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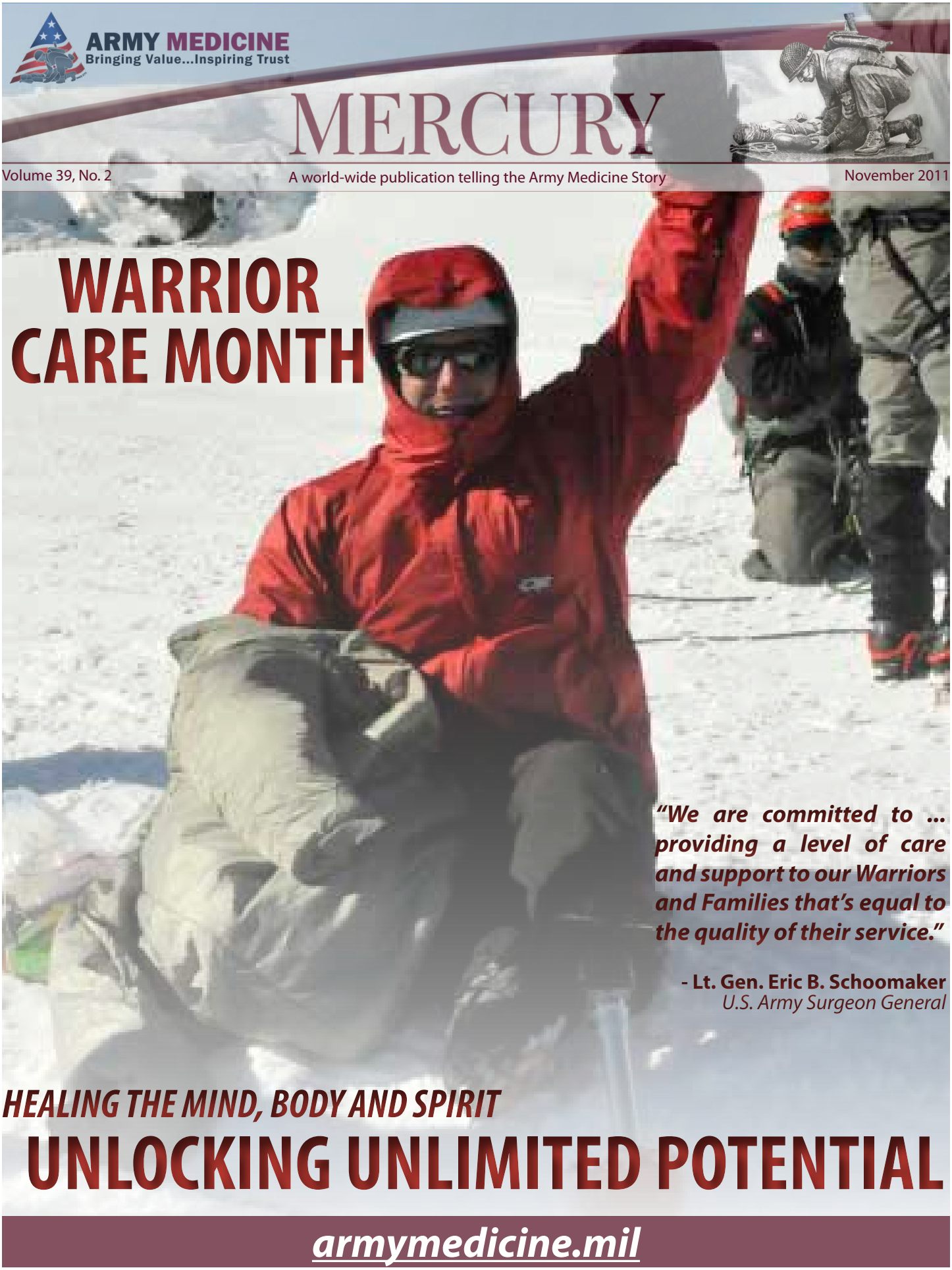
MERCURY

Volume 39, No. 2 | A world-wide publication telling the Army Medicine Story | November 2011



WARRIOR CARE MONTH

"We are committed to ... providing a level of care and support to our Warriors and Families that's equal to the quality of their service."

- Lt. Gen. Eric B. Schoomaker
U.S. Army Surgeon General

HEALING THE MIND, BODY AND SPIRIT

UNLOCKING UNLIMITED POTENTIAL

THE MERCURY

U.S. Army Medical Command

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

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

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

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

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INSIDE THE BUBBLES: Understanding the balanced scorecard

Throughout the Mercury, our readers will notice interactive bubbles connecting issues and topics to the Army Medicine Balanced Scorecard. 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.**

SECDEF looks to long-term strategic Iraq partnership

By Leon E. Panetta
Defense Secretary

The United States and Iraq affirmed (Oct. 21) that the U.S. will fulfill its commitments under the current U.S.-Iraq Security Agreement and withdraw all of our military forces by the end of 2011.

(The) announcement means that at the end of this year, there will be a clear end to the U.S. combat presence in Iraq. I wanted to take this opportunity to express my profound gratitude and appreciation to our men and women in uniform who have served in Iraq since 2003. Our troops and their Families have borne a heavy burden during more than eight years of war, and paid a great price. Yet it is a testament to their strength and resilience that we are now able to bring this war to a responsible end. Thanks to their service and sacrifice, Iraq is ready to govern and defend itself and to contribute to security and stability in a vital part of the world.

We will now turn our full attention to pursuing a long-term strategic partnership with Iraq based on mutual interests and mutual respect. Our goal will be to establish a normal relationship similar to others in the region that focuses on meeting security and training needs.

Iraq is a sovereign nation that must determine how to secure its own future. Going forward, we will work closely with the Iraqi government and their armed forces to help them continue to build a stronger and more prosperous country.

On the cover

Sgt. Derrick Ford, Bravo Company, Warrior Transition Unit at Balboa Naval Hospital, celebrates on the summit of Mount Rainier, Wash.

His journey began in the Kandahar Province in Afghanistan Aug. 14, 2009. His platoon was conducting route reconnaissance when his Stryker armored fighting vehicle rolled over a pressure plate improvised explosive device.

"I only recall dust being thrown everywhere and an incredible pain in my feet," said Ford.

Before he received medical attention, Ford assessed the situation, crawled out of the top of his Stryker and attempted to secure the convoy.

Spending the next 14 months at Walter Reed Army Medical Center in rehabilitation, Ford worked to save his leg. He married prior to the deployment and his wife Michelle was expecting twins.

"After my kids were born, it was kind of a reality check. I just decided, cut the leg off, I'm walking before my kids do," he said.

Ford's left leg was amputated on Oct. 9, 2009, forever changing his life.

"I have made it my mission since I have started walking again that I would make the most of my life and everything I can to prove to myself that I am not disabled, but only wounded," said Ford. "I hope this climb up Mount Rainier will be another step I take of a long line of adventures in my life." (Photo by Spc. Ryan Hallock)

Warrior Care Month

Caring for Warriors and their Families

By Lt. Gen. Eric B. Schoomaker
U.S. Army Surgeon General

November is Warrior Care Month. With a theme of "Healing the Mind, Body and Spirit: Unlocking Unlimited Potential," the month gives us an opportunity to focus on Army Medicine's commitment to care for wounded, ill and injured service members and their Families.

Since 1775, Army Medicine has been committed to its Warriors. We honor the sacrifices of our Soldiers and their Families by providing the best medical care and professional support throughout recovery, rehabilitation and reintegration.

We are indebted to our Soldiers for the contributions and sacrifices they continue to make and we owe it to them to provide the highest quality healthcare in a healing environment focused on mind, body, and spirit.

Army Medicine reassures Warriors and their Families that, if they do get hurt, they will receive the best possible care and will have the best possible chances of recovering full health. We also reassure deployed Soldiers that their Families back in the United States will receive quality health care.

"Next to protecting our nation, the Army's most critical mission is caring for Warriors and their Families."

Over the past decade, we have radically transformed the way we structure and provide health care to wounded Soldiers. Our efforts have improved the entire continuum of care for our wounded, ill and injured Soldiers and their Families. It includes the recovery phase, the acute recovery from the acute injury or illness into rehabilitation, and finally reintegration either back into uniform or citizenship.

We remain focused to delivering the best care at the right time and place. Next to protecting our nation, the Army's most critical mission is caring for Warriors and their Families. They have made many sacrifices for us and for that, we are forever grateful.

This month, let's pay tribute to them and recommit ourselves to providing them the best care.

Army Medicine: Bringing Value… Inspiring Trust.

Army observes Warrior Care Month in November

Alexandria, Va. – In November, the Army will observe Warrior Care Month. The theme is "Healing the Mind, Body, and Spirit: Unlocking Unlimited Potential."

