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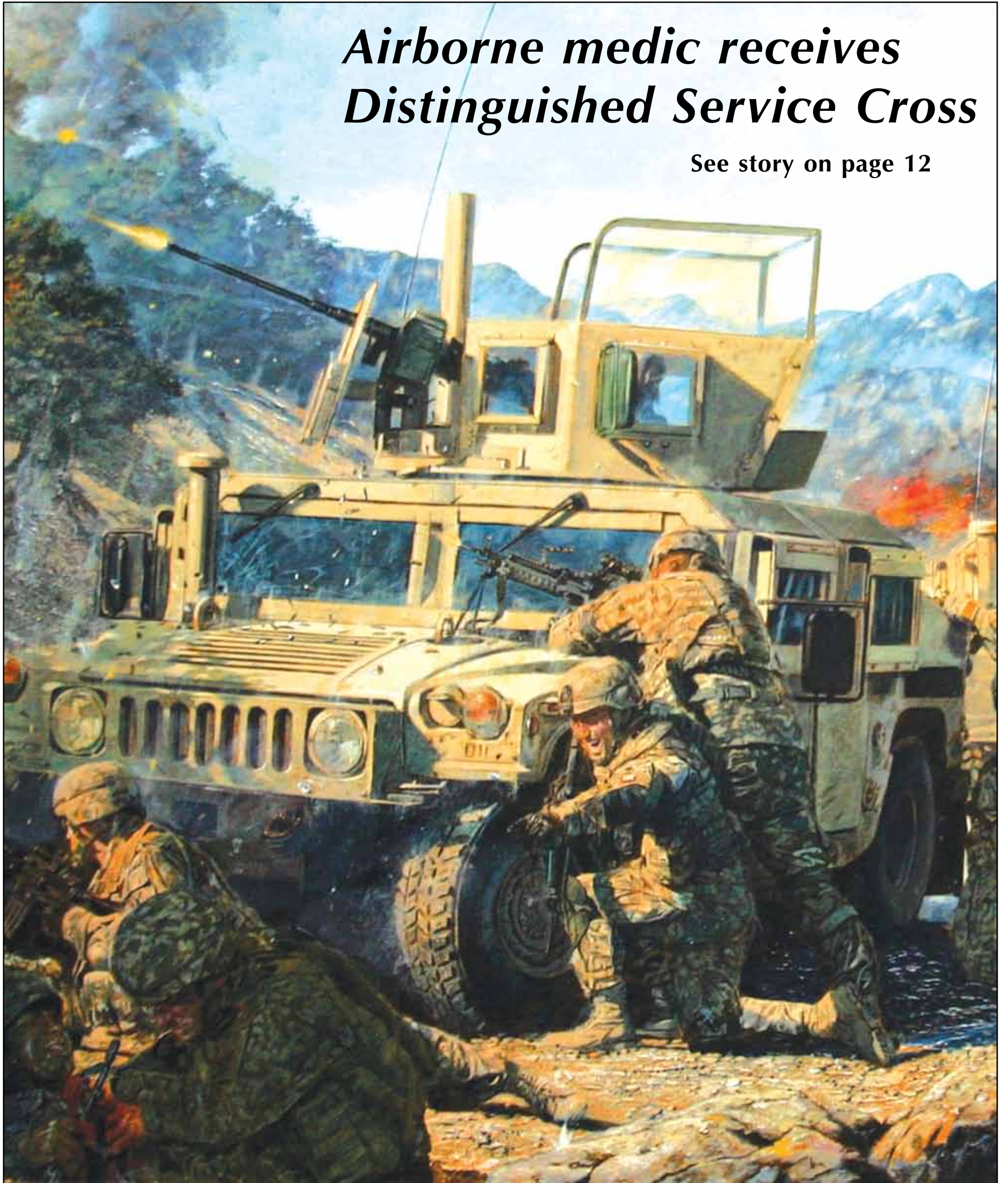
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Airborne medic receives Distinguished Service Cross

See story on page 12



This detail from the painting "Counter Attack" by Jim Dietz portrays the 1st Battalion (Airborne), 503rd Infantry in combat in Afghanistan. SGT Joseph Lollino, a medic in the 1st-503rd, earned the nation's second-highest decoration for valor during a similar action. See story on page 12. Copyright, reproduced by permission of Jim Dietz.

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Command corner

Army Medicine has glorious heritage

by **LTG Eric B. Schoomaker**

The Surgeon General of the Army and commander of Medical Command

On July 27 we celebrate the 235th anniversary of U.S. Army Medicine. It is important to know where we come from and the heritage we have inherited from our predecessors, and how Army Medicine has a long reputation of bringing value and inspiring trust with our patients.

From those early surgeons of the Continental Army to the professional medical, dental and veterinary personnel of today, Army Medicine has written a distinguished history. Consider:

— William Beaumont performed ground-breaking research on the digestive system in the 1820s.

— Bernard Irwin, an assistant sur-

geon, became the first Soldier to earn the Medal of Honor during combat with hostile tribes on Feb. 13-14, 1861.

— Jonathan Letterman's organized system to evacuate casualties saved thousands of lives during the Civil War.

— Walter Reed's research in 1900 proved that yellow fever is transmitted by mosquitoes, paving the way for protection against this scourge.

— Pioneering use of helicopters during the Korean War brought casualties rapidly off the battlefield to advanced care.

— The Institute of Surgical Research's development in the 1960s of sulfamylon cream reduced deaths from infection of burns by 50 percent.

This record of accomplishment continues to the present day, when

Army medical care has led to survival and recovery of casualties at a rate undreamed of in previous conflicts.

Mindful of how the work of current medical personnel is built on the foundation of the past, Medical Command Headquarters and the Office of The Surgeon General includes a dedicated Office of Medical History. This organization assembles and publishes reference materials, original works, previously unpublished works, reprints, special studies, Web publications, AMEDD newspaper/professional publications and print series.

The program includes the administration of a field history program as well as an oral history program for the conduct of regular interviews with key active and retired personnel and provides coverage of

current operations and issues with participants and decision makers.

The AMEDD Regiment is the keeper of our heritage, and inspires current members of the AMEDD with a sense of belonging to an organization with a glorious record.

The AMEDD Museum houses the largest collection of cultural or three-dimensional artifacts in the world from the AMEDD past. As a sample, the collection includes medical helicopters, World War I ambulances and CPT Ben Solomon's Medal of Honor.

Take some time this month to reflect on our history, and what we owe to those who have gone before us. And to quote General George S. Patton, "To be a successful Soldier you must know history."

Army Medicine continues to bring value and inspire trust!

Warrior Spirit extends beyond the battlefield

by **Ali Leone**

Recently, I was diagnosed with cancer and sent to Brooke Army Medical Center for treatment. I was terrified at what I might be facing and unsettled about leaving my home in Germany for treatment. It seemed a long way to go.

At Brooke you will find some of the most highly trained doctors, nurses and medical staff in the military. You will also find a large population of service members in various stages of recovery from combat-related injuries.

Living near Landstuhl, you see the recently injured, healing enough to be sent back to the United States for further recovery and treatment. Here in Texas, however, I'm seeing a whole new side to the spirit of our military men and women.

Every day when I leave my room, I see someone who has lost a limb or is bandaged from serious wounds. Sometimes they are alone, sometimes they have Families with them. But they always have their heads held high and a smile on their faces.

They greet each other as though they've been together for years. The spouses hug and talk about the latest news in their lives. The kids play like brothers and sisters.

The good-natured rivalry between services no longer exists. The only joking here is about who walks with more of a limp or who might be more prone to a sun burn now.

Shortly after arriving, I sat in a waiting area with several of these wounded warriors. I listened as they talked about their third, fourth and even seventh surgeries. No one cried or whined, as they were all — spouses included — long past the stage of not being able to accept the next

step in recovery.

It was evident that the Warrior Spirit extends infinitely past the battlefield. That spirit was fighting in each of these military members to recover to the fullest extent.

I watched as young wives lovingly supported their spouses in a way you typically see in a couple that has spent decades together. You could see in their eyes it didn't matter that their husbands wouldn't get out of that wheelchair. It was just that they were there.

You could almost see the strength that now bonded these couples and that the little things probably weren't going to matter much anymore. These spouses have Warrior Spirit too.

The medical staff was equally amazing to me. How do you face this much pain and suffering each day without having some kind of depression? I didn't see any of that, and I didn't see any rushed or rude personnel — just the deepest compassion. They had a seemingly endless amount of caring and concern for all their patients, no matter how busy they might be.

