MERCURY

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Happy day

Four-year-old Abigail Barrett rings the "off-chemo" bell at Madigan Army Medical Center to celebrate completing chemotherapy treatments. After almost a year of treatments for rhabdomyosarcoma, a muscle cancer, she is in remission.

"I don't throw up anymore," she said.

Staff, patients and Family at the Madigan pediatric oncology clinic celebrated with pizza, cake, soft drinks and balloons.

"Everybody says that this has to be a really tough job. But in our specialty, you take kids who would die without treatment, and you save them," said Dr. Kelly Faucette, a pediatric hematologist and oncologist.

She said Abigail's prognosis is good. (Photo by Julie Calohan/Madigan)

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.

Command corner

New DSG looks forward to challenges

by MG Patricia D. Horoho
Deputy Surgeon General of the Army

Dear AMEDD Colleagues,

I am extremely excited and humbled by the opportunity to serve the AMEDD as your Deputy Surgeon General. I look at this as a tremendous opportunity to partner with The Surgeon General to further the AMEDD's strategic objectives.

We are focusing on decreasing variance across the Army Medical Department as we enhance our provision of services to our beneficiaries. We are evaluating how best to roll out the platform of trust which will focus on standardization of processes in every facet of customer service. We are focusing on standarizing how we welcome our beneficiaries into our organization, our marketing, our branding, our logo, and how we serve our patients and treat our staff. Basically we are looking at the entire customer service package and processes in each of our AMEDD facilities and work centers.

We will have common, core-level capabilities so when our beneficiaries move from one medical treatment facility to another they have the same level of expectation and recognition, without taking away the individual uniqueness of each local community. I'm excited to work on this portfolio of critical AMEDD issues.

I'm eager to build upon the great work of David Rubenstein, the former Deputy Surgeon General, in human capital management. We will move forward on the concept and processes of talent management to ensure we place personnel that possess the right capabilities and competencies in the right position, while remaining agile and flexible enough to respond to the changing missions of our Nation, as we support an expeditionary force.

Another key focus area is to work aggressively with the STRATCOM team to further the Army message and the Army Medical Department's message. We must explain the expert and collaborative work we perform on the battlefield, in deployed settings, in CONUS and OCONUS facilities. It is imperative to tell the story internally and externally of the impact we are having as we move medicine forward and improve patient care.

Army and AMEDD senior leaders are extremely appreciative of the service of our Soldiers, Civilians and Contractors. Our reliance on that team enabled us to meet the challenging mission of the last nine years. It is truly a privilege to serve with this team and support your efforts each and every day.

Medical Warfighter Forum offers access to information

Soldiers collaborate online, share lessons learned

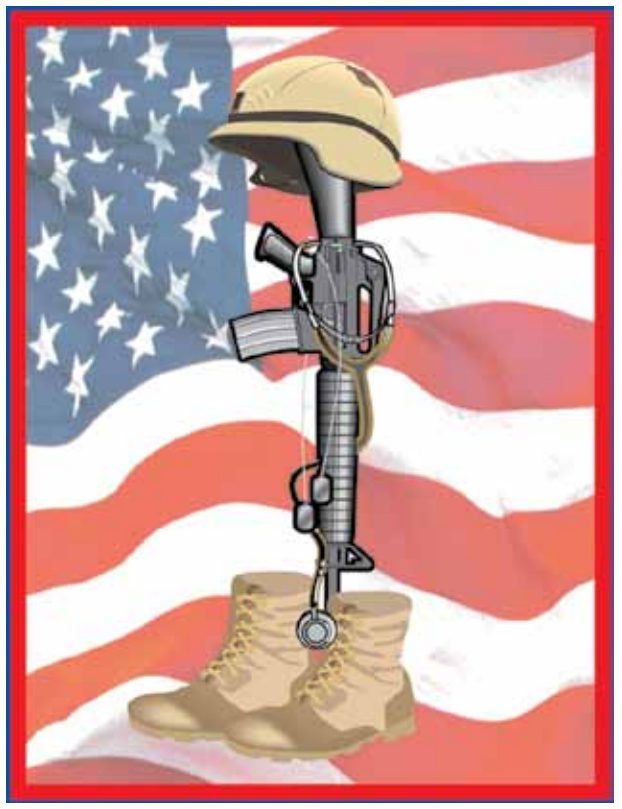
by COL Zach Wheeler
DIMA Director, Medical Capabilities Integration Center

Do you think a wounded Soldier is concerned if the medical personnel providing them care are reservists? The obvious answer is no, what they care about is the skill and dedication of these care givers. With that said, it is imperative that each and every reservist maintain and improve their clinical and military skills.

Since reservists have limited training time, other options are required for personal development. To assist all Soldiers, including reservists, the Army has developed a number of Warfighter Forums (WfF). These forums provide "warfighters a link to a new dimension of collaboration and information sharing with the aim of learning faster and adapting more rapidly than our adversaries."

The Army Medical Department (AMEDD) Center and School is working hard to provide such resources to our Soldiers. A great resource is the Medical Warfighter Forum (MedWfF). The Web page description states that the MedWfF supplies "the information and knowledge you need to help perform your job more effectively. Quick access to Clinical Practice Guidelines, UpToDate Continuing Medical Education Army enterprise subscription, Lessons Learned, Deployment Resources and collaborative technology."

Reservists have proven their capabilities in all conflicts, and resources such as the Medical Warfighter Forum will only serve to better these capabilities. This site is available through the AMEDD Center and School homepage at http://www.cs.amedd.army.mil/. (AMEDD Center and School)



The last, full measure of devotion

PFC Jonathon D. Hall, 68W, 3rd-187th Infantry, April 8, 2010

TRICARE Online makes appointment system faster, easier

by Terrance Eiteljorge

TRICARE Online (TOL) is the Department of Defense's online portal into the appointing and pharmacy refill systems. It provides our beneficiaries with another method to schedule Primary Care and selected self referral appointments and access many of our other services.

Superior performance with TRICARE Online comes as a result of efforts in three areas: (1) Web-enabling of primary care appointments, which makes them capable of being scheduled online; (2) registering beneficiaries for TRICARE Online, which gives them access to the system and (3) overall success with the TOL program including marketing and advertising, which results in a higher percentage of appointments scheduled using TOL.

Landstuhl Regional Medical Center in Germany, commanded by COL John Cho, has made tremendous strides in TOL in the last year. They've increased from 0.4 percent to 4.1 percent primary care appointments scheduled using TOL. That's a 583 percent increase!

Keller Army Community Hospital at West Point, N.Y., commanded by COL Mike Deaton, increased from 1.2 percent to 2.4 percent primary care appointments scheduled using TOL, a 100 percent increase!

Success with TOL is a team effort and these two great teams are definitely leading the way! (See www.tricareonline.com)

Mercury

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PROFIS fills deployed units' need for skills

Backfill keeps clinics running

Story and photo by Lorin T. Smith

CPT Larry Wheat is a general anesthesiologist, a much-needed skill set on the battlefields of Iraq and Afghanistan. He is assigned to Madigan Healthcare System at Joint Base Lewis-McChord, Wash. Before the Global War on Terror, Wheat may have spent his entire Fort Lewis tour within the confines of the military treatment facility. But because of the Professional Filler System (PROFIS), he and 462 other Madigan Soldiers this year have been ordered to deploy to Iraq or Afghanistan. Wheat is on a six-month deployment with the 28th Combat Support Hospital out of Fort Bragg, N.C.

Medical professionals

PROFIS is only for medical Soldiers, and mostly affects doctors and commissioned nurses. The system designates qualified active Army AMEDD personnel working in non-deployable units like Madigan, and directs them to fill a unit activated to deploy.

It's part of the dual mission that AMEDD Soldiers must maintain: providing care to patients in the hospital and deploying in support of PROFIS. Wheat said that even though he will be gone for six months, patients should feel comfortable knowing that their access to care and continuity of care will be sustained, no matter what clinic they are assigned.

The cardiology clinic at Madigan had a rough summer last year as two active duty cardiologists and five Family members of cardiology staff were deployed.

Taking up slack

"People were pulling three job titles, we were constantly reassessing patient load, but we just sucked it up and did it," said MAJ Samara Laynor, a general cardiologist.

