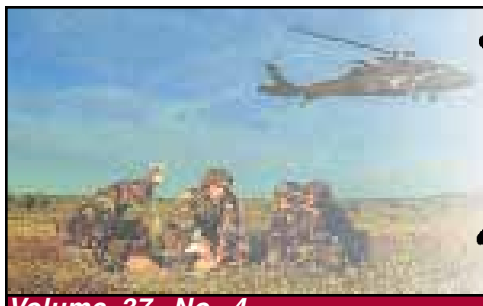


MERCURY

Volume 37, No. 4 | A world-wide publication for members of the Army Medical Department | January-March 2010

Soldiers bring aid to Haiti

Medics of the 82nd Airborne Division were among the first international medical workers to respond to a massive earthquake which devastated Haiti, killing and injuring hundreds of thousands of the Caribbean nation's people.

"I've been deployed to Iraq, I was a civilian [emergency medical technician], but this is when I feel the most gratified," SPC Adam Klyczek, a medic wth 1st-73rd Cavalry, told *Army Times*.

The 43rd Medical Detachment (Veterinary Services) spread five teams around the country to test food and water to reduce the risk of disease, provide care for search-and rescue dogs, and check for diseases that can be transmitted by animals.

A team from the 6th Medical Logistics Management Center worked as medical logistics planners at Southern Command Headquarters in Miami, Fla., while elsewhere medical logistics personnel worked overtime to push supplies to the stricken country.

Womack Army Medical Center at Fort Bragg, N.C., sent more than $1.8 million worth of supplies during the early days of the emergency. The materiel included antibiotics, hand sanitizer, surgical masks, gloves, water purification tablets and other items to prevent spread of infections.

"It's a matter of life and death for the people of Haiti," said LTC Anthony J. Lopiccolo Jr., director of logistics at Womack. "Some of these guys have been pulling 20-hour days for the past week and have worked through the weekend to get medical supplies ready to be shipped."

Dr. Paul Auerbach, a Stanford University surgeon helping at the main hospital in Port-au-Prince, told *Stars and Stripes* that relief doctors and nurses appreciate support from the military.

"Here the military is one of the great morale boosters. The only actual support system we have is military," Auerbach said.

"I feel really good about being able to help the people of Haiti," said SPC Olasunkanmi Adelana, a medical supply specialist at Womack. "It's part of the reason I joined the Army and became a medical supply person. Our mission is to help Soldiers and people around the world." (Compiled from stories by the American Forces Press Service, Stars and Stripes, Army Times, Fort Bragg and Fort Detrick.)

CPT Mark Poirier, an internist at Womack Army Medical Center who deployed with 1st-73rd Cavalry, checks a baby at the squadron's forward operating base at Port-au-Prince, Haiti. (Photo by Fred W. Baker III/American Forces Press Service)

Health missions are key to nations' stability

by John J. Kruzel

A theory gaining momentum among counterinsurgency and military medical experts is that the health of a nation's people affects the health of a nation.

With the Defense Department's growing emphasis on stability operations, a better understanding of this relationship could help inform U.S. foreign policy.

"It is increasingly recognized that health is a critical bridge to peace and stability around the globe," said Navy Commander David Tarantino in a presentation on Defense Department stability operations policy. "Health is perhaps the quintessential service among all essential services."

Early recognition of health as a stabilizing factor appears in the Geneva Convention of 1949, which requires an occupying force to contribute to its host nation's health-care infrastructure.

Over the following decades, world superpowers, including the United States and China, and paramilitary groups like the Irish Republican Army and even al Qaida have recognized the strategic role health plays, officials said.

In modern-day counterinsurgency conflicts, where gaining support of the people is the prime objective, one of the crucial aspects is to provide the population essential services that improve quality of life, said retired COL Pete Mansoor, the founding director of the U.S. Army/Marine Corps Counterinsurgency Center at Fort Leavenworth, Kan.

Mansoor, now a professor at the Ohio State University, served as the executive officer to GEN David Petraeus, then commander of Multinational Forces Iraq. He assisted in the strategic planning for the U.S. war effort in Iraq, including the troop surge that is largely credited with increasing Iraq's stability.

"Medical care is among the most sought after resources in this regard, as people worldwide appreciate good health over most other aspects of the human condition," he said in an e-mail. "In counterinsurgency operations, doctors and other health-care professionals can be as important as Soldiers."

Dr. Lynn Lawry, the senior health stability and humanitarian assistance specialist in the Defense Department's International Health Division, characterized health care as a "moderator" of stability.

"If you think about it, health is a basic need like food, shelter, clean water," she said. "What the anecdotal evidence points to is that health is really stability."

As the stability of an area decreases, Lynn said, there is a dramatic increase in infant mortality, which is defined as the number of deaths of children one year or younger per 1,000 live births. Conversely, improved stability is met with a drop in infant mortality.

"That's a disproportionate marker," Lawry said of infant death rates. "It goes way up, as opposed to some of the other markers. So you can look at infant mortality, and that is directly related to having health-care services as a marker for stability."

Anecdotal evidence from the battlefield also suggests that health care can create stability. Military units in the field that are being shelled with artillery fire have found that medical care

See Stability, page 4

Off-post clinics improve access to care

by Jerry Harben

Many Soldiers' Families soon will have more convenient access to health care. Medical Command plans to open primary-care clinics in off-post locations that are expected to serve 160,000 active-duty Family members, according to MEDCOM's resource management directorate.

As a direct result of Surgeon General and MEDCOM Commander LTG Eric B. Schoomaker's directive for medical treatment facility commanders to "make access to care one of their top priorities," MEDCOM plans to open 21 of the new clinics in 13 markets: Fort Bliss, Texas; Fort Bragg, N.C.; Fort Campbell, Ky.; Fort Hood, Texas; Fort Jackson, S.C.; Fort Leonard Wood, Mo.; Fort Lewis, Wash.; Fort Polk, La.; Fort Riley, Kansas; Fort Sam Houston, Texas; Fort Shafter, Hawaii; Fort Sill, Okla. and Fort Stewart, Ga.

"This is long overdue," said COL Marcus Cronk, deputy chief of staff for resource management at MEDCOM Headquarters.

"Many of our Families no longer reside on post. Army operated Community Based Primary Care Clinics off post will provide them with primary-care access to the direct-care system closer to where they live. In the end we expect to improve access, reduce emergency room visits, improve patient and provider satisfaction, and improve the quality of care both on and off post. This effort will improve the readiness of our Army", Cronk said.

September openings

Target date for opening the clinics is September, although some could be open sooner, said LTC Bradley Lieurance, the initiative lead officer for MEDCOM.

"We already have lease approval from the Department of the Army and are working through site selection and finalizing the concept of operations," Lieurance said.

He said the cost of the new clinics is projected to be about $87 million per year.

The clinics will be in leased space with civilian employee staffing. They will be an expansion of available care, not a shifting of care from the post hospital, Lieurance said. Patients will still have an option of using the on-post facility. Those registered with TRICARE Prime will not have to reregister.

"We want to focus on those that need to receive better access and who currently may have unmet demand for primary care," he added.

The clinics will be one standard design. They are targeted to employ six primary-care providers and one behavioral medicine provider and be able to enroll more than 7,000 beneficiaries. The clinics will provide pharmacy and limited laboratory services. If warranted by local demand, services also may include other primary care capabilities such as pediatrics and OB/GYN services.

Medical homes

Lieurance said the off-post clinics will support the Department of Defense "Medical Home" Model. This concept emphasizes continuity of care and a strong patient-provider relationship.

According to a DoD memo about the Medical Home Model, patients have primary-care managers (PCM) who may be physicians or other licensed health-care professionals who serve as beneficiaries' first contact with the health-care system. PCMs provide the majority of the beneficiaries' health-care needs and refer them to specialized care if needed. PCMs provide follow-up care for patients after they have received care from consultant specialists, and provide ongoing continuity and care coordination.

"Once this first phase of clinics is up and running we will be looking to open more Community Based Clinics and expand services in other areas. Bringing health care closer to home for Army Families is an exciting opportunity to improve the health of our patients." Cronk said.

March is Brain Injury Awareness Month

'Brain Gym' helps improve memory, speech

Story and photo by Kristin Ellis

A January 2007 improvised explosive device (IED) explosion in Iraq left SGM Jeffrey Seidel of the 1st Cavalry Division unable to compute simple math problems in his head or string together more than two sentences at a time to communicate, and with severe memory loss.

Completing the degree Seidel worked tirelessly to earn required him to complete his school papers in one sitting because if he took a break he could never remember what his train of thought had been.

"My head really got rattled," he said of the explosion. "I now have the degree but it's frustrating not knowing if I have the recall to back it up."