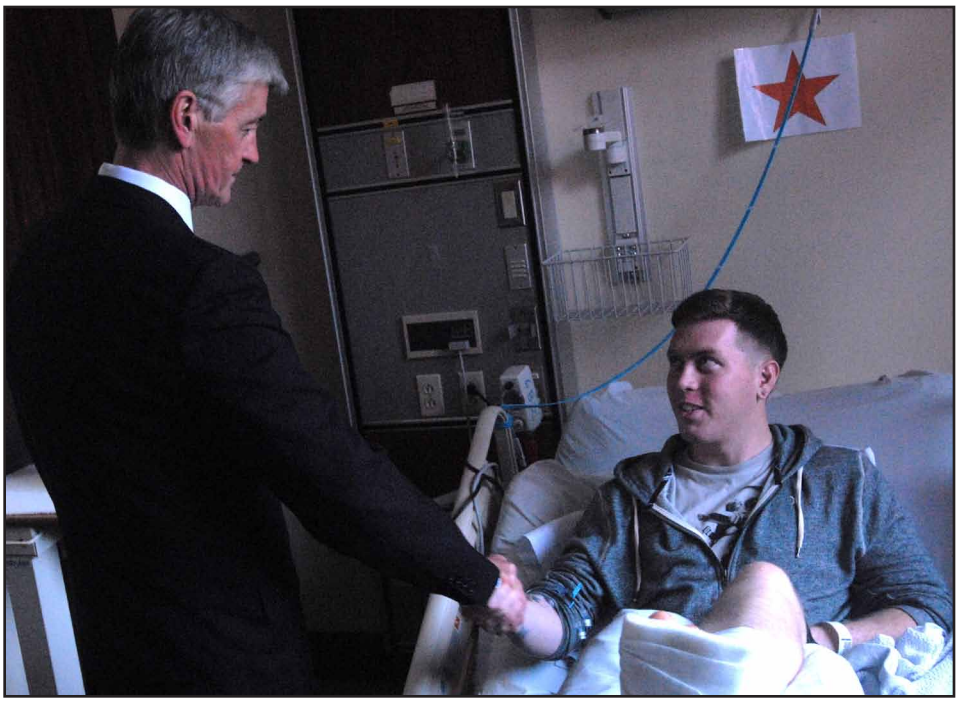
"Taking care of Soldiers is something we do every day, said Brig. Gen. Darryl Williams, Assistant Surgeon General for Warrior Care and Commander, Warrior Transition Command.

"Observing Warrior Care Month allows us to highlight the significance of keeping Soldiers healthy and safe and taking care of them when they become wounded, ill or injured. At the Warrior Transition Command we are in the business of caring for the Army's wounded, ill and injured Soldiers from the Active, Guard and Reserve.

According to Williams, most people think of the combat injured when they hear the term 'warrior care.'

"Taking care of our combat-injured is warrior care," he said. "Warrior care is also preventing illnesses and keeping Soldiers healthy and ready to deploy. Warrior care is arming Soldiers with tourniquets that they can use with only one hand. It's having the best trained medics in the world standing shoulder to shoulder with our combat Soldiers.

He points out that Warrior care is an undertaking that encompasses a broad scope of efforts that extend beyond the battlefield including "understanding how to manage pain with medication and with complementary medicine such as acupuncture, massage, and yoga. Warrior care means building resilience and ensuring our men and women in uniform are strong in mind, body and spirit. Warrior care is our best researchers looking at how we can advance medicine, improve protective gear and deal with trauma and complex injuries. It's having a battle buddy who looks after you and a leader you can count on," Williams said.



Secretary of the Army John McHugh thanks Pfc. Kyle Foster, a Soldier wounded while deployed with the 25th Infantry Division's 3rd Brigade, at Tripler Army Medical Center, for his service to his country. November is Warrior Care Month, a time to highlight the importance of keeping Soldiers and their Families healthy and taking care of them when they become wounded, ill or injured. (Photo by Staff Sgt. Crista Yazzie)

Warrior Care Month is also a time to recognize all those who don't wear the uniform who support and care for our Soldiers, citing the Veterans Administration, Congress, Veterans organizations, corporate America, local communities and individual citizens as examples. "I'm reminded of retired Admiral Michael Mullen, former Chairman of the Joint Chiefs of Staff, he calls this a "Sea of Goodwill" of American support."

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

Across the Army in November, events are planned to honor the wounded, ill and injured men and women in uniform and to highlight what the Army and this nation do each day in the spirit of Warrior Care. For example, in Washington DC the Warrior Transition Command will support the Navy in a wheelchair basketball expo and clinic in the Pentagon on Nov. 18. On Nov. 22, the Warrior Transition Command will host a tri-service sitting volleyball tournament. More information on events at Warrior Transition Units around the country is available on the WTC website at **http://www.wtc.army.mil/**.

Williams, speaking specifically about his job and about WTUs, outlines his three priorities for the wounded, ill and injured he represents – education, training and employment. There are 29 Warrior Transition Units at Army installations and nine Community-Based Warrior Transition Units across the country.

The WTU structure represents the way the Army supports Soldiers who require at least six months of complex medical care. Since 2007, through WTUs, the Army provides a standardized framework of care and support from medical appointments to adaptive or reconditioning sports programs and internships.

Standing behind them through each stage of recovery and transition is the Triad of Care – a primary care manager, nurse case manager and squad leader – as well as an interdisciplinary team of medical and non-medical professionals who work with Soldiers and their Families to ensure that they receive the support they deserve.

Williams said that while a WTU is a place for Soldiers to heal, it's also a place to plan for their future; a place to develop a good, solid way ahead for them and for their family.

"Either way, when they leave these units my goals for them is that not only have they received the best medical care possible, but that they also have the education and training they need to succeed and that they have a job or career lined up. We owe them our best, and Warrior Care Month is a time to commemorate the importance of what we do throughout the year."

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Army Medicine Healthcare Covenant

We are grateful for the contributions of Warriors and their Families.

We are committed to deliver...

- Maximized physical and behavioral health promotion.
- Improved quality outcome-focused care and services.
- Improved access and continuity of care.

We are committed to...

- Providing the highest quality care.
- Providing support during the healing process.
- Providing assistance in returning to duty or transitioning to civilian life.
- Providing a healing environment that focuses on Mind, Body, & Spirit.

Eric B. Schoomaker, M.D., Ph.D.
Lieutenant General, U.S. Army
The Surgeon General
Commanding General, U.S. Army Medical Command

Althea C. Dixon
CSM, U.S. Army MEDCOM
Command Sergeant Major

ARMY MEDICINE...ARMY STRONG

Army Medicine helps Wounded Warriors heal, recover

From advanced battlefield medicine techniques to Warrior Transition Units providing personal support to wounded Soldiers and their Families, Army Medicine offers many programs to help Wounded Warriors recover from their injuries and return to some semblance of normalcy.

"Our unrelenting drive to provide world-class care means more Soldiers are surviving their wounds, recovering more quickly and returning to their units or transitioning to quality civilian life," said Lt. Gen. (Dr.) Eric B. Schoomaker, Army surgeon general and commander, U.S. Army Medical Command.

When Soldiers are injured and require medical attention, an integrated system of care helps them heal, rehabilitate, and reintegrate, either back to duty or into their civilian communities as productive citizens.

There are five levels of care making sure wounded, ill or injured Soldiers get the care they need at the right place and right time. The levels serve to triage, treat, evacuate, and return Soldiers back to duty:

Care for a wounded Soldier begins on the battlefield at the point of injury. From there, an integrated system of care helps them heal, rehabilitate, and reintegrate, either back to duty or into their civilian communities as productive citizens.

Level I

Care for a wounded Soldier begins on the battlefield at the point of injury with immediate first aid and lifesaving measures initiated by a combat medic lifesaver or battle buddy. If necessary, the Soldier is taken to a Level I medical treatment facility known as the Battalion Aid Station, for triage, treatment, and evacuation if the Soldier cannot return to duty.

Level II

Level II is the first level of care in which surgical resuscitation, basic laboratory, and radiographic capabilities exist. An Army forward surgical team is typically found at this level, together with a medical company with a holding capacity of approximately 72 hours. These medical units are 100 percent mobile and can provide up to 30 resuscitative surgical operations without resupply.

Level III

This level is the highest level of medical and surgical care available within the combat area of operation. Level III hospitals are modular, allowing adaptability to a given tactical situation. Army Level III care is provided at the combat support hospital.

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

Level IV

This echelon of care is located outside the combat zone and may be provided by a combat support hospital, a fleet hospital, or a fixed medical facility. Currently, most Level IV care is provided at Landstuhl Regional Medical Center in Germany. At Landstuhl, wounds, injuries, or illnesses are further assessed and treated. Casualties with severe injuries move on to a higher level of care while those with less severe wounds, injuries and illnesses may be able to return to the combat zone.

Level V

This echelon of care is provided within the continental United States at fixed military medical treatment facilities. Though every effort is made to evacuate wounded, injured, or ill Soldiers to the medical treatment facility closest to their home duty stations, it is more important for them to be sent to the facility capable of providing the most appropriate care, such as the burn center at the Brooke Army Medical Center in San Antonio.

Soldiers requiring at least six months of rehabilitative care and complex medical management are assigned to Warrior Transition Units at major military treatment facilities located around the world. These Warrior Transition Units closely resemble a line Army unit, with a professional cadre and integrated Army processes that build on the Army's strength of unit cohesion and teamwork so that wounded Soldiers can focus on healing to transition back to the Army or return to civilian status.

