MERCURY

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Citizens can assist antiterrorism efforts

by Jerry Harben

"The price of liberty is eternal vigilance," wrote the third president of the United States, Thomas Jefferson. His statement carries special meaning when the nation is at war with an enemy that thrives in the dark worlds of terrorism, espionage and sabotage. The U.S. has many weapons to defend itself against such an enemy, but the most important may be the eyes, ears and voices of its people.

The Army has designated August as Antiterrorism Awareness Month. A new program called iWATCH encourages all Soldiers and Army employees to be on watch and report any suspicious activity to security authorities or the military police.

"One of the conclusions of the investigation of the Fort Hood shooting incident is that the public didn't know what to look for and who to report it to," said Dave Rudd, antiterrorism officer at Medical Command Headquarters.

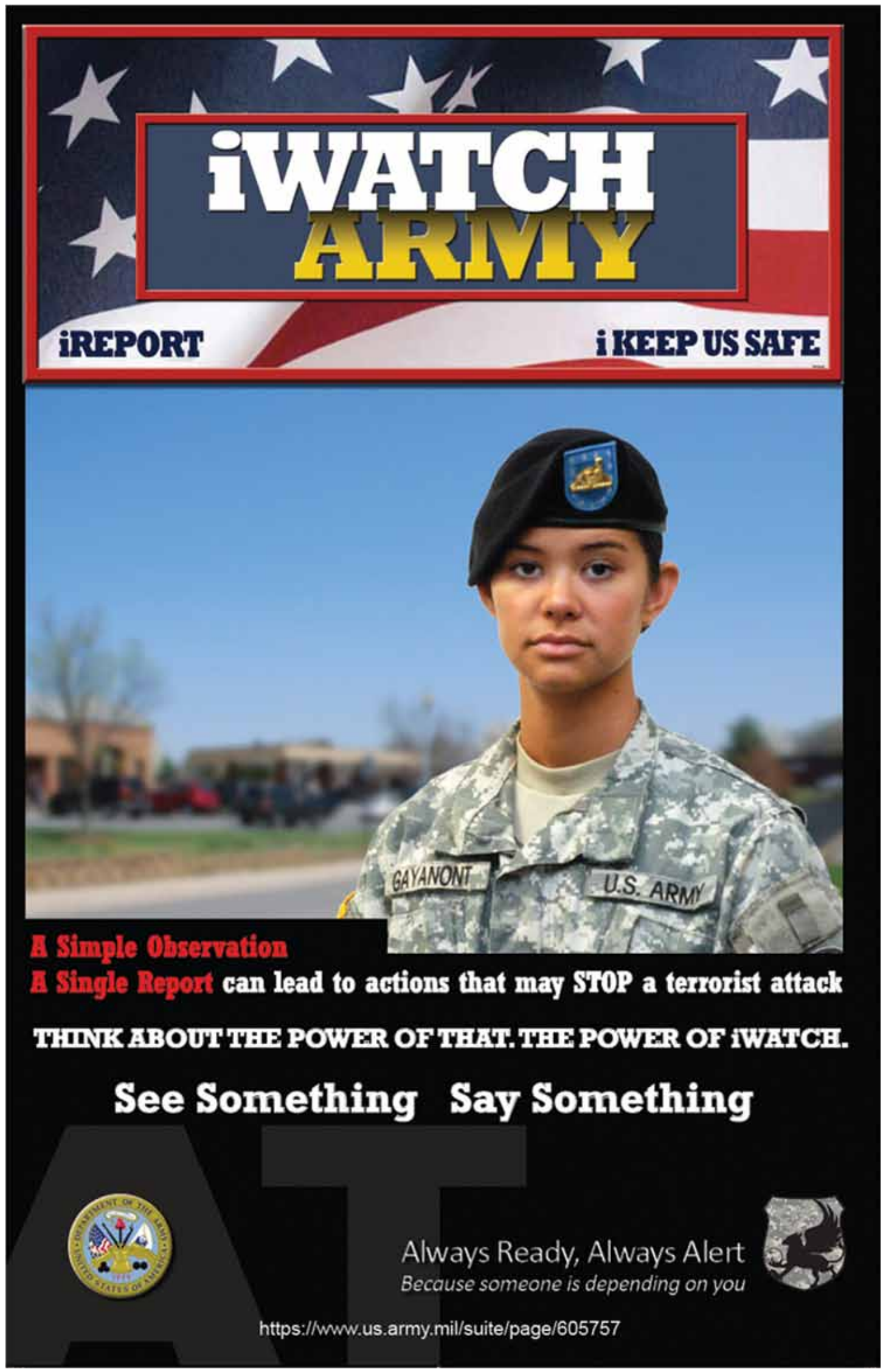
"iWATCH is an enduring program, to tell people what to look for as far as suspicious people, activities, and so on," he added.

Hospitals will receive public information material supporting iWatch and Antiterrorism Awareness Month from MEDCOM through the regional operations departments. They will participate in the iWATCH programs of their host installations, and MEDCOM has published guidance to regions and subordinate commands on what will be required for Antiterrorism Awareness Month.

Two videos support Antiterrorism Awareness Month. Soldiers and civilian employees will view a three-minute video featuring the Army vice chief of staff. Family members, retirees and other interested people should view the Army Community Awareness video. Anyone with an AKO account can find both videos in the "Antiterrorism Awareness Tool Kit" at https://www.us.army.mil/suite/page/605757 .

In addition, every service member and Department of Defense civilian must complete the Level I Antiterrorism Awareness Training course each year. This is available online at https://atlevel1.dtic.mil/at .

"The public shouldn't look at this as snitching. The public should look at this as saving lives," Rudd said. "If you're right only 10 percent of the time, you have saved lives."



Poster supporting the iWatch program, by the Office of the Provost Marshal General.

http://www.armymedicine.army.mil

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.

Preventing disease, injury deserves priority

by LTG Eric B. Schoomaker
The Surgeon General of the Army and commander of Medical Command

This month, the new U.S. Army Public Health Command (Provisional) hosts the 13th Annual Force Health Protection Conference in Phoenix, Ariz. The conference theme is "Defining Public Health." Over 2,300 military and civilian attendees are expected, including representatives from all Department of Defense services as well as those from allied foreign countries who are eager to learn and network with their peers.

This conference will include 30 preconference training workshops. During the core conference, 12 technical tracks will cover all areas of public health and preventive medicine. Continuing education credits will be offered in 10 technical specialty areas. A variety of subjects will be covered from disease and injury prevention to zoonotic diseases. The sessions in this conference will cover all areas of public health and give the attendees an understanding of the importance of public health in our military health system.

This meeting also provides a venue to showcase how we are merging elements of the Army Center for Health Promotion and Preventive Medicine and Veterinary Command to form the new Public Health Command.

This new Public Health Command is part of the transformation of Medical Command to a system that emphasizes prevention and sustaining good health. It will provide public health capabilities that will support our Soldiers, military retirees, their Families, and Army civilian employees.

The headquarters element, expected to be located at Fort Sam Houston, Texas, will work more closely with the headquarters of the MEDCOM, the AMEDD Center and School, and Installation Management Command, and provide command and control for the new organization.

A newly created Army Institute of Public Health, located at Aberdeen Proving Ground, Md., will report directly to the headquarters. Fourteen public health districts, most of which are located on Army installations, will report to five regional public health commands. The DoD Military Working Dog Veterinary Service will also report to the Public Health Command.

CONUS-based installation and preventive medicine services will be realigned to the medical treatment facilities to allow for integration of public health at the local level.

The final goal is to enhance health and wellness, optimize delivery of public health services, provide full spectrum veterinary services to DoD, and create a single point of responsibility and accountability for public health within the MEDCOM.

The Public Health Command has taken another step in an effort to collaborate with sister services and provide the best possible public health information. They are combining the Force Health Protection Conference and the Navy & Marine Corps Public Health Conference in 2011.

Combining these two conferences represents a shared interest in optimizing the delivery of public health services. The 2011 conference will be called the Armed Forces Public Health Conference. The theme is "Public Health in a Joint Environment," and it is scheduled for March 18-25, 2011, at Hampton Roads, Va.

We expect great things from Public Health Command. These conferences and the new command will truly define public health and force health protection for the MEDCOM and the U.S. Army.

Army Medicine — Bringing Value and Inspiring Trust.

Serving heroes brings rewards

by Anthony Pinaula

For some a hero is that person who can throw a ball 60 yards on a dime or sink 10 in a row from the top of the key. I chose a different sort of person to admire.

My heroes wear camouflage uniforms with razor sharp creases. They spend months, even years, training to perform a thousand simple tasks with perfection, so that when they are called upon they can work quickly and accurately under the worst kind of pressure.

My hero is that young private who awakes at 0300 hours because it's his turn to get the squad up for the day. At 0400 hours he stands on the parade field with his band of brothers, and they raise our country's flag at reveille. He eats breakfast way to early and at 0600 he straps his 62-pound pack on his back, receives his M16 from the armory, and grits his teeth for the 12-mile march ahead of him.

My hero is that 23-year-old buck sergeant who stands at green ramp issuing parachutes. I can see the words breathed out of his mouth because it's so cold. His ride is something less than coach and he only has a one-way ticket. He stands like cold steel in the door, hooks up, says a short prayer and jumps into the dead night. On the ground he gathers his aching body to assemble his fire team. His band of brothers is in position and at the ready before the sun can rise.

