ARMY MEDICINE
Bringing Value...Inspiring Trust

MERCURY

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Heart to heart

SPC Samantha Romero, a medic with 1st Brigade Combat Team, 4th Infantry Division, plays with Rafi, a 6-month-old Afghan boy at the Camp Nathan Smith clinic. Rafi needs surgery for a rare heart condition, Transposition of the Great Arteries. The clinic is caring for him while working with medical authorities in Kabul to find a relief organization to pay for the surgery at Afghan Children's Hospital. (Photo by SPC Breanne Pye/4th Infantry Division)

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Mercury Comment

Command corner

Army Family must help members deal with stress

by LTG Eric B. Schoomaker
*The Surgeon General of the Army and MEDCOM commande*r

This Army, its Soldiers and their Families are strained. Nine years of combat, with multiple cycles of deploy, redeploy and train/reset, will necessarily extract a price, including stressed marriages and behavioral health issues.

As medical leaders, we must bear this in mind as we support the human dimension of the ARFORGEN cycle.

Among the initiatives of the ongoing reorganization of Medical Command is a new Public Health Command that will more effectively concentrate resources on helping Soldiers deal with health issues in a proactive way, to keep Soldiers healthy rather than treating them after they become patients. Also, each of our restructured regional medical commands has a readiness division to work within ARFORGEN to meet line commanders' medical expectations for readiness and training, matched to the needs of Soldiers and their Families.

Other initiatives, such as the Behavioral Health System of Care Campaign Plan and the Patient-Centered Medical Home Model, also are helping us deal with the challenges presented by continuous high operational tempo over a prolonged period.

As we strive to provide the best support possible to an Army at war, we must remember that our own medical personnel must face and overcome these stressors as well. Not only are they exposed to the hazards of combat, they must cope with its results on a daily basis. Compassion fatigue is a real risk for health-care professionals.

Often, medical personnel deploy as PROFIS fillers, without the emotional bracing that comes from working with a familiar team, and without the kind of Family support that is so important to other Soldiers when an entire unit is deployed together.

The holidays this month are a special time for most Families. They bring their own stresses, especially for those who must be separated from Family, and for those whose experiences cause them not to experience the time of joy they believe they should.

This is a time when we all must redouble our efforts to be a true Army Family — understanding and supportive to our patients, their Families, our line unit comrades, and each other.

Army Medicine: Bringing Value — Inspiring Trust.

Providers, patients work together in medical homes

Model promises better access, quality, satisfaction

by LTC Timothy Caffrey

In response to widely acknowledged shortfalls in access, effectiveness and efficiency, leading health care systems across the United States are reengineering their primary-care operations to incorporate a set of operating principles collectively referred to as the Patient Centered Medical Home (PCMH).

Core PCMH principles include emphasis on a longitudinal relationship between patient and health-care provider; advanced or open access; comprehensive, coordinated, team care; and more effective utilization of information technology to document and manage care. These principles, advanced and supported by all major physician and nursing organizations with interests in primary care, provide a conceptual framework for implementing the next advance in our primary-care system of health.

System for health

Like its civilian peers, the Army Medical Department has also embraced the PCMH model, recognizing that the PCMH is fundamental to our transformation from a health care system to a system for health. This enthusiasm springs from the simple fact that a growing body of research indicates that adoption of the principles of the PCMH will result in improved access, higher levels of staff and patient satisfaction, better quality of care, lower overall health costs, and improved Soldier and Family readiness.

What will it feel like to receive care in an Army Patient Centered Medical Home? When fully implemented, the patient experience of care will be palpably different.

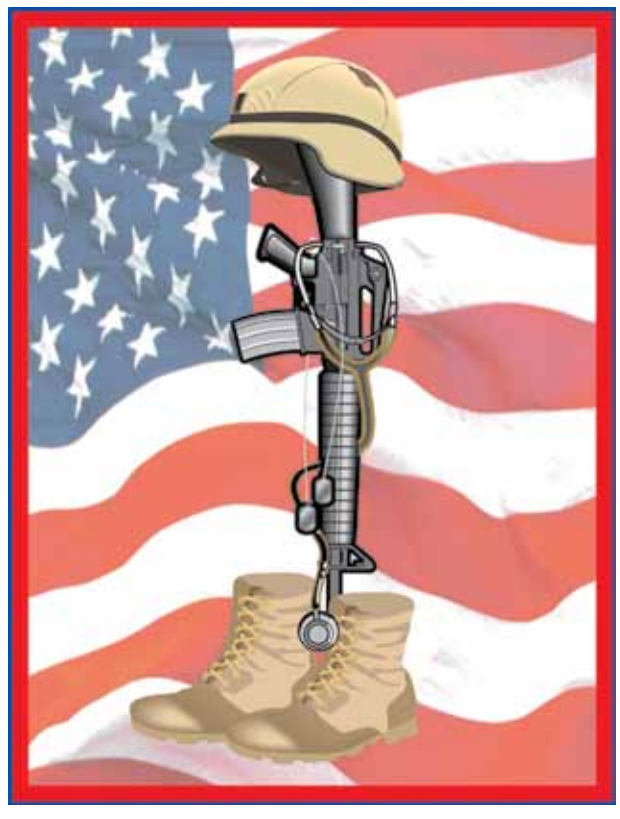
For instance, on empanelment, patients will participate in the development of a comprehensive care plan that incorporates preventive health measures, chronic disease management, and a focus on healthy behaviors and health maintenance. Patients will be encouraged to build an affinity with their health-care team and to seek care from this team, recognizing that receiving care from a clinician who knows them well results in higher quality, safer care.

When patients receive care outside of the physical PCMH, whether from sub-specialists or in an emergency department or inpatient setting, their care will be coordinated and managed to minimize duplication of care and ensure effective follow-through. Patients with complicated or multiple health problems will receive care from an extended care team including nurse case managers, behavioral-health professionals, clinical pharmacists and others.

Challenge

This transition to a Patient Centered Medical Home business model challenges all stakeholders to change both culture and business practices. For clinicians, nurses, and other care providers the PCMH requires that traditional silos be abandoned in favor of more collaborative, integrated, team care. For medical treatment facilities the challenge will be to manage the process of disruptive innovation while adopting a standardized concept of operation. For beneficiaries, the PCMH demands a shift from passive recipient to active participant in health care. For our payers, the challenge is to recognize, in concrete ways, the value generated outside of the Relative Value Unit-denominated face-to-face encounter between physician and patient.

I encourage you to learn more about the PCMH model of care, to ask yourself how you can support this initiative, and, above all, to recognize how this transformation will improve the health and readiness of our Soldiers and their Families.



The last, full measure of devotion

SFC Calvin B. Harrison, 18D, 2nd-7th Special Forces Group, Sept. 29, 2010

PFC Jordan M. Byrd, 68W, 1st-506th Infantry, Oct. 13, 2010

Mercury

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AUSA forums discuss Army medicine

Army Medicine was well represented at the Association of the United States Army's Annual Meeting and Exposition.

LTG Eric B. Schoomaker, The Surgeon General and commander of Medical Command, spoke at an Institute of Land Warfare seminar on installation transformation. Also on the panel were LTG Rick Lynch, commander of Installation Management Command; LTG Robert L. Van Antwerp, commander of the Corps of Engineers; BG James C. Boozer Sr., director of operations in the office of the assistant chief of staff for installation management; and Katherine Hammack, assistant secretary of the Army for installations, environment and energy.

Schoomaker discussed partnerships within the Army, the other military services, Installation Management Command and the community, saying these partnerships are necessary for successful transformation of installations to better serve Soldiers, Families and civilians.

"The Army is working hard to incorporate the lessons of medical research, particularly traumatic brain injury and post-traumatic stress disorder, in the new care facilities being constructed on installations," he said.

Schoomaker also addressed the Family Forum at the meeting. He announced a new partnership of trust between Soldiers and their Families and Army Medical Command, based on improved access and continuity of care.

He said that of the 1.5 million beneficiaries enrolled in Army medicine, about 92 percent rated their overall satisfaction as either satisfied or very satisfied on recent surveys — above the civilian average of 88 percent.

Schoomaker credits these high marks in part to the patient-centered medical home initiative. He said PCMH is designed to build regular, ongoing relationships between patients and their primary care doctors, nurse practitioners and physician assistants. This is especially important for patients with chronic conditions like asthma or diabetes, he said, so those conditions can be managed to national standards of care, and patients can avoid long, sporadic trips to the emergency room.

"In fact, I feel so strongly about it, that we pay hospital commanders and clinics increasingly not for how much work they do in terms of visits to the emergency room or operations in the operating room, but rather, what does the health of the community and the individuals within it look like? And what's their satisfaction with the care?" he said.

