MERCURY

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Serving To Heal...Honored To Serve

MEDCOM commander takes surgeon general oath

Story and photo by Rob McIlvaine
Army News Service

ARLINGTON, Va. – Lt. Gen. Patricia D. Horoho became the Army's 43rd Surgeon General Dec. 7 in a ceremony at Joint Base Myer-Henderson Hall.

She was nominated to the position by President Barack Obama May 10 and was later approved by the Senate.

She succeeds Lt. Gen. Eric B. Schoomaker, who will retire this month.

"Over the past decade, Army Medicine has led the joint health effort in the most austere environments." Horoho said. "As part of the most decisive and capable land force in the world, we stand ready to adapt."

A decade of this war, she said, has left a fighting force with both physical and psychological scars.

"We are dedicated to identifying and caring for those Soldiers who have sustained psychological and physical trauma associated with an Army engaged in a protracted war," she said, adding that the war fighter does not stand alone.

Army Chief of Staff Gen. Raymond T. Odierno, who passed the U.S. Army Medical Command flag to Horoho in a ceremony Dec. 5 at Fort Sam Houston, Texas, promoted her to lieutenant general and administered the oath to swear her in as the Army's top medical officer.

"The Army cannot provide trained and ready forces to the nation without our talented medical professionals and leaders. In everything we do, we rely on medical command and the surgeon general to set the vision for this community and have the courage to carry it out," Odierno said.

Horoho has been chief of the Army Nurse Corps since 2008, when she received a rare two-grade promotion from colonel to major general.

Gen. Raymond T. Odierno, Army chief of staff, and retired Col. Ray Horoho pin the three-star epaulets on the shoulders of Lt. Gen. Patricia D. Horoho, the 43rd Army Surgeon General and commanding general of the U.S. Army Medical Command, Dec. 7, in a ceremony at Joint Base Myer-Henderson Hall in Arlington, Va.

As Army Surgeon General, she will direct the third-largest healthcare system in the U.S., behind the Department of Veterans Affairs and the Hospital Corporation of America.

With an annual budget of $13.5 billion, the surgeon general manages more than 480 facilities and 29 executive agencies, many of which lead groundbreaking research efforts. She also oversees 140,000 military and civilian employees, and more than 3.5 million beneficiaries, globally.

The Army Surgeon General's impact, said Odierno, extends far beyond the Army to the national and the international level, collaboration and partnership with other public and private entities on research, standards of practices, national leadership in areas such as brain injury, concussive disorders, mental health promotion and pain management.

"This position requires a special officer who can lead change and achieve unity of effort in a dynamic, joint interagency and also in a multi-national role, working with our allies and partners around the world," Odierno explained.

"For these reasons, it's important to pick the right person. And we are absolutely, incredibly lucky to have Lt. Gen. Patty Horoho as the 43rd Army Surgeon General."

"She's earned this extremely important leadership position, not only because of her incredible past performance and achievements, but more importantly her outstanding potential, as she will lead Medical Command

See OATH P5

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.**

Reflections for Blood Donor Month

(*As related to the Armed Services Blood Program by the Joint Blood Program Officer forward*)

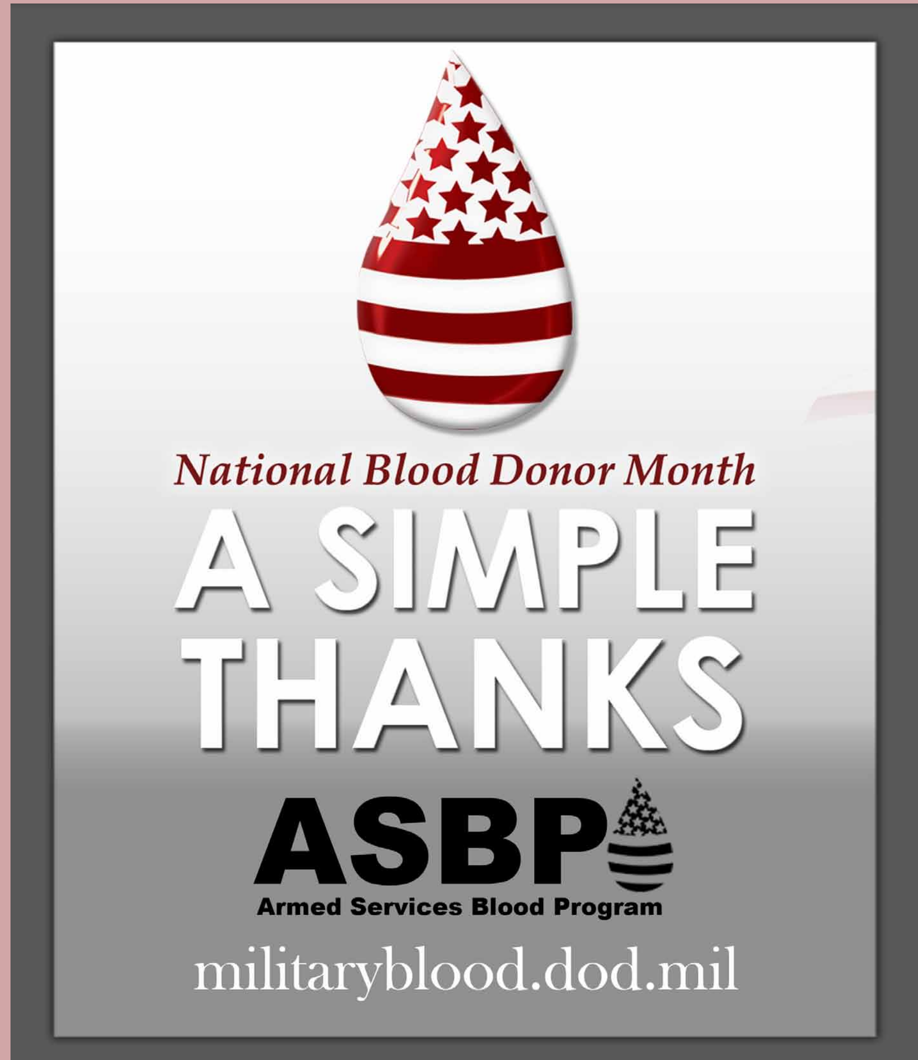
On behalf of everyone deployed, I am so grateful for your support. I want to share my incredible story from this last weekend.

I was visiting the joint hospital at one of our forward operating bases, recently. While talking with the blood bank staff, a trauma was called and three injured heroes were inbound. What unfolded before me next was the controlled chaos of trauma packs (blood product units) issued in rapid succession by lab personnel to the emergency department and operating room.

Not long after, the lab tech said that one patient had passed away, but continued to rapidly push more blood products.

In the midst of this, my group returned to the terminal to fly back to the Role III hospital so we did not get a final status on how the rest of the evening went for the Wounded Warriors. I was scheduled to return to my base, and so the next morning I arrived at the passenger terminal and was told there would be a flight back in a few hours.

