that received approximately $25 million over five years to develop and fund intramural and extramural research projects.

He initiated discussions with the Defense Advanced Research Projects Agency which resulted in the launch of the Revolutionizing Prosthetics Program, a $100 million program that has integrated international experts in science, engineering, robotics and health care to develop the first prototypes mimicking normal hand and arm function. Pasquina was also instrumental in securing construction of a state-of-the-art National Intrepid center of Excellence specializing in traumatic brain injury and psychological care for combat casualties.

Lt. Col. Melissa L. Givens

Givens is a graduate of the Uniformed Services University of the Health Sciences, trained in Emergency Medicine with fellowship training in Toxicology and a Masters in Public Health.

She currently serves as the director of the Emergency Medicine Residency Program at Carl R. Darnall Army Medical Center at Fort Hood. Under her leadership, the program achieved a 5-year accreditation from the Accreditation Council for Graduate Medical Education, or ACGME – the highest accreditation granted to an academic program. Her residents routinely scored in the top 5 percent nationally on the residency in-service training exam, and recently scored within the top three in the nation.

She reached beyond the Emergency Medicine Residency Program to incorporate the Emergency Medicine Physician's Assistant Fellowship into the same rigorous training program designed to train clinicians. She also redesigned the curriculum to mirror ACGME standards, resulting in better accountability and standardization of the resident work environment.

Lt. Col. Kevin K. Chung

Chung is a graduate of Georgetown School of Medicine, trained in Internal medicine with fellowship training in Critical Care Medicine.

As the medical director for the Burn Intensive Care Unit at the U.S. Army Institute of Surgical Research Burn Center – the DODs only burn center – at Fort Sam Houston, Chung has been instrumental in improving survivability of Wounded Warriors who sustained extensive burns that previously would have not been survivable.

He was one of the inventors of the Decision-Assist Method for Resuscitation that was awarded a patent in February 2011. The Decision-Assist Method for Resuscitation also received one of the Army's Greatest Invention awards. Preliminary analysis suggests that this method has improved burn resuscitation management by reducing the volume of fluids given to patients while maintaining clinical goals.

Chung has also taken the lead on many projects designed to improve the standard of care and outcomes for burn and trauma patients with complex injuries and illness. His highly successful work in Continuous Renal Replacement Therapy at the burn center has led to a $3 million multicenter trial under his leadership.

Capt. Charles J. Atkinson

Atkinson is a graduate of Wake Forest University School of Medicine, trained in family medicine. He serves as the officer in charge of the Martin Army Community Hospital Patient Centered Family Medical Home at Fort Benning, Ga.

Prior to his current position, he was assigned to the Department of Warrior Care at MACH as the OIC of the Winder Troop Medical Clinic. In that role, he formed a team to execute a Lean Enterprise System Value Stream Analysis which led to several Rapid Improvement Events, the most important being the development of a flow cell to be implemented into the sick call process at the clinic.

The results of the flow cell implementation surpassed expectations: 85 percent of Soldiers are now returned to the unit by 9 a.m., a vast improvement compared to 10 percent with the legacy model. The average length of stay in the clinic also improved, from four to 1.25 hours.

The new system emphasizes team-based documentation, right person-right job, and provider efficient visits. A continuous process improvement program was also implemented to add continuous improvement to the model.

Ranger medic named USASOC Medic of the Year

By Tracy A. Bailey
75th Ranger Regiment Public Affairs

FORT BENNING, Ga. – Courage, bravery, and compassion are all characteristics of an Army combat medic. This year's U.S. Army Special Operations Command Medic of the Year takes these traits to a whole new level.

For his display of tactical knowledge, rapid decision making capabilities and casualty management skills portrayed in his battlefield care, Staff Sgt. Roberto A. Sevilla of 3rd Battalion, 75th Ranger Regiment, has been named the USASOC Medic of the Year.

"It's an honor to be recognized, but I wish this award could be shared with those that helped with the casualties such as the junior combat medics and the Ranger First Responders," Sevilla said.

It is not uncommon in the 75th Ranger Regiment to find a medic who performs good life-saving medical skills and courage under fire.