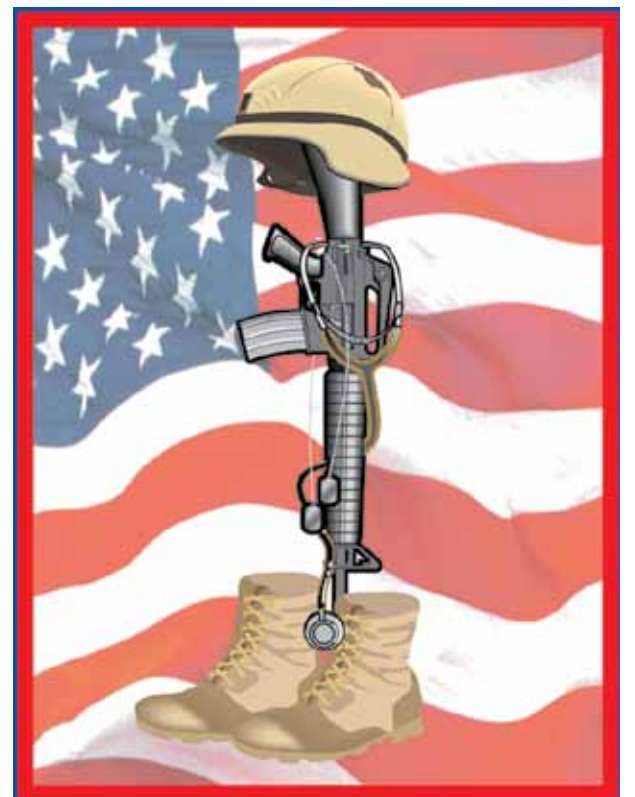
Was it the compassion of the medical staff that lifted the spirits of the service members and their Families, or was it the other way around? Their morale is high and their spirits are strong, and that's what is important.

My situation wasn't seen as less because I wasn't a combat injury. I was given the same level of commitment and caring as all of our wounded warriors, and the Families were just as willing to accept us into their group.

Watching the Warrior Spirit at work has made my own situation a lot less scary. I'm laughing when maybe I would have been crying,

talking when maybe I should be brooding, and my marriage is stronger when maybe it should be stressed.

That Warrior Spirit has rubbed off on my Family too, and I'm so thankful that I'm here to receive it. (USAG Kaiserslautern Public Affairs)



The last, full measure of devotion

SPC Jonathan K. Peney, 68W, 1st-75th Rangers, June 1, 2010

Mercury

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Integration transforms public health assets

by Jane Gervasoni
and Lyn Kukral

The Army's public health capabilities are being integrated to form a new Army Public Health Command. The integration is part of the Medical Command's transformation from a "sick-care" system to a "health-care" system — one that emphasizes prevention and sustaining good health.

The PHC will incorporate select missions of the Army Center for Health Promotion and Preventive Medicine and Veterinary Command. This integration will occur in phases over a two-year period that began with CHPPM's conversion to Public Health Command (Provisional) Oct. 1, 2009, and will end when PHC reaches its full operational capability, targeted for Oct. 1, 2011.

Army public health focuses on promoting health and preventing disease, injury and disability in Soldiers and military retirees, their Families, and Army civilian employees. As well, PHC will oversee effective execution of full-spectrum veterinary services throughout the Department of Defense.

"To facilitate a smooth transition as well as synchronize and standardize public health services, we stood up a USAPHC transition team," said BG Timothy K. Adams, PHC (Prov) commander. "The team serves

as an advisory team and conducts the staff analyses necessary to fully establish the USAPHC."

The team consists of several working groups with representation from MEDCOM, MEDCOM's regional medical commands, CHPPM, VETCOM, DoD Veterinary Service Activity, the Proponency Office for Preventive Medicine, and the Armed Forces Health Surveillance Center.

Lead by John Resta, PHC (Prov) scientific advisor, and COL Gary Vroegindewey, assistant chief of the Veterinary Corps, the team is developing a detailed plan to stand up the new command, starting with a concept of operations.

"This effort should cause little disruption in service to our customers," Vroegindewey said. "While the USAPHC is transforming, we expect that customers of the former USACHPPM and the VETCOM will deal with the same organizational contacts in the same locations where they currently have relationships."

Customers may not notice effects from forming the new command, but those involved in planning how it will eventually look and function are engaged in multiple brainstorming and analysis sessions, producing reams of slides and documents. The CONOPS was the first major document to test the results of these labors.

"This effort should cause little disruption in service to our customers. While the USAPHC is transforming, we expect that customers of the former USACHPPM and the VETCOM will deal with the same organizational contacts in the same locations where they currently have relationships." — COL Gary Vroegindewey

Public health services to installations will be organized under the command of regional medical commands or medical treatment facilities, Vroegindewey explained. Current VETCOM branches will merge with existing preventive medicine services to form unified installation-level teams.

"One of the biggest pieces of the CONOPS is developing coordinated and integrated organizational relationships to effectively execute missions of mutual interest," Resta said, noting that the Army Enterprise model is being used.

Resta said there will be five public health regions with subordinate public health command districts. The regions currently are located where the former CHPPM subordinate commands were: Landstuhl, Germany; Camp Zama, Japan; Fort Meade, Md.; Fort Sam Houston, Texas; and Joint Base Lewis-McChord, Wash.

The plan also proposes to make what was the CHPPM headquarters

a public health institute with responsibility for developing best practices and standardizing services and programs, Resta said. The institute also would provide reach-back technical expertise and one-of-a-kind services in areas such as laboratory sciences and toxicology. It will remain at Aberdeen Proving Ground, Md. A small headquarters element would oversee the entire PHC from Fort Sam Houston.

With the CONOPs approved, the next phase of the PHC transition can begin, Vroegindewey said. In this phase, the PHC (Prov) will assume operational control of the VETCOM, and the MEDCOM's continental U.S. regional medical commands will assume operational control of installation-level veterinary service assets in their areas of responsibility. The approval of the concept plan by the Department of the Army is expected to take four to six months. (Public Health Command (Prov))

Junior officers receive MacArthur Awards

by Jerry Harben

A warrior transition unit commander, an air ambulance commander, a health services security officer and a health service materiel officer were among the 28 junior officers selected for 2010 General Douglas MacArthur Leadership Awards.

"As I read through the letters of recommendation for these great young officers, I was absolutely stunned by what they've already accomplished in such a short period," said Army Chief of Staff GEN George W. Casey Jr., as he recognized the officers for demonstrating the ideals of duty, honor and country as represented by the award's namesake, a combat commander in World War I, World War II and Korea.

CPT Scott M. Smiley, commander of the warrior transition unit at West Point, N.Y., remains on active duty after being blinded by an explosion in Mosul, Iraq, in 2005. As a leader of other injured Soldiers, Smiley said he can be compassionate because he's been in their shoes, but also looks for ways to improve his unit.

"I understood what great leadership was, and I understood what poor leadership was, and so it's my goal to better my company in the best way possible," he said.

He also has taught a leadership course at West Point, and said he tries to inspire his students

to become leaders of character.

CPT Darryl A. Cox is security operations officer and homeland defense coordinator for the Southeast Medical Area Readiness Support Group (SE-MARSG). He coordinated training of the 5010th U.S. Army Hospital from Fort Gordon, Ga., with the 457th Chemical Battalion at Greenville, S.C., so the hospital could be validated for its homeland defense mission.

While serving as commander of the headquarters and headquarters detachment for SE-MARSG, Cox led his company to a 100 percent pass rate on the physical fitness test, and to nomination for the Chief of Staff, Army, Supply Excellence Award.

CPT Richard E. Wood Jr. is headquarters and headquarters company commander and chief of supply operations for Walter Reed Army Institute of Research. He managed shipment of flu vaccine to labs in Kenya, Nigeria, Uganda, Australia, Tanzania and Thailand, and completed a 100 percent inventory in support of BRAC transition.



CPT Scott Smiley



CPT Darryl Cox



CPT Richard Wood

Wood has served in Iraq as a medical platoon leader, aide-de-camp for 44th Medical Command, medical supply officer for the 28th Combat Support Hospital and company commander in the 32nd Multifunctional Medical Battalion. This fall he will become chief of staff at the U.S. Army Medical Research Unit in Kenya.

CPT Stephen Brack is commander of Company C in the 1st-185th Aviation Battalion at Camp Robinson, Ark., having served in the past year as medical operations officer in the 77th Theater Aviation Brigade and a detachment operations officer in the 1st-111th General Support Aviation Battalion.

The last two years he has provided continuous MEDEVAC coverage supporting summer training at Fort Chaffee, Ark. In 2008, he piloted a mission that hoisted a stranded hang glider from the Ouachita Mountains at night, using night vision goggles.

Brack planned and conducted a mass casualty exercise with the University of Arkansas School for Medical Sciences, the first of its kind in Arkansas. He also developed the first aviation officer development program in conjunction with the National Guard Association of Arkansas Conference. (Alexandria Hemmerly-Brown of Army News Service contributed to this report.)



CPT Stephen Brack



Litter lift

Medics carry a simulated patient through an obstacle course during Expert Field Medical Badge qualification at Paju, Korea. More than 250 medics participated in a written exam, three combat testing lanes, day and night land navigation and a 12-mile road march, with 20 earning the badge.

"The EFMB benefits every medic who participates, not only for the intensive training but they also earn continuing education credits," said MAJ Frank Goring of the 2nd Infantry Division surgeon's office. (Photo by PFC Robert Young/2nd Infantry Division)

MEDCOM's close eye on payments wins DoD award

by Jerry Harben

Bill Horton and Kathleen Harmon, financial analysts for the directorate of resource management at Medical Command Headquarters, received an individual award for financial management initiatives from the Under Secretary of Defense (Comptroller). This is one of four such awards presented at the Major Command level.

