Volume 37, No. 6 A world-wide publication for members of the Army Medical Department May 2010

Combat medics bring new skills to battlefield

Ceremony marks completion of 68W MOS transformation

See story, page 4

SGT Levi Longakit of B Company, 232nd Medical Battalion, demonstrates the 68W combat medic's ability to quickly treat a wound during a ceremony at Fort Sam Houston, Texas to recognize the transformation of the MOS from the old 91W. (Photo by Ed Dixon/Fort Sam Houston)

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 68Ws improve battlefield care

by LTG Eric B. Schoomaker

When I commanded the 30th Medical Brigade in Heidelberg nine years ago, I knew the transition of the combat medic from MOS 91B/91C to 91W (68W) would be challenging. And it would require all combat medics to develop new and improved skill sets, be current with Basic Life Support and have a National Registry of Emergency Medical Technicians certification.

That was a huge process, but the transition is now complete. In January, we issued a proclamation announcing the confidence Army Medicine leaders have in combat medics. In March, we unveiled a poster celebrating the 68Ws, and this month I have the honor of being keynote speaker at the 8th annual Combat Medic Conference.

The transition of our medics with the improved skill sets has been a culmination of events for Army Medicine and has vastly improved how we provide care on the battlefield. I am extremely proud as The Surgeon General to have witnessed first-hand the positive results of this transition.

The essence of our professionalism and our ethos is embodied in our combat medics. I hate to think how many more Soldiers, Sailors, Airmen and Marines would not have survived if we did not have 68Ws with their enhanced skills serving far forward on the battlefield.

I would like to acknowledge retired LTG James Peake, former Army Surgeon General, who had great vision and recognized we needed a new kind of medic.

Today's Army Combat Medics are essential to our Army, they are force multipliers and their improved skills have contributed immeasurably to the 93 percent save rate on the battlefield.

Moving forward from transition to sustainment, our medics will maintain their certification through the sustainment process. Because the skill sets of our 68Ws are perishable if not practiced on a continuous basis, sustainment of skills is imperative to conserve the fighting strength of our medics. We must maintain the momentum created and remember sustainment = recertification = MOS qualification. Army medics are bringing value and inspiring trust!

Army Medicine…Army Strong

Call-in behavioral health helps Soldiers, Families

by LTC Edward Brusher
Deputy director, behavioral health proponent, Office of The Surgeon General

As part of an increasing commitment to addressing behavioral health care for Soldiers, Families, and retirees, several tele-behavioral health initiatives are under way.

Tele-behavioral health provides high-quality, cost-effective, timely access to outpatient behavioral health care, regardless of the location.

With online care we have found a resource that aids in overcoming limited provider availability, geographic distance, scheduling difficulties and the social stigma that sometimes surrounds seeking psychological health care.

On Aug. 1, TRICARE expanded its services to include two new online video behavioral health programs: the TRICARE Assistance Program, TRIAP; and Tele-behavioral Health.

TRIAP includes online assessments via Web sites, short-term counseling, and referral to more intense treatment, if necessary.

Tele-behavioral Health involves a network of kiosks that provide video tele-conferencing sessions with behavioral-health specialists.

Both programs are available to active-duty service members and their Families.

Also eligible are reserve-component service members and Families enrolled in TRICARE Reserve Select or those eligible for the Transitional Assistance Management Program (TAMP) for 6 months following redeployment. Family members must be 18 years or older to use this type of tele-behavioral health care.

Referrals and prior authorization to use TRIAP are not needed. Assistance counselors are available to provide confidential, private discussion which can include Family/relationship issues, stress management, and self-esteem issues.

Each TRICARE region has developed a site for TRIAP which can be accessed through the Web site: http://www.tricare.mil/mybenefit.

Using both the Army Medical Department and TRICARE behavioral-health networks will streamline and improve access for Soldiers so that symptoms and risk of suicide can be identified and treated much earlier.

The Department of Veterans Affairs' Suicide Prevention Campaign is expanding its own outreach to all veterans by piloting an online one-on-one chat service for veterans who prefer reaching out for assistance through the Internet. Web sites provide a link to an online live chat for tele-behavioral health at: http://www.mentalhealth.va.gov/ or http://www.mentalhealth.va.gov/suicide_prevention/index.asp.

The Army is also working to identify ways to provide more virtual behavioral health care. A Virtual Behavioral Health Pilot Program is underway at Schofield Barracks, Hawaii, and Fort Richardson, Alaska. The purpose was to compare the effectiveness of face-to-face counseling vs. counseling provided through video-teleconferencing and to determine the technical requirements for tele-behavioral health counseling.

Tele-behavioral health care systems are thought to be sustainable and useful in providing services to locations where regular behavioral health care cannot be obtained due to access barriers (geographic, immobility, or stigma), or a shortage of BH providers.

In the pilot project, Soldiers were first assessed immediately upon returning from deployment. These same Soldiers were assessed again two to three weeks later to identify any symptoms that may have developed during the reintegration period.

Initial results from the Army's Virtual Behavioral Health Pilot Program project are highly encouraging and the Army plans to expand the virtual behavioral health options to other locations.

Whether the programs are TRICARE, VA or Army, in the future, Soldiers deployed to remote locations can expect to see and use more of this new technology.

The benefits of this technology are great, where in the past we may not have been able to offer services because of the Soldier's geographic location, we can now leverage this new technology and provide services to anyone at any location. (Army News Service)

The last, full measure of devotion

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

Mercury

Mercury is an authorized publication for members of the U.S. Army Medical Department, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army, or this command. It is published monthly using offset reproduction by the Office of the Chief of Public Affairs, Directorate of Strategic Communications, U.S. Army Medical Command, 2050 Worth Road Ste 11, Fort Sam Houston, TX 78234-6011 (Commercial 210-316-2648 or 210-221-6213 or DSN 471-6213); email jerry.harben@amedd.army.mil. Printed circulation is 23,000. Deadline is 40 days before the month of publication. Unless otherwise indicated, all photos are U.S. Army photos.

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

Surgeon General reviews accomplishments

by Jerry Harben

"While we have experienced our share of crises and even tragedies, despite eight years of continuous armed conflict for which Army Medicine bears a heavy load, every day our Soldiers and their Families are kept from injuries, illnesses, and combat wounds through our health promotion and prevention efforts; are treated in cutting-edge fashion when prevention fails; and are supported by an extraordinarily talented medical force to include those who serve at the side of the Warrior on the battlefield," LTG Eric B. Schoomaker, The Surgeon General of the Army and commander of Medical Command, told the subcommittee on personnel of the Senate Armed Services Committee.

During the testimony, Schoomaker noted progress that has been made in caring for warriors in transition.

"There is nothing more gratifying than to care for these wounded, ill, and injured heroes," Schoomaker said. "The support of this committee has allowed us to hire additional providers, staff our warrior transition units, conduct relevant medical research, and build healing campuses."

He noted improvements in Army medical treatment facilities' performance measured by HEDIS (Healthcare Effectiveness and Data Information Set), a tool used by more than 90 percent of U.S. health plans to measure prevention of disease and evidence-based treatments for some of the most common and onerous chronic illnesses.

"Put quite simply, our beneficiaries, patients and communities are receiving not only better access to care but better care — objectively measured," he said.

Access to care

Schoomaker also explained initiatives to provide access and continuity of care, reporting that community-based health care clinics in neighborhoods near where patients live soon will supplement on-post treatment facilities.

"These clinics will provide a patient-centered medical home for Families and will provide a range of benefits," he said.

Schoomaker took note of the unique strains and stressors affecting the Army's health-care providers. He said MEDCOM has initiated a defined program to address provider fatigue.

"But as our Chief of Staff of the Army has told us: this is not an area where we just want to be a little better than the other guy — we want the healthiest and most resilient health-care provider workforce possible," he added.

He said funding was in place to fill needs for staff, both civilian and military. Special salary rates, civilian nurse loan repayment programs, civilian education training programs and the Health Professional Scholarship Program are continuing.

"I encourage my commanders and subordinate leaders to be innovative, but across Army Medicine we balance innovation with standardization so that all of our patients are receiving the best care and treatment available," Schoomaker said.

"We can no longer pride ourselves on engaging in a multiplicity of local 'science projects' being conducted in a seemingly random manner by well-meaning and creative people but without a focus on added value, standard measures of improved outcomes, and sustainability of the product or process," he added.

"What occurs too often today is what I call 'widget-building' or 'turnstile' medical care which chases remuneration for these encounters — too often independent of whether it is the best treatment aimed at the optimal outcome. To transform from a health-care system to a system for health, we need to change the social contract. No longer should we be paid for building widgets (number of clinic visits or procedures), rather, we should be paid for preventing illness and promoting healthy lifestyles. And when bad things happen to good people — which severe illness and injury and war continuously challenge us with — we should care for these illnesses, injuries and wounds by the most advanced evidence-based practices available, reducing unwarranted variation in practice whenever possible," he elaborated.