Speech language pathologist Katie Sullivan reassured him that despite the TBI, everything he learned is still there.

"It's like having a file cabinet knocked over," she explained. "Nothing is lost but it just takes longer to find and organize that information."

To help service members like Seidel tap into that information, Walter Reed Army Medical Center opened the Brain Fitness Center in the Military Advanced Training Center as a supplementary tool to the standard occupational and speech therapy.

SFC Jarrod Taylor works on a math game at Walter Reed Army Medical Center's Brain Fitness Center.

"It keeps my mind alert and helps me function in the world. It builds confidence; being able to get the words I want to say in the right order and out faster."
— SFC Jarrod Taylor

Service members who have difficulty remembering things, trouble focusing, or paying attention can sit at one of the center's computers and, for 20 minutes, go through a fun and entertaining program designed to stimulate the brain. One hundred and twenty four games with names like "Blankity Blank" and "Odd Couple" use techniques like paired association and visual memory to pinpoint different areas of the brain for exercise.

Over time, the program "gets to know" the user by identifying areas the person needs to work on and tailoring each session by selecting games to maximize the benefit.

"Every game is based on a standard, neurological exercise," Sullivan said. "So although they appear as just fun games, they are actually based on scientifically sound tests."

Like Seidel, SFC Jarrod Taylor of Walter Reed's Warrior Transition Brigade has been using the Brain Fitness Center. A car wreck left him in a coma for nearly a week.

"Everyone likes to say I ate [interstate] 495," he laughed. "I was in a really bad state. Crawl to walk. I had to learn everything all over again and how to socialize in the world."

Taylor has been attending his "get smart class" twice a week and, although doubtful when he first started, has noticed an improvement.

"It keeps my mind alert and helps me function in the world," he said. "It builds confidence; being able to get the words I want to say in the right order and out faster."

"I think they really enjoy the fact that they can work on it independently," said Katy Teixeira, a research assistant. "It's empowering to them. They can see that they are making the progress."

The technology in the Brain Fitness Center, Sullivan explained, was originally designed for the normal, aging brain on the idea that the functioning of the brain can actually be changed by doing drills over and over.

"[The center] is a way to take advantage of the money and capital that has been invested in technology for the baby boomers and use it to help the injured service member population," she said. "It's fun, entertaining and engaging, but it also is serving a purpose and it's structured enough so that we hope to one day see some real data and results from it."

"We want to see if it's effective," she added. "The program is completely voluntary. If they're coming back, it's working."

Sullivan said they are working on bringing in more programs and technology to give the patients more variety as they reach their goals.

"I want to be able to hold a conversation without anyone knowing anything is wrong," Seidel said.

"Being able to say what you mean to say may sound small to some people, but it means a lot to me," Taylor said. "I'm not trying to be a genius by using this program, but I want to be as smart as I can be." (Walter Reed Stripe)

National capital realignment on schedule

New facilities, joint service for Walter Reed, Belvoir

by Samantha L. Quigley

Realignment of military medical facilities in the national capital region ordered by the Base Realignment and Closure Commission is on track to meet the commission's deadline, senior Defense Department officials said.

Walter Reed Army Medical Center is consolidating with the National Naval Medical Center in Bethesda, Md., and a new hospital is under construction at Fort Belvoir, Va.

"Recommendations proposed a transition from a legacy service-specific medical infrastructure into a premier, modernized joint operational medicine platform," said Allen W. Middleton, acting principal deputy assistant secretary of defense for health affairs. "We are making great progress, and I am pleased to report that we are on track to implement the BRAC recommendations by the statutory deadline of Sept. 15, 2011."

Middleton testified before the House Armed Services Committee's joint readiness and military personnel subcommittees that new construction at the new Walter Reed National Military Medical Center on the Bethesda campus is more than 60 percent complete. New inpatient and outpatient additions are under construction, and work is beginning for wounded warrior lodging, a dining facility, an administrative complex, a gym and a parking garage complex, Middleton said.

Meanwhile, the Fort Belvoir Community Hospital is more than 50 percent complete, and will provide a total replacement of the existing community hospital, he said.

"We acknowledge that completion of construction activities represents only part of the story," Middleton told the lawmakers. "Although our primary focus has been completing BRAC recommendations before the deadline, we understand that 'world-class' health-care facilities is a long-term commitment to improvement beyond BRAC, and that additional investments are required to achieve that end state."

The department is willing to support Joint Task Force Capital Medical Region and the military services in identifying additional non-BRAC requirements and ensuring they're considered in future budget requests, he added.

Another senior Defense Department official noted that in addition to construction being on schedule, the department is on the right track with respect to the new Walter Reed.

"First of all, there was a growing mismatch between the location of eligible beneficiaries, with active-duty Families concentrating in the southern part of the region, and the location of the major medical facilities to the north," said Dorothy Robyn, deputy under secretary of defense for installations and environment.

With the estimated cost of $500 million to renovate or $700 million to replace the existing Walter Reed facility, and the six to 15 years that would be needed to accomplish that process, the realignment was the right decision, she said. In addition, she noted, the existing facilities at the National Naval Medical Center in Bethesda and Walter Reed Army Medical Center had excessive inpatient capacity, and Walter Reed's infrastructure was deteriorating from heavy use and chronic underinvestment.

The Defense Health Board Subcommittee recently suggested a possible delay in the construction of the new facilities pending further planning of additional improvements outside the scope of BRAC to make the new Walter Reed "world class," Robyn said.

"We fully agree with the need for additional improvements," she told the panel, "but we think it is not necessary to halt the BRAC construction process, and we think to do so would jeopardize the benefits that this endeavor promises. Most importantly, without the discipline of the BRAC process, we could not have overcome the inertia and the impediments to change that created the problems I described in the first place."

"We will suffer no diminishment of care or patient safety during this transition..." — Navy Vice Admiral John M. Mateczun

The additional improvements being discussed can be addressed separately and subsequently, she added.

Robyn acknowledged the consolidation is a large and complex undertaking, but said it represents a reasonable and balanced approach. The result, she told the panel, will be a superior health-care delivery system.

Navy Vice Admiral John M. Mateczun, commander of Joint Task Force National Capital Region Medical, agreed.

"This transformation will allow the [Defense Department] and the military services to capitalize on their collective strengths, maintain high levels of readiness, [and] provide world-class health care to our armed forces and their Families," he said.

The admiral also reassured the lawmakers that patient care remains as his top priority during the consolidation.

"We are committed not just to world-class care, but to the best care that can be provided any time, any place, to the wounded that are coming to us from the theaters in Iraq and Afghanistan," Mateczun said. "We will suffer no diminishment of care or patient safety during this transition to be able to achieve the goals the department has."

In addition to all the BRAC-related construction, the Intrepid Fallen Heroes Fund is building a National Intrepid Center of Excellence on the Bethesda campus. The center will offer diagnosis, treatment planning, research, Family-centered education, and long-term follow-up for military personnel with traumatic brain injury and psychological health conditions.

The Intrepid Fallen Heroes Fund, a not-for-profit organization working to support veterans and their Families, will pay for the construction and major equipment costs for the center and will donate it to the government upon completion. (American Forces Press Service)

Four core enterprises provide support

Army enterprise management boosts efficiency

The Army is adapting so that it thinks, acts, and operates as an enterprise. Institutional Adaptation (IA) will help re-balance the Army by aligning functions, processes and working relationships to more effectively and efficiently generate trained and ready forces and preserve the all-volunteer force.

The Services and Infrastructure Core Enterprise (SICE), one of four core enterprises, provides essential services, infrastructure and operational support at the right place and at the right time in support of an expeditionary Army, using ARFORGEN as the aiming point.

MEDCOM is SICE

Through SICE, services of six Army direct reporting units are collaboratively integrated into one core enterprise for strategic direction and efficient management. For example, where there are multiple providers and multiple contracts, opportunity can be created for integrated purchasing and strategic sourcing. This could include medical care, the information network, new facilities construction, legal services, law enforcement, security and rejuvenated strategic partnerships in the provision of retail goods and services.

SICE has brought together the collective energy and wisdom of 16 core members and 11 Army staff elements, along with strategic partnerships with the Department of Defense and with industry, integrating organizations that provide operational support across the Army.

With a major objective of reducing inefficient application of resources, the enterprise approach has already yielded savings and cost avoidance for the Army. This approach has achieved accomplishments in the realignment of information management, installation supply and maintenance, contract management and training and alternative energy initiatives.

In addition to efficiencies, SICE management ensures Soldiers and Families are provided a quality of life commensurate with their service.

IA challenges us to be as creative and collaborative as brave Soldiers are on the battlefield — and their resilient and supportive Families are at home.

