MERCURY

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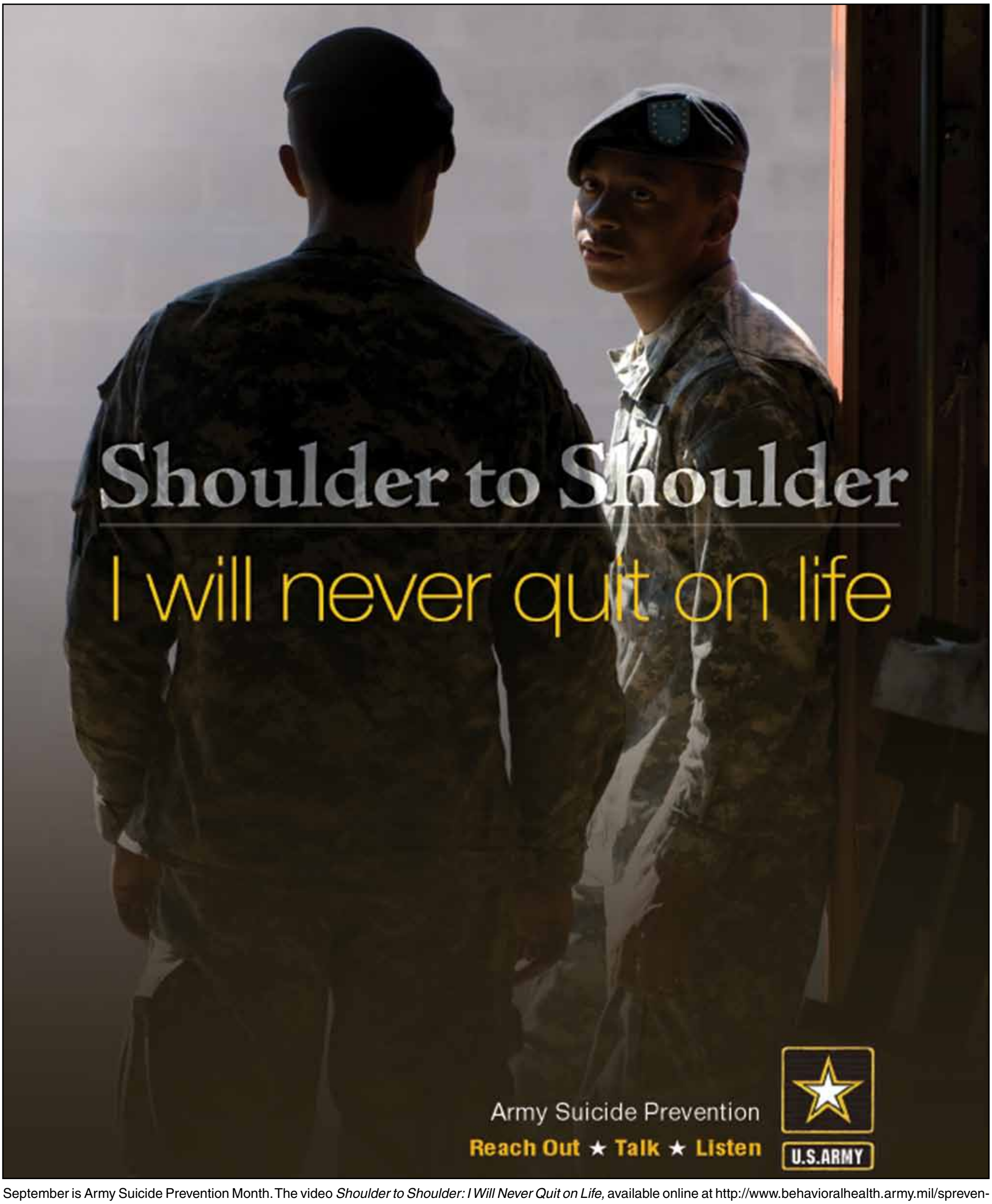


September is Army Suicide Prevention Month. The video *Shoulder to Shoulder: I Will Never Quit on Life,* available online at http://www.behavioralhealth.army.mil/sprevention/index.html, features vignettes and testimonials of real Soldiers, DA Civilians, and Family members. For more suicide prevention related material, see pages 3 and 4.

Mercury Comment

Programs prepare Soldiers, Families for stress

by LTG Eric B. Schoomaker
The Surgeon General of the Army and commander of Medical Command

Our nation has been at war for more than nine years. The stresses placed on Soldiers and Soldiers' Families during this period of repeated deployments to two wars is shared by all serving in uniform.

Many Soldiers may be troubled by the experience of combat. Injuries, loss of comrades, long separations, relationship and financial problems — a whole range of issues that can lead to destructive behavior, ruined careers, broken marriages and even suicide. To cope with these stresses and avoid the hazards, people must be resilient. Some may have naturally resilient qualities, but fortunately resiliency also can be learned and strengthened.

We are enhancing resiliency of Soldiers and Family members, providing them tools to learn to cope with the stresses of deployment and military service, and maximizing education. When they need help, we provide early intervention and prevention.

We are doing this through the Army's Comprehensive Soldier Fitness Program and through Army Medicine's Comprehensive Behavioral Health System of Care Campaign Plan. We will deal with all aspects of health — physical, emotional, social, spiritual and Family — and do so with a focus on wellness and continuity.

Comprehensive Soldier Fitness includes unit resilience training, master resilience trainers, a Global Assessment Tool and online self-development modules.

Through all this, we will develop Soldiers and Families who will be better able to deal with adversity, will be able to communicate better with their loved ones and will be able to instill resiliency in other people they work with.

When problems do develop that require professional intervention, I am committed that Army Medicine will deliver full-spectrum behavioral-health services, throughout the cycle of deployment, return and reset. When Families move, this synchronized system will deliver the same service regardless of location.

We note this month as Army Suicide Prevention Month, but our efforts are year-round, and deal with a broad range of issues related to resilience and health of the whole person. We want the healthiest and most resilient Army possible.

Army Medicine – Bringing value and inspiring trust!

Be safe on social networks; loose tweets sink ships

Social networking Websites like Facebook and Twitter are some of the most trafficked sites on the Internet. The increase in popularity and activity of these sites has created new risks to not only individuals, but also organizations.

It may seem hard to believe, but today, malware attacks delivered via email account for a small percentage of virus attacks; the vast majority, analysts say, come through the Web, with social networking sites being a prime culprit.

One recent survey found that the number of people who have accounts at social networking sites is actually 10 percent greater than the number of people who have email accounts. Because hackers and identity thieves are opportunists, it's little wonder they've adopted these Websites as targets.

Keep in mind that the problem is not so much people twittering away major secrets as letting slip many smaller pieces of information that an adversary can piece together. Even well-meaning workers can inadvertently cause a major breach.

Recently, an Israeli soldier posted details of an impending West Bank raid on his Facebook page. The post contained the exact time and location of the planned sweep.

Other soldiers in the unit alerted their officers, and the planned raid was called off. Need we add that the soldier was in deep trouble?

Businesses, too, must worry about social-media leaks. One new tactic for corporate spies is to invent a Facebook user (often an attractive young woman), then "friend" employees from competitors and watch their page, encouraging them to divulge company secrets.

Details of a major cyberattack on a financial firm have emerged; hackers sent a plausible Facebook message to a worker inviting her to click a link "to see photos" of a company outing. But when she did, she actually downloaded malware that wormed its way into her employer's network, stealing invaluable secrets.

Follow this expert advice to use social networking wisely and safely:

Be discreet. Never type anything into a profile page that would expose you to unwanted visitors or the possibility of identity theft or malicious threats. This includes personal and business names and addresses, phone numbers, job titles, birth dates, schedule details, daily routines, and business or family information.

Be skeptical. Social networking sites are full of useful business information — as well as useless disinformation. Treat anything you see online (stock tips, personnel gossip, etc.) with a high degree of skepticism.

Be thoughtful. Never type anything online that can come back to bite you. This includes outrageous claims, slander, obscenity, and insults.

Be professional. If you're posting a picture or video to a social network site, make sure it presents you in the best possible light.

Be wary. People on the Internet aren't always who they seem to be. The "CEO" you're chatting with in Denver may actually be a 14-year-old kid in Milwaukee — or a prisoner in Romania. Until you can independently verify someone's identity, never reveal personal, business or financial information.

Check privacy policies. All major social networking services have privacy guidelines. Take the time to read and understand these documents.

When you use social networking sites, do you:

— Keep sensitive, work-related information off your profile?

— Keep your plans, schedules, and location data to yourself?

