ARMY MEDICINE
Bringing Value...Inspiring Trust

MERCURY

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Healthy Body – Healthy Mind

October is National Depression Awareness Month

By Shannon Carabajal
Mercury Editor

October is National Depression Awareness Month. With a theme of "Healthy Body – Healthy Mind," the Army is seeking to decrease the stigma associated with behavioral health care while informing Soldiers, Family members and Army Civilians on the signs and symptoms of depression and providing opportunities to be screened and referred for treatment by a primary care or behavioral health provider, if needed.

Depression, one of the most common and treatable behavioral health disorders, is a psychiatric condition characterized by low mood, loss of interest in activities, and other symptoms that can cause significant impairment in social and occupational functioning. It has strong biological correlates and is associated with physical health problems in addition to psychiatric symptoms, according to Dr. Charles Hoge, neuro-psychiatry research consultant to U.S. Army Surgeon General Lt. Gen. Eric Schoomaker.

Many people with a depressive illness never seek treatment. But the majority, even those with the most severe depression, can get better with treatment. Medications, psychotherapies, and other methods can effectively treat people with depression.

"Depression is very treatable. Generally treatment involves psychotherapy (talk therapy) and/or medications. There are a number of medications that are effective in treating depression and are very safe to use (and people) with depression can expect to feel better within a few weeks of starting treatment," Hoge said.

There are a variety of different types of depression, which can occur at any age. The condition affects thoughts, feelings, and the ability to function in everyday life. In contrast to the normal emotional experiences of sadness, loss, or passing mood states, clinical depression may be persistent and can interfere significantly with a person's ability to function.

The following symptoms are common in depression and usually exist nearly every day for at least two weeks:

- depressed or irritable mood,
- loss of interest in activities,
- difficulty concentrating,
- lethargy or feeling fatigued,
- changes in appetite and/or weight,
- changes in sleep pattern, inability to sleep or sleeping excessively,
- feeling worthless or inappropriate guilt, and
- thoughts of death or suicide.

National
Depression Awareness
Month

"Healthy Body - Healthy Mind"

The DoD offers anonymous behavioral health assessments for Soldiers, Family Members and civilian government employees 24 hours a day, seven days a week, online at www.militarymentalhealth.org or by phone at (877) 877-3647

Talk to your Chain of Command, Chaplain or Behavioral Health Professional

behavioralhealth.army.mil armymedicine.mil

Depression has no single cause. It often results from a combination of things and is related to physical changes in the brain and connected to an imbalance of neurotransmitters which are chemicals that carry signals in the brain and nerves.

Some common factors involved in depression include a family history of the disease, trauma and stress, physical or serious medical conditions, personality traits and medications.

Other psychological disorders like anxiety, post-traumatic stress disorder, eating disorders, schizophrenia and substance abuse, can also lead to depression. A depression screening is often the first step to getting well. Unfortunately, two-thirds of people who suffer from depression fail to seek the care needed. They mistakenly believe their symptoms are just a normal part of life.

IP 5.0 Maximize Physical and Psychological Health, Promotion and Prevention

"Depression screenings are very effective, especially when they are used in primary care medical settings. Screenings usually consist of questions related to the condition, and if they are positive, this prompts the provider to ask additional questions," Hoge said.

A diagnosis of depression will not be reported to a supervisor or

See DEPRESSION P4

THE MERCURY

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INSIDE THE BUBBLES: Understanding the balanced score card

Throughout the Mercury, our readers will notice interactive bubbles connecting issues and topics to the Army Medicine Balanced Score Card. The BSC communicates the mission, strategic vision and goals of AMEDD. The bubbles are the strategic objectives - the "means" and "ways" to accomplish the "ends." For more information, visit **armymedicine.mil/about/BalancedScorecard.pdf.**

MERCURY Comment

Senate confirms Horoho as surgeon general

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

On behalf of the entire Army Medicine Team, it is my pride and pleasure to congratulate Maj. Gen. (promotable) Patricia Horoho on the Senate confirmation Sept. 23 of her nomination to serve as our 43rd Army Surgeon General and the Commanding General, U.S. Army Medical Command!

She will be the first female and first U.S. Army Nurse Corps Officer to serve as the TSG and the MEDCOM commander in Army Medicine's more than 236 years of service to the Soldier, the Army Family, and the Nation.

Horoho, who is currently deployed, serves as the U.S. Army Deputy Surgeon General and 23rd Chief of the U.S. Army Nurse Corps. She has a very distinguished career serving as a nurse at the bedside of her patients, in senior clinical leadership roles, in strategic staff positions within the MEDCOM and the Army, and in command at every level including the Walter Reed Health Care System, Madigan Army Medical Center, and the Western Regional Medical Command.

Maj. Gen. Patricia Horoho

Horoho's awards and decorations include the Distinguished Service Medal, Legion of Merit with two Oak Leaf Clusters, Meritorious Service Medal with six Oak Leaf Clusters, the Armed Forces Expeditionary Medal and various service and unit awards. Her biography can be found at **armymedicine.mil/leaders/horoho.html**.

BRAC 2005

Army Medicine transforms, sustains quality care

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

During the past six years, the AMEDD and the Army have undergone significant transformations. Base Realignment and Closure provided us with opportunities to not only transform the environment in which we provide care and the experiences that our patients have, but to fundamentally change the way we work, the way we deliver healthcare, and the way we think about our business of caring for our beneficiaries.

More than 250,000 people (Soldiers and their Families) have been impacted by BRAC and our delivery of quality healthcare is critical to ensuring that our Soldiers are sustained, prepared, and reset.

We have sustained our missions of Wounded Warrior Care, Soldier Health and Medical Readiness, the Army Family Covenant, and Medical Research and Development while executing the largest BRAC program for the Army. The Army BRAC program was $18 billion, more than three times larger than the four previous BRAC rounds combined.

The investment across the spectrum of medical construction exceeded $4.2 billion in Army, Air Force, and Defense BRAC funding. Two hospitals: Fort Belvoir, the largest community hospital in DOD opened Aug. 31, and Fort Benning, Ga., which is partially funded by BRAC will be completed in 2013 as a "BRAC enabler."

> ***"We have sustained our missions... while executing the largest (Base Realignment and Closure) program for the Army."***

Three hospitals received additions/alterations to increase services and access to care. Thirteen new clinics at eight installations provide troop, Family, and dental care for increased populations.

Six medical research facilities, laboratories, and administrative facilities at Aberdeen Proving Ground, Fort Detrick, and Forest Glen in Maryland; Fort Sam Houston, Texas, and the Joint Medical Examiners facility at Dover Air Force Base, Del., continue to expand our research and operations capabilities.

A new home for the National Museum of Health and Medicine at Forest Glen held a soft opening Sept. 15 and will celebrate a grand re-opening on the 150th anniversary on May 21, 2012, continuing to inspire interest in and promote the understanding of medicine - past, present, and future.

BRAC was also about closure. After 102 years of treating patients on Georgia Avenue, we closed the doors of Walter Reed Army Medical Center. Walter Reed is world renown for the quality of its medical care and the name and the heritage lives on in the new Walter Reed National Military Center in Bethesda, Md. Additionally, with the closure of Fort McPherson, Ga., Fort Monmouth, N.J., and Fort Monroe, Va., we closed our clinics.

