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ARMY MEDICINE

Bringing Value...Inspiring Trust



Army Medicine Healthcare Covenant

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

We are committed to deliver...

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

We are committed to...

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

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

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

ARMY MEDICINE...ARMY STRONG

See page 3 for a story about the Army Medicine Healthcare Covenant

Vet tech returns home with earthquake aid

by SPC Christopher Gaylord

When PVT Vanessa Antoine left behind her distant birthplace in 1997, she never imagined the Army would bring her back 13 years later.

Nineteen-year-old Antoine has fond recollections of Port-au-Prince, Haiti, the city in which she spent most of her childhood.

She remembers pristine white sands and waters so clear they perfectly revealed the rocks lining the ocean floor. She can still taste the robust spiciness of patties made from sausage, peppers and vinegar-marinated cabbage. She recalls walking to school and passing by the

city's Presidential Palace, a once-elegant structure now in ruins after a magnitude 7 earthquake.

Antoine returned home, but not to visit Family; rather to protect lives. With the 43rd Medical Detachment (Veterinary Services), she deployed to support relief after the earthquake. The unit inspected food and water entering the country, and provided care for search-and-rescue dogs.

SSG Earl Arnold, the detachment's first sergeant, embraced the mission with open arms.

"The first thing I thought when I saw it on the news was 'I hope

we get to go there and help the Haitian people,'" Arnold said.

"Our role is critical in making sure that service members have safe food," said LTC Cheryl Sofaly, detachment commander. "It's critical in reducing the likelihood of non-battle, disease-related injuries and ensuring forces can do their missions."

Antoine, a shiny young private who joined the Army just late last year to put herself through college, received the experience of a lifetime, not only to go where few Soldiers ever will, but to assist a country in shambles and overcome

with disaster.

"I feel as if I owe it to Haiti to give back," said Antoine, who fluently speaks Creole, Haiti's native language. "No matter what country you're from, we're a team of one."

Antoine's feelings are a sentiment widely echoed throughout the entire detachment.

"We all watched on the news, and everyone saw the devastation," Sofaly said. "Our hearts really went out to them, and for us to go there and help the forces helping the people of Haiti, that's important to us." (Fort Hood Sentinel)

Working with other countries, agencies

Medics learn valuable lessons in Haiti

by SPC A. M. LaVey

For the enlisted medical personnel assigned to Joint Task Force-Haiti (JTF-H), Operation Unified Response has been a tremendous learning experience and training opportunity.

"Our medics have been working with non-governmental organizations, seeing 100-300 patients per day," said CSM James Westover, senior enlisted adviser for the 1st Squadron of the 73rd Cavalry Regiment.

When the squadron first arrived, they assisted with the disaster relief, but "the injuries that we are seeing now are not earthquake related

injuries but normal routine care," said Westover.

"Our medics have been performing amazingly, they are getting the training and experience with the [non-government organization] doctors — the experience and the lessons that they are learning, you could not pay for back in the States," said Westover.

"Our medical knowledge has grown tremendously, especially in the field of pharmacology," said PFC Cameron Turk, a medic with the 1/73rd. "We are seeing the benefits of our work and seeing how it is helping those patients who return to us."

"When we see that which we are doing is really helping people, it makes us feel better about that job that we do and we are seeing our training has been thorough," said Turk. "When we get to Iraq we know that we'll do a great job."

Not a battlefield

The humanitarian mission here is a change-of-pace from the battlefields of Iraq or Afghanistan.

"In Iraq or Afghanistan you have improvised explosive device blasts, gunshots, and trauma, but here it is different," said SGM Vincent Bond, chief medical noncommissioned officer for JTF-H. "The types of injuries our medics are treating here are different from those on the battlefield."

"They are seeing amputations, secondary infections, and the training value that they are getting out of this will help them tremendously," Bond said.

Medical personnel have also been working with local communities setting up clinics, providing support to hospitals and easing logistical challenges.

Cooperation

Different uniformed forces working together with civilian agencies — both foreign and domestic — has provided a valuable lesson in cooperation.

"It is a tragedy what happened here, but it is amazing how, not only the USA responded but the other nations as well," said Bond. "There are many different people helping out, with the main goal to be humanitarian assistance and medical care to the earthquake victims here in Haiti."

"I have learned a lot, working with the different services," said SGT Rudy Nunez, a medic assigned to 407th Brigade Support Battalion of the 2nd Brigade Combat Team, 82nd Airborne Division, "especially dealing with patient transfers and the different kinds of aircraft configurations."

"The Army runs in a chaotic environment, and Army medical personnel thrive and make sense of that chaos," said Bond.

The devastation caused by the earthquake "is one of those things that you hope will never happen again — but tragedy will eventually strike and when it does, we are now more skillfully trained to assist in these situations," said Bond. (XVIII Airborne Corps)



How you doing?

COL Marie Dominguez conducts post-operative follow-up with a 6-year-old Haitian boy and his family. Dominguez is commander of the Joint Task Force Bravo Medical Element, which deployed from its base in Honduras to Haiti to assist with earthquake relief.

"When we arrived in Killick [on the west coast of Haiti], there were 5,000 patients waiting to be seen," Dominguez said.

The 23-member element conducted 90 surgeries, evacuated more than 400 patients and saw an average of 39 patients a day.

The medical team worked with Sri Lankan, Mexican and Columbian military members, as well as getting support from the U.S. Navy.

"We never had to ask why we were in Haiti — we saw it every day," Dominguez said. (Photo by CPT Isabel Ramirez/3rd Sustainment Command)

Leaders sign covenant for health care

by Jerry Harben

Medical Command Commander LTG Eric B. Schoomaker and Command Sergeant Major CSM Althea C. Dixon early this year signed a formal covenant representing MEDCOM's commitment to provide quality health care to Warriors and their Families.

Listed on the Army Medicine Healthcare Covenant are commitments to deliver maximized physical and behavioral health promotion, improved quality outcome-focused care and services, and improved access and continuity to care. The leaders also committed to providing the highest quality care, providing support during the healing process, providing assistance in returning to duty or transitioning to civilian life, and providing a healing environment that focuses on mind, body and spirit.

All regional medical commands and subordinate commanders will conduct public ceremonies for leaders to sign the covenant. Each new commander will sign the covenant after assuming command.

Poster-size images of the Healthcare Covenant will be posted in medical treatment facilities. More information is available on AKO at <https://www.us.army.mil/suite/files/20090725>.

Public Health Week April 5-11

Medical emphasis shifts to prevention of illness

by Jerry Harben

"In order to control health-care costs and improve the overall health of the U.S. population, the medical community needs to transform American medicine from a sick-care paradigm to a health-care paradigm where disease and injury prevention become the foundation for American health care. We in the Army must be part of that transformation," LTG Eric B. Schoomaker, commander of Medical Command and Army Surgeon General, said at last year's Force Health Protection Conference.

This shift in emphasis from treatment to prevention comes into renewed focus as the American Public Health Association sponsors Public Health Week April 5-11, with a theme of "A Healthier America: One Community at a Time."

Army initiatives cited by Schoomaker include:

- * Creating incentives and setting goals for medical treatment facilities to conduct preventive health screenings and outcome-based care.
- * Notifying medical treatment facility commanders about rates and types of injuries in their facilities, so they may take corrective action.
- * Adopting the Healthy Population 2010 goals for overweight and obesity, and a weight management program developed by the Department of Veterans Affairs.
- * Setting a goal of 70 percent of female active duty and Family members vaccinated against human papillomavirus infection by the end of 2010.
- * Improved tobacco use reduction campaigns, enhanced employee wellness efforts and improved childhood immunization efforts.

Other efforts include building wellness cen-

Symposium addresses health care

by Jerry Harben

Medical Command and the Association of the United States Army (AUSA) will present an unclassified symposium on the theme "Army Medicine: Bringing Value...Inspiring Trust" in San Antonio, Texas on May 17-21.

The symposium will include addresses by senior leaders, small-group discussions in many interest tracks and displays by government agencies and health-related industries.

