ARMY MEDICINE
Bringing Value...Inspiring Trust

MERCURY

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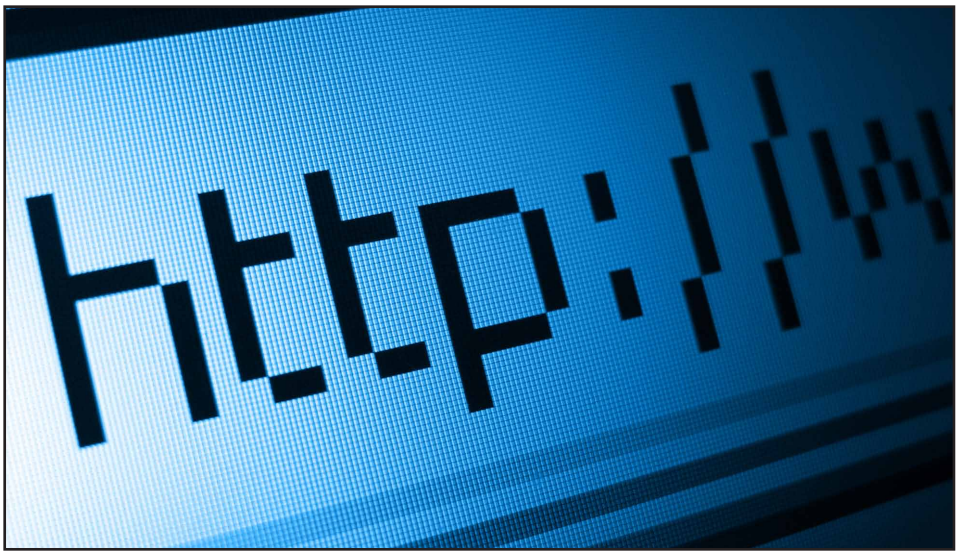
Army medicine news goes electronic

By Shannon Carabajal
Mercury Editor



This issue of the U.S. Army Medical Command Mercury marks a new era for the publication. Beginning this month, the newspaper will only be provided via an electronic format to reduce costs and improve the immediacy of the content.

"As Department of Defense officials strive to instill a culture of savings and cost accountability, we have reevaluated how we do business and decided to no longer distribute a print copy of the Mercury. The electronic Mercury will offer the same information our community has come to rely on and we will continue to look for ways to use technology to tell the Army Medicine Story," said Col. Wendy L. Martinson, Army Medicine Strategic Communication director.

Additionally, the stories in the Mercury will help to reinforce and put to practice issues and topics that are important to our readers and link them to the balanced score card, she added.

The BSC is an innovative strategy management tool Army Medicine uses to guide and track performance to improve operational and fiscal effectiveness.

The Mercury is produced monthly by the public affairs staff within the MEDCOM Strategic Communication Directorate. The newspaper has delivered command news and information throughout Army Medicine for more than 38 years.

As the Mercury transitions from hard-copy to electronic format, the public affairs staff remains committed to providing the most up-to-date information to Soldiers and their Families, Army Medicine Civilians, and retirees.

"Even though we are saying goodbye to the printed Mercury, our mission continues of featuring medical initiatives and technological advances while showcasing the amazing things our health care family is doing across the Army," said Jaime Cavazos, senior public affairs supervisor.

R 1.0 Optimize Resources and Value

Cavazos said the editorial staff is always looking for story ideas and submissions and encourages readers to send them to **shannon.carabajal@us.army.mil.**

The move to electronic falls in line with current media trends. Since the emergence of the internet, smart phones and tablets, many publications have gone to an electronic only format.

Additionally, average daily circulation of U.S. newspapers has been in decline since 1987. According to a 2010 Pew Research Center for the People and Press study, more people get their news through one or more internet or mobile digital source (44 percent) than from printed newspapers (26 percent).

The number of those getting their news digitally continues to rise while print newspaper readership continues to decline – dropping from 30 percent in 2008 and 38 percent in 2006. Additionally, those who get their news online spend nearly 23 percent more time reading than those reading newspapers.

The electronic Mercury will be produced and distributed through the Army Medicine website at **armymedicine.mil/news/mercury/mercury.cfm**, and an email distribution list.

The newspaper will be available as an interactive PDF featuring web links to related web sites. The document can be opened, viewed and printed using free PDF reader software such as Adobe Reader, Foxit Reader and PDF-XChange Viewer.

Along with reading the Mercury, people can follow Army Medicine news through the command's website, **armymedicine.mil,** on Facebook at **www.facebook.com/OfficialArmyMedicine**, or on Twitter by following **@ArmyMedicine**.

Army Medicine also has a channel on You Tube, **www.youtube.com/user/Armymedicine**, featuring video and newscasts from the U.S. Army around the world, and a photo stream on Flickr at **www.flickr.com/photos/Armymedicine**.

THE MERCURY

U.S. Army Medical Command

LTG Eric B. Schoomaker
Commander

COL Wendy Martinson
Director of Strategic Communication

Mike Elliott
Acting Chief of Public Affairs

Jaime Cavazos
Senior Public Affairs Supervisor

Shannon Carabajal
Editor

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

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The Surgeon General's Blog
https://blog.amedd.army.mil/tsg

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

Ten years later

Remembering the sacrifices

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

The 10th anniversary of 9/11 is a time to honor the victims of those attacks, to keep faith with their families, and to express our nation's appreciation to our troops and their Families—the 9/11 Generation—who have now been at war for ten challenging years.

How we remember that day is a mark of our resilient American spirit. We honor and remember those lost, but we also recognize that on that day, a date that once held no special meaning to us, our country and a generation of Americans were changed in an instant.

Ten years later, Army Medicine continues to play a critical role in that war--a war to defend our freedoms and way of life against shadowy forces of evil, intolerance and unimaginable cruelty.

"Ten years later, Army Medicine continues to play a critical role in that war--a war to defend our freedoms and way of life against shadowy forces of evil, intolerance and unimaginable cruelty."

Shoulder-to-shoulder with our Sister Service and coalition medics, our Soldier-medics have saved countless lives on the battlefield; have advanced healing, rehabilitation and reintegration for complex traumatic injuries; have led in and contributed immeasurably to the prevention, mitigation, detection and treatment of psychological and other brain injuries and have transformed the way we approach Warrior care and transition writ large, to include the care and support of Families.

We must never forget legacy of that September day – a world drawn together in the common cause of freedom and our renewed devotion to it.

Please remember all of our fellow Americans and our faithful allies who have lost their lives for our safety, security, comfort, well-being and the achievement of our dreams.

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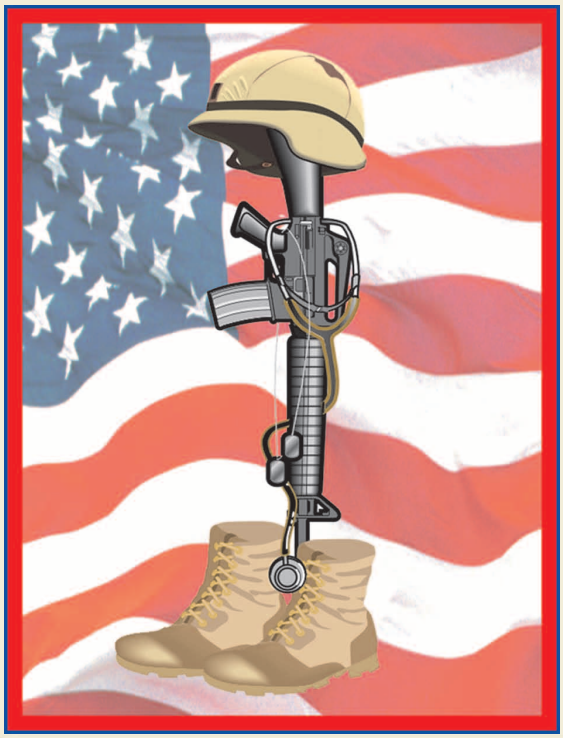
The last, full measure of devotion