Each Warrior in Transition, or WT, works with a Triad of Care—primary care manager (normally a physician), nurse case manager, and squad leader—who coordinate their care with other clinical and non-clinical professionals.

WTs have one mission—to heal. All WTs develop a Comprehensive Transition Plan with personalized goals that allows them and their Families to move forward toward life post-injury.

Soldiers who are unable to return to full military duty are referred to a medical evaluation board and assigned a physical evaluation board liaison officer, or PEBLO, to help steer them through the entire Army process until they separate. Each Soldier is also assigned a VA military service coordinator to help them navigate the VA system.

"We have an unrelenting commitment to the wounded, ill, and injured Soldiers recovering at the WTUs. We are passionate about helping them recover and transition and move forward with their lives," said Brig. Gen. Darryl Williams, commander of the Warrior Transition Command.

Army wants more Soldiers back on deployable status

By Master Sgt. Doug Sample
Army News Service

Lt. Gen. Eric Schoomaker, Army surgeon general (left) leads a panel discussion at the 2011 Association of the United States Army Annual Meeting and Exposition about decreasing the number of Soldiers medically unfit for deployment. (Photo by Staff Sgt. Emily Anderson)

WASHINGTON – Decreasing the number of Soldiers who are medically unfit for deployment has become a major focus of the U.S. Army Medical Command.

It was the topic of discussion by a panel of senior medical officials Monday at the 2011 Association of the United States Army Institute for Land Warfare annual meeting and exposition at the Washington, D.C convention center.

Army Surgeon General Lt. Gen. Eric Schoomaker, who heads MEDCOM and led off the discussion, said that since the drawdown, the Army has seen a growing population of medically "non-ready" Soldiers. Currently the Army's mission readiness stands at just 85 percent according to one of the panelist, while the Guard and Reserve deployability level is much lower at 70 percent.

Schoomaker pointed out that the reserve-component number is actually up 30 percent from three years ago. Nonetheless, these numbers have brought concern, Schoomaker said, adding that having so many Soldiers unfit for duty is beginning to burden unit readiness.

Schoomaker said with the loss of the Army temporary end strength, "We begin to see a growing number of medically non-ready Soldiers with a smaller population of Soldiers overall available for continued demand for deployment."

"Every Soldier that's added to the pool of medically non-ready Soldiers taps into the availability of Soldiers to deploy and be part of the force, and this has begun to erode the readiness of the Army as a whole," Schoomaker said. "Its an issue the leadership of the Army has identified as a major problem for us, and turned to us and the personnel community, and all commanders in the force to come up with a solution."

Maj. Gen. Richard Stone, deputy surgeon general for mobilization, said the Army currently has as many as 40,000 active, Guard and Reserve Soldiers recovering from wounds or transitioning out of the military through Warrior Transition Units across the country.

"It is clear that whatever end-strength increase that we've been given, we've used up in wounded, ill and injured and transitioning Soldiers through a cumbersome bureaucracy," he said. "And we have continued to see escalating numbers of medically non-deployable Soldiers, with as much as 14 percent of the force unable to deploy when a brigade combat team moves forward. You began to understand the scope of the problem that we are faced with."

Brig. Gen. Brian Lein, command surgeon at U.S. Forces Command, Fort Bragg, N.C., explained that over the past four years, the percentage of medical non-deployable Soldiers has remained steady at 35-38 percent.

Lein explained that non-deployable Soldiers fall into three profile categories: Those who have permanent profiles who are going to the medical evaluation or physical evaluation board that are not complex enough to go into a Warrior Transition Unit. Those who are returning from deployment who have medical issues to be taken care of. And Soldiers who are available for deployment by Army regulation, but who have a medical condition that prohibits them from entering a combat theater.

The general warned that if the non-deployable status remains at the current level, the Army would find it difficult to maintain unit-manning levels in the future.

"If we don't get our arms around the non-deployable population, and the biggest population is the medically non-deployable population, we're going to have a significant problem manning our units to get them to go downrange," he said. "The Soldier is the center of our formations, so if the Soldier is not ready to go, then the unit is not ready to go."

Lein pointed out the new nine-month deployment cycle, although a welcome relief for Soldiers, will only exacerbate the situation for commanders trying to fill vacancies in the unit.

"This is just going to put more challenges onto the system because the AFORGEN cycle is going to be spinning even faster," he explained.

Although mental health care/treatment has gotten lots of attention by Army leaders looking to bring down the suicide rate, it's only the second-leading cause for non-readiness status among Soldiers.

According to Stone, musculoskeletal injuries are the main reason that Soldiers must remain behind. Stone said each year the Army diagnoses and treats more than 1 million Soldiers with such injuries, which equates to more than 25 million limited duty days, and the equivalent 68,000 Soldiers on limited duty.

"The actual cost of health care to those 68,000 is half a billion," Stone noted. "And the cost of salaries just under $6 billion annually in salary given to Soldiers who cannot deploy and are not ready."

The good news is that the Army may

See DEPLOYABLE P16

Military medicine works on managing pain

By Jim Garamone
American Forces Press Service

Sgt. Daniel J. Simmons, physical therapy technician, 47th Combat Support Hospital, lowers a Soldier on an inversion table as part of his physical therapy treatment on Contingency Operating Base Adder in Iraq, Oct. 8. The military is looking to change the culture toward treatment of pain, as officials continue to look for new ways, techniques and procedures. Best practices will be institutionalized across the Department of Defense and the VA. (Photo by Spc. Anthony T. Zane)

WASHINGTON – Military medicine is seeking additional ways to help patients manage their pain instead of just prescribing powerful drugs, the chief of staff of the Army's pain management task force said Oct. 25.

Col. Kevin Galloway told the Defense Writers Group that the military had to start looking at pain comprehensively.

"We were always asked how pain related to Soldier suicides, to drug abuse, and so on," said Galloway -- a registered nurse. "As we looked at our strategy in Army medicine, very honestly, we didn't think it was as comprehensive as it should have been.

Combat becomes a catalyst for medical innovation, the colonel said. "It has to," he added. The military combated yellow fever, malaria and other infectious diseases, he noted, and pioneered use of antibiotics on a grand scale, as well as the use of blood products and plasma.

Getting casualties from the battlefield to the hospital and triaging casualties was an outgrowth of military medicine, Galloway said, and medevac procedures and aeromedical evacuation once belonged exclusively to the military medical realm.

But in pain management, the progress has not been as far or fast as military leaders wish. Galloway told the story of Confederate Lt. Gen. Thomas "Stonewall" Jackson at the Battle of Chancellorsville in 1863. Jackson was grievously wounded in a friendly fire incident.

How he was handled was the state of the art for the time. He was evacuated in an ambulance and was first treated at what today's Soldiers' would call a battalion aid station. In addition to a shot of whiskey, doctors gave him morphine. Jackson called the relief of pain from the wound "an infinite blessing."

Jackson's initial treatment to ease his pain was a good-news story. The final result was not so good: Jackson later died of pneumonia.

Flash forward to 2001, and the bulk of the pain-relief arsenal was not a lot different. "It was still based around opiates," Galloway said.

Medicine's goal was "to knock that pain down to zero," the colonel said. "And we can do that." But families began to complain.

"When the kids leave for school in the morning, Dad's on the couch. The pain is controlled," Galloway said. "Victory for us and medicine -- we did a good job. But when the kids come home from school in the afternoon, Dad's still on the couch.

"Medicine is still saying it's doing its job because the pain is controlled, but this person's quality of life is probably not what they want it to be, definitely not what the spouse wants it to be, [and] not what their family wants it to be," he added.

The goal shouldn't be to knock the patient out, but to maximize function, Galloway said.

The task force developed recommendations that led to a comprehensive pain-management strategy. The strategy uses both traditional and nontraditional pain-treatment options. Treatment with drugs is appropriate in many cases, Galloway said, but so is treatment with acupuncture, biofeedback or massage.

"The Army for the past year has been embarked on operationalizing … an ambitious, comprehensive, soup-to-nuts recalibration of how we look at pain, how we treat pain, how we resource pain in our organization, and being part of the DOD collaborative effort on this, to change the way it's done in the military health system," he said.

The military is uniquely poised to make changes in a way that those on the outside can see and relate to, he said.

The task force had three overarching findings from the task force, the colonel said.

"The first is we meet current standards of care," he said. "We weren't lacking, but we weren't happy with what was going on."

The second finding is that best practices occurred in Defense and Veterans Affairs organizations, "but they were being implemented and existing in isolation," Galloway said. "They weren't being replicated."

The third, he said, is unwarranted variability. "We didn't have a common orientation across our organizations," he explained. "When you talk pain -- sometimes between shifts in a facility, there were differences."

Galloway said the military is looking to change the culture toward treatment of pain. It will take time, he acknowledged, adding that officials will continue to look for new ways, techniques and procedures. They also will institutionalize best practices across DOD and VA, he said.

"Years from now," Galloway said, "they will look back and say what medical benefit came from these wars and it will be this strategy on pain that is the breakthrough."