Readiness

Taking a holistic view of Army objectives and resources and empowering leaders to integrate related functions effectively and efficiently is essential to sustaining readiness and preserving the all-volunteer force. The Army will continue to improve Soldier and Family quality of life as the enterprise applies the principles of performance management to every aspect of service and infrastructure delivery.

SICE provides efficient services, infrastructure and operational support to ARFORGEN while improving predictable, standardized services and programs across the Army's installations. (Army News Service)

A young Iraqi girl grimaces as SPC Jessica Velasquez uses an alcohol pad to disinfect the girl's cut finger during a humanitarian assistance mission at Salman Pak, Iraq. (Photo by PVT Jared N. Gehman/82nd Airborne Division)

Stability

(continued from page 1)

has proven to be a defensive measure in some instances, Lawry said.

"They go out into the community and set up some type of medical programming in the surrounding area," she said, noting that the community often lacks infrastructure to treat women and immunize children. "Then, all of a sudden, the mortars stop."

Evidence from conflict zones like the Gaza Strip — where Hamas' first social priority has been to provide health care, followed by education — and data from the Kosovo War in the late 1990s also suggest a connection, Lawry said.

"If you look at Gaza, where there was a huge amount of uprisings and problems, they went in and put in a health clinic basically on every corner and stability ensued," she said. "The same thing happened in the opposite way in Albania, where there were lots of health-care services. As health care started dwindling, so did stability."

Navy Lieutenant Commander William J. Hughes, the program director for contingency planning at the International Health Division, said insurgent groups have long recognized the value of health care in winning popular support.

"Michael Collins of the IRA wrote in his doctrine that if you break down the state and you want to view yourself — the insurgency — as the legitimate form of government, then health care is [critical]," he said.

Hughes noted that after the earthquake in Kashmir, the disputed region between India and Pakistan, the first medical unit to respond was one with direct links to al Qaida.

"Now there's an adversary of ours who's learned what health can do to an environment," he added.

Hughes noted that countries like Venezuela and Cuba send their doctors around the globe to perform health care, and that China recently converted one of its ships into a floating hospital.

The move by China is similar to efforts by two American vessels, the *USNS Mercy* and *USS Comfort*, which travel to impoverished or disaster-stricken countries to provide medical care.

Such "soft power" operations have gained visibility with the Defense Department, reaffirming a directive that puts stability operations on equal footing with major combat operations.

"This directive said that stability operations were on par with major combat operations," Hughes said of directive 3000.05. "Now that's groundbreaking. That's transformational because now when you do that, you say you have to train, equip and fund people to do these kinds of operations."

Hughes said critics expressed concern that the directive, created in 2005, would place the military at the front of America's image abroad, echoing concern that Defense Secretary Robert M. Gates has voiced about U.S. foreign policy's "creeping militarization." But Hughes said medical workers in uniform are unique in that they often are viewed as "neutral players," with an interest primarily in providing care.

"We have this Hippocratic Oath. It's in our blood to want to care and do good things," he said. "You can provide [health care] and you're not necessarily going to be viewed as an agent of your nation's policies."

Further, Hughes emphasized that the department's International Health Division, which aids the combatant commands in coordinating and carrying out health aspects of the department's stability operations, is concerned primarily with helping partner nations build their own capacity to provide health and maintain stability.

"[Sometimes] we work with the host nation so that we can work ourselves out of a job," he said of the division's mission to train its allied counterparts. "That's what we want to do with stability ops — we don't want to stay."

Lawry, Hughes' colleague at the division, underscored that no formal evidence-based assessment has been conducted that establishes the link between health and stability.

"But you can say, anecdotally, that's what it looks like," she said. "It deserves a study." (American Forces Press Service)

Army plans bigger units for evacuation

by J.D. Leipold

New and larger medical evacuation companies will expand the ability to move wounded off the battlefield, the Army's top operations officer told the annual Association of the U.S. Army Aviation Symposium and Exhibition.

LTG James D. Thurman, G-3/5/7, said no force-wide transformational change to the aviation force is more important or consequential than the decision to increase aircraft in MEDEVAC companies from 12 to 15.

"We've got to get our men and women off the battlefield — that's non-negotiable," Thurman said. "This demonstrates the Army's resolve and commitment to troops in combat operations as well at their Families and loved ones."

"We've also added nine additional MEDEVAC companies to the Reserve Component," said Thurman, who also formerly served as director of the Army Aviation Task Force.

"The Army will aggressively grow this strategic capability in order to improve our air medical evacuation in combat," he said. "The priority will be Afghanistan with the first transformed 15-ship company arriving late spring 2010." (Army News Service)

68W recognition

CSM Althea Dixon, the top noncommissioned officer of the Army Medical Department, signs a proclamation recognizing the transition of combat medics into the 68W MOS.

"The proclamation is significant in that it recognizes the 68W Combat Medic as the foundation of combat medical care to provide lifesaving care at the point of injury. It also celebrates the reengineering of the 68W MOS that started in October 2001 and culminated in September 2009," Dixon said.

"Two of the most significant aspects of 68W transformation are the training of more advanced airway skills, hemorrhage control techniques, shock management, and evacuation; and requiring all 68W to be certified as an emergency medical technician-basic by the National Registry of Emergency Medical Technicians. There are currently over 37,000 68W in all components of the Army, with 25 percent assigned to U.S. Army Forces Command," Dixon added.

Assisting with the ceremony are (sitting right) CSM Dennis Carey, (front row left to right) CSM Donna Simmons, CSM Frances Rivera, (back row left to right) CSM Phyllis Joseph, CSM Billy R. King and CSM Michael J. Kelly. (Photo provided by William Beaumont AMC)

Capsules

Heidelberg

Forty-five Soldiers of Heidelberg, Germany, MEDDAC took part in an enlisted staff ride to the site of the World War I battles of Meuse-Argonne and Verdun. They saw monuments to the fallen at both battlefields, camped in the Meuse-Argonne cemetery, where lie more than 14,000 fallen Soldiers; and walked the site where CPL Alvin York earned the Medal of Honor by single-handedly killing 21 enemies and capturing 132 more.

AMEDD Center and School

A new week-long course teaches food laboratory managers to oversee laboratories supporting veterinary missions at units around the world. A two-week Surveillance Food Laboratory Technicians Course will be offered in the spring.

"The idea was to push the basics down to the Soldiers on the ground so they can do surveillance that allows them to find food safety and defense issues before they occur to prevent food-borne illness," said LTC Margery Hanfelt, senior laboratory trainer.

*****

Beginning in June, an additional eight weeks in the Phase I portion of the 68V (Respiratory Therapist) course will allow graduates to earn an associate degree in applied science.

*****

About 400 Soldiers of the 32nd Medical Brigade enjoyed Thanksgiving with hosting families in San Antonio, Texas, while another 400 were fed at the headquarters of Valero Energy corporation. Meanwhile, three Soldiers of the Fort Sam Houston warrior transition unit volunteered to help the Jimenez Thanksgiving Dinner that provides free meals for the needy in San Antonio. CW3 Arthur Rakowitz, a graduate of the food handling sanitation course, supervised the kitchen, while SGT Roderick Easterly and SGT Sandra Scott worked serving lines.

MRMC

Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center funds research at many civilian institutions that will benefit the Army and Soldiers. Current projects include:

— Using stem cells to regrow tissue following traumatic injury, at the Georgia Institute of Technology.

— Using dopamine transporter imaging to detect and monitor the progression of Parkinson's disease, at the Institute for Neurodegenerative Disorders.

— Compiling the largest spinal-cord injury active clinical trial database in the United States, working with the Christopher Reeve Foundation. More than 300 patients are enrolled in the North American Clinical Trials Network, which is open as a resource to all spinal-cord injury researchers.

Fort Bragg

A new program called relationship-based care allows staff at Womack Army Medical Center to influence how their sections are managed through unit practice councils.

"We have registered nurses, licensed practical nurses, medics, certified nurse assistants, teletechs and word clerks all in one unit and all are represented," said Kate Endgriga, a clinical nurse specialist and one of the trainers for the program.

Fort Gordon

CPTs Craig Ainsworth, Gina Kubowicz and Wayne Wolverton, internal medicine residents at Eisenhower Army Medical Center, won top honors among Army Medical Jeopardy teams. The competition, sponsored by the American College of Physicians, tests rapid recall of medical knowledge by three-person teams. The Eisenhower team will represent the Army at the ACP national meeting in April.

Iraq

Multi-National Security Transition Command-Iraq partnered with the Iraqi Surgeon General's office to conduct a 100 percent inventory of the Taji National Depot warehouses of medical supplies. Over five weeks, the team safeguarded, organized and inventoried more than $500 million worth of medical materiel and equipment.