Employing knowledge

Schoomaker cited development of the Improved First Aid Kit and the Joint Theater Trauma System as examples of capturing, managing and employing knowledge to improve medical care.

"The continued leadership and dedicated service of officers, noncommissioned officers, and civilian employees are essential for Army Medicine to remain strong, for the Army to remain healthy and strong, and for the nation to endure. I feel very privileged to serve with the men and women of Army Medicine during this historic period as Army Medics, as Soldiers, as Americans and as global citizens," Schoomaker concluded.

Program prevents combat injuries

by Donna Miles

Every time a service member is killed or wounded in combat, it sets off a sweeping process to identify what happened, who perpetrated it and how it might have been prevented — and institute changes to reduce the chance of a repeat.

The Joint Trauma Analysis and Prevention of Injury in Combat Program brings together experts within the Defense Department's medical, operational, intelligence and material development communities, who analyze each casualty to glean life-saving lessons, explained LTC Mark Dick, the program manager.

They study autopsy information, pore through after-action reports and medical files, assess vehicle damage reports and ballistic studies and conduct computer models and simulations to replicate and confirm operational events.

The JTAPIC program stood up in 2007 to tap into the full spectrum of expertise across the department to mitigate combat risk. The Army serves as the executive agent, with the program office based at Medical Research and Materiel Command Headquarters at Fort Detrick, Md.

Although leaders may have a hunch about what caused a catastrophic incident, Dick said the JTAPIC analyses provide a scientific assessment that addresses the myriad factors involved.

"If you make a decision based on just one subset of the data, you don't always come to the appropriate conclusion," he said. "We take everything from medical data to threat data to [data about the] operational environment, and we integrate those into analysis products."

JTAPIC analyses have sparked changes in the way the military operates, the equipment it purchases and the protections it provides its troops.

Some findings get passed directly to commanders on the ground, who in some cases can introduce immediate changes to reduce their troops' vulnerability to enemy threats, Dick said.

In other cases, the analyses lead to longer-term changes that impact the broader military community. They can result in doctrinal changes that guide military operations or warfighter training programs.

They also can impact weapons systems — how they're designed, what capabilities they have and what force protections they include. Rather than making specific recommendations to program managers, Dick's team provides analyses to help program managers in their acquisition decisions.

Dick acknowledges that the true impact of the program is hard to quantify, because it's largely measured in injuries prevented and lives saved rather than lost.

"We don't always see the success stories, where there was an incident and Soldiers, because of the protective systems that have been incorporated, have walked away," he said. "In some cases, they may have been treated at the platoon level, or immediately gone back to the fight, and we never hear about it."

But Dick has little doubt that the JTAPIC program is making a difference for troops on the front lines — and will continue to benefit tomorrow's service members as well.

"Suffice it to say that what we're doing is limiting the number of lost lives, and it's also limiting the severity of injuries," he said. (American Forces Press Service)

This is your brain

Amber Barrett demonstrates how a helmet protects the brain by dropping an egg into a helmet as part of a brain injury awareness outreach presentation to students in Landstuhl, Germany.

The Landstuhl Regional Medical Center neurology department/traumatic brain injury center conducts outreach programs to increase knowledge and awareness of how recreationally related brain injuries can be avoided through simple measures such as wearing a helmet while riding a bike, skiing, skateboarding and rollerblading.

Barret is a TBI screener at LRMC. (Photo by Jana Welch/Landstuhl)

Leaders celebrate transition of 68W MOS

by Jerry Harben

An eight-year process to transform training and skills of Army combat medics culminated last year as all members of the old 91B Military Occupational Specialty (MOS) became qualified as 68W Healthcare Specialists. A distinguished group of past and present leaders of Army Medicine celbrated this event with a special ceremony at Fort Sam Houston, Texas.

CSM Althea Dixon, the top enlisted Soldier for Medical Command, noted the anniversary of the Hospital Corps, the original organization for enlisted medical personnel in the Army, which was established March 1, 1887. She briefly described conditions for those early medics, then added, "today the Army has a superior, trained, capable and credentialed combat medic."

68W medics all qualify as emergency medical technicians. They are trained in advanced airway skills, hemorrhage control techniques, shock management and evacuation.

All 68W Soldiers must re-certify their skills every two years, and must earn 72 hours of continuing education credits during the two years.

"The essence of our professionalism and our ethos is embodied in our combat medics," commented LTG Eric B. Schoomaker, The Surgeon General of the Army and commander of Medical Command.

"The stories told by our wounded about the heroism of medics bring tears to our eyes and lumps to our throats," he added.

Keynote speaker for the event was retired LTG James B. Peake, former Army Surgeon General and former Secretary of Veterans Affairs.

"When you see a Soldier without a leg, and with an external fixator on his other leg, and he says, 'I was lucky that day because I was with my medic in my vehicle, that's why I'm here,' … that's what it boils down to," Peake said.

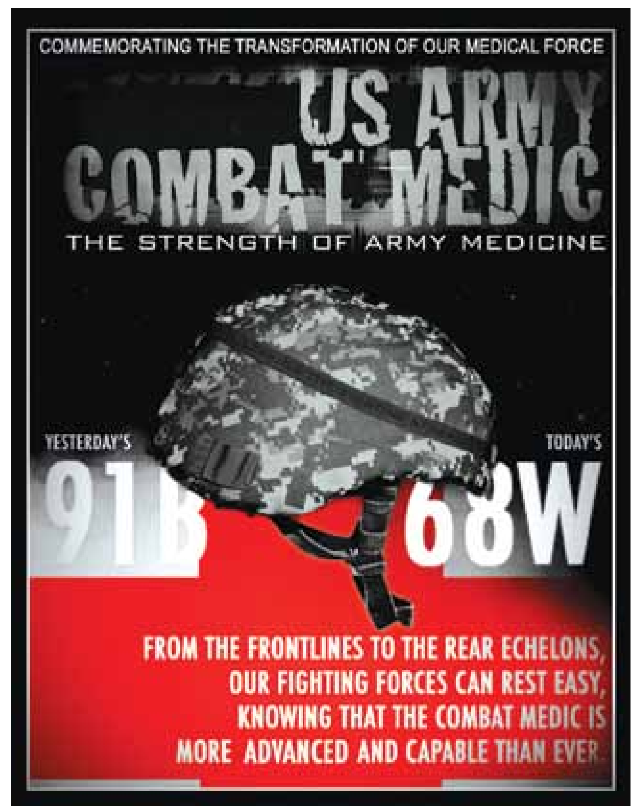
Peake began the process that led to the 68W MOS when he commanded the AMEDD Center and School. He discussed the process of improving training, adding simulation technology and reengineering the second-largest MOS in the Army.

"This was an opportunity to take medical care much farther forward than we had been able to before, with a higher level of technical enablement and skill," Peake said.

Peake added that the process of improving training continues.

"It is made better by continually listening to Soldiers, continually shaping the way that training is done," he said. "When you talk to those who have earned the Silver Star or the Distinguished Service Cross, and we've had those in medics, they say, 'I was just doing my job. I was just doing what I was trained to do,'" he said.

Following the remarks, Soldiers of the 232nd Medical Battalion staged a brief demonstration of the 68W's advanced ability to save lives on the battlefield. Two groups of Soldiers portrayed a modern squad and one from the 91B era, both treating a thigh wound. While the 91B medic went through a series of procedures to attempt to stop bleeding and then administer an intravenous fluid, the 68W quickly applied a Combat Application Tourniquet and prepared the casualty for evacuation by a Stryker armored ambulance.



This poster to celebrate the 68W MOS transition was designed by SGT Christopher Giddinge of the Army Medical Research Institute of Infectious Diseases.

The 68W medic's patient was well on his way to advanced care at a combat support hospital before the 91B began to carry his patient off the battlefield to a waiting unarmored vehicle.

"This goes much further than an MOS redesignation, it is truly reengineering the combat medic," commented MSG James Kinser during the narration of the demonstration.

DoD leaders thank Soldiers, Families

Ceremony at Arlington remembers fallen medics

Story and photo by Elaine Wilson

CPL Adam J. Fargo, a medic, was killed by a homemade bomb while on patrol in Iraq more than three years ago.

But his memory was strong for his sister Sarah during the Military Health System's 2010 Remembrance Ceremony. She wore his dog tags and a picture of him in uniform draped around her neck.