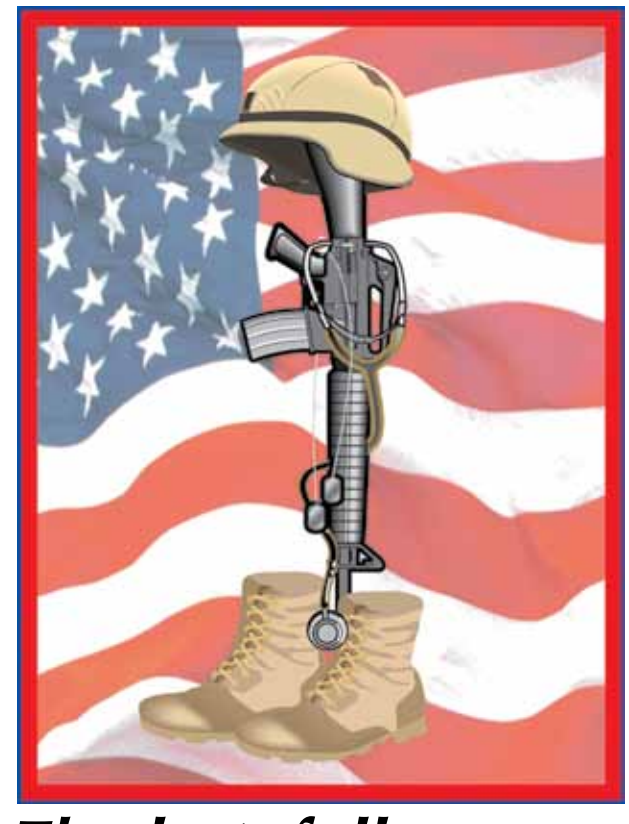
— Protect the names and information of coworkers, friends, and family members?

Also, remember to:

* Keep your anti-virus software updated.

* Beware of links, downloads, and attachments.

* Beware of "apps," or plug-ins; these are often written by unknown third parties who might use them to access your data. (National Security Institute)



The last, full measure of devotion

PFC David A. Jefferson, 68W, 1st-502nd Infantry, July 2, 2010

SPC Jerod H. Osborne, 68W, 4th-73rd Cavalry, July 5, 2010

SSG Leston M. Winters, 68W, 1st-502nd Infantry, July 15, 2010

SGT Jesse R. Tilton, 68W, 1st-508th Infantry, July 16, 2010

SSG Kyle R. Warren, 18D, 1st-3rd Special Forces Group, July 29, 2010

Mercury

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Army Times names medic Soldier of Year

Treated injured at Fort Hood shooting

by SPC Justin Naylor

He's been shot at in combat, he's saved lives on the battlefield and he responded to the wounded victims of the Nov. 5 attack on Fort Hood, Texas, and now SSG Zackary Filip has been named the *Army Times* Soldier of the Year.

Filip is a medic in the 2nd Brigade Combat Team of the 1st Cavalry Division. Last November, he had recently returned from deployment to Afghanistan and was getting ready to complete a few post-deployment health assessments at the Soldier Readiness Processing Center when he heard what sounded like gunshots, he recalled.

Running around the side of the building, he saw a wounded police officer.

"I grabbed her and pulled her to the side of the building," he said. "I used my belt as a tourniquet."

After stopping the bleeding, Filip said he moved inside the building where he was confronted by something that looked like a "scene from a horror movie."

"I just went into medic mode and started working," he said.

Filip, along with several other medics, treated the victims of the shooting until medical responders arrived on the scene to take over.

Much of the experience Filip used during the shooting he gained while serving in a combat unit in the mountains of Afghanistan.

During one especially memorable mission, Filip's unit was returning from a patrol on Christmas Eve with a group of Marines and Afghan Army soldiers when they started receiving fire from a position above them. Several Afghan soldiers were wounded approximately 500 meters from Filip's position. Under heavy small arms and rocket-propelled grenade fire, Filip moved forward and treated the wounded with the help of Soldiers from his platoon.

"These kinds of experiences, they helped me grow a lot professionally," he said. "You can read all day about how to treat somebody or practice on a dummy or with a Soldier who has fake blood...but when you see all that stuff first hand... you learn," he said.

Filip uses this hard-earned experience to train his Soldiers.

It's great having him as a leader, explained SGT Michael Garner, a medical section sergeant.

"He tries to spread his knowledge among his NCOs and subordinates," he said. "Most of my NCO skills have come from him."

The *Army Times* wasn't the first to recognize Filip for outstanding service.

"Staff Sergeant Filip is the epitome of the NCO creed," said 1LT Tyler Garrett, Filip's platoon leader. "He honestly understands the concept behind 'mission first' and taking care of Soldiers. He dedicates his life to taking care of Soldiers."

The recognition Filip garnered from earning the Soldier of the Year Award may be new to him, but the dedication it took to win it wasn't. Filip continues to train himself and his Soldiers regularly so that they're prepared for anything that happens. (2nd BCT, 1st Cavalry Division)

SSG Zackary Filip

Pay attention to high-risk behavior

Suicide prevention task force tasks commanders

To curb suicides in the Army, commanders must pay more attention to junior Soldiers and to those who exhibit high-risk behavior, such as drug use or driving under the influence.

So said Vice Chief of Staff of the Army GEN Peter Chiarelli while discussing the report "Health Promotion, Risk Reduction, Suicide Prevention" by the Army's Suicide Prevention Task Force.

Preparing for combat

Chiarelli explained that Army units have worked rigorously over the past decade to prepare for and serve in combat. But leaders began to overlook signals and behaviors, including misconduct, which may have indicated an increased risk of suicide for some Soldiers.

"You have to understand that we prioritized … to fight our nation's wars and to be ready and tactically sound to go and do the mission we were given by the country," he said. "[Commanders] rightly prioritized the number one thing that they were going to do is to prepare their Soldiers to go into harm's way."

"Now, as we come back and we start to see [time at home between deployments] increase — or at least we forecast it's going to increase — it's time for the Army to take a hard look at itself," he continued.

"What are those things that came lower on our priority list that we need to re-institute, reinforce, and start doing to get at this problem?"

In fiscal year 2009, there were 160 suicides in the Army. Of those, 79 percent were among those who had been deployed only once, or had not deployed at all.

Additionally, 60 percent of suicides were among first-term Soldiers.

"The most dangerous year to be a Soldier is your first year," Chiarelli said. "We see more suicides in that first year than in any other year."

The general said leadership should be focusing on sponsorship programs for "young Soldiers coming in the unit, just out of basic, who are trying to make friends, who (are) new to the unit. These are the kinds of lessons you draw from this data that we believe are going to be absolutely essential to us getting a handle on this."

The report contains more than 250 recommendations to identify and mitigate problems in the Army related to suicide and high-risk Soldier behavior. The report will go forward to a staffing process, and determinations will be made as to which recommendations will be put in place, the general said.

Limit prescriptions

One of those recommendations, Chiarelli said, involves limiting prescription duration so a prescription is not considered valid after one year without provider reevaluation and renewal.

"There is no policy governing the length of 'as needed' prescriptions," the report reads. "These open-ended prescriptions create another policy and process gap that harbors illicit use."

When a Soldier tests positive for a pain killer that he had been prescribed perhaps more than a year before, there is no way to determine if he is still using that drug "as needed" or if he is in fact purchasing it on the street and abusing it.

Another recommendation, Chiarelli said, is that commanders should be more disciplined in ensuring compliance with DA Form 4833 requirements. That form, the "Commander's Report of Disciplinary or Administrative Action," helps the Army keep track of a Soldier's high-risk behavior wherever he may go, ensuring commanders at a new unit have visibility of a Soldier's past behavior.

According to the report 36 percent (78,410) of DA Forms 4833 were not completed from fiscal year 2004 to fiscal year 2009.

Other recommendations include tightening enlistment standards, establishing health promotion councils at each installation, expanding behavioral-health screenings, and recruiting additional behavioral health counselors. The Army also created 72 additional positions for chaplains, according to the task force's report.

Other key findings in the report include:

— Gaps in the current health promotion/risk reduction/suicide prevention policies, processes and programs necessary to mitigate high-risk behaviors

— An erosion of adherence to existing Army policies and standards

— An increase in indicators of high-risk behavior including illicit drug use, other crimes and suicide attempts

— Lapses in surveillance and detection of high-risk behavior

— An increased use of prescription antidepressants, amphetamines and narcotics

— Degraded accountability of disciplinary, administrative and reporting processes (Compiled from Army News Service and American Forces Press Service reports.)

"The most dangerous year to be a Soldier is your first year. We see more suicides in that first year than in any other year." — GEN Peter Chiarelli

Soldiers can help suicide risk assessment

by C. Todd Lopez

Vice Chief of Staff of the Army GEN Peter W. Chiarelli strongly urges Soldiers to participate in a study that will help the service learn more about the causes of suicide and improve prevention efforts.

The five-year Army Study to Assess Risk and Resilience in Servicemembers — called "Army STARRS" for short — involves a review of existing historical information, including the personnel and medical records of Soldiers who have committed suicide.

Those conducting the study now need new information that will come directly from Soldiers. That information will be gathered through questionnaires, online surveys and Soldier interviews.

The Army asked the National Institute of Mental Health to conduct the Army STARRS study in 2008. To complete the study, researchers from NIMH will collect information from as many as 120,000 new Soldiers each year over the course of three years. The Soldiers will be in basic combat training at Fort Jackson, S.C., Fort Sill, Okla., Fort Leonard Wood, Mo., and Fort Benning, Ga.