The successful completion of numerous, complex actions-planning, design, construction, outfitting, transition, staff realignments, and moving of patients- did not happen in a vacuum. It is due to these efforts of many people.

From the military treatment facility staffs to the regional command staffs to our Office of the Surgeon General and Army Medical Command headquarters staff, the hours and dedication to achieve this milestone, I thank everyone involved in ensuring a successful BRAC for Army Medicine.

Army Medicine: Bringing Value... Inspiring Trust.

Got Drugs?

Army supports National Prescription Drug Take-Back Day

By Shannon Carabajal
Mercury Editor

The National Prescription Drug Take Back Day is Oct. 29. Army installations across the U.S. will work with the Drug Enforcement Agency, and state and local law enforcement agencies to provide locations for people to anonymously turn in unwanted and unused prescription drugs.

"The military shares the nation's focus and concern with the potential abuse, diversion and incorrect disposal of unused or expired prescription medications. The Army's collaborative effort with the DEA's National Prescription Drug Take-Back Day is an important opportunity for our Soldiers and their Families to safely dispose of medications that are currently stored in our homes and barracks. Soldiers and Family members should open up their medicine cabinets, look for any expired or unused prescription medications, and properly dispose of them at designated locations at their respective camp, post or station," said Col. Kevin Galloway, Chief of Staff, Pain Management Task Force.

According to the DEA, the event addresses a vital public safety and public health issue. More than seven million Americans currently abuse prescription drugs, according to the 2009 Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health.

Each day, approximately 2,500 teens use prescription drugs to get high for the first time according to the Partnership for a Drug Free America. Studies show that a majority of abused prescription drugs are obtained from family and friends, including the home medicine cabinet.

Additionally, the Centers for Disease Control and Prevention reports that prescription drugs, including opioids and antidepressants, are responsible for more overdose deaths than "street drugs" such as cocaine, heroin, and amphetamines.

"Taking medications not prescribed can be very dangerous. Someone may be allergic to a certain drug but does not recognize it by the name on the prescription; the strength may be different than what they are used to taking and they could take too much or too little. Reactions can range from no effect to serious side effects causing hospitalization or death. Children taking adult medications can be seriously harmed," said Col. Carol Labadie, Army pharmacy consultant and MEDCOM pharmacy program manager.

National Prescription Drug Take Back Day began in 2010. The DEA, in conjunction with state and local law enforcement agencies throughout the U.S., conducted take back days on Sept. 25, 2010 and April 25, 2011. Nearly 4,000 state and local law enforcement agencies throughout the nation participated in these events, collecting more than 309 tons of pills.

Labadie said accepted medications include tablets, capsules, or suppositories. Intra-venous solutions, injectables and needles will not be accepted.

For exact turn-in times, locations and details, visit **www.dea.gov** and click on the banner on top of the home page.

Got Drugs?

Turn in your unused or expired medication for safe disposal Saturday, October 29th

Visit www.dea.gov or call 800-882-9539 for a collection site near you.

DEPRESSION from P1

commander unless it is determined that the person is a threat to himself or others, or if the origin is part of a command-directed evaluation.

According to Hoge, most Soldiers who seek behavioral health support recover and remain on active duty.

"Treatment is usually effective and frequently the treatment itself is critical in ensuring that Soldiers will be able to remain on active duty," he said, adding that care is evolving to encourage and reduce the stigma associated with seeking help.

Army Medicine's evolving behavioral health system of care includes proactive screenings in primary care clinics synchronized with the Army Force Generation model, embedded behavioral health providers within primary care settings to identify and treat depressed Soldiers as early as possible, and Army senior leaderships' continual efforts to support early help seeking and encourage their unit commanders and NCO leadership to destigmatize behavior health help seeking, he said.

The Department of Defense offers anonymous behavioral health assessments for Soldiers, Family Members and Army Civilian government employees 24 hours a day, seven days a week, online at **www.MilitaryMentalHealth.org** or by phone at 1-877-877-3647.

Help for those who may experience depression is available at Military One Source, **www.militaryonesource.com**, and the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury Outreach Center, **www.dcoe.health.mil/media/DCoE_News/DCoE_Outreach_Center.aspx**.

For more information about depression, visit **http://www.behavioralhealth.army.mil**.

Army releases task force report on DCBI

Washington DC – The Dismounted Complex Blast Injury report was released Sept. 20 by the Army Surgeon General's Office, highlighting yet another step in the Army's efforts to improve healthcare for all beneficiaries.

The report, written by the Dismounted Complex Blast Injury Task Force, focuses on improving and optimizing the healthcare of Warriors with severe, multiple injuries and their families across the entire continuum of care, from point of injury to long-term rehabilitation and reintegration.

"I am very pleased with the work of the task force, which has helped us continue to focus and improve the quality of healthcare for all Army Medicine beneficiaries, particularly those with complex, multiple injuries, said Lt. Gen. Eric B. Schoomaker, the Army Surgeon General who formally chartered the task force in January 2011.

"We have been improving our system of health in recent years, but these severe, multiple injuries present new challenges to both the medical and military communities. In the end, our ultimate goal is to ensure that the world-class care we provide in Army Medicine is meeting the needs of all severely Wounded Warriors, their Families, and those of all beneficiaries."

Prompted by reports from medical and line units in the field that were suggesting an increase in these types of serious injuries, the TF was formed to study the "causes, prevention, protection, treatment, and long-term care options of warriors with multiple, complex injuries and their Families."

They accomplished this task by performing a self-assessment of the Army healthcare system to determine whether the immediate-, near-, and long-term healthcare needs of these Wounded Warriors and their families are being met. The TF Report is the result of extensive partnering between clinical and operational medical experts from Army Medicine, the Departments of Defense and Veterans Affairs, and input from subject matter experts in both the federal and civilian communities.

Focusing on the goal of improving care for severely Wounded Warriors and their Families, the TF findings move the Army's healthcare environment toward a more "whole-person" approach to healing, where the patient and families are at the center of care.

Other key findings include:

Brig. Gen. Joseph Caravalho, Army Medicine's lead for the Dismounted Complex Blast Injury Task Force, hosts a media roundtable at the Pentagon, Sept. 20. (Photo by Paul Prince)

- confirmation that complex, multiple injuries are increasing, particularly injuries to arms, legs, and genitalia;

- increased survival rates in spite of increasingly severe injuries, due to improved battlefield care, faster evacuations, and better protective equipment;

- identification of best medical practices, to include increased use of tourniquets pre- and post-injury, rapid evacuation, and aggressive pain management from the point of injury through reintegration; and

- opportunities for intervention and improvements.

The report outlines 92 recommendations that will continue to improve systematic care for Soldiers who suffer from complex injuries and their Family members. Several recommendations have already been implemented, such as improving pain management options, and improving access to behavioral health experts.

Other key recommendations include:

- more aggressively treating pain at the point of injury;

- more consistently controlling core body temperature;

- adding advanced-level medical staff to rotary wing evacuation platforms;

- placing urologists at combat support hospitals to better address genital/urinary injuries;

- providing greater spiritual involvement in the healing process of Wounded Warriors and their Families;

- enlisting unit command support to capture pre-hospital casualty data; and

- developing more flexible contracts to acquire specialized providers to meet DCBI patients' dynamic clinical requirements.