"They are the best financial managers in DoD. That's pretty impressive. Even more impressive is that last year we won two of these awards. That is evidence this isn't a fluke, it demonstrates a pattern of excellence. That speaks volumes as to the quality of staff in MEDCOM generally," commented COL Marcus Cronk, director of resource management for MEDCOM.

Horton and Harmon monitor accounts payable, and work with units within MEDCOM to ensure bills are paid promptly to avoid interest charges. Horton said that MEDCOM paid \$46 interest for each \$1 million of payments, well below the Army standard of \$70 per \$1 million.

"They work behind the scenes to make sure we pay the right amount to the right people," Cronk said. "If we didn't pay our vendors those supplies and services would not be delivered."

"It helps ensure we're not double paying or overpaying vendors. We ensure the taxpayers' dollars go to what they should go for," he added.

Horton said they have created training packages for people in the command's activities, and they assist with contract modifications and help with purchase card issues. They use an electronic system for records, invoices and reports.

"We were the first in the Army to use Wide Area Work Flow, seven years ago," he said.

"Your best resource in any situation is to train individuals to understand the regulation," Harmon said.

"And lots and lots of follow up," she added.

"When you have great leadership, you can't help but want to be more successful. I truly enjoy working for the Medical Command," Harmon said.



Egyptian hospital

Afghan patients recover in the male ward of the El Salam Egyptian Field Hospital at Bagram Air Field, Afghanistan.

The hospital, staffed 100 percent by Egyptian soldiers and funded by the U.S. government, treats

Afghan civilians and acts as an overflow facility for the Craig Joint Theater Hospital. It has treated more than 521,000 patients and performed more than 6,000 surgeries since its establishment in 2003. (Photo by MAJ Yun-Hua Fan, 30th MEDCOM)

Researchers seek answer to malaria threat

by Christen N. McCluney

Researchers at Walter Reed Army Institute of Research are discovering new ways to combat and prevent the spread of malaria.

"Every conflict the U.S. has been in we've been faced with malaria," said COL Christian Ockenhouse, director of the U.S. Military Malaria Vaccine Program.

Malaria is a parasitic disease which infects red blood cells, Ockenhouse said. It's transmitted through the bite of a female mosquito, goes to the liver to develop and emerges after five days into the bloodstream to cause the disease.

In sub-Saharan Africa, 3,000 children die every day from the disease, Ockenhouse noted.

Malaria also can target adults, including U.S. troops.

Prevention

Ockenhouse said using insect repellent and camouflage face paint with repellent in it, wearing uniforms impregnated with insecticides and employing bed nets can help to prevent malaria.

One of the effective measures to prevent the disease is taking anti-malaria pills. Ockenhouse noted that it has to be performed daily.

"Often time Soldiers forget or don't take it if they don't see any symptoms," he said.

The researchers are working with the U.S. Food and Drug Administration in three areas to protect service members and children against malaria.

First, they are developing a highly safe, highly effective vaccine. A second area is to develop better diagnostics, which would allow earlier detection and treatment of the malaria parasite in the blood. Third, they are developing new anti-malarial drugs to prevent infection and treat those that have it.

Testing

Ockenhouse spoke of an in-house program designed not only for early-stage research and development, but also to test new drugs against malaria in late-stage clinical trials intended for FDA approval.

The group works overseas with laboratories located in Kenya, Thailand, Tanzania, Mali, South America and Peru.

"We are ambassadors in the countries where we work. We are there to lend assistance to their public health initiatives, which includes helping these countries test malaria vaccines, drugs and diagnostics and aiding in infrastructure and capacity development," Ockenhouse said.

The researchers also have assisted in the development of the world's most advanced malaria vaccine. It is being tested in 16,000 infants in 11 countries. Preliminary studies indicate that use of the vaccine can reduce malaria by 50 percent.

When licensed and made available the vaccine could save hundreds of thousands, if not millions, of children's lives, Ockenhouse said.

"We are at the forefront of many endeavors in drugs and vaccines," Ockenhouse said. "The DoD should be particularly proud that it is stepping up to the plate and leading the world's efforts on this disease." (Defense Media Activity)

Capsules

Indonesia

More than 350 health-care leaders from 20 nations attended the Asia Pacific Military Medicine Conference in Jakarta, Indonesia, co-hosted by U.S. Army Pacific.

Fort Polk

The 115th Combat Support Hospital tested deployable medical facilities that use plastic tent liners and positive pressure to keep out dangerous chemicals or biological hazards, evaluating improvements made since the last such test in 1997.

“We have a locked down, isolated, pressurized unit to keep out these so-called chemical contaminants,” said COL Kathleen Ryan, commander of the 115th.

Iraq

Medics and initial medical care providers in Task Force Marne, operating in Diyala, Iraq, now are screening for potential behavioral health issues. The initiative was created by MAJ Keith M. Lemmon, surgeon for 1st Squadron, 14th Cavalry Regiment.

“If medics can deal with these issues as well, that’s accomplishing the mission of taking care of the health of Soldiers,” Lemmon said. “Traditionally, that has not been a medic’s job, but with a program

like this, they can do even more good in an environment where there are not many trauma incidents for them to take care of.”

Soldiers from the 17th Fires Brigade at Basra, Iraq, held a two-day course on preventive medicine for medical personnel from the Iraqi army’s 14th Division. The course focused on food handling, sexually-transmitted infections, nutrition and loss of consciousness. 2LT Karim Elymani, a native of Morocco, translated the instruction into Arabic for the students.

Fort Stewart

Fort Stewart, Ga., has joined with Liberty County and the city of Hinesville in a We Can! (Ways to Enhance Children’s Activity & Nutrition) program to combat childhood obesity.

“Through events targeted at the community level, we hope to prevent the rise in childhood obesity in our community, as well as decrease it over the next year,” said LTC Andy Doyle, deputy commander of surgery at Fort Stewart MEDDAC.

Fort Stewart MEDDAC opened a pediatric pharmacy in the pediatric clinic to increase convenience and decrease waiting time for patients.

“It allows for a more personable, one-on-one relationship between the

pharmacist and the provider, which is a win-win situation for the patient,” said COL Cheryl Filby, chief of pharmacy.

Madigan

Behavioral health liaisons now serve as contacts between brigade commanders on Joint Base Lewis-McChord, Wash., and behavioral health providers at Madigan Army Medical Center. The five resident psychologists and one civilian provider in the program do not provide therapy or assessments, they educate commanders and family readiness groups, give advice, and help implement best practices in deployment reintegration. They are assisted by enlisted Soldiers of the 98th Combat Stress Control Detachment.

An 11-person ophthalmology team from Madigan Army Medical Center screened 928 people and conducted 288 eye surgeries during nine days at Choluteca, Honduras.

“We drastically change people’s lives there. We open the world to them. They receive us with open arms and treat us very warmly,” said LTC John Thordsen, who led the annual mission.

Madigan, the Joint Base Lewis-McChord garrison and on-post elementary schools signed a memorandum of agreement to provide

child and adolescent psychiatrists, psychologists and social workers to evaluate and treat military children, and resilience-based models to students, staff and parents in the schools.

PHC

Thirty-five officers and enlisted Soldiers from Public Health Command (Provisional) learned about the Civil War battle of Antietam during a staff ride to the battlefield.

CPT William Bosley, a health physicist who helped organize the staff ride, said disease and non-battle injuries played a great part in reducing the number of Soldiers fit for duty in the battle.

Fort Carson

The emergency department of Fort Carson, Colo., MEDDAC relocated to a newly constructed area inside the hospital to support an increased population due to Base Realignment and Closure. The new area features 18 beds with one trauma room to take care of two patients, an isolation room for those with respiratory issues and an increase from four to six FASTRACK rooms. FASTRACK is urgent but “simple” care, where patients can be quickly seen, treated and released.



COL Janet Harris, director of clinical and rehabilitation medicine research area directorate of Medical Research and Materiel Command, won the military category of the Women in Defense Reach for the Stars awards in Frederick, Md... Cadet A. J. Pisano received the 2010 Richard M. Mason Memorial Award, given to the West Point cadet with the highest grade point average who is entering medical school... MAJ Craig Dobson, MAJ Brian Hemann, MAJ Todd C. Villines and Air Force LTC Mark Kolasa, all staff members at Walter Reed Army Medical Center, received “Heart Heroes” awards from the American Heart Association.

SGT Jhonel Baniel of Landstuhl Regional Medical Center finished fourth at the Army Chess Championships, qualifying for the Army team that will compete at the Inter-Service Chess Championships in August.

LTC Leigh McGraw and CPT Tanisha Currie received the Evangeline Bovard Award, given each year to outstanding nurses at Madigan Army Medical Center. Deborah Scott, Dale

Hayes and Peter Petrukitas received Nursing Excellence Awards... 1LT Najuma Pemberton, SGT Jerome Schorr, SPC Jaren Pilling, Sharon May, Virasack Sourignosack, Jorge Melendez, MAJ John Stich and Christie Ferguson received outstanding honors during the Nursing Excellence Awards Ceremony at Walter Reed Army Medical Center.