Information about the event and registration procedures are available online at www.ausa.org/news/meetings/medcom2010

Scheduled tracks for interest groups include strategic communications, warrior transition units,

public health, electronic health records, patient administration, human resources, information management, contracting, enlisted issues, balanced scorecard and lean six sigma, emergency preparedness, logistics, chaplain services, resource management, field medicine and each of Army Medicine's eight personnel corps.

Invited speakers may include senior Army and Defense Department leaders, as well as LTG Eric B. Schoomaker, The Surgeon General of the Army; MG Patricia Horoho, deputy surgeon general; Herbert Coley, MEDCOM chief of staff; and CSM Althea Dixon, command sergeant major of Medical Command.

Wounded Soldiers to compete in games

The inaugural Warrior Games, set for May 10-14 in Colorado Springs, Colo., is a competition between wounded, ill and injured servicemen and women. This is a joint effort between the Department of Defense and U.S. Olympic Committee.

Events will include shooting, swimming, archery, sitting volleyball, cycling, track, wheelchair basketball, discus and shot put. In addition to winners in each event, there will be an "Ultimate Warrior" competition in a pentathlon format and service team scoring for a rotating Chairman's Cup.

Being physically fit is a part of military service. The Warrior Games will demonstrate the continued role physical fitness can play in

Soldiers' lives regardless of injury.

"Staying in the Army is my biggest goal right now, and training for the Warrior Games will help me get in shape for my PT test. My squad leader is very supportive of things like this that help me to move forward with my life," said SGT Juan Alcivar, a wounded warrior working towards recovery at Walter Reed Army Medical Center.

The Warrior Games will help elevate abilities through athletic competition for wounded, ill, and injured service members, by providing a focal event to empower the incorporation of athletics into military wounded warrior programs. (Army News Service)

ters as one-stop sources for preventive medicine and health maintenance services, and appointing installation health promotion coordinators to draw together the health-related activities of various organizations.

Additionally, a program has been implemented at the new Army Public Health Command (Provisional) (USAPHC) to spearhead the integration of health and wellness functions at installations — including on-post programs such as suicide prevention, alcohol and substance abuse prevention, and fitness — and resources available in local communities.

Last year MEDCOM established USAPHC as part of an extensive reorganization. This new MEDCOM subordinate will integrate elements of Veterinary Command and the former Army Center for Health Promotion and Preventive Medicine,

with regional public health commands.

While the public health command will have oversight responsibilities and accountability for installation-level public health services, local installation veterinary and preventive medicine assets will come under the command of the installation's medical treatment facility commander, creating a single authority responsible for both maintaining public health and providing health care.

"We are transforming our Army health-care system to one built on the foundation of disease and injury prevention by creating a public-health centric approach to our overall strategy, as described on our Balanced Scorecard," Schoomaker noted. (John Resta, Kevin Delaney and Lyn Kukral of U.S. Army Public Health Command (Provisional) contributed to this article.)

DoD survey measures health behaviors

The Department of Defense recently released results of its tenth Survey of Health Related Behaviors since 1980, in which 28,500 active duty service members were asked about such things as exercise, diet and use of drugs, tobacco and alcohol. The survey showed:

— About 20 percent of those surveyed reported heavy drinking (five or more drinks per occasion at least once a week). This was about the same as the 2005 survey.

— Cigarette smoking was reported by 31 percent, down from 34 percent in 2002. This continues a trend that has seen heavy smoking (one or more packs a day) drop from 34 percent in 1980 to 10 percent in 2008.

— More respondents are engaging in vigor-

ous exercise regularly (from 58 percent in 2005 to 63 percent in 2008).

— The proportion of overweight respondents increased between 1995 and 2005, but dropped or held steady in 2008.

— More survey participants reported stress in 2008 from being away from Family, deployment and increases in work load.

— The rate of suicide attempts within the past year doubled from one percent in 2005 to two percent in 2008.

— About 42 percent of service members reported some form of physical or sexual abuse in their lifetime, with most occurring before age 18.

Full results of the survey are posted online at www.tricare.mil/hpae/home.

Units with sharp ideas earn Excaliburs

Improvements in evaluating injured Soldiers' capability to continue service, managing medical records, efficiently keeping medical equipment in proper repair and ensuring proper credentials for medical professionals were recognized with Excalibur Awards by Army Surgeon General LTG Eric B. Schoomaker during the 2010 Military Health Service conference.

The awards recognize groups that demonstrate innovative thinking and continuously strive to work smarter and improve performance.

Fort Riley, Kan., MEDDAC developed a process that serves as a best-practice model for processing medical evaluation board disability cases. The unit's return rate, meaning cases submitted were rejected for missing data, was as high as 39 percent.

"Part of our process improvement plan was to hold after-action reviews when we received a return, so we could make sure everyone was informed why it was returned and we had a plan on how to avoid

repeated returns for the very same reason," said Mark Rivera, supervisory physical evaluation board liaison officer.

Another improvement was to do a quality check, submit the case to another PEBLO for review, have the supervisor briefly review it and then send it forward, Rivera said.

In Fiscal Year 2007, the unit had the best Army return rate at 4.18 percent, and it has sustained a rate below 10 percent for four years.

MEDCOM's office of the chief information officer earned an award for the MEDCOM AHLTA Provider Satisfaction Program (MAPS), which provides tools, training, support and implementation of clinical practices to increase the usability of AHLTA, the Department of Defense electronic medical records system.

MAPS emphasizes a one-on-one approach to learning and integrating technology into workflow. MAPS improved provider satisfaction, documentation quality and productivity, while optimizing Army Medicine's approach to health-care information

technology.

The 8th Medical Logistics Company, at Joint Base Balad in Iraq, established a net-centric medical maintenance access database, yielding reduced equipment repair turn-around time, reduction and reintegration of medical devices to units in the Iraqi Joint Operational Area, and enhanced accuracy and integrity of confirmation for medical maintenance operational visibility at echelons above corps.

The National Guard Bureau was recognized for its centralized clinical credentialing initiative, which standardized the quality of credentials information for Army National Guard health-care providers. It also is credited for improved medical officer readiness, enhanced visibility of aggregate force capabilities for decision making, and a positive return on investment within three years of inception. The project was completed on time and within budget at every step. (Information provided by MEDCOM quality management office)



DUSTOFF awards honor air ambulance heroes

by Jerry Harben

SSG Matthew Kinney, who earned a Silver Star for rescuing multiple casualties from a fire in the Korengal Valley of Afghanistan, was named Flight Medic of the Year by the DUSTOFF Association, an organization for members of air ambulance crews.

Also honored were SGT Patrick L. Janssen as Crew Chief of the Year, MAJ Dirk D. LaFleur as Aviator of the Year, and two crews of C Company, 1st-168th General Support Aviation Battalion (GSAB) for Rescue of the Year.

Inducted into the DUSTOFF Hall of Fame were MAJ Jimmy L. Johnson and COL David D. Dryden.

While under enemy fire, Kinney treated and evacuated five casualties and assisted with evacuation of three others. At one point he discovered a SKED litter did not have straps, and he improvised what was needed with rope, sitting in the open under fire to make needed adjustments. During flight he treated injuries, including partial amputations, femoral bleeding,

and multiple gunshot and shrapnel wounds.

Janssen served as crew chief, senior crew chief and flight instructor in Afghanistan with C Company, 3rd-82nd Combat Aviation Brigade, overseeing maintenance of equipment, and flying 189 life-saving missions to evacuate 275 patients. In June 2009, he guided his crew in evacuating two Marine casualties while under enemy fire.

During 16 years of service, LaFleur has completed three combat tours in Afghanistan as well as assignments in Honduras, Haiti and Korea. He commanded C Company, 3rd-82nd GSAB, while it flew 4,800 combat hours in southern Afghanistan. He personally flew 60 combat missions and evacuated more than 400 patients. He also has been chief of the operations branch at the Army Aviation Medicine Center and director of the 2C-F7 MEDEVAC Doctrine Course.

The crews of DUSTOFF 46 and 51 of C Company, 1st-168th GSAB responded when French troops were hit by a roadside bomb about 10 miles from Bagram Airfield, Afghanistan, in September 2009. In less than 40 minutes, the

two choppers delivered eight casualties to the hospital at Bagram, many with severe burns and trauma injuries. DUSTOFF 46 returned to the site an hour later to retrieve an additional casualty. The French Army Health Services informed the company that it "...is thinking about changes to its management of emergencies. This case is unfortunately a good example of quick and efficient medical management."