CS 1.0 Improved Healthy and Protected Warriors

Kandahar clinic uses holistic treatment to poke away pain

Lt. Col. Douglas Maurer, the Task Force Resolute surgeon, feels the small needles enter his ear as he receives battlefield acupuncture at the Special Troops Battalion, TF-Resolute clinic on Kandahar Airfield, Oct. 22. Battlefield acupuncture is a new method of pain management being used by the military.

Story and photo by Staff Sgt. Alexander Burnett
7th Sustainment Brigade

KANDAHAR AIRFIELD, Afghanistan – When Capt. Elsa Karman, a 7th Sustainment Brigade battle captain, walked into the medical clinic in Afghanistan for treatment of chronic back and neck pain, she did not think she would leave with several new pieces of metal in her ears. The small, ear-pierced style studs protruding from different points in her ear represent one of the newest treatment techniques being used by the military.

A medical professional visited the Special Troops Battalion, Task Force Resolute, medical clinic on Kandahar Airfield to conduct battlefield acupuncture for Soldiers, Oct. 22.

The visit of Lt. Col. Betty Garner, the Joint Combat Casualty Research Team deputy director and trained acupuncturist, was coordinated by Capt. Joe Pena, an STB, TF Resolute physician's assistant.

"We get a lot of Soldiers coming to the clinic with injuries and chronic pain," Pena said. "When I saw this treatment was available on Kandahar Airfield, I wanted to bring it to our Soldiers and see how it worked."

The process of battlefield acupuncture was developed by Dr. Richard Niemtzow, a former Air Force medical practitioner, and is named for its ability to be performed with military helmets still on the patient. The technique is most commonly used to treat pain, but can also result in reduction in anxiety, stress and better sleep, said Garner.

"Techniques like battlefield acupuncture are being used to treat everything from pain inflicted by wounds in combat to helping alleviate pain from an old sports injury," Garner said. "This treatment is being taught to many special operations Soldiers for its applications in combat and its ability to reduce pain immediately."

The treatment is administered by having several spring-loaded, gold tipped needles injected into five key points on the patient's ears. The immediate results are a reduction in pain and euphoric feeling. The needles remain in place and as the body heals, it pushes them out naturally.

"While the treatment was being administered there were a few moments where I felt the pin prick of the needles going in," said Lt. Col. Douglas Maurer, the Task Force Resolute surgeon, who received the treatment to help with pain in his left calf muscle.

"I felt less pain in my leg and a feeling of euphoria immediately after the procedure was finished," he said.

This form of pain management is also desirable as a treatment because it can eliminate some of the need for pain medication. Battlefield acupuncture, if used correctly, can reduce pain with the same intensity as some narcotic drugs without the after effects. The procedure can also be administered quickly in combat situations.

"Many Soldiers don't want to take pills for their pain anymore and the side effects of some of the medication would take them out of the fight," Garner said. "This treatment is non-invasive, and it is as effective as many on the prescription pain pills."

Garner will return periodically to the Resolute clinic to conduct the procedure for new patients and receive feedback from those who have already tried it.

"I had a headache all the way up until the point Dr. Garner treated me with battlefield acupuncture, and now the headache is gone, Karman said.

"I am going to go back as often as I can to get this done."

CS 1.0 Improved Healthy and Protected Warriors

BAMC: treating one patient at a time

By Maria Gallegos
BAMC Public Affairs

From left, Lt. Col. Donald Crawford, deputy chief of Brooke Army Medical Center Department of Emergency Medicine, Retired Sgt. 1st Class Craig Coker, former liaison for BAMC, Sgt. 1st Class Leroy Petry, Medal of Honor recipient, Mrs. Coker and Col. James Ficke, chairman of the Department of Orthopedics and Rehabilitation, gather for a photo in Washington D.C., July 12. Petry was injured in Afghanistan on May 26, 2008. Ficke was Petry's doctor during his recovery at BAMC.

Brooke Army Medical Center serves as a world-class medical center and is one of the Army's largest medical facilities, offering the highest quality of medical care for Wounded Warriors, service members, Family members, veterans and civilian trauma patients.

The medical center consists of a Level 1 Trauma Center, the only Burn Center in the Department of Defense and the largest orthopedic clinics in DOD that includes the Center for the Intrepid.

The uniqueness of the medical center is its ability and capacity to take care of patients from a resuscitative state through reconstructive care and then carry them through a full rehabilitation, all in the same location.

Col. James Ficke, chairman of the Department of Orthopedics and Rehabilitation said that the orthopedic service has seen thousands of Warriors since the Afghan War began 10 years ago. He said 82 percent of all battle injured Warriors have an extremity injury which includes more than 1,350 patients with limb loss. Of these, BAMC has treated more than 425 amputees.

"We know that for every patient with limb loss, there are five to six additional patients with severe limb injuries," Ficke said.

Ficke was on call when he received an email from a friend and fellow Army leader asking him to take care of one of his wounded Soldiers injured in Afghanistan coming to BAMC. Coincidentally, Ficke and the wounded Soldier's commander had previously served together in Iraq.

"He [commander] emailed me and asked me to look out for him," said Ficke. "He was brought in with a group of patients who were injured in Afghanistan."

The wounded Soldier was Sgt. 1st Class Leroy Petry, who lost his hand while grabbing a grenade that exploded as he tossed it away from his team on May 26, 2008. For that action, he saved the lives of two other Soldiers in Afghanistan and later was recognized and received the Congressional Medal of Honor from President Obama in a White House ceremony July 12, 2011.

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

"The initial surgery when he came in was to remove damaged tissue and eventually close his wounds," said Ficke. "He had no functioning hand when he arrived here."

Ficke said, after many discussions with Petry and the prosthetist, they decided to have a shorter forearm to enable the most efficient mechanical prosthesis.

"It's a great hand," Petry said. "It's got a couple of sensors built in underneath the casting right above the skin. What'll happen is every muscle contraction you make will send signals up to the hand. Each finger, when it meets resistance, will stop. So you got more dexterity to grab round shapes and stuff like that and this particular hand is able to have a couple of other modes, where you can pinch and grasp."

Petry's prosthetist built a socket or fitting to slide over Petry's forearm so the hand could be attached, and also placed sensors to pick up electrical signals from his muscles. After working with a therapist, Petry's robotic hand moves with the very signals he used to use to control his own hand.

"Occupational therapy was great," he said. The therapist had Petry practice doing exercises, manipulating small objects so he could learn dexterity with his new hand.

"This is a guy who was very active, a Ranger," Ficke said. "He wanted to stay in the Army, very much. He wanted to deploy again and restore his life as much as he could. We talked a lot about what was possible and what we could help him with."

Since the injury Petry has adapted to his new hand prosthesis and is using it back home with his Family. He travels throughout the Army meeting new people who are interested in his story.

"I can shake people's hands today. I'm meeting people all the time. It feels great to actually shake their hands with my right hand," he said. "I'm fortunate they have this type of medical technology. I thought I was going to end up with a set of hooks and I got those as well. But when they handed me a prosthetic hand that functions pretty darn close to a real thing, I was ecstatic."

"He [Petry] is a calm, confident leader who has spent his life developing his professionalism. His actions that day were an extension of what he does and how he acts every day," said Ficke. "I feel extremely privileged to know him, and consider him a friend and patient."

For more information about BAMC, visit **www.bamc.amedd.army.mil.** For information about BAMC's Orthopedic Department, visit **http://www.bamc.amedd.army.mil/departments/orthopaedic**.

(Excerpts taken from *Prosthesis helps Medal of Honor hero stay with Rangers* by C. Todd Lopez)

Program helps Soldiers with behavioral health, addiction

Story and photo by Patricia Deal
CRDAMC Public Affairs

FORT HOOD, Texas – Carl R. Darnall Army Medical Center officially opened its Intensive Outpatient Program Day Treatment Center for active duty Soldiers at Fort Hood with a ribbon cutting ceremony.

The IOP, the first of its kind sponsored by the Army Medical Command within the continental U.S., is an intensive outpatient treatment program for active-duty military with post traumatic stress, anxiety, depression and alcohol or substance abuse problems. The program enhances Soldiers' recovery and resiliency through both evidence-based traditional treatment methods and complementary alternative medicine treatment methods.

"As we officially open what has already proven to be a vital addition to Fort Hood's treatment capabilities, the IOP clinic demonstrates the Army's and Fort Hood's commitment to our Soldiers that they deserve the best health care the Army has to offer," said Lt. Gen. Donald M. Campbell, Jr., III Corps and Fort Hood commanding general, guest speaker for the ceremony.

As Soldiers deal with tremendously stressful situations everyday in combat and in garrison, the general said that programs like this and others at CRDAMC demonstrate the Army's commitment to help Soldiers fight within themselves to cope with addictions and behavioral health concerns.

"I classify this program as a win-win, where Soldiers learn alternative coping methods, allowing them to return to duty or transition to civilian life," he added.

LG 7.0 Improve Access and Continuity of Care

Col. Patrick Sargent, CRDAMC commander, told the audience he is excited that there's been such a "successful return on investment through numerous rehabilitation successes and superior satisfaction ratings" since the clinic opened.