When Laynor deployed, she had to broaden her skills from just the heart to the whole body, as her job in the deployed unit was to be a primary physician in a troop medical clinic. Cardiology clinic chief LTC Kurt Kinney deployed as a battalion surgeon with a Stryker unit during the 2007 surge in Iraq.

"For my military career, it was a very rewarding job — you can't place a price tag on it," Kinney said.

Laynor said getting to increase her clinical knowledge was most satisfying.

"Deploying makes you a much better doctor because it broadens your skills and broadens your experiences with different cultures and people," she said.

Staff members in Madigan's cardiology clinic used "Blue Star Service Banners" and photos to recognize deployed providers and Family members.

Team-building exercises and the "hurt locker" bulletin board alleviate stress and allow patients and staff to show appreciation to the deployed Soldiers.

There is an impact, though, on their cardiology skills. Since they aren't performing procedures on the heart while deployed, upon return they go to the catheterization lab for practice and have another cardiologist oversee their operating skills for a week or two.

Madigan Commander COL Jerome Penner III likes to tell just about anyone that Madigan deploys Soldiers.

"For too long, I believe, people still don't know (Madigan) sends Soldiers on deployments," Penner said. "Those deployed may be out of sight and out of mind, but not to us."

"Short of curing cancer and finding a vaccine for AIDS, there is probably nothing greater than what (our Soldiers) do to go over there and save the lives of America's sons and daughters," said CSM Matthew Shepardson. (Madigan)

SICE brings diverse programs together

by Dick Agee

What do you know about SICE? The new buzz word at the water cooler is more than just another catchy acronym. The Services and Infrastructure Core Enterprise (SICE) is one of four core enterprises which inform the Army Force Generation (ARFORGEN) Synchronization Board (ASB) and the Army Enterprise Board (AEB). It changes the way the Army and the AMEDD do business.

Within the systems of health in the Army, it means Medical Command, Family Morale Welfare Recreation Command, the Office of the Chief of Chaplains, and others combine efforts to ensure all the programs and services offered to Soldiers and their Families become an integrated whole.

Some programs will end. Some programs will grow and absorb others. Some will transform and look very different than they do today. Some will transfer to other commands for more effective control or for better access for Soldiers.

The key questions are: What are Soldiers telling us they need? How can we provide it in a constrained environment?

SICE matures ideas into actionable plans and turns them over to either the Army Enterprise Board or the commands of the SICE for execution. Because the board is a collaborative body and not a command and control body, actions and recommendations come from a consensus.

As an example, Access to Care consistently is at the top of every community's list of hot topics. The immediate solution that comes to mind is "give us more providers." But that also entails more facilities, more equipment, more support staff, more recruitment, more, more, more — money.

A second approach is to become more efficient with existing assets. Long waiting lines, missed appointments and inefficient scheduling systems need improvement. Part of the solution is changing the culture of the Soldier and Family to one of personal responsibility and accountability for use of assets.

If a Soldier is the most important weapons system in the Army, he or she is responsible for preventive maintenance of that weapon — periodic services, treatment when needed — and for conservation of resources. Leaders must enable Soldiers to care for themselves and maintain their wellness (including their Families). Soldiers must use the resources available.

The third means of improving access to care is seldom mentioned, but is the most effective. That is to improve access by reducing demand — by remaining healthy. Moving the culture to one of "achieving optimal health" improves individual medical readiness and resilience across the full spectrum of personal wellness. Wellness better prepares the individual for the daily events and struggles that come in life.

More information on Army Enterprises can be found at http://www.armyobt.army.mil/amecore-enterprises.html on the World Wide Web.

June 14

Army Birthday

Flag Day

Researchers work on growing new tissues

by Donna Miles

Movie-goers have seen the concept play out time and time again on the big screen. Sinister Borg drones reconstitute missing digits and limbs before their eyes in the *Star Trek* series. Alien Jack Jeebs in *Men in Black* regrows his head after it's damaged or blown off.

The military is working to bring some of that science-fiction capability to wounded warriors so they can harness their own body's power to regenerate itself and repair disabling and disfiguring battlefield injuries.

The Armed Forces Institute of Regenerative Medicine is leading the charge with an ambitious program that aims to help Soldiers with burn and blast injuries regrow muscle, skin, tendons, nerves and even bone, said COL Robert Vandre, the project director.

"Ultimately, we will be able to grow limbs," Vandre said. "But in the next decade, we should be able to reduce the number of limbs that have to be amputated, just because we will have new ways to fix things that can't be fixed now."

A dentist with a background in combat casualty care research, Vandre said he's been impressed by the way the military has saved warfighters' lives, even those who in past wars would have died from their combat wounds.

"They are alive, but a lot of them still have deformities, or things that are wrong," he said. "What we want to do is to put wounded warriors back together, and restore them to how they were before their injury."

Think of a salamander that's able to regenerate a lost tail, and apply that same amphibian technology to humans, Army Surgeon General LTG Eric Schoomaker said last spring as he unveiled the five-year, $250 million initiative.

The effort has attracted some of the best minds in regenerative medicine, working together through consortiums at Wake Forest and Rutgers universities, and in cooperation with the Army Institute of Surgical Research. Funding comes from the Defense Department, the National Institutes of Health and a broad range of public and private organizations.

But unlike other regenerative medicine programs, which focus primarily on basic research or commercial enterprises, the AFIRM effort is dedicated to "translational research" — which Vandre defines as putting research into practice.

"We are aimed completely toward the clinic," he said. "Our goal is to take research being done, get a clinical trial and get it into military patients."

Over the course of the program, AFIRM plans to develop clinical therapies to repair burns; reconstruct the head, skull and face; reconstruct, regenerate or transplant limbs; eliminate scarring as wounds heal; and reduce inflammation around wounds that can damage nerves and kill muscle cells.

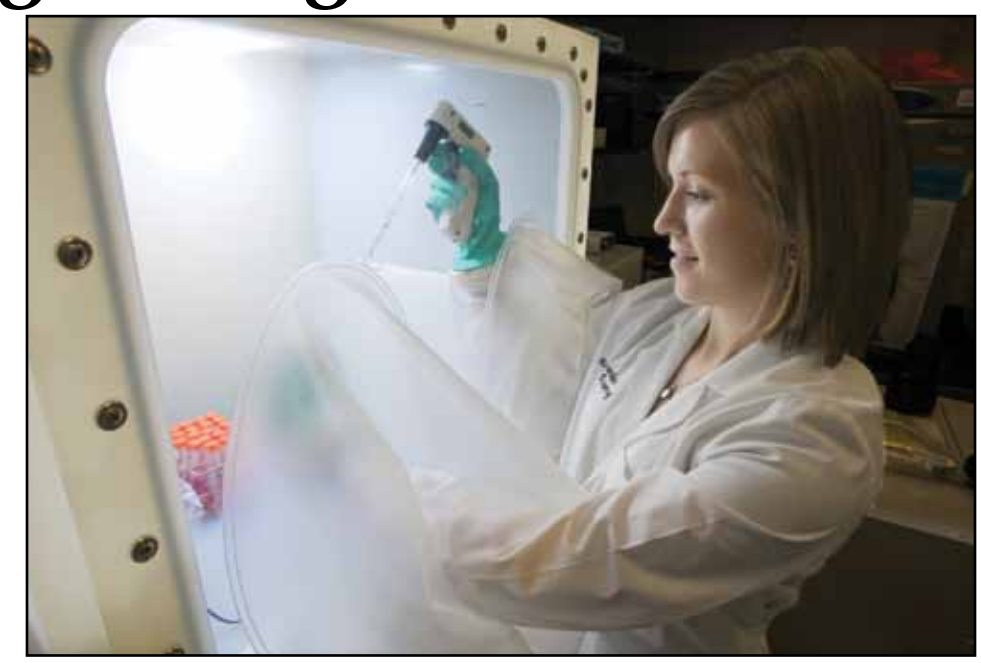
The work already is paying off, Vandre said, with three clinical trials under way, and five more to start within the next year.

And it's already showing promise.

Former Marine Josh Maloney, 24, who lost his right hand in a training accident at Marine Corps Base Quantico, Va., was among the first troops to benefit from the effort. When he received a hand transplant last March at the University of Pittsburgh Medical Center, his doctors introduced a new protocol that combines cell therapy and a bone marrow transplant.

The goal, Vandre explained, was to get Maloney's body to accept the new hand while reducing the risk associated with toxic anti-rejection drugs.