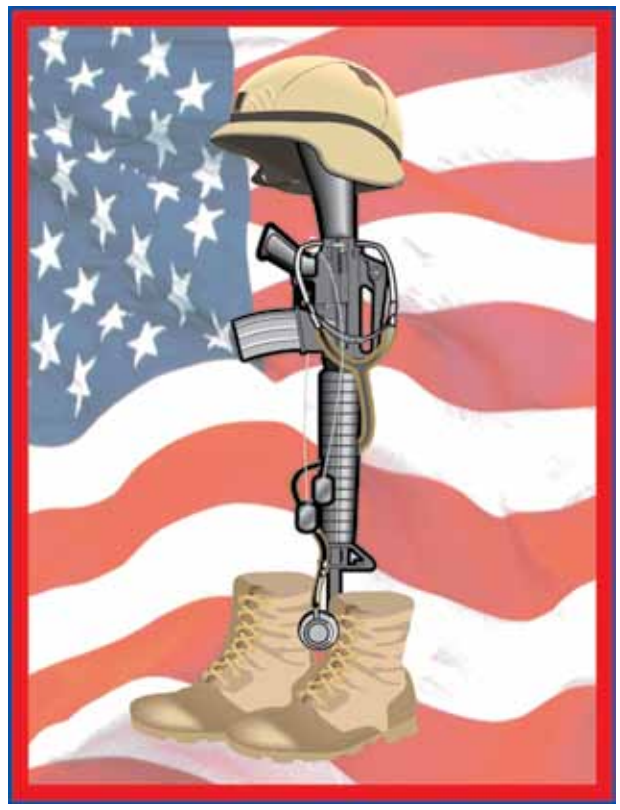
My hero is that 30-year old platoon sergeant that sits in a rinky-dink airport at 0800 hours. He watches his children stare at an old clock. He sees the worry in their faces and the lump in his throat is so big, it's difficult to speak. He wishes he had come alone for this departure but this might be the last time he has with his Family. He takes a deep breath, kisses his wife, and hugs his children's wet faces. He waves goodbye as he walks the tarmac. He climbs aboard the mold-smelling airplane and takes off to a far-away land.

As he looks through the window he thinks about the older children he will soon care for. Then wishes he wasn't so dam good at the work he does.

I work at Eisenhower Army Medical Center, Fort Gordon, Ga. I have the privilege of caring for America's heroes as an operating room registered nurse. I get to irrigate their infected wounds from the bullets and change their dressings. It is my honor to work with them and to worry about the one that can't walk the way he used to.

There is no civilian job that compares to a military medical facility. In my operating room I get to use the best equipment available and my surgeons are top shelf. I don't have to concern myself with billing or insurance.

The care my patients get is the best because they deserve the best. They stand on a wall between tyranny and freedom for very little pay. I am grateful for them because I get to live on the free side. They are my band of brothers and sisters and I love them.



The last, full measure of devotion

SGT Nathan W. Cox, 68W, Special Troop Battalion, 1st Brigade Combat Team, 101st Airborne Division, June 16, 2010
SPC Morganne M. McBeth, 68W, Special Troop Battalion, 1st-82nd Advise and Assist Brigade, July 1, 2010

Mercury

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Commander.....LTG Eric B. Schoomaker
Director of Strategic Communication.....COL Wendy Martinson
Chief of Public Affairs.....Cynthia Vaughan
Senior Public Affairs Supervisor.....Jaime Cavazos
Editor.....Jerry Harben

New regions should enhance readiness

by Jerry Harben

Medical Command is proceeding apace with reorganization of regional medical commands (RMCs) to align with TRICARE regions and to improve readiness and support for the Army Force Generation (ARFORGEN) cycle of deployments and resets.

Regional dental commands also are being realigned to match the new RMCs.

This effort began last October with four RMCs in the continental United States being replaced by three provisional RMCs aligned with TRICARE regions. The new RMCs should reach full operational capability October 1.

The three new regions are Western (headquartered at Joint Base Lewis-McChord, Wash.), Southern (headquartered at Fort Sam Houston, Texas), and Northern (headquartered at Fort Belvoir, Va.). Europe and Pacific RMCs are not changing geographically, but there will be as yet undetermined staff changes.

"The end state for the (overseas) RMC reorganization is to ensure the respective levels of command and staff leadership are reorganized to provide the proper span of control; the requisite (command and control) leaders and structures are in place and projected accordingly; and the effort will improve support to Soldiers, beneficiaries, Army readiness, and transformation," said COL Mark Gibson, former head of the transformation team at MEDCOM Headquarters.

Staff structures for the RMC headquarters are being standardized, with some variations to account for regional size and for the differences between U.S. and overseas operations.

The new RMCs have completed most of their initial operating capabilities tasks. MEDCOM published FRAGO 1, which disseminated most of the critical steps and coordinating instructions to the staff and subordinate units.

A strategic communication plan has been published to include reorganization information briefs, frequently asked questions and communication tools that can be used to convey the reorganization efforts. People with Army Knowledge Online accounts can view this plan at https://www.us.army.mil/suite/files/23467699.

The new RMCs in the U.S. will include readiness divisions that will coordinate all tasks supporting readiness within the region.

"The readiness divisions are the cornerstone of The Surgeon General's vision to support the ARFORGEN process, with primary focus to support, coordinate, and synchronize all medical and dental readiness issues for both active and reserve (continental United States) units," Gibson said.

Two readiness divisions are co-located with regional dental command headquarters at Fort Bliss, Texas and Fort Gordon, Ga. The Northern RMC readiness division is at Fort Bragg N.C., while the regional dental command is headquartered at Fort Belvoir, Va., due to Base Realignment and Closure. Each RDC commander also serves as the RMC deputy commanding general for readiness, to manage the readiness division within the region and report directly to the regional commander.

Much of the staff from the old Southeast RMC headquarters has been reassigned to the readiness division for the new Southern RMC. The Southern RMC readiness division is operating at 80 percent to support deploying and redeploying Soldiers through the ARFORGEN process. Planners expect it to be the first readiness division to achieve full operational capacity.

"The overall reorganization positions MEDCOM to strategically continue to meet the national defense strategy objectives; generate forces to respond to growing global health threats that affect our national defense priorities; and align the organization for a stronger, yet flexible fit with the Institutional Adaptation of our Army Core Enterprise processes, including our commitment to the Army Family and Community Covenant and the Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention," Gibson said.

Influenza vaccination season best ever

Conference examines military vaccine programs

by Chris Orose

With a focus on recent accomplishments and an eye toward ever-expanding future missions, the Military Vaccine (MILVAX) Agency held its 2010 refresher training in Crystal City, Va.

As detailed by keynote speaker Dr. Paul Offit of the Children's Hospital of Philadelphia, one must know and appreciate the history of vaccines in order to move forward to more significant accomplishments. That essential knowledge, Offit noted, includes how vaccines were made, what advances were made in manufacturing, how patients respond to immunizations, how effective they are against disease, and various triumphs and controversies throughout the years.

Internet fears

Offit also described the "birth of fear" surrounding vaccines, partly attributed to the Internet and the groundswell of online anti-vaccine movements. He was personally involved in many cases in which those fears could be quelled by scientific facts showing vaccines as safe and effective means of prevention of disease. He described some results of choosing not to be immunized, such as a 2006 outbreak of pertussis in Delaware and a 2008 measles epidemic.

This was all told under the umbrella of the Department of Defense's most successful influenza season ever in 2009-2010. As MILVAX Director COL Michael Krukar noted, each of the services and the U.S. Coast Guard achieved their highest-ever compliance rates, surpassing the 90 percent threshold for the first time. Preparation is underway for the 2010-2011 influenza season, which will involve just one vaccination because the H1N1 strain was added to the seasonal influenza vaccine, eliminating the need for an additional immunization.

Krukar also presented MILVAX's vision for the future, including the now-completed integration of the Vaccine Healthcare Centers (VHC) Network under MILVAX, the expansion of the highly successful Accession Screening and Immunization Program (ASIP), and various post-licensure safety studies being conducted by MILVAX's safety and evaluation division.

One of the most anticipated developments is the future implementation of a universal immunization tracking system for all of the services. This developing system, which could begin pilot testing by September, will track the immunization status of service members, beneficiaries and retirees. System completion and integration could begin as early as Spring of 2011.

COL Renata Engler, director of the VHC Network, discussed some of the clinical accomplishments of the past year, focusing on patient care and advances in vaccine research and adverse-event education.

A panel of representatives from DoD, each Service and the US Coast Guard gave updates on their immunization efforts and compliance.

Hands-on learning also included a session on best practices for conducting mass vaccination campaigns, with presenters drawing on their personal experiences with MILVAX and the VHC to discuss how different ideas and methods produced the best results. As an example, discussions were held on efforts by the services to share vaccine supplies and work together in joint campaigns, and personnel needs for one mass vaccination campaign at Fort Gordon, Ga. that accommodated more than 9,500 service members.

Risk communication

Attendees participated in a risk communication exercise, using a theoretical smallpox outbreak as the setting for effective communication. Also included was an update on the ongoing, worldwide efforts of the Armed Forces Health Surveillance Center, which is a major part of DoD's program to identify diseases, treatments and health trends in more than 75 countries. DoD was the first to identify the H1N1 influenza virus, and it continues to monitor the safety and effectiveness of the H1N1 vaccine.