Dryden earned two Distinguished Flying Crosses and a Soldier's Medal for Valor during two tours in Vietnam. He later served as deputy commander of administration at Irwin Army Community Hospital and William Beaumont Army Medical Center. He retired in 1985.

Johnson served as an enlisted flight medic in Vietnam, earning the Distinguished Flying Cross and Air Medal. He then left the Army to earn a nursing degree and returned as a commissioned officer in the Army Nurse Corps. He served in the Gulf War and was instrumental in developing the role of the community health nurse in the combat zone.

WRAIR researcher receives honor from microbiologists

by Kelley Dunn Lennon

Dr. Sara Rothman, associate science director for research review at Walter Reed Army Institute of Research (WRAIR) is winner of the 2010 Roche Diagnostics Alice C. Evans Award. This award is given by the American Society for Microbiology (ASM) and will be presented at the ASM General Meeting, May 23-27 in San Diego.

The award honors a member of ASM for major contributions toward the full participation and advancement of women in microbiology. This award was established by the ASM's Committee on the Status of Women in Microbiology, and is

given in memory of Alice C. Evans, the first woman to be elected ASM President, in 1928.

Rothman joined WRAIR in 1978 as a research chemist, and has since served as deputy project officer for construction of the New Walter Reed Army Institute of Research, and director of the office of research management. Rothman has a Ph.D in microbiology/biochemistry from Boston University, a Masters degree in microbiology from BU, and a Bachelor of Science in biology from Simmons College.

Rothman's colleague, Dr. Barbara H. Iglewski, said Rothman has been enormously successful as

a scientist and administrator, but it is her many roles as a volunteer in various professional organizations which has allowed her to work tirelessly to mentor women in microbiology and to support women scientists at all levels. She was a founding member of the Washington Chapter of the Association of Women in Science and was long involved as a member and later as chair of the Committee on the Status of Women Microbiologists.

She organized and convened numerous roundtables at ASM general meetings as well as spending countless hours counseling and advising individuals and groups of women

on their careers. She has supported many senior microbiologists by nominating them for awards and leadership positions, hence supporting their career advancement.

Rothman's interests are health science research administration and policy, including management of institute research portfolio; research integrity and responsible conduct of research; human subjects protection; quality assurance; physician credentialing; extramural contracts; laboratory design; the National Research Council Associateship program; bacterial toxinology, anaerobic bacteriology; immunology and cell biology. (WRAIR)

Capsules

Africa

MAJ Terry Clark and SFC Roddy Rieger from U.S. Army Africa led a three-day workshop for medical staff from the Malawi Defence Force in Lilongwe, Malawi. Topics covered included an overview of U.S. military medical operations, preventive medicine, casualty evacuation, medical evacuation operations and combat lifesaver programs.

AMEDD Center and School

The AMEDD Center and School received the award of excellence from the Balanced Scorecard Institute.

"Balanced scorecard is about superior decision making and starting right here in the school-house is the appropriate place," said Kevin Zemetis, vice president of international operations for the institute.

A new medical clinic at Camp Bullis, Texas, has been named in honor of SPC Taylor J. Burk, a medic killed in Iraq in 2005. The 15,283-square-foot facility includes 14 exam rooms, two patient treatment rooms, five offices and a conference room. Services include chronic disease management, preventive health-care services, immunizations, urgent care, radiology, laboratory,

pharmacy and a licensed clinical social worker to provide marriage, Family and individual counseling.

Student Soldiers at the AMEDD Center and School now learn field medicine at a Deployment Medical Systems Equipment Training Site consisting of Alaskan Shelter dome-shaped tents connected to form a combat support hospital.

"It's critical that our training is realistic and provides our medics with the equipment and experiences that they will encounter as they go to their first duty assignment; for many of them it's deployment," said COL Donna Whittaker, dean of the AMEDD Center and School.

The 187th Medical Battalion has moved into newly renovated barracks with new electrical wiring, plumbing, heating and air conditioning. Rooms are arranged in pods with bathrooms and study areas within Soldiers' rooms.

Korea

About a dozen 2nd Infantry Division medical officers toured the site of the former Camp Mosier, once occupied by the 43rd Mobile Army Surgical Hospital, inspiration for the "M*A*S*H" book, film and television series. They learned about Korean medical procedures from the Republic of Korea unit that now occupies the site.

"In the event of actual war,

we'd be coordinating closely with Korean caregivers, so an understanding of their organization and capabilities is important to our success. The MASH aspect just added a human interest angle," said MAJ Todd Speer, deputy division surgeon.

Brooke

The structural steel frame for the seven-story expansion of Brooke Army Medical Center is complete, leading to a "topping out" ceremony. The project, to be completed in 2011, will add about 760,000 square feet of space, providing space for 200 more beds, a Level I trauma center, operating rooms, clinical and administrative space and an extension of the burn center.

Fort Lee

Kenner Army Health Clinic now has a renovated active duty clinic. The project adds 1,100 square feet of space, with more examination rooms, more provider offices and a larger waiting area.

Landstuhl

Three Air Force officers assigned to Landstuhl Regional Medical Center were recognized with service-wide awards. MAJ Shannon Womble was named the Critical Care/ICU Nurse of the Year as well as Air Force Nurse of the Year. LTC Raymond Fang won the Air Force Surgical Excellence Award and LTC

Alexander Servino was named Air Force Podiatrist of the Year.

Fort Drum

A new 18,400-square-foot, 24-chair dental clinic at Fort Drum, N.Y., has been dedicated in memory of COL Frank Powell Stone, eighth chief of the Dental Corps.

Eisenhower

Mary Buchanan and Ted Newton of Eisenhower Army Medical Center were among 12 people named "Heroes of Infection Prevention" by the Association for Professionals in Infection Control and Epidemiology.

Public Health Command

Larry Tannenbaum, an environmental scientist for the Public Health Command (Provisional) has been granted a patent for a method to directly assess the health of small rodents at contaminated sites, thus improvement accuracy of risk assessments.

"Chemical-by-chemical evaluation doesn't give you anywhere near a 100 percent picture of what is going on in the environment. Animals have an integrated exposure to the stressors in their environment, and a proper assessment needs to take a holistic approach," Tannenbaum said.

SHORT

CSM Matthew Shepardson, formerly troop command sergeant major at Madigan Army Medical Center, now is commandant of the noncommissioned officer academy at Joint Base Lewis-McChord, Wash....David Alberth and Gerald Faló, health physicists at Public Health Command (Provisional), were awarded the Environmental Protection Agency Bronze Medal for commendable service...John Corvin, force protection officer at Walter Reed Army Medical Center, was selected as a member of the 2010 Army Antiterrorism Honor Roll.

Robert Zagorski, a medical technologist at Walter Reed Army Medical Center, was named Volunteer of the Year by Greater D.C. Cares. His varied volunteer activities include delivering groceries to seniors, dog handling, reading to children, mentoring Special Olympics athletes, spending time with veterans at the Armed Forces Retirement Home, leading business executives in service projects, teaching high school students about credit, serving hot meals to the homeless and planting trees.

Carmen Lopez, director of equal opportunity for MEDCOM, received a Department of Defense Certificate of Achievement for her 30-year career in the field, during a student summit in San Antonio, Texas, sponsored by Heroes and Heritage and the Department of Defense.

LTC Kao Bin Chou, regimental surgeon for the 75th Ranger Regiment, recently completed Ranger training as Officer Honor Graduate...Staff of the Public Health Command (Provisional) injury prevention program served as authors and editors of a military injury supplement to the January issue of *American Journal of Preventive Medicine*...Darnall Army Medical Center received three-year accreditation with commendation from the Commission on Cancer of the American College of Surgeons.

A college for nurses opened at Basrah, Iraq, with an initial class of 16 women and 14 men. Helping get the four-year college started were MAJ Diane GreenPope, health advisor for the Basra Provincial Reconstruction Team, and CPT Sue Mosier, 17th

Fires Brigade surgeon...Injured service members, veterans and Families have improved access to <http://www.NationalResourceDirectory.gov>, a one-stop site for information about benefits, education, transition and medical care.