As I was signing up, an Air Force service member explained that this flight was a fallen hero's flight and asked if I would be OK flying on that aircraft. Struggling to reply, I told him it would be my honor and privilege.



After waiting in the terminal for some time, I went to inquire, thinking perhaps the flight had gone, to discover an eerily quiet flight line. The ceremony bidding these heroes farewell was taking place and their aircraft was being readied.

A short while later I was escorted to the aircraft. I was the only passenger. Struggling to get up the stairs with my gear on, I emerged into the main cabin where three U.S. flag-draped coffins greeted me. The sight took my breath away.

When the crew offered a seat in the cockpit I asked to ride with our heroes, and chose a sling seat closest to my friends. I told them we were leaving Afghanistan and spent the four hour flight praying with them.

The setting sun's light through the aircraft windows as we flew, made beautiful our trip out of this country. And as we flew, I slowly came to realize, I may have "met" these three heroes the day before in the blood bank chaos.

I was saddened that we couldn't save them but knew personally that everyone had done their ultimate best. As I watched the heroes escorted off the plane, I knew that they would know how very much we care; and how thankful we are for their ultimate sacrifice, and the sacrifices of their families.

To my blood community family: from our Marines on patrol, our Soldiers conducting vehicle recon, our Airmen flying missions and our corpsmen on the gulf, thank you.

Without your dedicated and tireless efforts every day to recruit, collect, process, test, and ship blood products to theater, these heroes wouldn't have received the best of our care. You do an amazing job that goes unnoticed at times, so I wanted to thank you, from all of us.

Army Medicine focuses on medical readiness

By Shannon Carabajal
Mercury Editor

The Army's individual medical readiness stands at just 85 percent while the Guard and Reserve deployability level is even lower at 70 percent, according to senior Army officials. Of those Soldiers unable to deploy, a growing number are unable to do so for medical reasons.

Though the Army is overmanning brigade combat teams to ensure units are fully resourced, ready and capable at deployment, a smaller population of Soldiers available for deployment is a serious threat to overall Army readiness. To mitigate that threat, and to improve the medical readiness of the Army, the U.S. Army Medical Command is executing a coordinated, synchronized, and integrated comprehensive Soldier Medical Readiness Campaign Plan.

The campaign plan spans a five-year period, from April 2011 through September 2016, and is spearheaded by Maj. Gen. Richard A. Stone, the U.S. Army's Deputy Surgeon General.

According to Lt. Col. Samuel L. Ellis, division chief, G-37, Readiness, Training and Exercise Division, the goal of the campaign is to ensure that all deploying Soldiers are medically and psychologically fit. It also ensures that all returning Soldiers receive quality assessments to identify any medical or psychological conditions and provide evaluation and treatment services. Throughout the campaign, the command is focusing on three primary lines of effort: LOE 1, Identification of Medically Not Ready (MNR) Soldiers, LOE 2, MNR Management Programs, and LOE 3, Evidence-Based Health Promotion, Injury Prevention and Human Performance Optimization Programs.

IP 1.0 Optimize Medical Readiness

Ellis said Army Medicine is working with commanders across the Army to standardize care and promote a healthy population and ready force.

"Soldiers are the centerpiece of Army combat formations. The rigors of modern combat in austere environments demand that Soldiers be physically and emotionally prepared for the associated stress. Medical and dental readiness is an important component of the overall preparation of Soldiers and units for deployment. Healthy and protected Warriors optimize mission readiness, health and fitness, and resiliency throughout the Army Force Generation process: before, during, and after deployment," he added.

Ellis said one of the keys to the plan is standardizing and streamlining approaches to tracking on an automated basis, Soldier medical readiness and care.

"With one automated system, all the major players are now working off the same page and allow commanders to effectively manage their assigned forces" he said.

An early success of the campaign has been identifying Soldiers who are MNR through the increased use of the Medical Protection System, or MEDPROS, and the electronic profile or eProfile Application by the Army. MEDCOM began tracking Soldier health and immunization through the Medical Protection System, or MEDPROS, in 2002.

Ellis said MEDPROS contains available medical and dental information on every Soldier and is accessible to commanders down to company level. Because commanders must monitor medical readiness and ensure timely compliance to correct deficiencies, there are a variety of MEDPROS reports available to assist in accurate decision making.

"To effectively manage the MNR Soldier population, it is critical to accurately identify and stratify them. Early identification allows aggressive management for either return to full duty or entry into the medical board process," Ellis said.

Progress has also been made in the medically not ready management programs which aim to enhance Soldier care. Steps forward include the implementation of the Medical Management Center Program, a program implemented by MEDCOM to assist unit and rear detachment commanders with managing and assisting MNR Soldiers through the healing process; the establishment of the Reserve Component Soldier Medical Support Center; the initiation of a Medical Evaluation Board Surge plan; and the standardization of medical support to Soldier Readiness Processing sites.

Additionally, success has been achieved in evidence-based health promotion, injury prevention and human performance optimization programs. Basic Combat Training injury surveillance, implementation of military treatment facility and unit based medical management and rehabilitation programs, support to prioritized research efforts, and the coordination and support to health promotion and wellness services have all improved the medical readiness of the Army.

One program, the Initial Entry Training Soldier Athlete Initiative, aims to drive down injury and serious injury rates of Soldiers at basic training while improving the final Army Physical Fitness Test pass rate and improving the overall health and physical readiness of the recruit. The initiative is evaluating the use of a multi-disciplinary musculoskeletal action team, or MAT, focused on injury prevention and human performance optimization.

"Recruits in Initial Entry Training have the highest incidence of musculoskeletal injuries of any subgroup in the Army. This not only affects Soldier preparation, but also results in medical attrition that reduces military manpower," said Lt. Col. Timothy Pendergrass, allied health staff officer, Office of the Surgeon General.

Pendergrass said the MATs provide a unique team approach to training and treating Soldiers. Each MAT consists of a lead military physical therapist, a military physical therapy technician, and one or more athletic trainers and certified strength and conditioning coaches. The MATs are responsible for medical coverage at demanding physical events; injury evaluation and treatment; injury surveillance and prevention; reconditioning and human performance optimization programs.

For more information about the Soldier Medical Readiness Campaign Plan, visit **armymedicine.mil/news/docs/SMR_CP_Version _1.2.pdf.**

Community Based Medical Homes provide quality care

By Shannon Carabajal
Mercury Editor

Since the first off-post Army medical clinic opened outside Fort Campbell, Ky., in December 2010, 12 more Community Based Medical Home clinics have opened near Army installations across the U.S. and plans for eight more sites are underway.