Public Health Service Commander Jennifer Wright, of the Centers for Disease Control and Prevention, presented the final results of a long-term study to determine the most effective dosing schedule for administering the anthrax vaccine. Wright was part of the effort to reduce the anthrax vaccine schedule from six to five doses and the route of administration change from subcutaneous to intramuscular. Wright reported that, upon completion of the study, the recommendation was a further reduction to three doses of anthrax vaccine with boosters every three years; a review is pending with the Food & Drug Administration. (MILVAX)

Team recruits behavioral health civilians

by Jerry Harben

As the Army today provides more behavioral-health services to Soldiers and their Families than ever contemplated in previous conflicts, one of the challenges is employing enough psychiatrists, psychologists, counselors and others who must provide those services. Not enough providers means not enough appointments, and the promise of service wherever and whenever needed may go unfulfilled.

One group attempting to meet that challenge is the civilian recruitment and retention branch at Medical Command Headquarters, which attracts civilian health-care providers and refers them to Army medical treatment facilities that have job openings.

Great need

"There's a great need. It's reflective of society. As a society, we have realized this needs to be addressed — we can't continue to push it in a corner," said Dr. Joseph Harrison, chief of the branch.

"If people are identified with behavioral-health issues, and we don't have the resources to deal with it, that's not good, is it?" he added.

"It's a continuous effort," said Joe Weary, one of three staff members working for Harrison. "We have some tools and procedures that are helping."

The main tool used is a Website at www.civilianmedicaljobs.com. This site provides information about job locations and benefits, along with profiles and interviews with current Army medical employees.

"Traumatic Brain Injury is a new service for the Army. We have a big responsibility and a big opportunity to learn and do things the right way. … I have a great deal of support and an incredible team to work with," states Dr. Amy Bowles, chief of the traumatic brain injury center at Brooke Army Medical Center, during a video testimony on the Website.

Among the benefits of Army employment the Website lists are competitive salaries, health and life insurance, state-of-the-art training and tuition reimbursement.

"People don't know they can work for the Army as a civilian," Harrison said. "We talk about the job, the benefits, the opportunities — then we mention the Army."

"While working in a (civilian medical facility) has its benefits, many hospitals experience understaffing, a below-average pay scale, and limited resources interfering with your ability to properly care for patients. You can avoid these issues by becoming a part of the Army Medical Civilian Corps," states one of the branch's recruiting flyers.

Harrison said the branch holds two virtual job fairs each year, and they double traffic on the Website.

MEDCOM recruiters and medical staff also attend job fairs and conventions around the country to let medical professionals know they have opportunities working for the Army. They talk to prospects, hand out literature and direct anyone interested to the Website. They advertise in professional publications and post to online job-search sites like monster.com and careerbuilder.com.

"Everything we do drives candidates to the Website," Weary said.

Matched up

Once prospective employees are interested, they can enter their resumes at the Website. Harrison and his staff then match them with locations that need their skills. Hospital commanders receive lists of candidates from which to hire.

"Commanders in the field drive the requirements," Harrison said. "We work off of requirements rather than spaces and allocations. We look at what they have and what they say they need."

From January to June, almost 1,500 candidates were recorded, about three times the volume from the previous year.

It's all part of making sure enough appointments are there when needed by Soldiers and their Families.

Heroes urge Soldiers to seek care for PTSD

by Donna Miles

Twenty-eight Medal of Honor recipients recently launched the "Medal of Honor - Speak Out" campaign to encourage troops struggling with post-traumatic stress disorder, traumatic brain injuries and other health problems to take advantage of services to help them.

Message

The Medal of Honor recipients echo a common theme in video messages for today's returning combat veterans: Take advantage of the resources now available to treat the unseen scars of war.

"Make use of them," they encourage today's troops. "Stay strong, and don't let the enemy defeat you at home."

The Medal of Honor recipients acknowledge in individual videos the emotional challenges many returning combat veterans experience.

Experience

"I know firsthand the challenges of war," said former SSG Drew Dix, who received the Medal of Honor for his actions as a Special Forces adviser in Vietnam. "Your experiences in combat are so powerful that very few will or can understand what you went through."

Retired MG Pat Brady, a helicopter ambulance pilot who received the Medal of Honor for his actions in Vietnam, said he and his crewmembers treated the physical wounds of the warriors they rescued, but recognized that their unseen scars of combat ran deeper.

"There were other wounds — wounds that went beyond flesh and blood; wounds that could not be rescued by helicopters," Brady said. "Those enemy scars followed our troops home."

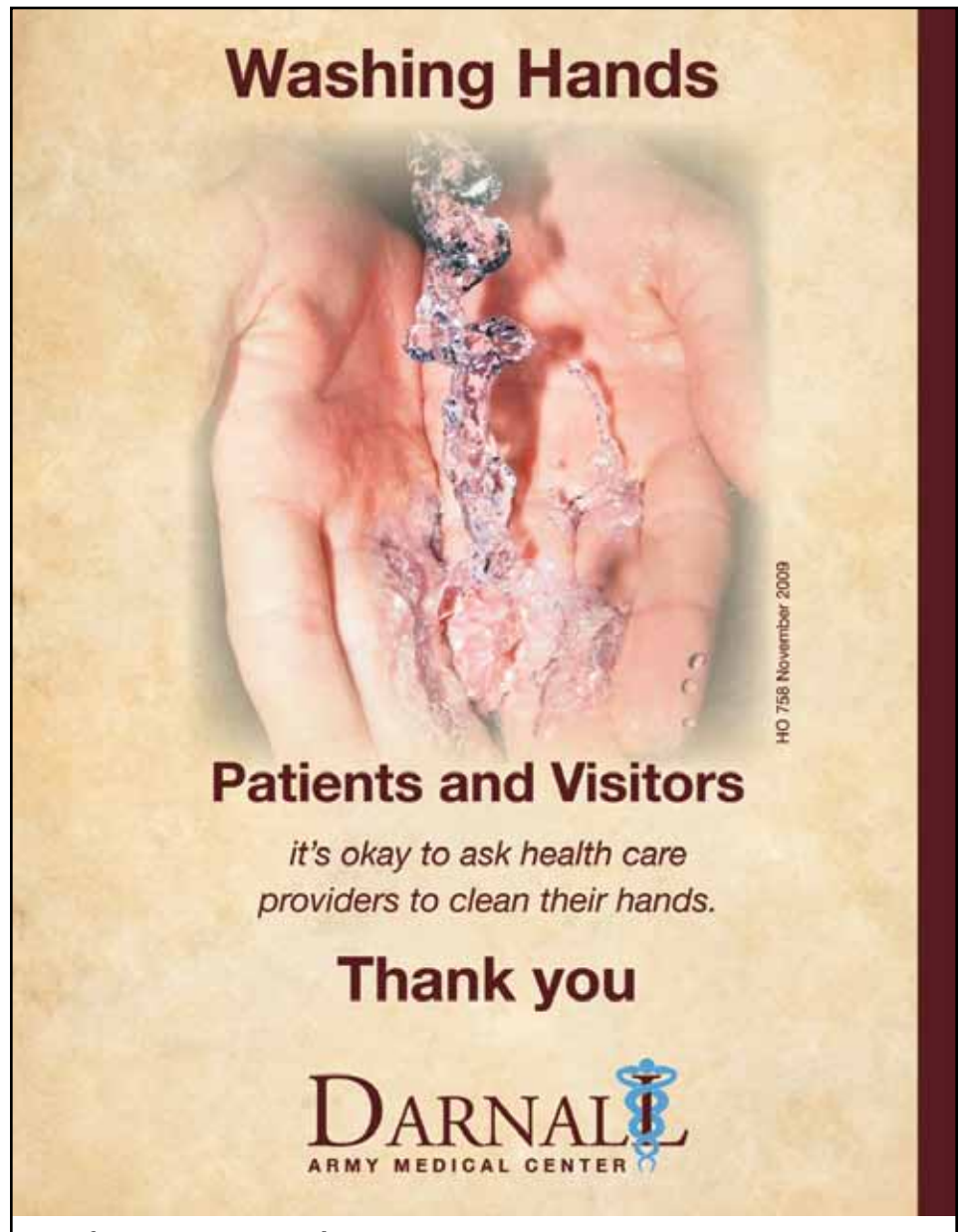
George E. "Bud" Day, an Air Force forward air controller in Vietnam, encouraged today's troops to seek help that wasn't available when he returned from combat.

Resources available

"Back in those days, they didn't have the services, resources and tools that are available today to help service members and their Families deal with the challenges of adjusting after deployment," Day said. "The tools and resources are there now. Please make use of them."

The Medal of Honor recipients expressed pride in today's service members who are following in their footsteps.

"Thank you for your service to our country," said Hershel "Woody" Williams, a former Marine who received a Medal of Honor for his actions during World War II. "We are so proud of you." (American Forces Press Service)



Safety reminder

This poster by Darnall Army Medical Center won first place in the Medical-General Patient Safety category of a contest by the MEDCOM Patient Safety Center.

Other winners were Munson Army Health Clinic in Medical-Theme Related, Walter Reed DENTAC in Dental-Theme Related and European Regional Dental Command in Dental-General Patient Safety categories. Nearly 150 posters were submitted, with the top three in each category receiving cash prizes.