"I love to honor him," said Sarah Fargo, whose father and two grandfathers stood by her side. "I love to see everyone honor him."

Fargo was one of more than 300 people who gathered at Arlington National Cemetery to honor 244 medical service members — medics, corpsmen, nurses and doctors — who died in support of Operations Iraqi Freedom and Enduring Freedom.

"Today we come with a united sense of purpose and a common bond in that purpose," said Dr. Charles L. Rice, who was performing the duties of the assistant secretary of defense for health affairs. "We come together to remember and honor our fallen loved ones; we come together to renew our connection with the Families and friends that share in this loss. And we say thank you for what you have given, and we say thank you for all of which your loved ones gave."

Countless people are alive, both in the United States and overseas, because of the courage and heroism of the service members being honored at the ceremony, Rice said.

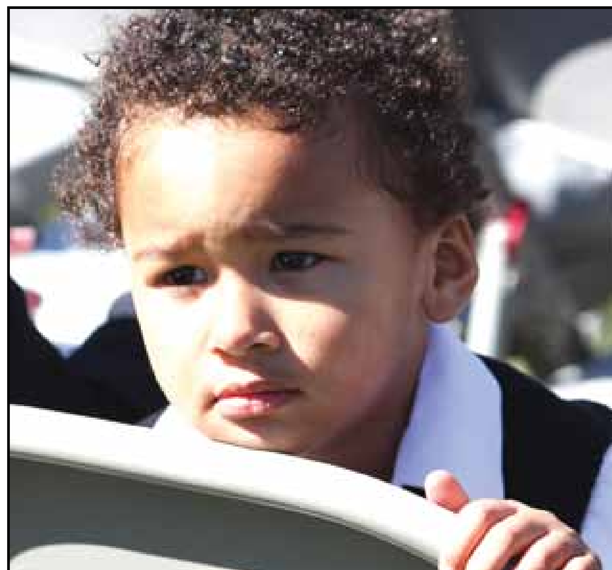
"These great men and women paid the ultimate sacrifice to save their comrades and others," he added.

Their Families also paid a monumental price, Rice said.

"Our nation is indebted to you," he said. "We will honor your loved ones with tributes today so that they may never be forgotten."

Navy Rear Admiral David J. Smith, the Joint Staff surgeon, praised the nation's military medical personnel for their devotion to duty on the battlefield.

"In the anguish of combat, when all the good seems so distant, it's the corpsman's compassion that provides a warm light of solace, refusing to yield to the ever-pressing darkness," Smith said. "What can be said of a man or a woman who, when confronted with their own demise or injury, chooses to risk all to aid a fellow comrade? What greater act of love or devotion can one perform?"


Daniel Sawyer attends the ceremony honoring his father, SFC Ronald Sawyer, and other medical personnel who died in Iraq and Afghanistan.

"Their legacy is one of selfless service and a legacy that lives on in each of us," he continued. "For those left to mourn and forever reflect on the loss of a loved one, I pray that you will take some measure of comfort in the fact that your Family member was devoted to preserving life on the battlefield."

Martha Raddatz, chief White House correspondent for ABC News; Navy Vice Admiral Adam M. Robinson, Navy surgeon general; and MG Deborah C. Wheeling, deputy surgeon general for the Army National Guard, also spoke at the ceremony.

Following remarks, Gold Star members — an organization of those who have lost loved ones in combat — helped to lay a ceremonial wreath in honor of the fallen service members.

Stephanie Walters drove from Ohio to attend the ceremony with her 3-month-old daughter, Piper, and her 18-month-old daughter, Rachel. Her husband, SGT Richard Walters, a nurse, was killed in Iraq while she was five-months pregnant with Piper.

Walters sat through the ceremony clinging to her baby, her eyes lowered.

The ceremony, she noted afterward, was a fitting tribute to his sacrifice.

"It really helps us feel the book is not closed on us," she said. "We're not an afterthought. I take personal solace from that." (American Forces Press Service)

Capsules

Afghanistan

The 3rd Combat Aviation Brigade of Task Force Falcon has begun a flight medic academy at Bagram Airfield for the Afghan national army air corps.

"There are three phases to the academy," said CPT Erika Noyes. "Phase one is classroom instruction where we teach the basics and lay the foundation. Phase two is a three-week crew chief academy, where they become familiar with the aircraft, learn crew coordination and learn to become an integral part of the crew. During phase three, our flight medics team with them to conduct advanced training — advanced circulation, extractions, hoist and how to use the Jaws of Life."

Fort Knox

Ireland Army Community Hospital now has a $2.2 million magnetic resonance imaging (MRI) machine. The equipment allows the hospital to add services and increase the number of patients served.

Fort Campbell

Medics from 1st-327th Infantry at Fort Campbell, Ky., spent three days observing and learning from doctors at the Skyline Medical Center in Nashville, Tenn.

"I used to think that the Army had a different medical approach, but from what I've heard so far, it's just the same principles, procedures and protocols," said SPC Onaolapo Adeyemi. "It's just that we are one step ahead of the doctors because of the fact we are the first responders. The life of every Soldier depends on how well we address the situation."

Walter Reed

COL Mark Melanson, formerly chief of health physics at Walter Reed Army Medical Center, is the new director of the Armed Forces Radiobiology Research Institute at the National Naval Medical Center in Bethesda, Md.

"It leads the world in developing radioprotectants, and biodosmetric tools to estimate radiation exposure and dose," Melanson said of his new organization. "It has also provided medical guidance for the management of radiologically-exposed patients and individuals with acute intakes of radionuclides."

Public Health Command

Health physicists David Alberth and Gerald Falo of Public Health Command (Provisional) received the Environmental Protection Agency's bronze medal for commendable service. They were commended for "significant contributions" to a federal multi-agency radiation survey and site investigation manual working group. The manual developed provides procedures for disposition of materials and equipment potentially affected by radioactivity.

MAJ Roselynn Cuenca of **Madigan Army Medical Center** was named Army Pediatrician of the Year by Uniformed Services Chapter West of the American Academy of Pediatrics…**Richard Rhodes,** who works in the office of performance improvement at **Landstuhl Regional Medical Center**, is the first Lean Six Sigma Master Black Belt in the **Europe Regional Medical Command.**

1SGs Timothy C. Crutchfield, Isaac Day, Elizabeth M. Everett, Ted A. Lewis and **Carl L. Vickers** were inducted into the Order of Military Medical Merit at **Walter Reed Army Medical Center**…**COL Tamara Freeman** of **Western Regional Medical Command** was inducted into the Order of Military Medical Merit…**SSG Chivon Leggett** of **Eisenhower Army Medical Center** was named Career Counselor of the Year at Fort Gordon, Ga.

Volunteers of the Year at **Brooke Army Medical Center** are **Christen Jensen, Roger Hopkins, Masae Grutza, Willie Noles, Bob Bomer** and **Joseph Campbell**. **Whitfield McMillan** was honored for 11,000 hours of volunteer service.

Almost a billion TRICARE Encounter Data records have been processed in six years. The system collects, verifies and tracks purchsed care claims for the Military Health System.

Pharmacists association lauds two officers

Two Army officers received prestigious awards during the 2010 American Pharmacists Association Annual Meeting and Exposition in Washington, D.C.

LTC Stacia Spridgen, director of the Department of Defense (DoD) Pharmacoeconomic Center at Fort Sam Houston, Texas, received the Distinguished Federal Pharmacist Award. MAJ Jeffery Neigh, acting chief of the Eisenhower Army Medical Center pharmacy department, received the Albert B. Prescott/Glaxo Smithkline Pharmacy Leadership Award.

From 2006 to 2008, Spridgen served as the deputy Army pharmacy program director and volunteered as executive officer for health policy and services in the Office of The Surgeon General (OTSG). While there, she wrote and staffed complex DoD policies that have resulted in safer prescribing of high-risk medications to Soldiers.

In her current position at the DoD Pharmacoeconomics Center (PEC), Spridgen oversees part of the TRICARE pharmacy program that serves 9.5 million beneficiaries. The PEC achieves cost savings and rebates to the government.

In addition, Spridgen continues to oversee the creation of program improvements that have resulted in tens of thousands of deployed service members having uninterrupted access to all of their medications during their deployment.

In addition to her daily duties, Spridgen serves as a member of the DoD Pharmacy Board of Advisors, and the Federal Pharmacy Executive Steering Committee. In these roles, she has been instrumental in the exploration of new ideas to work collaboratively with the Department of Veteran's Affairs.

Neigh was nominated for the leadership award by Dr. J. Douglas Bricker, the dean of the pharmacy school at Duquesne University.

"I am humbled and flattered to be selected," said Neigh. "The previous winners are all leaders in their fields and I feel honored to be listed among them."