Researchers will also survey a representative sample of about 90,000 "combat-seasoned" active-duty Soldiers, including reserve-component Soldiers who have been mobilized.

From those Soldiers, researchers will be looking for information about Soldier's psychological and physical health, as well as history of exposure to adverse events.

"Confidentiality has been a hallmark of everything we have done to put this together," Chiarelli said. "We have put in place all the safeguards you would expect to ensure a Soldier can confidently provide data to NIMH researchers and trust it will be kept in the strictest of confidence. We hope every Soldier who is approached is willing to participate in this study."

Chiarelli said the Army has placed emphasis on suicide prevention over the past two years because its suicide rate has risen to a point that now exceeds that of a demographically equivalent selection of the civilian community.

"The Army always used to fall below the Center for Disease Control's average for a population corrected to be the same as the United States Army," Chiarelli said. "But in the last three years, we've seen the numbers go up above that corrected number. And this is of great concern to us."

Already, he said, what has been learned from the NIMH study is "paying significant dividends" and has been transmitted out to Army leadership around the globe.

"I've learned that from the instance of whatever event causes post-traumatic stress to the time individuals in the United States seek help is 12 years," Chiarelli said. "That 12 years is in itself not a good thing. What is really not a good thing are all the other potentially negative events that happen inside that 12 years, before that person even seeks help."

The general said the kinds of actions that can happen include alcohol abuse, spouse abuse, drug abuse, anger management issues, job loss and divorce.

"These are all negative behaviors that happen because a person has not sought the help they need. That's why we want Soldiers to get help as soon as possible," he said.

The general also said that Soldiers in their first year of service are at higher risk for suicide, as are Soldiers who are in some kind of transition.

"We know Soldiers who are in transition from basic training to their first unit, from their first unit to their second unit, even some senior Soldiers who make a decision to go to a professional military education course, such as the 1st Sergeants Course — we know that's a particularly dangerous time for Soldiers," Chiarelli said. "These are the kinds of lessons learned and trends I've been able to provide to the field."

Also at risk for suicide are Soldiers on deployment.

According to researchers at the NIMH, the risk to male Soldiers for suicide occurring while deployed appears to be two to three times higher than in male Soldiers who have never deployed. Male Soldiers who have previously deployed, but who are not currently deployed, appear to have a one-and-a-half times higher risk of suicide than those who have never deployed.

The Army is looking for ways to decrease the stress on Soldiers that comes from an increased operations tempo and extended time away from Family and loved ones. The Army is aiming now for two years home for every one year in combat. The service isn't quite there yet, Chiarelli said, and right now the ratio is more like 1:1 for most Soldiers.

Finally, Chiarelli said that to reduce suicides in the Army, Soldiers and commanders must work to eliminate the stigma associated with seeking help for mental-health issues.

"Like you would for any other injury, with behavioral-health issues, you need to seek help," he said.

For more information about Army STARRS visit: www.ArmySTARRS.org (Army News Service)

Ask your buddy about suicide warning signs

by CPT Courtnee Pelton

Clinical psychologist, 162nd Infantry Brigade

Suicide is a serious subject that few are experts on. Lack of expertise tends to create myths:

Suicide myth No. 1: Asking depressed people about suicidal thoughts may give them the idea to take their own lives. **Fact:** The reverse is more accurate. Not asking a person you suspect to be at risk about suicidal thoughts can lead them to believe that you do not care.

Suicide myth No. 2: People who desire to kill themselves will not admit it, therefore, there is no use in asking. **Fact:** The majority of suicidal individuals are ambivalent about taking their life. When provided with help and support, most suicidal individuals will take advantage of the resources presented to them.

The rising number of suicides in the military has alerted officials to the growing mental-health concerns among Soldiers and the need for increased suicide awareness. While it is nearly impossible to prevent depression or shield Soldiers from the emotional strains of deployment and military life, it is possible to decrease the rising number of suicides through preventive measures.

Prevention involves the simple tasks of noticing changes in mood and behavior and asking the Soldier about thoughts of suicide.

When noticing changes in mood and behavior, observe the subtle signs of depression and hopelessness that could potentially lead to suicide.

The most common warning signs that someone is contemplating suicide include:

* Withdrawing from Family and friends
* Frequent changes in mood
* Poor work performance
* Increased use of alcohol
* Giving away personal belongings
* Talking about death or making jokes about dying
* Making statements that indicate life is meaningless, hopeless or there is "no way out"
* Engaging in reckless activities
* Obtaining the means for killing oneself such as purchasing a gun or collecting medications

Factors that contribute to suicide are unique and specific to each individual. Although contributing factors are not present in any predictable pattern, long-term substance abuse and a history of mental-health problems are seen in many cases of suicide.

The loss of something meaningful is another key contributing factor to suicide. Losses such as physical functioning, finances, relationships and work problems (loss of rank and pay) constitute the most significant losses in the military.

At the crux of suicidal thoughts are feelings of hopelessness. The belief that there is "no way out, no help for me, or this will never end" can become a compelling belief for depressed individuals that may ultimately lead to suicide.

Commanders, chaplains and behavioral-health providers are encouraged to work together to offer supportive leadership and spiritual and psychological resources to the individual to provide both help and hope.

If warning signs are observed, the Soldier should always be asked if he or she is thinking about suicide.

Asking about suicide is perhaps the most difficult, yet simplest act. Command and Family members are encouraged to be the first line of defense against suicide and routinely ask this question to Soldiers who they recognize as being at risk for harm.

Asking does not need to be done in a creative fashion and should not be candy-coated or evasive. When asking about suicidal thoughts, the straightforward approach works best. Asking directly, "Are you thinking about killing yourself?" eliminates any doubt as to what you are asking and indicates to the individual that you care and want to provide help.

Suicide prevention will fail if the responsibility to seek help is left to the Soldier alone. Noticing behaviors, asking about suicide and encouraging help are sometimes the impetus needed for someone to seek treatment.

Behavioral-health treatment is available at the post hospital, brigade psychologists, chaplains and Army Community Service. Soldiers are also encouraged to call the Military One Source Crisis Line at (800) 342-9647 or visit Military One Source for additional therapy resources at www.militaryonesource.com. (Fort Polk)

Capsules

Fort Riley

Medics from the 3rd Brigade Combat Team of the 1st Infantry Division trained on real human bodies — cadavers provided by the University of Louisville school of medicine. They practiced suturing wounds, inserting chest tubes and surgical airways, and administering fluids.

"For them to experience the initial shock of seeing a body here (rather than in combat) is better," said CPT Charles Asher, brigade surgeon.

National Capital

Staff members of the Office of The Surgeon General will be among some 3,000 people in a new consolidated military medical headquarters office scheduled to open by next September at 7700 Arlington Boulevard, Falls Church, Va. The facility also will include the offices of the assistant secretary of defense for health affairs, TRICARE Management Activity, Navy Bureau of Medicine and Surgery, Air Force Surgeon General and Air Force Medical Support Agency.

Fort Rucker

Who better to ease the aching backs of pilots than a former pilot? Dr. Jerry Jones, who flew a CH-47 Chinook helicopter before becoming a disabled veteran and attending chiropractic school, now provides care at Lyster Army Health Clinic. The Office of The Surgeon General had mandated that the clinic will provide chiropractic services for active-duty patients.

"These are my people," said Jones, who treats about 40 to 50 patients a day. "The patient population is awesome and very receptive to chiropractics."

Madigan

Madigan Army Medical Center's School-Based Behavioral Health Program, Child Guidance Clinic and Family Assistance for Maintaining Excellence have combined into a one-stop shop for Family behavioral health called the Child and Family Assistance Center.

"CAFAC will improve access to care for the base's Family members, reduce the stigma associated with receiving behavioral-health care, provide uniquely-tailored services to military Families and be synchronized and aligned with the Army's Force Generation cycle," said Dr. Lindsay Paden, the center's director.

*****

CPT Andrea McRae, a labor and delivery nurse at Madigan, more than did her part for the department's case load when she gave birth to quadruplets. The three boys and one girl were healthy, as were mother and dad, MAJ David McRae.

*****

Practical nurse students SPC Matthew Moxley and PFC Benjamin Bonathan reacted quickly when a retired Marine chief warrant officer began having chest pains and breathing difficulty in the Madigan parking lot. They moved the man to the passenger seat of his vehicle and drove to the emergency room while collecting patient information. Within minutes of arrival, the patient coded and had to be resuscitated.

Fort Detrick

The Army recognized the fire department of Fort Detrick, Md., as Fire Department of the Year for medium-sized departments and Fire Prevention Program of the Year for 2009. The awards are based on customer service, department-level awards, accreditation, certifications, innovativeness, fire-fighter health and safety, and other criteria.

SHORT STUFF

LTC Gregory Gadson, who gave both legs during an explosion in Iraq in 2007, now is director of the Army Wounded Warrior Program (AW2), which assists and advocates for the most severely wounded, ill and injured Soldiers, veterans and their Families.