PFC Rudy A. Acosta, 68W, March 19, 2011, HHT, 4th Squadron, 2nd Stryker Cavalry Regiment

SPC Jameson L. Lindskog, 68W, March 29, 2011, HHC, 2nd Battalion, 327th Infantry, 1st Brigade Combat Team, 101st Airborne Division

CPT Joshua M. McClimans, 66H, April 22, 2011, 848th Forward Surgical Team, 352nd Combat Support Hospital

SGT Louie A. Ramos Velazquez, 68W, May 26, 2011, 4th BN, 101st Aviation Regiment, 159th Combat Aviation Brigade

SPC Robert P. Hartwick, 68W, June 6, 2011, HHB, 1st Battalion, 7th Field Artillery, 2nd Brigade Combat Team

SPC Emilio J. Campo, 68W, June 6, 2011, HHB, 1st Battalion, 7th Field Artillery, 2nd Brigade Combat Team

PFC Brian J. Backus, 68W, June 18, 2011, HHC, 2nd Battalion, 87th Infantry, 3rd Brigade Combat Team

SPC Levi E. Nuncio, 68W, June 22, 2011, HHC, 2nd Battalion, 35th Infantry, 3rd Brigade Combat Team

SPC Nicholas P. Bernier, 68W, June 22, 2011, HHC, 2nd Battalion, 30th Infantry, 4th Brigade Combat Team

SPC Mark J. Downer, 68W, Aug. 5, 2011, 1st Battalion, 32nd Infantry Regiment, 3rd Brigade Combat Team

NEVER FORGET

SEPT. 11, 2001

Secretary of the Army John McHugh administers the oath to Gen. Raymond T. Odierno during a change of responsibility cermony at Joint Base Myer-Henderson Hall, Va., as Odierno's wife Linda looks on. Upon completion of the oath, Odierno became the Army's 38th chief of staff.

Odierno assumes responsibility for Army

ARLINGTON, Va. -- Gen. Raymond T. Odierno was sworn in Sept. 7 as the Army's 38th chief of staff during a ceremony on Joint Base Myer-Henderson Hall, Va., near the Pentagon.

"I am humbled and honored to serve as the 38th chief of staff of the Army," Odierno told the crown assembled in Conmy Hall.

"This weekend is the 10th anniversary of 9/11. Over the last 10 years, our Army has proven itself. Inarguably, (in) the most difficult environment this nation has ever faced. Our leaders of every level have displayed unparalleled ingenuity, flexibility, and adaptability. Our Soldiers have displayed mental and physical toughness, but most importantly, courage under fire.

"They have transformed the Army into the most versatile, agile, rapidly deployable, sustainable, strategic land force the world has ever known. I am proud to be part of that army. And I am proud to have the opportunity to continue to serve with these great men and women -- the next greatest generation."

Odierno now takes on responsibility for training, equipping, maintaining and sustaining an Army of more than half a million Soldiers.

"I am proud to have the opporunity to continue to serve with these great men and women -- the next generation."

-Gen. Raymond T. Odierno
Army Chief of Staff

A native of New Jersey, Odierno graduated from the U.S. Military Academy at West Point in 1976 with a commission in field artillery. During more than 34 years of service, he commanded units at every echelon, from platoon to corps, with duty in Germany, Albania, Kuwait, Iraq, and the United States.

Odierno served as commander, Multi-National Force-Iraq from September 2008 to December 2009. He then continued to serve as commander, United States Forces-Iraq, from January 2010 to September 2010.

Most recently, he served as commander of U.S. Joint Forces Command, where he oversaw that organization's role in joint concept development and experimentation, joint capability development, joint training, and force provision and management. U.S. Joint Forces Command was disestablished as of Aug. 31, 2011.

Odierno assumed responsibility for the Army from Gen. Martin E. Dempsey, who after serving five months as the Army's chief of staff, will move on to assume new duties as the chairman of the Joint Chiefs of Staff following the Sept. 30 retirement of Adm. Mike Mullen.

While Dempsey's tenure as the chief of staff was short, he said he's proud to have served.

"My brief tenure as CSA has produced a lifetime of memories," Dempsey said. "I now have a vocabulary of abstract words brought to life. Courage, determination, and commitment brought to life in places like ... well, actually, brought to life wherever you find Soldiers and their families."

Defense Secretary Leon E. Panetta responds to a question from a member of the military press. (Photo by Air Force Tech. Sgt. Jacob N. Bailey)

Any retirement changes won't affect serving military

By Jim Garamone
American Forces Press Service

WASHINGTON -- In his clearest statement on the subject to date, Defense Secretary Leon E. Panetta said today that if the military retirement system changes, it will not affect serving servicemembers.

"I will not break faith," the secretary said during a roundtable meeting with military media representatives in the Pentagon.

"People who have come into the service, who have put their lives on the line, who have been deployed to the war zones, who fought for this country, who have been promised certain benefits for that -- I'm not going to break faith with what's been promised to them," Panetta said.

People in the service today will come under the current retirement system, which gives retirees 50 percent of their base pay after 20 years of service.

"Does that stop you from making changes?" Panetta asked. "No, because obviously you can 'grandfather' people in terms of their benefits and then look at what changes you want to put in place for people who become members of the all-volunteer force in the future."

One aspect of the retirement issue is one of fairness, the secretary said. Most servicemembers do not spend 20 years in the military and therefore do not get any retirement benefits when they leave the service.

"They are not vested in any way," Panetta said. "The question that is at least legitimate to ask is, 'Is there a way for those future volunteers to shape this that might give them better protection to be able to have some retirement and take it with them?'"

Health care is another area that has to be dealt with, the secretary said. In fiscal 2001, the DOD health care bill was $19 billion. It is more than $50 billion now, he said, and it soars to the neighborhood of $60 billion in future years. Among proposals Congress is contemplating is an increase in some TRICARE military health plan premium payments.

"I think those recommendations make sense," Panetta said. "Especially with tight budgets, it does make sense that people contribute a bit more with regards to getting that coverage."

The Defense Department -- which is responsible for a large part of the nation's discretionary budget -- will do its part to reduce the budget deficit, the secretary said. But while Defense has a role to play, he added, Congress has to deal with the more than two-thirds of the federal budget that represents the mandatory spending.

"If you are serious about getting the deficit down," Panetta said, "you have to deal with the mandatory side of the budget and taxes."

DOD has a responsibility to look at all aspects of the budget, the secretary said, and officials at the Pentagon are doing that.

"This is not because it is necessarily going to hurt areas," he added, "because frankly, a lot of this can be done through efficiencies, a lot of it can be done looking at the administrative side of the programs: what can we do to make these programs more efficient?"

The secretary said he believes the budget crunch can represent an opportunity to make DOD a more efficient, effective and agile force that still can deal with the threats of the future.

The department also needs to ask how to provide benefits for troops and their families that will be effective at ensuring the nation always has a strong volunteer force, Panetta said.

"That's a debate and discussion that it's important for the Defense Department to have, the White House to have, the Congress to have and the country to have," he said. "[We] need to have that debate about 'How are we going to do this in a way that maintains the best military in the world?'"

The Defense Department will face some tough choices, Panetta acknowledged.

"I think the bottom line is this can be an opportunity to shape something very effective for the future that can still represent the best defense system in the world," he said.

Army Nurse Corps loses great leader

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

Retired Brig. Gen. Hazel W. Johnson-Brown, the first African American woman to become an Army general, died Aug. 5 at her home in Wilmington, Del.

Johnson-Brown was a force of change and an ideal example of how change impacted organizations, society and the Army. Though initially denied entrance into nursing school because of her race, the general went on to serve as the 16th Chief of the Army Nurse Corps from Sept. 1, 1979, to Aug. 31, 1983.