Active duty service members and their families can have free admission by showing ID at more than 600 museums nationwide between Memorial Day and Labor Day. The museums are listed at www.arts.gov/national/bluestarmuseums/index.php... Kathleen Berst, director of developmental vaccine program integration for the Joint Vaccine Acquisition Program at Fort Detrick, received a gold award for outstanding professional technical scientific program support from the Baltimore Federal Executive Board... Landstuhl Regional Medical Center has been reverified as a Level II Trauma Center by the American College of Surgeons.



Mountain move

During Exercise Mountain Move of the National Disaster Medical System, SFC Terence McClain of Fort Carson, Colo., MEDDAC enters patient data from a triage tag into a handheld device that sends information to the EMTrack patient tracking computer system.

More than 30 agencies gathered at Denver International Airport to rehearse a unified medical response to a hypothetical earthquake in Utah.

Volunteer “casualties” from Fort Carson’s warrior transition unit were loaded and unloaded on a C-130 aircraft. After being recorded by McClain, they were taken by ground or air ambulances to participating hospitals. (Photo by Roger C. Meyer/Fort Carson MEDDAC)

Leadership recognized with awards at medical meeting

Several Army Medical Department personnel were honored with annual awards during the 2010 AUSA/MEDCOM medical symposium:

Teal Leadership Award

The John R. Teal Leadership Award memorializes a medical operations planner killed in Iraq in 2003, and is presented to outstanding career field 70H junior officers and noncommissioned officers.

MAJ Charles H. O'Neal is executive officer for Task Force 28th Combat Support Hospital in Iraq. His planning abilities allowed the task force to synchronize efforts during preparation for deployment, and during the deployment his leadership resulted in uninterrupted delivery of health-care service support to U.S. and coalition forces.

SFC Dedraf T. Blash is an NCO at U.S. Army Africa's division surgeon's office. She helped plan MEDFLAG 09, a medical civil action program in Swaziland, and Judicious Response, a command certification exercise. She also spent three months mentoring medical officers and NCOs of the Armed Forces of Liberia. She recently was selected as the first master resilience trainer for U.S. Army Africa.

MAJ Paul Peterson and SFC Patrick Nietfield both are deployed in southern Iraq with the 204th Area Support Medical Company. After training to provide health care for detainees, the company received a change of mission, conducting split-based operations at two locations in the Basrah/Bucca area. The company came under enemy fire a dozen times, without loss of a Soldier or any equipment.

CPT James E. Zavala is battle captain and mobilization operations officer for the Northeast Medical Area Readiness Support Group. He demonstrated his leadership while overseeing collective and augmentee mobilizations and processing mobilization of Soldiers for overseas operations.

SFC Robb C. Zimmel is an NCO with the 915th Forward Surgical Team in southern Iraq. He volunteered to work alongside a provincial reconstruction team to train Iraqi doctors, nurses and staff at a local civilian hospital.

Wagner Leadership Award

The LTC Karen Wagner Leadership Award honors a Medical Service Corps officer killed in the Sept. 11, 2001 terrorist attack on the Pentagon, and recognizes outstanding performance by 70F human resources officers. For the first time, the award also was presented to a civilian employee in the human resource field.

MAJ Matthew D. Konopa is adjutant for Task Force 28th Combat Support Hospital at Sather Air Base, Iraq, where he oversees personnel readiness of more than 600 Soldiers at 16 bases throughout Iraq. His PROFIS integration plan was deemed a "best practice" for implementation throughout the AMEDD.

MAJ Michael A. Dean is Reserve Component personnel policy analyst at the Office of The Surgeon General. He has worked on AMEDD Reserve Component life cycle management, AMEDD Objective Force models, promotion selection board requirements and other force management issues.

MAJ Mark K. Hoffpauir is commander of the warrior transition unit at Fort Sill, Okla. He leads 80 Warriors in Transition and 45 military and civilian cadre members. He participated in developing an automated comprehensive transition plan, and helped plan for community based warrior transition units to move to the installation-based WTU as a remote care capability.

Brenda Waldrop was chief of civilian human resources for the Southeast Regional Medical Command, serving as personnel subject matter expert during elimination of SERMC due to MEDCOM regional reorganization. Her strategic human resources plan was instrumental in placement of all regional employees without negative effect.

PEBLO of Year

Richard Long of Tripler Army Medical Center, Hawaii, was recognized as the Physical Evaluation Board Liaison Officer (PEBLO) of the Year. He created a database to help track 80 Soldiers through the Medical Evaluation Board process, and also provided briefings and information to a wide range of units in Hawaii to help Soldiers and leaders understand the benefits and assistance available to them.

Donald White, SGT William R. Rosa, SPC Scott Freeman, SGT Lena Hofmann, SPC Emmanuel Brosky.

Also SSG Brandie Garcia, SSG Florentina Tahimik, SSG Kirk Rosenbalm, SSG Mario Balantacruz, SSG Timothy Neves, SGT Mary Johnson, SGT Regina Reuer, SGT Larry Blankenship, SGT Kriss Copeland, SGT Kevin Anderson, SGT Milfred Williamson, SGT Jamie Laurent, SGT Lilina Benning, SPC Dominique Haynes, SGT Michael Lukow, SPC Sergio Lara, SPC Shawn Porter, SGT Robert Price, SSG Paul Roberts, and SFC Richard Sammons.

Performance awards reward efficient units

Medical Command provided monetary awards during the Army Medical Symposium to units showing increases in workload and improvements in health-care quality or patient satisfaction.

Awards to medical centers include:

Brooke Army Medical Center, Fort Sam Houston, Texas — \$240,000 for being top performer in evidence-based medicine and most improved in patient satisfaction.

Womack Army Medical Center, Fort Bragg, N.C. — \$230,000 for increasing outpatient health care by 10 percent, and for most improvement in compliance with eight evidence-based medicine metrics.

Madigan Army Medical Center, Joint Base Lewis-McChord, Wash. — \$220,000 for workload increases in outpatient and inpatient health care.

William Beaumont Army Medical Center, Fort Bliss, Texas — \$120,000 for the largest outpatient workload increase.

Landstuhl Regional Medical Center, Germany — \$120,000 for highest patient satisfaction.

Award winning inpatient treatment facilities include:

Fort Jackson, S.C., MEDDAC — \$250,000 for increased outpatient workload and best in evidence based practice compliance.

Fort Sill, Okla., MEDDAC — \$230,000 for increase in inpatient and outpatient workload, and for most improved patient satisfaction.

Fort Leonard Wood, Mo., MEDDAC — \$150,000 for increased inpatient and outpatient workload.

West Point, N.Y., MEDDAC — \$150,000 for inpatient workload increase and best patient satisfaction.

Fort Stewart, Ga., MEDDAC — \$90,000 for highest outpatient workload increase.

Fort Riley, Kan., MEDDAC — \$80,000 for increased outpatient workload.

Fort Polk, La., MEDDAC — \$70,000 for inpatient workload increase.

Fort Benning, Ga., MEDDAC — \$60,000 for increase in outpatient workload.

Fort Knox, Ky., MEDDAC — \$60,000 for increase in outpatient workload.

Awards to facilities without inpatient capabilities include:

Fort Eustis, Va., MEDDAC — \$120,000 as top performer in evidence based medicine compliance and patient satisfaction.

Fort Huachuca, Ariz., MEDDAC — \$120,000 for most improvement in evidence based medicine and patient satisfaction.

Bavaria MEDDAC, Germany — \$60,000 for the largest outpatient workload increase.

Fort Drum, N.Y., MEDDAC — \$50,000 for increase in outpatient workload.

Fort Lee, Va., MEDDAC — \$40,000 for increase in outpatient workload.

Soldiers, NCOs praised for performance

Enlisted Soldiers and noncommissioned officers in health-care fields with notable achievements in the past year were showcased during sessions of the enlisted track at the Army Medical Symposium.

Those recognized included: SSG Adam Sahlsberg, SPC John T. Evans, SSG Nicholas Rogers, SPC Jessica A. Morley, SGT Jason M. Plymale, SPC Bryan J. Lambing, SSG Joseph Hay, SPC Derek A. Van Tuyl, SSG David S. Watters, SPC Miguel D. Garza, SSG Christopher Ciro, SPC Steven Canales, SGT Gale B. Beaubien, SPC Robert Van Houten, SGT Hiram Hendri, SPC

value — Inspiring trust

Surgeon General speaks of value and trust

by Jerry Harben

Army medical personnel are making progress across a broad range of issues affecting health care for Soldiers and their Families, according to the Army's top medical officer.

LTG Eric B. Schoomaker, The Surgeon General of the Army and commander of Medical Command, spoke to 1,900 military medical professionals attending the Army Medical Symposium sponsored by Medical Command and the Association of the U.S. Army in San Antonio, Texas.

Schoomaker's two themes were how Army Medicine brings value and inspires trust, not only for patients and their Families, but also Army leaders, government leaders and taxpayers.