COL Leon E. Moores, a neurosurgeon at **Walter Reed Army Medical Center** and consultant to The Surgeon General for neurosurgery, received the Major General Harold Mashburn Jr. Award for Excellence in Leadership from the Industrial College of the Armed Forces. He completed the 10-month Master's degree course with a grade point average of 3.85, while continuing duties at Walter Reed and competing on the college's cross-country and soccer teams.

COL Paul Amoroso was inducted into the Order of Military Medical Merit at **Madigan Army Medical Center**...**SGT Faith Aksu**, a radiology technician at **Redstone Arsenal MEDDAC**, was named the post's Soldier of the Year...Graduation awards at **Eisenhower Army Medical Center** included **CPT Bradley Bandera**, the Benjamin O. Spurlock Memorial Award for Medical Research; **CPT Gerald Wynne**, the Transitional Year Research Award; **CPT Justin Wilkie**, the Alton Peyton Award for outstanding Family medicine resident; **CPT Craig Ainsworth**, the Walter J. Moore Award for Excellence in internal medicine; **CPT Matthew Link**, the Clarence Yeargin Award for excellence in orthopedics; **MAJ Julie Remo**, the William L. Moore Award for outstanding faculty member; and **CPT Craig Ainsworth**, the Alexandra Xenakis Award for outstanding graduating resident.

The team of **CPT Tristan Manning, CPT Scott Martin, 1LT Jason Taylor, SGT Blake Lansford** and **SGT Howard Powers** of **Madigan Army Medical Center** finished first in the Rainier to Ruston relay race. They finished the 51-mile trail run in 6 hours and 27 minutes.

Department of the Army civilians now may have their psychological resilience evaluated by a civilian version of the online Global Assessment Tool, part of the Comprehensive Soldier Fitness program. The Website is http://www.army.mil/CSF/ ...The first mobile training team began training Master Resilience Trainers for the Comprehensive Soldier Fitness program this summer at Fort Meade, Md. The 10-day course has been taught at the University of Pennsylvania and Fort Jackson, S.C., and now the mobile team will take it to other installations.

All 22 students in the pharmacy specialist class at the **AMEDD Center and School** this summer passed the Pharmacy Technician Certification Examination...**Fort Detrick** was recognized among five winners of the Frederick County, Md., Family Friendly Business and Best Places to Work Award...John Reyes rode his bicycle 5,400 miles between San Antonio and Boston, over 85 days, to raise $2,500 for the Fisher House at **Brooke Army Medical Center**.

Training in fields

CPT Cliff Porter, CPT Bridget Sinnott and CPT Jessa Williams (rear) prepare CPT Hillary Harper for movement using a tarp and a rope. The emergency medicine residents at Madigan Army Medical Center were training in the wilderness of Dash Point Park in Federal Way, Wash.

The Austere Medical Challenge allows the doctors to experience treating patients in a wooded environment with no medical facility within an hour's travel.

Scenarios included altitude illness, cold injuries, applying tourniquets and stabilizing a spinal injury. The residents also learned land navigation and map reading, tactical combat casualty skills and teamwork. (Photo by Lorin T. Smith/Madigan)

One year remaining for BRAC changes

by Jerry Harben

With a deadline one year away — Sept. 15, 2011 — military organizations are hard at work on implementing changes required by the 2005 Base Realignment and Closure (BRAC) law.

Throughout the Department of Defense, BRAC actions affect more than 800 locations and will relocate 123,000 people. Medical Command is responsible for 45 specific BRAC 2005 actions contained in 22 BRAC Business Plans. MEDCOM is lead for three of those business plans:

* Realigning Walter Reed Army Medical Center, and moving subspecialty and complex care to a new joint Walter Reed National Military Medical Center in Bethesda, Md., and other patient-care functions to a new joint community hospital at Fort Belvoir, Va. Finally, the Walter Reed installation will close.

* Assume medical support of McChord Air Force Base, Wash., under Madigan Army Medical Center. This was completed in 2008.

* Convert the hospital at Fort Eustis, Va., to a clinic with an ambulatory care center. This was completed in 2006.

Many other BRAC actions impact requirements for space, health care and staffing, said Carey Klug, chief of the transformation directorate at Medical Command Headquarters.

"We have to continue to stay focused. BRAC is not about buildings, it is about moving missions and functions. We have to make sure we can support changing populations," Klug said.

Three installations with health clinics — Fort Monmouth, N.J., Fort McPherson, Ga., and Fort Monroe, Va. — will close next year.

"We have a medical support action plan that is part of the installation plan to close for each location. There is a timeline for drawdown of services, moving equipment and decommissioning the building. The plan is for (on-post) care to cease at those locations on or about July 15, 2011," Klug said.

Two major BRAC actions, led by the Air Force, impact Fort Sam Houston, Texas. A new San Antonio Military Medical Center (SAMMC) will provide all inpatient care and robust outpatient care at an enlarged Brooke Army Medical Center. The Air Force's Wilford Hall Medical Center will be converted to an outpatient and same-day surgery clinic. Meanwhile, enlisted medical training for the Navy and Air Force is relocating to join Army training at Fort Sam Houston's new Medical Education and Training Campus (METC).

Klug pointed out that medical care functions are excluded from the transfer of garrison support functions under joint basing. Although BRAC construction in San Antonio, Texas, is funded through the Air Force, and the Air Force is the supporting command for Joint Base San Antonio, the Army retains control of its medical assets and functions.

"The medical services at Joint Base Lewis-McChord are merged, but as a result of a BRAC recommendation, not the joint basing recommendation," she said.

METC, the world's largest military medical training institution, officially opened this summer. Courses are being phased in until full operational capacity is reached next year.

Navy Rear Admiral William R. Kiser is the school's first commandant, with COL Larry Hanson as deputy commandant and dean, while Air Force Command Chief Master Sergeant Kevin Lambing is the senior enlisted advisor.

The campus will have more than 24,500 students each year, and will employ an operating staff and faculty of more than 1,400.

"In five years, every medic and corpsman under the grade of E-5 will have been educated here at METC," said Lambing.

Consolidating into METC are the 882nd Training Group from Sheppard Air Force Base, Texas, Naval School of Health Sciences branches from Portsmouth, Va., and San Diego, Calif., and the Naval Hospital Corps School from Great Lakes, Ill.

METC will do entry-level training for Army medics, but the AMEDD Center and School will continue advanced enlisted medical training, advanced NCO courses and officer training.

More than $1.2 billion is being spent for METC facilities and equipment, which cover a footprint of two million square feet. A headquarters/administration building, two dormitories, dining facility and three instructional facilities are in use, with another dormitory due to be finished by the end of 2010, and two more instructional facilities next year.

An $18-million medical readiness training center opened this summer at Camp Bullis, the training sub-post of Fort Sam Houston. The new facility includes six classrooms, four dormitories, three multipurpose buildings, a dining facility, a 10,000-square-foot warehouse, 10 training pads and five aircraft for practicing patient evacuation.

"The magic of this place (Camp Bullis) is not what the Air Force is bringing," said Air Force Surgeon General LTG Charles Green. "The magic is the co-location of the Army's 68 Whiskeys, the combat support hospital, hopefully one of these days the Navy fleet hospital, so that when people come here to train, they see exactly who they'll be working with and understand how the system comes together."

The Air Force and Army have been combining and shifting services for several years to prepare for the San Antonio Military Medical Center. The latest step was the end of the trauma center at Wilford Hall this summer as those services concentrated at Brooke.

Ultimately, both SAMMC and the ambulatory surgical center at Lackland will be staffed by Army and Air Force personnel. BRAC construction includes a new 760,000-square-foot addition and a parking garage at Brooke, while an Air Force Military Construction project, unrelated to BRAC, will replace Wilford Hall with a completely new clinic in the years after the BRAC deadline has been met.

In the National Capital Area, about 2,200 Walter Reed employees and 700 Fort Belvoir MEDDAC employees were tentatively offered jobs at the new facilities at Bethesda and Belvoir. More than 1,800 at Walter Reed and more than 600 at Belvoir have already accepted.

About $2.6 billion worth of construction is under way at Bethesda and Fort Belvoir. Nearing completion at Bethesda are Building A, which will house outpatient clinics, and Building B, for inpatient clinics. Several areas of the existing hospital are being renovated, as well as a visitor center and a building for barracks, a dining facility and a warrior transition unit. A 944-space parking garage is complete.

Northern Regional Medical Command Headquarters will move to Fort Belvoir, housed in a building work began on this summer. Also moving to Belvoir are the Northern Regional Dental Command, the North Atlantic Regional Veterinary Command and the Northern Regional Contracting Office.

Next summer, staff of the office of The Surgeon General will join their Air Force and Navy counterparts, as well as the office of the assistant secretary of defense for health affairs, TRICARE Management Activity, and Air Force Medical Support Agency at a new leased facility in Falls Church, Va.

Another BRAC initiative will consolidate medical research and acquisition functions into joint centers of excellence (COE).