Army Medicine plans to expand collaborations with the other military services, the VA, and federal and civilian healthcare experts to continue this path toward improvement.

These partnerships will further build upon the recommendations of the DCBI TF, and help Army Medicine maintain a holistic approach to healing.

"Our goal is to stay focused on the "whole person" approach of care for all beneficiaries, to include those with these types of severe, multiple injuries and the Families that support them, said Brig. Gen. Joseph Caravalho, Chair, DCBI Task Force.

"The number of complex, severe and multiple injuries is increasing throughout our Forces, and we have an obligation to continually improve support to them -- from the point of injury to healing. These warriors and their Families are bearing the heaviest burden from our nation's war, and they expect and deserve the most innovative and world-class care possible. The work of this Task Force will help us further improve our care for all beneficiaries so we can continue to exceed patients' expectations of Army Medicine healthcare."

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

The report and Executive Summary are available for download at **www.armymedicine.army.mil/reports/reports.html.**

(*Source: Army Medicine press release*)

Martinson closes chapter on 30-year career

By Shannon Carabajal
Mercury Editor

After serving her country for more than 30 years, Col. Wendy Martinson, the first director of the U.S. Army Medical Command Directorate of Strategic Communication, moves to her next adventure as she transitions to retirement.

Three years ago, Lt. Gen. Eric B. Schoomaker, U.S. Army Surgeon General and commander, U.S. Army Medical Command, asked her to start the command's first strategic communication office. The general's goal was to combine all of the functions that reach out and tell the Army Medicine story.

Over those years, Martinson synchronized and integrated once separate offices to deliver consistent messages to key audiences. Today, the directorate includes public affairs, protocol, congressional affairs, web strategy, communication plans, operations and strategic outreach, and a speechwriter.

We have such a wonderful story to tell. There is a tremendous amount of talented professionals doing tremendous work - works of good deeds, stories of healing and discovery in research, Martinson said.

Incorporating the directorate's communication tools and talents into one clear and focused message is a key part of the communication strategy that allows the team to tell those stories while correcting misinformation and attempting to balance negative news stories.

Unfortunately, the story that so frequently gets told is the one that didn't turn out well. Even when we are talking about bad outcomes, however, it's important for us to interject the positive actions Army Medicine is taking to make sure mistakes aren't repeated, she said.

"I am really proud of the team we have assembled and how the team interacts with each other," she said, adding that the best ideas come from the collective group working together.

"When you give people an opportunity to think freely, to think outside of the box, to contribute and be heard, they are more willing to come forward with ideas. That's the beauty of what we have in our directorate – we have this synergy that occurs when everybody starts thinking (and working on) something as a team."

Col. Wendy Martinson, the first director of the U.S. Army Medical Command Directorate of Strategic Communication, reflects on her career during her retirement ceremony Sept. 23. (Photo by Robin W. Ream)

IP 9.0 Tell the Army Medicine Story

Martinson is proud of what she put together but is more excited about what is ahead for the organization. She believes the foundation of Army Medicine's strategic communication capability has been soundly built and will begin to thrive as processes are fine-tuned to support the command's initiatives.

Originally from Red Wing, Minn., Martinson's military career began in 1981. Thanks in part to a successful ad campaign, she chose the Army.

"I had been a nursing home social worker and I really liked it… but I always thought there was something more that I needed to do. I had decided it was time for a change in my life when, driving home from work one evening, I heard the "Be All You Can Be" Army jingle and I went into the recruiters office and the rest is history," she said.

Martinson came into the Army as a medical service corps officer and eventually became a personnelist. She has served in a variety of command and staff positions including five assignments at Fort Sam Houston.

Prior to her most recent assignment, she served as the Fort Sam Houston U.S. Army Garrison commander where she was instrumental in the 2005 Base Realignment and Closure and Army Transformation that involved the construction of new buildings and preparation for the arrival of more than 12,000 new personnel. BRAC also expanded Fort Sam Houston to become the premier medical training installation for the Department of Defense and Martinson played a key role in implementing the plan.

"Being a garrison commander was a spectacular job. I had a chance to be responsible for something and had the ability to influence the change that it took to make things happen," she said.

As for her retirement plans, Martinson said she has a few projects in mind but also wants to keep an open mind about what is next for her.

I want to leave (my options open) but "right now, I'm feeling like I need balance in my life. I've been putting a lot of things on hold," she said.

She is looking forward to having more time for her family, pursuing her hobbies and taking art and cooking classes. And though she is excited about the next chapter of her life, she said she is definitely going to miss serving alongside her fellow Soldiers.

"I've had the opportunity to (serve) with extraordinarily gifted people, Martinson said.

"I don't think that the country realizes how dedicated their service members are. So much is asked of them and their Families and I'll miss being a part of that club," she said.

IACH trains on TRUST in workplace

By Katherine Rosario
IACH Public Affairs

The opening exercise of the Culture of Trust training at Irwin Army Community Hospital helped civilian and military staff put into perspective how they view trust in the workplace.

The training reached all 1,400 employees between Aug. 29 and Sept. 1 and provided them the skills and guidance to move toward a more trusting work environment.

IACH was selected as the first pilot site for the Culture of Trust because of the hospital's size and command involvement.

In September 2010, the Army Surgeon General authorized the formation of the Culture of Trust to support the Medical Department Activity mission of improving patient health care and staff readiness.

"When we encounter a person at work who we don't get along with, we often try our best to avoid them. That makes our job harder," said Dave Cordell, chief management analyst and one of the 16 trainers for the Culture of Trust.

If trust levels are high in an organization, staff are happier at work and tend to work better together, he said.

"Trust impacts the organization and the people we serve, and I think trust compliments the Army values quite nicely," organization development specialist Brandy Boak said.

The four-hour course for staff and eight-hour course for supervisors established trust building blocks that will assist IACH in developing a standard, consistent and measurable level of trust.

The fundamentals of trust include being responsible for one's actions, having the power to make choices, knowing that all people have value and learning from mistakes rather than trying to hide from them.

Trust behaviors discussed during the training were accountability, congruence, transparency, integrity, voice and engagement.

Out of the six behaviors, the trainers focused on helping the staff at IACH regain their voice.

"Voice is the single biggest issue at IACH, and the command team is supportive and willing to fix it," Cordell said.

Voice was defined in the training as having enough trust to speak up for what is right and taking a stand even when it is risky.

Laura Dukes, medical technician, IACH, attended the four-hour training and said she learned it was her responsibility to hold herself accountable for her actions.

"It was very inspiring, and the training broke through a lot of barriers with the employees. It's not really about making people change their beliefs, but rather helping them change how they interact with staff and patients," she said.

CS 5.0 Inspire Trust in Army Medicine

In the future, Dukes said she'd like to see more training that teaches the staff how to hold each other accountable.

Claudette Elliott, director of the Trust Enhancement and Sustainment Task Force, U.S. Army Medical Command, said the feedback she received throughout the training was positive, but certainly held a bit of skepticism.