According to COL Carol Labadie, MEDCOM's pharmacy consultant, this award recipient has demonstrated exemplary leadership qualities as a young pharmacist indicative of someone likely to emerge as a major leader in pharmacy over the course of his or her career.

As a recipient of the Prescott Leadership Award, Neigh must address the attendees of the annual meeting on pharmacy as a profession, the future directions in the field of pharmacy or leadership.

"I chose leadership," Neigh stated. "Being both a pharmacist and an officer in the Army, I feel I can bring a unique perspective to this group." (APA and Eisenhower AMC contributed to this report.)

Awards honor work by Army journalists

by Jerry Harben

Journalists in Medical Command celebrated five awards during the Army chief of public affairs' Keith L. Ware Award competition for 2009.

Second-place finishes were recorded by Jasmine Morales of Darnall Army Medical Center, Fort Hood, Texas, in News Writing; Sharon Renee Taylor of Walter Reed Army Medical Center, Washington, D.C., in Feature Writing; and Jennifer Walsh of Bavaria MEDDAC, Germany, in Commentary Writing.

The *Mountaineer* newspaper of Madigan Army Medical Center, Joint Base Lewis-McChord, Wash., under leadership of Editor Lorin Smith and Director of Strategic Communications Jay Ebbeson, placed third in the competition among tabloid newspapers from throughout the Army.

COL Paul Little of Public Health Command (Provisional), who serves as medical correspondent for the Army video magazine *Army Newswatch*, finished third in the category for Television Feature Reports.

Army programs aim for improved behavioral health

by Jerry Harben

In May the Army recognizes Mental Health Month to help communicate the importance of psychological health and promote behavioral health services available to beneficiaries. Efforts include increasing the number of health providers and support personnel, keeping key personnel with deployed units after their return to the U.S. to ensure continuity of care, and countering the stigma that seeking behavioral health care may damage a Soldier's image or career.

The Virtual Behavioral Health Pilot program at Tripler Army Medical Center, Hawaii, and Fort Richardson, Alaska, compares face-to-face counseling with counseling provided through videoteleconferencing. The VBHP is a comprehensive program designed to augment services during the deployment cycle to ensure Soldiers receive behavioral health screenings.

Comprehensive Soldier Fitness helps Soldiers, Families and civilians cope with the unique stresses of military life by emphasizing all aspects of fitness.

The Army is producing updated "Beyond the Front" and "Shoulder to Shoulder" videos to support required suicide prevention training. Health promotion, risk reduction and suicide prevention efforts improve the health of the force.

RESPECT-MIL helps health-care providers recognize warning signs in Soldiers who are struggling with depression or post-traumatic stress disorder (PTSD). Any visit to a primary-care physician becomes an opportunity to screen for symptoms of these conditions.

In the past year more than 160,000 Soldiers and Family members participated in Strong Bonds, a program led by chaplains to help build individual resiliency. Strong Bonds is conducted in an offsite retreat format to address the impact of relocations, deployments and military lifestyle stressors.

Military service members undergoing behavioral-health care as they transition to a new duty station, or from military service to civilian life, can participate in the voluntary *inTransition* program. The program assigns a licensed, master's-level behavioral health clinician to provide one-on-one assistance, assist with referrals and follow-ups, and educate members. (More details in related story below.)

The Real Warriors Campaign of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury publicizes the stories of real service members who have sought behavioral health treatment and continue to maintain successful careers. These authentic examples help reduce stigma that often is associated with behavioral health care.

The Army's behavioral health Website (www.behavioralhealth.army.mil) offers a one-stop source for a wealth of information on psychological health and support programs.

Coaches help Soldiers continue counseling during transitions

by Elaine Wilson

The Defense Department has launched a new program that offers service members undergoing mental-health treatment a bridge of support as they transition between health-care systems or providers.

InTransition provides this continuity of care through a network of transitional support coaches who offer service members one-on-one guidance through a transition, whether it's a move or a separation from service, said a health-care official.

"The Defense Department is very familiar with transitions and how difficult they can be," said Public Health Service Lieutenant Commander Nicole Frazer, senior policy analyst for the Defense Department's force health protection and readiness programs. "We want to minimize the hassles or stress or barriers to receiving care across health-care systems or providers — and ensure no one falls through the cracks."

Active and reserve

Both active and reserve-component service members are eligible to participate in this voluntary program when they're receiving mental-health treatment and undergoing a transition such as relocating to another assignment, transitioning from active duty to veteran status, or veteran to active duty, or returning to civilian life, Frazer said.

Service members can connect with this free, confidential service 24/7 by calling 1-800-424-7877 toll-free from within the continental United States. If overseas, they can call toll-free at 1-800-424-4685 or collect at 1-314-387-4700. Referring mental-health providers also can make the enrollment call.

Once connected, coaches can provide information on behavioral-health services, patient support and education and specialized coaching, Frazer said. They're licensed, master's-level or doctoral-level mental-health clinicians with extensive military and Veterans Affairs knowledge, she added.

Make connections

While trained to provide information on a variety of health-related topics, their primary goal is to connect service members with care at the transition's end.

"The coaches work with them to motivate them to stay connected and engaged with that goal to be seen," Frazer said. "We don't want the transition to be a barrier in terms of continuing or remaining with mental-health care."

The program was developed in response to a Mental Health Task Force report released in 2007 that identified a need for better continuity of care across transitions. But the ultimate goal is to take care of service members, Frazer emphasized.

"We're excited to see this program roll out and make a difference," she said. "It's been a wonderful response so far. We've been interacting with service members and leadership across the services and VA, and folks are excited that this program is there." (American Forces Press Service)

CPT Emily Stehr enjoys a little down time while deployed in Iraq with the 2nd Stryker Cavalry Regiment. (Courtesy photo)

Therapist tells story of suicide thoughts

by Dijon Nichelle Rolle

Last summer CPT Emily Stehr appeared on American Forces Network Europe and revealed publicly that she was waging a war.

A war going on right inside of her, one that even her husband and those around her struggled to understand.

After a combat deployment to Iraq, Stehr, a physical therapist who was stationed with the 2nd Cavalry Stryker Regiment in Vilseck, tried to return to life as she knew it, but she soon noticed things were different — she was different.

"I thought it's just a phase. I'll snap back out of it," Stehr said.

"But I keep descending into more thoughts of killing and hurting myself, and I'm just getting worse and worse. Five months later it finally dawns on me through a different series of events, 'you know what, I need help,'" she said.

Stehr checked herself into Landstuhl Regional Medical Center, she said, to help her deal with the suicidal thoughts invading her mind.

"My situation is mild compared to what other people have experienced in combat. We've all heard stories of hell on Earth, and thankfully I've never had to see hell on Earth directly, I've just seen the repercussions of it," she said.

What she did next was almost unheard of. She contacted AFN Europe reporter Michelle Michael and told her she wanted to share her story in the hopes of reaching out to others like her who were suffering in silence.

"It was supposed to be one of those things you weren't supposed to talk about, and I was actually told not to talk about it by one of my bosses at the time," Stehr said.

After consulting with one other, Stehr's chain of command and Michael's military bosses gave the story the go ahead.

"If what I went through can help somebody else, it kind of justifies what I went through. I think another reason I did it was because nobody else did," Stehr said.

Suicide is often seen as a topic Soldiers aren't supposed to discuss, Stehr said.

After the broadcast, Stehr said she received more e-mails then she could keep up with. That was in addition to the many people, some of whom were her patients, that personally thanked her for speaking out.

Stehr is now stationed in Fort Drum, N.Y., and works as the assistant chief of physical therapy at the Fort Drum Medical and Dental Activity.

She is still in treatment and continues to lend her voice to suicide prevention efforts. (USAG Baden-Wurttemberg)

Medics compete for title of 'Best Warrior'

Story and photos
by SFC Rodney Jackson

Primed from many noncommissioned officer and Soldier competitions earlier in the year, 20 of Medical Command's best vied for the title of "Best Warrior" for 2010.

SSG Adam Sahlberg, 26, with seven years active duty and the noncommissioned officer in charge at the Mary E. Walker Center, a health clinic at Fort Irwin, Calif., took honors as the Army Medical Command's 2010 NCO Best Warrior.

SPC John Evans, 21, with nearly three years of Army service and an X-ray technician at Munson Army Health Center, Fort Leavenworth, Kan., was recognized as Best Warrior Soldier.

Both represented the Western Regional Medical Command.

Hosted by Pacific Regional Medical Command and held in Hawaii for the first time, the competition tested the Soldiers' ability to withstand physically challenging events and still maintain the mental edge needed to continue to perform effectively.