"The warrior preparing for battle trusts that his or her medic will be there when the cry "medic" goes up, the mother entering the delivery room trusts that her nurse midwife or (obstetrician) or that young 68WM6 LPN has her interest and that of her baby in mind, the wounded, ill or injured warrior trusts that we as experts in healing, rehabilitation and reintegration

are focused on getting them literally and figuratively back on their feet, back into the fight or on to productive lives ... the taxpayers, Department of Defense and national leaders expect that we are doing all we can do with an eye for high value," he said.

Schoomaker said the Army is shifting from a health-care system that measures success in patients treated and procedures performed to a system of health that prevents patients from needing treatment, and treats them as effectively as possible when necessary.

"We are not doing just more widgets of care but better quality of care," he said.

The general promoted using evidence-based medicine to reduce unwarranted variation in care.

"Why would you drive your car on the wrong side of the road," he said, "when all evidence suggests a better result for your Sunday drive if you just follow the rules?"

He cited great progress in the past three years in care for wounded, ill or injured Soldiers who must rehabilitate and transition either back to duty or to civilian life. Milestones include implementing



LTG Eric B. Schoomaker speaks to the Army Medical Symposium. Photo by Ed Dixon/Fort Sam Houston.

an action plan for wounded warrior care, formation of a national warrior transition command to coordinate such programs and local warrior transition units to provide support and supervision. More than 60,000 Soldiers have successfully transitioned through this system.

"They are hoping to change the culture of care for these warriors to one focused on ability instead of one focused on disability," Schoomaker said.

Other initiatives Schoomaker cited involve an automated sys-

tem to collect information about combat casualties that has led to improved body armor and better protected vehicles, construction of more new hospitals in two to three years than in the past 20 years, improved access to primary-care clinics, improved skills for front-line medics, treatment of mild traumatic brain injuries close to the front lines and new measures to relieve pain without addictive medication.

"I submit that we inspire trust through our track record of having been there when needed," he said.

Commanders praise medics

by Jerry Harben

"The things that are going great nobody talks about, but I want you to know that we (senior Army leaders) know about them," LTG Rick Lynch, commander of Installation Management Command and the Army's assistant chief of staff for installation management, told medical professionals at the Army Medical Symposium.

"All of you are bona fide heroes," he added.

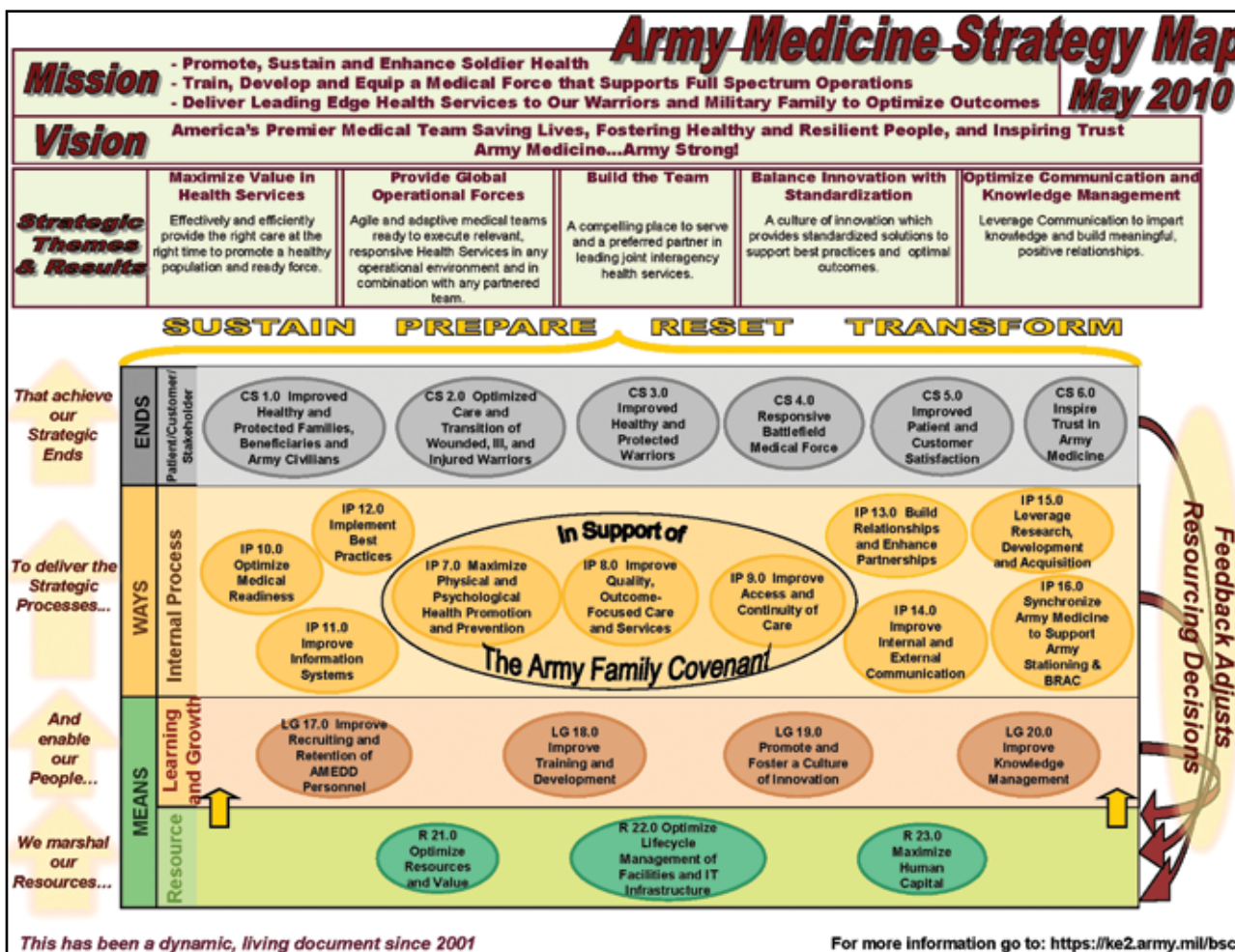
GEN Carter F. Ham, commander of U.S. Army Europe and Seventh Army, echoed those thoughts.

"I have a life-long love affair with Army medicine," Ham said. "Army medicine is strong and I am confident we are in great hands for the future."

Ham reemphasized the importance of Landstuhl Regional Medical Center in Germany, which not only supports the U.S. military population in Europe, but also serves as first stop in the evacuation of casualties from Iraq and Afghanistan to the U.S.

Lynch spoke about the need to support resiliency of Soldiers and their Families, and the need for synchronization of support efforts by various organizations.

"Our Soldiers are magnificent," Lynch said, "The Army won't break because of our Soldiers, but the Army may break because of stress on our Families."



Map to success

An updated Army Medicine Balanced Scorecard Strategy Map was unveiled in May. The phrase "and inspiring trust" has been added to the Army Medicine Vision.

Results have been added to the box for strategic themes, with a description of desired results under

each theme.

Explanatory words also have been added to the left of the map describing the chain from means through ways to ends, and the arrows indicating feedback flow to the right of the map have been redrawn. The map is available at www.armymedicine.army.mil.

Legal experts study physical disability evaluation system

by MAJ Angela Mallory and CPT Jaclyn Shea

Both experienced and new disability law attorneys and paralegals came together for the fourth annual Physical Disability Evaluation Systems Conference. The conference, hosted by Medical Command, served to refresh experienced legal professionals working in the Army disability arena as well as to train and certify legal professionals embarking upon their service in the field. The Judge Advocate General of the Army requires attorneys and paralegals to be certified before working in this area, typically by attending a training conference such as this.

Soldiers' counsels

Each year approximately 35 reserve attorneys and 20 reserve paralegals are mobilized to support the Soldiers' counsel mission. They join approximately 25 civilians already working as Medical Evaluation Board (MEB) Outreach Counsel and within the Offices of Soldiers' Counsel. The 3rd Legal Support Organization (LSO), based out of Boston, Mass., handed the reigns over to the 91st LSO from Chicago, Ill., on June 1.

There were approximately 80 attendees and 40 presenters from across the country. Distinguished guests included Uldric Fiore, director of Soldier and Family legal services; COL John

Head, MEDCOM staff judge advocate; COL Joel Berner, current national coordinating counsel; COL Eric Waldkoetter, incoming national coordinating counsel; COL Martin Tittle, president of the Texas Physical Evaluation Board (PEB); Dr. Terrie Wurzbacher, senior medical member of the Texas PEB; Charles Oliver, alternate president of the Texas PEB; Lakandula (Duke) Dorotheo, Region I Soldiers' counsel officer in charge; LTC Will Osburn, Region II Soldiers' counsel officer in charge; Steve Engle, Region III Soldiers' counsel officer in charge and SGM Peter Walters, national coordinating noncommissioned officer in charge.

Highlights

Conference highlights included a start-to-finish disability processing demonstration and a question answer panel by the Texas PEB members. Wurzbacher broke the ice by providing a comical but informative overview briefing. New counsels and paralegals were trained in various areas of disability law such as the MEB process, Social Security Administration disability benefits, Army Wounded Warrior Program, PEB procedure, and hearing and post-PEB appeals. Experienced counsels and paralegals broke into small groups and had the opportunity to discuss current issues faced in their respective regions. (MEDCOM office of the staff judge advocate)

Millions of injuries threaten readiness

by MAJ Vancil McNulty

A progressive, silent, seemingly unimportant foe has emerged as the No. 1 health threat to U.S. armed forces.