Called a trailblazer, her extensive nursing experience, many awards, and leadership accomplishments and abilities helped set the pace for ANC growth and progress. In her dissertation proposal to the Catholic University of America in 1975, she predicted the change she would evoke.

"Nursing service administration, as well as the administration functions and practices of business, education, industry, and government are undergoing significant change," she wrote.

Johnson-Brown often referred to her early childhood on the family farm in West Chester, Pa., where she learned the value of hard work and fulfilling her potential. A strong sense of faith played an important role in her upbringing.

She began her nursing career at the Harlem Hospital School of Nursing in 1947, graduated in 1950, and worked in emergency and cardiovascular medicine until she joined the Army Nurse Corps in 1955 and began her Army nursing career at Walter Reed Army Medical Center in Washington, D.C.

The general served as assistant dean of the University of Maryland School of Nursing from 1976 to 1978, and as the director of the former Walter Reed Army Institute of Nursing program, both while on active duty.

Her accomplishments and leadership are highlighted in multiple publications and she received many awards during her career, including the Evangeline B. Board Army Nurse of the Year and the Dr. Anita Newcomb McGee Award received from the Daughters of the American Revolution in 1971.

Her philosophy and beliefs carried on in the Army Nurse Corps with the emphasis on change, flexibility, and education and her influence will always be felt.

In her farewell address as Chief of the Army Nurse Corps, the general included the prayer of the Army Nurse, written by retired Col. Mildred I. Clark. It became a legacy to her life and read:

Hear my prayer in silence before Thee as I ask for courage each day.

Grant that I may be worthy of the sacred pledge of my profession

And the lives of those entrusted to my care.

Help me to offer hope and cheer in the hearts of men and my country,

For their faith inspires me to give the world and nursing my best.

Instill in me the understanding and compassion of those who led the way,

For I am thankful to You for giving me this life to live.

During her speech as the incoming Chief of the Army Nurse Corps, General Johnson-Brown spoke of the evolving role of women as military leaders and change-makers and vowed to "redirect my life's work and allegiance to the United States of America and its millions of people."

She fulfilled that promise and, after retirement, continued to lead with excellence and dedication to her profession and the corps. Her deep commitment continues to shape our future and mold future leaders.

Awareness, prevention best defense against rabies

World Rabies Day is Sept. 28. Rabies is a deadly disease that is almost always fatal if not prevented. In fact, every year in the U.S., measures are taken to prevent approximately 40,000 potential exposures to rabies.

The animals that most commonly have rabies and can infect people and domestic pets are wild animals, such as raccoons, skunks, foxes, and bats. More than 90 percent of all animal rabies cases reported to CDC each year occur in wild animals.

World Rabies Day is an excellent time to take the necessary steps to help prevent and control rabies, including:

- Vaccinate your dog, cat, or other pet.
- Spay or neuter your pets to help reduce the number of unwanted animals that may not be properly cared for or vaccinated regularly.
- Keep cats and ferrets indoors and keep dogs under direct supervision when they are outdoors.
- Do not keep food or water outdoors, since this may encourage the presence of stray or wild animals.
- Avoid wildlife and unfamiliar animals. Do not feed or handle them.
- Report animals acting strangely to animal control.

Additionally, deployed service members, Department of Defense civilians and contractors should follow General Order 1: do not keep mascots or pets when deployed.

If you are bitten or if an animal's saliva contacts your broken skin, eyes or mouth, immediately wash the area with soap and water and seek immediate medical attention—rabies is preventable if exposed individuals receive prompt medical care after being exposed.

For more information on rabies, call 800-CDC-INFO or visit **phc.amedd.army.mil/topics/discond/aid/Pages/Rabies** or **www.cdc.gov/rabies**.

(*Courtesy Centers for Disease Control and Prevention*)

ARMY MEDICINE
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Shoulder to Shoulder

FINDING STRENGTH AND HOPE TOGETHER

U.S.ARMY

Prevent Army Suicides

Ask ★ Care ★ Escort

Talk to your Chain of Command, Chaplain or Behavioral Health Professional
or call the National Suicide Prevention Lifeline. 1-800-273-TALK (8255)

www.suicidepreventionlifeline.org www.militaryonesource.com
www.preventsuicide.army.mil

To download poster, visit https://www.us.army.mil/suite/doc/31640829

Suicide awareness video aimed at first-line supervisors

By C. Todd Lopez
Army News Service

WASHINGTON -- A new suicide prevention awareness video just released by the Army is aimed primarily at both junior leadership and first-line supervisors, to let them know their responsibility to be the first to identify and assist those in need.

"It is with the junior leader where the big difference is made," said Walter Morales, chief of the Army Suicide Prevention Program. "We want to have the junior leader take the reins of their subordinate personnel -- to include family members -- and provide them with the right know-how in order to not only stay personally resilient, but also impart those behaviors onto those who may be thinking about suicide or going through a stressful situation."

The new video is called "Shoulder to Shoulder: Finding Strength and Hope Together." The video contains actual vignettes from Soldiers, Department of the Army Civilians, and family members, about their own suicide attempts, or the suicide of a loved one. It is the third such "Shoulder to Shoulder" video the Army has produced regarding suicide awareness since 2009's "No Soldier Stands Alone."

Morales said chaplains and professional mental (behavioral) health providers are important assets for the Army, but as important, is the first-line supervisors who can make the most impact in preventing suicides in the Army Family ranks.

"The video encourages first-line supervisors and junior leaders to intervene early in order to stop problems from escalating," Morales said. "This requires a lot of courage and at times, personal sacrifice as the intervention process may require a lot of time, but it simply has to be done."

The first-line supervisor has a role, and that role is to connect, assist, and make sure these personnel have the resources needed to avoid a needless loss."

The nearly 20-minute video features real Soldiers, DA Civilians, family members, and survivors -- not actors -- who talk about their experiences with the loss of a loved one, pain, and suicide.

"If it wasn't for that supervisor -- who didn't have any suicide prevention training, he was simply watching his Soldier, I wouldn't be sitting in front of you today," one Soldier said on camera. "I would be dead."

In another segment, the wife of a Soldier who had killed himself talked about her loss -- and lamented that her young daughter would never know her father.

Also in the video, an Army officer, a commander, reemphasized the role of leadership in helping Soldiers overcome suicide.

Morales also emphasized that "We can't let the Soldiers and families struggle with this independently, we can't let our hired professionals alone help them. Leaders have got to be brought in to the fact that it's okay to say 'I'm not okay.' And to allow the members of our Army family to go get help."

Morales also said that one very important aspect of the video is to help decrease the stigma associated with seeking behavioral health assistance.

"We, as leaders, must continue to get the message out that we understand the challenges, that we care, and that we stand ready to help heal those invisible wounds with dignity and respect," he said.

Suicides have risen in recent years among our Soldier population. Although a slight dip was noticed on active duty suicide rate in 2010. Regardless of the number of suicides, one suicide is one too many, and the Army will continue to provide all necessary resources to promote health, reduce risk, and prevent suicidal behaviors.

The video "Shoulder to Shoulder: Finding Strength and Hope Together" can be found at **www.preventsuicide.army.mil**.

Fort Bliss Integrated Disability Evaluation System launched

By Julia Yubeta
WBAMC Public Affairs

In a joint ceremony on East Fort Bliss, William Beaumont Army Medical Center and Veterans Affairs leadership officially cut the ribbon to open the new Integrated Disability Evaluation System on Fort Bliss.

The system is a joint Veterans Affairs-Department of Defense program established to combine and streamline DOD's Medical Evaluation Board system and the VA's disability claims system.

"Since June 30, the Integrated Disability Evaluation System has been used at Fort Bliss. This system provides a seamless disability process that is administered jointly by WBAMC and the El Paso Veterans Health Care Clinic," said Col. (P) Dennis Doyle, commander, WBAMC.