In addition to hiring more doctors and expanding capacity through TRICARE's network, Schoomaker is committed to immediate 24-7 access in an emergency, and strives for seven days for routine appointments and 30 days for a consult. He added that medical facilities are often where the troops are — and not necessarily where Families are — so he's bringing 17 community-based medical home clinics off post.

"This is a deeply personal thing to us, and I will tell you that as a patient in our own system, I will trade continuity with a clinician who understands who I am for immediate access any day, and that's something that we are trying increasingly to provide for our Families," he said.

LTG Eric B. Schoomaker listens to discussion at the seminar on installation transformation. (Photo by AUSA)

"At the end of the day, as my wife points out, 'Listen, Eric, I don't like hanging around in your waiting rooms. What I want to know is, when I see the doctor for the kids or me or you, is that at the end of the day, I'm better off for it.' That's what I want," he concluded. (Compiled from reports by Army News Service and Fort Myer.)

AUSA places officer, Family among top volunteers

The Association of the United States Army recently named LTC Clint Schreckhise, his wife, Liz, and their children Brandon, Christian and Dylan, as the first runner-up Family for the AUSA Volunteer Family of the Year Award.

This summer, Schreckhise became a medical planning officer for Army Central Command, having previously served as commander of MacAfee Army Health Clinic at White Sands Missile Range, N.M. In 2008, the American College of Federal Healthcare Administration honored him with the Captain Thaddeus F. Levandowski Achievement in Federal Healthcare Administration Award for outstanding service and commitment to the field.

"There are a lot of things that go into commanding a unit like this, it's not an easy job," said COL James M. Baunchalk, then commander of William Beaumont Army Medical Center, during the White Sands change of command ceremony. "(Schreckhise) basically just got out there and got after it, he always had a solution for whatever matter was at hand."

At White Sands, Schreckhise was active in the local PTA. He organized and marketed the 5-kilometer Fun Run to raise funds for the school district, volunteered as a coach of athletic teams, served at his Family's church and was an active member in the White Sands Club, helping raise money for scholarships for students and other community needs.

Liz was a kindergarten education assistant at White Sands Schools. In addition to her full-time job, she volunteered with the White Sands PTA and served as president. She also taught classes at her church and assisted with fundraisers and events at the White Sands Club Spouses and Civilian Club. Liz volunteered over 450 hours for club events.

LTC Clint Schreckhise with his Family (left to right) Brandon, Liz, Dylan and Christian. (AUSA Photo)

She was selected for the Volunteer of the 4th Quarter Award and also received the Silver Presidential Award for Volunteer Service to the White Sands community.

Brandon, a ninth grader, participated on his school's swim team, was a member of the student council and worked on the school's yearbook. Brandon, a type-1 diabetic, educates other children about diabetes. He also taught younger children about computer usage and was nominated for Volunteer of the Year at Child, Youth and School Age Services.

Christian is a sixth grader who belonged to the middle school swim team, was a long-distance runner and was student council secretary. He volunteered as the assistant coach for a soccer team, teaching younger children how to play the game.

Second grader Dylan assists his parents at PTA events with enthusiasm, and he also volunteers where he is needed at the Family's church. (Adapted from releases by AUSA and White Sands.)

Army Medicine promotes Culture of Trust

by Ann Bermudez

Trust is the glue that holds an organization together. Whether you are trying to establish a relationship built on trust with your patients, trust with your employees or trust between co-workers, effective communications built on honesty and transparency must be established.

Army Medicine recently launched the Culture of Trust to enhance and sustain a high level of trust for the purpose of improving the health and well-being of the Army and the health-care environment. The Culture of Trust will be implemented throughout all of Army Medicine, at all levels and at all locations.

"The purpose of Culture of Trust is to take a look at the organization from top to bottom and find out where trust is not as high as it needs to be and then do what we need to do to elevate that," said Dr. Claudette Elliott, Trust Enhancement and Sustainment Task Force director. "The focus of this initiative is to devise a number of things that will increase the level of trust, which then increases decision making and productivity."

Trust will permeate all facets of Army Medicine. Trust will be woven into the fabric of current initiatives in the Comprehensive Behavioral Health System of Care; Patient Centered Medical Home; Comprehensive Pain Management Campaign Plan; and Medical Management Center. Every initiative aimed at improving patients' health-care experiences, outcomes, the health of our people and readiness of our Soldiers will be founded on a Culture of Trust.

According to Elliott, recent research indicates that increasing trust exponentially improves organizational effectiveness. High trust organizations achieve more with less. High trust personnel are able to better focus on achieving the mission. The intention and focus of this initiative is to intentionally increase and sustain trust with all Army Medicine personnel, stakeholders, customers and patients.

"Trust is important to all relationships but especially in the patient/provider relationship," said Elliott. "Army Medicine has some of the best health-care professionals in the world and they do an excellent job in providing care."

Elliott explained that trust is ongoing and like any relationship, it needs to be worked all the time.

"Over the next year, you will be hearing and seeing a lot more about trust," said Elliott. "We will review and revise our policies to ensure they promote trust. We will build and reinforce the skills and abilities throughout Army Medicine to grow and sustain trust."

Creating a culture of trust in any organization requires commitment to many trust-building actions over time. The intention is to instill a high level of trust throughout all elements of Army Medicine — forever.

"A big piece is family, taking a look at how we provide service to our customers and then standardizing that customer service across the board. Standardize signage, standardize greetings, badges," said Elliott. "Training will be a little part of the Culture of Trust initiative. Developing trust-based relationships, skills and behaviors, and aligning those with revamped policies and procedures to elevate and maintain a high level of trust will be the major focus."

The Culture of Trust is an enduring effort that is an organizational culture change and will support Army Medicine well into the 21st Century. (MEDCOM Strategic Communication)

MEDCOM learns customer relations from experts

by Donna Miles

Two years ago, still stinging from a 2007 scandal that rocked Walter Reed Army Medical Center to its foundation, the Army turned to a seemingly unlikely partner to instill throughout the institution a mindset of putting patients first.

Then-COL Patricia D. Horoho, now a major general and deputy surgeon general, recognized that the same principles that had made the Disney Corporation so successful could apply to the Walter Reed Health Care System she had stepped in to command, so she turned to the Disney Institute, the corporation's external training arm, for insights into how to transform the Army's health-care culture.

Mandatory sessions for every Walter Reed employee, led by Disney trainers, emphasized every person's role in providing patients and their Families the best possible hospital experience.

"One day of training with Disney isn't going to change our hospital," Horoho said as that training was under way. "Disney is one piece of a whole systemwide process we're trying to change."

But the initiative proved so successful that Medical Command hired a former Disney employee for an additional five-year stint to build on the groundwork.

Proliferate

The goal, explained Frederick Larson, who now serves in Walter Reed's care, service and cultural transformation office, is to extend those lessons throughout the joint task force overseeing all military health care in the Washington national capital region, and ultimately, to the entire Army medicine community.

Recently, medical professionals gathered at the National Naval Medical Center in Bethesda, Md., to watch images of Donald Duck, Snow White and Mickey Mouse flash on the overhead screen as Larson described the formula that's made Disney theme parks the gold standard for customer service.

"At Disney, every single person, from the executive suite to the guy who cuts the lawn, is in the business of creating a magical experience, of creating happiness," he told the audience.

They succeed, Larson said, because they all keep their focus on the customer — the guest or vacationing family.

"It's the center of everything the organization does," he said after the presentation. "It drives the business decisions that are made, the operational decisions, the safety standard. It covers every single element, right down to how the salt shakers should look."

That same customer focus and attention to detail can go a long way toward transforming the way the military medical community treats its patients and their Families, he said.

"When you instill at the organizational level, in each and every individual, the notion that 'It is my responsibility to provide care and service,' 'It is my responsibility to understand what that patient, what that Family needs,' the natural outcome is providing a more relevant, caring service experience," Larson said.

He shared Disney's recipe for success: understand your mission and who you serve, set standards and design processes to consistently meet them, and continually evaluate what you're doing and make changes when they're needed.

Too often, groups of people within large organizations — the military included — develop a "silo mentality," Larson explained. They may do a great job within their own narrow scope of responsibilities, but don't fully understand their role as members of the larger organizational team.

"I tell people, each of us experiences this hospital at about 15 percent each and every day," he said. "But our patients experience this hospital at 100 percent. So it is vitally important that we all think in terms of what it feels like to experience this hospital as a patient, so we can actively develop those cooperative and collaborative relationships that benefit the people we are here to serve."