"At CRDAMC, we are committed to achieving the spirit and intent of the Army Medical Healthcare Covenant and are honored and privileged to help Warriors struggling with behavioral health and substance abuse issues," he said. "With the spirit of innovation and teamwork that is the philosophy of CRDAMC, the IOP staff demonstrates their compassion and devotion to serving Soldiers, and the vision of making a difference in the lives of those in crisis."

Since it opened in February 2011, the program has graduated 102 Soldiers out of 121 enrollments. The four week program accepts 18-21 patients per session, providing 120 hours of direct patient care.

Before the IOP, Soldiers struggling with substance abuse problems attended the post's Army Substance Abuse Program or a residential treatment program. Soldiers who suffered from both behavioral health concerns and substance abuse received additional treatment from separate providers at different clinics. The IOP offers treatment for both in one location.

"We have therapists who are credentialed for both substance abuse treatment and behavioral health treatment. The IOP approach to care offers Soldiers a unique experience because the program allows them to receive intensive inpatient therapy without actually being admitted to a treatment facility. Soldiers in the IOP return to their residence in the evening," said Dr. Cornelia Jones, chief of the IOP.

Soldiers must first enroll in the ASAP to be referred to the IOP. Treatment is individualized to the patient and may include intensive group treatment, individual therapy, grief treatment as needed, sleep hygiene, relationships training, addiction processes, anger management, relapse prevention, a 12-step support groups, and psycho-education.

The program uses a multidisciplinary team approach to care, using both traditional treatment methods and complementary alternative medicine treatment methods such as Eye Movement Desensitization and Reprogramming and Acupuncture Detoxification.

The clinical team is comprised of a clinical director (psychologist), a clinical consultant (psychiatrist), and other clinical staff to include additional psychologists, social workers, and licensed counselors.

"We work as a team to provide the optimal care to the patient," Jones added. "We know our treatments help, as our post-testing data shows that patients who completed the program show significant improvement with anxiety and depression."

Patients' successes are also dependent on how much they put into their treatment plan, added Jones. Patients must verbalize their willingness to attend the IOP, and "one who is motivated and dedicated to changing his/her lifestyle, can only get better."

One Soldier enrolled in the IOP's ninth class, came to the opening to share his story, hoping to encourage others to seek help.

"It's the only place I've been that doesn't apply pressure or pass judgment. The support I've received has been more than I expected. I know I'm going to come out of this a much better person," he said.

Doctor Cornelia Jones (center), chief of the CRDAMC Intensive Outpatient Program Clinic and Nicollette Dennis, clinical supervisor, cut the ribbon to officially open the clinic. Lt. Gen. Donald M. Campbell Jr. (right), III Corps and Fort Hood commanding general, guest speaker at the ceremony, holds the ribbon while Col. Patrick Sargent, CRDAMC commander, and Command Sgt. Maj. Christopher Walls look on.

MEDCOM increasing hiring of disabled employees

By Shannon Carabajal
Mercury Editor

As Army Medicine continues to seek highly qualified talent to join its civilian work force, a new member of the Army Medical Command team is promoting employment opportunities for people with targeted disabilities.

Reginald Toney is the MEDCOM disability hiring coordinator, a position recently created to help improve employment opportunities for people with disabilities, both Wounded Warriors and civilians, throughout the command and to reversing the persistently high percentages of people with disabilities who are not working but are ready, willing and able to work.

Toney's efforts are in line with Executive Order 13548, Increasing Federal Employment of Individuals with Disabilities, issued by President Barack Obama in 2010. The order focuses on increasing the employment of people with disabilities in the federal work force, including increased use of the Federal Government's streamlined Schedule A hiring authority for persons with disabilities.

According to the Equal Employment Opportunity Commission, targeted disabilities include deafness, blindness, missing extremities, partial paralysis, complete paralysis, convulsive disorders, mental retardation, mental illness, and genetic or physical condition affecting limbs and/or spine.

In Fiscal year 2011, people with targeted disabilities made up only .7 percent of the MEDCOM workforce. Joseph Harrison Jr., Ph.D., MEDCOM Recruitment and Retention Branch chief, said MEDCOM wants to increase that number and has an ambitious goal of exceeding the annual federal high standard, currently at 2.5 percent.

"The federal high standard is updated every year and we want to set that standard. We want to be the leaders," Harrison said.

To help accomplish that goal, Toney reviews all applications submitted by people with disabilities through the civilian corps medical jobs website and works with candidates to ensure resumes are complete, lists all the requisite skills required for a position and includes all necessary supporting documentation.

If an applicant is a good match for a position, he refers the resume to human resources representatives at various MEDCOM organizations including nine Army medical centers, 27 medical department activities and numerous clinics in the United States, Europe, Korea, and Japan.

If a candidate doesn't have the minimum requisite skills for a position, Toney will try to identify a better fit for the candidate or steer him or her toward other opportunities with State and Federal agencies and internal and external organizations interested in the employment of people with disabilities.

LG 1.0 Improve Recruiting and Retention of AMEDD Personnel

Toney also reviews applications submitted by people with targeted disabilities through the Wounded Warrior Program and the Army Civilian Human Resources Agency.

A former Army medic, Toney was recently hired through the disability hiring initiative after Harrison received his resume from the Wounded Warrior program. Like many Wounded Warriors retiring from the military, Toney was worried about his job opportunities and didn't know about all the programs available to help.

"I am newly retired. I had a Schedule A letter but I didn't really know what to do with it. Being a Wounded Warrior, you go through this battle of trying to find a job you can work in without causing greater damage to yourself. You feel like your job options are limited," he said.

Toney was excited to join MEDCOM and help people with disabilities gain employment in the command.

"When I heard about this opportunity, I jumped on it because it allows me to give back. I may not be active duty, but I'm still working for the federal government and I'm still serving," Toney said.

As an employer, Harrison said the most important thing the command can do to attract the best employees with disabilities is to assure them that our organization will genuinely welcome them.

"We must look beyond the disability and look at the individual's ability and capability. In other words, look at the things that make each of us unique and worthwhile," Harrison said.

Jobs filled through the Schedule A hiring authority may be filled noncompetitively and do not have to be advertised. Instead, a selecting official can select a person with a disability who has a Schedule A certification and is qualified for the job. People who are selected for jobs must be able to perform the essential duties of the jobs with or without reasonable accommodation, according to the U.S. Office of Personnel Management website.

To be eligible for noncompetitive, Schedule A appointments, a person must meet the definition for being disabled and must provide proof of disability and job readiness by a letter from a licensed medical professional or counselor at either a State Vocational Rehabilitation Agency or the Vocational Rehabilitation and Employment Service of the Department of Veterans Affairs. For a sample Schedule A certification letter, visit **http://www.usajobs.gov/IndividualsWithDisabilities**.

For more information about the Schedule A hiring authority and options for people with disabilities at MEDCOM, visit **www.civilianmedicaljobs.com** and select Jobs for People with Disabilities. Additionally, a short training video from the Office of Personnel Management, titled "Applying for Jobs Using Schedule A for People with Disabilities," is available at **http://golearn.gov/HiringReform/applicant/hpd.htm**.

To submit an application, visit **https://careers-civilianmedicaljobs.icims.com/jobs/2013/job**. Applicants don't have to apply to a specific opening but they must include the position or type of position interested in, a resume and proof of disability.

MEDCOM aims to apply 'Medical Home' model worldwide

Col. Mark M. Reeves gives a presentation about the Army Medical Home initiative Oct. 11 at the Warrior's Corner exhibit at the AUSA Symposium.

By Sgt. 1st Class Raymond Piper
Army News Service

WASHINGTON – The Army Medical Command is working to improve care by focusing on creating clinics based on small-group family practices.

The goal is to apply the Army Patient Centered Medical Home model to all treatment facilities throughout the Army, said Col. Mark Reeves, a family practice specialist with MEDCOM who spoke at the Association of the U.S. Army Annual Meeting and Exposition, Oct. 11.

"We are pushing the whole process hard and are making progress," he said.

Patient Centered Medical Home is part of the Army medical system's transformation. It focuses on the small family practice and starts with the patient. Each primary care manager, or PCM, has two licensed practical nurses that work together all the time to form a core team.

The aim of the core team is to develop a long-term relationship with patients. No more than five of these core teams make up a patient center medical home, creating a small group practice.

"We have come to realize that we cannot achieve 100 percent continuity with one PCM with all the patients they have to manage all of the time," Reeves said. "The next-level effort is to have a small available group practice that prioritizes knowing that group of patients very well and cross coverage is seamless."

Included in the medical home model is a behavioral health specialist, a dietician and a clinical pharmacist.

"These three skill sets represent well the overall incidents of what our patients conditions are and these are some areas that patients have said they've had difficulty accessing," Reeves said. "Aligning these three specialties with the primary care workforce is likely to achieve significant synergy that helps our patients get what they need with limited barriers."

Throughout this model is case management for the more complex patients and care coordination for every single patient.

IP 7.0 Improve Access and Continuity of Care

As the medical homes are created, one of the short-term goals, which will be a long-term indicator of success, is National Committee of Quality Assurance recognition for the medical homes. The NCQA measures the ability of facilities to provide quality healthcare through standardized, objective measurement guidelines.