Soldiers from every major command under MEDCOM — the AMEDD Center and School; the medical commands for Europe, Western, Northern, Southern and Pacific regions; the public health, dental and veterinary commands; and the Medical Research and Material Command — bounced from Schofield Barracks, to the Marine Corps Training Area at Bellows Beach, to the Tripler Army Medical Center gym, and finally, to Hickam Air Force Base for a dizzying array of events.

"The Soldiers competing are all so motivated," said CSM Althea Dixon, MEDCOM's command sergeant major. "They are out here with a winner's heart, and they all understand that at the end of this week, only two Soldiers will be announced as MEDCOM's Soldier and NCO of the Year, but they all know that they are all winners."

The competition started with the oral boards, when each Soldier faced alone an array of stone-faced sergeants major, who barraged each with questions about knowledge of the Army.

After a 3 a.m. wake-up call and an Army physical fitness test, Soldiers donned 60 pounds of gear to hike six miles up and down Schofield Barracks' Kole Kole pass. Next, Soldiers participated in weapons firing at day and night rifle ranges.

The competition included reflexive firing with M-4s and day and night urban orienteering using the Defense Advanced GPS system.

At Bellows Beach, participants walked through nearly four miles of lanes to be evaluated on their proficiency performing the Army's Warrior Tasks.

A combatives tournament at the Tripler gym was followed by the "mystery event" at Hickam Air Force Base. A 100-meter kayak race was combined with a medical skills contest.

At the closing banquet, Sahlberg and Evans thanked the other competitors, their chains of command and their support channels for encouragement, motivation and confidence.

"I think any one of these NCOs could have won this. It just happened to be my week," said Sahlberg. "The camaraderie was incredible. We bonded and to our own disadvantage, because, without hesitation, we were helping each other throughout the competition."

Sahlberg also thanked his wife and Jesus Christ, saying that without them, accomplishments like this wouldn't be possible.

Evans thanked Sahlberg, for mentoring him.

"He's a pretty good NCO and he's given me a lot of training up to this point," Evans said.

Sahlberg found all events to be equally difficult, while Evans found the road march the toughest to conquer. They will represent MEDCOM at Army-wide Best Warrior competitions in October. (18th Medical Deployment Support Command)

SSG Adam Sahlberg, NCOIC of Mary E. Walker Center at Fort Irwin, Calif., maneuvers the reflexive fire range while winning the NCO title during Medical Command's "Best Warrior" competition.

SPC John Evans (blue helmet), X-ray technician at Munson Army Health Center, Fort Leavenworth, Kan., and winner of this year's Soldiers competition, moves an injured civilian to safety during the mystery event at MEDCOM's "Best Warrior" competition that was hosted by Pacific Regional Medical Command. The competition extended over five days and tested the Soldiers' ability to withstand physically challenging events while maintaining the mental edge to continue to perform effectively.

Deployed contractors should pay for care

by CPT Julie A. Dunlap
Command Judge Advocate, Task Force 30th Medical Command

Task Force 30th Medical Command (MEDCOM) is the first deployed MEDCOM to the Afghanistan area of operations. As part of its mission, TF 30th MEDCOM executes Title 10 medical functions and medical National Support Element (NSE) functions, including health-care policy oversight for all U.S. forces assigned to the Afghanistan area of operations.

One area needing oversight has been medical care for contractor employees.

In May 2009, the Inspector General (IG) for the Department of Defense (DoD), published three findings: 1) that contract terms for health care provided by medical treatment facilities to contractors in Southwest Asia were not adequately addressed, 2) MTFs were not billing and collecting payment from contractors for health care provided, and 3) MTFs in Southwest Asia may have provided health care billable in the millions without seeking reimbursement.

Planning for population

During medical planning for contingency operations, medical operators routinely assess the population at risk (PAR), which includes Soldiers, sailors, Marines and airmen, to determine how many health-care providers must deploy to support the war fighter. However, a "ghost population," not factored into the PAR, exists in theater. This "ghost population" covers, in large part, contractors. Due to the Medical Rules of Eligibility (MROE), the majority of the "ghost population" is not entitled to primary health care.

Contractors only receive primary care if primary care is authorized under the terms of their contract. Furthermore, Central Command (CENTCOM) has stated that "the respective contractor employer is responsible for ensuring individual employees are cognizant of their entitlement to DoD medical care while deployed." In other words, the company employing the contractor employee is responsible to know the terms of their contract and then to communicate contractual health-care entitlement to the employee.

Despite these guidelines, it was commonplace for MTFs to provide primary care to contractors. Sometimes MTFs provided primary care without consulting the MROE, other times primary care was predicated on fraudulent Letter of Authorizations (LOA), a document that delineates the different services a contractor is entitled to, to include primary or emergent health care.

Solution

Task Force 30th Medical Command has implemented a two-fold solution in order to come into compliance with the overarching principals established by DoD and CENTCOM.

First, hospital administrators have been granted access to the Synchronized Pre-Deployment and Operational Tracker (SPOT). When contract employees visit the MTF, they are required to present a LOA to the hospital administrator. SPOT allows the administrator to check the government system and verify contractor employee eligibility by pulling up the original copy of the LOA.

Secondly, Task Force 30th MEDCOM has created a "Contractor Health Care SOP" binder. The binder contains contractor policies, which serve to educate the administrator on the parameters of contractor care. Newly educated, the administrator can accurately explain to a contract employee why they may not be eligible to access health care at the MTF. The binder also has a copy of the current MROE, instructions for registering and using SPOT, and a place where administrators can store collected LOAs. Once a third-party collection program is established, these collected LOAs can be used as the basis for billing. Electronic copies of the binder's contents, as well as frequently asked questions, are also conveniently available on the TF 30th MEDCOM Website for deployed medical assets to view.

Information

TF 30th MEDCOM is launching an information campaign for its MTFs. The MTFs will be displaying information posters, which explain that the U.S. Government will bill the contractor employee for care received at the MTF and warn the contract employee of the repercussions of providing a fraudulent LOA to the government.

The mission in Afghanistan continues to grow. In order to continue to provide world-class health care to the war fighter and eligible patients, it is imperative that the medical system created for them isn't overburdened. Compliance with applicable policies and regulatory guidance will protect the taxpayer's dollar and ensure mission success. (MEDCOM office of the staff judge advocate)

Proper exercise program keeps Soldiers fit to fight

by MAJ Vancil McNulty

Not only does your level of physical fitness have a direct impact on your combat readiness, physically fit Soldiers are much less likely to get physical injuries and more likely to have enjoyable, productive lives.

At a minimum, Soldiers must meet Army Physical Fitness Test standards by the end of Advanced Individual Training, which is a reasonable goal. Your unit training program is designed to help you reach that goal. After AIT, you should continue a program of regular vigorous exercise that balances strength, mobility and endurance and allows for proper rest and recovery.

Your exercise program should:

Be progressive. Your exercise session must be gradually increased to safely and effectively improve your physical performance. Remember, there are many times throughout life that you may have to modify your training and begin slowly again, like after an illness or when recovering from an injury, returning from deployment or the field, or moving to a new unit, etc.

Be regular. Regular exercise sessions (three to five times per week) improve performance and reduce your chances of the "weekend warrior syndrome" (getting a sports injury on the weekends because of little activity during the week).

Provide Overload. In order to improve, you must gradually push yourself beyond the normal demands placed upon your body.

Provide variety. Spread the stress of exercise over the entire body by varying the types of exercises you do throughout the week. This also keeps you from getting bored and keeps your motivation up.

Allow recovery. Your body is actually strengthened during periods of rest. Regular periods of rest between activities, sleep and proper nutrition help the body rebuild itself. For example, a hard day of running should be followed by a day of resistance training to give the muscles you used during running some time to recover.

Be balanced. Your exercise program should include low-intensity endurance activities (such as running, biking, swimming or stair climbing), high-intensity endurance activities (such as sprints or intervals while running, cycling, swimming, or climbing), muscular strength and endurance (resistance exercises such as lifting weights or your own body weight), and mobility training (activities that develop agility, balance, coordination, flexibility, posture, stability, speed and power, such as agility drills, individual movement techniques, and stretching after activity).

Be specific. The activities you perform during your exercise sessions should be specific to your goals.

Be precise. Perform all muscle strength and mobility exercises slowly and with correct posture. The quality of your training may be more important than the quantity. For example, performing any activity sloppily or hurried is much less effective and may cause injury.

Preparing for activity:

Before exercising or playing a sport, do a three to five minute warm-up that has the same movements as the exercise or sport. Start slowly then increase the pace. For example, if you are going for a run, you might start out by walking, increase the pace to a fast walk, break into a slow jog and then slowly increase up to training speed. To get ready to play basketball, you can practice shooting, dribbling and running sideways slowly at first, then more actively. (Note: Specific stretching is not required during warm-up if adequate active preparation is carried out.)