Larson used a show-business analogy to underscore the importance of every person within the health-care system — from the appointments clerk to the receptionist to the operating room nurse and surgeon — in formulating a patient's hospital experience.

Each person is a "factor" within a "greater show," he said, and needs to understand his or her connection to the other players as they all work together according to a well-rehearsed script.

"If we apply that theatrical metaphor to the way we render care and service, we inevitably create a better care experience and a better care outcome," he said.

Skeptics

Larson admitted he sometimes runs into skeptics who scoff at the concept of turning military medicine into a "Mickey Mouse operation." But he's impressed by how quickly they become believers.

"Once they hear the material and the rationale and theory behind it, they realize that this all makes sense," he said.

Larson anticipates a major outreach initiative within the next 12 months, at least through the Army system, and maybe further.

"We're working on it right now," he said. "A number of folks are working very hard right now to articulate those best practices and get them pushed out."

As he focuses on that effort, Larson said, he still gets regular phone calls from former co-workers from his 20 years with Disney, expressing amazement that "he walked away from the best job in the world and joined the Army."

Larson quickly clarifies that he's a civilian employee, not a Soldier, but said he's never once looked back.

"It was the best job in the world, but frankly, this has turned out to be an even better job," he said. "Every night, you go home dead tired, but with the sense that you have accomplished something, that you have made a difference in people's lives. It's very real; it's very tangible. There is no ambiguity whatsoever." (American Forces Press Service)

Capsules

Fort Irwin

The team from Weed Army Community Hospital won the top medic team competition of Western Regional Medical Command. The challenges included obstacle courses, firing range, land navigation, combat trauma lanes, a 12-mile road march, written test and physical fitness test. SSG Adam Sahlberg, SGT Clodomiro Espinoza, SPC Jason Silva and SGT Victor Torres made up the winning team, with Sahlberg also capturing top individual honors at the event.

Africa

The Uniformed Services University of the Health Sciences, in coordination with Walter Reed Institute of Research, has begun offering a one-week tropical medicine course, which will be required of all medical professionals deploying to provide health care in Africa.

"There were a lot of lectures, seminars and hands-on lab practices on things such as leishmaniasis and malaria," said SFC Roddy Rieger, NCOIC of Africa Command's surgeon office. "We learned better ways to recognize symptoms and better ways to treat the problems."

Tripler

The outpatient laboratory at Tripler Army Medical Center, Hawaii, reopened after a 10-month remodeling project which addressed patient concerns and suggestions.

"On any given day, upwards of 300 patients come through the OPL. The task of simply controlling traffic can be a daunting one, and was cause for delays in getting in, getting seen and getting out. Now, with the new ticket system, OPL staff can identify if you have a slew of tests to be done, or if you simply need a quick blood draw. This will filter out a lot of the lag time, as 60 percent of patients seen won't need more than a single poke," said MAJ Claudia Henemyr-Harris, chief of the lab.

Brooke

Brooke Army Medical Center at Fort Sam Houston, Texas, recently opened a new primary care clinic and a new pediatric ward and intensive care unit. Both facilities are a response to migration of inpatient care from the Air Force's Wilford Hall Medical Center as directed by Base Realignment and Closure law.

Fort Carson

A 153,350 square foot Soldier Family Care Center outpatient clinic opened recently next to Evans Army Community Hospital at Fort Carson, Colo. The facility includes social work services, Family advocacy, a new dental clinic, a Family medicine clinic, pediatrics, physical therapy, pharmacy, laboratory, outpatient records, chiropractic and acupuncture clinics, occupational therapy, orthopedics, podiatry and the department of primary care.

PHC

Public Health Command (Provisional) has launched a new Website at http://phc.amedd.army.mil.

"Our mission is to promote health and prevent disease, injury and disability in the Army Family," said Shawn Bowman, site content manager. "To that end, we've reorganized our content to help our users get to public health information in a more ordered fashion than our old site did, and to encourage them to communicate with us about what they need."

SHORT SHOTS

The environmental science department at **Fort Carson MEDDAC** has been named one of the top five such departments in the nation by the Association for the Healthcare Environment…**COL Mustapha Debboun** of the **AMEDD Center and School** received the Distinguished Service Award from the Entomological Society of America certification board…**Dr. Valerie Rice**, chief of the **Army Research Laboratory's AMEDD Field Element**, won the ARL Award for Leadership for 2010…**SSG Christopher Waiters** of the **AMEDD Center and School** is the Army recipient of the 2010 Grateful Nation Award presented by the Jewish Institute for National Security Affairs.

The **Army Research Institute of Chemical Defense** and **Army Research Institute of Infectious Diseases** will present the Medical Management of Chemical and Biological Casualties Course on March 20-25, May 1-6 and Sept. 11-16; the Field Management of Chemical and Biological Casualties Course on Feb. 28-March 4 and April 11-15; and the Hospital Management of Chemical, Biological, Radiological, Nuclear and Explosive Incidents Course on Jan. 31-Feb. 4. Information is available at https://ccc.apgea.army.mil.

Army Chief of Staff George W. Casey presented Army Achievement Medals to **SPC Matthew Belot** and retired **SFC Roy Ridgeway** for performing cardiopulmonary resuscitation and external defibrillation to revive **Tripler Army Medical Center's** protocol officer, Joel Jenkins, when he collapsed in cardiac arrest outside the hospital last January. Jenkins recovered and completed a 50-kilometer run four months after the incident…**CPT David Kassop**, surgeon for the 22nd Chemical Battalion at Aberdeen Proving Ground, helped extract two accident victims from a burning vehicle and then rendered roadside medical assistance until paramedics arrived.

The **557th Medical Company** at Wiesbaden, Germany, has converted from a ground ambulance company to an area support medical company. The reorganization adds doctors, nurses, physician assistants, behavioral health professionals and medical logistics specialists and the ability to execute dental, laboratory and radiology missions…The **438th Medical Detachment (Veterinary Services)** activated as part of the **10th Combat Support Hospital** at Fort Carson, Colo. The unit will be part of the Homeland Defense, Chemical, Biological, Radiological, Nuclear Consequence Management Response Force.

Medical Research and Materiel Command presented annual Decision Gate awards to M**AJ Kara Schmid, MAJ Mara Kreishman-Detrick, Dr. William Van Der Schalie, COL Julia Lynch, Dr. Larry Lightner, Dr. Maryanne Vahey, LTC Maria Serio-Melvin** and **Dr. Hank Gardiner**…More than 50 wounded warriors participated in the 2010 Army Ten Miler. Category winners included **Chris Self**, wheelchair; and **Joseph Bemfohr**, hand cycle…**COL Carolyn Jolitz**, deputy commander for nursing at **Fort Knox MEDDAC**, received the Distinguished Alumni Award from the University of Wisconsin at Oshkosh.

The family medicine residency program at **Fort Belvoir** and the emergency medicine residency program at **Darnall Army Medical Center** both were reaccredited for five years by the Accreditation Council for Graduate Medical Education.

Pot of gold

A rainbow helped celebrate the opening of an enhanced health service center at Vicenza, Italy. The 142,000-square-foot facility brings previously separated services such as social work, early development intervention, birthing and dental into the clinic. It includes 40 exam rooms, three treatment rooms, 37 dental chairs and seven labor-delivery rooms.

"I love the new facility," said Suzi Boydston, an audiology technician. "Aesthetically, it's beautiful. There are lots of Italian touches in the architecture and the artwork. When I walk through the doors in the morning, I feel charged up, happy and ready to accomplish my day's work." (Photo by SFC Stephen Junod/Europe RMC)

Brooke is trauma center of excellence

by Maria Gallegos

Brooke Army Medical Center is a world-class medical center and one of the Army's largest medical facilities, offering the highest quality of medical care for wounded warriors, service members, Family members, civilians and veterans.

The medical center, at Fort Sam Houston, Texas, consists of graduate-level medical education and training, a Level 1 trauma center, the only burn center within the Department of Defense and the Center for the Intrepid, a high-tech rehabilitation facility for outpatient care.

The medical center can take care of patients from a resuscitative state through reconstructive care and then carry them through a full rehabilitation, all in the same location.

BAMC is one of only 15 hospitals in the United States that holds both Level 1 trauma certification and accreditation from the American Burn Association. Forty beds are devoted to the Army Institute of Surgical Research, a Medical Research and Materiel Command unit which operates the Army Burn Center.

BRAC

The 2005 Base Realignment and Closure implementation at BAMC and the Air Force's Wilford Hall Medical Center will culminate in a premier regional health-care system. The realignment of inpatient services and related specialty care from Wilford Hall will enhance care available to BAMC patients. BAMC will continue to be responsible for research, professional and community education, prevention, consultative community outreach services and programs statewide.