The guidelines, called the Healthcare Effectiveness Data and Information Set, have been broadly adopted throughout the American medical community. HEDIS includes performance measures related to dozens of important health-care issues. Selected measures include: advising smokers to quit; antidepressant medication management; breast cancer screening; cervical cancer screening; children and adolescent access to primary-care physicians; children and adolescent immunization status; comprehensive diabetes care; controlling high blood pressure, and prenatal and postpartum care.

Patients regularly receive surveys in the mail from medical treatment facilities to gauge the effectiveness and quality of the care they received. Satisfaction surveys from the past year indicated that 95 percent of people were happy when they saw their primary-care manager. Nearly 93 percent of the people surveyed were satisfied with their primary-care manager.

"Patients are much happier if they see their PCMs because this is somebody that they develop a long-term relationship with who knows their health history and is thinking toward their benefit," Reeves said.

The overall satisfaction with the system was 91 percent, which implies that there are system issues. Reeves said some were probably driven by lack of access, others driven by the absence of care coordination, and perhaps a lack of a multidisciplinary team.

"Bottom line is if you see a PCM you like and trust, you are more likely to be interested in doing the things that team develops and you are more likely to be inclined to health maintenance and readiness."

Puyallup clinic staff eager to serve local community

By Tom Bradbury Jr.
Madigan Healthcare System

JOINT BASE LEWIS-MCCHORD, Wash. – After just a few months of being open, the area's first, off-base clinic is receiving rave reviews and looking for more. The clinic is intended to grow to see over 8,000 patients within its first year.

"It has been so exciting," said Stacey Solomonson, a Nurse Case Manager at the Madigan Puyallup Medical Home Clinic. "We have been able to reach out to Madigan patients in a way that we are all proud of."

IP 7.0 Improve Access and Continuity of Care

Receiving their primary care at a location off base, but still operated by the Army, is new to patients in Army Medicine. Those patients taking advantage of the new clinic in the Puyallup area were pleased with more than just avoiding the drive to Joint Base Lewis-McChord.

"My visit was fantastic," said Laura Munson, a spouse of a senior Army noncommissioned officer. "I should know because I am a health care worker myself. The one-on-one care here was the best part. I didn't feel rushed and I felt like I was important."

Maxwell Dotson has his temperature checked by Sandra Litwin at the Puyallup Clinic.

Munson's reaction was common among patients and visitors.

"The common theme from the comment cards is that the staff is warm, friendly and appears genuinely concerned about their patients," said Clinic Manager and Group Practice Manager Frank Bannister. "The number one comment appearing over and over again is that they take the time to listen to me."

Despite the clinic's room for 6,000 more patients, being the trailblazer for an idea so new is not without road bumps, something Bannister and staff took in stride.

"Being the first clinic to open off base, we've had to start everything from scratch," Bannister said. "It has been exciting and fast paced. We can't believe the support we are getting from our patients and Madigan. We have had a few challenges, but that's when Madigan support came in."

Despite the old "government issue" adage, patients in the Army Medicine system often get to choose where they are seen. While the Puyallup clinic may be open to Family members of active duty military only, no one in that group is forced to go there. This leaves the staff in an unusual position in the Army. They want to earn their business.

"I would invite the Family (who is not sure about coming to the clinic) out to tour our clinic and meet our staff," Solomonson said. "Our facility is brand new and we would love a chance to show them what we have to offer; including on-site immunization clinic, laboratory and pharmacy."

"I would also tell them that licensed practical nurses are the first to greet them when they walk through the door so their first class care starts at the check-in desk," she explained. "These same LPNs are available after the visit to ensure that they understand the plan of care and will assist in care coordination if needed."

Another new aspect of Army medicine being showcased at the Puyallup Clinic is the Medical Home Concept. While there is no way to tell if your military doctor is going to be deployed any time soon, making sure you see him or her every time when they are here, and that they work close with their team in providing your care, takes some of the uncertainty out of the equation.

The off-base clinics take that one step further, and are currently only staffed by civilians. The goal is that the patient knows everyone on the team, and the team knows the patient.

"Our patients not only have a dedicated and knowledgeable PCM (primary care manager), they also have a team of two nurses who are an important part of each encounter," Solomonson said. "As a team, they will get to know you and your Family while coming up with ways to make health care more convenient and less stressful."

"We believe continuity improves health care so if for some reason you are not able to see your assigned PCM, we make every effort to have a familiar nurse available for you," she said. "We are proud of what our nurses do and believe their input sets us apart."

All of this was in response to years of surveys asking Army patients what they wanted to see. Bannister and his team hope to give them exactly what they asked for.

"The clinics are built on response from military dependents," Bannister said. "Come out and see how the Army responded. Try us, you'll like us."

WTB Soldier helps vets through VA internship

By Rachel Park
III Corps and Fort Hood Public Affairs

FORT HOOD, Texas – Spc. Alfred Newman feels at home at the Olin E. Teague Veterans' Medical Center, part of the Department of Veterans Affairs in Temple, Texas. He is one of the many Warrior Transition Brigade Soldiers from Fort Hood taking part in Operation Warfighter internships at Department of Defense organizations around the state.

Newman, who is currently assigned to Company C, 1st Battalion, WTB, is interning in the human resources department of the VA.

"It was a fit for me. Prior to coming to the military, I worked in an office," he said. "I knew from my experience that I had to prepare myself to get back into the workforce. For me, it's all about preparation."

Newman didn't follow the "traditional" path into the Army. But he felt called to join when then-President George W. Bush announced the surge in Iraq, so Newman entered the Army in 2007.

"I came in when I was 41," he said with a laugh. "I turned 42 in basic (training). You have to want to do this, and I was a guy who wanted to do this. I wanted to do something challenging."

Newman deployed to Camp Taji, Iraq in 2008 with the 404th Aviation Support Battalion. While deployed, he sustained some serious injuries, one while rendering aid to another Soldier. Although serious, the injuries didn't impact his ability to perform his job and he finished the deployment with the unit.

He came to the WTB in May 2010 and while his medical issues were being resolved he began looking toward his future. He heard about the internship program, dusted off his resume and interviewed for the position at the VA. After a few months in the position, Newman believes he's found his future career.

"I like what I do," he said. "It's something that I will do when I transition out. First, (I'm going to) go to school, finish out my degree -- and then, human resources."

Spc. Alfred Newman, WTB, takes care of paperwork at the VA in Temple as part of his internship through the Operation Warfighter program. Newman has decided to pursue human resources following his transition from the Army due in part to his experiences in the internship. (Photo by Rachel Parks)

His supervisor, Houston Johnson, a human resources specialist at the Temple VA said Newman is an excellent fit at the office.

"It's been a pleasure having the program," he said. "For me personally, being a veteran and a disabled veteran myself, to see them (the WTB interns) come in, just to watch these guys grow is great."

Newman takes care of a variety of tasks in the office, including personnel action reports and aiding the human resources specialists with their paperwork. He's done the work so well he's even been mistaken for a new employee.

Johnson said he's not surprised Newman has done so well. He said the Soldiers' work, especially on the personnel actions has improved the productivity of the entire department.

"With our personnel shortages and some of the slowdowns in the hiring with the budget, we're short a lot of positions," he said. "Some things you have to put on the back burner but it's very important you get these (personnel action reports) in a timely manner."

Newman said the internship doesn't just give him a job; it gives him a path forward to the rest of his life, and that's helped him professionally, emotionally and physically.

"Being through the WTB you're given the opportunity to heal," Newman said. "And I think one of things of healing at the WTB is being able to challenge yourself, being able to get into programs such as this one that can heal you not only physically but mentally.

"Being here has helped me get back to the real world," he added. "I'm just trying to get back to my own self and being able to relate to each individual."

Anthony Thomas, the WTB transition coordinator said he's excited about the future of the program at the VA.

"I appreciate Mr. Johnson and what the VA has done to bring our Soldiers in here, because it's been a great opportunity," he said. It's an opportunity that Thomas hopes will only continue to grow and develop.

"The program and what VA offer here for our Soldiers is tremendous and I'm looking to expand not just at the VA in Temple, but at other VAs in the Austin and Waco areas," he said. "There's a value of having Soldiers come in and learn those unique specialties and skills."

Johnson said HR and other directorates at the VA are enthusiastic about the program and hope to bring more Wounded Warriors in as well.

"We want you at the VA," he said. "A lot of the skills that Soldiers learn make them excellent employees. They have that discipline. They have that teamwork and they understand that mission. This has made us really look at how we're doing business and really grow too. We're excited about it."

Eventually, once he transitions from the military, Newman hopes to head to the capitol area and continue on his life goals. He said the internship through Operation Warfighter has given him a clearer picture of what his future may include.

"I know what I can do and I think once I do transition out, this (the VA) is where I want to be," he said. "It is helping people, so this is what I want to do."

Education, training program paying dividends

By Stacy Neumann
Fort Carson

FORT CARSON, Colo. – What does a Soldier do when he can no longer be a Soldier?

It's a question faced by a majority of the troops in Fort Carson's Warrior Transition Battalion. Fortunately, the WTB currently has more than 250 job opportunities and internships to help Soldiers find an answer to that question.