Soldiers of the Year and NCOs of the Year include: SPC Steven P. Canales and SSG Chris J. Ciro at Dental Command; SGT Chad Thornton and SSG Nicholas J. Rogers at Military Research and Materiel Command, SPC Emanuel Browsky and SSG Paul Walker at Pacific Regional Medical Command; SPC Noe Cordova and SGT Juan C. Arias at Pacific Regional Veterinary Command; SPC Denise Childs and SGT Edward Hunting at Pacific Regional Dental Command; SPC Robert Van Houten and SGT Gale Beaubien at Europe Regional Medical Command; SPC John Evans and SSG Adam Sahlberg at Western Regional Medical Command; SPC David Schuler and SSG Antonio Santini-Rivera at Southeast Regional Veterinary Command; SPC Scottie T. Bullock and SSG Cesar Quintana at Europe Regional Dental Command; SGT Dow Evan Jr. and SFC Hector Santiago-Perez at the AMEDD Center and School; SPC Donald L. White and SGT Hiram Hendri at Public Health Command (Provisional) and SGT Roger Martin and SSG Christopher Ciro at the Army Dental Laboratory.

SGT Bryan Rippee is Special Operations Command's Medic of the Year while SFC Owen Wendelin is Special Forces Medic of the Year...SPC Michael O'Callaghan, a medic with the 1138th Engineer Company, is Soldier of the Year at the 35th Engineer Brigade.

Millennium Cohort Study to include military Families

by Elaine Wilson

A Defense Department study that explores the long-term health effects of military service, including deployments, will expand its scope to military Families starting in June.

With nearly 150,000 service member participants, the Millennium Cohort Study is the largest prospective health project in military history, according to the study's Web site. The study launched in 2001 and will span 21 years by the time it concludes in 2022.

"Researchers have done a good job of studying the impact of deployment on service members beginning with Vietnam, but Family members have been pretty much overlooked," said William E. Schlenger, principal investigator for the study's Family impact component.

Researchers will remedy that in June, when the study will enroll a new panel of about 62,500 service members. About half will be married, and researchers anticipate that about 65 percent will give permission to contact their spouses, Schlenger said. In the end, researchers hope to have a sample of about 5,000 spouses whose service member has deployed one or more times, and about 5,000 spouses whose member has not deployed, he said.

"The objectives of the Family component are to answer important health-related questions about military service members and their Families in the context of deployment and other occupational exposures," Schlenger explained, "and to assess the importance of Family support and other factors on the health outcomes."

Experts will ask spouses about their physical and mental health and also about the status of their service member, Schlenger said. Both will be asked about the quality of their relationship with each other and, if applicable, about how deployments are affecting their children.

"We'll also ask the spouse about the specific kinds of stressors that have happened in the Family that are attributable to deployment," Schlenger added.

Researchers project they'll have some findings by 2012, he said.

The study's expansion marks an important step in military Family research, Schlenger said, with other studies soon to follow.

"A number of funded studies will be started soon, so there will be much more information about the effect of deployment on Families in the near future," he said.

While the Family component is a step in the right direction, Schlenger said, he hopes studies like this will be expanded even more in the future.

"Virtually all of the studies that have been funded, or are soon to be funded, focused largely on married people and on the spouse and the children," he said. About half of the military is married, he added, but the other half is "out completely."

"But those people have Families too — mothers and fathers, brothers and sisters, a whole lot of other Family members who can be impacted," he said. "We need in the next round to be able to focus on the broader impact on Families." (American Forces Press Service)

Families need Comprehensive Fitness, too

by Stefanie Pidgeon

Resilience assessment and training is now available online for Family members of Soldiers.

The Comprehensive Soldier Fitness program has been available to Soldiers already for several months. Now their Family members can participate as well, at www.army.mil/csffamily.html, beginning with a specially designed assessment tool.

"The CSF program will build our Family members up as the Army is currently providing very similar training to Soldiers," said Dana Whitis, Family programs specialist for Comprehensive Soldier Fitness. "This training will empower them to face life challenges with their Soldier — as a team."

Assessment

Family members are asked to first complete the Global Assessment Tool, or GAT — a private, online assessment designed to measure strength in four dimensions of fitness.

Comprehensive Soldier Fitness aims to improve people's overall strength in five dimensions: social, emotional, spiritual, family and physical.

The GAT was launched for Soldiers Oct. 1 and all are supposed to complete it by May 31. Now the survey has been redesigned to meet the needs of Family members so that they, too, can identify their baseline in each dimension and immediately begin training based on their assessment to enhance their resilience.

This online training comes in the form of Comprehensive Resilience Modules. These modules were created with the intent to provide people with tools and skills needed to immediately begin enhancing their coping and communication skills, among others needed to more effectively communicate with their spouse or deal with adversity.

"[By participating in the CSF program I've learned] that the use of good questions and knowledge of personal strengths can change perspective," said Danielle Corenchuk, Army Family member, "and lead to positive outcomes and effective communications."

More tools coming

As the program continues to evolve, so will the tools available to Family members. Currently four Comprehensive Resilience Modules are available to Family members, but many more are currently in development, officials said.

Soldiers who have already benefited from the program, like SSG Jeffrey Holden, recognize how the training can be implemented at home.

"The most valuable take-away I received thus far is the re-energized feeling of hope," Holden said. "This [training] couldn't have come at a better time for me and my Family. I can't wait to get home and use these tools in my Family. It's like a light bulb has been turned on in my head." (Army News Service)

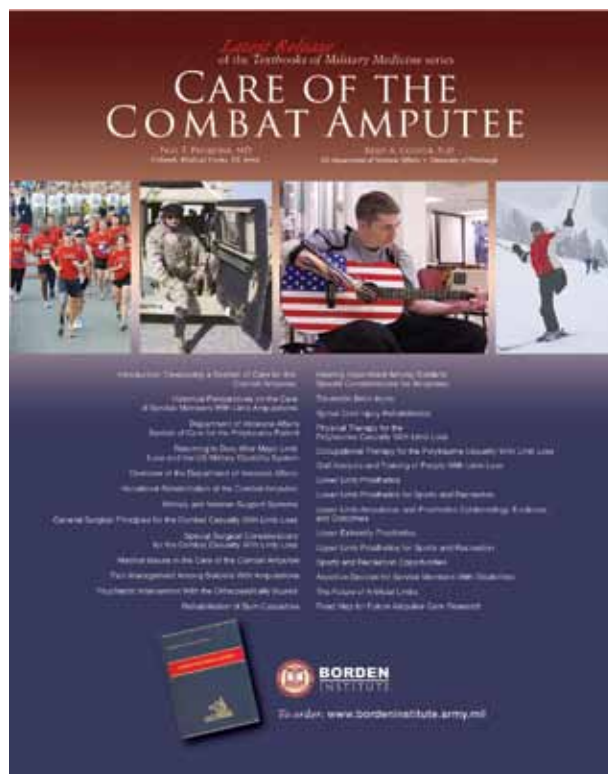
New Borden book studies amputee care

Focusing on the critical issue of multifaceted care for combat veterans with major limb amputations and polytrauma, the Borden Institute has released *Care of the Combat Amputee*, the latest volume in the *Textbooks of Military Medicine* series.

This book provides a significant update to the field of rehabilitation, with comprehensive coverage of emerging approaches, techniques, and technologies for amputee care.

"Despite more destructive weapons and horrific wounds, the men and women of Military Medicine, as a whole, have continuously adapted to changing requirements and have developed comprehensive rehabilitative methods. This approach, combined with the goal of restoring our wounded service members to the highest possible functional level, is resulting in the optimal reintegration of our wounded Warriors," according to LTG Eric B. Schoemaker, Surgeon General of the Army.

Written by experts in the military, Department of Veterans Affairs, and private sector — with specialty editing by COL Paul Pasquina (Medical Corps) and Dr. Rory Cooper (VA; University of Pittsburg) — the publication addresses aspects of combat amputee care ranging from surgical techniques to long-term care, polytrauma and comorbidities such as traumatic brain injury and burns, pain management, psychological issues, physical and occupational therapy, VA benefits, prosthetics and adaptive technologies, sports and recreational opportunities, and return to duty and vocational rehabilitation.