"I'm pleased to see that there is not a whole lot of resignation that things won't change, and we've gotten good feedback about the training so we can fine-tune it for future trainings," she said.

Her hope, she said, is that people improve accountability for their own behavior and take responsibility for their choices.

"The person is fine, the individual is perfect, it's changing the behavior that changes the attitude of the organization," Elliott said.

Unlike other initiatives that end up fizzling out after a month, the Culture of Trust training will check back with the hospitals it trains throughout the year, she said.

"With Culture of Trust, we're not asking the staff to do more, we're asking them to do and think differently," she said. "It's much easier to come to work when you trust your coworkers."

In the 23 years she has been working toward trust initiatives, Elliott said this is the first time she has seen the necessary support of the command team.

"I've seen the support needed and all of them are on board. Now is the time to develop the trust," she said.

Col. Mike Heimall, IACH commander, attended the eight-hour training and said he looks forward to discussing with the staff what they are doing to improve trust within the organization and how the command team can support their efforts.

The training reminded him how people interact with others is a personal responsibility, he said.

"Often, changes in our personal behavior, instead of transferring blame to others, are sometimes the most important thing we can do to improve personal interactions," Heimall said.

Health care is a team sport and IACH has to work together closely, he said, to ensure its processes are transparent and seamless to its patients.

"At the heart of any team activity is trust. Our patients trust us to take care of them and ensure they get the best care possible when they need it," Heimall said. "Our team members have to trust each other to ensure they do their jobs."

The training will assist the IACH team by unveiling gaps in communication and trust and how those gaps directly impact patient care and the patient's experience, he said.

"Patients will notice an improved approach to meeting their health care needs," Heimall said. "We are placing the patient at the center of the health care encounter and ensuring everyone is working to meet their needs in a coordinated, compassionate and caring fashion."

The Culture of Trust program, coupled with Patient-Centered Medical Home, will improve the staffs' ability to take care of Fort Riley and emerge as the best health care team in the Army, he said.

"I want the entire Fort Riley community to understand our commitment to providing the highest quality health care, accessible when it is needed and delivered in a manner that gives the patient and their Family the best health care experience possible," Heimall said.

For more information on the Culture of Trust program, visit **armymedicine.mil/cot**.

Cutting-edge medical training facility prepares medics for combat

Combat Medic Pfc. Elise McNabb performs aid on a life-like computerized mannequin at the Medical Simulation Training Center at Camp Atterbury Joint Maneuver Training Center, Ind.

Photo and story by Sgt. John Crosby
Camp Atterbury Public Affairs

CAMP ATTERBURY JOINT MANEUVER TRAINING CENTER – Enter table 1, a 14-by-16-foot pitch-black room illuminated by strobe light, automatic machine-gun fire mixed with explosions rumble through the surround-sound speaker system, and a thick, smoky fog imitating just that; the fog of war.

Wounded are sprawled out across the blood-stained floor, suffering amputations, gunshot wounds, lacerations. Their eyes blink, their chests rise and fall with every breath, they bleed.

Combat Medic Pfc. Elise McNabb, opens her aid bag, reaching for tourniquets, bandages, tape; anything to stop the bleeding and maintain her patient's breathing.

This is the closest to the real thing McNabb and the combat medics of the Indiana National Guard 738th Area Support Medical Company, headquartered in Monticello, Ind., will see without actually stepping into harm's way. The Medical Support Training Center located at Camp Atterbury Joint Maneuver Training Center in central Indiana, is one of only 24 of its kind across the globe.

The $1.5 million, 7,500-square-foot training center is the newest in the world, opening its doors to combat medics in March 2011. It is the second to be built for the National Guard after Camp Shelby, Miss.

"It's stressful, it gets pretty intense at times," said McNabb. "You really have to stay focused and keep calm."

McNabb said anyone can study and recite what they've learned, "But when you're actually doing the hands on treatment in a stressful environment you tend to fumble. You really need to learn to keep your cool and stay focused."

The aim of this state-of-the-art facility is to create a stressful environment at the control of the instructors.

"These guys' jobs are to go out there and save lives," said Sgt. 1st Class Kenneth Fodrie, noncommissioned officer in charge of the facility. "We can't train them to do that in a nice sterile environment. They've got to be under stress because when they need to perform on the battlefield, they're used to it."

CS 3.0 Responsive Battlefield Medical Force

Instructors have strict control over the stressful environment by manipulating the lighting, sound levels, and fog. Computer operated mannequins simulate breathing, bleeding and even dying if not treated properly. The course is under constant camera surveillance, allowing instructors to record students' performances and critique them in an open classroom setting.

"We've had a lot of students come up to us and say, 'Hey, this is the best class I've ever been to,'" said Fodrie. "We try to give them the most realistic environment possible."

McNabb and the 738th ASMC are training to stay current on their National Registry of Emergency Medical Technicians certifications. Their perishable medical skills require constant practice to maintain.

"There are only a few medical units in the Indiana National Guard so we get a lot of taskings from the infantry brigades and other companies that need medical support for ranges and combat life savers training. It's paramount that our medics maintain their training so they can go out and support and train other units as well," said Capt. Ashley Clifton, 738th ASMC commander.

In addition to combat medic sustainment, the center offers training in the combat life savers course, basic life savers course, CPR, and familiarization of the individual first aid kit issued to every deploying Soldier. Medical expert instructors are capable of training 2,500 students annually.

Vietnam vet gets Bronze Star earned 40 years ago

By Jane Gervasoni
U.S. Army Public Health Command

More than 40 years ago, 1st Lt. Robert C. Berkshire earned a Bronze Star for valor in Vietnam. On his way home in 1971, Berkshire's duffel bag was stolen—in the duffel bag was his Bronze Star. He never saw his medal again.

After his honorable discharge from the Army in 1971, Berkshire never said anything to his family or friends about the loss of his award. However, about a year ago, the subject of his military career came up while he was talking with David Kurk, a friend and fellow employee in the laboratory at the U.S. Army Public Health Command. Berkshire told his friend about the loss of his Bronze Star and showed him the certificate from the award.

Berkshire explained that in June 1970 he and his platoon flanked and destroyed an enemy position, and under heavy fire he had also directed a medical evacuation of two platoon members. Kurk was determined to see if he could help his friend be recognized for his heroic actions during the operation in Vietnam and replace his stolen medal.

Working with Berkshire's daughter, Alyson Berkshire, Kurk took action to have his friend recognized before Robert Berkshire retired from civilian service.

"No one in the family had heard about Dad's Bronze Star," explained Alyson Berkshire. "My parents have always been my heroes, and I wanted to make sure Dad could be honored as one."

1st Lt. Robert C. Berkshire takes a break while deployed to Vietnam in 1970.

Working with USAPHC Command Sgt. Maj. Gerald C. Ecker, Alyson Berkshire and Kurk provided the supporting paperwork necessary to secure a replacement Bronze Star. Lovetta Britton, command protocol officer, assisted by arranging a surprise award ceremony.

On Aug. 17, Brig. Gen. Timothy K. Adams, USAPHC commander, hosted the award ceremony to honor Berkshire's heroism. Robert Berkshire was told his daughter was receiving an award and was invited to participate in recognizing her.