Just 10 days after his transplant, he had some movement in his fingers.



Catherine Ward assesses effects of novel oxygen generating material in a controlled environment. (Photos provided by Medical Research and Materiel Command)

In another trial, researchers used regenerative medicine to get a Soldier whose entire thigh muscle had been blown away by a roadside bomb to generate new tissue. They applied "extracellular matrix" material — a mix of growth factors, protein and connective tissue taken from a pig's bladder — to the wound. This, Vandre explained, signaled the body to start the tissue regrowth process.

So far, AFIRM researchers have used the procedure on two patients, and they plan to conduct 15 more surgeries as part of their trial.

In other trials, researchers are constructing "scaffolding" in the exact shape of a nose or other missing or damaged body part, then applying cells on it to grow new tissue. After the new growth is completed, the biodegradable scaffolding material dissolves.

Another initiative shows particular promise for burn patients, whose treatment often requires multiple painful, invasive skin grafts. Researchers will begin "cell spraying," taking a postage stamp-size piece of a burn victim's healthy skin, exposing it to an enzyme that separates the cells from each other, then immediately spraying them onto the damaged skin.

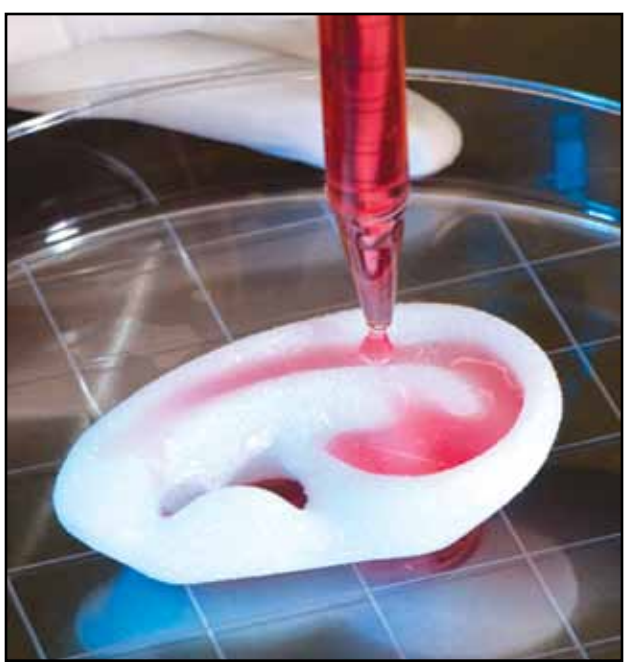
"There's much less pain and cost, and the results look way better," Vandre said of results seen in a previous clinical trial conducted in Australia. "The results are pretty incredible."

Meanwhile, researchers also are looking into ways to reduce the scarring associated with burns. Not only is it unsightly, but it also limits its movement and flexibility after patients have healed.

One trial soon to be introduced will involve injecting fat cells under the burn scars — a procedure Vandre said dermatologists and plastic surgeons do all the time, with good results.

"I'm just thrilled that I have been able to have the chance to do something like this that can mean so much to so many people, and that it's gotten this level of support," Vandre said. Chuckling, he added, "I just think I have the greatest job in the whole world." (American Forces Press Service)

Josh Maloney and Jeff Kepner, both hand transplant patients, play a board game.



Chondrocytes (cells from ear cartilage) were isolated and culture expanded, then seeded onto a fibrin hydrocel.

Capsules

Fort Bragg

The 44th Medical Command inactivated and then reactivated as the 44th Medical Brigade. The brigade originally stood up as a brigade in 1966, and converted to a multi-component medical command in 2001.

Kosovo

Soldiers in an emergency medical technician class at Camp Bondsteel, Kosovo, travel twice a week to the Gjilan/Gnjilane Regional Hospital for clinical training in the hospital's emergency room.

"It's good because you see a lot of conditions that you wouldn't otherwise see back home. And it's a much better rotation than they would get at the Camp Bondsteel hospital, just because of the patient load," said CPT Eugene Vajna, a nurse anesthetist who teaches the course.

Schofield Barracks

The 3rd Brigade Combat Team, 25th Infantry Division hosted an open house for 110 health-care providers from the Schofield Barracks, Hawaii, Health Clinic. The visitors learned about the line military by trying on body armor, climbing into the gunner's turret of a HUMVEE, firing blank rounds from a M4 carbine, talking on a radio, touring a barracks room and watching medics treat simulated combat injuries.

"I didn't know anything about the military before coming here today," said Ranna Like, a certified nursing assistant. "This will definitely help me with my job. We see a lot of Soldiers with back and knee problems, and now I can understand how they get injured."

Fort Sam Houston

The garrison at Fort Sam Houston, Texas, has been redesignated the 502nd Mission Support Group, as the Air Force has assumed responsibility for garrison support of all military bases in San Antonio, Texas. Joint Base San Antonio will be fully operational Oct. 1.

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The Army Medical Information Technology Center opened a renovated facility for its enterprise service desk, a team of 124 technicians who help customers with issues including desktop support, connectivity and configuration problems.

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Inpatient pediatrics is the first of many inpatient wards to move from Wilford Hall Medical Center to Brooke Army Medical Center during realignment required by the 2005 BRAC law. About 150 staffers made the move into a renovated pediatrics wing at Brooke.

Uzbekistan

Third Army Soldiers toured the Central Clinic Military Hospital in Tashkent, Uzbekistan, and exchanged information about biomedical equipment repair. The exchange will help Soldiers stay ready for no-notice deployment or to work with partner nations on humanitarian missions.

Iraq

Medical services at the Taji Detainee Facility, with more than 3,000 inmates, have been transferred to the Government of Iraq.

Miami

LTC David Collins, head of the Royal Australian Nursing Corps, and LTC David Ward, health and assistant staff medical officer of the Australian 1st Division, observed the 934th Forward Surgical Team training at the Army Trauma Training Center in Miami, Fla. They stated that the Australian Surgical Platoon is similar to the U.S. FST. Collins commented on the ATTC's integration with a civilian health facility, high quality clinical experience and education support and focus on integration of a team.

Eisenhower

Cardiac thoracic surgery and cardiology patients now are being referred from the Carl Vinson VA Medical Center in Dublin, Ga., to Eisenhower Army Medical Center.

"We have seen a 25 percent increase in cardiac catheterizations, 35 percent increase in percutaneous coronary interventions and a 45 percent increase in the number of echocardiograms since January," said MAJ Sean Javaheri, chief of cardiology at Eisenhower.

Darnall

A new dining facility opened at Darnall Army Medical Center after 18 months of renovations. Diners have a choice between eight food stations similar to a mall food court.

SHORT SHOTS

William H. Weed, director of **Medical Communications for Combat Casualty Care (MC4)** program management and business transformation, received the Decoration for Exceptional Civilian Service Award, civilian equivalent to the military Distinguished Service Medal…**CPL Helen Ruhl**, a medic with 4th Brigade Combat Team, 4th Infantry Division, received the Bronze Star Medal with Valor Device for treating injured Soldiers despite being wounded herself during a Sept. 24, 2009 action in Afghanistan…**COL James Larsen**, commander of the warrior transition brigade at **Walter Reed Army Medical Center,** has been inducted into the Officers Candidate School Hall of Fame.

COL Nelson Michael, director of the division of retrovirology at **Walter Reed Army Institute of Research** and director of the U.S. Military HIV Research Program, has been appointed to the Presidential Commission for the Study of Bioethical Issues.

SGT Patricia Ramos and **SPC Patrick O'Mara** are NCO of the Year and Soldier of the Year, respectively, at **Fort Detrick**…**Kim Fay** was awarded the first Tish Steigerwald Pediatric Nurse of the Year Award at **Madigan Army Medical Center**…**Sharon Ribas** is Manager of the Year and **Randy Treiber** is Supervisor of the Year at **Walter Reed Army Medical Center**… **Bill Cantrell** is Red Cross Volunteer of the Year at **Madigan Army Medical Center**.