The Army-run, primary care clinics serve mainly Family members of active-duty Soldiers and are located in the communities where Army Families live. The clinics are an implementation of the Patient Centered Medical Home concept, a model of primary care delivery being adopted across military and leading civilian healthcare systems.

"Overall, patients receiving care in the Community Based Medical Homes are delighted with their care and the care experience. According to satisfaction surveys, many clinics have achieved a 100 percent satisfaction rate and others are in the high 90s," said Lt. Col. Timothy Caffrey, primary care staff officer at U.S. Army Medical Command.

Caffrey said the overall goal is to bring a patient-centered approach to beneficiaries. A key goal is to make sure that when patients come in for care they see their primary care team. This emphasis on continuity is a key component of the Patient Centered Medical Home model.

Another key objective is that patients partner with a team of healthcare providers – physicians, nurses, behavioral health professionals, pharmacists, and others – to develop a comprehensive, personal healthcare plan. That healthcare team works with each patient over time to take care of health issues as they arise, ensure delivery of prevention screening and services, manage chronic conditions, and promote a spirit of health, wellness and trust.

IP 7.0 Improve Access and Continuity of Care

Because military Families relocate regularly, the medical homes are designed to deliver a common experience of care that makes navigation of their healthcare system easier and more consistent as they move with the Army.

"The intent is to provide one patient experience of care across Army Medicine that will be consistent whether you receive your care at the Community Based Medical Home or receive your care from a primary care clinic on post," Caffrey said.

Nurse practitioner Beverly Smith gets to know Braghan Pallis, one of her Screaming Eagle Medical Home patients at Fort Campbell, Ky. Since December 2010, 13 Community Based Medical Home clinics have opened near Army installations across the U.S.

Each Community Based Medical Home clinic serves approximately 8,100 patients and is staffed with six core provider teams. The core team consists of a primary care manager and two nurses or medics. The clinics also have laboratory staff, pharmacy staff, behavioral health providers, an administrative team, case management nurses and additional nursing staff to provide expanded care options for patients.

Caffrey said positive feedback indicates that the concept is successfully meeting patients' needs and expectations. He said patients especially appreciate the level of customer service they receive and the attentiveness the healthcare providers bring to the encounter.

"Many of them are saying that this is the best experience of care they have had in Army Medicine so I think we are on the right track," he said.

For more information about Community Based Medical Homes, visit **http://www.armymedicine.army.mil/cbmh.**

OATH from P1

and lead as the Army Surgeon General," Odierno said, adding that her 28 years of experience and education will prove to be "an inspiration for many others."

"Army Medicine," Horoho said, "has a responsibility to all those who serve, to include Family members, and our retirees who have already answered the call to our nation. We will fully engage our patients in all aspects of their healthcare experience at each touch point, starting with the initial contact.

"We will make the right care available at the right time by demonstrating compassion to those we serve and value to our stakeholders. The collective healthcare experience is driven by a team of professionals partnering with the patient, focused on health, health promotion and disease prevention to enhance wellness.

One of Army Medicine's greatest challenges over the next three to five years, she said, is managing the escalating cost of providing world-class healthcare in a fiscally constrained environment.

"I see these challenges as windows of opportunity for us to shape the future of Army Medicine and I am confident, regardless of the environment or the landscape, we will meet all challenges in true Army Medicine fashion -- with innovation, dignity and strength. Together, we will usher in the new era of possibilities."

While deployed to Afghanistan, Horoho remembered asking a young medic how he would describe Army Medicine.

"He replied, 'We carry healthcare on our backs.' As we sit here today there are young men and women willing to put their lives on the line to protect the freedoms we enjoy as Americans.

"Thank God we have young medics who are carrying innovative quality and precision healthcare on their backs, regardless of risk to personal safety. This is our privilege. This is our honor, and this is why Army Medicine will face all challenges with strength, resolve and dedicated focus," she said.

MEDCOM moving to new hiring tool

By Shannon Carabajal
Mercury Editor

The Army is transitioning from one automated recruitment tool – Resumix - to another - USA Staffing - for advertising vacant positions, accepting applications from job seekers, and evaluating the job seeker's eligibility and qualifications.

According to Edie Corbitt, Army Medical Command Civilian Human Resources Division, the Army-wide transition from Resumix to USA Staffing began in January 2011, with the goal of a full transition of all Civilian Personnel Advisory Centers in Army locations by April 2012.

During this period of transition, each job announcement will have instructions to guide job seekers through the application process for the specified recruitment tool.

There are several differences between USA Staffing and Resumix:

• USA Staffing uses assessments to determine the best qualified candidates instead of Resumix skills.

• Announcements will be available on **www.USAJobs.gov** and **www.armycivilianservice.com.**

• Applicants must apply through USA Jobs-Application Manager, not the Army Resume Builder.

• Applicants must answer assessment questions for each vacancy.

• Applicants can upload supporting documentation, for example DD-214 or SF-50.

• Managers will receive a referral list by logging in to an automated system called Selection Manager instead of receiving a PDF referral list via email.

Corbitt said using USAJOBS improves the job seeking experience for users in several ways and allow them to save multiple resumes.

"With a USAJOBS account, job seekers can copy their resume from Resumix into their USA Jobs account and upload and store up to five resumes and up to five supplemental documents such as transcripts, military service records and performance appraisals. Job seekers will no longer be limited to using one resume for different jobs they apply for," she said.

USA Staffing also offers advantages for hiring officials.

"USA Staffing will become a more interactive process for the hiring official. Hiring officials will work jointly with the Civilian Personnel Advisory Center to develop an Occupational Questionnaire which will be used to measure the applicant's qualifications to perform the job being advertised. The questionnaire will enable hiring officials to select the best qualified candidates," Corbitt said.

Army officials recommend creating a resume in both Resumix and USA Jobs-Application Manager. Once the resume is on file in both systems, applicants can easily apply for jobs from the job announcement. The job announcement will provide guidance on which system to use to submit the resume.

To apply for Army positions, visit **www.armycivilianservice.com** and click on "Army Job Search." Specific instructions on submitting an application package can be found on each job announcement by clicking on "How to Apply."

Medical and dental positions at MEDCOM will continue to be posted at **www.civilianmedicaljobs.com**.

For more information about using USAJobs, visit **https://cpolrhp.cpol.army.mil/eur/employment/Application_Process[1].pdf.**

General guidance

Then Maj. Gen. Patricia D. Horoho talks with students from the School of Nursing and the Kenan Flagler Business School at the University of North Carolina at Chapel Hill.

The UNC School of Nursing honored Horoho with the Alumna of the Year Award Nov. 30. Born in Fayetteville, N.C., Horoho earned a bachelor of science in nursing from the UNC Chapel Hill School of Nursing and a master of science degree as a clinical trauma nurse specialist from the University of Pittsburgh.