The Joint Center of Excellence for Battlefield Health and Trauma Research, now known as the Battlefield Health and Trauma Research Institute (BHT), opened at Fort Sam Houston this summer. Co-locating with the Army Institute of Surgical Research (ISR) are the combat casualty care research elements of Walter Reed Army Institute of Research and the Naval Medical Research Center, as well as the Army Medical Research Detachment, Air Force Dental Evaluation and Consultation Service, Army Dental and Trauma Research Detachment and Naval Institute of Dental and Biomedical Research.

The BHT, which consists of a newly constructed 150,000-square-foot building and the previously existing ISR building, is located next to Brooke Army Medical Center. In addition to relocating, all Army elements have been realigned and are now part of the ISR, and all Navy elements are part of newly activated Naval Medical Research Unit-San Antonio.

Other research consolidations include:

* Joint COE in Infectious Disease Research at Walter Reed's Forest Glen annex;

* Joint COE for Aerospace Medicine Research at Wright-Patterson Air Force Base, Ohio;

* Joint COE in Regulated Medical Product Development and Acquisition at Fort Detrick, Md.

* Joint COE in Biomedical Defense Research at Fort Detrick

* Joint COE in Chemical, Biological Defense Research, Development and Acquisition at Aberdeen Proving Ground, Md.

The Armed Forces Institute of Pathology is being disestablished and several functions are being separated and relocated as Walter Reed closes. The National Museum of Health and Medicine will be retained at Forest Glen, Md., along with the tissue repository. The Armed Forces Medical Examiner System will move from Rockville, Md., to Dover Air Force Base, Del.

MEDCOM must continue to coordinate with a variety of partners, including Department of the Army, TRICARE Management Activity, Department of Defense, Air Force, Navy and Joint Task Force Capital Medicine, to ensure timelines are met and medical services are maintained through all these changes. (Fort Sam Houston News Leader, Walter Reed Stripe, Naval District Washington and TRICARE Medical Activity contributed to this report.)

Early action called key to PTSD treatment

Policies require troops take time off after combat events; services pushed forward

by SFC Michael J. Carden

Since 2003, the Army medical community has worked feverishly to establish processes that will improve the speed at which post-traumatic stress among military members is diagnosed.

As many as 30 percent of troops redeploying from Iraq and Afghanistan could develop post-traumatic stress symptoms, and early detection is key to their treatment, Surgeon General LTG Eric B. Schoomaker said in a roundtable discussion with reporters.

"Earlier wars have taught us that you need to be very aggressive and very close to the battle when treating and diagnosing psychological impacts of deployment and combat exposure," Schoomaker said. "You can actually create more problems for the individual Soldier by delaying the treatment or evacuating them out of theater."

Symptoms

Some symptoms of post-traumatic stress, Schoomaker noted, are avoidance of people, a sense of internal panic, intrusive thoughts and sleep problems, as well as drug and alcohol abuse.

Soon after the start of Operation Iraqi Freedom, the Army began sending mental health advisory teams to Iraq and Afghanistan to study behavioral health among troops exposed to combat, the general said.

The battlefield teams' work enabled the military medical community to refine how behavioral and mental-health issues among troops were distributed, Schoomaker said. The teams also helped to validate the mental-health community's efforts, he added.

"If we report an attack …, then everybody within a 50-meter range of that event is going to take a knee. They don't have a choice."

Initial treatment for Soldiers on the spot, rather than waiting until they redeploy, has proven to restore the majority of diagnosed troops to operational performance levels, the general said. It also contributes to long-term health, he said.

However, many troops still are returning home with post-traumatic stress, compounded by traumatic brain injuries, Schoomaker said. Until recently, he added, service members exposed to battlefield violence or attacks had the option to seek immediate health care. But many troops, he said, weren't coming forward for care.

Drive on

"If you give the Soldier the option of self-identifying, what we've learned the past couple of years is that Soldiers won't do that," he explained. "How many football players are willing to come off the field [voluntarily]? Many of our Soldiers and Marines are the same way. They brush themselves off, try to recover from what's going on, and they go back into the fight."

But now policies are in place that force Soldiers to be evaluated based on certain events, Schoomaker said.

"We're pushing our protocols aggressively down to the battlefield [level], and taking it out of the hands of the Soldier and taking them out of the fight," he said. "If we report an attack …, then everybody within a 50-meter range of that event is going to take a knee. They don't have a choice."

Research and data provided by the mental-health teams has helped the Army to develop additional survey questions, and discover other causes of post-traumatic stress, Schoomaker said.

Dwell time

The Army began looking harder at deployment lengths and the amount of time troops had between deployments.

"Dwell time plays a very important role," Schoomaker said. Fewer than 24 months does not allow service members enough time to restore to a "baseline level" of psychological health, he said.

"Short dwell [times] between deployments were contributing to some of the problems we're seeing," Schoomaker said. "Before [troops] had time to reconnect with Family, reconnect with their community and get back to a normal ground state, they were getting out the door again."

Over the years, military medical professionals also have determined that post-traumatic stress is a normal, treatable malady, the general said.

MAJ Keith M. Lemmon (left) plays the role of a Soldier receiving a behavioral-health screening from CPT Trina St. Ann, a physician in the 501st Brigade Support Battalion, 1st Brigade Combat Team, 1st Armored Division, during training for primary-care providers at Forward Operating Base Warrior in Iraq. Medics and doctors were taught how to be proactive in dealing with behavioral issues and identify at-risk Soldiers. The program was begun by Lemmon, surgeon of the 1st-14th Cavalry Regiment, and MAJ Jake Richardson, 3rd infantry Division behavioral-health consultant, to offer earlier intervention for behavioral-health issues. (Photo by SSG Christina Turnipseed/1st Armored Division)

"Experience has taught us that if you can find these symptoms early, you can prevent the development … of post-traumatic stress."

To illustrate a possible symptom of post-traumatic stress, Schoomaker cited the example of a Soldier who may be nervous and "jumpy" at loud noises after a lengthy deployment. Such a reaction, he said, is much like someone who was in a car accident who afterward may be quick to use the brakes in traffic.

"Jumping on the table when you hear a loud noise is not a sign that [a troop] has lost his mind," he said. "It's a normal reaction to a stressful environment."

Last fall, the Army began transitioning mental-health assessments within a unit's deployment lifecycle, Schoomaker said. For years, Soldiers have received pre- and -post deployment mental-health screenings, he said. But they now receive additional screenings 90 to 100 days after redeployment, the general said.

However, studies show that troops' post-traumatic-stress symptoms could be suppressed because they're excited about returning home, Schoomaker said.

"What we are attempting to do is tie together what we know about Soldiers' health, well being and mental issues, emotional issues before they deploy, the state of the Family; any problems they may have before they deploy, what occurred to them in the deployment that may have triggered reaction, and then tie that to their return," the general said.

Schoomaker said returning soldiers now meet one-on-one with a counselor, which he said is well-received by the troops. The counseling sessions are conducted via video conference or in person, he said, noting that about 60 percent of Soldiers say they'd rather do their interviews online.

Intimate discussions

"They find that having the screen and the video gives them what I call an electronic buffer," the general said. "It makes them more comfortable even talking about very intimate problems they may have."

This approach, along with the deployed mental-health teams and the series of screenings has become standard now in the Army, Schoomaker said. These methods, he added, will help to ensure symptoms are found early and treated.

"Experience has taught us that if you can find these symptoms early, you can prevent the development … of post-traumatic stress," Schoomaker said. "If we find those symptoms early, we think that 95 percent of the people can be returned to [normal duty]." (American Forces Press Service)

High-speed credit may keep you on wheels

by Linda Turner

Your Mustang died. That car was your bud, your best friend, the wheels that got you where you were going all through college and your twenties. When the rest of your friends moved on to economy cars that got 30-plus miles to the gallon, you still had Old Red. Even when the paint faded and the odometer turned over, you could put the top down and fly.

Then, without warning, Red went belly up in the middle of nowhere. Now you are afoot, flat broke and your credit stinks.

Needless to say, getting a loan to buy a car or any other large ticket item is difficult when you have poor credit — even if you know someone who is willing to cosign for you. Different banks and lending institutions have different criteria. Some small car lots may be willing to take a chance on you, but the cost may knock you out of your shoes. Twenty percent or more interest is not unusual at such places!

If, on the other hand, your Mustang has a hitch in its get-along but still has some life left in it, this just might be the time to do something about improving your credit score. Ads for credit repair companies are everywhere. *Got credit problems? Don't worry—we can fix that. It's fast, easy, as simple as 1,2,3. All you have to do is fill out the paperwork and your credit starts improving almost immediately.*

Do not be taken in by wild promises of a quick fix. Just as with any other business, the industry has its fair share of scam artists, including those who claim to be nonprofits and others who may advise you to lie on a loan application or use a different Social Security number. Be on guard. Services are paid for *after* they are completed, not before, and anyone who claims they can remove current, legitimate negative information from your credit report is scamming you. Only time can do that — seven years to be exact.