COL Craig Williams was inducted into the Military Order of Medical Merit at **Fort Benning DENTAC**…Recently inducted into the Sergeant Audie Murphy Club were **SSG Patrick Anderson** of **Brooke Army Medical Center**, **SSG Kevin Conner** of the **AMEDD Center and School**, and **MSG Kenneth Merritt, MSG Samuel Morris** and **SSG Dustin Parchey**, all of **Walter Reed Army Medical Center.**

Pelican Products, which makes rugged cases to protect weapons and computer gear, is donating cases for prosthetic limbs for wounded warriors. Applications are on line at www.pelican.com/PFP... **Joe Will** and his wife **Charlene Will** are retiring from **William Beaumont Army Medical Center.** Joe has been a civilian employee for 16 years after a 25-year military career. Charlene enlisted in the Women's Army Corps in 1967, left service after marrying Joe, and returned to civil service in 1985.

Physician continues to serve at age 79

With four military retirements behind him, COL William Bernhard said he keeps coming back for the troops.

"This is a voluntary retiree recall, and I do it for all the men and women out there," he said.

Bernhard is a flight surgeon on his way to Hohenfels, Germany. He will conduct annual physicals and care for pilots and others.

During medical school, he entered the Navy Reserve under the Berry Plan, which deferred his military training while in school. During his fellowship year at Dartmouth Medical School, Bernhard was activated for two years.

COL William Bernhard

He later took advantage of an Army Reserve program to become a flight surgeon.

He also completed air assault training, mountain warfare training and earned the Expert Field Medical Badge while in the Reserves.

As a civilian, he retired in 1998 from the University of Maryland Shock Trauma Center, where he directed anesthesia for 10 years.

In the military, he has retired four times — once from the National Guard in 1998 and then again after a 2005 deployment to Iraq, a 2006 deployment to Afghanistan and a 2007 rotation in Germany, which he extended four times. (Fort Benning Bayonet)

MSC honors junior officers

by Jerry Harben

Nine junior officers were presented the Medical Service Corps Award of Excellence during the MSC Junior Officer Week. Those selected are:

1LT Cheryl Shefchik, evacuation platoon leader in the 132nd Brigade Support Battalion of the Wisconsin Army National Guard. She was assigned as an infantry platoon leader conducting detainee operations at Camp Bucca in Iraq, and won praise from her company commander as "an extreme joy to have in my company." Her platoon made more than 40,000 detainee movements by driving more than 11,000 total miles, all within the one by two mile confines of the theatre internment facility.


1LT Cheryl Shefchik

1LT David Villarroel, adjutant for the 399th Combat Support Hospital, who volunteered to add duties as headquarters and headquarters detachment commander. He was cited for improvements in the unit's personnel section, relocation of the battalion headquarters and one company, evaluation management and tracking and awards presentations. He also coordinated training exercises in Guatemala, California and Massachusetts.


1LT David Villarroel

CW2 Amy Burlingame (photo not available), medical maintenance technician for the 10th Combat Support Hospital. When deployed to Iraq, she identified 160 excess lines of equipment and cross-leveled these resources to create Level III capabilities in two additional locations. She managed equipment requirements for implementation of Standard Army Maintenance System-Enhanced (Medical), return of Ibn Sina Hospital to the Government of Iraq and relocation of U.S. assets to Sather Air Base; and withdrawal of equipment and supplies as U.S. forces in Iraq draw down.

CPT Jeremy Trescott, a health services plans, operations, intelligence, security and training officer at Darnall Army Medical Center, Fort Hood, Texas. During deployment he was his brigade's liaison officer for Multi-National Division-North, tracking and helping coordinate operations of four battalions and their Iraqi partners. He also coordinated response force and MEDEVAC requirements for 2,500 movements by private security companies.


CPT Jeremy Trescott

CPT Amy Prichard, staff officer in the office of the chief of the Medical Service Corps, who served as a company commander with a combat support hospital in Iraq during the relocation from Ibn Sina Hospital to Sather Air Base. She served as major of the Ibn Sina compound. One notable accomplishment was 100 percent accountability of property throughout the move.


CPT Amy Prichard

1LT Sean Davis, a preventive medicine officer for the 82nd Brigade Support Battalion. He provided preventive medicine support to 30 forward operating bases, joint service stations and combat outposts in Baghdad, Iraq. He logged more than 240 combat patrols. Davis conducted environmental health site assessments closure surveys for 22 installations as U.S. forces moved out of Iraqi cities.


1LT Sean Davis

CPT Jeffery Froude, a biochemistry officer at the Army Medical Research Institute of Infectious Diseases. He led efforts to develop evaluations for a candidate vaccine to protect against ricin, as well as a team accounting for all biological select agents and toxins within the integrated toxicology division. He also lectures in the graduate school of Cameron University and mentors interns at USAMRIID.


CPT Jeffery Froude

CPT Joseph Taylor, chief of pharmacy laboratory subjects at the AMEDD Center and School, and a pharmacology instructor for the interservice physician assistant program. He was a key architect in a Lean Six Sigma project exploring ways to decrease attrition in the pharmacy specialist course, and also helped develop a Web-based distance learning curriculum of almost 100 hours of instruction.


CPT Joseph Taylor

1LT Tari Glowacki, brigade medical supply officer for the 811th Brigade Support Battalion during deployment to Afghanistan. She was responsible for medical supplies for six battalions and 30 individual unit customers, and managed the requisition process for 1,200 lines of medical supplies. Upon return to Fort Campbell, Ky., Glowacki was selected as a company executive officer and led realignment of the company into two multifunctional medical platoons.


1LT Tari Glowacki

June 30 is the 93rd anniversary of the Medical Service Corps.

Generals shuffle

MG David A. Rubenstein (left) receives the command flag of the AMEDD Center and School from MEDCOM Commander LTG Eric B. Schoomaker (right) during a change of command ceremony at Fort Sam Houston, Texas. Rubenstein formerly was deputy surgeon general. He replaced MG Russell J. Czerw, who retired.

Further general officer changes recently made or soon to come include MG Patricia D. Horoho replacing Rubenstein as deputy surgeon general; MG Philip Volpe replacing Horoho as commander of the Western Regional Medical Command; BG Stephen L. Jones replacing Volpe as deputy commander of Joint Task Force-National Capital Region Medical Command; and BG Keith W. Gallagher replacing Jones as commander of Pacific Regional Medical Command.

In addition, COL Nadja Y. West has been nominated for brigadier general to replace Gallagher as commander of Europe Regional Medical Command and COL Ming T. Wong has been nominated for major general to replace Czerw as chief of the Dental Corps. (Photo by Ed Dixon/Fort Sam Houston)

Aviators laud MEDEVACs

by Jerry Harben

The Army Aviation Association of America (AAAA) recognized a number of medical personnel while presenting its annual awards.

The Army Aviation Medicine Award winner is CPT Brendan J. McCriskin of 7th Squadron, 17th Cavalry Regiment at Forward Operating Base Fenty, Afghanistan.

The Army Aviation DUSTOFF Flight Medic of the Year is SSG Emmett W. Spraktes of Company C, 1st Battalion, 168th Aviation Regiment at Forward Operating Base Fenty, Afghanistan.

The Army Aviation Air/Sea Rescue Award winner is 2nd Platoon, Company C, 1st Battalion, 168th Aviation Regiment at Forward Operating Base Fenty, Afghanistan. The mission required hoist extraction of five casualties while under enemy fire in the Watapur Valley of Afghanistan.

The Noncommissioned Officer of the Year is SFC Kelly V. Hughes of Company C, 1st Battalion, 168th Aviation Regiment, California Army National Guard. He participated in more than 270 combat missions in Afghanistan, and also guided his Soldiers in unloading unnecessary equipment to open space for medics to operate in the HH-60 helicopters.

Veterinarians celebrate their history

by MAJ Boris Brglez

The Veterinary Corps (VC) celebrates its centennial in just six years, marking its establishment on June 3, 1916. Veterinary Corps officers and enlisted Soldiers have excelled in meeting the Army's requirements of ensuring safe food and beverages to all Department of Defense personnel. Additionally, these Soldiers provide medical care to research animals as well as military working dogs, marine mammals, horses, and other livestock.

Veterinary Corps readiness begins at the AMEDD Center and School at Fort Sam Houston, Texas, where U.S.-licensed veterinarians (Military Occupation Specialty [MOS] 64A) become commissioned as captains. Veterinary Corps officers are later cross-trained in preventive medicine, laboratory medicine, pathology, research or clinical medicine.