Horoho assumed command of the U.S. Army Medical Command Dec. 5 and was promoted to the rank of lieutenant general and sworn in as the 43rd Army surgeon general on Dec. 7. (Courtesy photo)

76-year-old doctor returns from fourth deployment

By Capt. Stephanie Vanneman
Task Force MED-Afghanistan

Spc. Erron Fritchman, Sgt. Joshua Pearson, Lt. Col. John Burson, Pfc. Colby Leed, and Spc. Zachary Natelli pose for a photo at the New Kabul Compound Troop Medical Clinic in Afghanistan. (Courtesy photo)

Dr. John Burson, an ear, nose and throat doctor from Carrollton, Ga., recently returned home after his fourth overseas tour despite retiring from military service more than 25 years ago. At 76, Burson is one of the more seasoned service members to deploy to the battlefield. It's not his age but rather his extensive military background, professional experience, and can do attitude that really makes him stand out.

John Burson first entered the Army in 1955 as a cadet at the Georgia Institute of Technology. According to Burson, he was the last of "the brown-shoe Army," referring to the period of time after World War II when the Army was changing uniforms from olive drab brown to green, and shoes from brown to black.

After graduation, he was commissioned in the Army Chemical Corps and spent a few years on active duty before transferring into the Army Reserves. When he was 37, Burson decided to go to medical school; he graduated from Emory University in 1975.

With his new found profession, he resigned his commission as a chemical engineer (even though he had reached the rank of colonel) and was recommissioned as a captain in the Army Medical Corps. After 30 years of military service, Burson retired from the Reserves as a lieutenant colonel in 1985.

"I really didn't think much more of the Army after that," Burson said. At least not until 2005, when at the age of 71, he received a message from the Army surgeon general looking for physicians to deploy to Iraq.

CS 3.0 Responsive Battlefield Medical Forces

"I replied…does that apply if you are 71?" Burson said.

Apparently the answer is yes, because after completing his predeployment training and passing his medical evaluation Burson left on his first deployment to Camp Victory, Iraq. While at Camp Victory one of his most notable duties included looking after a then imprisoned Saddam Hussein. But, according to Burson, his most exciting experience was working in the 10th Combat Support Hospital. During the day he worked at a small clinic but at night he volunteered as a trauma surgeon in the nearby CSH. "It was the best tour ever for a 90-day boots on the ground," Burson said.

Burson's interests continue to lie in trauma medicine. He always wanted to deploy as a surgeon for an infantry unit or with a CSH. Part of his goal was reached in 2009, when he deployed with 1st Battalion, 197th Infantry Brigade.

In his previous deployments he worked in a clinic and a detention facility. This time he wanted something a little more fast-paced. "It was the most exciting tour in terms of getting shot at," Burson said. "When you get to be my age, you like some excitement."

Being shot at didn't deter Burson from volunteering for an additional deployment to Afghanistan. His most recent rotation was with the 928th Area Support Medical Company, out of Colorado, working as the head physician at the medical clinic where he used his vast experience and knowledge treating his patients and mentoring the medics working alongside him.

"Lt. Col. Burson took every opportunity to teach us some of the more rare elements of medicine, such as various ENT problems he had dealt with in his career," said Sgt. Joshua Pearson, the clinic's noncommissioned officer in charge. "(He) also related stories from his younger days in the military to us. It seemed as though nothing noteworthy over the past 50 years had happened without (him) knowing the individuals involved."

Rocket attacks, long hours and daily strenuous activity doesn't seem to faze Burson anymore. When asked what has been the most difficult part about his deployments, he simply answered traveling to and from the CONUS Replacement Center.

Perhaps the biggest question is, will Burson go back for a fifth tour? "I would like to go back if I can find the right kind of assignment," Burson said.

Air Force and Army players reach for a loose basketball at the Olympic Training Center during wheelchair basketball competition at the 2011 Warrior Games in Colorado Springs, Colo., May 18, 2011. (Photo by Air Force Staff Sgt. Christopher Griffin)

Third Annual Warrior Games announced

ALEXANDRIA, Va. – Wounded, ill and injured Soldiers are currently training and competing to be among the 50 athletes who will represent the Army in the 2012 Warrior Games. The games are slated to take place from April 30 to May 5 in Colorado Springs, Colo.

The Army team will be announced in the March-April timeframe. Warrior Games are hosted by the U.S. Olympic Committee and supported by the U.S. Department of Defense, U.S. Department of Veterans Affairs, USO, Fisher House Foundation and the Bob Woodruff Foundation.

Athletes from the Army, Navy, Air Force, Marines and Special Operations will compete in archery, cycling, wheelchair basketball, shooting, swimming, track and field, and sitting volleyball. Selection clinics will be held January through April.

"We are excited to be going back to Colorado next spring and looking forward to the competitions," said Brig. Gen. Darryl A. Williams, assistant surgeon general for Warrior Care and Transition and commander, Warrior Transition Command. "Working with these Soldier athletes is truly inspiring. Adaptive sports and reconditioning activities play major roles in the recovery and healing process of wounded, ill and injured Soldiers. It helps them meet physical goals more quickly and it also helps them appreciate their abilities and focus on life after injury."

"Working with these Soldier athletes is truly inspiring. Adaptive sports and reconditioning activities play major roles in the recovery and healing process of wounded, ill and injured Soldiers."

- Brig. Gen. Darryl A. Williams
Assistant surgeon general for Warrior Care and Transition and commander, Warrior Transition Command

Adaptive sports and reconditioning programs are in place at all 29 Warrior Transition Units across the Army. In coordination with the Paralympic Military Program, physical therapists and medical providers incorporate adaptive activities into Soldiers' treatment and recovery plans.

"Physical activity has been proven to be important in mental and physical well-being," said Williams. "The spirit of competition inspires and empowers our Soldiers and athletes."

Warrior Games presented by Deloitte was created in 2010 as an introduction to Paralympic sports for injured service members and veterans. The competition has become a springboard for many service members and veterans to continue participating in sports programs in their communities after the event.

Since its inception, Military Treatment Facilities, Warrior Transition Units and Wounded Warrior Battalions East (Camp Lejeune) and West (Camp Pendleton) have seen a more than 20-percent increase in sports program participation by wounded, ill and injured service members.

(*Courtesy Warrior Transition Command Public Affairs*)

New brace salvages limbs, mobility, morale

By Elaine Sanchez
American Forces Press Service

A Wounded Warrior limped into Ryan Blanck's office at the Center for the Intrepid one day with a plea for help.

The doctors at Brooke Army Medical Center had saved the service member's leg after a combat injury, but due to the pain, he couldn't walk comfortably, let alone run.

Blanck, a leading prosthetist at the state-of-the-art rehab center, found himself in an unfamiliar position: at a loss. "There wasn't a go-to option," he said, referring to devices for Wounded Warriors with lower leg injuries.