Fort Polk

SFC Ian Smith of Fort Polk, La., MEDDAC has developed a "Golden Heart" certificate to recognize Family members supporting recovering wounded warriors. The first certificate was presented to the wife of SGT Alton Chesne.

Fort Lewis

A new command conference center at Madigan Army Medical Center was dedicated to COL William R. Cahill, former Madigan and Western Regional Medical Command chief of staff. Speakers included Deputy Surgeon General MG David A. Rubenstein and Western RMC Commander MG Patricia D. Horoho.

Fort McCoy

Regional Training Site-Medical at Fort McCoy, Wis., has grouped training facilities in a campus-like arrangement, allowing students to meet all their requirements within easy commuting distances. New facilities on the campus include a 12,000-square-foot classroom building and a 17,000-square-foot biomedical facility.

SHORT SHOTS

Congressmen Ike Skelton and Howard P. McKeon presented a framed statement of recognition from Congress to the staff at **Landstuhl Regional Medical Center**…The **Army Medical Materiel Development Activity** and **Walter Reed Army Institute of Research** have signed a cooperative research and development agreement with Sigma-Tau Industrie Farmaceutiche Riunte S.P.A. of Rome, Italy, to develop a treatment for the severest form of malaria…The United States, United Kingdom and Canada have agreed to a project arrangement to continue to work together to develop a plague vaccine.

SFC Hector Santiago-Perez won the 2010 Best Warrior competition at the A**MEDD Center and School**…Best Warriors at **Walter Reed Army Medical Cente**r are **SPC Bryan Lambing** and **SSG Ryan Fyfe**…**SPC Natasha Medlock** of **Fort Drum DENTAC** and **SGT Marcello Da Silva** of **Aberdeen Proving Ground DENTAC** were named Best Warriors in the **North Atlantic Regional Dental Command.**

SGT Jessica Anderson is NCO of the Year and **SPC Alfred Conley Jr.** is Soldier of the Year at **Fort Leonard Wood MEDDAC**…**Fort Riley MEDDAC**'s NCO of the Year is **SGT Matthew Giersdorf,** while Soldier of the Year is **SPC Clayton Matthews**.

CSM James G Shaheen, SFC Khalil Shakir, and **SSG Preston Miller** of **Fort Detrick, MSG Keisha White, SFC Shaun Miles, SFC Todd Turner, SSG Anton Arbatov** and **SSG Shad Lorenz** of **Walter Reed Army Medical Center**, and **SSG Gustavo Ruiz** of **Fort Meade MEDDAC** were inducted into the Sergeant Audie Murphy Club…**LTC Brian Kondrat, LTC Michelle Munroe, MAJ Jess Calohan, SFC Eric Driscoll** and **Bert Fitch** were inducted into the Order of Military Medical Merit at **Madigan Army Medical Center.**

The TRICARE education campaign "Quit Tobacco – Make Everyone Proud" won a platinum award in the Government/Military category at the 2009 Ava Awards, administered by the Association of Marketing and Communications Professionals…TRICARE's behavioral-health communications were named "Best Campaign on a Limited Budget" and the third-best communication campaign worldwide by the League of American Communications Professionals.

LTC Richard G. Malish, a physician, earned the Marshall Award as distinguished graduate at the Army Command and General Staff College. He also received the Birrer-Brooks Award for outstanding MMAS thesis, the Excellence in Joint Service Warfare Studies Award, the BG Benjamin H. Grierson Award for Excellence in Strategic Studies and the Excellence in Joint, Command, Control, Communications, Computers and Intelligence Writing Award…**Lisa M. Budreau,** a historian with the Office of Medical History, has published a book entitled *Bodies of War: World War I and the Politics of Commemoration in America, 1919-1933.*

The blood bank at **Fort Knox MEDDAC** has been reaccredited by the American Association of Blood Banks…The graduate medical education program at **Madigan Army Medical Center** has been certified for five years.

Operation moves pancreas cells to liver

by Kristin Ellis

In an unprecedented surgery, Walter Reed Army Medical Center and the University of Miami collaborated to perform the first pancreas islet cell transplant on an airman whose pancreas was injured so severely in Afghanistan, it had to be removed.

While serving with an Army unit in Afghanistan, 21-year-old Senior Airman Tre Porfirio was shot three times in the back by an insurgent. Seventy-two hours and 8,000 miles later, Porfirio was at Walter Reed with injuries so extensive it would require 11 surgeries to reconstruct his abdomen.

Porfirio was taken to the operating room where COL Craig D. Shriver, chief of general surgery, found the pancreas damaged to the point it was leaking dangerous enzymes that were causing blood vessels and tissue to breakdown.

"The only possible course of action at the time was to remove the remainder of his pancreas, which would predictably lead to a severe form of life threatening and life-style limiting diabetes," Shriver explained.

Risks of this type of diabetes include blindness, kidney failure, amputations, and strokes as well as daily insulin injections for the rest of his life.

That's when the surgical team called the University of Miami and put together a plan to ship the damaged pancreas to Florida to harvest the cells that produce insulin (called islet cells) and immediately ship them back to WRAMC to be transplanted into Porfirio's liver. Over the last eight years of war, WRAMC has seen only 28 pancreatic injuries and only one of this devastating nature.

"I knew who the main players were in this case," said Dr. Rahul Jindal, transplant surgeon. "I picked up the phone and called [Dr. Camillo Ricordi, chief of cellular transplantation, University of Miami] and, without hesitation, he said, 'For a wounded warrior, I'll bring my whole team.'"

In islet cell transplantation, the insulin-producing islets are isolated from the donor pancreas and then reinfused in a patient's liver where they begin to produce insulin, doctors explained.

"You turn the liver into a double organ as it takes on the function of the pancreas," Ricordi said. "Normally when similar procedures are done for Type 1 diabetes, the cells come from another person so you need immunosuppressant drugs to keep them alive. Since we were able to use his own cells, he won't need to be on anti-rejection drugs."

You turn the liver into a double organ as it takes on the function of the pancreas. — Dr. Camillo Ricordi

The University of Miami team spent six hours isolating the islet cells before they were suspended in a specialized cold solution and flown back to WRAMC. Ricordi helped coordinate the transplant with the surgeons through an internet connection. Porfirio's own cells were successfully injected into a vein to his liver.

After spending 24 hours without a pancreas, Porfirio's blood tests show his harvested islet cells are functioning well, and he is gaining back his strength everyday.

"For anyone within a six-hour flight range of Miami, there is no reason any pancreas should ever be thrown away," Ricordi said. (Walter Reed Stripe)

Ancient methods complement modern medicine

Story and photo
by Roger G. Meyer

Without bands, parades or fanfare, Fort Carson, Colo., has entered into the "modern" world by offering ancient techniques, specifically acupuncture.

The complementary and alternative medicine approach is now available at Evans Army Community Hospital and provides a new way to deal with pain and other maladies.

"The Evans' leadership is always aware of other initiatives within the Military Health System and is receptive to considering alternatives that may prove to help our beneficiaries," said Kitty West, administrator for the department of surgery.

Acupuncturist Diane C. McCarty was a respiratory therapist who suffered from migraines. Acupuncture so helped her that she went back to school to learn the ancient healing art. She has practiced acupuncture for more than nine years.

Acupuncturist Diane C. McCarty places needles in the ear of an acupuncture patient.

Needles

As most know, acupuncture involves piercing specific areas of the body with very fine needles. This reportedly relieves pain and provides a host of physical, mental and emotional benefits. Despite scientific research, how or why it works is still unclear.

"There really isn't a good western explanation of how it works," said McCarty.

She explained that in Chinese medical theory mental, physical, and emotional problems in the body are caused or aggravated by an imbalance, stagnation or blockage in the flow of energy through the body.

"What we're looking for is energy balance in life, trying to bring some smoothness back to the body," she said.

"Traditional physicians are aware of trends toward complementary and alternative medicine such as acupuncture," said West. "I think the majority of physicians feel that there is a benefit to be derived from its use in conjunction with standard Western protocols."

LTC Jorge O. Klajnbart, a doctor and chief of the department of surgery, agreed.

"Our Soldiers deserve every evidence-based treatment method for their welfare. Acupuncture adds depth to the armamentarium of pain management and gives our providers another effective way to combat specific acute and chronic maladies. This now further rounds out our approach to giving Soldiers every available opportunity to restoring their function and returning to mission readiness," Klajnbart said.

Acupuncture services are aligned with the hospital's pain clinic. McCarty will initially see Soldiers who have chronic and acute headaches, including migraines and tension headaches. However, acupuncture can be used to treat much more.

"It's very good for mental and emotional balance, which is what I really like working with, it can help with digestive problems, female problems, infertility, a really wide range of things. Pain is very important but it's just a start," said McCarty.