Performing activity:

To improve your low-intensity endurance, you should exercise for 20 to 30 minutes at a moderate pace without stopping, two or three times per week. You should be working hard enough that you can talk but you can't sing.

To improve your high-intensity endurance, do running, cycling, swimming or climbing sprints (intervals) for 30 seconds and rest for 90 seconds (gradually increase repetitions from five to 10, then decrease your rest time to 60 seconds) once or twice a week. Improve your muscular strength and endurance by performing two or three sets of three to 12 repetitions (less repetitions for strength, more repetitions for endurance) to temporary muscle failure, two or three times a week. Improve your mobility by performing agility drills once or twice a week.

Recovering from activity:

Always cool down after every exercise session. A cool-down is basically the reverse of a warm-up and gives your heart rate a chance to come down to a normal level. Cooling down also helps reduce muscle stiffness. Stretches to improve flexibility during cool-down should be held for at least 30 seconds. (Public Health Command (Provisional))

Study prefers core training to situps for AIT students

by Minnie L. Jones

Almost everyone has experienced some lower back pain, and according to the National Institute of Neurological Disorders and Stroke, low back pain is the second most common neurological ailment in the United States.

Back in 2006, a joint team of physical therapists at the AMEDD Center and School, in partnership with the University of Florida, began a study aimed at preventing low back pain and determining if a core-strengthening exercise program might decrease low back injuries.

Since the core-strengthening exercise program did not include traditional sit-ups, they also wanted to determine any impact of the core-strengthening program on Army Physical Fitness Test scores.

The study looked at 3,916 Soldiers in Advanced Individual Training, with half performing a traditional exercise program and the other half performing core-stabilization exercises.

File photo by Mike Strasser/ARNEWS

Deeper muscles

Several studies show that strong core muscles make it easier to do most physical activities. The deeper the muscle, the greater the ability it will have for creating and maintaining a healthy spine, and by large, muscular skeletal health.

Several abdominal muscles affect the trunk's posture and ability to function properly: Rectus abdominis (the six-pack muscle), Transversus Abdominus, Internal/External Oblique, and Multifidus muscles. The deeper stomach muscles (i.e., Transversus Abdominus, Multifidus, and Internal/External oblique muscles), also known as the "core" muscles, are the foundation for posture, balance and coordinated movement.

Limits of sit-ups

"There are many muscles that surround the trunk; however, when you just do sit-ups or crunches; they tend to only work the Rectus abdominis muscles. Having strong deep abdominal muscles is vital for supporting the lower back and preventing lower back pain," said LTC Deydre Teyhen, study investigator and associate professor in the U.S. Army-Baylor University Doctoral Program in Physical Therapy.

"Sit-ups just train one component of the core, which is the least important component," said Air Force MAJ John Childs, co-principal investigator for the study and associate professor and director of research in the U.S. Army-Baylor University Doctoral Program in Physical Therapy at the AMEDD Center and School.

Exercises that strengthen core muscles include lunges, leg lifts, twists and squats, often done with medicine balls or other weight equipment.

One of the concerns that researchers had at the start of the study was that integrating core-stabilizing exercises into AIT could lower a person's APFT scores.

"Our results showed that core-stabilization exercises, if anything, decrease the risk that a Soldier will fail the sit-up component of the APFT," Childs said.

In a company of 400 Soldiers, approximately 34 Soldiers fail the sit-up event of the APFT. After 12 weeks of performing core-stabilization exercise, an additional seven out of the 34 Soldiers will pass the sit-up event.

"It translates into hundreds of Soldiers each year," Childs concluded.

"The results of this early study demonstrated that training and strengthening of core muscles does not pose any risk of increasing failure rates on the APFT. Rather, pass rates were shown to improve," said Teyhen.

"The point of the study is not necessarily to change the makeup of the APFT and eliminate the sit-up component," Childs said. "However, if core-stabilization exercise from our final study results is shown to decrease the incidence of back pain, the next logical step would be to ask ourselves whether we are using the best testing standard." (Fort Sam Houston News Leader)

Course trains operations officers

The 70H Course is offered to aspiring operations officers three to four times per year by the command and staff branch of the Leader Training Center at the ROC (Rehearsal of Concept) Drill facility at Fort Sam Houston, Texas.

The 70H course begins covering the doctrinal aspects of training followed by a practical exercise. Students will be instructed on security issues, medical planning issues and medical intelligence preparation of the battlefield. Students will also gain an understanding of what assets the AMEDD brings to the fight and how to use those forces. The students will get hands on experience with applicable Army Battle Command Systems (ABCS) as well as Medical Communications for Combat Casualty Care (MC4).

Objectives

At the end of the course future and current 70Hs should be left with a good doctrinal base, strengthened their network, and gathered a wealth of resources for their toolboxes so that they may ensure their unit's success.

The course has been rescheduled to begin at the end of the AMEDD Captain's Career Course. Students should arrive with a basic familiarization with FM 3-0, 5-0, 7-0, 7-1, 8-55, and 4-02. (https://akocomm.us.army.mil/usapa/doctrine/index.html)

Limited availability

Students planning to attend the course should enroll in ATRRS immediately as classes are always full and availability is limited. Students must possess a valid Secret Clearance, be Medical Service Corps, LT through MAJ (completion of CCC prior to arrival is encouraged but not mandatory) and arrive with plenty of motivation!

More information is available on AKO:

70H AKO page: https://www.us.army.mil/suite/page/641

70H Course: https://www.us.army.mil/suite/page/584725 (provide feedback!). or you can email MAJ Nicholas Johnson at nicholas.johnson@amedd.army.mil or DSN 471-5594, CM (210) 221-5594 or Mrs. Wendy Ricondo at wendy.ricondo@amedd.army.mil or DSN 471-5918, CM (210) 221-5918.

Applicants already serving in the capacity of a 70H as an S-3/XO should also subscribe to the S-3/XO net @ https://s3-xonet.army.mil. (AMEDD Center and School)

Graduate as MSC officers

Enlisted Soldiers can earn Master of Social Work

All active duty enlisted Soldiers now may apply for the U.S. Army Master of Social Work program hosted by the AMEDD Center and School and affiliated with Fayetteville State University.

Soldiers accepted into the program earn an MSW degree in 14 months or less.

Enlisted Soldiers receive a direct commission in the Medical Service Corps and on graduation, serve on active duty as social work officers in a variety of clinical and operational settings that include medical treatment facilities, brigade combat teams, combat and operational stress control units and confinement facilities.

Enlisted Soldiers with a social science bachelor's degree in the fields of social work, psychology, sociology, communications, criminal justice, human resources, and others who desire to become a commissioned social work officer must first contact their local AMEDD recruiter to begin the accession process.

Applicants must also submit a graduate school application packet to the Army-Fayetteville State University MSW Program so that the AMEDD Center and School and the university can determine an applicant's academic eligibility.

In addition to a bachelor's degree, all applicants must also submit a current Graduate Record Examination with a minimum score of 850.

Further information is available from AMEDD recruiters or http://www.healthcare.goarmy.com, or the Army-Fayetteville State University MSW Web site http://www.uncfsu.edu/sw/fortsam/fortsam.htm. (AMEDD Center & School)

CPT Karen Daigle

CPT Erik S. Johnson

CPT Heather P. Lopez

CPT Kristy R. Linginfelter

Excellent AMSC officers earn recognition

by Jerry Harben

Four junior officers of the Army Medical Specialist Corps were honored this spring with the corps chief's Award of Excellence.

CPT Karen Daigle is chief of nutrition at Womack Army Medical Center, Fort Bragg, N.C. She developed and introduced performance-based nutrition services to 3rd Special Forces Group,7th Special Forces Group and the JFK Special Warfare Center and School. She also redesigned the Army Move Weight Control Program, created two new programs for heat-injury outpatient presentations and nutrition programs for Soldiers in the Warrior Transition Unit. She also gave presentations to the American College of Sports Medicine Conference and the International Professionals in Nutrition for Exercise and Sport Conference.

CPT Erik S. Johnson is an occupational therapist at Walter Reed Army Medical Center, Washington, D.C., who now is deployed as the first occupational therapist embedded with a brigade combat team to provide OT services to Soldiers suffering with mild traumatic brain injuries as well as psychological issues. At Walter Reed, he not only treated patients with complex injuries but also made many presentations to the public.

In his previous assignment as an AMEDD recruiter in Las Vegas, Nev., Johnson filled 167 percent of his recruiting mission.