Each book in the series is a comprehensive subject reference, extensively illustrated, and written to integrate lessons learned in past wars with current principles and practices of military medicine.

The Borden Institute offers volumes in hardback, as well as on its Web site and on CD-ROM. For more information on the Borden Institute and how to order the publications, visit the organization online at www.bordeninstitute.army.mil. (Borden Institute)

Virtual reality promotes behavioral health

by **Lorin T. Smith**

Behavioral health providers have treatment options for Soldiers dealing with serious examples of post-traumatic stress disorder (PTSD), but one receiving lots of attention is Virtual Reality Exposure Therapy (VRET).

The Department of Defense National Center for Telehealth and Technology (T2), in partnership with the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, and the United States Army Acquisition Activity,

is conducting a four-year study at Madigan Army Medical Center to determine the effectiveness of VRET on active duty service members returning from Operations Iraqi Freedom and Enduring Freedom who are suffering from PTSD.

Through VRET, behavioral-health providers can use 360-degree, interactive computer-generated environments uniquely tailored to reexpose the patients to the environment and experience where the trauma occurred

Established Prolonged Exposure requires a

person to imagine, in as much detail as possible, the traumatic situation and describe the image or memory verbally.

Dr. Greg Reger, the chief of T2's innovative technology applications division, said "imaginal" exposure is less effective than other treatments on patients exhibiting combat-related trauma.

Some people find it difficult to imagine in sufficient detail or for a long enough time to reduce anxiety, he said.

"With a constant stressful environment and exposure to potentially multiple traumatic events, people get emotional disengagement," Reger said.

Patients undergoing VRET still explain to the therapist what happened that caused the trauma, but are exposed to a variety of computer-generated stimuli with the program "Virtual Iraq." VRET is designed to promote a multi-sensory emotional connection to the memory. After a number of sessions, this helps the patient gradually face the traumatic experiences that underlie his or her distressing memories.

"Consider the difference between someone closing his eyes and imagining the situation versus someone who tells his story while the same type of event is occurring with the sights and sounds — it is so much more emotionally-engaging," Reger said.

DoD is expanding its use of VRET treatments. Walter Reed Army Medical Center in Washington, D.C., and Naval Medical Center San Diego are conducting their own VRET-based studies; Tripler Army Medical Center in Hawaii and a number of Veterans Affairs hospitals are starting to use virtual reality, as more service members transition into veterans. (Madigan)



SGT Matthew Payne demonstrates the "Virtual Iraq" program. (Photo by Hylie Jan Pressey/Madigan)

Virtual reality helps burn patients endure therapy

Story and photo by **Steve Elliott**

Military members who have combat burn injuries can suffer through some of the most intense and prolonged types of pain imaginable.

Patients need daily care to clean the wound and daily physical therapy to stretch the newly healed skin.

Despite the use of strong painkillers, most burn patients report severe to excruciating pain during wound care. Even knowing pain from wound treatment is coming can bring on anxiety and stress for these patients, according to MAJ Peter DeSocio, an anesthesiologist with the burn center at Brooke Army Medical Center.

"Burn pain is generalized and not easy to treat," DeSocio said. "We can't just give the patient a shot to make it stop."

The 40-bed burn center, part of the Army Institute of Surgical Research, has treated more than 800 military personnel injured in war.

Research is now showing that an interactive video game can ease the pain and stress during burn wound treatment.

Patients use "SnowWorld," a three-dimensional video game that employs high-tech goggles and earphones, allowing patients to immerse themselves in the game experience.

While in the game, they are drawn into the action as they glide through an icy world of frozen canyons and mountains, and loft snowballs at snowmen, igloos, mammoths and penguins. It allows the wounded warriors to focus on something other than their injuries and treatment.

"Once I was using this system, I wasn't expecting the pain (from the dressing changes),"

said SGT Oscar Liberato, a 23-year-old tanker. "I wouldn't be focusing on it so much and it kept my mind off what was going on."

Liberato suffered severe burns on his left arm and hand two years ago in Iraq.

The sergeant said it used to take longer to change the dressings and do any kind of debridement to remove blisters or dead skin.

"I would constantly complain about the pain, and therefore need more medication," Liberato said. "Using the virtual reality during the treatment, it takes less time to change the dressings and I didn't feel like I needed as much of the drugs."

For the combat veterans, who may have sensitive skin from burns on their heads and faces, an articulated arm was created to position the VR goggles, instead of having to wear a helmet, DeSocio said.

The entire unit costs about \$40,000 to \$50,000, with \$30,000 just for the goggles. Patients manipulate a computer mouse to interact with the environment, allowing them to pick up and throw snowballs, for example.

"I think this will benefit more Soldiers if they get a chance to use it," Liberato said. "It'll make their time spent here less traumatic." (Fort Sam Houston News Leader)



SGT Oscar Liberato uses the SnowWorld interactive video game that relieves pain during burn therapy.

May 1 is day to celebrate rule of law

by Jaclyn Shea

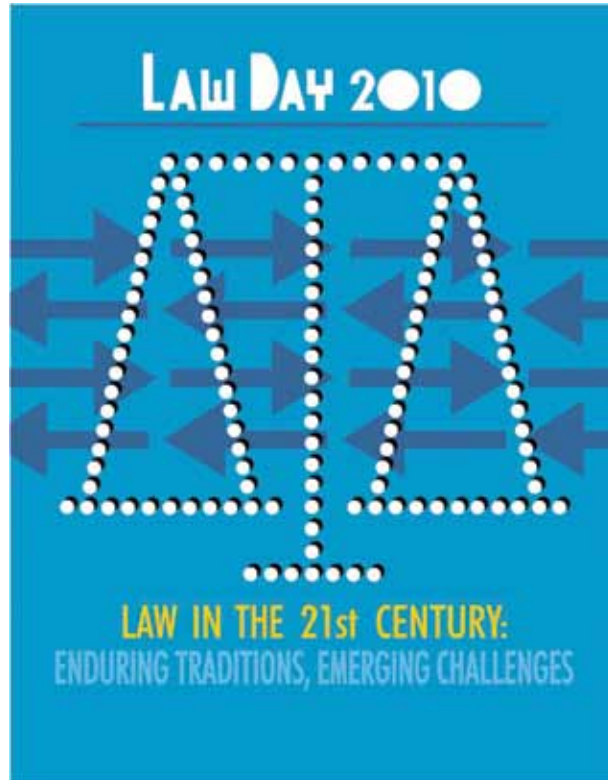
In 1958, President Dwight D. Eisenhower proclaimed May 1 as "Law Day." Law day was envisioned by Charles Silvanus Rhyne, then president of the American Bar Association (ABA), to be a special day for celebrating United States law. The day's purpose was to rededicate lawmakers and to educate the rest of the public about the rule of law in our nation. Every President since then has also issued an annual Law Day Proclamation.

Day of reflection

Law Day is an opportunity for all Americans to pause and reflect on the importance of our legal and judicial systems. Each year, the ABA selects a theme for Law Day programs and activities. Law Day is celebrated throughout the country by local bar associations, courts, schools, and other organizations. The ABA's theme for 2010 is "*Law in the 21st Century: Enduring Traditions, Emerging Challenges.*"

In the 21st century, many challenges confront our country, the world, and the law. Populations are more mobile. Economic markets are becoming global. Transactions demand cultural understanding. The Internet and other communication

technologies bridge time zones and distances to form new communities not bound by territory. In the face of these emerging challenges, it is important to adapt to these new conditions, acquire



a better cultural understanding, and renew our commitment to enduring legal traditions. Legal traditions such as liberty, justice, and equality under the law have been vital to our democracy and essential to preserving our personal liberties.

One of the greatest challenges to our country is the use of military forces overseas and establishing the rule of law worldwide. The rule of law can provide many social, economic, and political benefits. The use of military forces overseas requires adherence to the international human rights and laws of war and it presents an even greater demand for cultural support and understanding.