In addition, some research shows that acupuncture may effectively treat depression, anxiety, insomnia and chronic pain syndrome. A Dec. 15, 2008, article in *Internal Medicine News* reported that COL Charles C. Engel, then director of the DoD deployment health clinic center at Walter Reed Army Medical Center, said acupuncture also reduced Post Traumatic Stress Disorder symptoms.

"Usually after the first treatment people love it. It's very relaxing, people often sleep during it or meditate, it's very relaxing. The needles go thru the skin, you can feel them but it's not like a pin prick; some people don't feel them at all," said McCarty.

Other techniques

Treatments may also include a variety of techniques including electrical micro current stimulation on the needles; cupping and "gua sha," using suction cups and scraping the skin with Chinese ceramic spoons to stimulate circulation; and "hand work."

"I like to end my treatments doing a little bit of acupressure on the neck and shoulders to relax the area around the head, this helps patients with headaches," McCarty said.

McCarty admits that acupuncture isn't always successful.

"There are times when it doesn't help at all, but there are other times when it helps amazingly well. Sometimes patients come as a last-ditch effort. The age of injury makes a difference, so I keep encouraging the doctors to send them in sooner," she said.

To see the acupuncturist, Soldiers must go to their primary care managers who will refer patients to McCarty based on written referral guidelines. The referrals for acupuncture in the pain clinic are processed like all other specialty referrals. (Fort Carson MEDDAC)

Regrown body parts become science fact

by Sharon Renee Taylor

Scientists continue to discover new ways to help the body restore itself in a discipline called regenerative medicine: a new ear and nose for a Soldier who lost his in war; a new esophagus for a patient with cancer; a postage stamp-sized patch of skin used to "spray on" a full chest of skin for a burn patient.

"Regenerative medicine: it's not futuristic medicine anymore," said Dr. Alan Russell, founding director of the McGowan Institute for Regenerative Medicine at the University of Pittsburgh.

Russell shared his overview of regenerative medicine during the State of Science Workshop at Walter Reed Army Medical Center in Washington, D.C. Scientists and research pioneers, along with leaders in regenerative medicine and rehabilitation, presented the latest findings.

The concept of regenerative medicine is to replace or regenerate human cells, tissues or organs to restore or establish normal function, according to the Armed Forces Institute of Regenerative Medicine (AFIRM). AFIRM was established by the Department of Defense to develop new products and therapies to treat severe injuries suffered by U.S. service members in current wars.

Current AFIRM projects include the development of engineered human ear and nose replacements, along with a skin substitute to improve recovery from large area burns.

The first clinical trials using technology for the ear could start in about a year, according to COL Robert Vandre, project director for AFIRM.

Vandre said two patients involved in studies at the Army Institute of Surgical Research were able to regenerate and grow missing muscle using a surgical implantation of extracellular matrix (ECM), a biologic agent devoid of cells used as a structure for tissue to grow within. Plans for the clinical trial currently underway include implantation of the allogeneic material that does not require anti-rejection drugs in 15 more patients.

"When the wrecking ball of trauma or disease comes along and destroys tissue, the way we heal typically throughout our body is to create a scar in response to that. Regenerative medicine is about harnessing the body's natural ability to heal itself and accelerating that to a clinically relevant time scale," Russell explained.

Russell opened the symposium with a review of regenerative medicine and the potential impact of regenerative rehabilitation. The workshop also covered topics in living tissue, tissue engineering, cell signaling for regeneration and hand transplantation.

Research shows ECM placed in different locations in the body acquires a tissue-specific response. As it degrades, it releases material that acts as a magnet for native tissue. Because of ECM's rapid decline, normal rehab won't work, according to Russell.

> ***Regenerative medicine is about harnessing the body's natural ability to heal itself and accelerating that to a clinically relevant time scale.***
>
> ***— Dr. Alan Russell***

Studies using ECM to replace missing Achilles tendons in dogs show the animals had to assume exercise immediately after surgery; if immobilized the ECM dissolved.

"We have a very short window — six weeks — where your community must be involved," Russell told rehabilitation and military leaders. He explained the need for regenerative and rehabilitative medicine to work together to create an interdisciplinary effort to shorten the time between the lab and bedside.

"Regenerative rehabilitation is different but inevitable and will reshape health care over the next two decades," Russell said.

"It's really interesting science and we want to make sure, again, as new discoveries are made in the labs across the country, that we're prepared for them and thinking about how we can use them to care for injured service members," explained COL Paul Pasquina, chief of the integrated department of orthopedics and rehabilitation at Walter Reed and a co-founder of the symposium.

COL Janet Harris of the Army Medical Research and Materiel Command agreed with Pasquina.

"That's part of why we have these scientific conferences — to bring bench researchers together with some of the providers that are taking care of our Soldiers to make sure that their research is focused in on clinically relevant, practical solutions to try to take care of Soldiers and to try to keep that into focus," Harris said. (Walter Reed Stripe)

TATRC supports research

Spray-on dressing delivers quick healing bond

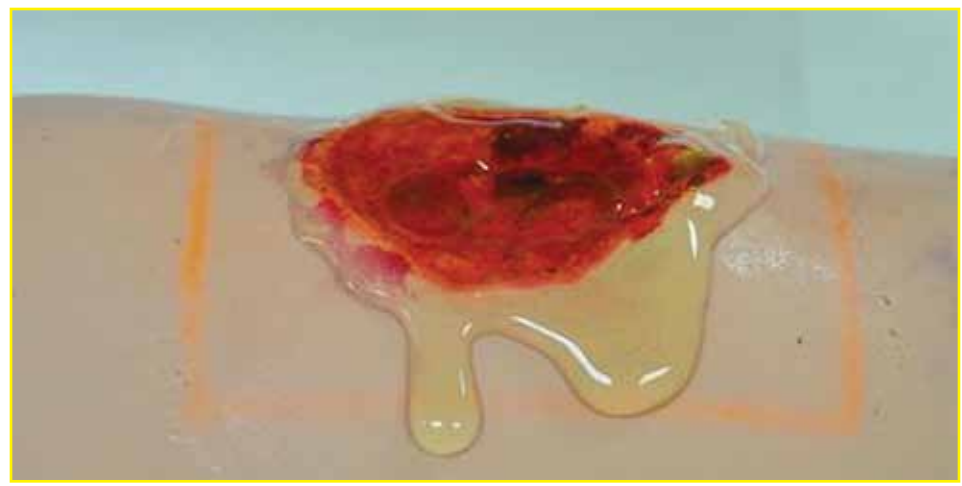
by Barb Ruppert

Researchers are developing a new, sprayable liquid wound dressing technology that an injured warrior could apply one handed in a combat setting. The spray forms a tough hydrogel in seconds that conforms directly to the wound without sticking to it when removed.

FDA approved

The GelSpray Liquid Bandage was approved by the Food and Drug Administration for minor cuts and irritations in 2008, and its developers are preparing for a human clinical study required to extend the technology to battlefield care. The team is also working on variations that include medications to treat infection, speed healing and relieve pain.

"Because GelSpray conforms to the wound bed while in direct contact with the wound margins, it offers significant clinical advantages: The thick, protective film limits bleeding, absorbs wound fluids and directly transports medication to the entire wound bed. It does not significantly adhere to the wound bed — unlike most other dressings, where there is re-bleeding or delayed healing due to removal of granulation tissue whenever the wound dressing is removed," explained investigator Dr. Joachim Kohn of Rutgers University.



(MRMC photo)

The GelSpray product for the far-forward Soldier is designed for lacerations, small burns and gunshot and shrapnel wounds that are often on irregular surfaces such as the hand, face, neck and outer ear. It is meant to provide flexible protection that enables the Soldier to complete his or her mission.

"This technology shows promise for quicker wound healing with less care needed," said COL Dallas Hack, director of the Army Medical Research and Materiel Command's Combat Casualty Care Research Program. "The dressing is breathable, and if it can include an antimicrobial to prevent infection, then we may not need to damage tissue further through debridement [removing dead or contaminated tissue]."

Kohn is the principal investigator of the Center for Military Biomaterials Research, a network of academic, industry and military organizations whose mission is to support wounded warriors on and off the battlefield with practical, leading edge innovations.

"CeMBR partnered with BioCure, Inc., to develop the GelSpray technology. Under the leadership of BioCure co-investigator Sameer Shums, we have made significant progress," he said.

TATRC

CeMBR research programs are supported and guided by MRMC's Telemedicine and Advanced Technology Research Center.

"Feedback provided by TATRC's national expert review panels has guided our product design efforts," says Kohn. "TATRC and our program manager there, Wilbur Malloy, have provided us unwavering support."