Once construction and renovation concludes in 2011, BAMC will consist of 425 inpatient beds, 33 operating rooms for inpatient and ambulatory surgery, and an expanded emergency department. In addition, BAMC will host state-of-the-art labor and delivery suites, neonatal and pediatric intensive care units, and a bone marrow transplant unit. Centers of Excellence in Battlefield Health and Trauma and Cardiovascular Care will also serve beneficiaries.

The Joint Center of Excellence for Battlefield Health and Trauma Research Institute (BHT) was added in realignment and integration of BRAC at BAMC. This facility will bring all branches of military services to work together with the Institute of Surgical Research to provide a powerful platform for excellence in battlefield health. Current research efforts include hemorrhage control, pain management, limb salvage and regenerative medicine, all striving to improve battlefield survival and the quality of life for all service members.

The medical center has cared for more than 4,326 patients — Soldiers, Marines, sailors and airmen — who were injured in Operation Iraqi Freedom, Operation Enduring Freedom and Operation New Dawn. At the same time, BAMC has deployed more than 1,545 assigned Soldiers in support of OIF, OEF and OND.

Since initiation of U.S. military operations in Iraq, the ISR Burn Flight Team has completed more than 89 overseas flight missions, transporting more than 350 burn and trauma casualties from Landstuhl Regional Medical Center in Germany to BAMC for definitive care. The Burn Center at BAMC has treated more than 800 military personnel injured in overseas contingency operations in Iraq and Afghanistan since March 2003. To meet the increasing patient care requirements related to burn casualties, a second burn intensive care unit was opened in December 2004.

In January 2005, BAMC opened the Department of Defense's second center for amputee care. To date, providers at BAMC have cared for more than 283 service members who have sustained traumatic amputation.

On January 29, 2007, the multi-million dollar state-of-the-art outpatient rehabilitation center named the "Center for the Intrepid" (CFI) opened its doors. This world-class facility was conceived by the Intrepid Fallen Heroes Fund and was built by the donations of more than 600,000 Americans.

The facility includes clinical, research, administrative space, a gait lab, a computer assisted rehabilitation environment, a swimming pool, an indoor running track, a two story climbing wall and a prosthetic fabrication lab.

Therapy

The physical therapists provide evaluation, diagnosis, treatment, and rehabilitation for patients who have sustained trauma and or illness. Occupational therapy focuses on restoring health and function following injury or illness. Treatment activities are designed to enable patients to successfully perform occupational tasks and activities of daily living like bathing, shopping, cooking, writing, performing household chores and everything needed to function on a day-to-day basis.

BAMC has four Fisher Houses within walking distance from the hospital. They provide warriors and their Families a 'home away from home' where they can be close to a loved one during hospitalization.

BAMC staff members are dedicated and committed to providing the highest quality of care and services to all patients in an environment that fosters dignity, respect and professionalism.

Some of the services offered to patients include: free valet parking, computer interactive kiosks throughout the hospital, a new open visitation policy and beepers issued to Families waiting for their loved ones who are in surgery.

Information kiosks

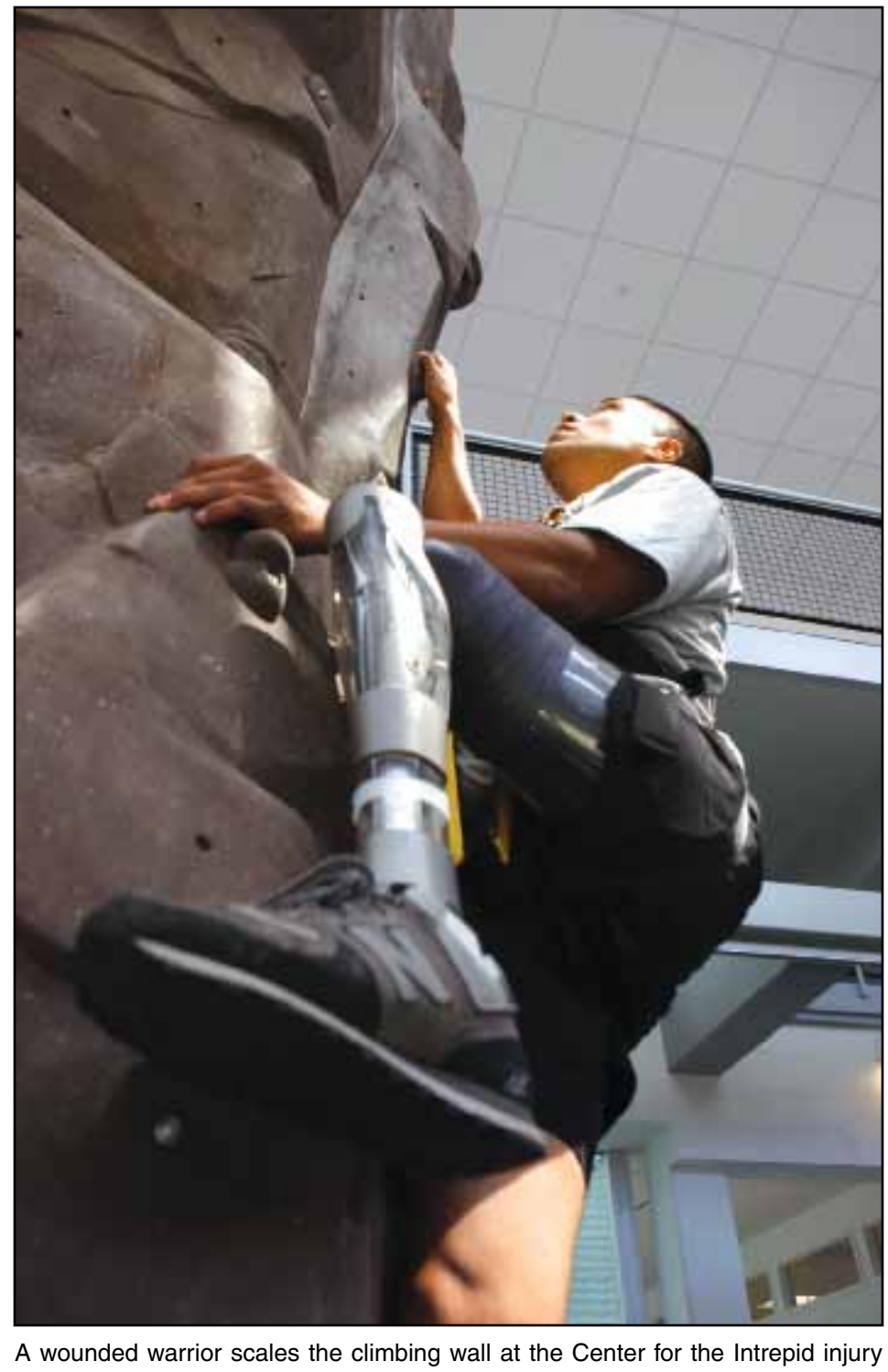
The computer interactive kiosk gives an opportunity for patients to voice their opinions on the service they received at BAMC. The feedback provided by patients will not only offer immediate response for BAMC staff, but the user may also use the kiosk to update information on Defense Enrollment Eligibility Reporting System (DEERS), make appointments using TRICARE Online, receive information about other clinics and use of the BAMC directory.

Patient open visitation guidelines for Families and visitors of BAMC inpatients allow Families to work with the nursing staff to optimize their visits in the safest environment possible and to have more flexible time regarding their visiting hours.

BAMC operates 58 outpatient specialty clinics, recording a million patient visits each year. The hospital sustains more than 60 accredited educational programs that include 38 graduate medical education programs, eight nursing programs, 18 enlisted allied health and medic phase II training programs along with additional programs in administration and allied health specialties.

BAMC and ISR staff members consist of officers, enlisted, civilians and contractors totaling more than 5,400 employees in the medical center.

The fully integrated collaboration of physicians, nurses, therapists, scientists and support staff of BAMC, Wilford Hall and the BHT will bring the cutting edge of medical care and a catalyst to lead the way for advanced care for wounded warriors, service members, Families, civilians and veteran patients. (Brooke)



A wounded warrior scales the climbing wall at the Center for the Intrepid injury rehabilitation facility at Brooke Army Medical Center. (Photo provided by Brooke)

SGT Jacob Roberts, a veterinary technician with the 807th Medical Deployment Support Command, loads a syringe to care for animals during a Pacific Partnership mission in Asia. (Courtesy photo)

Army medics work on hospital ship in Southeast Asia

by Jessica Tozer

Reserve Soldiers have disembarked from the *USNS Mercy* hospital ship after volunteering their skills in support of joint operations with the Navy to conduct disaster relief, civic assistance endeavors and other humanitarian missions.