Need remains

Times may change, but the need for law will always remain strong. The major purpose of Law Day is to have an occasion when people will pause and recognize the tremendous contribution that law has made on our lives to promote our progress and to insure the human rights which made that progress possible.

On May 1, pause and reflect on the legal system in our country, its history, its future, and importance in this rapidly changing world. (MEDCOM office of the staff judge advocate)

'I. A.M. Strong' campaign aims to prevent sexual assaults in Army

by Lisa Young

Sexual assault in the Army is a serious, high-profile issue. Historically veterans' hospitals report high percentages of their female veterans as victims of sexual assault while serving in the military. In response, the Army and Department of Defense continue to address the crime of sexual assault.

The Army's prevention program is "I. A.M. STRONG," where the letters "I," "A," and "M" stand for "Intervene, Act, Motivate." The Army's goal is to combat sexual assaults by engaging all Soldiers in preventing them before they occur. Soldiers should not tolerate acts of sexual harassment or obscene language, gestures or behavior, but rather display personal courage in defending other Soldiers from these behaviors and from assault. This is especially important when alcohol is involved, since taking a stance against potential perpetrators of sexual assault can make a difference.

Actively engage

Army leaders are expected to develop and maintain a command climate that encourages Soldiers to actively engage in their units and communities to treat others with respect and prevent sexual assault.

In both Army and DoD, an integrated sexual assault response network provides access to support systems and response personnel. Response personnel include the Sexual Assault Response Coordinator (SARC), Victim Advocate (VA), health-care providers, law enforcement and criminal investigators, judge advocates and chaplains. Most people have difficulty identifying situations that require intervention, and studies show that few are likely to act if others do not respond. Commanders, SARCs and VAs have the ability to create an environment of mutual respect and

motivation to prevent sexual assault.

The Army maintains a Sexual Assault Prevention and Response Web site. The site offers information on policy, prevention, training and leader prevention roles, as well as direction on what to do if sexually assaulted. The site also includes the Army's 2008 report on Sexual Assault, training initiatives and materials such as posters and banners, which can be used to support training.

Training

The Army and other military services require sexual assault training in accession programs as well as pre-deployment training that provides information regarding the cultural differences of a given host country and coalition partners. Commanders receive ongoing training to help guide their actions related to the needs of a sexual assault victim and rights of the accused, as well as actions that assist their organization.

Sexual Assault Awareness Month is a national observance marked in April. It's designed to raise awareness and promote the prevention of sexual violence. (Public Health Command (Provisional))

Information online

Sexual assault prevention information and materials are available from the following:
DoD sexual assault Web site, <http://www.sapr.mil/>
Army sexual assault Web site, <http://www.sexualassault.army.mil/>
USACHPPM sexual assault tip card, <http://usachppm.amedd.army.mil/HIOShoppingCart/viewItem.aspx?id=74>
SAAM Web site, <http://www.nsvrc.org/saam/> (search for "Army")

Trained nurses deal with sex assaults

Womack Army Medical Center at Fort Bragg, N.C., offers a comprehensive program for victims of sexual assault.

"The Sexual Assault Nurse Examiners (SANE) are a team of 12 nurses, primarily based in the emergency department and other clinical areas of Womack, who are specially trained to meet victims' medical, emotional, and legal requirement. Additionally, they ensure compliance with all laws and Army regulations," said COL Frank Christopher, the chief of Womack's department of emergency medicine.

SANE nurses undergo two weeks of intense training, one covering Army regulations, relevant male and female anatomy and physiology, forensic examination and evidence collection, medical photography, psychology of the sexually assaulted patient, interview skills, use of social work services, family advocacy, Army Emergency Relief, rape crisis centers; and a week of clinical skills.

The SANE Nurses are on call 24 hours per day to respond to patients of alleged abuse. They determine the extent of injuries and how to treat them, perform genital exams, collect potential evidence and photographs, and perform baseline testing for pregnancy and sexually transmitted diseases. They also coordinate with outside agencies for follow up and future treatment. If needed, they testify in criminal cases. They also ride along with local law enforcement officials, attend criminal trials and conduct scenario-based practical exercises. Each SANE nurse conducts 40 proctored genital exams.

Improvements in DNA collection and forensic testing allows evidence to be collected longer than the normal 24 hours after an assault. (Womack)

Wounded warrior named top adventurer

by David Bedard

Wounded by a roadside bomb more than three years ago, LTC Marc Hoffmeister has surmounted his injuries to tie for *National Geographic* magazine's Reader's Choice Adventurer of the Year Award.

Hoffmeister organized a mountaineering team for a Mount McKinley expedition last year that included

four wounded veterans.

When not on duty as the chief engineer for the Alaskan Command/Joint Task Force Alaska, he found sponsors for "Operation Denali" and began training a team for the expedition. Along with Hoffmeister, his wife Gayle and longtime friend Bob Haines were:

* SPC David Shebib, another

wounded warrior from the 4th Brigade Combat Team, 25th Infantry Division, who suffered severe head and chest injuries.

* Marine CPT Jon Kuniholm, who lost his right arm while serving in Iraq.

* Retired Army SFC Matthew Nyman, who lost his right leg below the knee while serving in Iraq.

The climbers had to learn how to use teamwork to mitigate individual disabilities, Hoffmeister said.

"Who can tie knots for me and for Jon because our hands don't work?" Hoffmeister asked. "How do we handle load distribution or how do we handle snowshoes for Matt who's working off of a prosthetic leg? How do we protect Dave's face from the UV radiation from the snow?"

"It was necessary for all of us to be in tune with where we were at physically and mentally throughout the climb and then adjust the team's pace or load or take a rest day based upon how somebody else was doing in the team," he continued.

With Kuniholm succumbing to high-altitude pulmonary edema at 16,200 feet, Nyman suffering from mountain sickness at 17,200 feet and Gayle Hoffmeister show-

ing signs of mild hypothermia at 18,000 feet, Marc Hoffmeister said only he, Shebib, Haines and guide Kirby Senden were able to make the summit.

"Your average success rate on Denali for an able-bodied team is 50 percent regardless," Hoffmeister detailed. "We were at the 50 percent number, not because of our injuries but because of the beast of altitude."

Being named Adventurer of the Year was an honor which has implications for other wounded warriors, Hoffmeister said.

"The climb wasn't about us," he explained. "One of our goals was to demonstrate by example that we could overcome any obstacles through perseverance and the human spirit."

Slated to take command of 6th Engineer Battalion, 3rd Maneuver Enhancement Brigade, this summer, Hoffmeister recently returned from what he termed a relaxing vacation climbing Mount Kilimanjaro, Tanzania, with his wife.

Not content to rest on his crampons, the Army engineer said he would like to lead another wounded warrior climb up Argentina's 22,000-foot Cerro Aconcaqua, the highest peak in the Americas. (Fort Richardson)



LTC Marc Hoffmeister gathers equipment while preparing to climb Mount McKinley in Alaska. (Courtesy photo)

Research scientist wins marathon; qualifies for U.S. Olympic trials

by Terry Rice

Brett Ely, a research physiologist in the thermal and mountain medicine division at the Army Research Institute for Environmental Medicine, was the women's winner in the Miami Marathon this year.

A record field of 18,321 athletes ran the marathon in 71 degree temperature and 93 percent relative humidity.

Ely's finishing time of 2:45:36 qualifies her for the 2012 U.S. Olympic Marathon Trials by 24 seconds. She will compete with about 150 other top U.S. female runners at the Olympic

trials for three spots on the 2012 U.S. Women's Olympic marathon team.

She qualified and competed in the 2004 and 2008 U.S. Olympic trials as well.

Ely's research work at USARIEM involves studying the effects of extreme temperatures on Soldiers and athletes. She is a co-author of a published paper that examined pacing physical performance in the heat. A personal strategy of conservative pacing to prevent starting out too hard and running out of energy during the marathon may have played a role in her victory. (Fort Detrick Standard)



Big splash

Ted Hammond won four individual races and two relays to lead the Fort Lewis, Wash., DENTAC to the post swimming championship.

Hammond, 56, placed in the top 10 of four events at the 2008 U.S. Masters Swimming Long Course Nationals, including second place in the 50 and 100 freestyles.