"Our goal is to address the most critical needs of injured warriors for improved wound dressings. There is no other product that provides all these benefits and is specifically designed to meet military requirements," Kohn added. (TATRC)

Information in Iraq complies with HIPAA

by CPT Luis E. Ortiz
Command Judge Advocate, Task Force 1st Medical Brigade

As Task Force 1st Medical Brigade nears the halfway point of its deployment to Iraq, I have had the honor and privilege to advise commanders and health-care providers on many legal issues in the Iraqi Theatre of Operations. Of particular interest and frequency have been issues pertaining to the use of protected health information (PHI). Elaboration on the release and use of PHI may benefit medical leaders and providers not only in Iraq but throughout the deployed medical community in the Armed Forces now and in the future.

DoD regulation

DoD 6025.18-R defines the scope of acceptable disclosures of medical information to various parties within the Department of Defense including military judges, commanders, military police, and CID personnel. It governs the use and disclosure of PHI in the Armed Forces and is based on the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

A patient's health-care information is confidential and will be not released to anyone without an authorization from the patient or an exception under HIPAA. Different rules apply depending on the requestor and the purpose of the request for the release of PHI. For example, a Military Judge during a Court Martial Proceeding may make a request for the complete medical record of a patient, including the behavioral-health records. This would be considered a valid request, and disclosure of the record by the military treatment facility (MTF) would be mandatory.

In camera review

Subsequent to the military judge obtaining the records, he or she must conduct a private inspection, in the presence of the prosecutor and defense counsel, as soon as possible. This inspection, often termed an "in camera review," determines which information is relevant and which information is not. Though the medical record or pertinent parts must be provided, there is still a requirement for the prosecutor or government representative to notify the service member of the request, prior to the release of any PHI, in order to afford him or her the opportunity to object to the production of this medical information. The same rule (notification prior to release) applies to requests made by either the prosecution or defense during the course of a court-martial.

In contrast to such requests by the court, requests made by commanders or law enforcement agencies must follow different rules. They must coordinate their requests with the patient administration division (PAD) office of the MTF holding the records, and they must complete a DA Form 4254. According to DoD 6025.18-R, this request must be as specific as possible; too general a request will not be in compliance with the DoD Directive and the PAD office will not grant the release. Prior to denying the release of medical records to law enforcement personnel, the PAD office must coordinate with servicing legal counsel. These requirements are also found in AR 40-66, chapter 2.

Balance of interests

In my experience, most medical personnel in theater are knowledgeable and possess a clear understanding of what information can be released and what information should not be released. Nevertheless, one of my greatest challenges has been advising providers who are trying to maintain a balance between the legitimate interests of law enforcement agencies to investigate and gather information, and the equally important right of patients' privacy and complying with the provisions of DoD 6025.18-R.

The practice of health-care law in Iraq is in some ways similar and in other ways different than in the United States. To manage these challenges, MTF providers are an integral part of the current mission, providing the best medical services available in theater. Such high quality care can only be achieved by having properly trained medical personnel who are also knowledgeable about the laws and regulations applicable to medical practice, especially those dealing with HIPAA. (MEDCOM office of the staff judge advocate)

March is National Nutrition Month

Eating right, exercise beat fad diets for health

by COL Deborah F. Simpson, Registered Dietician

March is National Nutrition Month. Each year, the American Dietetic Association sponsors this event to focus on the role nutrition and physical activity play in achieving and maintaining good health. Being "100 percent fad-free" has been a National Nutrition Month theme that supports the health of the Soldier and the Army family.

The Defense Department's 2005 survey of health-related behaviors (the most recent finalized survey) reported that approximately 51 percent of Soldiers 20-25 years old were overweight. Sixty-four percent of Soldiers age 26-34 met the criteria of being overweight. Overweight affects performance. Some Soldiers may attempt fad diets for quick weight loss, diets that don't meet their energy needs. What and when and how much you eat also affects performance. Soldiers need to have a balance of nutrients for optimal health and performance.

Consider the following key messages for being 100 percent fad-free.

Develop an eating plan for lifelong health. Don't waste time following the latest food fad. Instead, use the *Dietary Guidelines for Americans* and MyPyramid as guides for focusing on healthy eating and overall health.

Choose foods sensibly by looking at the big picture. All foods can fit into a healthful diet if consumed in moderation and in appropriate amounts. Eating foods from all major food groups is essential to obtaining the nutrients needed for good health. Enjoy a wide variety of foods with different textures, colors and flavors.

Select whole-grain foods like oats, brown rice and whole wheat. These foods form the foundation of a healthy diet. Enjoy a variety of brightly colored fruits and vegetables. These foods are rich in phytochemicals, which protect the body against disease, and they are virtually fat-free and contain no cholesterol. Choose nonfat and low-fat foods from the milk and meat groups most often.

Control the frequency and amount of foods high in fat, sugar or sodium, such as fried foods, rich desserts and salty snacks. This makes it easier to maintain an appropriate weight, which is essential for good health.

Learn how to spot a food fad. There are no specific foods, combinations of foods or dietary supplements that will promote quick weight loss or cure disease. If it sounds too good to be true, it probably is. In fact, food and nutrition misinformation can have harmful effects on health and well-being, as well as on the wallet. For reputable nutrition advice, ask your doctor for a referral to talk to a registered dietitian at your local hospital or health clinic.

Find your balance between food and physical activity. A nutritious diet and physical activity are important for overall health and fitness. Added benefits include reduced risk of chronic diseases such as heart disease, high blood pressure and diabetes; a feeling of well-being; and the ability to control body weight. Poor diet and physical inactivity are the most important factors contributing to the rise in obesity in the United States.

Small changes in diet and exercise habits can make a big difference in overall health. Additional information is available from the American Dietetic Association, www.eatright.org. (CHPPM)

Schoomaker addresses MEDEVAC needs

by C. Todd Lopez

Speeding up critical medical-evacuation times in Iraq and Afghanistan must be balanced against flight crew safety, LTG Eric B. Schoomaker said during the 2010 Military Health Systems conference.

"Where to put our helicopters and all the support crews and the aircraft they fly is really a delicate balancing act, because it balances the risk of putting care providers and MEDEVAC crews at risk to the enemy and to the elements and balances that with the risk of loss of life, limb or eyesight, if the evacuation is excessively prolonged," the Medical Command commander and Army Surgeon General said.

Schoomaker said the Joint Theater Trauma Registry and the Joint Theater Trauma System are engaged in an analysis of MEDEVAC times.

"This is an effort to minimize the evacuation time for casualties in a highly dispersed force which is subjected in Afghanistan to what has been described as the 'tyranny of terrain and weather,'" he said.

Schoomaker said the only way to fully understand the risks is to know the outcomes of the care provided to those service members assisted by MEDEVAC teams, and to know based on injury type.

"We are analyzing this by injury type, across a very wide range of missions," he said.

The general also said that improving combat care for service members in the field involves improvements in equipment, like recent advances in the Improved First Aid Kit fielded to Soldiers — which now includes the combat application tourniquet, for instance.

Soldiers carry a simulated casualty to a helicopter during a training exercise. (Photo by SGT Matthew C. Cooley)

Also important is the development of new tactics, techniques and procedures for Soldiers — that means the capture and dissemination of knowledge about practices in the field.

"The key to improving combat casualty care is the use of knowledge, which is derived from sound science and good data," he said. "Much of what we have done to improve outcomes hasn't been material products. It's been the way we've done things, rather than just the materials we've applied to them."

Schoomaker said Army medicine is involved in continuous process improvement, even as combat rages on in both Iraq and Afghanistan. (Army News Service)

Military health leaders gather to exchange ideas

Highlights of the major addresses at the 2010 Military Health System Conference:

Ellen P. Embrey

Of service members wounded in action, 54 percent return to duty within 72 hours, said Ellen P. Embrey, assistant secretary of defense for health affairs. The military also is experiencing the lowest disease and nonbattle injury rates ever reported, she said, citing rates of 5 percent in Afghanistan and 4 percent in Iraq.

"And we have a battlefield survival rate that now stands at 97 percent, the highest of all wars in U.S. history," she said, "Quite an accomplishment considering the lethality of our enemies."

Embrey cited advances made in prosthetics, implants, hand and limb transplantation, skin therapies, regenerative medicine, bandages to stop bleeding, drugs to treat or prevent chronic pain, robotic support for telesurgeries, cranial reconstructions and the detection and treatment of traumatic stress and traumatic brain injuries.

"In research and development, military medicine is yielding transformational advances that will not only improve the lives and health of our service members, but ultimately, all Americans," Embrey said.

Admiral Mike Mullen

Defense Department officials must work quickly to surmount a stigma that is preventing service members from seeking help for behavioral health issues, said Navy Admiral Mike Mullen, chairman of the Joint Chiefs of Staff.

Calling it an "exponential problem that takes exponential resources," Mullen stressed the importance of finding quick solutions for service members.