You do not have to go to a credit repair company. Just about anything such companies can do for you, you can do for yourself.

There are a number of things you can do immediately that will help rebuild your credit history. (1) Paying your bills on time affects your credit score! Your credit report contains information about where you work and live, if you pay your bills on time, if you've been turned into collections or filed bankruptcy, and a history of negative reports will be reflected in your score. (2) Keeping balances low on both your credit cards and any revolving credit you have positively impacts your credit history. (3) Do not, however, open a new account just to have a low balance. It probably will not raise your score, and if you use the new card too much, that will just add another high balance to your credit history. (4) And although you may be tempted to move your debt around, your best bet really is to pay it off.

Finally, it is important to remember that you are entitled to a free credit report from Experian, Equifax, and TransUnion, the three consumer reporting companies, once a year or within 60 days of being denied a loan, job, or insurance because of your credit score. To order a report, you can call 1-877-322-8282 or apply online at annualcreditreport.com. When you receive it, make sure you examine your report for any inaccurate information. If you disagree with anything on the report, contest the inaccuracies by writing the credit bureaus and the company that provided the information. Be sure to include copies of any documentation you possess to support your claim, as well as your name and address, and ask the credit bureaus to remove the inaccurate information. Send the letter by certified mail, "return receipt requested." Keep copies of everything!

Having poor or limited credit does not mean you cannot get credit. Apply for credit with local stores in your area that may be more inclined than national stores and banks to extend credit to you. With time, as your credit history improves, more creditors will offer you credit.

For more information, check online at www.ftc.gov/credit for the following publications: *Your Access to Free Credit Reports, How to Dispute Credit Report Errors, Building a Better Credit Report, Knee Deep in Debt*, and *Fiscal Fitness: Choosing a Credit Counselor*.

All of these things take work and discipline on your part, but the results will be worth it. And if you start working on your credit history now, there could be a Jeep or a Camero or a four-wheel drive SUV just waiting for you down the road when Old Red gives up the ghost. (MEDCOM office of the staff judge advocate)

Health promotion coordinators tie it all together

by Jessie Maxwell

Commanders charged with addressing the physical, emotional and spiritual needs of Soldiers and Families have a new "tool" that focuses all available installation resources on those needs.

The Health Promotion Coordinator Program provides trained professionals to synchronize installation health and wellness programs. The coordinators are assigned to garrison support staffs, but are hired and trained by Public Health Command (Provisional).

"Our goals are to make the community aware of health and wellness resources and — through installation Community Health Program Councils — to ensure that we all work together on issues such as suicide, substance abuse, financial problems, and marital problems," said Jo Huber, heath promotion coordinator at Fort Campbell, Ky.

At Fort Campbell, this holistic approach to making services easily available and mutually supportive began in June 2008. Currently there are seven HPCs at continental United States installations (the others are at Fort Lewis, Wash.; Fort Carson, Colo.; Fort Bragg, N.C.; Fort Bliss, Texas; Fort Hood, Texas; and Fort Drum, N.Y.), and four more are being recruited. Huber said the hope is to have HPCs at all Forces Command installations by October of this year.

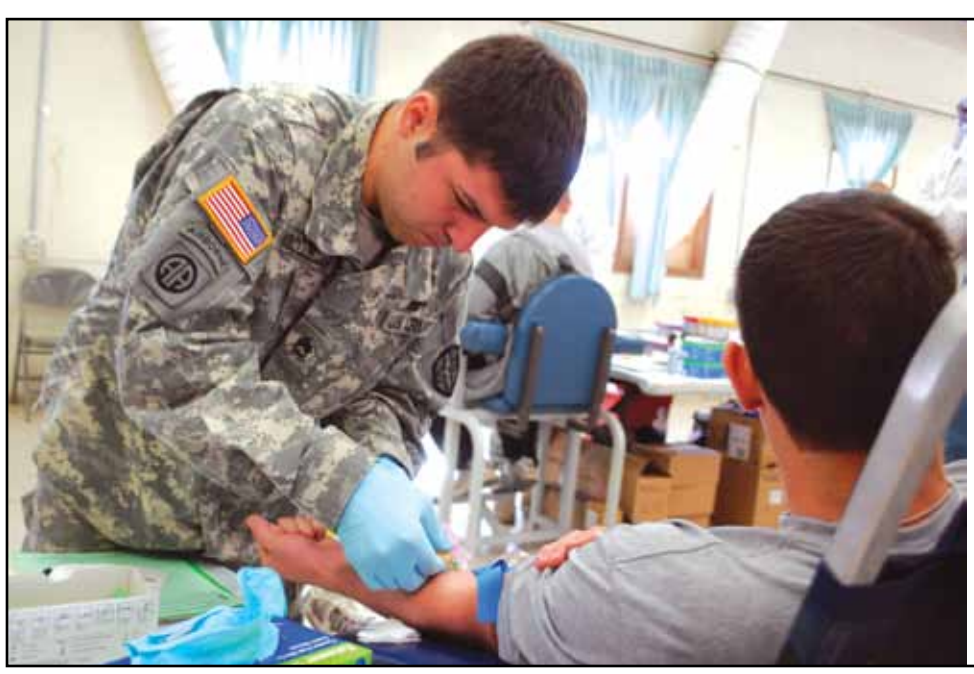
"The program provides commanders with a blueprint for integrating services," Huber explained. "It allows the leadership to maximize their strategic capabilities to drive their public health initiatives for a more mission-ready force."

In plain language, "maximizing" can mean identifying gaps in services, while reducing stove-piping and duplication of effort, as well as harnessing what already exists. The HPC program also stimulates communication and teamwork among the installation experts who provide Soldier and family services.

Huber said flow of communication is one of the biggest benefits that has come from the Community Health Promotion Council.

"The flow of communication of all the programs we have has definitely helped our tactical commanders understand how those programs fit together," Huber said.

She said this understanding allows the programs to help the Soldiers and their Families more effectively, and for subject-matter experts to collaborate and better use available resources. (Forces Command. Lyn Kukral of Public Health Command contributed to this article.)



Going for blood

SSG David Kolodziejzak of the 3274th U.S. Army Hospital draws blood from an ROTC cadet during the Leader Development and Assessment Course, or Warrior Forge, at Joint Base Lewis-McChord, Wash.

Army Reserve members join Madigan Army Medical Center staff members to conduct the physical exam portion of Warrior Forge, conducting screenings, blood draws and immunizations for more than 6,500 cadets.

"Without the Reservists, this mission wouldn't happen," said SSG Michael Young, noncommissioned officer in charge of the physical exams. "The Reservists get the job done." (Photo by Lorin T. Smith/Madigan)

Reservists gain realistic experience in Global Medic

Story and photos
by Alexandra Hemmerly-Brown

As the patient lies bloodied on the stretcher, he grimaces with pain. With lacerations to his head and neck, it's clear that he is not in great condition — he needs to be moved off the battlefield.

"Let's get him strapped up," says SPC Sawyer A. Smith, a medic with the 936th Forward Surgical Team from Paducah, Ky.

"Ready for movement!" shouts SPC Katy J. West moments later, and the team loads the casualty onto a medical transport vehicle.

With the patient headed for further treatment, medics of the FST stand by for the next call.

The 936th and units like it were participating in 2010's Global Medic exercise. The annual exercise is held simultaneously at Fort Gordon, Ga., and Fort Hunter Liggett, Calif., and nearly 3,000 service members participate nation-wide.

At Fort Gordon, approximately 1,000 Army Reserve, Army National Guard and Air Force Reserve service members honed their skills in mass casualty, battle trauma and combat stress treatment, said COL Sheila Sidberry, the commander of the 3rd Medical Training Brigade and Global Medic at Fort Gordon.

"We need to know how to train and work together," Sidberry said, "because when we go overseas, we'll be doing that."

Sidberry explained that in spite of the summer heat and nearly daily thunderstorms, the exercise implemented about 600 events, such as a mock improvised explosive device blast, in order to keep the training high-paced and realistic.

"We're using Global Medic as a culminating event to use all of the skills Army Reserve Soldiers learn," she said.

"This is great training," said SSG Randall A. Sutton, a medic and the training noncommissioned officer in charge for the 936th FST. "We have a young team, and this provides field experience."

The 936th FST is a 20-man team which already has orders to deploy to Afghanistan. As a forward surgical team, this specialized unit is the go-between to larger combat hospitals where more intensive care can be given.

In its deployed capacity, the FST attaches to a brigade-level combat unit, and can set up its improvised field hospital — complete with a triage, operating room and an intensive care unit — with merely three hours of notice, explained MAJ Mark W. Dunavan, commander of the 936th.

The unique, mobile, self-supporting unit is also responsible for its own supplies and equipment.

"We do with 20 people what most companies do with 120," said Dunavan, a nurse anesthetist.

This will be the second deployment for the unit, and fourth for Dunavan.

"I feel a lot more prepared than before," Dunavan said. "The medical exercises are becoming much more realistic and the trainers are more prepared."