Enlisted

During basic training, enlisted Soldiers may be selected as animal care specialists (MOS 68T) or food inspection specialists (MOS 68R). Enlisted sergeants (promotable) with veterinary or preventive medicine MOSs may apply for veterinary food safety officer (MOS 640, warrant officer).

The 68T and 640 are relatively recent additions to the Veterinary Corps. In 1961, the Army formed the Veterinary/Animal Care Specialist (91T) course at Walter Reed Army Institute of Research in Washington, D.C. The Air Force Veterinary Corps stood down in 1980 and the Army became the Executive Agent for all DoD veterinary functions; as a result, the veterinary warrant officer program was developed. In 1973, food inspection instruction was moved to Fort Sam Houston from Chicago, Ill.

Public Health Command

A recent development in the Veterinary Corps is the integration of Veterinary Command (VETCOM) with the Army Center for Health Promotion and Preventive Medicine (CHPPM), designated Public Health Command (PHC) as of Oct. 1, 2010. The two veterinary tables of organization and equipment (TOE) units — medical detachment (veterinary services) and medical detachment (veterinary medicine) will become integrated and renamed medical detachment (veterinary service support). This support team comprised of 58 Soldiers will perform veterinary roles in medical, food inspection, and enhanced laboratory capabilities in active duty and reserve units.

Today, the active and reserve Army Veterinary Corps, composed of more than 3,400 personnel (645 military veterinarians, 85 warrant officers, 2,100 enlisted, and 575 civilians), provides support to 254 installations, various modified tables of organization and equipment (MTOE) units, and research laboratories throughout the world. Accomplishing its broad functions of food safety and defense, animal care, veterinary public health, and research and development will continue to be essential as long as the need for military forces remains. (AMEDD Center and School)

A sedated tiger cub gets a medical check-up at the Baghdad zoo from MAJ Matt Takara (right) of the 51st Medical Detachment (Veterinary Medicine) and Dr. Mewafak Raffo (left), a veterinary advisor assigned to 1st Armored Division, U.S. Division-Center.

Vets help Iraqis with big cats

Story and photo by SGT Phillip Valentine

The call came in to CPT Curt Degeyter; a seven-month-old male patient was presenting the symptoms of an unknown illness. He was acting sluggish, had limb weakness, tremors and showed signs of getting worse.

No one on location could find a diagnosis. If something was not done soon, the patient — a tiger at the Baghdad Zoo — might die.

"I am a doctor specializing in equine [horse family] medicine. I have never evaluated a tiger," thought Degeyter, a veterinarian assigned to 1st Armored Division.

Degeyter said he found the idea of getting into a tiger's cage interesting but unnerving, yet decided it was something he had to do.

He poured over manuals, journals and various Web sites to find the correct dosages for sedating a young tiger.

After making some calls around Victory Base Complex, he found a vet who specializes in working with cats — house cats.

MAJ Matt Takara, commander of the 51st Medical Detachment (Veterinary Medicine), answered the call.

Takara said he jumped at the chance to work with the large cat.

Upon arriving at the zoo, Takara and Degeyter joined several Iraqi zoo employees standing by to lend them a hand. Together, the group took time to evaluate all necessary equipment and discuss the current status of the cub.

Degeyter suspected the tiger cub was suffering from a nutrient deficiency, meaning he was not getting the vitamins he needed to stay healthy.

"The zoo started to feed the cub avian vitamins and they saw an improvement," said Degeyter. "The avian vitamins are for birds, of course, but due to the unavailability of other vitamins, the zoo staff had to improvise."

He told the zoo staff to continue this treatment until lab results returned and a clearer diagnosis could be established.

The plan to obtain those results, Degeyter said, was to sedate the animal, draw blood and send a sample to North Carolina State University, a school that has a past relationship with the zoo. Another sample would be tested at Victory Base.

"It is just getting your hands on the entire cat [to] see if you can find anything abnormal." — MAJ Matt Takara

Once the blood was drawn, Takara conducted a head-to-tail inspection of the cub, which included looking inside the tiger's mouth while carefully avoiding the sleeping cat's large teeth.

"I looked at the teeth and gum color, its boney structure, felt its belly, and checked the legs," said Takara. "It is just getting your hands on the entire cat [to] see if you can find anything abnormal."

When finished, they left the tiger to catnap and recover from the experience, but the veterinarians were not done. Another patient was also suspected of being ill; this time, a juvenile female lion.

The group traveled to the lion section of the zoo and found the very large, very ill-tempered patient pacing inside her cage.

Once sedated, the lioness went through the same process that the tiger cub had undergone. Extra care was taken in this case due to her size and the possibility of her awakening and finding a bunch of humans inside her home.

After making the lion comfortable for her recovery, the joint team of animal caregivers shook hands and thanked each other for the help, although this will not be the last time they work together, said Degeyter.

They plan to continue searching for a diagnosis for the animals, and to get together again in the future whenever the need arises. (366th Mobile Public Affairs Detachment)

Summer heat cooks up health hazards

by Mary Katherine Murphy

Heat related illnesses are one of the biggest problems that Soldiers face during training. In 2007, there were 329 cases of heat stroke and 1,853 cases of heat exhaustion among active-duty, non-deployed service members, according to the Armed Forces Health Surveillance Center.

Soldiers and leaders must take appropriate precautions and be on the lookout for warnings. The key to preventing heat illness is to be well informed and observant of others when in hot and humid environments.

"Despite the fact that heat injuries can develop into life-threatening conditions, with appropriate training and vigilance on the part of the leadership and individual Soldiers, heat injuries can be prevented," said COL David Mukai, an occupational medicine physician at Public Health Command (Provisional).

Heat-related conditions

Heat rash is a skin irritation caused by excessive sweating. It contributes to decreased evaporative cooling. It can be avoided by keeping skin clean/dry and wearing loose fitting clothing.

Heat cramps are muscle pains or spasms that happen especially during heavy exercise. They can be avoided by staying hydrated, eating properly to keep electrolytes balanced and being acclimated to the environment.

Heat exhaustion is a potentially serious illness that is caused by working too hard in hot weather. Symptoms include heavy sweating, rapid breathing, mild confusion, uncoordination, and fast or weak pulse. It can be avoided by using appropriate work/rest cycles, keeping hydrated and being acclimated to the environment. Treatment for heat exhaustion includes removing the affected Soldier from training and allowing rest in shade. The Soldier should loosen clothing and take sips of water or a sports drink. Heat exhaustion can become heat stroke.

Heatstroke is a life-threatening illness caused by overexertion in hot weather. The body temperature may rise above 106° F in minutes. Symptoms look like heat exhaustion and include hot skin with or without sweating; rapid, strong pulse; and dizziness. Symptoms may progress to seizures or severe delirium. Heatstroke can be avoided by using work/rest cycles and staying hydrated (drinking water before feeling thirsty). Treatment for heatstroke includes all treatments for heat exhaustion along with cooling the person's body down as quickly as possible. This is done by using ice sheets (cloth dipped or kept in ice water) placed directly on the skin.

"While heat exhaustion is the more common heat illness and is not associated with injury to the internal organs, heat stroke is a genuine medical emergency and can produce catastrophic multi-organ damage," Mukai said.

Emergency personnel should be called immediately if symptoms — also including confusion or loss of consciousness, frequent vomiting, shortness of breath or trouble breathing — occur.

What Soldiers should know

Prior heat injuries increase the likelihood of heat illness in the future. Drinking alcohol causes dehydration and makes Soldiers susceptible to heat illness. Any kind of skin problem, such as heat rash, sun burn or poison ivy, causes sweat glands not to work properly, which can contribute to heat illness by hindering evaporative cooling. Soldiers that are over the age of 40 carry a higher risk.

As well, certain medications can disrupt the body's heat regulation mechanism. Medications such as antihistamines, decongestants, blood pressure medications, diuretics, beta blockers and supplements made with ephedra may predispose Soldiers to heat injuries.

Soldiers should drink water frequently, but not exceed 1-½ quarts per hour or 12 quarts per day. Overhydration, a life-threatening condition, can occur by drinking too much water and not eating enough to replace salts. Symptoms of overhydration mimic those of heatstroke. Another sign of overhydration can occur if a Soldier has been drinking consistently and vomits after drinking water. Enforce battle-buddy checks; be aware of each other's eating, drinking and frequency of urination.