"We need to make sure they have great lives," he said.

Toward that end, he said the departments of Defense and Veterans Affairs are cooperating closely.

Michael E. Kilpatrick

Social media have been powerful tools for the Military Health System in delivering key messages and information, said Dr. Michael E. Kilpatrick, director of MHS strategic communications.

Kilpatrick said social media are the choice for communication because they provide users information "where they want it, how they want it and when they want it."

The MHS is communicating through such outlets as Twitter, Facebook, podcasting, YouTube and an MHS blog.

A notable change of pace is that virtual social interactions come more from the bottom up than from the top down.

Rear Admiral Christine Hunter

The Military Health System has adopted the Quadrangle Aim model of care, said Navy Rear Admiral Christine Hunter, deputy director of the TRICARE Management Activity. The Quadrangle Aim, she explained, supports readiness, population health, a positive patient experience and responsible management of health-care costs.

"The MHS has been successful in achieving three parts of the Quadruple Aim — readiness, population health and cost management," Hunter said.

"You personally can help us achieve the Quadruple Aim, by ensuring that patients with an acute minor condition contact their primary-care manager or visit an urgen care center rather than the emergency room, transfer brand name prescriptions from retail pharmacy to home delivery and that patients get the right information the next time they interact with us," she concluded

COL Elspeth C. Ritchie

The Army has increased behavioral-health providers by 50 percent since 2007, said COL Elspeth C. Ritchie, behavioral health proponent for The Army Surgeon General.

In addition to the increase in providers, Ritchie said the Army has and will continue to install new programs that will reach the warriors who need help, increase effective treatments for those who have already sought help, and combat the rise in suicides. The programs include using telehealth services that can treat patients through the use of video teleconferencing and Webcoms.

While efforts to eliminate stigma are increasing, it is still necessary to ensure that policies are also in place that protect those service members who seek help, she said.

Rear Admiral Elizabeth Niemyer

TRICARE has made Web-based behavioral-health counseling available to service members, spouses and other beneficiaries who have a computer and a Webcam. The counseling service is called TRICARE Assistance Program, or TRIAP, and allows beneficiaries to speak privately with a licensed counselor over the Internet at any time.

"The use of TRIAP is unlimited, so beneficiaries can access it as many times as they like to," said Navy Rear Admiral Elizabeth Niemyer, director of TRICARE Regional Office West. (Compiled from Department of Defense releases.)

COL Craig D. Shriver

LTC John M. Palmer

MAJ Christopher J. Lettieri


CPT Paul B. Lamb

Surgeon General honors four physicians

by Jerry Harben

Four outstanding Army physicians were honored by Army Surgeon General LTG Eric B. Schoomaker this winter. COL Craig D. Shriver, chief of general surgery at Walter Reed Army Medical Center, received The Surgeon General's Award for Military Academic Excellence, the Lewis Aspey Mologne Award.

Receiving The Surgeon General's Physician Recognition Awards were LTC John M. Palmer, deputy surgeon for clinical operations for Multi-National Force-Iraq; MAJ Christopher J. Lettieri, critical care and sleep medicine staff physician at Walter Reed; and CPT Paul B. Lamb, chief of internal medicine residents at Brooke Army Medical Center.

Shriver has been elected president of the American College of Surgeons Metropolitan Washington Chapter. Under his supervision, general surgery residents at Walter Reed have achieved a 100 percent pass rate on written and oral boards. He serves as a professor at the Uniformed Services University of Health Sciences, and also is co-founder, director and principal investigator of the Clinical Breast Care Project, a military-civilian breast cancer research program mandated by Congress.

Shriver provided direct surgical support during the terrorist attack on the Pentagon on Sept. 11, 2001. He has served in combat during Operation Just Cause, Operation Desert Storm and Operation Enduring Freedom, and was awarded the "Order of the Spur" for service under fire to 1st Squadron, 91st Cavalry.

Palmer is a principal author of the Strategic Medical Action Plan for Improving the Iraqi Healthcare System. He helped shape conditions for 1,150 Iraqi physicians to return to their country, 27 Iraqi doctors to train in the United States, vaccination of some 5 million Iraqi children, a marked decrease in cholera, plans for 10 new Iraqi hospitals and an increase in Iraqi physician salaries.

Lettieri is program director of the National Capital Consortium Sleep Medicine Fellowship, received the James Leonard Award for Teaching in Internal Medicine from the Uniformed Services University of Health Sciences, and has been elected chair of the Terrorism and Disaster Medicine Section of the American Thoracic Society. He served in Afghanistan as chief of inpatient medicine and medical director of the intensive care unit for the 14th Combat Support Hospital.

Lamb was selected by his peers as outstanding intern, junior resident and senior resident during his graduate medical education. As chief of residents, he was liaison with the Air Force during merger of the internal medicine residencies at Brooke Army Medical Center and Wilford Hall Medical Center, producing the largest such program in the Department of Defense with 89 residents. He also was a key participant in an off-cycle Accreditation Council for Graduate Medical Education site visit.

Researcher earns prestigious Presidential Award

by Tiffany Holloway

Dr. Jaques Reifman, senior research scientist for the Department of Defense High Performance Computing Software Applications Institute of the Telemedicine and Advanced Technology Research Center, has been selected to receive the Presidential Rank Award. Only 5 percent of the Senior Executives in the U.S. government are annually selected to receive this award.

"It's nice to be recognized with the Presidential Award. It provides an external validation of our achievements. I'm thankful to have had the opportunity at the MRMC as well as the trust from senior leadership and the intellectual freedom to build this unique capability for the Army," said Reifman.

The capability Reifman is referring to is the computation biology research capability that cuts across all research missions of the MRMC by helping identify potential drug and vaccine candidates and design diagnostic assays, and by developing automated algorithms for diagnosis and triage of combat casualties, improve management of soldier sleep/wake cycles, and prevent heat-related illnesses.

Reifman, who started working at MRMC in 2001, has built this capability from the ground up working on a "shoestring budget" that has now snowballed into a multi-million dollar institute, consisting of a staff of 40, of which 75 percent have a doctoral degree. (MRMC)

Army medical professionals, units receive AMSUS honors

by Jerry Harben

Army health-care professionals were recognized for outstanding accomplishments when the Association of Military Surgeons of the United States held its 2009 meeting.

LTG Eric B. Schoomaker, The Surgeon General of the Army and commander of Medical Command, received The Founder's Medal for leadership provided as president of the association and for support provided to the 115th annual meeting.

A new award, the Force Health Protection Award, was presented to the Army Institute of Surgical Research. The nomination paper cited ISR for providing world-class care to burn injuries, conducting requirements-driven combat casualty care research and running the Joint Theater Trauma System.

"Receiving the first ever Force Health Protection Award is a tremendous honor for the military, civilians and contractors of the USAISR," commented COL Lorne Blackbourne, ISR commander. "It reflects our dedication and commitment to the health of our warriors. Every day we conduct combat casualty care research to lessen the mortality and morbidity associated with battlefield injuries, and we provide the best burn care found anywhere in the world."

Among other annual awards presented at the meeting were:

The Joel M. Dalrymple Award, presented to COL David Williams, the Department of Defense joint project manager for chemical biological medical systems. He leads DoD's organization for advanced development of medical countermeasures to chemical, biological, radiological and nuclear threats.

The Gorgas Medal, presented to COL Lisa Keep, assistant professor of preventive medicine at the Uniformed Services University of the Health Sciences, for exceptional service and contributions in military preventive medicine in the classroom, the clinic, the laboratory and the field.

The Walter P. McHugh Award, presented to MAJ Ross Davidson, chief of logistics at Fort Drum, N.Y., MEDDAC, for exemplary innovation and dedicated, proactive logistics and facility support to customers.

The Physician Assistant Award, presented to COL Louis H. Smith III, for advancing physician assistant leadership in medical command positions, including the Iraqi theater of operations.

The Lewis L. Seaman Enlisted Award for Outstanding Operational Support, presented to CSM Alexis A. King, command sergeant major at Fort Drum, N.Y., MEDDAC, in recognition of serving as an exemplary Soldier, medic, recruiter, military operations expert, community leader and peerless role model. (Fort Detrick Standard and ISR contributed to this report.)

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.

Soldier learns salvation begins with open door

Combat stress counseling helps — if you go

by SSG Dave Lankford

A Soldier paces back and forth his 22nd floor suite with a room key in his hand. It's well past lunchtime and he's starving, but he can't stop pacing. He's checked himself from head to toe, but something still isn't right. He has his keys, wallet, sunglasses, extra money and a small knife in his waistband.