Capsules

Fort Carson

Public Health Command found that mobile behavioral-health teams employed at Fort Carson, Colo., saved cost and reduced risky behaviors among Soldiers. The evaluation involved two brigades of the 4th Infantry Division. The 13-member teams stationed with these units increased access to care, improved relationships between behavioral-health providers and commanders, and reduced stigma associated with behavioral-health care.

"Prevention is the greatest way to eliminate adverse behavioral-health outcomes; it will take a layered approach starting with Comprehensive Soldier Fitness and extending to organic unit education and valued local community outreach services," said LTC Nick Piantanida, deputy commander for clinical services at Fort Carson MEDDAC.

AMEDD Center and School

Ten Soldiers from the department of medical sciences at the AMEDD Center and School got a chance to jump in with both feet during a unique team-building exercise at Sea World San Antonio. The program used the techniques of animal trainers to influence human relationships, motivation and productivity. Six hours of classroom instruction were followed by two hours in a pool with beluga whales.

"This class helps us focus on the positive and stop behavior that will negatively impact students if they become discouraged and want to get out of school," said SFC Cami Harris.

*****

The graduate school of the Academy of Health Sciences hosted its first research day to publicize research at the school.

"We have 12 graduate degree-producing programs within our graduate school, six that are here (at Fort Sam Houston, Texas); then we have six programs that are in our (master's degree schedule) across the spectrum of the Army," said COL Josef Moore, dean of the graduate school.

Iraq

Soldiers in the 21st Combat Support Hospital tested their combat medical skills during a three-day competition at Contingency Operating Site Marez/Diamondback in Iraq. Each day began with a ruck march, followed by timed tests of skills such as applying tourniquets or using intravenous catheters.

"The motivation has really picked up here with the training and everyone has had a lot of fun," said SFC Robert Bates.

*****

The 118th Multifunctional Medical Battalion hosted a medical logistics conference at Joint Base Balad, discussing potential issues as troop strength in Iraq draws down.

"The tough thing right now is that we still have to supply world-class health care while getting this equipment out of theater," said CPT Brian Osowiecki, officer-in-charge of medical logistics for the 118th.

Fort Riley

Farrelly Health Clinic, a $26-million, 52,000-square-foot facility built for a patient-centered medical home model, has opened at Fort Riley, Kan.

"It's going to bring the care Soldiers and Families receive more in line with each other because they are going to receive their primary health care in the same place," said COL Craig Webb, chief of primary care and community medicine for Fort Riley MEDDAC.

Services include radiology, physical therapy, occupational therapy, behavioral health and optometry.

The facility is named for PFC Hubert Farrelly, who received the Distinguished Service Cross as a medical aidman in Vietnam.

Fort Rucker

Lyster Army Health Clinic and the Veterans Affairs Wiregrass Outpatient Clinic have opened joint MRI and CT scan facilities. The on-post facilities will avoid the need for 200-mile trips for the scans.

Fort Sill

A team of military dentists treated about 220 children in Tegucigalpa, Honduras, during a two-week mission. The team included four dental officers from Fort Sill, Okla., one from Fort Benning, Ga., and an Air Force officer assigned in Honduras, along with enlisted personnel.

SHORT SHOTS

Delegates to the Army Wounded Warrior Program Symposium identified five priority issues affecting wounded warriors: medically retired service members' eligibility for concurrent receipt of disability pay; Post-9/11 GI Bill transferability to dependents of all medically retired service members; mandatory PTSD/TBI training for all VA health-care staff; transfer option from temporary disability retired list to permanent disability retired for wounded warriors; and benefits and entitlements information to wounded warrior primary caregivers.

Kenner Army Health Clinic at Fort Lee, Va., received a perfect score from The Joint Commission following a comprehensive accreditation survey…All 14 recent graduates of the **AMEDD Center and School's** pharmacy branch who volunteered for the Pharmacy Technician Certification Board test passed the national pharmacy certification exam.

COL Carolyn Jolitz, deputy commander for nursing at **Fort Knox MEDDAC**, received a Distinguished Alumni Award from her alma mater, the University of Wisconsin Oshkosh…Named Nurse of the Year in various categories at **Brooke Army Medical Center** were **MAJ Pamela Wulf, Darlene Deters, LTC Lisa Lehning, Lisa Vanek, SSG Brandon Gibson, Andra Mitchell, PFC William Maldonado** and **William Crayton**…Graduation awards at **Madigan Army Medical Center** include **MAJ Christina Vaccaro**, the MG Byron Steger Award for research; **CPT Vance Y. Sohn**, the MG Floyd L. Wergeland Award for outstanding four-year graduate; **CPT Dustin J. Little**, the COL Robert Skelton Award for outstanding two- or three-year graduate; **Commander Craig Zelig**, the Madigan Foundation Research Award; **MAJ Michael V. Krasnokutsky**, the LTC Joseph A. Munaretto Outstanding Educator Award; retired **COL Ronald Cooper**, outstanding staff teacher; and **CPT Shawn Corcoran**, outstanding resident teacher.

MAJ Patrick Donahue was inducted into the Order of Military Medical Merit at **Public Health Command (Provisional) Region-West**…The World War Two Living History Association Ltd. dedicated a memorial plaque at Connaught House Weymouth in Dorset, England. It was the British base of the U.S. 50th Field Hospital from April to September 1944, and received casualties of the Normandy invasion.

More than one billion TRICARE Encounter Data (TED) records now have been processed…The **Army Medical Research Institute of Chemical Defense, Medical Research Institute of Infectious Diseases** and **Armed Forces Radiological Research Institute** are presenting the Chemical, Biological, Radiological/Nuclear Course at the Association of Military Surgeons of the United States (AMSUS) convention Nov. 2-4. Attendants may register online at https://ccc.apgea.army.mil/courses/In_house/brochureCBRNE_amsus_10.htm .

Paying respect

The statue "Passing of the Colors" was donated by artist Tom Morgan to Brooke Army Medical Center. Morgan said he wanted to create a non-combatant figure everyone could touch to remember service members. (Photo by Maria Gallegos/Fort Sam Houston)

Policy gives priority to medical operations

by Matt Pueschel

The Department of Defense has put in place a groundbreaking new policy that assigns responsibilities and instructions to specific department components for the military's planning and provision of medical support in international stability operations.

Stability operations are humanitarian relief missions that the military conducts outside the U.S. Such missions can include reestablishing a safe environment, delivering aid, providing direct care to the population, mentoring host country military medical personnel or helping nations rebuild their health infrastructure.

Improving local medical capacity can in turn help stabilize governments and produce healthier populations. The new policy elevates the importance of such military health support in stability operations, called Medical Stability Operations (MSOs), to a DoD priority that is comparable with combat operations.

DoD's international health division (IHD) crafted the new policy, referred to as DoD Instruction 6000.16, and it was officially signed into department policy by Under Secretary of Defense for Personnel and Readiness Dr. Clifford L. Stanley. DoDI 6000.16 is available on the Internet at http://www.dtic.mil/whs/directives/corres/pdf/600016p.pdf .

The instruction builds upon other recent department policies that required DoD medical personnel and capabilities to be prepared to meet military and civilian health requirements in stability operations. MSOs are now considered a core DoD mission that the Military Health System (MHS) must be prepared to conduct throughout all phases of conflict and non-combat environments. MSOs must be integrated across MHS's doctrine and organization, as well as planning and training activities.

The new instruction directs the MHS to prepare to establish and maintain the health sector capacity and capability of other countries when the local population, international or U.S. civilian agencies cannot do so, and to support and collaborate closely with other U.S. departments, foreign governments and security forces, nongovernmental and regional organizations.

"One of the keys for deployers coming back was looking into lessons learned, and trying to make the hand-off to NGOs (nongovernmental organizations) good if DoD has to do the care first," advised Navy Commander William J. Hughes IV, IHD's program director for contingency planning, who wrote the instruction.

1LT Jessica Larson, a physician assistant with the 307th Brigade Support Battalion, examines an Iraqi child during a one-day joint U.S./Iraqi medical clinic. (Photo by SPC Katie Summerhill/82nd Airborne Division)

IHD officials said that when DoD physicians provide care in short-term medical assistance missions they should consider what sustainable sources of appropriate follow-up care are available to patients through local doctors or NGOs if further treatment may be needed, and make an effort to ensure those provisions are in place after they leave.

"Remember you have to first do no harm," said IHD Director Dr. Warner Anderson. "It's up to us to prove that we're not going to be doing harm, and how we're impacting the health of the local population. If you can do things that have lasting impact, (it is better). We have to do it smart and talk to the local health department and NGOs in the area. We're here to make (them) look good, and (they can also) let us know if there is any threat (in the area if security needs to be enhanced)."

All patients' identifiable information that is collected during the delivery of care will be safeguarded to the extent applicable. The instruction further outlines responsibilities for specific DoD components.

The assistant secretary of defense for health affairs (ASD/HA) will be responsible for identifying DoD-wide MSO capabilities and gaps and recommending priorities for the department to address them; ensuring MHS research and development programs address MSO capabilities and are integrated into DoD's acquisition activities; establishing health standards of care and technical supervision for MSOs; collecting and examining MSO best practices to formulate further policy guidance; and developing measures of effectiveness to evaluate progress in achieving MSO goals.