CPT Heather P. Lopez is a physical therapist at Fort Campbell, Ky., MEDDAC, providing service to the 2nd Brigade Combat Team of the 101st Airborne Division. She established a clinic for the BCT and dramatically improved the brigade's physical training and injury prevention knowledge. She also is leading two clinical research studies.

Lopez was the lead female runner on Fort Campbell's team for the Army 10-Miler, and completed the Expert Field Medical Badge and the Air Assault Course.

CPT Kristy R. Linginfelter is an Army Reserve physician assistant assigned to the 426th Civil Affairs Battalion (Airborne) (Special Operations). In Afghanistan, she served as the battalion surgeon, public health officer and senior medical advisor to the civil affairs task force commander. She supported eight direct support teams, 12 provincial reconstruction teams and the battalion headquarters. She established programs to mitigate child malnutrition and provide clean water to the local population.

Linginfelter was awarded the Bronze Star Medal, as well as a Purple Heart for direct response to an indirect fire attack.

AMSC honors 'Iron Majors'

The Army Medical Specialist Corps hosted its first Iron Majors Week, an educational experience held in the nation's capital, this spring. During Iron Majors Week the corps recognizes select junior majors and/or promotable captains for their potential for promotion and continued Army service.

Recipients of the Iron Majors Award are:

MAJ David Bauder, physician assistant (PA), executive officer, 5th AMEDD Medical Recruiting Battalion;

MAJ Jay Clasing, occupational therapist (OT), PhD candidate, Virginia Polytechnic University;

MAJ Andrew Contreras, physical therapist (PT), chief of the physical therapy clinic at DiLorenzo Clinic, Pentagon;

MAJ Robert Heath, PA, deputy surgeon for clinical operations, 82nd Airborne Division;

MAJ James Jones, PA, White House Medical Unit;

MAJ Mark Lester, PT, chief of physical therapy, Institute of Surgical Research;

MAJ Robert Montz, OT, 75th Ranger Regiment;

MAJ Elizabeth North, dietitian (RD), student in the Advanced Operations and Warfighting Course;

MAJ Jesse Ortel, PT, health services division operations branch of Human Resources Command;

MAJ James Pulliam, RD, aide-de-camp to the Army Surgeon General;

MAJ Charles Quick, OT, chief of occupational therapy at William Beaumont Army Medical Center;

MAJ Reva Rogers, RD, faculty of the Army Baylor Graduate Program in nutrition, Army Medical Department Center and School.

The officers heard senior leaders and toured the White House, Capitol Hill, National Institutes of Health and the Pentagon. (AMSC)

YMCA honors medics as 'Angels of the Battlefield'

The Armed Services YMCA (ASYMCA) honored military men and women who administer life-saving medical treatment on the front lines at the 4th Annual Angels of the Battlefield Gala in Washington, D.C.

ASYMCA worked with the military services to select corpsmen and medics from the Army, Marine Corps, Navy, Air Force, Coast Guard, Army National Guard, Army Reserve, Navy Reserve and Air Force Reserve, who represented their respective services and received awards on behalf of their fellow corpsmen and medics for their dedication and commitment to service.

Among those who received awards on behalf of their fellow corpsmen and medics were:

SSG Gustavo Rodriguez of Walter Reed Army Medical Center. Rodriguez was inspired by his father, a decorated Vietnam veteran, to join the military, and considers being called "Doc" by his fellow Soldiers a badge of honor. His 15 years of service has included three tours in Iraq and the receipt of the Bronze Star, which is awarded for bravery, acts of merit or meritorious service. Rodriguez recently applied his training to render care to an Iraqi Army captain who had been shot eight times. He believes that his training makes "it possible for more lives to be saved on the battlefield."

SSG Frances A. Hinton of the South Dakota Army National Guard medical section. Hinton has served the Guard for 21 years, taking inspiration from her grandmother, a nurse, to become a medic. She believes the most rewarding aspect of her job is the connection she makes with Soldiers and their Families, some of whom she remains in close contact with long after providing treatment. Hinton was awarded a Combat Action Badge for medically triaging and caring for 36 soldiers wounded by a mortar attack in Iraq.

SFC Nathaniel Parsons of the Army NCO Academy at Joint Base McGuire-Dix-Lakehurst, N.J. Parsons joined the military to pursue the medical field and take advantage of the G.I. Bill. With more than 16 years of service, including a tour in Iraq, Parsons is the recipient of the Joint Service Commendation Medal, presented for sustained acts of heroism or meritorious service for valorous actions in direct contact with an enemy force. Of being a medic, he says, "For me, it's not just about the Soldier; it's about the hundreds, and possibly thousands, of people that are connected to that Soldier. It's about their Family, friends and loved ones that rely on that Soldier. What I do makes a difference not just in the lives of the Soldiers I care for, but for generations to come."

ASYMCA is a national nonprofit organization. The keynote speaker for the event was Admiral Gary Roughead, chief of U.S. Naval Operations. (DoD)

Programs help Guard members stay ready

by SSG Jim Greenhill

The percentage of Army Guardsmen who are medically deployable is below the 75 percent goal set by the Department of Defense, and the Guard's Office of the Surgeon General is determined to improve it.

"We consistently run anywhere between 45 percent and 50 percent," said MG Deborah C. Wheeling, the deputy surgeon general for the Army National Guard. "There are challenges, but there is the capacity to do it if we can get senior leadership — line leadership — involved and emphasizing medical readiness."

Traditional Guard members can benefit from a congressionally authorized TRICARE Reserve Select, or TRS, comprehensive medical insurance plan.

SGT Nicole Davidson of 2nd-123rd Field Artillery gets a dental exam as part of the Sustained Readiness Program at Marseilles Training Center, Ill., in preparation for deployment to the Sinai Peninsula in Egypt. (Photo by Cadet Alanna Casey/Illinois National Guard)

"TRS offers coverage comparable to most civilian health insurance plans at a below-average cost," Wheeling said.

DoD pays 72 percent of the costs, and the amount the Soldier is responsible for is $49.52 for individual Soldiers and $195.67 for Family.

Wheeling described TRS as a viable and competitive health insurance program that is aggressively seeking to expand acceptance by providers.

While the percentage of medically ready Soldiers is below where National Guard leaders want to see it, at least part of the cause is the unique structure of the National Guard.

"Number one is access to care and authorization for care ... hence the TRS program," Wheeling said. "One of the things that impact us significantly is the fact that we are such a dispersed force. Not only our Soldiers, but our Soldiers' Families do not participate in the same kind of community support that there is on post."

She added that significant outreach has been conducted with Soldier and Family support centers throughout the country.

National Guard members, who attend monthly drills and annual training between deployments, have limited opportunities to fulfill annual requirements such as dental, vision and hearing checkups.

"It's a Soldier's individual responsibility to maintain health and well-being," Wheeling said. "The Army and the Department of Defense offer us a number of mechanisms in which to do that ... but individual Soldiers' responsibility for their own well-being is critical in terms of ensuring that we have a force that's ready to deploy."

Well-being includes maintaining healthy body weight, physical fitness, smoking cessation and following prescribed medical regimens, she said.

There are several Guard initiatives to help Soldiers be medically ready.

First, the Guard is studying the possibility of adding two additional training days to the calendar each year that will be medical-centric, Wheeling said.

"The hope is that we can then coordinate to see every Soldier every year on those two days and increase our readiness that way," she said, adding that the Guard also is looking at working more closely with the active duty Army to fulfill medical requirements.

The Decade of Health program focuses on a different health promotion theme each year. This year's theme is Resilience, which includes dealing with stress constructively.

"Resiliency would be the ability to cope with stressful situations and come through those situations a better person and not someone who has had to sacrifice too much of oneself in that stress," Wheeling said.

The Selective Reserve Dental Readiness System is a relatively new program that allows health specialists to see Guard members annually for dental screening. It has helped to boost dental readiness to the 60-65 percent range, Wheeling said.

"Readiness means you are deployable and available to train," Wheeling said. "Readiness also means you are fully medically ready, to include a current periodic health assessment and dental exam, you have a current will in place, your Family is enrolled in the Defense Enrollment Eligibility Reporting System, you have updated your Servicemembers' Group Life Insurance and you take care of your Family and yourself."

Individual responsibility also means attending to non-line-of-duty injuries such as sports injuries.

"It's Soldiers' responsibility to make sure that those things are taken care of, that they receive the appropriate medical attention, so they can maintain their full medical readiness," Wheeling said. (Army News Service)

Policy calls for mTBI evaluation after all explosions

by Christen N. McCluney

The Defense Department is rolling out a new set of guidelines for the treatment of mild traumatic brain injury among service members in combat areas.