He makes another run at the door but stops short. Looking in the mirror he sees a man in board-shorts, a t-shirt and flip-flops. He thinks he looks like a tourist, but so what; this is Hawaii. Everyone looks like a tourist.

He decides the game has gone on long enough, three full hours to be exact.

Finally, he charges across the room and grabs the doorknob. A twist, a pull and he's in the hallway. Now, how hard was that? He walks a few steps to the elevator and presses the down arrow. Almost instantly the doors slide open to reveal a half dozen smiling faces. His heart begins to pound as sweat beads on his forehead, but he manages a slight smile and says "I'm going up."

As soon as the doors slide shut he makes a bee-line back to his room, fumbles with his keycard and collapses into a chair. He stares at the ceiling thinking how ridiculous this is. He's not in Iraq and even when he was it didn't scare him. He's never been afraid of anything or anyone, even when he should have been.

He's got the scars to prove it. So what in the hell is going on now?

Depression and anxiety

"Most Soldiers who come to Combat Stress report depression, anxiety and sleep difficulties and these are usually linked to conflicts with their Families back home or with their units here on the ground," said LTC John Kuzma, 34th Infantry Division psychiatrist. "Interestingly, most complaints are not about post traumatic stress disorder, although some Soldiers who have deployed previously will sometimes get flashbacks from events they experienced here."

My first trip to combat stress was in 2005. I didn't go because I was particularly stressed, though I was under a lot of pressure at work. I went because it was right across the street and the girl in the reception area was a friend of mine. I'm not a fan of flavored coffee, but when I would get an email from Kay that said the coffee was on and the flavor of the day was pumpkin pie, I couldn't resist.

Kay was the type of person who could put a smile on the Grinch's face. We would sit and talk about work, home and anything else that came to mind. I had no idea I was being counseled.

About midway through my second tour I noticed my aggression level was getting a bit out of control. I spent most of my time outside the wire on combat missions.

I'd been shot at a few times, blown up and even loaded a few new-found friends into MEDEVAC helicopters, knowing there was no help for them on the other end. I knew I needed to talk to someone, but a salty old grunt like me at combat stress...not a chance.

"The most common concern that Soldiers relay to me is that they were afraid that going to combat stress would be a sign that they were weak or were looking for a way to go home," said Kuzma. "Our mission is to help Soldiers complete their deployments and in the vast majority of cases we can do that."

Breaking things

Over the next few weeks the frustration grew. I took it out mostly on office furniture, slow computers and phones with obnoxious people on the other end.

Friends and co-workers recommended combat stress, but I didn't want to seem weak. Then one day the levee broke. I called a chaplain a dumb b----. Counseling was no longer a suggestion; it was an order.

Walking into that clinic the first time felt strange to say the least, but in the long run it helped. My co-workers no longer scattered when I walked in the room, my boss no longer kept a stack of counseling statements pre-printed with my critical information on them and even the chaplain forgave me.

"The flurry of programs, briefings and materials you are getting may seem a bit overwhelming at times but I believe it shows the Army's determination to help Soldiers identify when they or their buddies need help and to make sure that help is available" said Kuzma.

Old patterns

It's been nearly two years now and for the most part I've been fine. Recently though, I've seen some old patterns emerging, as well as some strange new ones.

No one needed to order me to Combat Stress this time. It got me through my last deployment and I have confidence it will get me through this one. The first step is the hardest. You just have to make the decision to reach out and grab that doorknob.

By the way; Hawaii was beautiful ... once I got out of the hotel room. (Multi-National Division - South)

Worth quoting

"The only way to keep your health is to eat what you don't want, drink what you don't like and do what you'd rather not."

Author Mark Twain

*****

"Men who are occupied in the restoration of health to other men, by the joint exertion of skill and humanity, are above all the great of the earth. They even partake of divinity, since to preserve and renew is almost as noble as to create."

French philosopher Voltaire

*****

"I am dying with the help of too many physicians."

Macedonian emperor Alexander the Great

*****

"The dignity of a physician requires that he should look healthy, and as plump as nature intended him to be; for the common crowd consider those who are not of this excellent bodily condition to be unable to take care of themselves."

Greek physician Hippocrates

*****

"By medicine life may be prolonged, yet death will seize the doctor too."

English author William Shakespeare

The last, full measure of devotion

SPC Jaiciae L. Pauley, 68W, 1st-30th Infantry, Dec. 11, 2009

SSG Ronald J. Spino, 68W, 274th Forward Surgical Team, Dec. 29, 2009

SPC Brian R. Bowman, 68W, 1st-12th Infantry, Jan. 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, 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 24,000. Deadline is 40 days before the month of publication. Unless otherwise indicated, all photos are U.S. Army photos.

Commander.....LTG Eric B. Schoomaker
Chief of Public Affairs.....Cynthia Vaughan
Senior Public Affairs Supervisor.....Jaime Cavazos
Editor.....Jerry Harben

Medics led WWII assault on Normandy

First Black Soldiers on beach earned Bronze Star Medals

Barrage balloons over a Normandy beach provide an obstacle to low-level enemy air attacks. (US Army photos)

by Dr. Sanders Marble

The first Black Soldiers ashore during the Normandy Invasion of World War II were the medics of the 320th Anti-Aircraft Barrage Balloon Battalion (Very Low Altitude), and they all received the Bronze Star Medal for their gallant actions on Omaha Beach.

Army policy in the 1940s mirrored national law: Blacks were in segregated units. The Army generally put Blacks into low-profile units in rear areas, such as ordnance and quartermaster — or labor units to build roads or load and unload ships and trucks. Only about 9 percent of Black troops based in Britain were in combat units.

There were a handful of Coast Artillery units (which then included anti-aircraft units) manned by Blacks, including four VLA barrage balloon battalions. These highly specialized units were important to protect amphibious landings: amid the confusion of an opposed landing, even a few air attacks could be very disruptive. Balloons were not the only defenses; friendly aircraft would help, as well as the Navy ships and eventually Army AA guns would be landed.

Cables hanging from the balloons would either snag low-flying bombers and strafers, or the risk of snagging would force the pilots to fly higher, where other AA units would have a better chance to engage them. Balloons were not a dramatic part of the air defense umbrella, but they were a necessary part.

It was clear Operation Overlord would need a barrage balloon battalion, and the 320th was the only one available. It had been organized in late 1942, trained through 1943, and shipped out to England in November. They continued training into the spring of 1944, including an amphibious landing exercise in May.

On June 2, 1944, they loaded around 150 balloons (one per landing craft to be sure most would reach shore regardless of losses) and waited; they would be the only Black unit landing on D-Day. The invasion was scheduled for June 5, but postponed a day because of rough weather, and on the morning of June 6, 1944, the first element to reach the shore was part of the battalion medical detachment: CPT R.M. Bevitt and the four Black enlisted men, SSG Alfred Bell, CPL Eugene Worthy, Tec/4 Waverly Woodson Jr., and PFC Warren Capers.

Woodson's landing craft hit a mine, killing most of the Navy crew and killing or wounding many of the Army passengers. Disabled, the craft drifted ashore with the tide and the men jumped over the side and waded to land. They set up their aid station and worked for the next 30 hours. Woodson had taken a fragment in the thigh, but continued ashore, was bandaged, and worked alongside his buddies; he later recalled "It hurt like hell."

The little aid station treated over 300 patients (over 10 percent of American wounded on Omaha Beach), ranging from simple abrasions to abdominal wounds, and worked until the beach was secure.

The 320th lost three men killed that day, and at least two wounded, as they got their balloons ashore and aloft under artillery, machine gun and rifle fire. All four medics received the Bronze Star Medal (there was no "V" device in WWII; all Bronze Stars were for gallantry), although Woodson had been recommended for the Distinguished Service Cross and all the others had been recommended for the Silver Star. (Office of Medical History)

SSG Alfred Bell

CPL Eugene Worthy

Tec/4 Waverly Woodson Jr.

PFC Warren Capers

Making smiles

LTC Tawanna McGhee-Thondique is Medical Command's nominee for the Department of Defense African American History Month Recognition Award. She is a staff surgeon and oral surgery mentor for advanced education in general dentistry at Fort Bragg, N.C., DENTAC.

McGhee-Thondique has started and supported many activities to benefit children during her assignments in Germany, at Fort Campbell, Ky., and at Fort Bragg. She has worked with Habitat for Humanity, Big Brothers/Big Sisters and a low-income church in Clarksville, Tenn. She and her husband donated a playground to the church and took the children on outings, such as a circus and a water park.

"My philosophy is that children can't know about things they've never seen," she said. "To aspire to a better way of life, they have to be exposed to that."

In Germany, McGee-Thondique helped children with applications for college. One year those children received $50,000 in scholarships, she said. Some of the children remain in correspondence with her.

"With time and not a lot of money, you can make a difference," she said.