For example, IHD officials said measuring how local medical capacity has grown or been improved over the long term, such as through DoD's provision of education and training to host country military medics and health-care providers, might have as much or more value as the number of patients treated or medications dispensed in humanitarian outreach missions. They also said it is important for DoD to carefully plan health facility construction projects by working closely with host country partners and civilian agency development experts to build from existing local infrastructure and capabilities, so that any new hospitals or clinics are sustainable.

The instruction also calls for each military service to appoint a senior medical department officer to champion MSO initiatives, and develop MSO capabilities by equipping and training the services' medical personnel to carry them out effectively. The chairman of the Joint Chiefs of Staff will develop joint and interagency MSO doctrine and support the ASD/HA and relevant U.S. government departments by participating in federal and multinational stability operations planning processes.

DoD's regional Geographic Combatant Commanders will identify gaps and incorporate MSOs and related training into their theater security cooperation plans and partnerships, as well as ensure unity of command and effort for health engagements in their areas. Through the design and establishment of modeling and simulations aimed at identifying and testing innovative ideas, DoD's Joint Forces Command will also explore new MSO concepts and capabilities for military-civilian teams to collaborate on and use in the field. (DoD Office of Force Health Protection and Readiness)

Dog tales

CPT Eric Storey, a veterinarian with the 994th Medical Detachment, instructs officials from Vietnam's Ministry of Agriculture and Rural Development on diagnosing heart problems in pets in Quy Nhon, Vietnam.

A three-day veterinary conference was part of Pacific Partnership 2010, a U.S. Navy Pacific Fleet humanitarian and civic assistance project.

"It was important for us to open the lanes of communication and obtain an understanding of Vietnamese animal care," said CPT Jolene North, a veterinarian with the Japan District Veterinary Command, Misawa Branch, and team lead for the conference. "What was apparent to all of us was our dedication to patients and our desire to improve our field by using individual resources as efficiently as possible." (Photo by SGT Craig Anderson/Pacific Partnership 2010)

Official tourniquets better than copies

by Steve Elliott

Counterfeit models of the U.S. Army's Combat Application Tourniquet are available on the Internet and on the open market.

Using the counterfeits can be lethal and the Army considered this enough of a problem to send out a priority message sounding the alert on these bogus devices.

"While I haven't seen any of these counterfeits in use, I have seen a few ordered by logisticians more interested in cutting costs than in quality control," said COL John Kragh of the Army Institute of Surgical Research.

"The Combat Application Tourniquet is standard issue to all deploying Soldiers. It's in each Soldier's Individual First Aid Kit pouch," he added.

Weakness

"The rod on the dummy tourniquet is bendable to a point where it cannot work right. It's like bending Gumby's arm," Kragh said. "The makers do not market the item ostensibly as a medical device, but they sell it and package it like a retail item.

"The danger is if someone mistakes the fake for a real CAT or a real medical device," the colonel said. "That mistake could be fatal, since it cannot control bleeding."

A tourniquet is used to cut off the flow of blood, most often to an arm or leg. It may be a special surgical instrument, a rubber tube, a strip of cloth, or any flexible material that can be tightened to exert pressure.

The authentic Combat Application Tourniquet (bottom) has a manufacturing date stamped on it. (Courtesy photo)

The message said that the Defense Logistics Agency knows the fake items are available for purchase through non-Department of Defense Websites, and that authorized DoD procurement gateways will supply only the approved commercial part from authorized distributors.

If the counterfeits are found in any inventory, they should be replaced by the real thing and the counterfeit should be reported to that activity's logistical supply office.

"It's easy to get the right items using routine, professional supply channels," Kragh said. "If other channels are used, then it's easy to get the wrong stuff. It just takes a credit card and choosing the wrong online supplier."

The message said the phony tourniquet was first encountered several years ago in a depot in Afghanistan and was thought to have been purged from the system. At that time, the item was of obviously inferior construction and recognizable as a counterfeit. Today, the product has been modified and is difficult to distinguish from the authentic CAT.

The Element Cat (E-CAT) is a very carefully made counterfeit CAT tourniquet, manufactured in Hong Kong for $8.50 each. It was designed to look, feel and act like the real thing.

The authentic item has a National Stock Number of 6515-01-521-7976 and has a unit cost of $27.28.

"The markings appear to be a copyright or trademark infringement, and that is why law enforcement has become involved in the investigation," the colonel noted. "We have had a previous counterfeit CAT confirmed from the Middle East, but this was purged from the warehouses uneventfully a couple of years ago. This is one of the reasons why we should remain vigilant."

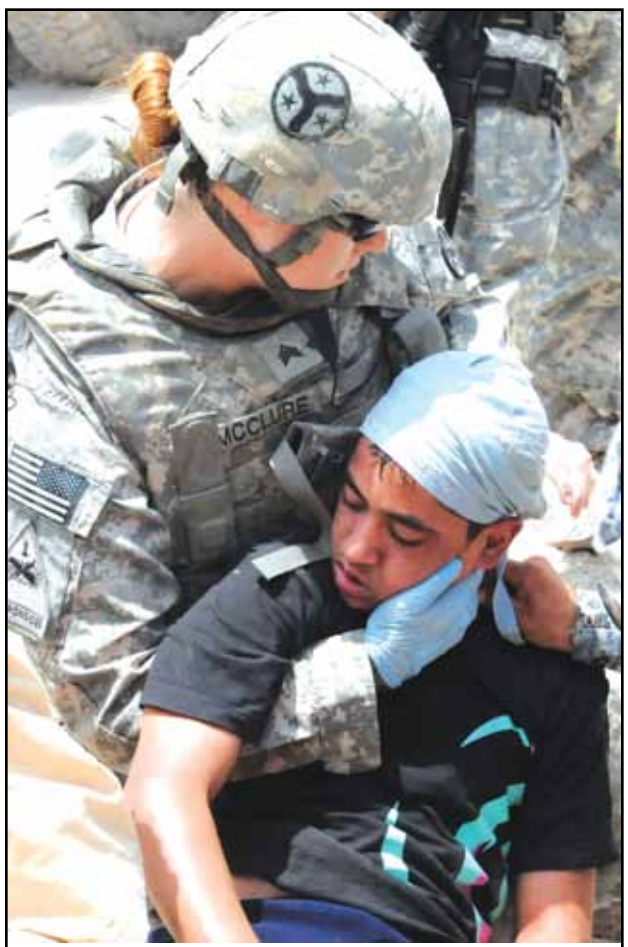
Cost cutting

As to why anyone would purchase the fake one while the authentic item is available through Army supply channels, the colonel had a possible explanation.

"The ordering system is decentralized giving initiative to low-level supply persons who can order what they think is best. An unknowing person could easily think that they are ordering a Combat Application Tourniquet online for a good price, but getting one cheap from China is too good to be true," Kragh said.

Information about the proper combat application tourniquet can be seen on the U.S. Army Medical Materiel Agency Website (http://www.usamma.army.mil/assets/docs/CAT.pdf) under the category "Hot Topics."

An information line at (301) 619-3548 is also available. (Fort Sam Houston)



Seizure

SGT Diana McClure, a medic with the 278th Armored Cavalry Regiment, assists an Iraqi boy who had a seizure at a returnee assistance center in Baghdad, Iraq. McClure ensured the boy's airway was clear and cooled him with water while monitoring his vital signs until he recovered.

"He was running around and getting extremely hot. I am sure that contributed to it," McClure said. (Photo by SGT Michael Carden/13th Sustainment Command)

Easy does it

Army Reserve medics lower a wounded casualty from a tower during a medical tactical lane scenario at Fort McCoy, Wis.

"We had to assess, treat and then lower him from the tower and ensure all the equipment was secure so we didn't drop him. We also did other Soldier tasks such as land navigation and went to the ranges to fire weapons," said PV2 Jefferson Bonilla. (Photo by Rob Schuette/Fort McCoy)

Get it right

PVT Scott Charging simulates bandaging another medic while SGT Sabrina Watts fills out a mild traumatic brain injury survey card, as medics of the 3rd Squadron, 3rd Armored Cavalry Regiment train at the National Training Center, Fort Irwin, Calif. All medics at NTC carry literature to help identify Soldiers who may have suffered a concussion.

"I told them that they need to put in 110 percent, because what they get out of this will directly carry over to Iraq," said SFC Randy King. (Photo by PFC Jennifer Spradllin/16th Mobile Public Affairs Detachment)

Adult lives can be saved with proper immunizations

by BethAnn Cameron

Children are not the only people who need immunizations — young adults to senior citizens can benefit from immunizations, too. Many adults become ill, disabled or die each year from diseases that could easily have been prevented by being immunized.

Immunizations also benefit people in the community where immunized persons live or work, putting fewer people at risk by preventing the spread of diseases. Diseases like influenza (flu), tetanus and measles can cost Soldiers, Families and civilian personnel time and money because of doctor visits, lost duty and work time, and hospitalizations.

Some adults assume that the immunizations they received as children will protect them for the rest of their lives. Usually this is true, except that:

* Some adults were never immunized as children,

* Newer vaccines were not available when some adults were children,

* Immunity can begin to fade over time, and as we age, we become more susceptible to serious diseases caused by common infections (for example, flu and pneumococcus).

These circumstances require that adults make sure their immunizations are up to date. The recommended ones are: influenza, pneumococcal polysaccharide (PPSV), Td/Tdap (Tetanus, diphtheria, pertussis), MMR (measles, mumps, rubella), varicella (chickenpox) and hepatitis B. People who travel overseas, college students and young women may require additional immunizations. Health-care providers also recommend immunizations for adults who have chronic illness such as heart disease, lung disease and liver disease, or other risk factors such as alcoholism or cigarette smoking.