Doyle explained that under the streamlined system, the service members take one physical examination that meets DA and VA standards. A disability rating is given that meets both departments' requirements.

"The service member has a completed VA disability claim in place upon leaving active-duty service. With the disability claim in place, the veteran disability compensation and benefit can begin one month after the service member is in place," he said.

"President Lincoln, at his second inaugural address, said 'To care for him who shall have borne the battle and for his widow and his orphan,' said Susan Bowers, director, Veterans Integrated Service Network 18.

Bowers said that those words have long been a guiding principle for the Department of Veterans Affairs which has stood ready to meet the needs of the men and women who have served this nation in uniform through wars as well as in peacetime.

"Those needs have changed over the years, and this ribbon cutting ceremony represents another evolution in how we care for our nation's veterans," she said. "The old system had become cumbersome and frustrating for all involved."

The VA has recently introduced core values and characteristics into their business practice, which is characterized by the acronym, I CARE. "This stands for integrity, commitment, advocacy, respect, and excellence," Bowers said.

IP 6.0 Improve Quality, Outcome-Focused Care and Services

"Soldiers diagnosed with medical conditions that are not compatible with military service are referred to a Physical Evaluation Board Liaison Officer who enrolls them in IDES," said Daniel Barnes, PEBLO with the Fort Bliss IDES. "The PEBLO also refers them to a Military Service Coordinator, on site from the VA, as soon as they are enrolled in IDES. The MSC immediately opens a file for the Soldier and assists them in filing their VA disability claim.

"We have 75 Soldiers enrolled in IDES as of this morning," Barnes said.

Currently IDES is available for Soldiers who are facing a MEB for their condition. Retirees and voluntarily separating Soldiers are still subject to standard VA disability rating procedures.

Staff Sgt. Daniel Wright, a civil affairs specialist assigned to the Warrior Transition Battalion, was recently enrolled in Fort Bliss IDES. He is optimistic about the shortened timeline afforded by the new system.

"I think it will be streamlined and make it very easy for Soldiers," he said. "I have utilized the VA system in Boise, Idaho, before and have been very happy with the services I received."

After more than 26 years of active duty and reserve service, Wright is gratified to know that both DA and VA are committed to honoring his service and commitment to his country.

"I have given up a lot over the years, but I have also been afforded many opportunities and benefits, he said.

"This ribbon cutting is another key foundational milestone upon which we continue to build confidence in Army Medicine," Doyle said. "IDES has been tested extensively in 27 locations across DOD. Survey results have shown higher satisfaction with fairness, customer service and overall disability evaluation experience."

Bowers added that the stated goal of IDES is to help Soldiers receive their veterans' benefits quickly, aiding in their transition back to civilian life.

"God bless each and every Soldier and veteran that crosses this threshold and may we serve them with honor and with dignity," she said.

Fort Bliss, William Beaumont Army Medical Center, and Veterans Affairs' leadership cut the ribbon officially opening the new Integrated Disability Evaluation System at Fort Bliss at a ceremony on East Fort Bliss. (Photo by Clarence Davis III)

No greater love

Fallen Currahee hero awarded Silver Star

By Sgt. Luther L. Boothe Jr.
4th Brigade Combat Team, 101st Airborne Division (Air Assault)

FORT CAMPBELL, Ky.—More than 400 family, friends and brothers-in-arms gathered in the early morning hours of Aug. 25, to honor a hero of 4th Brigade Combat Team, 101st Airborne Division.

Specialist Jordan M. Byrd, 19, was posthumously awarded the Silver Star, the Army's third highest award for valor. The Silver Star Medal and citations were given to Byrd's wife Savanna and son Ayden, mother Roberta Pitt and father Justin Brost. Each received words of appreciation from the Currahees as they filed through to embrace the Family members.

A combat medic, Byrd was assigned to Company A "Able," 1st Battalion, 506th Infantry Regiment. He was killed during a fire fight Oct. 13, 2010, in Yahya Khel district, Paktika province, Afghanistan, while providing life-saving aid to Spc. Adam Sustaita.

The lead man while crossing an open field, Sustaita was hit in the leg by what appeared to be sniper fire. His team was then attacked with heavy enemy small arms fire, rocket propelled grenades and mortars. That is when Byrd ran across the field to treat his friend.

"Within minutes after I was hit, "Doc Byrd" was by my side, putting the tourniquet on my leg," said Sustaita, an infantryman with 1st Bn., 506th Inf. Regt.

Savanna Byrd, wife of Spc. Jordan M. Byrd, a medic from Headquarters and Headquarters Company, 1st Battalion, 506th Infantry Regiment, 101st Airborne Division, holds son Ayden during a ceremony awarding Spc. Byrd a Silver Star Medal Aug. 25 at Fort Campbell, Ky. (Photo by Sgt. Kimberly K. Menzies)

After successfully applying the tourniquet to Sustaita, "Doc" was hit by small arms fire and the wound would take his life. For Sustaita, appreciative and grateful are words that do not go far enough because honoring Doc's courage and sacrifice will be a lifetime effort.

"It has changed my life forever," said Sustaita, holding back tears. "It has motivated me to drive myself harder, to reach deeper than anything ever has before. Not only for Doc Byrd, but for all the guys, the right thing to do is to push ourselves to be the best that we can be, in his memory."

Fort Campbell's senior leader was in attendance to present the Silver Star to Byrd's family.

"As I have travelled around the country, I have encountered some people who say that we have no heroes, while they look for them in sporting arenas, on golf courses or in theatre halls," said Maj. Gen. James McConville, commander of 101st Airborne Division and Fort Campbell. "My heroes are Soldiers like Spc. Jordan M. Byrd. Soldiers, we recognize for heroism today, Soldiers who volunteer to serve their country during a time of war and put others before themselves."

"I believe our lives are defined by the choices we make," McConville said. "Specialist Byrd chose to live a life of honor, he chose to serve his country as a Soldier in the storied 101st Airborne Division and the legendary Currahees. He chose to serve his fellow man by becoming a combat medic and on that day in October he chose to risk his own life to save a buddy. With complete disregard for his own safety, he ran through a hail of enemy bullets and placed himself between his wounded comrade and enemy fire, while he medically treated his buddy. He worked diligently, while under fire, and placed a tourniquet and saved his buddy's life. He sacrificed so others could live and that is why he is a hero, and that is why we honor him today."

The commander of the 101st Airborne Division's 4th Brigade Combat Team, Col. Sean M. Jenkins had a sincere message for the Byrd Family and expressed his condolences and admiration for the man and hero that Byrd was.

"I know my words would fall short of the pain and suffering you have felt over these past 10 months, but please know all Currahees, active, veterans, and families; we all celebrate Jordan's sacrifice. We will not forget him, we will honor him, for young and old Currahees will always know his name," Jenkins said. "Know that your husband, the father, the son and friend, saved the life of another human being, another Currahee. It was written in John 15:13 that 'greater love hath no man than this, that a man lay down his life for his friends.'

"On Oct. 13, 2010, Spc. Byrd showed that love as he ran into the open, through enemy fire to help a friend in need. He not only did this without hesitation, but his efforts helped save the life of his comrade."

Today we honor Spc. Jordan M. Byrd, a hero, who went above and beyond what was expected. A young man who demonstrated extraordinary valor; we can only pray that each of us can continue to honor the standard which he has so valiantly set. It is my honor to have served alongside him, he will never be forgotten, Jenkins said.

Heather Wilk, a former Army medic, waves to departing Soldiers as her daughter, Kimberly Hockman, a Navy veteran, waves the American flag as one of the last wounded warriors is transported to the National Naval Medical Center, Bethesda, Md.