So Blanck created one. He designed the Intrepid Dynamic Exoskeletal Orthosis, or IDEO, a streamlined, energy-storing brace that delivers nearly instantaneous results. Now, most troops with salvaged limbs who wheel or limp into his office walk out a short time later, pain and limp-free.

The injured Warriors are impressed by the results. When they strap on the brace for the first time and start walking, Blanck said, some stumble midway across the room, but not due to discomfort.

"They're uncontrollably weeping," he said. "It's the first time they've walked without pain in two or three, or seven years in one guy's case."

Ryan Blanck, a prosthetist and developer of the Intrepid Dynamic Exoskeletal Orthosis brace, fits one of his braces on 1st Lt. Matthew Anderson, an infantry platoon leader, at the Center for the Intrepid in San Antonio, Nov. 10, 2011. Anderson's heel shattered when he stepped on a landmine in Kandahar, Afghanistan, in October 2010. The brace reduces his pain and enables him to run again. (Photo by Linda Hosek)

Brace Proves to be 'Game-Changer'

Blanck's creation is a lightweight, streamlined carbon-fiber device that can be tucked under a pant leg and into a boot or sneaker. It comprises a cuff that wraps around the leg just under the knee connected to a footplate by carbon-fiber rods.

The brace works by offloading the limb and allowing the patient to operate the lower limb in a way that avoids pain, he explained. When a service member's heel strikes, the device stores energy through the gait cycle, then delivers it back to propel the foot forward.

"That's the concept behind it all; energy storage and power," he said.

Prior to IDEO, Blanck noted, "there wasn't a combination device that would allow offloading, adequate range restriction and then power generation."

The device is proving a "game-changer" for service members with salvaged limbs, said Johnny Owens, a CFI physical therapist who is working hand-in-hand with Blanck in treating IDEO-fitted Warriors. "We're seeing immediate changes we don't usually see," he said. Owens said the device also is singlehandedly helping to turn the tide on a trend of Wounded Warriors opting for delayed amputations -- amputations several months after injury. He attributes the trend to the slow, and sometimes frustrating, recovery for troops with lower leg injuries.

CS 4.0 Optimized Care and Transition of Wounded, Ill, and Injured Warriors

"Prior to all this, limb salvage was a little bit of an unknown," Blanck explained. "You couldn't tell a patient, 'you're going to run.'"

But amputees – depending on the situation and barring other injuries – can regain significant functions about six months after amputation, he noted. Meanwhile, limb salvage patients sit on the sidelines watching their amputee battle buddies walking or running as their own progress proceeds painfully slow.

Frustrated by their limitations, some troops with salvaged limbs opted for late amputations.

"It's enticing," Owens said. "You're in pain, but if you cut your leg off, you can run. Many invested a year or two in recovery and then decided to cut [a limb] off. It was psychologically frustrating to see these guys work so hard and then just cut it off."

Thanks to IDEO, these troops now have another option, he said, that enables them to not only walk, but run, sprint and jump.

Returning to Service

Word is spreading of IDEO and its astounding results, and Blanck now is fitting troops from around the country with his device. After hearing of Blanck's and Owens' success, Army 1st Lt. Matthew Anderson traveled here from his unit at Fort Carson, Colo., hoping for similar results.

Anderson, an infantry platoon leader, was injured in October 2010 while on a dismounted combat patrol in Kandahar, Afghanistan. As his unit cleared a building, he stepped on a landmine. "It felt like a jackhammer hitting my ankle," he recalled. The explosive shattered his heel into a dozen pieces.

The doctors salvaged his limb, but the injury left Anderson in pain and with a pronounced limp. While he was able to start walking again after about six months, this strapping, lifelong athlete figured his running days were over.

It took Blanck just a few minutes to prove him wrong. With the IDEO, Anderson was walking comfortably within minutes and running within days.

"It put the biggest smile on my face," the infantry platoon leader

See BRACE P10

Tripler Medical Simulation Center achieves SSH accreditation

Story and photo by Stephanie Bryant
TAMC Public Affairs

TRIPLER ARMY MEDICAL CENTER, Hawaii – Tripler Army Medical Center's Medical Simulation Center recently achieved the Society for Simulation in Healthcare accreditation.

TAMC is the second simulation center in the Department of Defense to achieve this accreditation and the only one in Hawaii and Pacific region.

Ruth Andrews, the simulation center's administrator, said the center's main focus is graduate medical education programs, but they support all graduate professional health programs such as nursing, physicians assistant, and even staff training.

The center has a variety of simulators from simple task trainers all the way through the high-fidelity simulators that allow training on many skills.

"The old paradigm used to be 'see one; do one; teach one,' and now it's moving toward 'simulate one; do one; teach one,'" said Maj. Taylor Sawyer, medical simulation director. "This (evolution) is very important (to medical training)."

Sawyer explained that right out of medical school a lot of the residents haven't experienced or performed any procedures.

Andrews said this is why simulation is so important now in medical training facilities.

"In simulation, you can practice as often as you want without risk of injuring anyone," said Andrews. "You use it to build your skills and your knowledge."

"The bottom line is patient safety," she added.

Sawyer said the validation is a representation of the center's significance to TAMC.

"The accreditation validates education that the people who are doing the simulations provide," he said. "The data that the residents who use the program accumulated assisted us in getting the accreditation. It validates the training that they are doing. It shows that (the center) is of a high level and been reviewed by people outside of Tripler and found to be good."

Residents, medical students and staff use the medical simulation center at Tripler Army Medical Center, Hawaii, to hone their skills.

Andrews and Sawyer said this SSH accreditation is just the first step for the center. They want to help the center meet the same standards as other accredited simulation centers.

Now, the center is working toward an accreditation with the American College of Surgeons.

"We want Tripler to be in line with all the other facilities that are doing medical and/or surgical simulations," Andrews said. "A lot of times people look at training as training and do not directly link it to patient care. For us, we are really involved in patient care."

TAMC's simulation center is open 24/7 to students who get special permission.

"We try to work with residents and staff who work all different shifts," Andrews said. "They can practice as much as they want."

In fiscal year 2011, the TAMC Medical Simulation Center clocked more than 7500 training hours.

LG 2.0 Improve Training and Development

BRACE from P9

said. He had stopped by the CFI early one morning so Blanck could make adjustments to his device and fit him for another.

"I went from walking with a severe gait issue and a limp to walking normally," Anderson said.

Blanck finished his adjustments, and Anderson pulled a sneaker over the foot plate and walked across the office with a smooth stride.

Once he got the brace, "I could run on it, jump vertically, laterally shuffle," Anderson said.

"Things that there's no way I'd be doing with that much speed, efficiency or lack of pain.

"For a guy that's in his late 20s that's always been a jock athlete, being hampered by these injuries is pretty tough mentally," he continued. "When you're given the option to get back into it, it's huge; it means a lot to me."