How do immunizations work? They prevent disease in the people who receive them. A weakened form of disease is injected into the body. The body makes antibodies to fight the invader. If the actual disease ever attacks the body in the future, the antibodies will still be there to destroy it.

Immunizations protect the personal health of military personnel, help maintain mission readiness and are required. An immunized Soldier is less likely to become seriously ill from a disease that threatens his or her unit's mission. By staying healthy, the immunized Soldier helps other Soldiers accomplish their mission. Even though immunizations have reduced diseases to low levels in the United States, many diseases are still common in other parts of the world. Soldiers, civilians and contractors getting ready to deploy may require specific, additional immunizations depending on the health risks where they are deploying.

Military personnel, their Family members and civilian personnel should work closely with their health-care providers to schedule immunizations and make sure that immunizations are up to date.

The U.S. Centers for Disease Control and Prevention has the 2010 Adult Immunization Schedule recommended for anyone over age 18. It is available in English and Spanish and may be downloaded. To see the complete list of immunizations recommended by the CDC for adults (as well as recommendations and schedules for adolescents and children), go to http://www.cdc.gov/vaccines/recs/schedules.

The Military Vaccine Agency has immunization charts for U.S. military personnel in any of the Department of Defense services including the Coast Guard. MilVax also provides lists of vaccines by type of military population — trainees, active-duty and reservists, as well as for deployments. Recommended guidelines and charts are on the Web at http://www.vaccines.mil/default.aspx?cnt=resource/servicesHome. (Public Health Command (Prov))

Web-based training helps smokers quit

by Abby Friedman

The Department of Defense has announced the launch of Train2Quit, an innovative Web-based tobacco cessation training specifically designed for military personnel and Families.

Train2Quit is a step-by-step process with proven methods and interactive activities and tools to help tobacco users quit for good.

The free customizable training, accessible anytime to service members online (www.ucanquit2.org/train2quit.aspx), is the newest addition to the DoD campaign, Quit Tobacco-Make Everyone Proud (QTMEP).

"Soldiers, sailors, airmen and Marines are used to training. Train2Quit doesn't take eight weeks or even eight hours. And although quitting tobacco is tough, we know members of the Armed Forces are even tougher. They can get through this unique and easy-to use online training to get quit and stay quit." said Captain David Arday, a Public Health Service physician and chairman of the DoD Alcohol and Tobacco Advisory Committee.

Train2Quit accommodates users based on where they are in the process of quitting tobacco, whether thinking about quitting or in the midst of a quit attempt. A self-assessment tool during enrollment determines where users fall on the spectrum and starts them in the corresponding module. The training then offers customized tools and individual support based on their specific situation and stage in the quit process.

Anonymous live chatting with expert quit coaches is currently available from 8:30 a.m. to 10:00 p.m. EST, and will soon be available 24 hours a day.

Users can stop at any point in the process and then re-start where they left off, tracking their progress through the training. After successfully going through all four modules, they receive a certificate of completion. (Army News Service)

Telemarketers know how to spoil a good evening

by Linda Turner

Outside, a winter storm raged in the night, coating the world in snow and ice, but the couple inside the mountain cabin never noticed. His eyes locked with hers as he reached for her…

You know what's coming, don't you? The phone rang.

"You've won a free trip to the far side of the moon, you lucky dog. All you have to do is sign up for six week's worth of cheap flying lessons, give me your credit card or checking account number so I can drain your accounts, and you're good to go!"

Okay, not all telemarketers are out to steal you blind. But telling the good guys from the bad is next to impossible over the phone unless you initiate the call and know exactly who's on the other end of the line.

After all, telemarketing scams bilk Americans out of over $50 billion a year! That's right — billion with a B. These people know what they're doing. They often use familiar names that sound like companies and charities you've heard of or done business with in the past. The deals they offer are fantastic … and, unfortunately, too good to be true.

Please, don't be taken in. If you believe the company or charity really is legitimate, insist that any offer be sent to you in writing. Investigate a company before buying anything. If you haven't entered a contest, you haven't won a prize. Check charities out with the Better Business Bureau's Wise Giving Alliance at www.giv.org or call 703-276-0100.

The Federal Trade Commission also maintains the Consumer Sentinel (www.consumer.gov/sentinel), which is an investigative and complaint database that lists Internet cons, telemarketing scams, and other consumer fraud in the United States, Canada and Australia. If you've been a victim of a scam, you can post your story on the Consumer Sentinel, thereby alerting law enforcement officials around the world to the latest frauds being perpetrated on innocent victims.

And you do have legal rights where telemarketers are concerned. You can legally restrict telemarketers from calling you again simply by telling them not to call you. You can also place your home telephone and cell phone numbers on the Federal Trade Commission's "Do Not Call" list by either visiting www.donotcall.gov or calling 1-888-382-1222. Anyone foolish enough to call you will be fined for every call.

Telemarketers are also restricted from calling you before 8 a.m. or after 9 p.m. They must tell you they are trying to sell you something, give the name of the company they're working for, and what they are selling. If they tell you you've won a prize, they must tell you that you don't have to pay anything or purchase anything to win. They have to inform you of all costs, restrictions, and conditions *before* you spend any money.

Your consent is required before processing any payment. The terms of any free trial period must be fully disclosed, and anyone soliciting a charitable donation must disclose the name of the organization they're calling for. Furthermore, telemarketers are required to provide their phone number — and their names when possible — to your Caller ID service.

The best thing you can do to protect yourself, however, is to simply hang up and not give the scam artists a chance to entice you.

And the next time you plan a romantic evening with a loved one, take the phone off the hook. (MEDCOM Office of the Staff Judge Advocate)

Better living through technology

Dr. Vic Convertino checks what the data acquisition (DAQ) system developed by the Army Institute of Surgical Research says about a young dengue patient in Thailand. The DAQ integrates various medical devices into a unique data structure.

"The goal of our research initiative is to develop an algorithm using the DAQ system that will permit clinicians to identify internal hemorrhage as early as possible so that corrective measures can be initiated before the patient goes into shock," said Convertino, chief of the human physiology research lab at ISR.

"The system is extremely flexible and can record up to 32 different medical devices at the same time," said Guy Drew of ISR's information management division, "and it permits us to add new equipment to the system as technology advances."

Convertino took a miniaturized version of the DAQ to Bankok and trained three nurses of the Armed Forces Research Institute of Medical Sciences (AFRIMS) to collect data in the dengue ward of the Queen Sirikit National Institute of Child Health. (Photo by Barb Soller/MRMC)

Building a building

1LT Adhanna McCarthy cuts bracing slots in wood beams for a Habitat for Humanity house for a low-income family in San Antonio, Texas. About 30 members of the Interservice Physician Assistant Student Society donated a day of service to the project.

"We've worked at the soup kitchen at St. Vincent de Paul, done a clothing and canned food drive, worked in community gardens with Green Spaces Alliances and also volunteered at Faith Family Clinic, a free clinic that serves the underinsured," McCarthy said.

"We're learning about teamwork, unity and giving back to the community," said SSG Brian P. Neurohr.

"I've been renting an apartment on the northwest side of San Antonio, but this house will be a lot more affordable. And it will be mine," said Tamra Grant, the house's eventual owner. (Photo by Steve Elliott/Fort Sam Houston)

Army targets improved pain management

by Alexandra Hemmerly-Brown

The final report of the Pain Management Task Force, which was initiated by LTG Eric B. Schoomaker in August of 2009, addresses the lack of a comprehensive pain-management strategy across the Army, and suggests alternative treatments to medication such as acupuncture, meditation, biofeedback and yoga. Also noted in the report is the fact that pain management has changed very little since the discovery of morphine in 1805.

Troubling reports

Schoomaker explained that with the increasing numbers of Soldiers returning from combat with severe wounds, reports of medication abuse and suicides with pain as a possible factor are troubling.

"While these issues might not be directly related to pain management, I felt a thorough evaluation and assessment of current pain-management practice was indicated," Schoomaker said.

He said part of the problem is that severely injured Soldiers, like those in warrior transition units, are often prescribed multiple medications and sometimes seen by several different doctors, which can cause inconsistencies in care. But he maintained that this is not just an Army problem — it's a problem throughout the U.S. health-care system.

"This is a nation-wide problem ... we've got a culture of 'a pill for every ill,'" agreed BG Richard W. Thomas, assistant Army surgeon general for force projection.

"As a physician, the hardest thing to deal with is patients with chronic pain," said COL Jonathan H. Jaffin, director of heath policy and services in the Office of The Surgeon General. "So many of us went into medicine to relieve suffering, and chronic pain is frustrating because we want to relieve that pain."

Medical centers

The task force visited 28 military, Veterans Affairs and civilian medical centers between October and January to observe treatment capabilities and best practices. Schoomaker's said his goal is to form a pain-management strategy that is holistic, multidisciplinary and puts Soldiers' quality of life first.

"This is an opportunity to change medical care and the way we take care of patients," noted Thomas.

Exceeding standards

Schoomaker stressed that Army practices have always been in compliance with America's medical regulations, but he thinks the Army can do better.