"Urine color can indicate if you need to drink more water," said Shawn Bowman, chief of Public Health Command's health information operations division. "Urine color should be between light yellow and clear."

Bowman's staff has developed a poster and a tip card to help Soldiers prevent heat-related illness.

"These items were developed in response to feedback from troops in Iraq and Afghanistan," he said. "They help to prevent heat-related illness by determining hydration status simply by observing urine color." said Bowman. (The card and poster can be ordered from the Website, http://chppm-www.apgea.army.mil/hio_public/orders.aspx.)

What leaders should know

Heat stress is cumulative; Soldiers are at a greater risk of falling victim to heat stress if they have experienced high levels of heat for several days, said Thomas McNeil, a food safety and environmental health expert at Public Health Command. Heat acclimatization is key to a successful mission in a hot environment. Leaders should have their Soldiers gradually increase time and exertion level over a two-week period.

"With appropriate training and vigilance on the part of the leadership and individual Soldiers, heat injuries can be prevented."
— COL David Mukai

Leaders should always do a daily heat assessment. In this assessment the leader takes into consideration the heat category for the last several days. If Soldiers were subject to high temperatures the day before, they are more likely to become sick even in the presence of lower temperatures. Leaders also must remember that Soldiers have individual risk factors that can make them more susceptible. Soldiers who are not physically fit, have a high body-mass index, have not completed acclimatization or have minor illnesses are more susceptible to heat illness.

Leaders have the ability to prevent heat illness before it happens by keeping a close watch on Soldiers. At no time should milder heat illnesses become heatstroke. This can be ensured by leaders who anticipate problems and plan for active and rapid care. Leaders must familiarize themselves with policies and the signs of heat causalities. They can find helpful information on the CHPPM Web site at http://chppm-www.apgea.army.mil/heat/.

Heat illnesses are also a risk in some deployed environments.

"In the current warfare that we are involved with, it is important to be able to prevent heat injuries and keep the Soldiers well hydrated and active without jeopardizing the mission or causing undue injuries," McNeil pointed out.

There were fewer hospitalizations of both heat stroke and heat exhaustion in 2007, according to the Armed Forces Health Surveillance Center.

"This shows that the Army program of training and the doctrine have worked very well for the individual Soldier," said McNeil.

This decrease can continue if Soldiers and leaders continue to use prevention techniques and safety measures.

For additional information, review "Heat Stress Control and Heat Casualty Management," http://chppm-www.apgea.army.mil/documents/TBMEDS/tbmed507.pdf. (Public Health Command (Provisional))

Political involvement: what's allowed, what's not

This November, do not be surprised by the rules pertaining to political activity by military and civilian federal employees. Cut out the information to the right and use these two cards to help you know what's allowed and what's not during national, state, and local elections. (MEDCOM Office of the Staff Judge Advocate)

PERMITTED AND PROHIBITED POLITICAL ACTIVITIES FOR US ARMY SOLDIERS

- May register and vote as they choose
- May express opinions about candidates and issues
- May encourage others to exercise voting rights
- May join a political club, attend political meetings and rallies as a spectator when not in uniform
- May make monetary contributions to a political organization
- May write letters to the editor expressing personal views
- May place a bumper sticker on their private vehicle
- May sign petitions for specific legislative action or to place a candidate's name on the ballot
- May participate in local nonpartisan political activities so long as Soldier is not in uniform, does not use government property or resources, activity does not interfere with duty, and no implied Government position or involvement
- May not conduct a political opinion survey
- May not be a candidate for, hold or exercise functions of a civil office
- May not serve in official capacity/sponsor a partisan political club
- May not participate in partisan political campaigns, speeches, articles, TV/radio discussions
- May not promote political dinners or fundraising
- May not engage in an organized letter writing campaign
- May not display large signs/banners/posters on private vehicles
- May not march or ride in partisan parades or participate in organized efforts to transport voters to polls
- May not use contemptuous words against the President, Vice-President, Secretary of Defense, Secretary of any military department, Secretary of Transportation, or the state governor where Soldier is stationed

Other rules and regulations may apply, depending on facts and circumstances.
For additional guidance, contact your local Office of the Staff Judge Advocate.

Authorities: 10USC § 973; 18 USC §§ 592-597; 18 USC §§ 600-610; DoD Directive 1344.10, Political Activities by Members of the Armed Forces, 19 Feb 2008; DoD Instruction 1334.01, para 3.1.2, Wearing of the Uniform 25 Oct 05; DoD Directive 5500.7-R, Joint Ethics Regulation, Chapter 6, Section 3.

PERMITTED AND PROHIBITED POLITICAL ACTIVITIES FOR US ARMY CIVILIANS

- May contribute money to political organizations and attend political fundraising functions
- May register and vote as they choose and assist in voter registration drives
- May express opinions about candidate and issues
- May be candidates for public office in nonpartisan elections
- May attend and be active at political rallies and meetings, join and be an active member of a political party or club
- May sign nominating petitions and campaign for or against referendum questions, constitutional amendments, municipal ordinances
- May campaign for or against candidates in partisan elections
- May make campaign speeches and distribute campaign literature for candidates in partisan elections
- May sign nominating petitions and hold office in political clubs or parties including serving as a delegate to a convention
- May not knowingly solicit or discourage the political activity of any person who has business before the agency
- May not engage in political activity while on duty
- May not engage in political activity in any government office
- May not engage in political activity while wearing an official uniform
- May not engage in political activity while using a government vehicle
- May not be candidates for public office in partisan elections
- May not wear political buttons on duty
- May not solicit, accept or receive political contributions unless both individuals are members of the same federal labor organization and the one solicited is not a subordinate employee

Other rules and regulations may apply, depending on facts and circumstances.
For additional guidance, contact your local Office of the Staff Judge Advocate.

Authorities: 5 USC §§ 7321-7326, The Hatch Act of 1939 as amended in 1993; 5 CFR §§ 733-734; DoD 1400.25-M, DoD Civilian Personnel Manual, Subchapter 630, para SC 630.7.4.1; DoD Directive

Physician assistant receives Silver Star

by Jerry Harben

CPT Christopher Cordova, a physician assistant for the 3rd Squadron of the 61st Cavalry Regiment, received a Silver Star for his actions at Combat Outpost Keating in Afghanistan in October 2009. The Silver Star is the third highest decoration for valor.

The outpost came under heavy attack by about 400 enemy fighters, using small arms, mortars and rocket-propelled grenades. Parts of the base were overrun, including the helicopter pad, making medical evacuation of casualties impossible. The aid station was hit by RPG and mortar rounds and several medics sustained injuries.

As the senior medical person on the outpost, Cordova managed casualty care as eight Americans and two Afghan soldiers were killed and 43 injured. Injuries included shrapnel and gunshot wounds, eye injuries, head lacerations, chest and abdominal wounds and broken legs. He also organized security of the aid station when informed the enemy was inside the wire. At one point patients had to be moved as it appeared a fire might spread to the aid station.

Cordova determined that one Soldier with serious injuries needed a transfusion of blood. Although he had never practiced a field transfusion and could not contact senior medical experts for advice, he collected blood from three donors, plus one unit from himself, and administered them to the casualty.

After 14 hours of intense combat, the outpost was reinforced and secured. Cordova then supervised evacuation of 16 serious casualties. He continued to provide medical support during four following days of operations around the outpost.

"My FST received the bulk of these patients and I can attest to how effective his care was," commented LTC John Balser, commander of the 240th Forward Surgical Team.

CPT Christopher Cordova

Ranger named top PA

by Jerry Harben

CPT Andrew D. Fisher of 1st Battalion, 75th Ranger Regiment has been selected for The Surgeon General's Physician Assistant Recognition Award.

While deployed to Afghanistan in 2009, Fisher trained the regiment's medics and provided exceptional daily care, as well as treating combat casualties during several intense firefights.

On Sept. 30, Fisher treated six injured Rangers, four of them classified urgent, during a combat mission. When the platoon medic's weapon malfunctioned, Fisher joined the assault force and helped overrun the target despite intense machine-gun fire. He also recovered casualties and coordinated evacuation and care en route.

On Oct. 25, Fisher responded when two Marine attack helicopters supporting an operation crashed. Despite rounds cooking off, burning wreckage and hot debris, he established a casualty collection point and treated the two Marines who survived until they were evacuated. He then helped secure the site and recover remains of those killed in the crash.