Last wounded warriors depart Walter Reed

Story and photo by Rob McIlvaine
Army News Service

WASHINGTON -- The last patient left Walter Reed Army Medical Center Aug. 26, following 17 other wounded warriors who traveled by ambulance to the National Naval Medical Center, Bethesda, Md.

"It has been five years of preparation, but for me it's only been three," said Col. Norvell V. Coots, Walter Reed Healthcare System commander.

This was his third year in command of the hospital, the last two of which he and his staff finalized all the plans for the move to the hospitals at Fort Belvoir, Va., and the medical center at Bethesda.

"This is a very smooth move. I don't want to say it's an easy move, but it gives the appearance of being easy, but that's because we drilled it, it's a very good plan, and it's being executed almost flawlessly," Coots said.

This isn't the first time patients at Walter Reed have made the move to a newer, better equipped facility.

What began in 1898 as Maj. Walter Reed's clinic in southwest Washington, D.C., later became the U.S. Army Medical Treatment Facility where Reed underwent an emergency appendectomy, dying of complications in 1902.

Seven years later in 1909, 11 patients left that 50-bed hospital by horse-drawn wagons and an experimental steam-driven ambulance to the new 65-bed facility in the northern part of the capital.

Now, after serving the military community from the Washington area and around the world, the center has moved once more.

IP 11.0 Synchronize Army Medicine to Support Army Stationing and BRAC

The last 18 patients rode about seven miles in gas-powered ambulances to what will soon be known as Walter Reed National Military Medical Center -- a hospital that began when President Franklin D. Roosevelt opened the gates in 1942 at National Naval Medical Center in Bethesda, Md., once the flagship of the U.S. Navy.

"The legacy lives on because the name lives on and so it's a new day. And this is really a new beginning for the military health system," Coots said.

"September 15 is when the flag will finally come down over Walter Reed Army Medical Center," he said, emphasizing that will actually be the last time.

"But the flag we're bringing down today, when we say we're bringing down the flag, we really mean that Red Cross one (hanging in front of the facility) because that's the symbol of health and healing. It symbolizes an end to 102 years of physical patient care. But Sept. 15 is the BRAC deadline, that's the actual date that the last flag comes down," Coots said, referring to the 2005 Base Realignment and Closure legislation which mandated the new joint facility.

People stood outside the gates to Walter Reed with American flags, as many have over the past six years, to honor the troops.

These former servicemembers -- belonging to groups such as Free Republic, Gathering of Eagles and America's Mighty Warriors -- did not go unnoticed or unappreciated by Coots and his staff.

Kimberly Hockman, a Navy veteran, said she comes from a long line of patriots.

"My brother served in Iraq, my uncles were in Vietnam and my real father was in Vietnam," Hockman said.

Fort Belvoir Community Hospital opens

By Kristin Ellis
WRAMC Public Affairs

FORT BELVOIR, Va. -- Fort Belvoir Community Hospital officially opened for business following the successful transport of the last patient from DeWitt Army Community Hospital.

After more than six years of intricate and comprehensive planning, the new hospital is triple the size of its predecessor and the number of clinics and outpatient services is nearly doubling. Inpatient bed capacity triples from 40 to 120.

The last patient was transferred Aug. 31 by a comprehensive staff of nurses, pharmacy, ambulance staff, etc. who have been planning and practicing for the transition since February.

"We're here to safeguard the health and well-being of our patients so it's a smooth, swift transition," said Col. Sophia Tillman-Ortiz, inpatient move director.

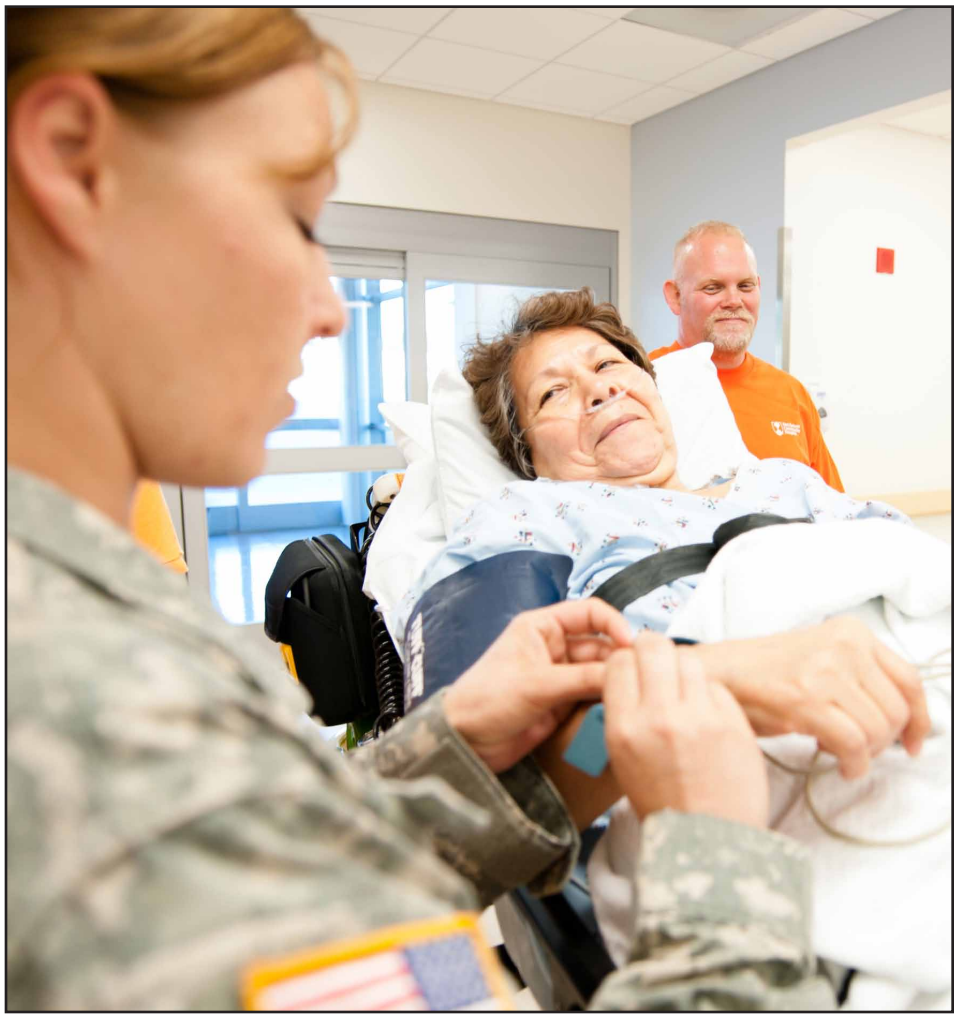
E.J. Carter, and her husband, retired Army field artillery major, Jeff Carter, arrived at Dewitt Hospital Emergency Room at 12:05 a.m. on Aug. 31. The couple assumed E.J. would be transferred to the military hospital at Bethesda, where her cardiologist had been assigned. The Carters learned that not only was her doctor now at the new hospital, she would be transported by one of the ambulances that responded to the attack on the Pentagon on Sept. 11, 2001.

"For me, it was an easier transition knowing my wife's doctor is assigned a half mile down the road in this state-of-the-art building," Carter said. He recounted how FBCH staff met him in the parking lot, directed him to his reserved parking space, and was "wined and dined" by staff and chaplains until he was ushered up to his wife's room.

"This place is beautiful," E.J. said. "A lot different from the old hospital, but I haven't tried the food yet so we'll see."

"This hospital gives us the space to elevate health care to another level," explained Col. Kathleen Ford, deputy commander of nursing.

Over the next four to eight weeks, Fort Belvoir Community Hospital will add new services as staff and equipment become available. Cardiac catheterization, radiation oncology, and hematology oncology will be added in the near future.