Anderson soon will return to duty at Fort Carson. Of the nearly 200 cases they've seen, Owens noted, more than 30 have returned to service and 11 have combat deployed.

As they test and improve the current design, Blanck and Owens also are looking into what they call a "widespread potential" for people with issues such as ankle arthritis, strokes and head, back and other injuries.

The program's success has one limitation: space. Between amputees and Warriors with salvaged limbs, the CFI can get crowded at times. The pair would like to see a rehab center like the CFI, but devoted to Wounded Warriors with salvaged limbs. There would be no shortage of demand, Owens said, noting that for every one amputee, there are about 10 limb salvage patients.

Meanwhile, they have no plans to cut back, no matter how great the demand. Just seeing the joy in a Wounded Warrior's face at walking again pain-free, they said, makes every extra hour at work worthwhile.

"I never thought I'd come to work and get hugged by a 220-pound, 6-foot-4, Special Forces guy," said Blanck with a smile, "but I've had a few hugs.

"I loved my job before this, but this is a whole new level."

Public Health Command deploys air monitoring vehicle

By Jane Gervasoni
U.S. Army Public Health Command

The U.S. Army Public Health Command has a new weapon in its arsenal to keep Soldiers and retirees, their Families, and Army civilians safe from airborne environmental hazards.

Environmental health experts at the USAPHC have equipped a Mobile Ambient Air Monitoring System capable of rapid deployments to locations affected by air quality hazards such as Arizona, which experienced heavy smoke from recent wild fires.

"We deployed the MAAMS at the request of the Raymond W. Bliss Army Health Center Preventive Medicine Department to monitor air quality for the Fort Huachuca community," explained Terry Meade, MAAMS project manager in USAPHC's Deployment Environment Surveillance Program.

"Our job was to determine if the air quality in the Fort Huachuca community was affected by the particulate matter and gasses produced by the wild fires," he said.

LG 3.0 Promote and Foster a Culture of Innovation

Contaminants like sulfur dioxide, nitrogen oxides, ozone and carbon monoxide are found in the air we breathe, but high concentrations of these compounds along with high amounts of particulate matter (dust) can cause breathing problems. The equipment in the MAAMS monitors meteorological conditions including temperature, air pressure, wind speed and wind direction, as well as these contaminants.

"People on the installation were fortunate the winds were in their favor and kept most of the smoke to the south," Meade explained.

The equipment is designed to support environmental assessments like this. The USAPHC also has three trailer-mounted MAAMS, but the Fort Huachuca deployment was the first for the truck-enclosed system.

The system is a self-contained, environmentally-controlled vehicle housing a suite of instruments that continuously monitors for pollutants. USAPHC uses Environmental Protection Agency criteria in determining air quality.

"Our work at Fort Huachuca provided us with a better overall picture of the community's air quality. From a public health standpoint, having a complete picture during a situation like this enables us to identify potential health effects and give information to commanders so they can provide necessary warnings appropriate for the conditions," explained Lt. Col. Sheryl Kennedy, DESP program manager.

"We learned a lot on this deployment," said Meade. "We learned to be aware of logistical considerations including locations of power sources and Internet connections to ensure data transfer back to our headquarters. It gave us the opportunity to anticipate problems so we can prepare in advance for contingencies to ensure mission success. The science behind what we do is unique--being able to provide important health surveillance data rapidly will help commanders make science-based decisions to keep their people safe."

The USAPHC Mobile Ambient Air Monitoring System vehicle is capable of rapid deployments and is often used to monitor air quality. (Photo by Christina Graber)

"We hope to raise awareness in the military community of the capabilities of the Mobile Ambient Air Monitoring System," said Kennedy. "We want commanders to be aware that this tool is available to them to provide real-time air-quality monitoring."

"The USAPHC is looking at other locations that may benefit from the mobile monitoring capabilities of the MAAMS equipment," said Meade. "We are discussing the feasibility of deploying this type of monitoring platform in support of Operation Enduring Freedom to help assess air quality issues within Afghanistan."

(*Information contributed by the Fort Huachuca Scout Newspaper*)

MHS conference approaching

The Military Health System conference is Jan. 30 to Feb. 2 at the Gaylord National Hotel and Convention Center at National Harbor, Md.

The conference will focus on sharing knowledge and achieving breakthrough performance in healthcare delivery, research, education and training. Sessions include exciting work in revolutionizing prosthetics and in regenerating human tissues, as well as cutting edge research in traumatic brain injury and post traumatic stress disorder and an overview of the Joint Trauma Analysis and Prevention of Injury in Combat Program.

For more information, visit the conference website at **www.health.mil/2012mhsconference.aspx**.

(*Courtesy Army Medical Research and Materiel Command Public Affairs*)

Medical leaders earn Polish medal

Story and photos by Sgt. 1st Class Christopher Fincham
30th MEDCOM Public Affairs

HEIDELBERG, Germany – Two leaders from the Europe Regional Medical Command were awarded the Polish Armed Forces Medal at a ceremony here, Dec. 15.

On behalf of the Polish Minister of Defense, Col. Stefan Walowski, the Polish senior national representative for Ramstien, presented Polish Armed Forces Medals (Silver) to Col. John M. Cho, the 30th Medical Command commander, and Lt. Col. Rachele Smith, the Mannheim Army Health Center and Coleman Troop Medical Center commander, for their work while serving at LRMC and their support to the wounded Polish service members receiving treatment there.

"On behalf of the minister of defense I would like to express our appreciation for the service that was provided to the hundreds of Polish Soldiers," Walowski said. "Hundreds of them were able to return back to Poland, back to their country, back to their families and back to the service. From the bottom of our hearts we would like to thank you for this medical support."

The award, which was established in 1999, recognizes service to the Polish Army by foreign civilian and military personnel.

Cho, who served as the LRMC commander before taking command of the 30th MEDCOM, said he will treasure this award and accepted it on behalf of the LRMC workforce.

"On behalf of the Soldiers, Sailors, Airmen, Marines, civilian personnel at Landstuhl Regional Medical Center who are also our doctors, nurses, technicians, and administrators, I accept this award," Cho said. "In many ways they are the heroes I just feel blessed to have and the opportunity to have served at Landstuhl during that time."

IP 8.0 Build
Relationships and Enhance
Partnerships

Thousands of service members from both U.S. and Allied forces have received care at LRMC during the wars in Iraq and Afghanistan, and the Polish troops exemplified the warrior ethos during their time at the hospital, according to Cho.

"The wounded warriors at Landstuhl are very special in many ways and our polish wounded warriors provided inspiration to everyone for their tenacity and their humility. We know that we have a tremendous partnership with our Polish partners and we look forward to our continued relationship in the years to come," Cho said.