Addressing Robert Berkshire, Adams said, "I understand you were in the Army and served in Vietnam, and I heard that you also lost something."

Robert Berkshire, still unaware of the surprise presentation, thought Adams was referring to his recent hip surgery and replied, "Yes, I lost a piece of my hip."

Adams then explained that Robert Berkshire would receive a Bronze Star to replace the one stolen from him more than 40 years before.

"Your service to our country should be remembered and celebrated," said Adams. "It is my privilege to give you this award for your service."

Berkshire was visibly stunned by the commander's words and the standing ovation from friends, family and coworkers who attended the award presentation.

"For you (Adams) and everyone else to work so hard in replacing the medal that was so precious to me and that I thought I would never see again, I was basically speechless," Robert Berkshire said. "Please accept my deepest gratitude for your gracious act."

Ecker summed up the event by saying, "When an act of selfless service to our nation has been fulfilled, it is never too late to render honors and gratitude for the service."

High-wire act

Cpl. James Higgins from the 8th Medical Logistics Company, 421st Multifunctional Medical Battalion, climbs across the high wire of the Baumholder Training Area German obstacle course as part of the Best Warrior Competition. He and Cpl. Desmond Rosario, also of 8th Med. Co. (Log.), won the fiscal year 2012 30th Medical Command Best Warrior Competition. (Photo by Capt. Charles Patterson)

Army implements OER policy changes

By Mark Edwards
HRC Public Affairs

FORT KNOX, Ky. — On Oct. 1, the Army Officer Evaluation Report Form (DA Form 67-9) policy changed to better align with current Army leadership doctrine and more accurately evaluate performance and potential of Army officers, and increase accountability and better inform a transparent Talent Management process.

The OER enhancement and changes apply to all OERs with a —"thru" date of Nov. 1 and later. The changes include: reinstating senior rater box check for company grade officers, senior rater successive assignments recommendations, incorporating a statement on the OER if the rated officer has completed or initiated a Multi-Source Assessment and Feedback/360 within the last three years, and a reduction in short-term evaluations. Additionally, the OER support form will be optional.

Specific modifications for each of these enhancements and changes are:

Senior rater box check

The senior rater box check is reinstated for company grade officers (warrant officer, chief warrant officer two, second lieutenant, first lieutenant , and captain) indicating rated officer's potential. Senior raters will now complete part VII(b) of the DA Form 67-9 for rated officers in grades second lieutenant through brigadier general and warrant officer through chief warrant officer four.

Senior rater successive assignments

Senior raters will be required to indicate three successive assignments, instead of three future assignments for the rated officer. The senior rater should look three to five years in the future, and list the next three succeeding positions appropriate to the rated officer's grade and career path.

Multi-Source Assessment and Feedback/360 (MSAF)

The rater will include a comment that the rated officer has completed or initiated a 360/Multi-Source Assessment Feedback within the last three years. The new OER form will eventually have a yes/no box check for 360 completion.

The MSAF provides input from peers, superiors and subordinates which will help the rated officer develop as a self-aware and adaptable leader. Officers can access the — "360 Assessment" at **https://msaf.army.mil**. Results of the feedback will still remain confidential and only be available to the rated officer and used for self development not evaluative purposes. The purpose of the rater's check on 360 assessment is to help ensure that leaders are encouraging subordinate development and that rated officers are benefitting from available leader development programs.

Short-Term evaluation reduction

The new policy reduces multiple short-term evaluations, particularly in deployed situations, by permitting officers who change raters, but continue to perform the same duties under the same senior rater, to receive a memorandum of input from their departing rater rather than a Change of Rater evaluation. The memorandum of input is intended to be used by the Rater of Record when they complete the final OER. This is at the senior rater's discretion.

The Army anticipates more changes as they continue to develop the current evaluation forms to ensure they reflect current doctrine, increase rater accountability, further stratify the senior rater profile technique for officer evaluation reports, and include an interactive leader development tool.

More information, including senior rater profile management training packets, MILPER message and frequently asked questions go to **www.hrc.army.mil/evaluations**.

HRC can be reached at 1-888-ARMYHRC (276-9472) or email **askhrc.army@us.army.mil**.

For more information, contact U.S. Army Command and General Staff College Public Affairs at 913-684-3097 / 913-306-6736 or **harrison.sarles@conus.army.mil**.

TRICARE reduces pharmacy home delivery co-pays

FALLS CHURCH, Va. – Copayments for some medications provided through TRICARE Pharmacy Home Delivery are being reduced to zero. As of Oct. 1, Home Delivery beneficiaries may fill generic prescriptions at no cost to themselves.

Generic formulary drugs purchased through Home Delivery currently cost $3 for a 90-day supply, but as of Oct. 1 the copayment drops to zero.

"These new copays make using TRICARE Pharmacy Home Delivery more affordable than ever," said Rear Adm. Christine Hunter, TRICARE Management Activity deputy director. "Home Delivery offers a great value for patients taking maintenance medications for chronic conditions."

The following changes to the TRICARE pharmacy copayments are scheduled to go into effect Oct. 1:

- Generic formulary drugs purchased at retail pharmacies will go from $3 to $5.
- Brand name formulary drugs from retail pharmacies will go from $9 to $12.
- Non-formulary medications will go from $22 to $25 in both retail and Home Delivery.

Brand name formulary drugs purchased through Home Delivery will have the same $9 copayment. Copayments for prescriptions filled through Home Delivery cover a 90-day supply, but only a 30-day supply when purchased at a retail pharmacy.

Military, their Families and retirees are increasingly using Home Delivery to get their maintenance medications conveniently delivered through U.S. mail – saving TRICARE about $30 million in 2010. Use of Home Delivery has grown in 2011 by nearly 10 percent over 2010. More than 1 million prescriptions per month are filled through the service.

For more information about TRICARE pharmacy, the new copayment rates and Home Delivery, visit **www.tricare.mil/pharmacy**.

Sign up for TRICARE e-mail updates at **www.tricare.mil/subscriptions**.

Connect with TRICARE on Facebook and Twitter at **www.facebook.com/tricare** and **www.twitter.com/tricare**.

(*Courtesy TRICARE*)

Warrior Transition Battalion opens new barracks

By Suzanne Ovel
Warrior Transition Battalion

JOINT BASE LEWIS-MCCHORD, Wash. — The Warrior Transition Battalion opened the doors to its new $53 million barracks at a ribbon-cutting ceremony, welcoming distinguished visitors, community partners and Soldiers to visit the new housing that will be home to Warriors in Transition.

With 204, two-bedroom suites, Soldiers will enjoy individual sleeping quarters in the new barracks while sharing a kitchen, and in some suites, a common living area and laundry facilities as well. Depending on the suite, bathrooms will either be private or shared between two residents.

The new facility, the first phase of a planned WTB complex, is also just a short walk to Madigan Army Medical Center.

"It's an extraordinary facility that guarantees just that type of care," said Sen. Patty Murray, who attended the ceremony as part of the official party, which also included Sen. Maria Cantwell and Rep. Norm Dicks. Also in attendance was Medal of Honor recipient Sgt. 1st Class Leroy Petry.