E. J. Carter, the first patient at Fort Belvoir Community Hospital, smiles at staff members upon arriving at the new hospital from DeWitt Army Community Hospital Aug. 31. Carter, a retired Defense Department employee, became the new hospital's first patient after transferring to the facility via ambulance from DeWitt Army Community Hospital. (Photo by Marc Barnes)

"We are still delivering the same high-quality care the same way, it's just a different environment," said Navy Cmdr. Scott Johnson, director of transition.

One big change, however, is the addition of the 12-bed, inpatient behavioral health service at the new hospital. This new mission, not seen before at the DeWitt hospital, opened for day one services this week. The staff charged with providing this service previously ran inpatient behavioral health at the Walter Reed Army Medical Center, which moved all of its inpatients to the National Naval Medical Center at Bethesda, Md., Saturday.

"That's an example of a perfect merger between Walter Reed and DeWitt," Johnson said.

For the last few months, staff members diligently trained to become acclimated with the state-of-the-art hospital in preparation for the first day of patient services. More than 2,300 employees received workspace orientation and each area is fully staffed to maintain DeWitt's mission.

"Late last week I walked onto the inpatient ward on the sixth floor and got goosebumps; it smelled like a hospital and was clean, the beds were made with linens, all the equipment was ready. It's no longer a construction site, it's become a hospital. We're breathing life into it," Johnson said.

IP 11.0 Synchronize Army Medicine to Support Army Stationing and BRAC

Patience key during running shoe transition

By Shannon Carabajal
Mercury Editor

Though the Army allows the wear of most types of minimalist running shoes with the improved physical fitness uniform and when conducting physical training in military formation, officials are urging Soldiers to transition slowly when switching from regular running shoes to those that offer less support.

Only shoes that accommodate all five toes in one compartment are authorized for wear. According to Lt. Col. Timothy Pendergrass, Allied Health Staff Officer, Office of the Surgeon General, minimalist running shoes offer minimal support and cushioning.

CS 1.0 Improved Healthy and Protected Warriors

"There are no true specifications for MRS but most are extremely lightweight, low to the ground, and flexible. They have little to no cushioning in the heels and have a low slope from the heel to the toe – called the heel-toe drop - that makes them look more like the old racing flats than traditional running shoes," Pendergrass said.

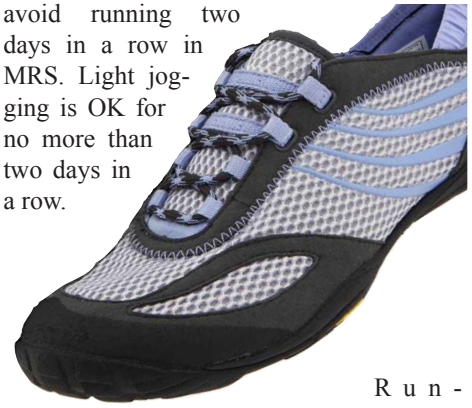
The design encourages runners to land toward the front of their foot and move naturally through a stride cycle. Sometimes described as forefoot strike, the runner lands near the ball of the foot first, lowers the heel and rolls forward to push off over the toes. This type of stride generates minimal initial impact without sending a shock wave through the runner's body.

For runners used to traditional running shoes in which they land on their heel then roll forward to push off with the toes, transitioning to MRS too quickly can lead to injury so runners should use caution.

"Most runners have been using heel strike in traditional running shoes all their life. When changing to MRS, runners will engage the muscles in their feet, leg, and core differently. They'll need to strengthen muscles that may have played a more secondary role with traditional running shoes; they'll need to stretch muscles and tissues that have been supported in a more rigid shoe structure; and they'll need to become accustomed to the changes in sensory feedback that they'll experience with MRS. They'll need to let the tissues, including the bones, adapt to the changes from the new shoes and different running posture. This takes time," he said.

He recommends a slow break-in period focused on strengthening the foot and leg muscles. For the first two to three weeks, Pendergrass suggests running no more than 10 percent of your normal running distance. After the initial period, runners should gradually increase their MRS distance by no more than 10 to 20 percent each week, taking at least eight weeks to fully transition to the new shoe. For some, the transition can take up to six months.

For the first four weeks, runners should avoid running two days in a row in MRS. Light jogging is OK for no more than two days in a row.



Running on different surfaces is also encouraged. A firmer surface, such as pavement, helps the foot make the transition from a cushioned environment.

Pendergrass recommends stretching the foot, calf, leg and hamstring muscles regularly during the transition as these muscles will be used more when using MRS. He encourages a functional warm-up that dynamically stretches all muscles prior to any run. After the run, runners should target specific muscles.

Above all, runners shouldn't push themselves to transition more quickly and should immediately stop running if they experience pain.

"The most important aspect to a smooth transition is to listen to your body - it will tell you when you need to slow down - and to stick with the structured transition. Don't get anxious and try to speed things along," Pendergrass said.

The miracle of life

Spc. Jessica Rush holds baby Rusiz Khan moments after he was delivered by Caesarean section at Forward Operating Base Orgun-E in eastern Paktika Province, Afghanistan. Medical personnel expected baby Rusiz to be still born when the Khan family arrived at the 2nd Forward Surgical Team's medical clinic. Midway into the C-section he began kicking, and moments later was delivered into the waiting arms of his family. Rush is an advance trauma life support medic with the 2nd FST. (Photo by Sgt. Charles Crail)

Vaccines: our best defense against disease

By Patricia Deal
CRDAMC Public Affairs

FORT HOOD, Texas—Vaccines have reduced or eliminated many infectious diseases in the U.S. that once routinely killed or harmed many infants, children and adults. The average life span of Americans has increased by more than 30 years in large part because of vaccines.

Because vaccines have saved so many lives, the medical professionals at Carl R. Darnall Army Medical Center encourage everyone to remain diligent about immunizations as tens of thousands of people in the United States still die from vaccine-preventable diseases every year, per the Centers for Disease Control and Prevention.

"It is always better to prevent a disease than to treat it. Vaccines prevent disease in the people who get the vaccine, and protect those who come into contact with unvaccinated individuals. Vaccines save lives, period," said Col. (Dr.) Mark Croley, chief of Pediatrics at CRDAMC.

Immunizations are especially critical for children. A child born in the U.S. today can now be protected against 17 serious diseases and conditions through immunization.

Parents have many misconceptions of vaccines, Croley said, that may impact their decision to have their child immunized.

"Knowledge is key. Make sure you get factual information from a qualified medical professional who can dispel the myths," he said.

Vaccines do have side effects, Croley added, but mostly they are temporary and minor. He is adamant that the benefits of immunizations far outweigh the risks.

"There are very few absolute reasons not to get shots. It is a medical decision that is highly recommended, safe and effective and carries minimal risk with potentially great gain," he stated.

"Combination vaccines make it even easier to protect children. They provide maximum protection with the fewest number of shots. Some vaccines can be taken orally, too," Croley said.

Croley stated that it's important to know which shots are needed and when to get them so parents should check with their provider or school district.

The general guidelines per the CDC, is that young children under age 6 get a series of shots to protect against measles, polio, chicken pox, and hepatitis. All 11- and 12-year-olds need shots to help protect against tetanus, diphtheria, whooping cough, and meningitis.

Through the military health care system, vaccination records are kept electronically so patients have access wherever they go.

While getting all the children vaccinated is important, the immunization mission doesn't end there.

"Most adults put themselves at needless risk of disease by failing to get key vaccinations as adults. They only think they need the flu shot, but, like children, adults need routine immunizations," said Lt. Col. (Dr.) Soo Kim-Delio, chief of the Allergy/Immunization Clinic at Thomas Moore Clinic.

Medical evidence shows that immunity can begin to fade over time and as adults age, they become more susceptible to serious disease caused by common infections such as the flu, pneumococcus, and shingles.

"There have been several important changes to adult vaccine recommendations recently. Of note, adults 65 years and older who have close contact with an infant aged less than 12 months should get vaccinated with *DTaP* (combined diphtheria, tetanus and pertussis vaccines) due to the risk of transmitting pertussis or whooping cough, a highly contagious disease," Kim-Delio stated. "Even if adults are not around infants, adults 65 years and older should receive *DTaP*."