"However, Staff Sgt. Sevilla goes the extra mile," said Capt. Joshua D. Mitchell, 3rd Battalion, 75th Ranger Regiment, battalion surgeon. "He consistently performs well-thought out and complete secondary and tertiary care, and he always provides clear and concise medical updates and medical handoffs even in the fiercest combat environments."

Sevilla has taught more than 200 Rangers not only basic and advanced life-saving medical tasks but also how to successfully implement and apply Tactical Combat Casualty Care to wounded or injured Rangers, Mitchell said.

During the battalion's last combat rotation, the assault force was moving to capture a high value target, when one of the Rangers triggered an improvised explosive device resulting in a below the knee amputation.

The wounded Ranger immediately placed a tourniquet around his left leg, and his squad leader placed one around his right leg; quick and effective actions that are a testament to Sevilla's superior medical training to the Rangers.

The squad moved the wounded Ranger to a safer environment inside a building and Sevilla placed a second tourniquet to more effectively control the hemorrhaging.

While managing the wounded Ranger, three additional casualties presented themselves to Sevilla with TBI symptoms. Sevilla quickly triaged them with a baseline cognitive evaluation while simultaneously dressing the casualty's amputated left leg and a missing toe on his right foot.

"I was just doing what I was trained to do and provide the best medical treatment for my fellow Rangers in a timely manner, and get them to the next level of care as soon as possible," said Sevilla.

Soon after, the assault force medically evacuated the four casualties. As they were being loaded onto the helicopter, Sevilla continued evaluating the patients for any signs of shock and secondary effects of trauma.

"This speaks volumes to Staff Sgt. Sevilla's superior management skills and multi-tasking as he was able to assess their TBI symptoms and still treat the wounded Ranger," Mitchell said.

On another mission, the lead squad was moving around a building in a dense tree line and was attacked by a large improvised explosive device, wounding several Rangers.

Following the detonation, Sevilla ran toward the sound of the blast approximately 50 to 100 meters away. He approached the first casualty where a junior medic was attempting to stop the casualty from bleeding out.

Displaying solid leadership, Sevilla took charge and instructed the junior medic to continue his intervention while he assessed that there were no other major wounds.

Sevilla assessed the casualty's airway and determined he was having trouble breathing. After his initial manual maneuvers to open the airway were unsuccessful, he quickly adapted and inserted an airway.

The first responder for this casualty told Sevilla that "it was getting hard to bag and his chest was not rising as before." Sevilla immediately needle decompressed the casualty's chest, allowing for more effective air flow.

On another part of the objective, an additional Ranger had suffered serious wounds and was unresponsive. Upon learning of the second casualty, through radio communication, Sevilla showed superb management and leadership skills by directing the Ranger first responder to begin bag-mask ventilating the casualty while Sevilla sent a junior medic to the other casualty's location to assess, treat and provide a medical update.

With both casualties at the casualty collection point, Sevilla assessed and treated the wounded Rangers while preparing them for medical evacuation from a hot landing zone.

"All medical treatments were complete and thorough, a testimony to Staff Sgt. Sevilla's leadership, maturity, combat composure and superior medical skills," Mitchell said.

As the casualty evacuation aircraft was on its final approach, one casualty was still without a pulse and one casualty was receiving bagged ventilations with an absent pulse at his wrist. Sevilla was also taking care of another Ranger who presented with minor shrapnel wounds to the face and mild TBI symptoms.

"Staff Sgt. Sevilla is the epitome of a special operations medic through his display of tactical knowledge, rapid decision making capabilities, and casualty management skills portrayed in his battlefield care," Mitchell said. "His discipline and determination to mission accomplishment – saving Rangers and training first responders – is a true testament and definition of a Ranger Combat Medic NCO. He is easily one of the finest NCOs I have ever worked with."

Sevilla has also been named the Special Operation Forces Medic of the Year by the Special Operations Medical Association.

USAISR EOL earns MEDCOM honor

By Steven Galvan
USAISR Public Affairs Officer

Sgt. 1st Class Jeffery K. Jenkins from the U.S. Army Institute of Surgical Research was selected as the 2011 Equal Opportunity Leader of the Year for the U.S. Army Medical Command.