The new barracks boast 42 Americans with Disabilities Act-compliant rooms, nearly doubling that capacity at the current WTB barracks, housed in a renovated 1920s-era building. Other highlights include elevators, an expansive courtyard with covered picnic areas, a volleyball court and a basketball court.

Construction of the barracks took just over a year. The project was made possible by behind-the-scenes collaboration of the Army Corps of Engineers, Joint Base Lewis-McChord Garrison, Army Medical Command and the Warrior Transition Command.

"This represents a remarkable and significant improvement for wounded service members, and it was the right thing to do," said Rep. Norm Dicks, who noted that when the entire WTB complex is complete next year it will be among the Army's finest.

The complex will also include a building for WTB headquarters and staff and the Soldier and Family Assistance Center. Construction on the estimated $16 million building will begin soon and is projected to be completed next year.

The new buildings are part of a promise by the nation and the Army to provide the best care possible for those wounded, ill, and injured Soldiers who need complex, long-term medical care.

"There's no denying these types of injuries need the best care available," said Murray.

As Warriors in Transition heal and transition, they set upon individual journeys to transform their lives. "Unlike most Soldiers home from war, these Soldiers still have a fight to win," said Col. Dallas Homas, commander of Madigan Healthcare System and host of the ceremony.

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

Medal of Honor recipient Sgt. 1st Class Leroy Petry, 75th Ranger Regiment, 2nd Battalion, renders a salute during the singing of the National Anthem at the Madigian Healthcare System Ribbon Cutting Ceremony for the Warrior Transition Battalion Complex, Joint Base Lewis-McChord, Wash. (Photo by Spc. Jarrett Branch)

Third Medical Home Clinic opens near Fort Hood

By Jeri Chappelle
CRDAMC Public Affairs

FORT HOOD, Texas – "It's here, it's open, we're ready for business," beamed Col. Patrick D. Sargent, commander of Carl R. Darnall Army Medical Center Sept. 8, as addressed the crowd attending the ribbon cutting ceremony celebrating the grand opening of the Killeen Medical Home Clinic, the third and final such clinic to open in local communities surrounding Fort Hood.

"We are exceedingly grateful to all those who played a role in designing and constructing this building and transforming it from brick and mortar into a patient-centered, family-centric medical home focused on the delivery of evidenced-based medical care," Sargent told the attending crowd of military and civilian dignitaries, clinic and hospital staffs, and representatives of various agencies involved in the concept and construction of the medical homes.

In previous ribbon-cutting ceremonies held May 17, CRDAMC opened two community-based Medical Home clinics.

"This is the 13th community-based Medical Home Clinic Army Medicine has opened, I like to think of it as lucky 13," said Maj. Gen. M. Ted Wong, commander of the Southern Regional Medical Command and Brooke Army Medical Center at Fort Sam Houston, Texas. The three Fort Hood Medical Home Clinics are among 21 community-based care clinics that the Medical Command plans to open in 11 communities across the continental U.S. and Hawaii.

IP 7.0 Improve Access and Continuity of Care

Wong said it is important to standardize care across Army installations. The Medical Home concept is based on a patient-centered model of healthcare being adopted across military and civilian healthcare systems nationwide. The idea is to help military families develop the same trust and relationship with doctors and nurses that many civilians have with their local doctors no matter where they live.

He pointed out that the Medical Homes are self-contained health clinics that offer lab and pharmacy services and have behavioral health professionals and subspecialists in addition to primary care physicians and nurses.

Wong believes the concept of Medical Home clinics will change the way patients view military medicine.

"These clinics will have a tremendous impact on access and continuity of care because patients see the same providers," Wong said. "They also have second and third order effects on patient safety, health promotion and prevention, and improving long-term health care."

Sargent said that the Harker Heights and Copperas Cove Clinics have proved Wong's point: Patient feedback through ICE (Interactive Customer Evaluation System) shows patients enrolled to those clinics are happy that their patient experiences have improved.

Recently, Nelia Higuera, a patient at the Harker Heights Medical Home Clinic wrote, "This facility has been outstanding in helping me out with transition and my current medical problems. All the way from the front desk to pharmacy it has been great!"

Anastasia Bennett, a patient who now receives care at the Copperas Cove Medical Home Clinic, has been very pleased with her experience.

Recently she wrote, "I have been at Fort Hood for a little over six years, and can't remember when I actually saw my primary care manager more than once. I was recently transferred to the new Cove Clinic, where my children and I have been seen for all our appointments. The core teams are fabulous and have done more for my health care in the past month then I have had in the 19 years of being a military wife."

Clinics staff members also praised the clinic.

"We opened for patient care on Aug. 29. Since then, patients have been telling us they love the fact they can get their prescriptions filled and refilled right here," said Racquel Ware, a licensed vocational nurse at the Killeen Medical Home Clinic. She added that the convenient location was another benefit patients appreciate.

That sentiment was echoed by Staff Sgt. Marcos Demelo, HHB, 1st Cavalry Division, whose family was one of the first of 1,000 patients to enroll before the clinic opened.

"I like that my family doesn't have multiple providers. My daughter has asthma and it's great to have her see only one doctor.

"At its heart, the Community-Based Medical Home is healthcare the way it should be – easy to access, patient-centered, team based and quality focused, Wong said.

"They are a step in the right direction as Army Medicine strives to provide consistent and memorable primary healthcare to our Soldiers and their Families no matter where they go within our system."

Command Sgt. Maj. Christopher Walls, command sergeant major of Carl R. Darnall Army Medical Center, and Col. Patrick D. Sargent, commander of CRDAMC, hold up the Army Medicine Healthcare Covenant they signed during the ribbon cutting ceremony for the Killeen Medical Home Clinic, Killeen, Texas Sept. 8. (Photo by Brandy Gill)

Surgical technician recognized for selfless service

By Sgt. 1st Class Christopher Fincham
30th MEDCOM Public Affairs

HEIDELBERG, Germany – A surgical technician from Valley, Ala. has been named the 2011 USO Volunteer of the Year for his resolute dedication as a volunteer at the Kaiserslautern USO Warrior Center at Landstuhl.

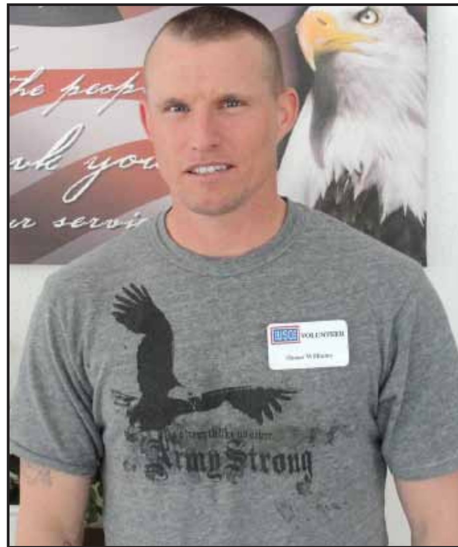
Sgt. Milfred Williams of the 212th Combat Support Hospital's 160th Forward Surgical Team will be recognized for his selfless-service at the USO Annual Volunteer Recognition Ceremony in Washington, D.C. Oct. 6.

"It is a great and humbling honor to receive this recognition from the USO considering there are so many extraordinary volunteers in this wonderful organization around the globe," Williams said.