(Above) Col. John M. Cho, commander of the 30th Medical Command, shakes hands with Col. Stefan Walowski, the Polish Senior National Representative for Ramstein, after being presented the Polish Armed Forces Medal Dec. 15. He was presented the medal on behalf of the Polish Minister of Defense for his work while serving as the commander of Landstuhl Regional Medical Center and his support to the wounded Polish service members receiving treatment there. (Below) Col. Stefan Walowski presents Lt. Col. Rachele Smith, the Mannheim Army Health Center and Coleman Troop Medical Center commander, the Polish Armed Forces Medal (Silver) Dec. 15.

Smith served as the chief of the patient administration section at LRMC and worked closely with the liaison teams from the various countries that make up the coalition forces.

"It's a patient-centric service organization that is resonated throughout the hospital and that is also resonated within the liaison teams. This truly is an honor and it was an honor to serve at Landstuhl alongside the polish liaison team," she said.

For more information about the 30th MEDCOM, visit **http://www.30thmed.army.mil**.

Train now, 'respond first' saves lives

Story and photo by Mindy Anderson
U.S. Army Africa

VICENZA, Italy – Recently, the U.S. Army Africa Surgeon's Office and Headquarters Support Company medical section came together for a three-day First Responder's Course to address some of the most important topics for travelers to Africa.

The course covered basic trauma and first aid topics including familiarization with field sanitation, tropical medicine, and American Heart Association CPR training.

This course, along with the USARAF travel medicine clinic, ensures all personnel traveling to Africa have the skills they need to respond to emergencies and care for themselves and fellow travelers.

"The difference in 'first aid' and 'first responder' is an emphasis on the caregiver being able to do everything required to keep an injured person alive," said USARAF Command Sgt. Maj. Hu B. Rhodes. "When you are confident in your ability to perform the assessment, treat the injury, stabilize the patient, prepare for transportation and move the patient then you are prepared to not only save a life, but also to save the quality of life for a wounded comrade."

The caregiver can be enlisted, officer or civilian.

"There is no way to predict every emergency situation or who will be the first responder when emergency care is required. The more people trained and competent to provide care, the better," Rhodes said. "We are blessed to have a great team of professionals that ensure our First Responder Course produces capable first responders.

The intent is to conduct two rotations of this course quarterly and eventually have all Soldiers attend.

"We have placed a high emphasis on hands-on training and practical application of skills during this course so that our soldiers and civilians will be prepared to handle injuries and illnesses during their travels," said Capt. Sean Donohue, with the USARAF Surgeon's Office.

"In addition, we involve our local subject matter experts on disease non-battle injuries topics like field sanitation, malaria and diarrheal illness as so many battles have been won and lost due to preventable illnesses," he said.

Donohue elaborated, it's important for students to have the opportunity to have hands-on training on the principals of first aid, but just important is the ability to see, touch and apply the specific items of equipment that we will have available as we travel to the continent.

Col. Kimberly Armstrong, former Vicenza U.S. Army Health Clinic commander and current USARAF chief nurse, recommends all staff members traveling to the continent attend the course.

"The information on first aid and food/water safety is valuable for anyone," Armstrong said. "But, it is especially critical for our USARAF staff as they usually travel in small teams and visit areas that may have limited medical resources; such as ambulances and emergency rooms."

Recently, the U.S. Army Africa Surgeon's Office and Headquarters Support Company medical section came together for a three-day First Responder's Course addressing some of the most important topics for travelers to Africa.

The course is not intended to make participants "medics," but it will provide them with the knowledge and confidence to thrive and survive in an austere environment.

"The information is essential to help keep them healthy and prevent illness while traveling, plus it gives them a foundation on how to respond to an emergency situation in the absence of any other medical assistance," Armstrong said. "They may find that they are on their own for hours to days while waiting for assistance/evacuation and they must be prepared to do what is necessary to save a life."

SMA visits Vicenza Health Clinic

Sgt. Maj. of the Army Raymond F. Chandler greets Soldiers in the Health Clinic in Vicenza, Italy, Dec. 14. Chandler has traveled to different installations worldwide to listen to the questions and concerns of Soldiers and their family members so they can help impact the final decisions on the upcoming changes to Army policies and programs.

"It was such a great opportunity for our health clinic staff to meet with the Sergeant Major of the Army," said Col. Daniel Gall, VHC commander. "He and his spouse spent an hour and a half visiting each unit and making a point to speak to each staff member."

(Photo by Sgt. Terysa M. King)

Poppe promoted, becomes 25th Army Veterinary Corps chief

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

Col. John L. Poppe was promoted to brigadier general and became the 25th Army Veterinary Corps chief during a ceremony Dec. 9 at the Army Medical Department Museum, Fort Sam Houston, Texas.

During the ceremony hosted by Maj. Gen. David Rubenstein, commanding general Army Medical Department Center and School, Poppe's wife Denise and sister Stephanie Dahl pinned his new rank on his uniform coat.

His mother-in-law Rose and son George placed the shoulder marks on his service shirt and his son Hollis presented him with the beret and insignia attached. Rubenstein also presented him with his general officer's belt and sidearm. Army Veterinary Corps members Maj. Andrew McGraw and Sergeant 1st Class Ruth Hunt unfurled his flag.

Brig. Gen. Poppe will assume new duties as the Assistant Army Surgeon General for Force Projection, Office of the Surgeon General, Pentagon, Washington D.C.

Poppe was commissioned a first lieutenant in the Army Veterinary Corps in 1987. His military tours include Chief, Northern New England Veterinary Service, Brunswick Naval Air Station, Maine; Chief, Animal Medicine and Team B, 106th Medical Detachment (Veterinary Services), Yongsan, Korea; Chief, Food Safety and Team C, 106th Medical Detachment (VS), Yongsan, Korea; Team Leader, 34th Medical Detachment (VS), Incirlik Air Base, Turkey; Commander, 73rd Medical Detachment (VS), Fort Lewis, Washington; Small Group Leader, Army Medical Department Officer's Advanced Course, Fort Sam Houston; Chief, Food Protection Branch and 91R Course, Department of Veterinary Science, Fort Sam Houston; Commander, 248th Medical Detachment (VS)(Abn), Fort Bragg; Commander, Southern California District Veterinary Command, San Diego; Deputy Chief/Corps Specific Branch Proponent Officer, Army Veterinary Corps, Fort Sam Houston; Commander, Pacific Regional Veterinary Command, Hawaii; and Chief, Department of Veterinary Science, Fort Sam Houston.

He received a Bachelor of Science in Animal Science in 1981 and a Doctor of Veterinary Medicine in 1986 from Washington State University. He attended Tulane University receiving a Masters of Public Health in Epidemiology and became a Diplomate of the American College of Veterinary Preventive Medicine.

His military education includes the Army Medical Department's Officer's Basic and Advanced Courses, Army Command and General Staff College, and the Naval War College in Newport, R.I., earning a Master of Arts in National Security and Strategic Studies.