Jenkins is the ISR Research Directorate NCO in Charge. He said this award will give him the opportunity to attend the Army's Equal Opportunity Advisor course and get a special assignment as an EOA.

"It also gives me greater responsibilities in the equal opportunity world, to have a great impact on a greater number of Soldiers," he said. "It also enables me to teach and train the force on the fair, just and equal way to work and live."

In a memorandum signed Jan. 6, MEDCOM Commander and Army Surgeon General, Lt. Gen. Patricia D. Horoho, stated that Jenkins promotes the tenets of civil/human rights and equal opportunity within the workplace and throughout the community.

"His inclusive engagement of the community, embracing all backgrounds, cultures, and ethnicities has greatly helped our organization and the United States Army to appreciate and value our rich diversity, and his example serves as an inspiration to all Soldiers with the MEDCOM," she wrote.

"He has brought great honor to our organization," said ISR Commander, Col. (Dr.) Lorne H. Blackbourne.

"Equal Opportunity is our bridge to eliminate discrimination. Our application and understanding of Equal Opportunity will open our minds to a world beyond our own lives, Jenkins said.

"Equal Opportunity guaranties a balanced distribution to all for all, allowing access to the best that life has to offer. Equal Opportunity is an entitlement as well as a right, and I want to educate Soldiers, civilians and contractors about the importance of how all deserve that right. Equal Opportunity should not have to be earned through works, statistics or quotas, but instead it should be the way life is conducted; fair, just and equal."

Sgt. 1st Class Jeffery K. Jenkins

New tourniquet ready for battlefield use

Dr. John F. Kragh, an orthopedic surgeon and researcher at the U.S. Army Institute of Surgical Research, demonstrates how to apply the Combat Ready Clamp, or CRoC.

After almost two years of research on a device to prevent the most common cause of preventable death in the battlefield, the junctional tourniquet is ready for battlefield use.

"Exsanguination, or bleeding to death, from the body is now the most common cause of preventable death to Wounded Warriors on the battlefield. Groin hemorrhage is the most common type of junctional bleeding where regular tourniquets cannot work," Kragh said.

Research on the effectiveness and type of battlefield truncal tourniquet began in 2009. The CRoC, approved by the U.S. Food and Drug Administration and manufactured by the Combat Medical Systems in Fayetteville, N.C., was selected from a handful of junctional tourniquet prototypes submitted after a request for candidate devices.

"The CRoC is a vice-like tourniquet that can be placed over the groin and lower abdomen," Kragh said. "A pressure ball is screwed-down to press on the artery and to stop the bleeding."

The ISR is committed to optimizing combat casualty care by focusing on providing requirement-driven combat casualty care medical solutions and products for injured soldiers from self-aid through definitive care across the full spectrum of military operations.

(*Courtesy U.S. Army Institute of Surgical Research*)

AROUND ARMY MEDICINE

1. Pfc. Jarred Vogt (right), a combat medic assigned to Headquarters and Headquarters Company, 2nd Battalion, 8th Cavalry Regiment, seals a thermal blanket on a patient to regulate his body temperature while fellow medics annotate notes during a medical field training exercise at Camp Buehring, Kuwait. (Photo by 2nd Lt. Brittany Myatt)

2. Wounded Warriors, Pfc. Jonathan Phillips, (center) and Air Force Senior Airman Justus Vosquez, take a break with All American Bowl players during the Punt, Pass and Kick event at the San Antonio Alamodome. (Photo by Sgt. 1st Class Scott D. Turner)

3. Backhoes and tractors clear dirt from the construction site of the new 947,000-square-feet Carl R. Darnall Army Medical Center. The more than $500 million design-build project is expected to be completed in 2014 with doors opening for patients in 2015. (Photo by Mike Castaneda)

4. Staff Sgt. Nicholas Lising operates a Draeger Anesthetics Machine in one of the trauma care rooms at the Field Medical Station on Camp Marmal, Afghanistan. Lising, of the 8th Forward Surgical Team (Airborne), is an operating room technician. (Photo by Petty Officer 1st Class Christopher Laurent)