"I've been swimming masters for probaby 13 years," Hammond said. "I like the nationals, because that's where the big thunder shows up." (Photo by Bob Reinert/Northwest Guardian)

Medic instructor marksman wins Army shooting championship

Army Reservist Russell Moore withstood strong competition and unpredictable weather to win the 2010 overall championship at the All-Army Small Arms Championships at Fort Benning, Ga. This was his second overall title in a row.

Moore is assigned to the 2nd Battalion, Small Arms Readiness Group. His civilian job is instructor at the Deployable Medical Systems Equipment Training and Warrior Task Battle Drill sites for the AMEDD Center and School.

With some 300 shooters competing, Moore and his teammates from Fort Sam Houston, Texas, claimed the top team prize after a week full of pistol, rifle, long-range rifle and combined arms matches.

"I feel it's a Soldier's duty to come here and test their capability, test their mettle against their peers," Moore said.

Moore received a Secretary of the Army M1 Garand Trophy Rifle as overall champion and a 1911 pistol as pistol champion.

Matt Jones of Fort Benning, Ga., MEDDAC finished with the highest score among active-duty Soldiers in grades E1 through E4. Christopher Jenkins, with the Institute of Surgical Research, placed second in the pistol barricade match.

Soldiers were given hands-on marksmanship instruction by the hosts of the competition, the Soldiers from the U.S. Army Marksmanship Unit, with the intent of bringing lessons learned back to their units for dissemination.

"The [combat medic] is shoulder-to-shoulder with the warfighter on all of their missions — the only AMEDD MOS in the foxhole with the Combat Arms Soldiers as they disrupt or destroy the enemy. This intimate medical support is perhaps the largest combat multiplier on the battlefield," said LTC Paul Mayer, director of the department of combat medic training at the Center and School. (AMEDD Center and School and USA Marksmanship Unit contributed to this report.)

Good work honored at MHS meeting

A number of awards were presented to Army people during the 2010 Military Health System conference.

LTC C. Becket Mahnke, a pediatric cardiologist at Tripler Army Medical Center, received the Health Care Innovations Program Award in the category for access and convenience. He developed the signal teleauscultation device (electronic stethoscope), with which digital heartsounds can be diagnosed remotely through telemedicine. The device received approval from the Food and Drug Administration in 2009, and six are in use in the Pacific region.

"Since the device has been in use, we have already prevented about 12 air evacs to Tripler — which not only saves dollars, but also (hopefully) gives the Families peace of mind that their child is normal," Mahnke said.

Brooke Army Medical Center and Fort Lee, Va., MEDDAC received Patient Safety Awards for identification and mitigation of risks and hazard.

The Uniformed Services University of Health Sciences honored Walter Reed Army Medical Center and Fort Belvoir, Va., MEDDAC with awards for Military Treatment Facility Excellence in Teaching, in categories for large facilities and small facilities, respectively.

Monetary awards

The Surgeon General LTG Eric B. Schoemaker presented monetary awards to units showing increases in health-care capacity and improvements in quality. The units, and the total amount of their awards, are:

Landstuhl Regional Medical Center, \$480,000
 Brooke Army Medical Center, \$360,000
 Fort Campbell, Ky., MEDDAC, \$260,000
 Fort Riley, Kan., MEDDAC, \$240,000
 Fort Carson, Colo., MEDDAC, \$220,000
 Fort Stewart, Ga., MEDDAC, \$180,000
 MEDDAC Japan, \$170,000
 Fort Polk, La., MEDDAC, \$140,000
 Fort Jackson, S.C., MEDDAC, \$120,000
 Eisenhower Army Medical Center, \$110,000
 Madigan Army Medical Center, \$110,000
 Tripler Army Medical Center, \$100,000
 Walter Reed Army Medical Center, \$100,000
 Fort Rucker, Ala., MEDDAC, \$100,000
 Fort Lee, Va., MEDDAC, \$90,000
 Darnall Army Medical Center, \$90,000
 MEDDAC Korea, \$90,000
 West Point, N.Y., MEDDAC, \$70,000
 Pacific Regional Dental Command, \$60,000
 Fort Belvoir, Va., MEDDAC, \$60,000
 Fort Knox, Ky., MEDDAC, \$60,000
 Fort Sill, Okla., MEDDAC, \$60,000
 Fort Benning, Ga., MEDDAC, \$60,000
 Fort Huachuca, Ariz., MEDDAC, \$60,000
 Heidelberg, Germany, MEDDAC, \$60,000
 Western Regional Dental Command, \$50,000
 Southern Regional Dental Command, \$40,000
 Fort Eustis, Va., MEDDAC, \$30,000
 Bavaria MEDDAC, \$30,000
 Fort Meade, Md., MEDDAC, \$30,000
 Northern Regional Dental Command, \$30,000
 European Regional Dental Command, \$20,000

Brooke physician receives DoD female leader award

by Maria Gallegos

LTC Jennifer Thompson, director of graduate medical education at Brooke Army Medical Center, received the "Building Stronger Female Physician Leaders in the MHS" award during the 2010 Military Health System Conference.

This award was created by the Military Health System's Chief Human Capital Office to identify and honor outstanding female physicians who have distinguished themselves by their significant contributions to the practice of military medicine while being exemplary role models for others, according to the *US Medicine* Website.

COL Lisa Zacher, chief of the department of medicine at Brooke, nominated Thompson for her exceptional performance, her commitment to graduate medical education and her dedication as a mentor for various female resident research projects.

Thompson's numerous contributions, commu-

nity services and awards demonstrated distinctive achievements and service during her military tenure. She also played a positive role model for several women in medicine and actively involved herself in community service activities.

"Her deployment to Iraq also allowed her to interface with commanders at many different levels promoting the role of women in medicine, education and research," said Zacher. "She expects perfection [research projects] with each slide being carefully reviewed and each presentation repeatedly rehearsed. She displays and expects excellence. And holds numerous awards for her teaching knowledge and clinical abilities," said Zacher.

"It was a tremendous honor for me [to receive the award]; I was humbled when I heard the amazing accomplishments of the other awardees," said Thompson. (Brooke)

MEDCOM honors two for patient help

by Jerry Harben

Medical Command has recognized two workers who provided outstanding service to customers during 2009.

Julie Lovelady of Fort Stewart, Ga., MEDDAC was named Beneficiary Counseling and Assistance Coordinator (BCAC) of the Year. Irene Chatman of Heidelberg, Germany, MEDDAC was proclaimed Debt Collection Assistance Officer (DCAO) of the Year.

Lovelady has been a health benefits advisor since 1996. In the most recent year, she tracked 1,538 cases, helped 769 walk-in patients, responded to 3,000 phone calls and processed more than 250 temporary duty actions.

She presents critical information to Soldiers and Families preparing for deployment, as well

as members of the warrior transition unit, and also trains casualty assistance officers.

Chatman supervises the Heidelberg Claims Center as well as being DCAO. She must be an expert in German debt-collection processes, as well as DCAO regulations. She has established a tracking system that captures incoming claims, actions taken and date released for payment.

During the transformation of Heidelberg MEDDAC which included closure of six outlying clinics, Chatman assumed the DCAO workload from those clinics and resolved all pending cases. She has established positive relationships with local health-care providers and has been able to obtain waivers for legal fees and court costs, thus saving many beneficiaries money.



Takedown!

PVT Travis Netherton of the 264th Medical Battalion pins PVT Brian Black of the 232nd Medical Battalion during the Fort Sam Houston, Texas, combatives

tournament. Combatives is a hand-to-hand struggle between two or more people. (Photo by Esther Garcia/Fort Sam Houston)

Mercury Comment

The opinions expressed on this page are those of the writers and are not official expressions of the Department of the Army or this command.

Command corner

Successful flu campaign still ongoing

by **LTG Eric B. Schoomaker**
Surgeon General of the Army and MEDCOM commander

The annual or seasonal flu is waning quickly, accompanied by a gratifying diminution of new cases and hospitalizations attributable to the novel H1N1 or “swine” flu. In fact, the novel H1N1 flu may have supplanted the seasonal flu this year.

By all accounts, this new flu has proven to be less dangerous and less contagious than we had all feared. I like to believe that the efforts which you all, the Army and Department of Defense, the Federal, state, county governments and private health-care system have undertaken to protect us from this flu are bearing results.