"Everything we do in the Army, even managing a toothache, is all in compliance with national standards ... what we want to do is set the bar higher," Schoomaker explained.

Schoomaker's higher standards include offering treatment alternatives that might not yet be prescribed in average doctor's offices, but which patients are already seeking out on their own, such as acupuncture. He said the Army has looked at research on the effectiveness of complementary techniques, and he would like to see them integrated into traditional medical treatment.

"Programs such as biofeedback and yoga have been subjected to scientific randomized trials and have been proven to be effective," Schoomaker said.

Biofeedback involves measuring body signals — such as temperature, heart rate, muscle tension and brain waves — to help patients with relaxation techniques and pain reduction.

Schoomaker said he is hopeful that Soldiers will be receptive to alternative methods of care once they see that the treatments work.

"Seeing success is the best way to convince people of the usefulness and the need for other approaches," agreed Jaffin.

Recommendations

The 109 recommendations are divided into four areas: to provide tools and infrastructure that support pain management, build a full spectrum of best practices, focus on Soldiers and Families, and synchronize a culture of pain awareness, education and intervention.

Schoomaker said the recommendations that can be put into policy under his authority will be implemented in the coming months, and the 2010 National Defense Authorization Act asks the secretary of defense to integrate a pain-management policy into the military health-care system no later than March 2011. (Army News Service)

Researcher wins SAIGE award

by Jerry Harben

LTC Max Teehee is the Society of American Indian Government Employees (SAIGE) Award winner for 2010.

Teehee is deputy director of Force Health Protection Investigation — New Drug Branch for the Army Medical Materiel Development Activity (USAMMDA). He leads a team that manages investigational new drug protocols against such disease threats as anthrax and smallpox.

LTC Max Teehee

Teehee, whose grandfather was listed on the 1906 Guion Miller Roll of Eastern Cherokees, enlisted in the Air Force in 1979 but left the service for education, eventually earning a Doctor of Veterinary Medicine degree from Louisiana State University in 1989. He served three years as a Veterinary Corps officer, then five years as a veterinary supervisor for the Department of Agriculture before returning to the Army in 1997.

After completing a PhD in microbiology, he worked as a biodefense researcher at the Army Medical Research Institute of Infectious Diseases before his present assignment.

In 2008, Teehee volunteered to oversee research into endemic viral diseases in the Democratic Republic of Congo, spending eight weeks in the tropical African country. More recently, he initiated a medical surveillance section that monitors disease threats around the world and the countermeasures available against them.

http://www.armymedicine.army.mil

Top cadre earn awards from Warrior Transition Command

Top squad leaders, platoon sergeants, nurse case managers and primary care managers competed this year for Warrior Transition Command's Warrior Care and Transition Program Cadre of the Year awards. Competitors were selected by regions from both warrior transition units on installations and community-based warrior transition units.

The WTU Squad Leader of the Year is SSG Randall G. Bagwell from Fort Sam Houston, Texas. The regional winners were SSG Kris Kaopuiki from Tripler Army Medical Center, Hawaii, SSG Robert C. Cramer from Fort Riley, Kan., SSG Javis Dew from Fort Meade, Md., and SSG James Hower from Heidelberg, Germany.

The CBWTU Platoon Sergeant of the Year is SFC Anthony Costa of CBWTU Illinois. Regional winners were SSG Marsie Franco of CBWTU California and SFC Brent Waterhouse of CBWTU Alabama.

The WTU Nurse Case Manager of the Year is William English from Fort Stewart, Ga. Regional winners were Olivia Castro from Tripler, CPT Robert G. Burdine from Fort Irwin, Calif., MAJ Deborah Hood from Walter Reed Army Medical Center, Washington, D.C., and Donna Argus from Heidelberg.

The CBWTU Nurse Case Manager of the Year is LTC Margaret Trimble of CBWTU Alabama. Regional winners were CPT Jolynn Newsome of CBWTU California and MAJ Mercedes A. Bagby of CBWTU Virginia.

The WTU Primary Care Manager of the Year is LTC Mary Patricia King from Walter Reed. Regional winners were Dr. Robert Deedman from Tripler, Dr. Robbie J. Rampy from Fort Bliss, Texas, Dr. Carolynn Warner from Fort Stewart and Dr. Donna McLaughlin from Heidelberg.

The CBWTU Primary Care Manager of the Year is COL Donna Jean Wiberg of CBWTU Massachusetts. Regional winners were COL Phillip S. Siegel of CBWTU California and COL Deborah Davis of CBWTU Alabama. (WTC)

Detrick garrison applauded for practices

Fort Detrick, Md., is one of six Army garrisons recognized in a new category of Exemplary Practices in the 2010 Army Communities of Excellence (ACOE) awards competition.

"We're pretty tickled. I don't think we could have smiled any more than we did," commented COL Judith Robinson, Fort Detrick garrison commander.

The program encourages and rewards installations for continuous business process improvement, individual innovation, groundbreaking initiatives and dedication to efficiency, effectiveness and customer care. The program uses Malcolm Baldridge National Quality Program criteria.

Fort Detrick was recognized for being a leader in innovation and business development, exerting positive influence on the local community and state while serving multiple missions since the 1940s. The installation received a trophy, an Army Community of Excellence flag and a check for $75,000.

"ACOE helps these installations focus on cost-conscious and performance-based activities, and that contributes directly to a resilient, healthy and mission-ready Army," said LTG Rick Lynch, commander of Installation Management Command. (Adapted from Fort Detrick and IMCOM releases.)

Dix simulation training center named Army's best

Story and photo
by Edward Mingin

The Army Support Activity-Dix Medical Simulation Training Center (MSTC) at Joint Base McGuire-Dix-Lakehurst, N.J., was presented with the CPL Angelo J. Vaccaro Award, which is given yearly to the best medical training facility in the Army.

The MSTC uses training techniques and props, including life-like mannequins that have a pulse, blinking eyes, and the ability to bleed. But SGM Douglas Levy, program director of the Dix MSTC, says that's not what makes the Dix MSTC work so well. Instead, Levy praises his staff, saying they are the reason for the organization's success.

SGT Monty Garza of the 288th Quartermaster Company calls for help during a training exercise at Fort Dix Medical Simulation Training Center.

Levy and his crew get feedback from Soldiers who have been through the training and applied it in a real-world situation.

Feedback also comes from Levy's staff. Jamell Hassell, a contract employee, is MSTC site manager, and has firsthand knowledge he can pass on to Soldiers.

"I was in the Army for eight years. I was a medic" said Hassell. "When my deployment was up, I started as a trainer."

Hassell and the MSTC crew strive to make the training as realistic as possible, and they teach Soldiers how to do more than apply bandages and fix wounds. They'll often role-play and act as hostiles, putting Soldiers on the spot to make hasty decisions. Role-players will do what they can to put Soldiers in a difficult decision-making situation.

"We do a lot of innovative things that people do over there to try to trick us. We incorporate that into the training," said Levy.

"We teach them what they need to know, but we try to get them thinking outside the box and give them more to consider," Hassell added.

"They really put us in a combat situation," said SPC Christopher Ripoll of the 288th Quartermaster Company. "It was different than other training I've had. The hardest part was the room at the end of the obstacle course. It was dark; there were some flashing lights and a lot of casualties. We had to check for a pulse and see who was still alive. There was a lot going on. It was really intense."

SPC Anthony Stewart, also of the 288th, echoed the statements of his comrade.

"I've had CLS [Combat Life Saver] classes before, it was nothing like this. There were bodies and blood all over the place. It was a shock when the mannequin started blinking and had a pulse. Made it seem realistic," he said. (Fort Dix)

Borden Institute expands Army library

by Jerry Harben

Since the dawn of civilization, books have been how humans have shared knowledge, passed on lessons learned, and recorded their place in history.

One organization is dedicated to ensuring members of Army Medicine benefit from accumulated knowledge shared in books.

The Borden Institute publishes books with information for military medical personnel, including the *Textbooks of Military Medicine* series. These books are designed to illustrate how military medicine has built on the lessons learned in past wars, and to lay out the scientific basis on which the practice of military medicine is grounded. The series of some 20 volumes covers such topics as military preventive medicine, military medical ethics, harsh environments and care of combat injuries.

Although the books are written for military audiences, civilian providers, including nonmilitary national and civil defense responders, find these publications to be an essential resource.

The institute's books are available in print, as downloadable PDF documents, or on CD-ROM. Active duty military personnel may obtain one copy at no charge by ordering online at www.bordeninstitute.army.mil/order.cfm . Civilians can purchase volumes through the Government Printing Office at http://bookstore.gpo.gov or by calling (202) 512-1800.

"Some books come unsolicited, interested authors present white papers demonstrating their potential to the Borden. Some ideas have come from the Office of The Surgeon General as an area of interest. Others are part of the maintenance of the *Textbooks of Military Medicine* series — the series is periodically reviewed and updated as needed," said COL Martha K. Lenhart, director of the Borden Institute.

Lenhart said a seven-member publication board soon will be established to review ideas and suggest topics.

After a senior editor is selected, he or she outlines a book's contents and then identifies experts to write individual chapters. Many people contribute to the textbooks — *Care of the Combat Amputee* had 129 authors.

Books on historical subjects more commonly are written by a single author, supported through the Office of Medical History in MEDCOM's directorate of strategic communication.

"One of the strengths of the Borden lies within the authorship," Lenhart said. "It is remarkable that they take the time and effort to write these chapters. There would be nothing without the authors."