"We're morphing from a symptom-based approach in theater to an incident-based approach," said Kathy Helmick, interim senior executive director for traumatic brain injury and director of TBI clinical standards of care at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

Early detection

"We strongly believe that early detection and early treatment decrease the complaints of post-traumatic brain injury after sustaining an injury," Helmick said.

The new protocol makes head injury evaluations mandatory for service members who have been involved in incidents such as being close to explosions or blasts. In the past, Helmick explained, service members decided for themselves whether to report symptoms.

To get the incident-based protocols going, officials are using an "educate, train, track and treat" sequence, Helmick said. This involves:

— Ensuring awareness at all levels in recognizing symptoms of brain injuries;

— Training health-care providers in evidence-based treatments;

— Treating incidents early; and

— Tracking progress to yield metrics that would show where improvements are needed.

Research

"We are fast-tracking our research portfolios so that we can translate the findings from research being done into clinical practice and improve care on the battlefield as soon as possible," Helmick said.

Researchers are looking at blast dynamics related to the direction of explosions and relationships between the magnitude of explosions in enclosed and open locations, Helmick explained. This could help in determining ways to decrease the incidents of brain injury along with examining the nature of attacks, she said.

Research also is under way to explore psychological health and TBI, Helmick said.

"We are trying to really help bring the disciplines together so that we can provide more clarity to the timing of treatment for specific psychological health conditions and how that marries up with traumatic brain injury," she said.

If a patient is being treated for post-traumatic stress disorder, she noted, traumatic brain injury clinicians need to be in sync so that therapy can be maximized.

Football

The department also is working with the National Football League to share information on TBI research. Helmick noted that both the NFL and the Defense Department have stepped up efforts to learn more about brain injuries and implement measures for prevention and treatment.

Part of the Defense Department's effort focuses on educating commanders and supervisors.

"We've really stressed with the line command that this is not about taking someone away from mission," Helmick said. "This is about keeping them in the safe zone while they are vulnerable for a second injury — making sure they get checked out and then getting them back to doing what they love."

Message

Helmick added that one of the strongest initiatives in treating TBI is educating service members about the importance of sharing their symptoms, knowing what to expect for a natural recovery and developing strategies to deal with the symptoms.

"Our real message to send out to everyone is, 'Protect your greatest weapon — your brain,'" Helmick said. "The cornerstone is early detection and early treatment, and that these are recoverable injuries." (DoD)

DoD meets needs of deployed women

Women's Health Care Month

by Elizabeth Lockwood

Male and female service members each have particular health needs because of their gender, and these needs are met by the Military Health System both in the United States and on deployments, said COL Kathy Harrington, deputy chief of the clinical services division for the Army Medical Command.

"The bottom line is, all service members will take care of any issues they have before they deploy," Harrington said. "Once deployed, even though women do pose some unique needs by virtue of the fact that they are women, men will also have needs because of their gender. There is not a lot of differentiation in clinics on the basis of gender. Women have been in theater now for years, and it's the Military Health System's mission to address the needs of any Soldier, be that Soldier at home or deployed, male or female."

All service members are required to get preventive screenings before deploying. Because most screenings occur yearly, if not less frequently, and most deployments are a year or less in length, deployments rarely interrupt preventive health care.

For known health issues, service members are advised to take a three-month supply of their prescriptions with them overseas. This ensures they have a window of time to get settled in theater and determine where they will fill their prescriptions while deployed.

Service members can choose from three different resources to get prescription refills:

* Refills are available in theater;

* They can take a full year's supply with them when they deploy;

* They can also use the TRICARE Pharmacy Program to receive refills by mail.

Harrington said the Military Health System has a number of programs focused on health issues facing deployed women, including the following:

Gynecological health

An obstetrician/gynecologist is available at every combat support hospital established around the world. This provides enough OB/GYNs to serve the service members in theater. A service member seeking care first visits her primary-care physician, who makes a preliminary diagnosis and treats any cases possible. Complicated cases are referred up the chain to the OB/GYN at the closest combat support hospital.

Contraception and pregnancy

Like other medications and prescriptions, service members are encouraged to take contraceptives with them when they deploy. If they need prescription refills, they can find medication in theater, or use the TRICARE Pharmacy Program.

Any service member found to be pregnant is immediately sent back home.

Breast cancer

The Military Health System uses a tiered system of health-care delivery in theater. Female service members who detect a breast lump while deployed report initially to their primary-care provider, who conducts the first level of evaluation.

If the primary-care provider is concerned, the service member is referred to a surgeon at the closest combat support hospital. The surgeon makes an assessment of the patient's case and if the surgeon believes the patient may need some sort of surgery, the patient is transported to Landstuhl, Germany.

The health-care delivery system ensures that any patient who needs a specialized evaluation is referred to the correct facility.

Health-care facilities in theater

While there are not private health-care facilities for men and women in theater, Harrington said that there are often not private health-care facilities for men and women at home, either.

"All deployed soldiers are given the maximum amount of privacy possible," Harrington said. "It's very similar to what would be given here in the states — all Soldiers are treated equally."

Infirmaries and combat support hospitals in theater are set up like a traditional post-op recovery room in hospitals in the U.S. There are curtain separations between each bed that provide women with sufficient privacy to feel comfortable while they are receiving care.

Specialized care items

Female service members may require specialized beauty and care items while deployed. While they are encouraged to take these items with them, there are post exchanges where they can purchase more supplies, as well as the Army Direct Ordering Program online. USO group care packages also often provide these types of items. (DoD)

Neurosurgeon works on brain injuries

Major left China after Tiananmen protest

In June 1989, Jason Huang — now an Army Reserve major and a doctor — was among the 5,000 protestors who crammed into China's Tiananmen Square, pressing the government for democracy and freedom of speech.

Instead, the Chinese government blacklisted him and threw him out of China's prestigious University of Science and Technology, where he was a freshman studying mechanical engineering.

Flash forward 20 years, and Huang is a highly respected U.S. neurosurgeon who has never lost sight of the opportunities his adopted country gave him, and is intent on repaying the favor.

Army after 9/11

He joined the Army Reserve after the 9/11 attacks, applied his medical expertise during a 2008 deployment, and is committed to helping his comrades in arms suffering from traumatic brain injuries, post-traumatic stress and other battle-related disorders.

His goal is to develop diagnostic tools so easy to use that commanders in the field can quickly identify brain injuries among their troops and get them the treatment they need.

Looking back at the Tiananmen Square crackdown, Huang recognizes he was "lucky to get out alive."

Banned from China's universities and most employment opportunities, he went to a library to explore other options, with the United States topping his list.

Amherst University offered him a full scholarship and a chance at a new life. Huang became a U.S. resident. From there, he continued to build his academic resume, with a year of research at Harvard University, then medical school at Johns Hopkins University and neurosurgery training at the University of Pennsylvania.

Huang said he's never lost sight of the generosity he's received through scholarships, student loans and other support that enabled him to become a neurosurgeon. So when terrorists attacked the United States in 2001, he joined the Army Reserve.

"I came here from China with nothing, and had so many opportunities offered to me," he said. "And I always believed that if there was some way I could pay back to this country all that it's given me, I would do it."

Blast injuries

During his deployment to Iraq, Huang got to explore an area he's deeply interested in: neurotrauma. He and Dr. Jeffrey Bazarian, a colleague at Strong Memorial Hospital in Rochester, N.Y., had been researching traumatic brain injury, post-traumatic stress and related disorders that affect combat troops. Huang said his on-the-ground exposure gave him a better understanding of the blast injuries many combat troops were receiving — more devastating than brain injuries from car crashes and other accidents he was accustomed to treating in Rochester.

Huang and Bazarian are trying to identify "markers" — specific proteins in the blood — that signal these brain injuries. Once they identify these markers, he explained, doctors at combat support hospitals will be able to give a simple blood test to determine if a service member suffering from headaches or other symptoms has a traumatic brain injury. That, in turn, will lead to faster treatment and, when necessary, medical evacuation from the battlefield.

Drive on

Experience on the ground gave Huang insight into why many troops downplay their injuries.

"Some soldiers just want to tough it out and continue to fight," he said, not realizing the consequences of not getting, or delaying, care for blast injuries.

As they work toward identifying a marker, Huang and Bazarian have volunteered their time to provide free care for combat veterans suffering from traumatic brain injury, post-traumatic stress and related afflictions. They're forming a volunteer network at Strong Memorial Hospital, an affiliate of the University of Rochester Medical Center, to screen and treat more troops, and hope ultimately to open a blast injury center serving the region.

"We have a very good support system here that, when we put it together, will be able to provide some very important care," Huang said. "We are on our way to doing something very, very positive." (American Forces Press Service)

Asian/Pacific American Heritage Month