All adults who do not have immunity to varicella (chickenpox) should receive two doses of the vaccine if not previously vaccinated, or a second dose if they have received only one dose in their lifetime, according to Kim-Delio, unless there is a medical reason not to have the vaccine.

"When we think of chickenpox, we usually think of kids with the classic rash, but adolescents and adults are actually more at risk for this severe disease. Complications include bacterial infection of the skin, swelling of the brain, and pneumonia," she said.

While most infectious diseases have been eliminated or eradicated in the U.S., it is not uncommon to have outbreaks of measles, whooping cough, chickenpox or other diseases when vaccination rates drop. Children that are not fully vaccinated can become seriously sick and spread it through a community.

"There have been some spikes in measles cases in the U.S. recently. Just about all the outbreaks were sparked by people bringing it here from other countries," Croley said. "That's why it's so important to be diligent about immunizations."

Registered nurse 2nd Lt. Rebeccah Collins vaccinates Alexia Woods, 12, for chicken pox and meningitis during the Carl R. Darnall Army Medical Center School Physicals and Immunization Clinic held July 30 at Thomas Moore Health Clinic at Fort Hood, Texas. (Photo by Jeri Chappelle)

IP 5.0 Maximize Physical and Psychological Health Promotion and Prevention

Medical staff receive Wounded Warriors arriving by ambulance bus from downrange at Landstuhl Regional Medical Center, Germany.

LRMC achieves highest trauma care verification

Medical center becomes only Level 1 Trauma Center outside the U.S.

Story and photo by Chuck Roberts
LRMC Public Affairs

LANDSTUHL REGIONAL MEDICAL CENTER, Germany – The American College of Surgeons has verified Landstuhl Regional Medical Center as a Level I Trauma Center, making it the only Level I ACS-verified Trauma Center outside the U.S.

"The system of care is unique here and the attitude of everyone here from the doctors and the nurses to the different services is absolutely flawless," said Dr. Donald Trunkey, the ACS lead reviewer.

During its two-day inspection in May, the ACS Verification Review Committee found zero deficiencies and cited more than 25 accolades. LRMC is now among only 142 U.S. hospitals with Level 1 Trauma Center designation, and holds the distinction of being the only one outside of the United States.

Initially verified as an ACS Level II Trauma Center in 2007 and re-verified in 2010, LRMC is both a founding and a cornerstone member of the DOD Joint Theater Trauma System (JTTS).

The JTTS was created to optimize treatment and functional recovery for every injured Soldier, Sailor, Airman and Marine. LRMC remains the only JTTS site that renders direct care to every casualty strategically evacuated from the combat zones by the U.S. Air Force aeromedical evacuation system.

Colonel (Dr.) Jeff Clark, hospital commander, said the aeromedical evacuation system and its role in the entire continuum of care, from downrange medics and surgeons to stateside doctors and nurses, all deserve credit in helping LRMC achieve its Level I verification.

"I am incredibly proud of receiving this classification. It is an objective validation of the hard work, dedication and commitment of our staff to the patients we serve, he said.

"As the prism for the global continuum of care for Wounded Warriors, LRMC has treated more than 64,000 patients from Afghanistan and Iraq, to include patients from 48 coalition countries. Being verified as a Level I facility further validates our commitment to those we are privileged to serve."

The strict standards of compliance for ACS Level II verification consisted of more than 230 criteria focused on immediate and comprehensive trauma. For Level I status, trauma centers must also serve as a teaching facility and conduct trauma research and injury prevention.

ACS is a scientific and educational association of surgeons that began in 1913. ACS works to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

ACS does not designate trauma centers; instead, it verifies that hospitals meet the strict criteria defined by its manual, *"Resources for Optimal Care of the Injured Patient."*

LRMC, with a staff of over 3,000 Sailors, Airmen, Marines, Soldiers, local nationals and civilians, provides medical care for more than 245,000 U.S. military personnel and their families within U.S. European Command.

LRMC falls under Europe Regional Medical Command It is the largest American hospital outside of the United States and serves as the strategic evacuation medical center for CENTCOM, AFRICOM and EUCOM. The LRMC footprint includes the Vincenza Health Center and a total of six U.S. Army Health Clinics in Italy, Belgium and Germany.

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

Combating hearing loss among Soldiers

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

Hearing injuries top the list of preventable health issues that veterans face.

Tinnitus (a constant ringing in the head or ear that does not go away after a few seconds) is the No. 1 health problem, and hearing loss is the No. 2 injury, according to the Veterans Health Administration.

From the Civil War until present-day operations in Iraq and Afghanistan, Soldiers have suffered from hearing injuries upon their return from war. The deployed environment, where Soldiers fire weapons, are exposed to explosions, and are continuously surrounded by loud noise, accounts for many of these injuries.

But hearing loss and injuries are not an inevitable byproduct of military service, said Lt. Col. Marjorie Grantham, program manager for the Army Hearing Program at the U.S. Army Institute of Public Health, part of the U.S. Army Public Health Command (Provisional).

Located at Aberdeen Proving Ground, Md., the Army Hearing Program is responsible for preventing noise-induced hearing injuries in Soldiers and Civilians in both deployed and garrison settings.

The team has a four-fold mission – ensuring Soldiers maintain hearing readiness so they can deploy; providing operational hearing training and technology to ensure Soldier survivability and lethality; helping Soldiers and Civilians conserve their hearing; and providing clinical hearing services for Soldiers and Civilians.

First and foremost, the program ensures that there is effective protection available and that Soldiers are trained regarding how and when to use it.

The new Combat Arms Earplugs are also fairly easy to use, Grantham said.

"The Combat Arms Earplugs™ have two settings," Grantham said. "When they are inserted properly, they protect Soldiers against injuries sustained from steady-state noise such as aircraft, vehicles, or engines. To protect the ears from sudden, impulse noise such as weapon fire or explosions, Soldiers simply push the rocker switch."

CS 1.0 Improved Healthy and Protected Warriors

Another Army Hearing Program mission is to focus on improved communication abilities on the battlefield.

"Good hearing allows Soldiers to detect the distance and direction of incoming weapons fire," said Grantham. "Being able to do this is vital to mission execution," she said.

Hearing scientists find that good hearing is not only effective for one's career as a Soldier but benefits a Soldier later in life. When Soldiers retire from the Army, good hearing allows them to listen to their grandchildren read a book to them; watch their favorite television news program; or enjoy their favorite musicians.

For those who value their hearing and want to preserve this sense for life, Grantham offers good news: most hearing protection is effective if used properly.

"It is no longer inevitable that you retire from the Army with hearing loss," said Grantham. "Research demonstrates that if you wear your hearing protection properly and at the right time, you'll retire from the Army with your hearing intact."

Grantham offers these tips to prevent noise-induced hearing injuries:

- Wear hearing protection when working around loud noises such as generators, airplanes, weapons fire, and vehicle engines.

- Wear hearing protection when you are within three feet of a person and you still have to raise your voice to be heard.

- Ensure foam earplugs are inserted at least three-fourths of their length into the ear canal for maximum hearing protection.

- When listening to music, keep the music below the halfway point for the volume.

While all of these measures are important, Grantham said the best way for Soldiers to prevent hearing loss is to wear their hearing protection when they train, so they have confidence in their ability to remain lethal and survive when wearing it in combat.

"You wouldn't move out without your body armor, don't move out without your ear armor," she said.

For the Army Hearing Program staff, preserving this critical Soldier sense brings additional rewards.

"We have the best job in the Army because the decisions we are making directly impact the lethality and survivability of our service members," said Grantham. "We ensure that Soldiers and Civilians stay alive and are able to perform their mission."