CPT Andrew D. Fisher

Making smiles

CPT Aldrin Adamos and SGT Anthony Johnson of the Army Reserve 307th Dental Company assist Nicaraguan dentist Dr. Valerea Vasquez during a Beyond the Horizon mission in Mateare, Nicaragua.

During the 10-day mission, the company provided dental services for more than 1,200 Nicaraguans.

"The services we prefer to offer are those that allow people to be taken out of pain, usually by performing extractions and treating infections," said MAJ Alexander Farr, commander of the 307th. Other services on this mission included cleanings, fillings and root canals. (Photo by SSG Kristen King/ Army Reserve)

High speed

Ryan Newman's NASCAR racer payed tribute to Army Medicine during the Crown Royal Presents the Heath Calhoun 400 Cup event at the Richmond International Raceway.

The race name honors Calhoun, an Army retiree and Purple Heart recipient.

"It was a privilege to drive a car honoring the Army Health Care Team, which works by the motto: to save, to heal, to serve," said Newman. "Each time I visit Walter Reed Army Medical Center I am overwhelmed with the professional care and professional services that are provided to our brave and wounded Soldiers."

Newman finished eighth in the race, won by Kyle Busch. (Army graphic)

All together now

U.S. Soldiers of the Guam Army National Guard Medical Detachment and soldiers of the Philippine army's 7th Infantry Division load a mock patient into a field ambulance during the Balikatan 2010 Field Training Exercise at Fort Ramon Magsaysay in the Philippines.

The Philippine soldiers completed a three-day combat life saving course.

During Balikatan 2010, more than 12,000 patients were seen during13 medical or dental projects held at eight locations on the island of Luzon.

During 10 veterinary projects at seven locations, military veterinarians treated 2,865 animals.

The annual exercise also allowed both armies to train together for various operations. (Photo by SSG Tim Meyer/Balikatan Public Affairs Officer)

AMEDD Center and School earns award for distributed learning

The Army Training Support Center (ATSC) awarded the AMEDD Center and School the Army distributed Learning (dL) Champion Award for 2009. This award recognizes the Training and Doctrine Command school or agency that has consistently championed distributed Learning, challenged existing practices, and developed new and innovative approaches to improve and expand the delivery of education and training to Soldiers in both the field and the schoolhouse.

The Center and School's achievements include not only dL products and solutions themselves, but also substantial in-house capabilities that enable cost savings and responsiveness to customer education and training needs. Through the Center for distributed Learning (CdL), a one-stop shop for dL development, delivery, and support, teaching departments can nominate courses for TRADOC funding or request internally developed products and services to meet their unique education and training needs.

Interactive multimedia instruction courses deliver education and training opportunities to geographically separated students. Blended learning modules enhance classroom training with supplemental instructional lessons, review games, and learning scenarios. The center can capture events such as subject matter lectures and symposiums on video, and produce training videos, documentaries, or internal marketing videos.

CdL's capabilities also expand to mobile learning applications designed for use on MP3 players like the iPOD, to provide students additional study and practice opportunities during idle time.

When actual product development is not necessary CdL can provide collaboration support or facilities for video tele-training, Defense Connect Online and satellite broadcast to reduce travel costs and facilitate coordination efforts.

"Winning this award is truly a team effort among the military, Army civilians and contractors and teaching departments in the AMEDDC&S. It's great to recognize all the hard work and effort that goes into providing world-class distributed Learning to all our Soldiers, regardless of where they are," commented Dr. Dwayne Rogers, director of the Center for distributed Learning.

For more information on dL development visit https://www.us.army.mil/suite/page/260886 or email cdL@amedd.army.mil.

Journal now available on MEDLINE

National Library of Medicine (NLM) has selected the *AMEDD Journal* for inclusion and indexing in MEDLINE, the NLM's premier bibliographic database of life sciences and biomedical information.

Citation information for articles published in the *AMEDD Journal* are now available within MEDLINE to researchers and writers using various search engines and interface applications. With this selection, the *AMEDD Journal* joins the ranks of the world's finest medical science periodicals in the NLM database, ensuring that articles by Army and other military medical professionals published in the *Journal* are readily accessible throughout the global scientific and academic communities.

Professional publication

The *AMEDD Journal* is a peer-reviewed, professional publication with a worldwide distribution of approximately 4,000 copies. It provides a forum for presentation and exchange of health care, clinical, and medical research information, as well as medically related combat experiences and military doctrine development ideas and proposals.

The *AMEDD Journal* encourages dialogue on important health-care initiatives, seeks to expand knowledge of domestic and international military medical issues and technological advances, conveys clinical and health service support information, enhances the working relationships among the various medical corps and specialties, and promotes collaborative partnerships among the armed services.

PubMed

MEDLINE is the primary component of PubMed (http://pubmed.gov). A link to PubMed is found on the NLM home page at http://www.nlm.nih.gov. The result of a MEDLINE/PubMed search is a list of citations (including authors, title, source, and often an abstract) to journal articles. Searches are free of charge and no registration is required. MEDLINE in PubMed may also be searched using the NLM Gateway (http://gateway.nlm.nih.gov/gw/Cmd), a single web interface that searches multiple NLM retrieval systems.

Online issues of the *AMEDD Journal* are available at http://www.cs.amedd.army.mil/dasqaDocuments.aspx?type=1 (AMEDD Center & School)

Medical Warfighter Forum provides one-stop expertise online

by COL Fred Swiderski

The knowledge management division (KMD) of the AMEDD Center and School operates a new and improved Medical Warfighter Forum (MedWfF), previously known as the MEDKN. The MedWfF can be reached at https://www.us.army.mil/suite/page/131414 or by logging into Army Knowledge Online (AKO) and clicking Quick Links>Knowledge Networks>MedWfF.

The MedWfF is a one-stop shop for all medical professional communities. This site was awarded the 2009 Best of AKO Gold award.

The MedWfF provides a new dimension which revolutionizes the way medical Soldiers train, collaborate, share best practices, and interface to meet new challenges. Leveraging this new capability will change the culture as Soldiers harvest the knowledge and experience that exists across Army Medicine.

The MedWfF provides:

* A venue for asking questions, sharing experiences and leveraging collective expertise.

* Training resources with reach-back capability for professional training and education.

* A capability for networking with other commands, staffs and medical professionals.

* Deployment resources for Soldiers and their Families before, during and after deployment.

* A viable means to harvest and share observations, insights, best practices, and lessons learned.

* A comprehensive list of links of interest to those within the AMEDD community.

* Linkage between the Active Component and the Reserve Component.

For more information, contact km.consultants@amedd.army.mil or call (210) 221-6920. (AMEDD Center & School)

Training helps stressed providers 'recharge'

Jenifer Gregory is Western Regional Medical Command's (WRMC) provider resilience supervisor. She assists military health care providers and all WRMC employees in "recharging" from the stresses associated with their careers and personal lives.

Gregory believes provider resiliency training (PRT) makes intentional self care awareness and accountability a cultural norm.

"PRT I and PRT(S) are provided by on-site PRT-trained staff so each MTF (medical treatment facility) can have location-specific, culturally aware services that are evidence-based and values-driven," said Gregory.

Jenifer Gregory speaks with a Soldier at Madigan Army Medical Center.

The PRT program came about as a result of studies at Walter Reed Army Medical Center, where provider fatigue was one of 96 items the Army identified for assessment. As a result, MG Gale S. Pollock, acting Surgeon General of the Army and commanding general of Medical Command at the time, mandated in May 2006 that all Army medical commands assess the level of secondary trauma among their providers, and provide training to increase resiliency against provider fatigue.

PRT is given in three phases. Phase I is available online and must be done within the first month of employment with or assignment to a WRMC MTF. Phase II is an in-person meeting with a certified PRT trainer, and must be done within the first three months of assignment. PRT(S), formerly known as PRT III, is a one hour face-to-face training with a recognized PRT trainer. It's a refresher course to give the participant an opportunity to review the self-care plan and review the dynamics of provider fatigue and burnout.

Gregory had extensive experience working with non-profit groups and with non-governmental organizations in disaster areas and war zones. She has a doctoral degree in international pediatric traumatology, and degrees in social work and theology. She led and founded several non-profits, including World Change for Children and Medical Teams International, and Camp Fire USA-Northwest. She's worked in Mexico, Moldova, Romania, Kosovo, Albania, Afghanistan, and Liberia, helping children, refugees, and soldiers recover from traumatic experiences.