This threat is caused neither by virus nor germ, but by a military tradition to perform, excel and exceed. Its name is "Injury," and it represents the greatest threat to U.S. military readiness.

By the numbers

Here are some staggering 2007 Defense Department statistics about military injuries:

There were 2.1 million injury-related medical visits, affecting 900,000 service members.

Injuries were the second cause of hospitalizations, accounting for almost 110,000 days in hospital.

Injuries were, and are, the leading cause of outpatient clinical visits.

Musculoskeletal injuries accounted for 68 percent of all limited-duty days and medical profiles; they add up to an estimated 25 million limited-duty days per year.

The injury rate for the Army is 2,500 reported injuries for every 1,000 Soldiers. This means that every Soldier could potentially go to sick call at least twice a year for a musculoskeletal injury. Injuries that affect the low back, knee, ankle and shoulders account for most of the visits. These numbers don't include injuries from Operations Enduring Freedom and Iraqi Freedom; they include only injuries from Army garrisons.

If the definition for "epidemic" is "extremely prevalent; widespread; affecting many persons at the same time," the military and the Army are experiencing an epidemic of injuries.

The good news is that efforts over the last 25 years by both military and civilian agencies to understand how we get injured and to prevent injuries are yielding helpful information. Scientific studies now tell us where injuries come from and who is most at risk. A recent (2008) technical report developed by DoD's Joint Services Physical Training Injury Prevention Work Group recommends strategies that can potentially reduce physical training and overuse injuries in the armed forces by 25 to 50 percent.

Prevention

This information will do nothing to reduce the injury epidemic unless every Soldier, and especially every Soldier in a leadership position, understands the basics of injury prevention. Unit leaders, not the medical community, are the ones in positions to implement and enforce change.

The top threat to readiness is identified and can no longer remain hidden. All that remains is for Soldiers and leaders to perform, excel and exceed at injury prevention. (Public Health Command (Prov))



Building bonds

COL Leana Fox, clinical operations chief for the 18th Medical Deployment Support Command, visits with a Mongolian army forces soldier during the first U.S. Army Pacific nursing subject matter expert exchange with the Mongolian army nurses corps in Ulaanbaator, Mongolia.

Four Army Nurse Corps officers and one noncommissioned officer took part in the five-day program, along with some 120 Mongolians. Students included military and civilian nurses, along with physicians from the Mongolian armed forces and the U.S. Embassy in Mongolia.

Structured presentations included the history of the Army Nurse Corps, education programs, clinical standards of nursing practice in the hospital and field settings, and nursing administration.

Some sessions were broadcast on Mongolian television stations.

The purpose of the exchange was to increase interoperability and understanding between U.S. and Mongolian health systems, and improve the capability of the Mongolian armed forces to deploy for humanitarian assistance missions. (Photo provided by SFC Rodney Jackson/USARPAC)

Neel's ideas led Army medics to take wing

by MAJ Kenneth M. Koyle

Spurgeon Neel is widely remembered as the "Father of Aviation Medicine" in the U.S. Army, a characterization that he might proudly embrace given his passion for aviation medicine and medical evacuation.

Neel was a pioneer in aviation medicine — he chaired the committee that selected the Bell UH-1 "Huey" as the Army's primary utility and evacuation aircraft, he established the Aviation Medical Officer career field (MOS 3160) and was the first to receive that designation, he was the first medical officer placed on flying status, and he was instrumental in the design and construction of both Lyster Army Hospital (a specialized aviation medicine facility) and the Army Aeromedical Research Laboratory.

But Neel was more than just a pioneer; he was an advocate, an analytical researcher and a progressive writer on the subject of aviation medicine, as well as a dedicated Soldier who had received the Purple Heart during World War II.

In 1949 Neel chaired a board that examined the new concept of medical evacuation by helicopter, finding that such a system was "both feasible and desirable." The Korean War soon proved the validity of this position, as helicopters evacuated thousands of wounded troops from the battlefields.

Neel went to Korea in 1953 as the commander of the 30th Medical Group, where he developed the first provisional helicopter ambulance company. His concept and organizational design served as the impetus for the later helicopter ambulance detachments that became the renowned "Dust Off" units in Vietnam. Neel's recognition and advocacy of helicopter evacuation as a medical mission, rather than a logistics or aviation mission, was of particular importance. Neel argued astutely that it was essential for all medical evacuation to be managed and accomplished by medical personnel operating within the medical system, a point upon which Army medical doctrine has hinged since Jonathan Letterman first proposed it during the Civil War.

In the mid-1950s Neel published two insightful articles chronicling the lessons he had learned about helicopter evacuation in Korea.

History of Army Medicine

The Army Medical Corps and Army Medical Department date their existence from July 27, 1775, when the first hospital was established for George Washington's army. This month marks their 235th anniversary.

These articles not only informed readers about the nuances of this nascent evacuation model; they also focused attention on the lifesaving capabilities of helicopters.

When the United States stepped up its military support to Vietnam in late 1961, the 57th Helicopter Ambulance Detachment was among the first medical units sent. They arrived in Nha Trang in April 1962 with five of the new UH-1 helicopters that Neel had helped to procure. This number would eventually climb to 116 air ambulances, evacuating more than a half million military and civilian casualties over the next 11 years. By the time the last Dust Off crews left the country in 1973, there could be no doubt about the effectiveness of the evacuation system Spurgeon Neel had envisioned.

After two tours in Vietnam, Neel was appointed deputy surgeon general in 1969. One

of his responsibilities as the deputy was to head the Walter Reed Study of Army Medicine (WRSAM). This review of the Army's medical organization resulted in a recommendation for major restructuring to improve standardization and efficiency.

The board presciently recommended "double-hatting" the Army Surgeon General as both a Department of the Army senior staff officer and as the commander of a centralized, world-wide medical command. A pared-down version of the plan was initially implemented as Health Services Command (HSC), which lacked the global scope and command authority aspects of the original proposal. More than 20 years later these key recommendations from the WRSAM would materialize in the formation of Medical Command.

Neel enjoyed remarkable success throughout his career, culminating in his command of the newly-formed Health Services Command from 1973-1977. Retiring in 1977, Neel could look across the Army and witness the profound changes he had helped to effect. He remained a Soldier at heart, commenting in 1985, "Everything we're doing now is just prologue; it's getting ready to go to war. It's when we go to war that we exist." (Office of Medical History)



MG Spurgeon Neel (inset) championed the use of UH-1 helicopters for rapid evacuation of casualties in Vietnam, such as this 25th Infantry Division Soldier in 1966. (Archive photos provided by Office of Medical History)

New complex serves warriors at Fort Riley

Story and photo by Alison Kohler

Fort Riley, Kan., is home to the first permanent warrior transition battalion complex, a \$54-million project consisting of barracks for

156 Soldiers.

The complex will also include a Soldier and Family Assistance Center as well as a battalion headquarters and company operating

facilities.

"This ribbon-cutting is tangible proof of the Army's commitment to improve quality of life and care for warriors in transition," said LTC Andy Price, Fort Riley's warrior transition battalion commander.

The event marks the end of operating and living out of temporary, repurposed structures. The new multiplex was specially designed to accommodate injured, ill and wounded service members' needs.

The barracks portion was completed ahead of schedule, and in February, Soldiers began to move in.

"Just living in the new barracks has brought us closer together, because I see people in passing I didn't use to see," said PFC Ashley Driscoll.

In addition to the WTB complex ribbon-cutting, 1st Infantry Division

and Irwin Army Community Hospital leaders joined regional health care officials to sign the Army Medicine Health Care Covenant. The covenant represents a pledge to provide quality health care to wounded, ill and injured Warriors, their Families and military beneficiaries at large.

The complex is situated east of the current Irwin Army Community Hospital and will be west of the site of the future IACH, which is expected to be operational by 2013.

Soldiers assigned to the unit have combat and non-combat injuries and illnesses that require complex case management.

The WTU's mission focuses on ensuring Soldiers recover and heal whereby they can either transition to an Army unit or into civilian life. (Fort Riley MEDDAC)



Warriors check out the Soldier and Family Assistance Center at the new warrior transition battalion complex on Fort Riley, Kan.



1LT Monica Scheibmeir for Fort Riley, Kan., MEDDAC mentors ROTC Cadet Pam Olson from the University of Kansas, as she prepares medication for a patient on July 8, 1967. Photo courtesy of Army Nurse Corps Archives, Office of Medical History.

New book examines Nurse Corps history

Author Mary T. Sarnecky, who had first-hand knowledge about the Army Nurse Corps inner workings as an active duty officer, presents her analysis documenting the Nurse Corps from the early 1970s to the beginning of the 21st century in the Borden Institute's latest release, *A Contemporary History of the U.S. Army Nurse Corps*.

Sarnecky addresses a remarkable episode in the organization's evolution, a period characterized by a series of progressive steps empowering Nurse Corps officers to assume key command and leadership positions in the Army Medical Department.