After enlisting in the Army seven years ago, Williams began volunteering at soup kitchens and homeless shelters in San Antonio, Texas.

He credits his desire to help others after having experienced some hardships in his own life and received help from volunteers when he needed it the most.

Now he routinely spends his off-duty time volunteering at the USO Warrior Center at Landstuhl, a facility dedicated to providing area Wounded Warriors a place to unwind and relax while they are in the area receiving medical care. He strives to provide the Wounded Warriors with a lively and fun environment to ensure that they have a positive experience at the center.



Sgt. Milfred Williams, of the 212th Combat Support Hospital's 160th Forward Surgical Team will be recognized for his selfless-service at the USO Annual Volunteer Recognition Ceremony in Washington.

"When a Wounded Warrior tells me that he appreciates what the volunteers do for them, and I see the smiles on their faces, it is very rewarding and fulfilling," Williams said.

Williams is also relied on at times to manage the center's day-to-day operations and does everything from organizing dinners and providing tours to tasks such as organizing and cleaning the facility. He always demonstrates a drive and passion for his work and his efforts are invaluable, according to Melissa Parkins, the USO Warrior Center manager.

"Ever since Shane came to start volunteering last year, he walks in the door and doesn't stop working from the time he walks in until the time that he leaves," said Parkins. He runs some of our large events and organizes other volunteers.

Williams' work ethic and positive experience as a volunteer has motivated several fellow Soldiers from the 212th CSH and 160th FST to volunteer at the Warrior Center – a trend that he hopes will continue.

"My hope is that more Soldiers will get out and volunteer in their military communities," said Williams.

Nominated by the USO Warrior Center on Landstuhl, Williams was selected as the 2011 Europe Volunteer of the Quarter, 4th Quarter in June. In July, he received the USO Volunteer of the Year award for Europe.

The USO has four regions: Stateside, Europe, Pacific and Asia. The Volunteer of the Year is selected from each region and from that a worldwide volunteer of the year is selected.

A Europe Salute event is scheduled for Oct. 14 at Ramstein Air Base. For more information, contact **30thmed.pao@us.army.mil**.

30th MEDCOM to relocate to Sembach in 2012

HEIDELBERG, Germany – The 30th Medical Command Headquarters and Headquarters Company is scheduled to move to Sembach Kaserne, Kaiserslautern, Germany in fiscal year 2012.

As U.S. Army Europe continues to support Army transformation and the Department of Defense global posture plan, 30th MEDCOM is one of several units scheduled to relocate over the course of the next 12 months, according to the official message published recently.

"Last week, we received official word that the 30th MEDCOM Headquarters and Headquarters Company (HHC) will be relocating to Sembach in 2012. CSM King and I are committed to making this move a smooth one for all involved. Our goal includes keeping everyone informed of changes and updates as they occur," explained Col. John M. Cho, the 30th MEDCOM commander.

Along with being communicated through unit leaders, updated information will also be available online at the 30th MEDCOM homepage, **www.30thmed.army.mil**, and the unit Facebook page at **www.facebook.com/30thmed**.

"In keeping with our covenant to keep 30th MEDCOM Soldiers, Family Members and Civilians abreast of changes in the "best and most powerful MEDCOM in the world," we will be utilizing all avenues - all available media - to ensure the widest dissemination of information," Cho said.

"Thank you for all that you do day-in and day-out," he said. "One Team … Moving Forward!"

For more information, contact public affairs at **30thmed.pao@us.army.mil.**

(*Compiled by 30th MEDCOM Public Affairs Office*)

Breast Cancer Awareness

Early detection critical in cancer fight

In 2007 (the latest year for which statistics are available), 202,964 women were diagnosed with breast cancer, and 40,598 women died from the disease.

Many doctors feel that early detection tests for breast cancer save many thousands of lives each year, and that many more lives could be saved if even more women and their health care providers took advantage of these tests.

According to the Centers for Disease Control and Prevention, three main tests are used to screen the breasts for cancer:

Mammogram

A mammogram is an X-ray of the breast. Mammograms are the best method to detect breast cancer early when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer.

If you are age 50 to 74 years, be sure to have a screening mammogram every two years. If you are age 40–49 years, talk to your doctor about when and how often you should have a screening mammogram.

Clinical breast exam

A clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes.

Breast self-exam

A breast self-exam is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm (armpit).

Clinical breast exams and breast self-exams have not been found to decrease risk of dying from breast cancer. At this time, the best way to find breast cancer is with a mammogram. The following are answers to common questions about breast cancer and mammograms.

What are the symptoms of breast cancer?

When breast cancer starts out, it is too small to feel and does not cause signs and symptoms. As it grows, however, breast cancer can cause changes in how the breast looks or feels. Symptoms may include:

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in any area of the breast.

What should I expect during a mammogram?

The mammography machine is a special X-ray machine. One of your breasts will be placed on a plate. Another plate will press down on your breast from above. The plates will hold your breast still while the X-ray is being taken. These steps are repeated to get a view of the other breast. The plates are then turned to get side views of each breast.

Although getting a mammogram only takes a few minutes, you will feel some pressure while the plates are pressing on your breast. Most women find it uncomfortable, and a few find it painful. What you feel depends on the size of your breasts, how much your breasts need to be pressed to get a good view, the skill of the technologist, and where you are in your monthly menstrual cycle, if you are still having periods.

After getting your mammogram, the technologist will check to make sure your X-rays are of good quality. They cannot read the X-ray or tell you the results. A radiologist will read your mammogram. You may receive results immediately, or they will be sent to you and your doctor within a few weeks.

What happens if my mammogram is abnormal?

If your mammogram is abnormal or more tests are required, do not panic. Many women need additional tests, and most are not diagnosed with cancer.

An abnormal mammogram does not always mean you have cancer. It does mean that you will need to have some additional X-rays or other tests before your doctor can be sure.

Other tests may include an ultrasound (picture taken of the breast using sound waves) or a biopsy (removing tissue samples to be looked at closely under a microscope). You may be referred to a breast specialist or a surgeon, because these doctors are experts in diagnosing breast problems.

Where can I go to get screened?

Most likely, you can get screened for breast cancer at a clinic, hospital, or doctor's office. If you want to be screened for breast cancer, call your doctor's office. They can help you schedule an appointment. Most health insurance companies pay for the cost of breast cancer screening tests.

How can I lower my risk of breast cancer?

- Control your weight and exercise.
- Know your family history of breast cancer. If you have a mother, sister, or daughter with breast cancer, ask your doctor what is your risk of getting breast cancer and how you can lower your risk.
- Learn the risks and benefits of hormone replacement therapy.
- Limit the amount of alcohol you drink.

Can men get breast cancer?

Men can also get breast cancer, but it is not very common. For every 100 cases of breast cancer, less than 1 is in men.

Where can I find more information about breast cancer?