The Borden Institute was created in 1987 as the Center of Excellence in Military Medical Research and Education under the Office of The Surgeon General. In 1992 it was named in honor of LTC William Cline Borden, who was MAJ Walter Reed's personal physician and was a leader in establishing Walter Reed Army Medical Center in Washington, D.C. It now is part of the AMEDD Center and School. Two staff members work at the Center and School on Fort Sam Houston, Texas, while others will soon move from the Walter Reed campus to Fort Detrick, Md.

Two of the institute's books recently were recognized for excellence by peers in the publishing industry. *Care of the Combat Amputee* received the first place award in the Technical Text category for Small to Medium Nonprofit organizations in the Washington Book Publishers' 2010 Book Design and Effectiveness Competition. *Walter Reed Army Medical Center Centennial: A Pictorial History 1909-2009* was featured in the Library Journal's list of Notable Government Documents for 2009.

Preserving history

MG Patricia D. Horoho (left), deputy surgeon general, accepts a flag from COL Rafael A. DeJesus (center) and CSM David J. Littereal for the Army Medical Department Museum at Fort Sam Houston, Texas.

Dejesus and Littereal, currently with the 10th Combat Support Hospital at Fort Carson, Colo., were stationed together at Ibn Sina Hospital in Baghdad, Iraq. They donated to the museum a number of items from the hospital, which now is operated by the government of Iraq.

The donation included signs, unit insignia displays, an aerial photo of the Green Zone, a tracing of an original artwork, a small quilt made for the unit, and a flag and granite plaque that was in the hospital morgue. (Photo by Steve Elliott/Fort Sam Houston)

Doctor takes long road from White House to Iraq

Story and photo
by MSG Duff E. McFadden

It's a long way from the hallowed walls of the White House to the dusty environs of northern Iraq, and for COL Daniel Parks, the 26th Base Support Battalion surgeon at Contingency Operating Site Marez in Iraq, it was one wild ride.

COL Daniel Parks

From September 2001 to March 2009, Parks served as one of the six White House physicians for U.S. Presidents George W. Bush and Barack Obama.

Parks said he had very few expectations about the job.

"I heard very little about the position beforehand. I only knew it would be a different type of job with lots of travel, lots of medical contingencies," he said.

Despite a rather ominous start — his first day of work was Sept. 11, 2001 — he quickly learned the ropes. After undergoing Emergency Medical training and Nuclear, Biological and Chemical training, he began working side-by-side with the Secret Service, the Marine One air squadron and the Air Force One air crews.

There's a physician and nurse within two minutes of the president at all times and a physician or physician assistant with the vice president at all times.

"We were a big medical team, approximately 25-26 people strong. We worked very closely with each other, with the Secret Service, and with the military for protection of the president," said Parks.

While the position had its benefits, by the same token, the hardest part had to be the time spent away from home, he said.

"I was away for two- to two-and-a-half weeks a month. It was a 24/7 job and I was always on my Blackberry, or watching the TV news. If there was a tornado in the Midwest, we would have to start planning on how to move assets there in case of an impromptu visit by the president," he said.

While the position was normally a three-year tour, he was asked to extend by President Bush's administration, and then he assisted with the transition of President Obama's administration.

"One of the coolest things is being able to see the workings of the executive branch of government from the inside," Parks said. "Imagine the opportunity to see it in action from a war-time perspective, from the initiation of the war-time action, to today."

During his eight years of White House service, he traveled to every continent of the world, with the exception of Antarctica, as well as 43 countries, including three trips to Iraq and two to Afghanistan.

Parks was the duty physician, or the doctor assigned to the close proximity of the president, when they had arrived in Shanghai for the Asian Pacific Economic Conference.

"I was in the elevator with the president, Secretary of State Colin Powell, National Security Advisor Condoleezza Rice, and Russian Premier Vladimir Putin. To be a fly on the wall in the back of that elevator, with that much power, was simply awe-inspiring," he said. (3rd Infantry Division Public Affairs)

Courageous flight crew earns decorations

by Brandon Honig

Hovering 70 feet over a battle zone, about to be lowered to the ground on a cable dangling from his helicopter, medic SSG Emmett Spraktes drummed up the necessary courage by picturing the parents of the injured Soldiers below.

"We're up there, and we know we can't land and there's a risk, but I imagine looking into the eyes of a [Soldier's] parent and saying, 'I can't do this,'" Spraktes recalled. "How could I talk to the mother or father of one these boys and say, 'I was just too afraid to go'?"

Stuck

Moments later, when the cable stopped moving only partway to the ground — making Spraktes a sitting target above the battlefield — it was his own children who came to mind.

"When I was hanging, I thought I would never get out of there. I was convinced this would be the end of me," he said. "This is all my children are going to know of me — everything we've had up to this time."

He called up to crew chief SSG Thomas A. Gifford: "Tell my children I love them."

"You love me?" came the confused response.

"Not you, you idiot!" Spraktes yelled. "My kids!"

The men shared a momentary laugh amid the gunfire, and then the cable started moving again.

Spraktes reached the ground intact with explosions and gun bursts echoing all around him and went to work on the three injured patients as his UH-60 Black Hawk crew flew to safety. This was only the beginning.

After tending to the most severely injured patient, Spraktes called for the Black Hawk to return to his location to pick up the injured Soldier and fly him to a nearby base.

The Black Hawk delivered the patient then returned and picked up two more injured Soldiers — again leaving Spraktes behind to care for and defend the Soldiers on the ground.

"By the grace of God, we were not hit," said co-pilot CWO Scott St. Aubin. "I have no idea how you miss a giant Black Hawk helicopter. It was really surreal."

More patients

After dropping off patients for the second time, the Black Hawk returned to find that Spraktes was treating two Soldiers for dehydration. He again deferred his place on the aircraft to the injured Soldiers and sent the Black Hawk on its way, this time telling the crew he would stay on the ground and return to base on foot.

Spraktes' crew would hear nothing of it, though, and returned to the dangerous location for a sixth time to perform yet another combat hoist extraction, finally bringing Spraktes to safety.

"I told the pilots I wasn't leaving him," Gifford said. "I was just doing my job and trying to get our guys out. [Medical evacuation] is a very dangerous job — there's always somebody trying to shoot you down and stop you from what you're trying to do."

Awards

Spraktes was honored for his actions with the Silver Star — the third-highest award for valor given by the U.S. armed forces — and Gifford, St. Aubin and pilot CW4 Brandon Erdmann each received the Distinguished Flying Cross with "V" device for valor.

Erdmann is a member of the Wyoming National Guard. The other three awardees are members of the California National Guard's Company C, 1-168th General Support Aviation Battalion.

Spraktes was the first California National Guard member to receive the Silver Star in this century.

"This ceremony is about your selfless service while protecting our freedoms here at home," said Air Force BG Mary J. Kight, the adjutant general of the California National Guard, during a ceremony at Mather Flight Facility.

Left to right, SSG Thomas A. Gifford, SSG Emmett Spraktes, CW4 Brandon Erdmann and CW2 Soctt St. Aubin pose after their award ceremony at Mather Air Force Base, Calif. (Photo by SFC Jesse Flagg/California National Guard)

"These four Soldiers are American heroes. … I am proud to serve with you, and I believe the acronym DUSTOFF truly describes your actions," Kight said.

DUSTOFF, which is synonymous with medical evacuation, stands for Dedicated Unhesitating Service To Our Fighting Forces.

"You four exemplify the very best of our military," said COL Mitchell Medigovich, commander of the 40th Combat Aviation Brigade, which includes Company C. "We put you in the most austere conditions, the most difficult places and ask you to perform missions that are simply daunting, and you always rise to the occasion."

He noted that MEDEVAC helicopters, unlike all other aircraft flown by the California Guard, are unarmed. The red cross on the helicopter is meant to deter fire, but the enemy often treats it as a bull's-eye instead, Medigovich said.

"[MEDEVAC Soldiers] do the job every day, unhesitating," he said. "It's a very special breed. Just the fact that you're flying in there is testing one's mettle. [This crew] is the best example of how our Soldiers react to adversity and accomplish the mission, saving the lives of our fellow patriots."

The four awardees, however, deflected all praise, insisting they were only doing their job, doing what the Soldiers on the ground depended on them to do, what any other DUSTOFF crew would have done.

"We just happened to be there when the mission came up," St. Aubin said. "Any one of the crews with us [in Afghanistan] would have done the same thing. I'd trust my life with any single one of them."

"MEDEVAC — you choose that unit," he continued. "You know the danger and inherent risk." (California National Guard)

Try-athlon

SSG Oscar Guerra, a below-knee amputee, swims in the far lane, while SGT Johnathan Reyna guides CPL Matthew Bradford, who is blind and a bilateral lower extremity amputee, down the near lane during a mini-triathlon held at Fort Sam Houston, Texas, for military members injured in Operation Iraqi Freedom or Operation Enduring Freedom.

More than 100 patients from Brooke Army Medical Center, Walter Reed Army Medical Center and Balboa Naval Medical Center took part in the event, featuring a 500-meter swim, 10-mile bicycle ride and two mile run/walk.

"Events like this are great for us because it gets you out of the barracks, keeps you active and gets you in a social situation," said CPL Joshua Sweeney. (Photo by Steve Elliott/Fort Sam Houston)