"It is imperative that we review the 'lessons learned' from this period in our nursing history and utilize the experiences, knowledge, and leadership of these extremely talented and dedicated professional nurses," said retired MG Gale S. Pollock, the 22nd chief of the Nurse Corps.

The book also explores the vital roles of the Army Nurse Corps in supporting and sustaining high-level military operations that began with Operation Desert Storm. Professionalism, clinical competency, adaptability, and flexibility remain the hallmark of the Army Nurse Corps, clearly illustrated in this long-awaited volume.

In tandem with her previous work (*A History of the U.S. Army Nurse Corps* published in 1999), Sarnecky offers a wealth of scholarly research narrated in her unique, straightforward style imparting a rich institutional history.

Conceived in 1987, the Borden Institute, under the Army Surgeon General, publishes history volumes and the *Textbooks of Military Medicine (TMM)* series. Each TMM book is a comprehensive subject reference on the art and science of military medicine, extensively illustrated, and written to integrate lessons learned in past wars with current principles and practices of military medicine.

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

<http://www.armymedicine.army.mil>

Five facilities win awards for environmental practices

Five Army medical treatment facilities earned Practice Greenhealth (PGH) Environmental Excellence Awards for their outstanding efforts in environmental improvements.

Practice Greenhealth is the nation's leading membership and networking organization for health-care institutions that have made a commitment to sustainable, eco-friendly practices.

Brooke Army Medical Center at Fort Sam Houston, Texas; Ireland Army Community Hospital at Fort Knox, Ky., and Moncrief Army Community Hospital at Fort Jackson, S.C., received Partner Recognition Awards, which recognize health-care facilities that have begun to work on environmental improvements, achieved some progress, and have less than 10 percent recycling rate for their total waste stream.

Staff involved

"Our ultimate goal is to engage our entire staff to get everyone using our recycling programs and thinking of improvements they can make in their respective areas," commented Kevin Nikodym, chief engineer at Brooke.

Kenner Army Health Clinic at Fort Lee, Va., was awarded the Partner for Change Award. Recipients of this award are recognized for continually improving and expanding their environmental programs toward sustainability. Facilities applying for this award must be recycling 10 percent of their total waste, have a mercury elimination program in place with a plan for total elimination, and have developed other successful pollution prevention programs.

New award with distinction

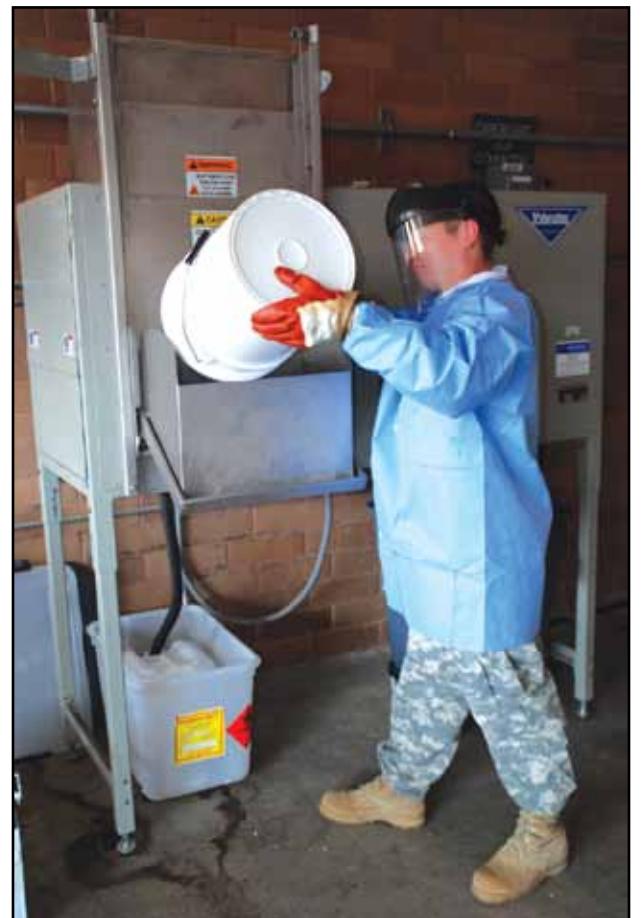
Madigan Army Medical Center, Joint Base Lewis-McChord, Wash., is the first MEDCOM facility to receive the newly created Partner for Change with Distinction Award. This award recognizes health-care facilities that are front-runners in the Partner for Change category. Award recipients recycle at least 15 percent of their total waste, have a more extensive sustainability program and show leadership in the local community and/or in the health-care sector.

Madigan's use of non-potable water from hospital cooling towers to irrigate landscaping

and their robust recycling program were just two of many notable sustainable practices that helped Madigan capture this award. The medical center is virtually mercury-free, diverts more than 40 percent of solid waste from a landfill, and has a robust rideshare program.

"We have adopted the sustainability culture from the leadership on down, and that is what makes Madigan stand out from the rest," said Mike Kyser of Madigan's environmental health services branch.

Through a PGH partnership with Trees for the Future and in honor of each Environmental Excellence Award program winner, 100 trees will be planted in Haiti, per award. (MEDCOM Facilities Environmental Branch, with contributions from Brooke and Madigan.)



A Brooke Army Medical Center cytologist uses the Vyleater to crush small vials and separate the contents, reducing the cost of product disposal. (Photo by Jen D. Rodriguez/Brooke)

MEDCOM's civilian personnel chief earns Kushnick Award

by Jerry Harben

Jo Ann Robertson, chief of the civilian human resources division at Medical Command Headquarters, is the winner of this year's William H. Kushnick Award, given for the most outstanding achievement by an Army employee in civilian personnel administration.

Robertson earned this recognition by managing MEDCOM's program encompassing more than 40,000 civilians and making dramatic improvements to the civilian human resources program.

In Fiscal Year 2004, Medical Command received the Human Resources/Equal Employment Opportunity Best Practices Award.

Robertson's previous assignments have included program development at Total Army Per-

sonnel Command, chief of staffing and services at the Southwest Civilian Personnel Management Directorate and personnel officer for the Hoffman Civilian Personnel Office in Alexandria, Va., as well as personnel officer at Fort Sam Houston, Texas.

Robertson is a member of the Order of Military Medical Merit.

Among her awards are the Meritorious Civilian Service Award, Superior Civilian Service Award and Commander's Award for Civilian Service.



Jo Ann Robertson

Talented Soldiers take show on road

Three medics are members of the cast of the 2010 Soldier Show, which is touring Army installations throughout the U.S. and Germany for six months to entertain Soldiers and Families.

The 90-minute musical show features numbers made famous by Michael Jackson and other well-known performers, as well as an original number written by cast members. Cast and crew of the show all are Soldiers attached to the Army Entertainment Division during the tour.

SSG KaMesha Edwards is a dental specialist at Fort Hood, Texas, Dental Activity. She is a 1992 graduate of Thomas Edison High School in Alexandria, Va., and attended Central Texas College.

"I came to the Soldier Show to express my gratitude for all of the service and Family members, because without their strength, courage

and perseverance, we would not be an effective nation," Edwards said.

"I also look forward to meeting new Soldiers and civilian personnel outside of my normal everyday scope. I want to thank my unit for all of their support, and allowing me to showcase my talent to the world," she added.

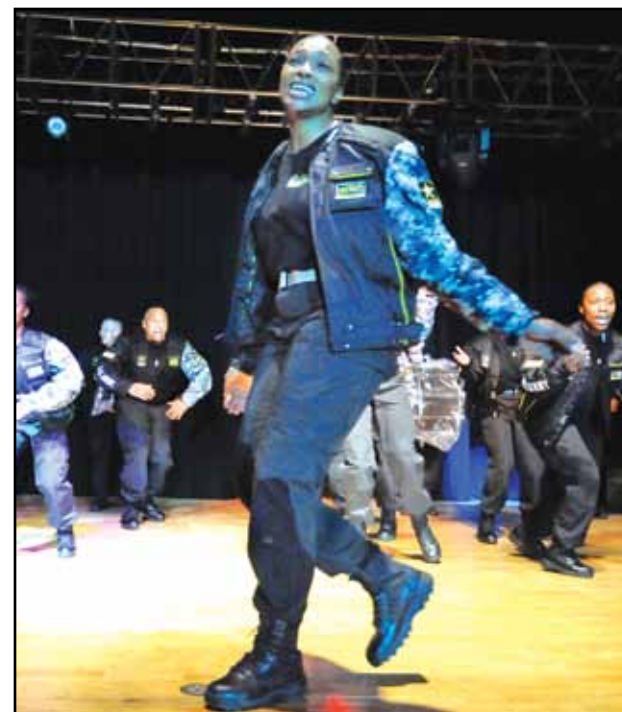
PFC Jeremy Gaynor is a member of the 72nd Medical Detachment, a veterinary unit at Fort Campbell, Ky. A 2002 graduate of Armwood High School in Seffner, Fla., he is engaged to be married.

He said performing in the Soldier Show fulfills another dream: "To share the gift God has so blessed me with, to uplift and inspire others by bringing joy into the lives of those who may feel sorrow is a way of life."