Ninety-five percent of the time, Soldiers in the unit leave the military, said WTB Commander Lt. Col. Mechelle Tuttle. While healing takes top priority once a Soldier lands in the WTB, not far behind is what Tuttle calls the Soldier's second priority -- to transition.

"Our job is to help facilitate them in finding a new direction," Tuttle said. "Sometimes they're stuck in a rut. They always wanted to be a Soldier and they don't know how to think a different way. There's a multitude of opportunity out there. There's a lot that will make (them) a valuable part of society."

Each Soldier develops a Comprehensive Training Plan. Through the aid of his or her transition support team, it is customized and designed to help him or her either return to the force or move into the role of veteran.

The CTP includes an education and training component where Soldiers can explore options in school, internships and other jobs.

"There's a wealth of information for Soldiers looking for opportunities," said Chief Warrant Officer 2 Ryan Moore, who joined the WTB in August 2010.

Originally planning to make the Army a career, Moore found he could no longer stay in the service and cadre encouraged him to pursue his passion for photography. Moore attended classes at the Colorado Springs Fine Arts Center and University of Colorado at Colorado Springs.

"The resources and time that were given to me has prepared me for the transition. I had no idea what I was getting myself into, and it was a radical shakeup that would change things for me," Moore said. "The leadership and mentoring I've been given is unmatched."

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

Soon to leave the military, Moore has been accepted and plans to earn his Master of Fine Arts in photography at the Savannah College of Art and Design campus in Hong Kong.

About 46 percent of eligible Fort Carson Warriors in transition attend some type of school. Approximately 50 percent participate in on-the-job training. Currently, more than 20 different federal agencies have Soldier interns through the Operation Warfighter program, to include Northrop Grumman Corp., Lockheed Martin Corp., Buckley and Peterson Air Force bases, the U.S. Forestry Service, Fort Carson and the U.S. Air Force Academy.

"Education and training can help Soldiers redefine what success means to them. The biggest challenge is to get them to move out of their comfort zone and realize it will benefit them," said WTB Command Sgt. Maj. Brian O'Connors.

Tuttle said Soldiers spend an average of about a year and a half in the WTB. During that time, nurse case managers, squad leaders, occupational therapists and a newly hired transition coordinator help them identify how to prepare for their chosen career.

Often, organizations that want to hire Warriors in transition will contact the Army Career and Alumni Program or the Army Wounded Warrior Program.

"The discipline and values that come with military service is something that companies want," Tuttle said.

DEPLOYABLE from P7

have found a way to determine which Soldiers are prone to musculoskeletal injuries. Stone explained researchers are studying new ways of measuring, among other abilities, a Soldier's agility, strength, arch, height, sprint and endurance.

"You can actually predict, based on the upcoming mission, what the potential is for injury," he said. "In about a five-day period you can test an entire brigade combat team and then predict for the commander their injury rate."

"The work that we have done over the last six months has predicted, in one unit, as high as a 40-percent musculoskeletal injury rate. And in the first six-month deployment of that unit, they had a 39-percent musculoskeletal injury rate. It's very accurate," he added.

Armed with that information, Stone said that he soon expects to see changes in everything from the way Soldiers train for deployment, to the types of boots they wear. Any of these improvements can lessen the impact of musculoskeletal injuries to Soldiers' health and readiness.

MEDCOM has already begun implementing a solution to some of the medical readiness issues plaguing the Army. Schoomaker said a "top ten" campaign the command put together targets everything from good eating habits that emphasize less consumption of sugary drinks, to resiliency and comprehensive soldier fitness programs, and better medical recording keeping.

MEDCOM began tracking Soldier health and immunization through the Medical Protection System, or MEDPROS, in 2006. Now a new electronic profile allows commanders a means to easily track medical readiness through a database that provides information on the status of every profile in the unit. Schoomaker said this information would provide commanders greater visibility when assessing the medical readiness of a unit.

"Our goal, as it has always been the goal of Army medicine, is to preserve the fighting strength, it is to return the maximum number of Soldiers to be available in a deployable force," he said. "We feel this will be a successful campaign if all of us work in concert."

For Soldiers seriously wounded, ill or injured from combat, Brig. Gen. Darryl A. Williams, assistant surgeon general for Warrior Care, and commander of the Warrior Transition Command, spoke about the various levels of care and the "way ahead" his staff helps provide.

Williams said no WTU Soldier is ever forced out of the military. "It is the Soldier who must make that choice." Williams reminded the audience that "If you take nothing away about the Warrior Transition Command, its about how we keep our commitment to Soldiers and their Families," he said. "We can't break faith with the Soldiers and their Families. That's how we do it everyday."

PEBLOs guide Soldiers through medical evaluation system

For Soldiers referred to a medical evaluation board because they are unable to return to full military duty because of an illness or injury, physical evaluation board liaison officers are a key part of the Integrated Disability Evaluation System.

IDES simplifies and streamlines the delivery of disability services and benefits for wounded, injured or ill service members who are unable to continue service.

According to Teresa Recio, the Supervisory Health System Specialist (PEBLO) at Brooke Army Medical Center, a PEBLO is assigned to a wounded Soldier within three days of referral into the IDES to guide him through the MEB.

PEBLOs help Soldiers steer through the entire Army process until they separate. They counsel the Soldier and Family on rights and benefits, assemble the Soldier's case file, provide regular updates, and coordinate all board requirements.

"The PEBLO is the go to person for the patient and Family members to find out what is going on with MEB (and) who to go to for other services related to the MEB," Recio said.

She added that PEBLOs are the most up to date on the IDES and understand the rights and benefits that are unique to the process.

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

The PEBLO is certified as a PEBLO initially within 180 days of employment and is required to maintain a yearly recertification which provides them the most up to date information in the process, Recio said.

Reginald Toney, Army Medical Command disability hiring coordinator, transitioned out of the Army in December 2010, through a warrior transition unit in San Diego. He said his PEBLO was a great help during his transition.

"She gave a lot of information about the board process and what to expect while transitioning. She called me right away at anytime to (keep) me aware of where I was in the process," Toney said.

Toney said his PEBLO made sure he knew his rights and was careful to not pressure him into something he didn't agree with.

"This was vital for me because, while suffering from my disabilities, the last thing (I needed) was to be unsure about the board process. I had a really good experience while assigned with the Warrior Transition Unit in San Diego.

"Everyone was patient with me and made sure that I was taken care of. I suggest all Army Wounded Warriors take advantage of all the opportunities (available to them) while they are in this process of rehabilitation to return to duty or to transition back into the civilian sector," Toney added.

Recio said providing regular updates to Soldiers about their case is key to keeping them informed and eliminating much of the guesswork.

"It is important to keep the patient and Family members informed of what is going on in this process as the outcome will impact on their earning capability and ability to provide for themselves and their Families. Knowing what is going on helps prevent anxiety about what might happen to them and their Families and helps prepare them for their future," Recio said.

Denise Brown, a physical disability evaluation system consultant with the Office of the Surgeon General who helped develop IDES, said keeping Soldiers informed and eliminating the guesswork also highlights the transparency of the system.

Brown added that enhanced case management is another key feature of IDES. Case managers help identify additional resources to assist service members and their Families. Through IDES, trained PEBLOs, military service coordinators for the VA, medical evaluation board providers and other professionals work together to assist Soldiers going through the disability process.

"They just feel that there's a lot more support. They have a lawyer (medical evaluation board outreach counselor), ombudsman, PEBLO (and) MSC (military service coordinator) on their side," explained Mark Rivera, a supervisory PEBLO at Irwin Army Community Hospital in Fort Riley, Kan.

"It's our job that they know we're here to help them."

(Sharon Renee Taylor, Walter Reed National Military Medical Center Public Affairs, contributed to this article)

Harvey Holt, a Physical Evaluation Board Liaison Officer at the Carl R. Darnall Army Medical Center Medical Evaluation Board Clinic, reviews documentation with a Soldier who is going through the Army's Integrated Disability Evaluation System. The IDES system, comprised of the Medical Evaluation and Physical Evaluation Boards, ultimately determines if a Soldier is fit to perform their military duties. (Photo by Patricia Deal)

JTAPIC successes improve Warfighter survivability

As our Army continues to conduct full spectrum operations, it is important to capitalize on opportunities to quickly identify weaknesses and vulnerabilities through incident analysis and lessons learned to adjust our tactics, techniques, and procedures and upgrade vehicles and protective equipment to reduce injury and save lives.

Enhancing our ability to adapt more quickly will maintain our tactical advantage on the battlefield. The Joint Trauma Analysis and Prevention of Injury in Combat Program is this solution.

The JTAPIC Program is a multilateral and multi-community partnership among the intelligence, operational, materiel, and medical communities that enables them to share and analyze data to provide actionable analysis to improve Warfighter survivability. JTAPIC partners include the representatives of the U.S. Army, Navy, and Marines.

The program was established at the U.S. Army Medical Research and Material Command, Fort Detrick, Md., July 2006 to fulfill the joint database and information sharing intent.

According to John Uscilowicz, deputy program manager of the JTAPIC program, the program has already made a difference in the way DOD protects its Warfighters from combat injuries, as illustrated in the following key accomplishments:

- Provided actionable information to combat vehicle Program Managers, which has led to modifications and/or upgrades to vehicle equipment and protection systems, such as seat design, blast-mitigating armor, and fire-suppression systems.