After the attacks of September 11, 2001, Gregory worked in partnership with the Transportation Security Administration helping first responders in New York City.

Having a son-in-law who serves in the Army inspired Gregory to take the skills she'd mastered in foreign war zones and use them to help the medical professionals and staff of the WRMC.

"I had spent years helping young people overseas overcome trauma, said Gregory. "If I can do it for them, I should do it for my own." (Madigan)

Healthcare Covenant

(Center) Brooke Army Medical Center Commander BG Joseph Caravalho and Command Sergeant Major CSM Donna Simmons sign the Army Medicine Healthcare Covenant.

(Right) COL John M. Cho, commander of Landstuhl Regional Medical Canter, and MG Patricia E. McQuistion, commander of 21st Theater Sustainment Command, sign the covenant at Landstuhl.

Leaders throughout Medical Command will sign the covenent this summer, and new commanders will sign when taking command.

The covenant includes a commitment to improve access and continuity of care, maximize physical and behavioral health promotion, and provide the highest quality of care. (Photos by Kelly Schaefer/ Brooke and Chuck Roberts/Landstuhl)

Readiness assistants learn how to help Families

by Linda Hillyard and Kim Miller

The Family Readiness Support Assistant (FRSA) Program is a key component of Medical Command's Family Readiness Program. The family readiness division at MEDCOM Headquarters developed a training plan consisting of three phases for MEDCOM FRSAs.

Phase I incorporates on-line basic training that provides an orientation to the Army and FRG operations. Phase II is available through installation Army Community Service centers and provides a basic knowledge of standardized Army-wide FRSA roles and responsibilities. Phase III is MEDCOM-specific training on FRSA roles and responsibilities and FRG operations in fixed medical facilities and warrior transition units.

MEDCOM FRSAs met in San Antonio, Texas, for an annual command training conference. The training conference examined the functions and responsibilities of MEDCOM FRSAs and included command updates, a Warrior Transition Command update, a HQDA Army Family Programs update, an overview of command policies, command Web-based resources, social networking, and professional development.

The training also prepared FRSAs with techniques to recruit and maintain volunteers, understand FRG funding rules, and identify ways to enhance critical partnerships in support of Soldiers, civilians and Families.

The FRSAs divided into work groups for initial development of a FRSA sponsor-mentor program, FRSA web page, FRSA best practices, and to provide input to the MEDCOM Family Readiness Strategy Map and Balanced Scorecard.

The work groups also provided recommendations for enhancement of existing Family Readiness strategic initiatives and identified new actions to align programs and services with future operations. Recognizing the importance of these initiatives and new actions, the FRSAs are continuing their efforts via virtual working groups.

MEDCOM FRSAs are an integral part of the Family Readiness Team and play a vital role in assisting commanders and Family Readiness Group (FRG) volunteer leaders in their support of Soldiers, civilians and Families.

For additional information about the MEDCOM FRSA Program, contact the MEDCOM Family Readiness Division at 210-221-8911 or 210-221-8869.

Seamless behavioral health system sought

by Jerry Harben

A new initiative of Army Medicine is focused on ensuring that behavioral health patients receive seamless, quality care wherever they go in the Army, and throughout their deployment and redeployment cycle.

The Comprehensive Behavioral Health System of Care Campaign Plan will create an integrated, coordinated and synchronized behavioral health service delivery system that will support the total force through all Army Force Generation phases by providing full spectrum behavioral health care.

"The Behavioral Health Campaign Plan will ensure that the best practices learned from eight wars are applied to all Soldiers and their Families. It will include care throughout the deployment cycle and after return," said COL Elspeth Ritchie, director of behavioral health proponency at the Office of The Surgeon General.

This plan has five lines of effort: standardize behavioral health support requirements, synchronize behavioral health programs, standardize and resource AMEDD behavioral health support, assess the effectiveness of the plan, and strategic communications.

MAJ Dan Brant, in the current operations office at the Office of The Surgeon General, said the intent is to ensure the same standard of care is delivered everywhere across Medical Command, and that there is seamless continuity of care.

"This campaign is a running start focused on capitalizing on current behavioral health activities, standardizing them and synchronizing them to optimize our scarce behavioral health resources and simultaneously provide a continuity of care across Medical Command," Brant said.

"The plan will add some innovative new tools for behavioral health providers, to include options for providing assessment and therapy over video teleconferencing and webcam," Ritchie said. "They will continue to collaborate with primary-care colleagues and others to offer multiple options to receive care."

The program will expand throughout this year, with expansion generally preceding unit redeployments.

New center provides facilities for brain injuries

The National Intrepid Center of Excellence for Traumatic Brain Injury and Psychological Health is scheduled to open at Bethesda, Md., in June. The 72,000-square-foot facility, built with money donated to the Intrepid Fallen Heroes Fund, will support treatment, research and training for brain injuries and psychological issues.

Services available at the center will include advanced diagnostics, initial treatment plans and Family education, introduction to therapeutic modalities, referral and reintegration support, featuring a holistic approach and interdisciplinary team.

The facility includes an occupational therapy gym, gait lab, outdoor rehabilitation space, vocational rehabilitation space, vehicle simulator, speech, hearing and sight rehabilitation, and a virtual reality/firearm simulator.

Equipment includes a Computer Assisted Rehabilitation Environment (CAREN), 3T MRI, 64-slice PET/CT scanner, MEG scanner, fluoroscopy and an ultrasound transcranial doppler.

Amenities include a Family lounge, cafe, activity center and recreational therapy area.

The new center is located adjacent to the Walter Reed National Military Medical Center now under construction, and will be near the Uniformed Services University of the Health Sciences, National Institutes of Health and Veterans Health Administration. (Information provided by Intrepid Fallen Heroes Fund)

Artist drawing shows the new Intrepid Center facility in Bethesda, Md. (Intrepid Fallen Heroes Fund)

Makes 105 recommendations to Surgeon General

Task Force targets improved pain management

by Jerry Harben

A task force on pain management chartered by Army Surgeon General LTG Eric B. Schoomaker last year brought in a report with 105 recommendations addressing tools and infrastructure, best practices, focus on warriors in transition and culture.

The goal of the task force, chaired by Assistant Surgeon General for Force Projection BG Richard Thomas, was a comprehensive pain management strategy that is holistic, multidisciplinary and multimodal in its approach, uses state of the art modalities and technologies, and provides optimal quality of life for Soldiers and other patients with acute and chronic pain.

A summary of the task force report notes that more than 50 million Americans suffer chronic pain, and the military health system faces special challenges related to patient expectations, frequent moves of patients and providers, and the needs of combat polytrauma patients.

"Although there are many treatment modalities for pain management, one of the major components for the treatment of pain continues to be the use of Over-The-Counter and prescription medications. The use of medications is appropriate, required, and often an effective way to treat pain. However, the possible overreliance on medications to treat pain has other unintended consequences, such as the increased prevalence of prescription medication abuse and diversion," according to the report summary.

"We want practitioners to have options. Sometimes there are very few options other than medications. We want to have a standardized tool bag that will enable facilities and providers to use a range of things," said COL Kevin Galloway of the proponency office for rehabilitation and reintegration at the Office of The Surgeon General. Gallaway was chief of staff for the task force.

"The Surgeon General often says we need to balance innovation with standardization," Galloway added. "You need new ideas. Sometimes there's a reason to be different, sometimes there's not. It really helps expectations of staff and patients if you minimize unwarranted variation."

Many recommendations deal with standardization, while others address such issues as resources, education and training, and incorporation of integrative and alternative modalities of treatment.

Galloway said the proponency office for rehabilitation and reintegration will push for implementation of the task force's recommendations, with initial emphasis on warrior transition units. It also will be prepared to assist in drawing up a pain management policy for the Department of Defense.

Galloway said although the task force was an Army initiative, it included Air Force, Navy, Department of Veterans Affairs and TRICARE Management Activity personnel. He pointed out that Soldiers sometimes are treated in other than Army facilities, and that expertise is found in all the services.

Following a review by The Surgeon General, the task force report will be posted on the armymedicine.army.mil Website.

Galloway invites comments at Kevin.Galloway@amedd.army.mil or (703) 325-6193.