For more information, visit **http://phc.amedd.army.mil/topics/workplacehealth/hrc/Pages/ResourceMaterials.px.**

Reserve dentist honored for humanitarian work

By Shannon Carabajal
Mercury Editor

The University of Pristina, Kosovo, honored an Army Reserve dentist from the 316th Expeditionary Sustainment Command in Coraopolis, Pa., for her humanitarian work while deployed to Camp Bondsteel.

Lt. Col. (Dr.) Elaine Berkowitz, dental and special projects officer in charge, received the award July 4 in appreciation for her accomplishments, significant contributions and support given to Kosovo.

According to Genc Rezniqi, a member of the Kosovo Figurative Artists Association, the award recognized the support Berkowitz gave the people of Kosovo with lectures, help and readiness.

She is always making an effort to help us, Rezniqi said.

Originally from Pittsburgh, Berkowitz said that of all the awards she has received over the years, she especially cherishes this one. "This honor is very important to me. I love this country and the people," she said.

Camp Bondsteel, located in the southeast region of Kosovo, is home to the Multinational Battle Group East, part of the larger NATO-led Kosovo Force.

MNBG E is a U.S. led battle group focused on maintaining a safe and secure environment and allowing freedom of movement throughout Kosovo. MNBG E Soldiers work and train with local security elements to strengthen and support the institutions in Kosovo.

In addition to providing dental care to Soldiers and civilians on Camp Bondsteel, Berkowitz has embraced the chance to make a difference for the country. She teaches civilians, including children, about proper oral hygiene, lectures at a dental school and has been giving continuing education to dentists and physicians.

Lt. Col. (Dr.) Elaine Berkowitz teaches nurses the proper way to brush teeth during a session at the Dubrava Community Center in Ferizaj, Kosovo. (Courtesy photo)

Earlier this year, Berkowitz visited a Prishtine/Pristina satellite of the SOS Family Village, a home for orphaned and abused children, where she taught them how to brush and floss, and why it is important to care for their teeth.

"The focus on dental care is overshadowed in Kosovo," Berkowitz said, "I hope to try to get both the dentists and children to learn how important it is to emphasize proper care. I like to teach good habits - which is why I am teaching these children. It is going to take a long time to (reach everybody) in Kosovo, but this is a start."

Berkowitz, a 37-year veteran of the Army Reserve, has also donated tennis balls to a children's tennis club and collected and donated warm clothing to needy children.

"Helping the people of Kosovo is important to me as I have made so many friends, both in the dental and medical communities as well as others in the arts and the regular every day people. They need our help and I am happy to give it," she said.

When she is not serving her country in uniform, Berkowitz specializes in elderly and special-needs patient care in Pittsburgh. This is the doctor's third trip to Kosovo since 2007. During her time there, she has learned a lot from the people.

"The people are rich in culture and know their history very well. They are interesting and beautiful. They have a difficult life here but stay because family is the most important thing to them. Some young people leave to work in other European countries but eventually they all return home.

"They deserve to be helped," she said, adding that she intends to continue serving the people of Kosovo after she retires by returning for several months each year.

CS 5.0 Inspire
Trust in Army Medicine

Stimulating

1st Lt. Michael Burns (right) demonstrates the Peripheral Nerve Stimulator to an attendee during the ICU Health Fair at Landstuhl Regional Medical Center, Germany. The Peripheral Nerve Stimulator is used in association with the administration of neuromuscular blocking drugs to assess nerve impulse transmission at the neuromuscular junction of select skeletal muscles. (Photo by Phil A. Jones)

Dr. Daniel Christensen, on screen, Madigan's chief of Soldier Readiness Service, chats with a room full of Telehealth and Technology's Introduction to Telemental Health Delivery workshop participants during a hands-on session aimed at instructing psychologists and health care professionals how to use remote conferencing tools to screen and treat some of their patients. (Photo by Ingrid Barrentine)

Technology to aid DoD mental health services

By Marisa Petrich
Northwest Guardian

JOINT BASE LEWIS-MCCHORD, Wash. – Imagine being a psychologist sitting across from your patient.

Now imagine that patient is actually hundreds of miles away.

The first-ever live Introduction to Telemental Health Delivery Workshop at the National Center for Telehealth and Technology's, or T2, headquarters on Joint Base Lewis-McChord offered guidance to providers on offering mental health services from a distance -- in this case, using videoconferencing technology.

"The (Department of Defense) is pushing for this form of care because it's a way to reach a lot of people who otherwise wouldn't get care," T2 clinical health psychologist Dr. Greg Kramer said.

Kramer was one of the all-day workshop's presenters. About 25 health care professionals from every military branch attended the training, some coming from as far away as Japan. The idea was to build a knowledge base so that clinicians can provide care even when their patient is too far to get to.

The session included information on the history of teletechnology in health care, addressed legal concerns and gave them the chance to practice videoconferencing with each other.

"It allows them to get comfortable with the technology," Kramer said.

In fact, the use of remote technology in mental health care is relatively new. Efforts to incorporate it into DOD policies and procedures increased in the late 2000s.

LG 3.0 Promote and Foster a Culture of Innovation

Since then emphasis on these programs has increased, in hopes to better serve those who live in areas where there are shortages of mental health care providers. An estimated 87 million Americans live in places where care is scarce, and up to 25 percent of servicemembers screen positive for mental health concerns, according to T2's Introduction to Telemental Health.

"This allows us to provide things like telepsychiatric appointments especially in rural and high needs areas," T2 clinical telehealth division chief Dr. Jamie Adler said.

The technology can be used in a variety of ways, from treating post-traumatic stress disorder and depression to wellness and resiliency interventions.

Of course, the new medium for care comes with some specific quirks. Participants at the workshop got a taste of technical difficulties when T2's network went down briefly during the training.

Other issues had to do with clinical practice -- for instance, if a patient appears to be avoiding eye contact, it's more likely that they're looking at the face on the computer screen instead of the video camera.

Many of the attendees had already begun using teletechnology to provide services to patients at off-site locations, but the rare in-person training (as opposed to online sessions) gave providers the chance to learn about and discuss technical, legal and clinical elements of providing telemental health care.

"I took some notes that I think are valid points for implementing this," said Dr. Agnes Babkirk, a psychologist from U.S. Naval Hospital in Okinawa, Japan.

She's bringing that information back to her colleagues, who currently use teletechnology to interact with patients three or four times a week.

Dr. Daniel Christensen, the chief of Madigan's Soldier Readiness Service, had a similar experience. The service has been using teletechnology for post-deployment behavioral health screenings since March of this year. He said the training validated the practices they already had in place.

In the future, psychologists at T2 hope to offer more trainings, and expand them to reach providers at different levels.

For more information, including a Telemental Health Planning and Implementation Guide, visit http://t2health.org/programs-telehealth.html.

AROUND ARMY MEDICINE

1. Sgt. Maj. of the Army Raymond F. Chandler III tries out a robotic surgical system in an operating room at Fort Belvoir Community Hospital. Chandler toured the new $1.03 billion hospital as well as the new Warrior Transition Complex during his visit. (Department of Defense photo by Marc Barnes)

2. Spc. Adella Kirchmeyer, an intensive care unit nurse for Reserve's 1982nd Forward Surgical Team based out of Niagara Falls, N.Y., applies a bandage to a patient's arm in the FST intensive care unit on Forward Operating Base Shank. (Photo by Spc. Brian P. Glass)

3. Medics with the 82nd Airborne Division's 1st Brigade Combat Team treat simulated wounds to a paratrooper during a mass-casualty exercise at Fort Bragg, N.C. (Photo by Sgt. Jonathan A. Shaw)

4. Spc. Justin "Doc" Gagnon, medic attached to Laghman Provincial Reconstruction Team, keeps an eye on his guys as they inspect a mosque during a quality assurance and inspection mission in the Qharghyee District, Afghanistan.