For example, during Global Medic, many volunteer "casualties" are made up in life-like makeup called moulage, so their "wounds" actually resemble those on the battlefield. Also, Dunavan explained, the units practice the medical rules of engagement, treating enemy and civilian casualties as well as military working animals.

"I'm excited for the medical experience and the things I'll be able to do," West said of the unit's upcoming deployment.

Chief of the Army Reserve LTG Jack C. Stultz traveled to Fort Gordon to observe training and get feedback from the troops. He explained that Soldiers tell him they don't want their time wasted during training — they want it to be relevant and fulfilling.

"The real reason for doing things like Global Medic is because that's the way we operate on the battlefield … and you better learn how to do it before you get there," said Stultz.

"Even though it's hot, even though it's sweaty, it's realistic," Stultz said.

Global Medic is both a combined and joint venture, with two British medical soldiers taking part in activities at Fort Gordon. The Army Reserve provides more than two-thirds of the Army's medical brigades, dental companies, and combat support hospitals and nearly half of the Army's medical units.

SGT Corey Bartley of the 345th Combat Support Hospital gets moulage makeup for his role as a casualty.

The annual exercise will up the ante in 2011 with plans to have combat units added to the event. (Army News Service)

SPC Katy J. West (left) and SPC Sawyer A. Smith stabilize a patient at the 936th Forward Surgical Team.

Soldiers of the 345th Combat Support Hospital simulate a medical evacuation.

Soldier's best friend

SGT Rafael Seijo (left) and SPC Juan Rivera relax with Billy, a military working dog who retired after being injured overseas. Injured medic Lani Sing adopted Billy and they recovered together at Fort Carson, Colo., MEDDAC. Billy is now a therapy dog, visiting weekly with fellow wounded warriors with whom he seems to share a special bond. (Photo by SSG Jeffrey Smith/Fort Carson)

Womack gets Army supply award

by Shannon Lynch

Womack Army Medical Center was recently awarded the Chief of Staff of the Army, Department of the Army Supply Excellence Award. This is an annual award and the program was established in 1986. It was developed to encourage and promote competition among logisticians while focusing on property accountability. Womack won category IIB (TDA unit with Property Book).

Womack was selected by Northern Regional Medical Command and Medical Command for the Army competition and then was evaluated in January.

In 1993, Womack was runner-up in the same category of this competition. Since then, no other active duty MEDCOM unit has placed in the competition.

"There has always been a myth that medical units don't stand up well against non medical units and the myth was dispelled when we won this award," said Shawn Block, chief of Womack's property management section.

When Block arrived at Womack he had already competed in the competition twice. He told his staff members that if they wanted to compete for the award, they would have to work toward supply excellence every day.

"I am fortunate to have technically proficient employees that work towards and exceed standards every day in their areas of the property management section. For logisticians, winning the DA Supply Excellence Award is the highest honor that a logistician could receive. It means that we are not only the best in the Medical Command but the best in the Department of the Army," said Block. (Womack)

OSHA recognizes Fort Detrick for safety

by Robert Sperling

On the heels of receiving Army Community of Excellence recognition for being the first U.S. Army Garrison recognized by the Occupational Safety and Health Agency as a Voluntary Protection Program site, Fort Detrick, Md., was recognized as an exemplary worksite through the OSHA VPP's Star Program.

This recognition confirms Fort Detrick in OSHA's top 1 percent of safe work places in the nation. The Star Program is designed to recognize companies and organizations who have achieved injury and illness rates at or below the national average of their respective industries, according to OSHA. Additionally, these sites are self-sufficient in their ability to control workplace hazards.

"Employee empowerment has been proven time and time again through the VPP program," said COL Judith Robinson, Fort Detrick garrison commander. "This is one more step showcasing that people matter and that their opinions count; especially when it comes to safety first, last and all the time at home and in the workplace."

"Through the VPP process, we realize fewer injuries and illnesses," said Edward Nolan, director of human resources at Fort Detrick.

"This program provides the garrison with healthier employees ready to accomplish our critical national mission. Also, the concept of encouraging and empowering all the staff to be responsible helps to build team efforts in all aspects of our work," Nolan said.

The cornerstone of VPP is employee empowerment, getting everyone concerned about safety, first, last, and always as a culture.

"Prior to working at the safety office, I was a warehouse technician within Family and Morale, Welfare, and Recreation and the institution of the VPP process provided me another avenue for my ideas, suggestions, and concerns to be heard and acted upon," said Kristen Haga, a safety technician. "The establishment of the VPP Steering Committee gave me active involvement and insight into, not only the overall VPP process, but additional garrison processes as well."

The employee empowerment model has contributed to advances in planning by taking in ideas throughout the installation to make service improvements. VPP is just one tool the garrison safety staff and all of the employees brings to bear to ensure that Fort Detrick is truly a Sustainable Community of Excellence. (Fort Detrick)

Hospital commander earns award

by Jerry Harben

COL Judith Lee, commander of the 14th Combat Support Hospital, was honored with the 2010 Anita Newcomb McGee Award by the Daughters of the American Revolution.

The DAR presents the award each year to an active-duty Army Nurse Corps officer who epitomizes professional and military nursing excellence.

Deployments

Lee commanded the 14th CSH during its 2009-2010 deployment to Iraq. She also served in Iraq as chief nurse of the 86th CSH during 2004, and in Afghanistan as chief of plans and operations in the XVIII Airborne Corps Joint Operations Center during 2003.

Other assignments have included chief of medical/surgical nursing at Womack Army Medical Center, Fort Bragg, N.C.; officer in charge of the 44th Medical Command 91W Transition School; nurse practitioner at Fort Benning, Ga., MEDDAC; at various times chief nurse, executive officer and commander of the 14th Field Hospital; nurse at Joint Task Force Bravo in Honduras; and nurse at Tripler Army Medical Center and Schofield Barracks Health Clinic in Hawaii.

Education

Lee received her Bachelor of Science in Nursing from the University of Massachusetts at Amherst in 1986. In 2007, she was selected as the school's distinguished alumnus. She also has completed a Master of Science in Nursing from Emory University and is a graduate of the Command and General Staff College. She will attend the Senior Service College next year.

Her awards and decorations include the Bronze Star Medal with Oak Leaf Cluster, Meritorious Service Medal with three OLCs, Army Commendation Medal with two OLCs, Army Achievement Medal with OLC, Expert Field Medical Badge, Airborne Badge, Air Assault Badge and Order of Military Medical Merit.

COL Judith Lee

Where were you when the world stopped turning?

by Jerry Harben

September 11 is recognized by the U.S. government as Patriot Day. That date was forever marked in history as Al Queda terrorists hijacked airliners and flew them into the World Trade Center in New York, N.Y., and the Pentagon in Washington, D.C., while one plane crashed when passengers attempted to retake control.

The act killed thousands of people and launched the current wars in Afghanistan and Iraq.

"Patriot Day reflects the compassion of people who stepped forward to help those they've never met and the generosity of millions of Americans who enriched our country with acts of service and kindness on that day in 2001," states the Army's Website for the event, www.army.mil/patriotday.

One of the Department of the Army Civilians in the Pentagon that day was Carey Klug, now the director of transformation at Medical Command Headquarters. She and her husband both were working in the Office of the Assistant Chief of Staff for Installation Management.

"We heard about the twin towers, TVs were going. The thought goes through your mind, 'but that's in New York City. I'm in the Pentagon, and the Pentagon is pretty much impenetrable,'" she said.

"All of a sudden it was a blast, all the air got sucked out, papers were flying. We thought it was a bomb," Klug said.

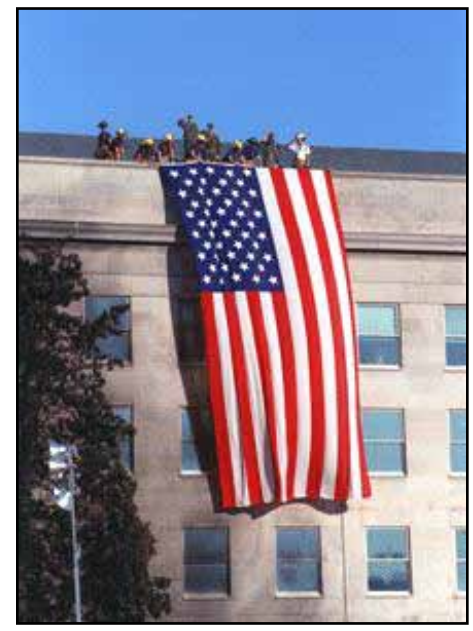
"Everything stops, your brain goes into another mode," she said.

"We lost seven close friends that day. I lost my best friend. It was extremely personal. We were very lucky — it wasn't our time," Klug said.

"Your whole life changes in that moment. Your priorities reset. You think about what is really important," she added.

"I haven't been to war, but I understand better what the military goes through," Klug said. "When you see someone who was there it's an instant bond. I think that must be something like what Soldiers experience."

Klug noted that the true importance of Patriot Day is to remember the thousands of Soldiers carrying the fight to the enemy in response to the 9-11 attacks, and their Families holding lives together without Soldiers who are deployed.