The 807th Medical Deployment Support Command spent three months touring parts of Singapore, Vietnam and Cambodia on a mission to bring those countries medicine, dental services, eye exams and glasses and even veterinary care for domestic and farm animals.

This was the first time the medical detachment had participated in Pacific Partnership missions. It was a unique opportunity for Soldiers to see the world through the eyes of a sailor and get a taste of life at sea.

"The Navy has been very receptive to our Soldiers, quickly integrating our Soldiers into their sections and assuming responsibility for them," said MSG William Fletcher, a plans and operations Soldier for the 807th MDSC. "This mission has allowed the Soldiers to execute their military occupational specialty in real world missions."

For Soldiers like 1LT Uma Ravishankar, who serves as a nurse, this is a unique mission of which she feels honored to be a part.

"I like being able to nurture the ill, make them feel good, and improve their quality of life," she said, adding that this mission has helped her appreciate the things that she has.

The trip to Vietnam came at a sensitive time during the anniversary of the ending of the long and bloody war. Soldiers wore street clothes out of respect to the local populace because many people in Vietnam still have a negative perception of the U.S. military. Ravishankar said that it's important to change that perspective.

"It is really important to try and spread the philosophy of what we do compared to how these countries view us," she said. "We are able to touch so many people's lives."

The partnership saw 101,662 patients on shore, 1,580 patients onboard and conducted 807 surgeries. More than 62 community service missions were completed and the biomechanical department repaired $5,867,900 worth of equipment.

Next year, the partnership plans to go to India, and Ravishankar said she is very excited to be a part of the team in 2011. (Army News Service)

System to guide burn care named top Army invention

by Mike Feeley

The Burn Resuscitation Decision Support System developed at the Army Institute of Surgical Research was one of the ten Army Greatest Inventions designated by the Army Research, Development and Engineering Command for 2009.

Optimal fluid resuscitation of acute burn casualties is one of the cornerstones of initial care for burn injuries. Clinical studies have shown that administration of either too much fluid or too little fluid in burn patients may be associated with less than optimal outcome. The BRDSS was designed specifically to assist providers who do not care for burn patients routinely. It uses an algorithm to generate recommendations for IV fluid rates to improve fluid balance during the initial 48 hours after the burn.

Collaboration

The BRDSS resulted from the collaborative efforts of clinical research teams at ISR and the University of Texas Medical Branch Galveston.

"Being named one of the Army's ten greatest inventions for 2009 is a great honor," said Dr. Jose Salinas, task area manager for combat critical care engineering at ISR. "It recognizes the hard work and dedication of both the clinical and research staff at ISR and UTMB to use cutting edge technology to provide the best possible care for burn patients."

Preliminary analysis of BRDSS performance over the last two years in the burn centers at ISR and UTMB suggests that it has improved burn resuscitation management by reducing the volume of fluids given to patients with large burns while maintaining clinical goals and improving patient outcomes.

"Decision support systems such as this one have the potential to change critical-care medicine, not just for burns, but for many other types of injuries and diseases, by providing real-time bedside augmentation of medical expertise" said Dr. George Kramer, director of the resuscitation laboratory at UTMB.

Fast track

Based on its successful use at ISR, the Army Decision Gate Office has put the system into an accelerated acquisition track designed to develop a mobile version of the system that can be used by Department of Defense providers deployed in support of overseas operations. This accelerated acquisition approach will allow DoD to field mobile burn resuscitation units that provide decision support for burn resuscitation from the combat support hospitals in the field and throughout the evacuation chain across echelons of care.

"Ideally, this system will be used on large burn patients as soon as they arrive in a field hospital and will remain with the patient as he or she is globally evacuated from the initial treatment facility to the ISR Burn Center." said Dr. Kevin Chung, medical director of the burn intensive care unit at ISR.

"Decision support systems and automation technology are critical to improving medicine. We hope this is just one of many future products that will help to improve the care of our critically injured Soldiers, sailors, airmen, and Marines" said Salinas. (ISR)

MRMC establishes consortium to synchronize suicide research

Florida State, Denver VA scientists seek to identify at-risk Soldiers

The Military Operational Medicine Research Program has established a $17 million Military Suicide Research Consortium. The consortium is part of an ongoing strategy to integrate and synchronize Department of Defense and civilian efforts in implementing a multidisciplinary research approach to suicide prevention.

"The innovative, multidisciplinary approach of the MSRC facilitates rapid translation and dissemination of cutting-edge suicide research findings," said COL Carl Castro, director of the program. "This capability will enhance the military's ability to quickly identify those at risk for suicide and will result in more effective evidence-based prevention and treatment strategies."

Internationally recognized suicide researchers Thomas Joiner of Florida State University and Peter Gutierrez of the Denver Veterans Affairs Medical Center will serve as co-directors of the consortium. Each affiliated institution has been awarded $8.5 million over three years to address this urgent public health issue.

"Assessing risk for suicide has been the focus of extensive research in the civilian sector," said Gutierrez. "However, very little is currently known about how relevant existing tools are when applied to the military. The consortium will allow us to determine how best to screen and assess personnel, develop effective interventions and ultimately reduce suicides."

Beyond the data are the lives of Soldiers and Families these scientists hope to someday touch.

"Soldiers see a lot of violence, they see death, they see the people who are closest to them in the world get killed, and they themselves are often seriously injured," Joiner observes. "There's no doubt that the trauma of combat in Afghanistan and Iraq plays a role, but that doesn't explain why some Soldiers take their own lives and others who share the same experience don't."

Castro expects Joiner and Gutierrez's research to yield new scientific data on suicidal behavior in the military and to provide the scientific basis for policy recommendations and clinical practice guidelines. (Medical Research and Materiel Command)

Impaired drivers stalk nation's highways

by Lisa Young

The circumstances of accidents caused by impaired driving may vary, but they share the characteristic that each injury and death caused by drunk or drugged driving is totally preventable.

During December, National Drunk and Drugged Driving (3D) Prevention Month, these statistics from the National Highway Traffic Safety Administration provide a valuable perspective on the pervasiveness of impaired driving:

Every day, 36 people in the United States die and approximately 700 are injured in motor vehicle crashes that involve an alcohol-impaired driver.

According to the NHTSA, about three in every 10 Americans will be involved in an alcohol-related crash at some point in their lives.

In one year, more than 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics. Large as this number is, it accounts for less than 1 percent of the 159 million self-reported episodes of alcohol–impaired driving among U.S. adults each year.

Drugs other than alcohol (for example, marijuana and cocaine) are involved in about 18 percent of motor vehicle driver deaths. However, it is common for drugs to be combined with alcohol.

Male drivers involved in fatal motor vehicle crashes are almost twice as likely as female drivers to be intoxicated with a blood alcohol concentration of 0.08 percent or greater. Driving with a 0.08 percent or higher BAC is illegal in all 50 states, the District of Columbia and Puerto Rico.

Soldiers are recognizing the dangers of drinking and driving, which is reflected in the accident numbers. During fiscal 2007, the number of Class A accidents involving alcohol-impaired Soldiers behind the wheel was cut in half from the previous year's 32, and there was only one alcohol-involved motorcycle crash. Reductions in alcohol-impaired driver accidents also occurred with sedans and trucks, with the figures dropping from 15 to 10 in sedans and five to none in trucks.

Every day, 36 people in the United States die and approximately 700 are injured in motor vehicle crashes that involve an alcohol-impaired driver.

Everyone knows drinking and driving is illegal and dangerous for the person behind the wheel, but impaired drivers also pose a danger to passengers and others. In a number of off-duty accidents, Soldiers have lost their lives when riding in cars driven by drunk drivers.

Reducing the incidence of impaired driving requires a community approach. NHTSA's primary message during the holiday season is, "Friends Don't Let Friends Drive Drunk — Designate a Sober Driver."

What actions could a leader, battle buddy, friend or Family member take to prevent 3D accidents? Steps can be taken year-round to ensure that everyone avoids driving under the influence of alcohol or drugs. Prevent future needless losses by following these safety tips:

Plan ahead by always designating a non-drinking driver before any party begins.

If you see an impaired buddy about to cause himself or others harm, intervene by taking keys away. Watching out for your buddies even when you aren't on duty is part of the job description of "friend."

If hosting a party this holiday season, remind guests to designate their sober driver, always offer alcohol-free beverages, and make sure all guests leave with a sober driver.