Gaynor said he looks forward to "traveling and experiencing things I may not have been able to experience in life had I not been on the show. To serve my country doing what I have been created to do, and that's let my light shine, and companion with those who desire to do the same."

SPC Demetria Stewart is an animal care specialist with the 341st Training Squadron, formerly known as the DoD Working Dog School at Lackland Air Force Base, Texas.

"One of the reasons I came to the Soldier Show was to provide a service of entertainment



SSG KaMesha Edwards dances during Soldier Show rehearsals. (Photos by Tim Hipps/FMWR Command)

for the Soldiers across the country," Stewart said. "The Soldier Show is a great opportunity to gain confidence and boost morale, as well as work with some of the military's finest. God has blessed me with talents that must be shared to bring inspiration and joy to many." (Family, Morale, Welfare and Recreation Command)



PFC Jeremy Gaynor



SPC Demetria Stewart

Wounded warriors chase gold at Warrior Games



SPC Craig Smith (left), from Walter Reed Army Medical Center, and SPC Filipe Hill (right) maneuver around a Navy competitor during a wheelchair basketball game during the Warrior Games. (Photo by Elizabeth M. Collins/Army News Service)

Army competitors brought home 18 gold medals from the first Warrior Games. The event in Colorado Springs, Colo., matched teams of wounded warriors from the Army, Navy, Air Force and Marines.

PFC Robert Nuss and SGT Rob Brown finished second and third for the "Ultimate Champion" title, a pentathlon-style event.

More than 200 service members competed in shooting, swimming, archery, running, discus, shot put, cycling, sitting volleyball and wheelchair basketball.

"Running like this, all of us will tell you the same, it gives us severe headache, dizziness and balance problems, but that all goes out the window today, because we are running for the guys who can't run," said CPL Christopher Trebus

of Fort Campbell, Ky.

"Challenging physical activity gives Soldiers a sense of accomplishment, personal pride and a reassurance that there is a lot they can do in life," said BG Gary Cheek, commander of Warrior Transition Command.

"Instead of thinking that you can't, change that to, 'I can,'" said SSG Mike Kacher of the Pennsylvania National Guard.

"I'd like you to take what you've done here, what you've learned here and continue to serve as role models for others striving to find the independence they need" Navy Admiral Mike Mullen, chairman of the Joint Chiefs of Staff, said during the Warrior Games' closing ceremonies. (Compiled from various sources.)

Snows of Kilimanjaro

2LT James Winegarner and 2LT Michael Chamberlin celebrate after reaching the summit of 19,334-foot Uhuru Peak on Mount Kilimanjaro in Tanzania. Both are fourth-year medical students at the Uniformed Services University of the Health Sciences.

"This climb was, at least in my mind, a capstone event and symbolic of medical school itself," Winegarner said. "It was seven difficult days of non-stop exertion with the added effects of altitude and cold weather."

Winegarner and Chamberlin are leaders in the Wilderness Medicine Interest Group at the Department of Defense medical school.

"Between our first and second year, we spent two weeks in British Columbia, Canada, climbing in Squamish. We had been planning since that time for this break in our fourth year, where there was some flexibility in our schedule to accomplish another big challenge," Winegarner said.

"We had hopes of conducting humanitarian health care while in Africa, in conjunction with this climb, but because of U.S. State Department limitations on official travel in that part of the world right now, the humanitarian portion fell through at the last minute," Chamberlin said. (Courtesy photo provided by USUHS)



Medic earns Distinguished Service Cross

by Jerry Harben

An Army medic's heroism during a firefight in Afghanistan led to his recognition with the U.S. military's second highest decoration for valor.

SGT Joseph L. Lollino received the Distinguished Service Cross and the Purple Heart from LTG Eric B. Schoomaker, The Surgeon General of the Army, during the Army Medical Symposium cosponsored by Medical Command

and the Association of the United States Army at San Antonio, Texas.

Lollino, 25, a native of Hoffman Estates, Ill., retrieved and treated five casualties when his convoy was ambushed June 20, 2008 in Paktika Province of Afghanistan. He was serving with 3rd Platoon, Company C, 1st Battalion (Airborne), 503rd Infantry Regiment, on his second deployment to Afghanistan.

"One vehicle was very badly disabled. The RPG blew up a fuel can in back starting a massive fire," Lollino said.

"There were two mountainsides on both sides of the road, with a small dip on the left side of the road, so that makes it very difficult to maneuver around. It was very rocky with some trees," he said.

Lollino drove his armored HUMVEE through enemy machine-gun and small-arms fire to

reach the disabled vehicle, returned fire with his weapon, extracted the casualties from the vehicle and began treatment.

"As the (casualty collection point) started taking fire I returned fire," he said. "I used a couple of magazines until the truck got behind us, then the .50 cal (machine gun) and the Mark 19 (grenade launcher) took over."

"They shot RPGs at us, and I got down to cover one of the wounded who had very bad shrapnel wounds. I got wounded myself," he added.

Despite shrapnel in his upper arm, Lollino treated four Soldiers with shrapnel wounds to the neck, legs, arms and shoulder, plus a case of smoke inhalation. He loaded them into another vehicle and continued treatment as they escaped the four-kilometer long ambush.

"We got them out. I just wanted to make sure the guys were safe, they were good friends of mine," he said. "I had a goal, I didn't want anybody in my unit to die. We came back with casualties but nobody died."

"They're all doing good now, I get to talk to them every once in a while" Lollino said of the casualties. "One, Sergeant Matlock, got the Silver Star and he's actually reported again to Afghanistan."

Lollino now is assigned to Tripler Army Medical Center in Hawaii as a licensed practical nurse, working with patients recovering from anesthesia.

His wife, parents, siblings and several for-



SGT Joseph Lollino is congratulated by LTG Eric Schoomaker. (Photo by Ed Dixon/Fort Sam Houston)

mer comrades in the airborne unit attended the award ceremony.

"He's a great guy, he always has your back. I have never had a more dependable friend," commented SGT Cayleb Lee, who now has left active duty after serving with Lollino from basic training through assignment in Italy.

"I just wanted to do my job, fix the guys and make sure no one died," Lollino said. "Everybody's got a family we all want to get back to."

MEDEVAC crews receive German honor

by SFC Matthew Chlosta

Under an overcast sky, on the same airfield where they carried wounded German soldiers to safety only five weeks before, 14 U.S. Soldiers were awarded one of the highest German medals for bravery.

International Security Assistance Force Chief of Staff German Army LTG Bruno Kasdorf presented the German Gold Cross of Honor medals to the medical evacuation helicopter crews from the 5th Battalion, 158th Aviation Regiment. It was the first time this medal had been presented to other than German soldiers.

The aircrews rescued 11 German soldiers who had come under attack by insurgents during a dismounted patrol outside the Chahar Dara district, southwest of Kunduz, on Apr. 2.

"It is an honor for me today to hand over these badges to the U.S. service members, who risked their lives to bring their German wounded comrades to safety," Kasdorf said.

Receiving the decorations were CPT Robert McDonough, CW3s Jason LaCrosse, Steven Husted and Nelson Visaya, CW2s Jason Brown, Sean Johnson and Eric Wells, SSG Travis Brown, SGTs William Ebel, Antonio Gattis and Steven Shumaker, and SPCs Matthew Baker, Todd Marchese and Gregory Martinez.

On that day, the German soldiers had been on a foot patrol when insurgents attacked them with small arms fire and rocket propelled grenades.

The volume of fire was so intense that the American MEDEVAC helicopters couldn't land on their first attempt.

"I was the responsible person on the ground for getting the helicopters to the landing zone," German Paratrooper MSG Patrick Bonneik said. "My biggest concern was that they would leave us."

"You could see the sparks coming off the helo [from small arms fire]," the joint terminal attack controller said.

Rocket propelled grenades passed under one of the helicopters by 10 yards, added the bearded Bonneik.

The helicopters were able to land on their second attempt. They continued their rescue mission under fire as they flew the wounded German troops back to the PRT Kunduz base.

"Our doctors said, if the helicopters wouldn't have landed three more would be dead," Bonneik said. "They're amazing Soldiers. On that day, those guys showed — [guts]. They just did what they would've done for an American unit. It was extremely brave."

"My thought was just for the wounded soldiers," said SGT Steven Shumaker, crew chief on one of the helicopters.

"My own safety wasn't a concern", Shumaker added as he choked up. "Our goal was to get those guys out or die trying."

Three of the Germans rescued later died from their wounds. The other eight survived.

After the ceremony concluded, the German soldiers and Americans lined up and faced each other similar to two opposing teams at the end

of a tightly contested soccer game.

They walked toward each other. As they moved each American Soldier shook hands with a passing German troop. Before they let go each gave the other a deep, heartfelt embrace. You could really feel and sense that these Soldiers had shared a life changing moment in time and had survived but were now, forever changed.

"We didn't know each other before," Bonneik said, "but now we're like brothers." (International Security Assistance Force)



Members of MEDEVAC crews salute during the ceremony where they received the German Gold Cross. (Photo by ISAF Public Affairs)