Soldiers and repair workers hang an American flag from the Pentagon following the 9/11 attack that damaged the building. (File photo)

PA left successful career for satisfaction in Army

by SGT Michael MacLeod

During a clinical rotation at Brooke Army Medical Center in San Antonio, physician assistant student Jessica Larson made up her mind to join the Army.

At the Center for the Intrepid, Larson worked with severely wounded warriors, and from them she drew a singular inspiration.

"They were still proud to be in the Army, and they were working really hard to rehabilitate themselves and to do the best they had with what they had," said Larson, now a physician assistant and a first lieutenant with the 82nd Airborne Division's 1st Advise and Assist Brigade, deployed in Iraq since August 2009.

"'This is what life dealt me; this is what I am working with, and now it's time for me to move on. There is no feeling sorry for yourself-here.' That was the attitude that all the Soldiers had," Larson said. "It was really inspiring."

At age 28, with years invested in a career designing airports for domestic and international markets, Larson decided she wanted more than a big paycheck and a corner office.

"I asked myself, if I could start over and do anything at all, what would I do? And I realized that I've always wanted to be in medicine and never had the guts to try it," she said.

Of all the career options, medicine was the one thing that resonated and stuck, Larson said. However, the Army was never part of the plan until she "met someone who knew someone" during PA school clinical rotations.

The Army intrigued her, but Larson wanted to be sure she could handle being around the worst of combat injuries before committing. She recalled being deeply impressed by the bravery and stoicism of the severely wounded Soldiers, including amputees, she'd met.

"That is when I made my decision to join the Army," Larson said. "If these guys could give up multiple limbs for their country, the least I could do was to give three years of my life."

Not too long after that, the newly-minted PA found herself caring for the Soldiers of an airborne logistics unit, the 307th Brigade Support Battalion, deployed in Iraq's largest and historically most volatile province, al Anbar.

"I found that in the military, I was catering to a completely different population than I thought I would be," said Larson, who initially wanted to practice international medicine in areas with little access to medical care, such as Africa's Swaziland.

"My guys — the guys I treat — are convoy security, and that's not a very 'sexy' job and not often glorified. I really enjoy taking care of them," she said. "Even though it's not humanitarian aid in Africa, I feel like it's an incredibly worthy cause. I am very satisfied with it."

As it turns out, through the advise-and-assist mission of professionalizing Iraqi security forces in Anbar, Larson also gets to care for people who might otherwise never receive medical attention. The U.S. paratroopers, she said, have sponsored temporary medical clinics for the poorer, more rural towns and villages up and down the western Euphrates River Valley in partnership with the Iraqi army, police and local doctors. Often, hundreds of ailing Iraqis, she noted, receive medical treatment at the clinics each day.

Larson said some of her Soldier-comrades are puzzled as to why she left her corner office and high-paying job for the Army.

"I don't miss my former lifestyle at all," she emphasized. "I was miserable, and I'm not miserable now."

She tells her younger medics that knowing what you don't want to do is just as important as knowing what you want to do. Don't do things just for the money and don't choose things because they are easy, she counsels them.

When Larson joined the Army, she recalled, her mother was shocked, and cried.

"My mom was like, 'What are you doing? You are going to deploy. You could get hurt,'" Larson said. "But now my mother is the most ridiculously proud woman on the planet."

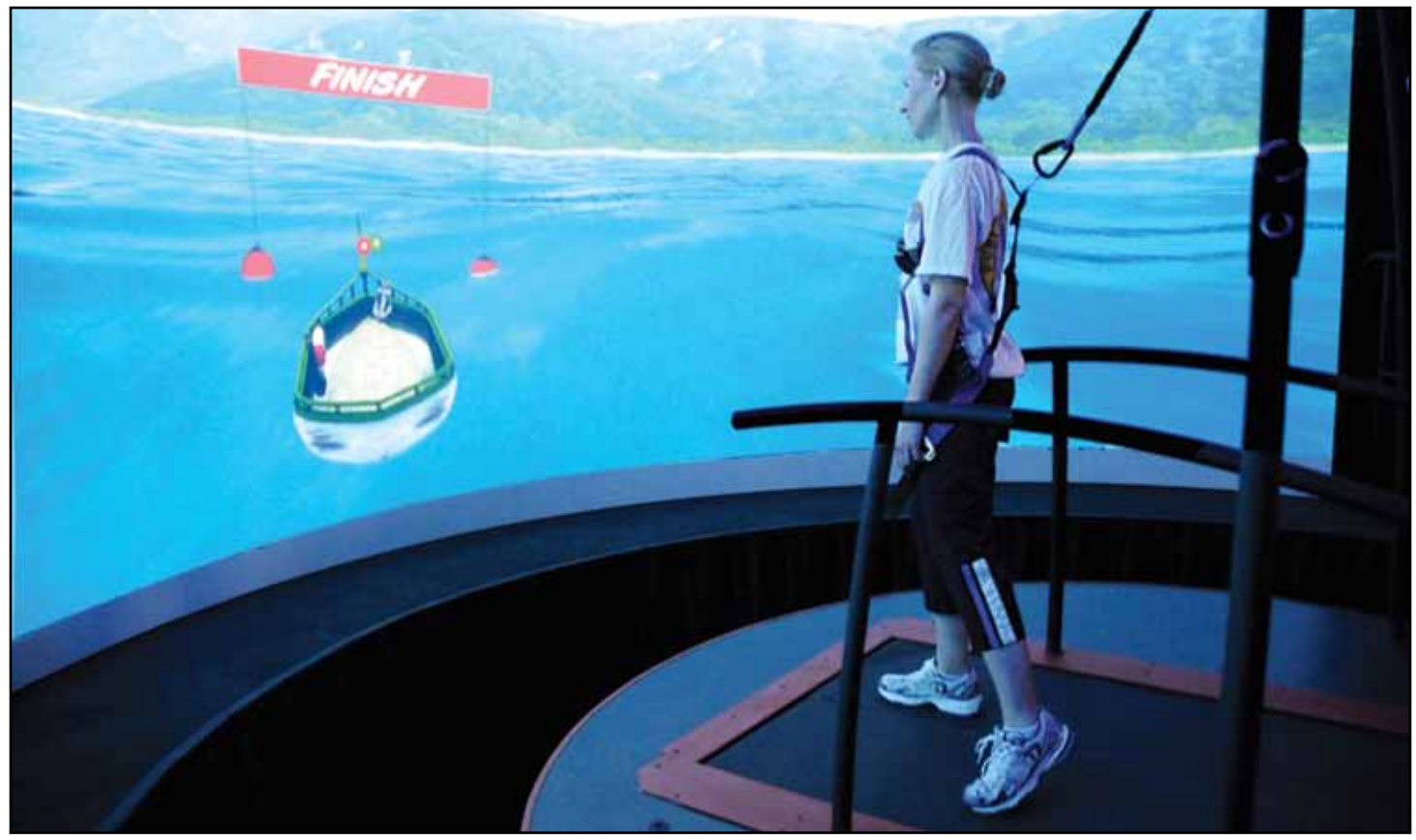
The daily challenge of medicine, Larson said, is what keeps her enthused in her job. And, she added, unlike some other occupations, there always is more to learn in medicine.

"It's worth it to me,' Larson said. "It's an honor serving these guys who are fighting for us and out there doing the grunge work." (1st Brigade, 82d Airborne Division)

1LT Jessica Larson treats an Iraqi child during a one-day joint U.S.-Iraqi medical clinic in Kubaysah, Iraq. (Photo by SPC Katie Summerhill/82nd Airborne Division)

http://www.armymedicine.army.mil

Intrepid Center brings high tech to bear on brain, stress injuries



Navy Lieutenant Commander Jena McLellan, a clinical trials coordinator with the National Intrepid Center of Excellence, demonstrates the center's computer-assisted rehabilitation environment, or CAREN, a virtual reality system to assess wounded warriors with traumatic brain injuries or post-traumatic stress. (Photos by Linsey Pizzulo/NICoE)

The National Intrepid Center of Excellence that opened in Bethesda, Md., on June 23 boasts a convergence of art and science that officials hope will become the new normal in researching, diagnosing and treating traumatic brain injuries and post-traumatic stress disorder.

The center is designed to accept on referral service members with injuries that are difficult to detect or who are unresponsive to standard treatment.

The center houses $10 million worth of equipment, including brain imaging machines that produce up to 6,000 images per brain scan and realistic virtual reality simulators.

The facility also features "Central Park", a circular refuge with skylights, green plants and park benches. (American Forces Press Service)

(Left) SSG Tristan Mizer tours the digital imaging visualization environment, or DIVE room. Mizer is viewing brain images on the room's three-dimensional screen, part of the center's brain imaging equipment that is considered among the best in the world.

(Left) SSG Tristan Mizer tries out the driving simulator at the National Intrepid Center of Excellence, with advice from Marine SSG Hector Medina (left) and CPT Adrian Veseth-Nelson (right).