Taking these small steps can prevent the loss of a loved one to your Family and to others. (Public Health Command (Provisional))

'Such a deal I have for you!'

Loan sharks circling Families in hard times

by Linda Turner

When loan sharks first came on the scene in the late 19th and early 20th centuries, they no doubt looked like guardian angels to the poor who lived from one crisis to another and had no funds for even the most minor emergency. Loan sharks, however, were anything but angels. While they did extend credit to those in desperate need, they also took gross advantage of that need by charging outrageous interest rates, trapping borrowers in a nightmare of continually growing debt they would never be able to pay off.

When the payments became so high that borrowers were unable to pay, loan sharks turned vicious. They threatened and bullied their clients, and were not above using violence to terrify borrowers into making their loan payments.

Modern

Such tactics were common during the depression, but do not make the mistake of thinking loan sharks have gone the way of speakeasies and John Dillinger. Predatory lenders are still very much a part of our world and more prevalent than ever. Now, they actually advertise, and their signs are everywhere.

That is not to say that all non-standard lenders are loan sharks. They are not. Some are legitimate businessmen and women who offer loans at interest rates within the legal limit to people with poor credit who have a difficult time getting a traditional loan through a bank or credit union. In today's world, there is no question there is a need for such a service. Payday can seem like a million years away when the car breaks down or, worse yet, a child is sick and there is no money. Desperate times call for desperate measures.

Predatory lenders are just waiting for the opportunity to help and, in many cases, take advantage. So if you need the services of a non-standard lender, know what you are getting into.

Payday loan

There is no credit check for a payday loan, which is a cash advance against your paycheck, but you must give a payday lender a postdated, signed check that includes the loan amount and the loan fee as collateral. Such loans are short-term, usually fourteen days, so if you are unable to pay off the loan before the term expires, be prepared for the lender to cash your check at that time.

While a fee of $13.73 for a $200 loan may not seem high, that equates to an annual interest rate of 178 percent! While that is obviously outrageous, that is just a drop in the bucket compared to what some lenders charge.

Car title loans are outlawed in many states, but in states where they are legal, they work much the same way as a payday loan. Instead of requiring a postdated check as collateral, the lender holds the car's title and a copy of the keys for the length of the loan, which is usually thirty days. Charging hefty annual percentage rates of 300 percent or more, the lender only gives loans based on 30 to 50 percent of the car's value. Consequently, if the borrower is unable to make the single balloon payment that is due at the end of the loan, the lender can take possession of the car for as little as thirty percent of its value, sell it, and keep all the proceeds.

The terms of non-standard loans are not in your favor, so if you are considering a payday or car title loan, be honest with yourself about your ability to pay the loan back in a timely manner. Otherwise, it will cost you a fortune in interest.

Be sure you understand all the fees you will be charged and the consequences you will suffer if you cannot pay the loan back on time.

Also, know the lending laws in your state. Many states have laws that protect consumers from payday loan usury rates, so know what protection you are entitled to under the law.

In some states, usury is classified as a crime that carries jail or prison time. In most states, however, usury laws are enforced through civil suits. While you may flinch at the idea of having to file a civil suit, there are stiff penalties for lenders who are found guilty of charging interest rates above the legal limit. Depending on the laws of the state where you live, penalties can range from forfeiture of the interest charged for the entire loan to forfeiture of all the interest *and* the principal. Courts can also multiply the interest, add penalties on top of that, and/or declare the contract unenforceable.

New protection

In 2011, consumers will also be able to turn to the Bureau of Consumer Financial Protection in the event that they find themselves being unfairly taken advantage of by a lender. Created by the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010, the new bureau will set rules and regulations for business that offer consumer financial services. Credit extensions, loan services, and debt collection, to name a few, will be covered by the new regulations.

In the not too distant future, loan sharks may finally be a thing of the past. (MEDCOM office of the staff judge advocate)

Korean defense rallied on Pusan Perimeter

by Harry Noyes
originally published in September 2000

In summer 1950, harried and retreating MASH units hastily shipped patients to Japan, as other medics began to build a medical base in Korea. The 8054th Evacuation Hospital, commanded by LTC John M. Willis Jr., arrived from Japan July 6 and set up in a Pusan school. Further forward at a school in Taegu, Eighth Army Surgeon COL Chauncey E. Dovell struggled to beef up undermanned units, pulling new units from the U.S. and more doctors from Japan.

By early August, U.N. forces managed to establish a perilous 60 by 90 mile perimeter around Pusan in southeast Korea. They stymied the momentum of the enemy advance but remained under enormous pressure. On the night of Aug. 14, LT Frank Munoz, executive officer of H Company, 9th Infantry, 2nd Division, was scrambling to build a defense against the Communists attacking across the Naktong River. He sent his men to help another unit collect wounded, reflecting how concern for wounded often dictates combat decisions. During the fighting an Army aid station was overrun. When Marines recaptured the area, they discovered that 30 patients and medics were murdered by the enemy.

At the end of August, the U.N. heavily outnumbered the North Korean Forces in men, tanks and artillery, and had complete air and sea control. Enemy supply lines were overstretched. Still, the U.N. position was not overwhelming. Much of its strength was in logistics. U.S. and South Korean forces, were rapidly improving but still recovering from years of skimpy resources and training.

The semi-stable lines of the Perimeter simplified evacuation of wounded. In August, 88 percent of U.S. casualties got care within two hours. However, faster didn't always mean easier in Korea's rugged hills and heat. It could take a dozen men to move one casualty — six to handle the litter, one or more medics, and riflemen to suppress snipers. Luckily, regimental medical companies were augmented by 25-50 Korean litter bearers. Occasionally, isolated units still could not evacuate wounded and had to carry them along on attacks or even, tragically, abandon them when forced to retreat.

The 25th Division's clearing station was in Masan's city hall. Division surgeon LTC Herbert C. Wallace's team took in wounded, malaria, heat-injury and psychiatric cases. A self-powered rail car swept surgery patients to 8063rd MASH in Changwan 3.5 miles away. Ambulances and helicopters took others to Pusan. The 8063rd was in a school so filthy that, even in the oppressive summer heat, the nurses kept windows of a 17-nurse sleeping room tightly closed to keep rats out.

The 8076th MASH, commanded by MAJ Kryder E. Van Buskirk, was set up in a wool mill at Miryang, supporting the 24th Division, 1st Marine Brigade and 1st Cavalry Division. The Marines bolstered the MASH by sending Navy surgeons and corpsmen to help. Handling more patients than the other two MASH units combined, the 8076th needed the assistance.

"(Now) the 8076th had its finest hour," wrote Van Buskirk. "Everybody worked around the clock without orders of any kind. Indeed, it became (my) duty as MASH commander to point-blank order people to bed. There was no end to the work. You would work 24 hours pretty well straight through. The next day, you would nap between cases. You would go to sleep at midnight, and sleep till you were needed and someone woke you up, and the cycle would start all over again. The nurses would work every bit as hard. Most would work 12-16 hours a day without rest and some until they collapsed."

Surgical supplies except blood were usually in short supply. Bandages and sponges were washed and reused. Nurses chastised surgeons who wasted sutures.

In the end, the U.N. held. The enemy could dent U.N. lines but could not move reserves and supplies to exploit a hole as fast as the U.N. could move to plug it.

U.N. Korean offensive marked by medic's heroism

by Andy Watson

In the opening stages (Phase I) of the Korean War, U.S. and U.N. Forces scrambled to halt the North Korean advance.

Phase II operations commenced with the Inchon landing on September 15, 1950. Code named Operation Chromite, the amphibious landing used X Corps troops of the 7th Infantry and 1st Marine Divisions.

As a second part of the operation, Eighth Army forces broke out of the Pusan Perimeter. Enemy forces were surprised and overwhelmed at Inchon and overtaken by the Eighth Army from the south. X Corps and Eighth Army linked up on September 28, 1950; consolidated territorial gains and continued advancing into North Korea.

The 187th Airborne Regimental Combat Team (RCT) used its mobility to block retreating North Korean units and rescue American prisoners of war. On October 20, the 187th made successful combat parachute assaults on the towns of Sukch'on and Sunch'on, just north of P'yongyang, North Korea. Then the 3rd Battalion of the 187th RCT moved south to the town of Op'ari and encountered the North Korean 239th Regiment. The 3rd Battalion's Headquarters, I, and L Companies suffered heavy casualties.