Centers for Disease Control and Prevention: 1-800-CDC-INFO or **www.cdc.gov/cancer/breast.**

National Cancer Institute: 1-800-4-CANCER or **www.cancer.gov/cancertopics/types/breast.**

American Cancer Society: 1-800-ACS-2345 or **www.cancer.org/Cancer/BreastCancer.**

(*Source: Centers for Disease Control and Prevention*)

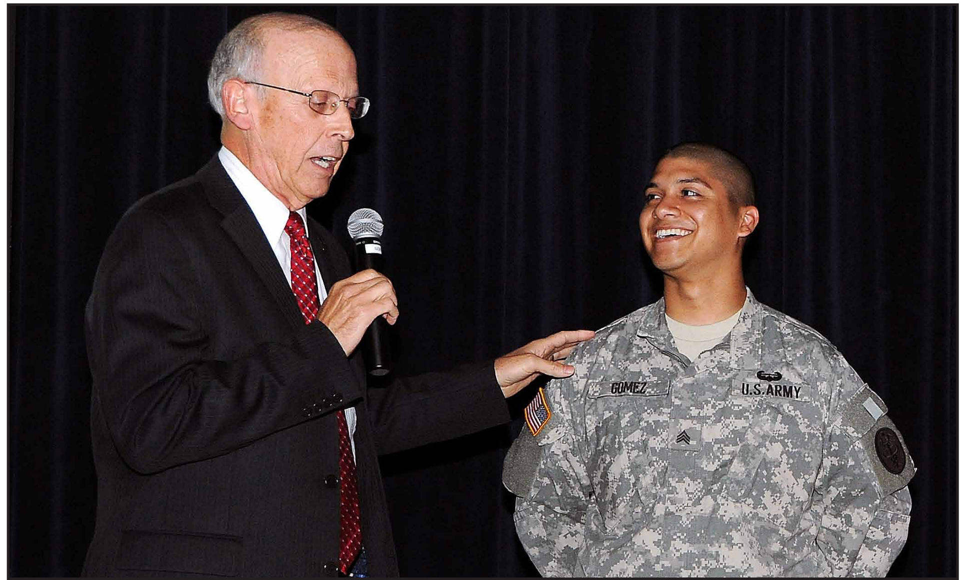
Top AMEDD civilian updates medical personnel

By Michelle Kennedy
The Mountaineer Staff Writer

Soldiers and civilians from the U.S. Army Medical Department Activity – Fort Drum gathered recently in the Multipurpose Auditorium on post to receive updates about current and future plans from the organization's top civilian.

Gregg Stevens, who has dedicated roughly 44 years of service to Army medicine, works as the Army Medical Department Center and School deputy to the commanding general and as civilian corps chief at Fort Sam Houston, Texas.

Stevens said Soldiers and civilians work on the same team, and they should know and respect what each brings to the table, especially because civilian employees make up 63 percent of the Army Medical Command.



Gregg Stevens, Army Medical Department Center and School deputy to the commanding general, recognizes Fort Drum MEDDAC Soldier of the Year Sgt. Anthony Gomez during a briefing in the Multipurpose Auditorium. (Photo by Steve Frith)

He then showed the audience the Civilian Corps Creed and explained that it is similar to the Soldiers' Creed – Soldiers and civilians work toward the same mission.

"Friendly fire isn't (friendly). Anybody who's ever been to war will tell you (that)," Stevens said. "As part of the same team, if we're 'firing' at each other, we're wasting energy and opportunity. The chemistry of the team is real important … and is built around the attitude people have about each other."

While the Army medical system is in place to care for Soldiers and Families, the main reason is to ensure Soldiers keep their skills current to prepare them for deployments, Stevens explained.

"We're putting hands on patients every day in one form or another so we can win the nation's wars," he said. "That's what everybody on this team is involved in on a day-to-day basis."

Stevens said he's proud of his 30 years of Army service as a medical officer, but he's exceptionally proud to say he's an Army civilian.

Currently, the Army is working toward a civilian workforce transformation. Stevens is AMEDD civilians' advocate at the Department of the Army.

About a year ago, only 40 percent of Army civilians belonged to a career program. Career programs have representatives who support and defend civilian positions at the Department of the Army, staff to manage career programs and money allocated to support educational opportunities. Stevens represents AMEDD civilians at the Department of the Army Civilian Board of Governors and at the Career Program Policy Committee.

However, Secretary of the Army John McHugh announced last week that over the next three years, a task force will restructure the institutional Army. Currently, the Army has more than 17,000 civilians over its authorized level, Stevens said.

"Many commands are already going through these cuts for the coming year," he said. "In my opinion, this will happen over the next three to five years. So far, the Defense Health Program has not been hit with any cuts. That doesn't mean we're not vulnerable, but I think DOD has made certain commitments to our Soldiers, sailors, airmen and Marines that we will have to fulfill."

When the restructuring comes, Stevens said he believes it will be through attrition rather than a reduction in force, or RIF. Stevens added that the average age in the civilian workforce is 49, and 58 percent of employees are retirement eligible.

R 3.0 Maximize Human Capital

Civilians are hired to provide continuity and functional expertise to the organization. With the upcoming reduction in the military force, Stevens said he sees civilians playing a larger role in leadership positions.

"(The Army has) not done a good job of training our civilians to be leaders in a government environment," he explained. "Leadership is going to be one of our (areas of focus), and we will start having some leadership opportunities for civilians."

Stevens encouraged civilians to help generate a requirement for additional training and education by completing individual development plans, because those drive the funding for advancement opportunities. In the future, the AMEDD Center and School also will begin offering civilian training through video teleconferences.

"There are some folks who are very happy to be what they are today for the rest of their working career," Stevens said. "That's wonderful because we need those folks, but there are also folks out there who want to grow up to be something else."

In the military, Soldiers are afforded the opportunity for training and advancement, but many civilians aren't automatically considered for promotion, currently don't have career paths and are sometimes forced to relocate to continue their advancement. Stevens said he hopes to close the gaps between the military and civilian careers by offering similar training and lifelong learning opportunities.

For information about AMEDD civilian education and training opportunities, visit the website at **https://ameddciviliancorps.amedd.army.mil/**.

AROUND ARMY MEDICINE

1. Sgt. Brenden Hart, medic from Vicenza Health Clinic at Caserma Ederle, Italy, ensures U.S. Army Africa Commander Maj. Gen. David R. Hogg is well-prepared for the upcoming flu season. (Photo by Sgt. 1st Class Kyle Davis)

2. Brig. Gen. Nadja Y. West (left), commander, Europe Regional Medical Command, discusses medical care across Europe with Maj. Gen. Patricia D. Horoho, Army Deputy Surgeon General and Chief of the U.S. Army Nurse Corps, and Maj. Gen. Per Sverre Opedaland, Norwegian Army Chief of Staff, in Heidelberg, Germany. (Photo by Capt. Charles Patterson)

3. Lt. Col. Nicole Chevalier (right), chief of the Veterinary Specialist Branch, Department of Veterinary Science, instructs animal care specialist student Pfc. Derek Lehane in administering an anesthetic induction drug in preparation for intubating a military working dog at the U.S. Army Medical Department Center and School, Fort Sam Houston, Texas. (Photo by Lori Newman)

4. Sgt. Brian P. Baker, B Troop, 175th Cavalry Regiment, 2nd Brigade Combat Team puts on a pair of provides first aid to a simulated casualty during the 101st Airborne Division Best Medic Competition on Fort Campbell, Ky. (Photo by Spc. Alan Graziano)