- Analyzed combat data related to the performance of modifications to combat vehicles and determined the effectiveness of those modifications.

- Established a near-real-time process for collecting and analyzing combat incident data that confirmed the presence of threat weapons of interest.

- Analyzed combat incident data to identify vulnerabilities in operational procedures and rapidly conveyed those vulnerabilities to commanders in theater.

- Established a process for collecting and analyzing damaged personal protective equipment, such as body armor and combat helmets, to provide PPE developers with the information they need to develop enhanced protection systems.

IP 10.0 Leverage Research, Development and Acquisition

"We appreciate the outstanding support JTAPIC has provided to the Stryker Program. Their assessments of crew casualties have resulted in a number of redesign initiatives that significantly enhance the survivability of the Stryker Family of Vehicles, said the Project Management Office for the Stryker Brigade Combat Team.

"The JTAPIC analysis has also proven to be a great asset for vehicle redesign activities."

(*Courtesy USAMRMC Public Affairs*)

Military leaders cut ribbon on new SAMMC tower

By Maria Gallegos
Brooke Army Medical Center Public Affairs

San Antonio Military Medical Center leaders officially opened their newest addition, the Consolidated Tower, or COTO, during a ribbon cutting ceremony Oct. 7.

The addition of the new 760,000-square-foot tower was necessary to provide new clinical and administrative space to accommodate additional patients and employees as part of the 2005 Base Realignment and Closure program.

Maj. Gen. M. Ted Wong, commanding general of BAMC and Southern Regional Medical Command; Maj. Gen. Byron C. Hepburn, commander of the 59th Medical Wing; and Dr. Jonathan Woodson, assistant secretary of Defense for Health Affairs and director of TRICARE Management Activity; were guest speakers at the event.

"We are nearing the end of a long journey as we write a new chapter for military medicine in San Antonio," Wong said. "This tower is the Army's and Department of Defense's newest and most advanced medical treatment facility."

Dr. Woodson said that the ceremony meant more than a symbolic gesture; it also symbolized the two services working together to achieve the best military medical center within the DOD.

"While the ribbon cutting today may seem a symbolic gesture, it's really more than that. You're reminding the American people that San Antonio is an example of what can be achieved. Regardless of chains of command and the color of our uniforms, we have leaders with passion and the commitment to work together," Woodson said.

"We must thank the Air Force and Army medical personnel who will now, through their dedication to duty and teamwork, transition this physical structure into a premier military medical center," Hepburn said.

The new state-of-art tower provides an additional 102 inpatient beds and includes expansions to the emergency department and the U.S. Army Institute for Surgical Research Burn Center; new and additional locations for outpatient clinics; intensive care units, a behavioral health inpatient unit, and nursing units; as well as 15 operating rooms and administrative space.

IP 11.0 Synchronize Army Medicine to Support Army Stationing and BRAC

The tower includes a rooftop helipad to facilitate emergency treatment, the only one in the DOD, the only DOD Bone Marrow transplant unit and hematology/oncology clinic. With the tower, SAMMC becomes the largest inpatient hospital in the DOD, the only DOD Burn Center and the only DOD Level 1 Trauma Center in the United States.

SAMMC services include 425 staffed inpatient beds (116 ICU beds and 309 ward beds); 32 operating rooms for inpatients and ambulatory surgery; a Level 1 trauma/emergency room; medical, pediatric and surgical subspecialty clinics; primary care; labor/delivery/recovery ward; adult, neonatal and pediatric intensive care units; bone marrow transplant unit and hematology/oncology clinic and cardio-vascular, maternal-fetal, battlefield health and trauma centers of excellence.

"The new construction at SAMMC provides us state-of-the-art facilities and equipment which will enhance patient care," Wong said.

ARMY MEDICINE
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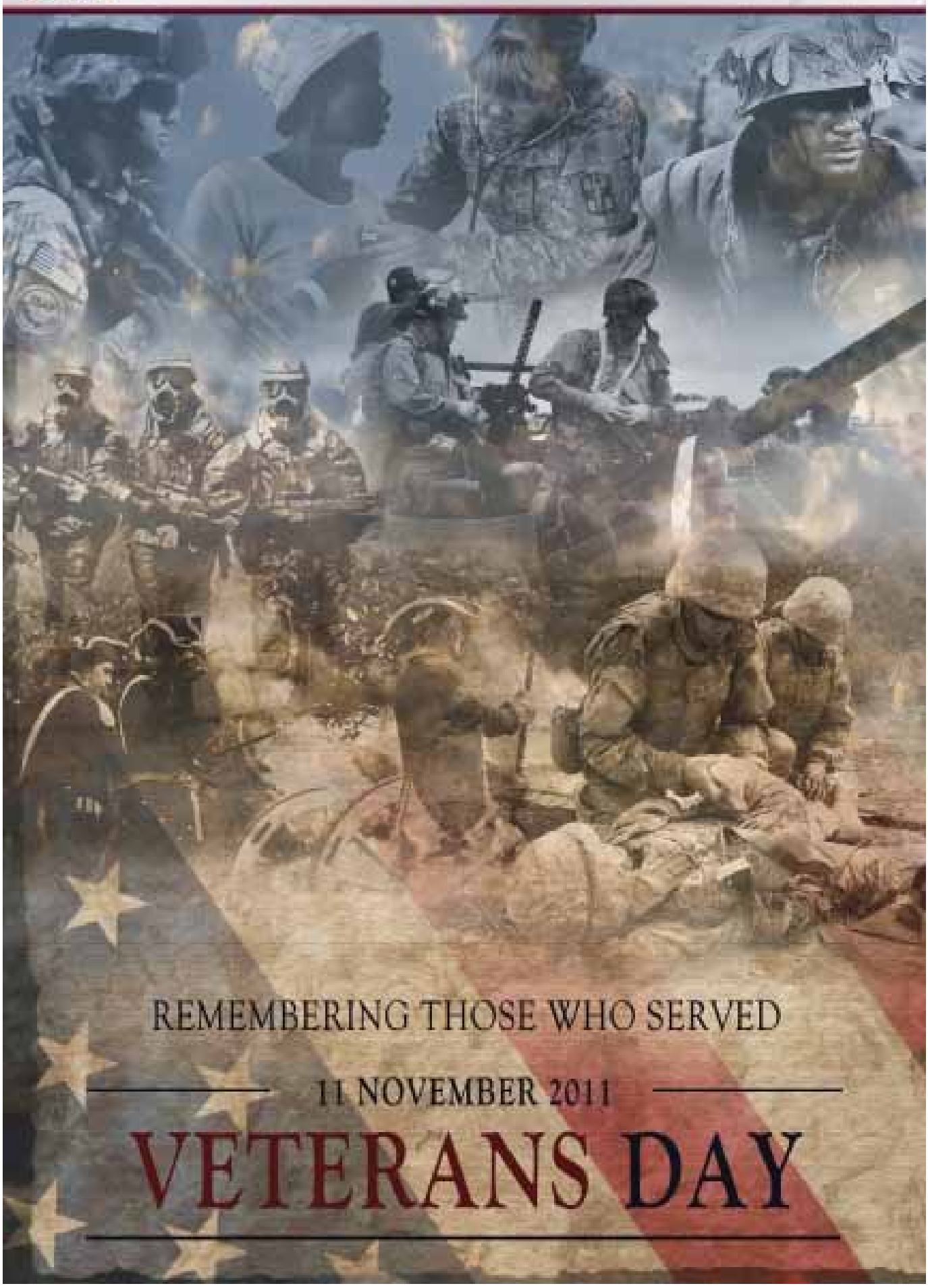

REMEMBERING THOSE WHO SERVED

11 NOVEMBER 2011

VETERANS DAY

AROUND ARMY MEDICINE

1. Charlie Company "Dustoff," 3rd Battalion, 82nd Combat Aviation Brigade commander, U.S. Army Maj. Michael Bustos, renders a final salute to Staff Sgt. Robert Cowdrey, a "Dustoff" combat medic who was killed in eastern Afghanistan on Oct. 13. Cowdrey died while rescuing wounded Coalition forces under enemy fire in mountainous terrain. (Photo by Sgt. 1st Class Eric Pahon)

2. The Honorable John McHugh, Secretary of the Army, and Maj. Gen. Richard Stone, Deputy Surgeon General for Mobilization, Readiness and Reserve Affairs tour the Army Medicine exhibit at the Association of the United States Army Annual meeting Oct. 11.

3. Medics from Charlie Company, 5th Battalion, 158th Aviation Regiment, 12th Combat Aviation Brigade, an air-medical evacuation unit, practice hoists and medical evacuation during training Oct. 6, in Grafenwoehr, Germany. (Photo by Capt. Charles Patterson)

4. Commander Laura Grogan, U.S. Public Health Service officer on Fort Carson, Colo., teaches Tammi Gallegos, a certified occupational therapy assistant, how to use a new piece of visual training equipment at the Warrior Recovery Center. (Photo by Spec. Roxanne Nance)