On October 21, PFC Richard G. Wilson, a medic with the 187th, was attached to I Company for a reconnaissance mission near Op'ari. His Medal of Honor citation provides much of the information on ensuing events: "PFC Richard G. Wilson distinguished himself by conspicuous gallantry and intrepidity above and beyond the call of duty in action. As medical aid man attached to Company I, he accompanied the unit during a reconnaissance in force through the hilly country near Op'ari. The main body of the company was passing through a narrow valley flanked on 3 sides by high hills when the enemy laid down a barrage of mortar, automatic-weapons and small-arms fire. The company suffered a large number of casualties from the intense hostile fire while fighting its way out of the ambush. PFC Wilson proceeded at once to move among the wounded and administered aid to them oblivious of the danger to himself, constantly exposing himself to hostile fire. The company commander ordered a withdrawal as the enemy threatened to encircle and isolate the company. As his unit withdrew Private Wilson assisted wounded men to safety and assured himself that none were left behind. After the company had pulled back he learned that a comrade previously thought dead had been seen to be moving and attempting to crawl to safety. Despite the protests of his comrades, unarmed and facing a merciless enemy, PFC Wilson returned to the dangerous position in search of his comrade. Two days later a patrol found him lying beside the man he returned to aid. He had been shot several times while trying to shield and administer aid to the wounded man. PFC Wilson's superb personal bravery, consummate courage and willing self-sacrifice for his comrades reflect untold glory upon himself and uphold the esteemed traditions of the military service."

The troops of the 187th's 3rd Battalion expended much of their ammunition during the North Korean onslaughts. Fortunately, U.N. forces spearheaded by the 27th British Commonwealth Brigade and U.S. 89th Tank Battalion were in close proximity.

Maneuvering to the south edge of the enemy lines, Soldiers of the 27th's Australian 3rd Battalion dismounted from the 89th's tanks and charged with fixed bayonets through the North Korean lines. The North Korean 239th Regiment, caught between the 187th and 27th on north and south flanks, was soon destroyed. (Office of Medical History)

PFC Richard G. Wilson

Medics vie for Army Best Warrior honors

Four medics were among the 24 competitors at the 2010 Army Best Warrior Competition at Fort Lee, Va.

Representing Medical Command in the event were SSG Adam Sahlberg, a healthcare specialist and noncommisoned officer in charge of a clinic at Fort Irwin, Calif., MEDDAC, and SGT John Evans, a radiology specialist at Fort Leavenworth, Kan., MEDDAC.

SGT Alicia Rider cleans the uniform of husband and contestant SGT David Rider before the board competition.

SGT David Rider, a licensed practical nurse with the 256th Combat Support Hospital, and SPC Joshua McDowell, a healthcare specialist with the 7246th Installation Medical Support Unit, represented the Army Reserve.

Events in the competition included a physical fitness test, hand-to-hand combat, urban orienteering, detainee operations, casualty evacuation, weapons familiarization, night firing and a board of command sergeants major.

Privates through specialists compete for Soldier of the Year, while the NCO of the Year competition includes corporals through sergeants first class.

The noncommissioned officer in charge of the competition, 1SG LaDerek Green of the Combined Arms Support Command, explained that each year Army leaders try to bring in new events, relevant to combat operations worldwide. He said many of the events require the competitors to think on their feet, and adapt to unexpected scenarios.

"It tests the critical thinking skills and abilities of the competitors, so they can become more effective leaders," Green said.

"Confidence is really important at that level," commented Rider. "When you're wandering through the woods, you don't want to be questioning if that's your point or this is your point. You want to be confident."

"There's a mix of excitement that can be palpable sometimes, because everybody's watching you and your mistakes are really highlighted in an event like this," said McDowell. "In order to survive in a situation like this, you really have to take it minutes at a time."

The competitors, two each from the Army's 12 major commands, won several preceding competitions to be considered for Best Warrior.

SGT Sherri Gallagher of the U.S. Army Marksmanship Unit won the title of Soldier of the Year, while SSG Christopher McDougal, a military policeman at Stuttgart, Germany, is NCO of the Year. (Compiled from releases by the Army News Service and the 210th Mobile Public Affairs Detachment.)

SGT John Evans dissassembles an M2 .50-caliber machine gun during the 2010 Best Warrior Competition. (Photos by T. Anthony Bell/Fort Lee)

Starlight express

Medics from the 212th Combat Support Hospital and the United Kingdom's 208th Field Hospital (Liverpool) rush a simulated casualty into the hospital as part of a mass-casualty scenario during Operation Starlight, a joint medical training exercise at the Joint Multinational Readiness Center in Hohenfels, Germany.

The units conducted a variety of scenarios at a 44-bed field hospital. The training validated the units' training and readiness to support real-world missions.

"This is a very realistic look at what goes on in some of the most extreme stress points that a CSH staff will go through," said COL Richard Jordan, commander of the 212th. (Photo by 30th Medical Command)

Treated commander under fire

Fort Hood medic represents Army during USO awards

SGT Zachary C. Dispennette, a medic in the 2nd Battalion of the 5th Cavalry Regiment at Fort Hood, Texas, was honored as the Army representative during Servicemember of the Year awards presented by the United Services Organization (USO).

Dispennette saved his battalion commander on June 28, 2009, in Baghdad when LTC Timothy Karcher's vehicle struck four improvised bombs. Dispennette rushed to the burning vehicle, applied four tourniquets to Karcher's legs and began treating his shrapnel wounds.

"It was the longest 200-meter sprint of my life," Dispennette told the *Killeen Daily Herald.*

With help from fellow Soldiers, Dispennette extracted the commander from the flaming vehicle and continued to apply life-saving aid as they evacuated the site.

Dispennette received the Bronze Star Medal with Valor device for his actions.

He gave credit to all the medical personnel who treated Karcher during his evacuation and recovery, and to the instructors who trained him as a combat medic.

"I just did my job," he commented.

The ceremony during the annual USO Gala held in Washington, D.C., honored five service members, each selected by their respective service's chief enlisted advisor. Admiral Mike Mullen, chairman of the Joint Chiefs of Staff, spoke at the event, and entertainment included stars such as Trisha Yearwood and Bill Engvall. (Compiled from reports by American Forces Press Service and the Killeen Daily Herald.)

SGT Zachary C. Dispennette (right) is congratulated by Army Chief of Staff GEN George Casey. (Photo by Chad J. McNelley/ DoD)

LTC Jack Usrey trains for his 100-mile walk. (Photo by SGT Kimberly Browne/1st Cavalry Division)

Officer tests new knees with 100-mile walk

by SPC Adam Turner

"Taking a knee" is something that LTC Jack Usrey, the 1st Cavalry Division personnel officer, knows all too well. He's given both.

"I had a parachuting accident at Fort Bragg in 1997. A Soldier 'stole' my air, my chute collapsed and I hit the ground as I was pulling my rip cord," said Usrey.

Usrey had both knees replaced.

"I was not a happy camper. I was beginning to wonder if I'd ever walk normal again, much less serve in the Army and play with my kids," Usrey said.

After pushing his recovery for six months, Usrey decided to walk in celebration of his dual knee replacement anniversary. He decided 100 miles was a nice, round figure.

Usrey prepared himself for this milestone walk with constant research, a training plan, notes from all his training sessions, and a strict diet.

"For the most part the walk went fine, my knees held up splendidly. The biggest challenge was my feet," Usrey said. The friction and heat caused blood blisters on the bottom of both Usrey's feet.

Usrey completed his 100 mile walk in 48 hours; exactly one year to the day after double knee replacement surgery. One year later, Usrey did his 100 mile trek yet again, as a fund raiser for wounded warriors.

"Each of us has to make the decision to quit or fight. I chose to fight and we all hear stories of how wounded warriors are fighting back every day, and it's not just physical, but a mental and emotional challenge for them as well." (1st Cavalry Division)

Medic All-Army softball star scores with perfect pitch

by Christie Vanover

After two tours to Iraq and non-stop training in between, SGT Windy Klein finally got a break.

The medic, who works at Darnall Army Medical Center at Fort Hood, Texas, got to play softball for the All-Army Women's Softball Team.

The Kansas native has played softball since she was 4 years old, and dreamed of playing for the Army soon after she enlisted.

"When I first came in the Army, I wanted to do it, but I wasn't in a unit where I was able to," she said. "With deploying every other year and then you come back and you're resetting for deployment, you never get the chance to go. I finally got the chance here."

To join the team, Klein started with an application. She was selected from 75 other female Soldiers to attend tryouts in Pennsylvania.

"It's a three-week tryout, and you play in tournaments along the way," she said. "You're ultimately trying out and practicing for the Armed Forces Championship, which was held in Pensacola, Fla."

Klein made the cut and was selected to pitch for the All-Army Team.