Meticulous attention to hand-washing, limiting handshakes and other behaviors which may spread

infectious materials, getting vaccinated against the novel H1N1 flu as well as the seasonal flu, social isolation when ill — such as staying home from work and school — and other efforts to reduce the spread of the virus may well be proving effective.

I fear that because the virus has been less injurious to most of us that we will lose sight of what these efforts have done to protect us all. Protecting yourself and your Families from the H1N1 and the seasonal flu should be a personal and professional priority.

For those of you who have not received one or both of the vaccinations, we may see a rise in seasonal influenza or another wave of H1N1 influenza. If you have not gotten your immunizations, please do so NOW. The novel H1N1 vaccine has

been very safe and very effective.

Protect yourself:

- * Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If a tissue isn't available, cough or sneeze into your upper sleeve or elbow (not your hands).

- * Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.

- * Avoid touching your eyes, nose or mouth. Viruses and bacteria (“germs”) spread this way.

- * Avoid close contact with sick people if possible.

- * If you are sick with flu-like illness, the Centers for Disease Control and Prevention recommend that you stay home for at least 24 hours

after your fever is gone except to get medical care if you are very ill or for other necessities to sustain life. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick. Wear a mask when in close proximity to others.

Every opportunity that we have collectively to learn and practice these public and personal health efforts provides us with just that much more protection from future pandemic threats — natural, such as these flu epidemics — or man-made, as with a deliberate attack by a terrorist.

Please continue your efforts to protect yourself, your Families and friends and the community at large.

Army Medicine...Army Strong

Concern about a little ugly spot leads to life-saving surgery

by **Mark Allen**

Walking with my surgeon from the exam room to his office to schedule my impending surgery, I told him it was my wife's concern about an unsightly mole on my back that sent me to a dermatologist.

The surgeon, Dr. Robert Stone Baxt, wheeled around and impassionedlly stated, “Your wife saved your life.”

Here's the skinny on skin — function, form, beauty, it does it all. Skin is the body's largest organ. This waterproof barrier breathes, sweats, cools, provides sensation, absorbs vitamins, and is a thing of beauty even though it is often vilified for not being deeper. But, I never knew that.

As children, my brother and I lived the lives of modern-day Tom Sawyers in the Missouri Ozarks. Typically, we wore a pair of jeans everyday — no shoes, no shirt. Little did we know that our skin's number one enemy — that jolly old Sun — was planting the seeds of destruction that would erupt under my skin with deadly promise.

I had visited a dermatologist for an annual exam every year. After he retired, I was examined by the doctor who took over his practice, and he did not share the concern that my wife continued to voice.

Finally, I got a referral from my internist for his dermatologist and made an unscheduled visit the next morning. I ambushed Dr. Charles Samorodin outside of his locked office.

Immediately, he said he did not like the

looks of my odious mole, and he was going to take a biopsy.

“You should thank your wife,” he said as he excised a piece of my back, “for getting you here when she did.”

Subsequently, Dr. Samorodin got the dermatopathologist's report and asked me to come and see him. He said I had advanced dysplasia, a pre-cancerous condition, and I would have to have surgery to ensure removal of all the tissue that could turn malignant. He recommended a surgeon and I agreed.

Dr. Samorodin is a true patriot. Following medical school, he volunteered for the Army and Vietnam. He served a tour in South Vietnam during '70-71 with the 199th Light Infantry Brigade, and later, in Long Binh. He was awarded the Bronze Star for a medical program he initiated that impressed the brass in Saigon.

After leaving active service, he stayed in the Army Reserve providing much-needed medical services to our Soldiers for a total of 20 years.

My surgeon also turned out to be a Vietnam veteran. He served as a U.S. Navy flight surgeon working helicopter medical evacuations.

I honor these two patriots for their military service and for the skills of diagnosis and surgery that will truly save my life, but also and especially a wife who looked at my beautiful skin and saw something ugly. (Army News Service. Mark Allen is a retired U.S. Air Force colonel and a U.S. Army civilian working at the National Guard Bureau.)



The last, full measure of devotion

No member of the Army Medical Department died in Operations Iraqi Freedom and Enduring Freedom between Jan. 3 and March 13, 2010.

Mercury

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Green Beret medics earn Silver Stars for Afghanistan heroism

SFC Mark Wanner

SFC Mark Wanner prefers to be referred to as a Soldier, not as a hero. But he graciously humors those who insist on the latter.

The medical sergeant for 19th Special Forces Group received the Silver Star — the nation's third-highest medal for valor in combat — for his actions in Afghanistan during a firefight last May when he saved the life of a fellow Green Beret.

"I'm standing here today, alive, because of the heroic and competent actions Mark performed on the night of May 31, 2009 — Memorial Day," said SFC Sean Clifton.

"I led some guys into a doorway, and that just happened to be the room that had 80 percent of the threat," Clifton said. "I knew something wasn't quite right. Then I got hit."

Clifton was shot in his pelvis and left forearm. Wanner, the team's senior medic, and SFC Matt Scheaffer began working on their wounded comrade as bullets impacted around them. Realizing the danger to their patient, they quickly dragged him around to what they assumed was the safer side of the building.

Wanner knew they couldn't move Clifton unless they had a stretcher, so he ran to the vehicle to retrieve one. As the medic returned, the group began receiving fire from a window about 15 feet away, forcing them to press up against the wall of the building.

As he continued to work on Clifton, Wanner coordinated suppressing fire on the window. Then he tossed a grenade into the room from which they were taking fire. That subdued the enemy long enough to allow the medics to race Clifton to a vehicle for evacuation.

"He was there every step of the way, ensuring I was receiving the best possible care," Clifton said of Wanner's actions. "He assisted the flight surgeon in the MEDEVAC, the trauma surgeons in the [operating room], and even helped out a wounded Soldier that lay next to me. That's Mark, — always going over and above the call of duty."

SSG Linsey W. Clarke

SSG Linsey W. Clarke, a junior medic for the 3rd Special Forces Group, received the Silver Star for risking his life to aid wounded comrades during an ambush near Khordi in southern Afghanistan in February 2009.

A patrol of Afghan and Coalition forces was hit by a roadside bomb, followed by small arms and rocket-propelled grenades.

Clarke ran to a burning vehicle, applied a tourniquet to SSG Eric Engelhardt and then pulled him to safety. Then he ran 100 yards through enemy fire to treat burn injuries of MSG David Hurt, and evacuated him. (Ohio National Guard, Staunton News Leader and Washington Post contributed to these reports.)

Safe and secure

PFC Nichole Hill, a medic with the 3rd Combat Aviation Brigade, checks the vital signs of an Afghan baby evacuated to Bagram Airfield after a series of avalanches in Parwan province.

U.S. helicopters were the only way to help many people trapped in the high and remote Salang Pass. More than 260 patients were treated at Craig Joint Theater Hospital.

"Task Force Falcon medics were some of the first people on the scene," said LTC Katrina Hall, brigade surgeon. "The medics handled the situation efficiently and were professional when working with the patients. They all responded well and took on whatever job was needed." (Photo by SPC Monica K. Smith/3rd Combat Aviation Brigade)

High adventure

Soldiers of the 172nd Infantry Brigade cross a steep slope with klettersteig cables during a Warrior Adventure Quest activity at Hirschbach, Germany. The program is intended to reduce high-risk activity associated with redeployment by allowing Soldiers high-adrenaline activities in safe, controlled environments.

"It's definitely a stress reliever and keeps you focused," said SGT Antwan Stratton. "I wasn't thinking of anything up there except getting to the ground safely."

The Soldiers moved along 50-60 meter cables fixed 30 meters or more above ground.

"Klettersteig is a unique sport," said Luis Robledo, a recreation specialist for Rose Barracks. "It presents an individual challenge, but at the same time we're all using the same cable, we are all completing the task together as a team."

"Even on top of that cliff we were all looking for the guy next to us, that feeling doesn't go away when we come home," said SPC Michael Sullivan. "Whether we are in Iraq or Grafenwoehr, we have each other's back." (Photo by Molly Hayden, Bavarian News)