Poppe's awards and decorations include the Legion of Merit (with oak leaf cluster), Meritorious Service Medal (with four oak leaf clusters), Army Commendation Medal (with two oak leaf clusters), Army Achievement Medal (with oak leaf cluster), Air Force Achievement Medal, National Defense Service Medal, Southwest Asia Service Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Korea Defense Service Medal, Humanitarian Service Medal, Liberation of Kuwait Medal-Kuwait, Joint Meritorious Unit Award, Army Meritorious Unit Award, Expert Field Medical Badge, Army Parachutist Badge, German Army Parachutist Badge, Order of Military Medical Merit, and the Army Surgeon General's "A" Proficiency Designator for Veterinary Preventive Medicine.

Maj. Gen. David Rubenstein (left), commanding general, Army Medical Department Center and School, presents Brig. Gen. John Poppe with an officer's belt and side arm. The general's belt dates back to World War II; it was first introduced in 1944 as authorized by Gen. George Marshall, the Army Chief of Staff. The thick black leather belt has an 18-karat gold-plated buckle with an imprint of an eagle. The occasion for wearing the belt with the appropriate uniform is at the discretion of each general officer. Since World War II, the Army has issued each newly promoted general officer a sidearm for personal protection. Today, the sidearm is a M9 Beretta pistol, and is a specially prepared version of the standard sidearm issued by the Army.

From left, Command Sgt. Maj. Harry Tharp, Maj. Andrew McGraw, and Sgt. 1st Class Ruth Hunt unfurl Brig. Gen. John Poppe's maroon one-star flag, representative of an Army Medical Department brigadier general. Each general officer is issued a general officer's flag embroidered with his rank in the center.

History team documents medical units in Afghanistan

In September, the Army Medical Department Center of History and Heritage sent a Specialized Medical Command Response Capability – Medical History team of two historians to Afghanistan. After two months of performing interviews and collecting digital imagery, the team returned. The team was assigned to Task Force Medical-Afghanistan to document the task force and other medical units' history in support of Operation Enduring Freedom.

The first SMRC-MH Team consisted of Maj. Kenneth M. Koyle, Medical Service Corps, and Nolan (Andy) Watson, an AMEDD civilian with the Office of Medical History. Planning and training for the mission was very thorough. The team attended the Military History Detachment Training Course, also known as the Combat Historian Training Course, at Fort McCoy, Wis., in March. Additional training followed at Fort Sam Houston, continuing through Fort Benning, Ga., and into Kuwait and Afghanistan.

The historians previously conducted interviews at redeployment stations, recently in Japan in July. While in Japan, they recorded the activities of medical units in the aftermath of the earthquake, tsunami, and nuclear disasters.

After training and traveling to the theater staging area in Bagram, the team began collecting historical information. They interviewed people attached to the headquarters element of TF-MED-A, before traveling to various areas within Afghanistan to perform interviews, including Kandahar, Mazar-i-Sharif, Camp Dwyer, and Forward Operating Base Salerno.

The trip yielded 200 interviews and many gigabytes of information. The spectrum of medical professionals interviewed ranged from neurosurgeons to veterinary food inspectors to flight medics, with many professions and skill sets in-between. The content is remarkable. The stories contain daily operations and training, as well as heartbreaking loss and amazing recoveries. Dedication and professionalism were common attributes among the medical personnel.

The benefits of going into the field and meeting people face-to-face cannot be overlooked. While the team may not always collect information immediately, they also are encouraging commanders and other personnel to record their activities. Items of historical interest include documenting the mission, achievements, and challenges encountered by medical personnel in Afghanistan.

Koyle said the trip offered many advantages.

Nolan (Andy) Watson (left), an Army Medical Department civilian with the Office of Medical History, and Maj. Kenneth M. Koyle, Medical Service Corps, recently returned from documenting the history of medical units currently deployed to Afghanistan. (Courtesy photo)

"Many of the Soldiers interviewed are veterans of one or more previous deployments. This allows us to capture those experiences as well have the interview subject make comparisons," he said. The history team also recorded organizational structure and procedures utilized in theater.

With the success of the first SMRC History Team in Afghanistan, plans are being made for follow-on teams and history missions.

(*Article courtesy of Office of Medical History*)

IP 9.0 Tell the Army Medicine Story

Traumatic injury benefits payable for genitourinary injuries

WASHINGTON – Servicemembers who suffer severe injuries to the genitourinary organs are now eligible for Servicemembers' Group Life Insurance Traumatic Injury Protection, or TSGLI.

"We recognize that these types of injuries are devastating and can have a long-lasting impact on the Servicemember's quality of life," said Secretary of Veterans Affairs Eric K. Shinseki. "It is for this reason that it is appropriate to include genitourinary injuries in the list of payable losses specified in the TSGLI program."

Military doctors reported seeing an increase in these types of injuries, many of which are the result of the nature of current warfare and the use of improvised explosive devices, or IEDs, by enemy combatants.

TSGLI provides a one-time payment to Servicemembers sustaining certain severe traumatic injuries resulting in a range of losses, including amputations; limb salvage; paralysis; burns; loss of sight, and other traumatic losses. Genitourinary injuries are being added to the TSGLI schedule of covered losses.

VA also provides health care for genitourinary problems, along with disability compensation for cases of service-related injuries or illnesses involving genitourinary organs.

Eligibility for these new losses is retroactive to injuries incurred on or after Oct. 7, 2001, the beginning of the Global War On Terror. For more information on the TSGLI eligibility requirements, or to apply for a TSGLI payment, visit **http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm**.

(*Courtesy Department of Veterans Affairs*)

AROUND ARMY MEDICINE

1. Col. George Appenzeller (left), commander, U.S. Army Medical Department Activity – Alaska, administers the oath of reenlistment to Sgt. Evalina Mitchell. Members of Bassett Army Community Hospital climbed onto the roof on a record breaking cold day of 41 below zero for Mitchell's reenlistment. (Courtesy photo)

2. James Boyce, 609th Forward Support Company, 168th Brigade Support Battalion, brushes the coat of Dollar, a therapy horse at the Spirithorse Chisholm Trail Therapy center in Comanche, Okla. Soldiers from the Fort Sill Warrior Transition Unit spend time each week with the horses as part of an equine therapy program. (Photo by Ben Sherman)

3. Col. Frederick Swiderski and Julie Gueller, both from the Army Medical Department Knowledge Management Directorate, present the AMEDD KM strategic objectives, and the products and services KM provides, during the Association of Military Surgeons United States meeting at the Henry B. Convention Center in San Antonio. (Courtesy photo)

4. Master Sgt. Omar Mascarenas is congratulated by Maj. Gen. David C. Halverson, Fires Center of Excellence and Fort Sill commander, after being inducted into the Order of Saint Barbara. Mascarenas is the Fort Sill Dental Activity first sergeant. (Courtesy photo)