"It was so nerve racking. We played tournaments to prepare us for the Armed Forces Tournament, but it's definitely a different feeling when on the mound for the first game and everybody's looking at you," she said. "But the first two games of the tournament, there were no runs scored against us."

In the end, Klein and her team shutout every other service's team and won the championships 8-0.

"We set a tournament record by only allowing 11 runs scored against us the entire tournament," she added.

Because Klein had the highest batting average in the tournament, she was selected to join the All Tournament Team — the All Armed Forces Team.

SGT Windy Klein pitches for the Army team. (Photo by Tim Hipps/Family and MWR Command)

"We were together for a week, and we played in nationals in Oklahoma City and we got third," she said.

Now that she's returned to Fort Hood, she will continue to travel on weekends and play for local teams.

"I play a lot of softball. It keeps me occupied and out of trouble," she joked.

Klein would like to try out for the All-Army Team again next year, and she hopes to one day play for a fully-sponsored team. But for now, after nearly six weeks of softball, she is back to being a Soldier and working in the orderly room, and she's grateful that she had the chance to live out this dream in her life. (Darnall)

10 miles, so good

PV2 Joseph Chirlee, a behavioral health specialist student at the AMEDD Center and School, finished 9th out of more than 20,000 runners at the Army Ten Miler in Washington, D.C.

Chirlee covered the course in 49 minutes, 11 seconds, or better than 5 minutes per mile, for 10 miles. (Photo by Tim Hipps/Family and MWR Command)

Miami trauma center trains surgical teams

by 1LT John A. Whitney

The Army Trauma Training Center is the Department of Defense Center of Excellence in trauma team training. ATTC is conducted at Ryder Trauma Center in Miami, Fla, which admits more than 5,000 trauma patients a year. This provides real-life, team-focused training to forward surgical teams.

The 2nd Forward Surgical Team is a 20-person team that performs triage, preoperative resuscitation, initial surgery and postoperative nursing care for up to 30 injured patients within 72 hours on the battlefield. It recently completed a two-week rotation at the ATTC, broken down into three phases.

For the first five days the team receives lecture presentations that cover core trauma and the basis of team development. This phase ends after the FST conducts a mass-casualty exercise. The MASCAL exercise tests the team's ability to work under great stress with multiple casualties and the opportunity to give timely decisions on casualty flow.

During the next five days, the team performs patient care on day and night shifts in the trauma resuscitation unit, observation area and the operating room. The team hones its skills in a variety of actual clinical situations which closely model battlefield injuries.

The effect of working in this environment emphasizes the ability not only to work as a team, but be a team that functions well with others.

All of this leads to the capstone exercise, in which the FST assumes control of the TRU and OR at the Ryder Trauma Center for 48 hours of continuous operations.

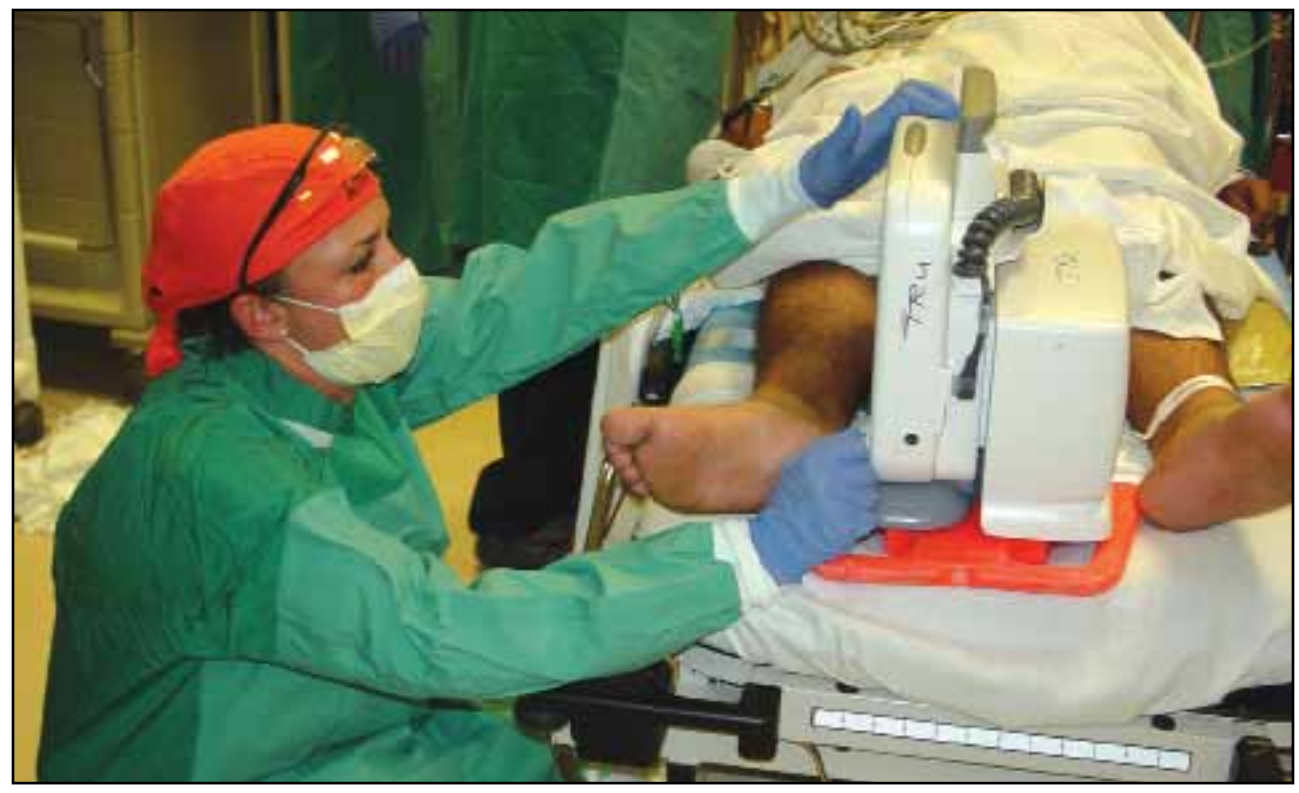
During the 2nd FST's rotation at the ATTC, the team members operating in the TRU gradually switched from their normal roles to other team roles, which allowed them additional proficiency and confidence. Most importantly, each team eventually identified each member's strengths and weaknesses, providing cohesion and the ability to battle chaotic situations.

According to SGT Timothy O'Keefe, noncommissioned officer in charge of advanced trauma life support, the ATTC offers some of the best training an FST can get, and his section took away critical skills that will improve teamwork and communication.

"It's unbelievable the amount of confidence that was built within each member's role, within each section and the 2nd FST as a whole. Definitely unparalleled to any medical training the Army medics can receive," said SGT Josh Brustoski, NCOIC of the intensive care unit.

"During our time at the ATTC the 2nd FST personnel trained in their jobs as surgeons, nurses, medics and operating room technicians. They also cross trained, which will allow maximum flexibility and efficiency in providing the best possible medical care on the battlefield," said MAJ John M. Spurgeon, chief nurse.

"The ATTC rotation is invaluable in team training, especially for a brand new team that hasn't deployed together in the past," said MAJ Dean Fellabaum, commander of the 2nd FST. "Only two members of the 2nd FST have deployed with (an) FST in the past, but I feel confident that we can perform our mission successfully." (Army News Service)



SGT Crysta Cozelos sets up a portable monitor for a patient at the Army Trauma Training Center. (Photo by SPC Sonya Lopez)

Burning for knowledge

COL Evan Renz (left) of the Army Institute of Surgical Research confers with burn surgeons at the Republican Trauma and Orthopedic Hospital in Chisinau, Modolva, during the first Moldova Burn Seminar. Renz, MAJ Mario A. Rivera and MAJ Mark E. Lester were invited to present topics like fluid resuscitation and principles of burn wound management to the meeting in the Eastern Europe nation.

Specialized medical personnel and equipment, such as the SMART-B, have allowed rapid aeromedical evacuation and surgical management of burn casualties in the United States. In contrast, in Moldova patients must be stabilized for several days in smaller medical treatment facilities before transport. The seminar established a foundation for future collaborations. (Photo by MAJ Mario A. Rivera /ISR)

Everything in its place

SGT Jeffrey Harvin, a surgical technician at Forward Operating Base Salerno, Afghanistan, prepares surgical instruments. About 90 percent of patients at the hospital are battle casualties.

"To work here, you need your funny bone, your backbone and your brain bone," said LTC Paul Schenarts, trauma surgeon. (Photo by SGT Brent Powell/101st Airborne Division)