ARMY MEDICINE
Bringing Value...Inspiring Trust

MERCURY

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Army Strong – Family Strong

Caring for wounded, ill, and injured Soldiers by supporting their Families and caregivers

see story page 6

http://www.armymedicine.army.mil
Mercury Comment

Army Medicine thrives in Culture of Trust

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

Trust is the foundation of Army Medicine. The impact of Trust in patient care is profound — it goes beyond the obvious trust between patient and provider. Trust extends throughout Army Medicine and our Army Family; it should characterize the relationship among our fellow Army Medical personnel — your co-workers — the relationship with installation and community leaders and the Nation through its elected officials, media and others.

Building and reinforcing the Culture of Trust is a key strategic initiative for the MEDCOM and all of Army Medicine. It seamlessly reinforces our vision of Bringing Value and Inspiring Trust. A Culture of Trust will permeate all facets of Army Medicine and is complementary to the Comprehensive Behavioral Health System of Care; Patient Centered Medical Home; Comprehensive Pain Management Campaign Plan; Medical Management Center; and every initiative aimed at reducing variance and standardizing and improving patients' health-care experiences, outcomes, and readiness.

I firmly believe implementing the Culture of Trust initiative will produce tangible and measurable improvements and results (i.e. customer service, patient outcomes, employee satisfaction, retention, efficiencies, etc.). It is Army Medicine's commitment to our beneficiaries to deliver and provide the highest quality and access to a system of health care.

Over the next year, you will be hearing and seeing a lot more about trust. We will review and revise our policies to ensure they promote trust; we will build and reinforce the skills and abilities throughout Army Medicine to grow and sustain trust; we will improve communications and increase transparency; we will learn from our mistakes and celebrate our successes; we are committed to ensuring Army Medicine remains an organization with a rich and proud heritage — America's Premier Medical Team.

I ask for your personal support and commitment in reinforcing our Culture of Trust.

Army Medicine: Bringing Value…Inspiring Trust

Permissive TDY can further continuing education

MSC officer studies tropical frogs at no expense to government

by CPT Jules Toraya

The opportunities to continue professional education as an active duty Soldier are more available than most Soldiers realize. I am a Medical Service Corps officer that was fortunate enough to utilize Permissive Temporary Duty (P-TDY) opportunities outlined in Army regulations to enhance my professional education.

It was the end of 2006, and I had just redeployed from Iraq with the 172nd Stryker Brigade Combat Team. Life was good; I was a Stryker medical platoon leader when I was suddenly offered an opportunity to continue my education as a field biologist in the Caribbean. My former college advisor, Michael Moore, Ph.D., a vertebrate biologist at Mercer University, wanted me to help him survey the population of golden tree frogs in the Elfin Woodlands of Trinidad and Tobago.

This initiative was going to be hard to sell to my chain of command. The brigade was in the middle of equipment and personnel re-set in Alaska, and I was unsure if my leadership would provide time off so that I could hunt for frogs in the tropics with scientists (while everyone else in our battalion was sucking in Alaska during the winter). After already earning the title "tree hugger" for pushing the start of a recycling program in my battalion, I wasn't sure how this initiative was going to be perceived by my leadership.

Before engaging my chain of command, I consulted the NCOs and physician assistant in the platoon, who advised me to examine Army Regulation 600-8-10 *Leaves and Passes*. I took their advice and found that Section XVI "Permissive Temporary Duty" Subsection 5-31 states: "Commanders of units normally commanded by officers in the rank of lieutenant colonel or higher are authorized to approve, when period of absence is 10 days or less". Subsection 5-33 (a) states: "A nonchargeable absence from duty may be granted at no expense to the government to perform a semi-official activity that benefits the Service and the Soldier". The educational opportunities that can fit within this language are infinite. I had found my golden ticket!

Confident about the feasibility of the trip, I built a P-TDY packet which consisted of: my professor's letter of justification, DA 31, *Current Leave and Earning Statement*, risk assessment, and proof of a foreign country from my unit's S-2.

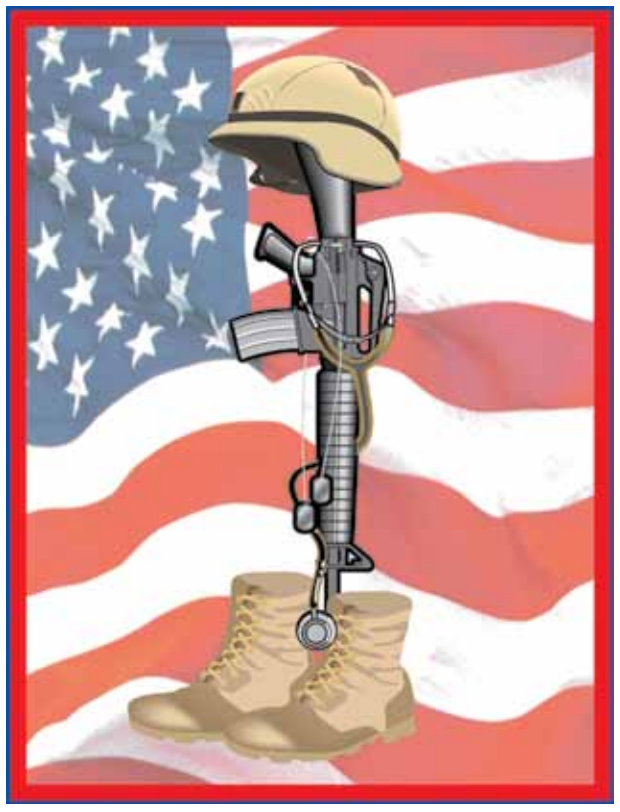
Next thing you know, I was sitting in my supervisor's office quietly as he examined my paperwork. We shared a mutual smile as he endorsed the request and wished me luck with the battalion commander. Before I could be called into the battalion commander's office to justify my request, I found out it was approved from our adjutant.

It turns out leaders can nest their personal academic goals far beyond traditional military education in order to stay current within their fields of interest. Despite the ever increasing responsibilities of today's Soldiers, leaders with the right initiative and planning can accomplish their educational goals, as long as they understand how to utilize Army regulations to their advantage.

The data that Dr. Moore and I collected was later organized into a draft and submitted for publication in *The Caribbean Journal of Science*, a peer-reviewed scholarly publication.

There are several key aspects to consider when planning, resourcing and executing a successful P-TDY. First, every Soldier must work around the mission and find windows of opportunity within the unit's training schedule. Then, resourcing non-military funding, Soldiers can seek out scholarships or fellowships that will cover their expenses. Soldiers can even pay out of pocket in order to resource educational opportunities; as long as there is no expense to the government. Finally, linking the education opportunity to benefit the service and the Soldier is the lynch pin that provides commanders with incentive to authorize P-TDY.

Effective leaders know sharing knowledge gained from experience can make a big difference in how Soldiers get the mission done; hopefully my experience helps other Soldiers to pursue their educational goals!



The last, full measure of devotion

SGT Raymond C. Alcaraz Jr., 68W, 173rd Brigade Support Battalion, Aug. 31, 2010

Mercury

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Army medical leaders plan for future

by Sylvia Pere

The Surgeon General of the Army, LTG Eric B. Schoomaker, welcomed more than 50 Army Medicine general officers and Senior Executive Staff, retired generals, and officer, civilian, and enlisted leaders to the Executive Leader Strategic Planning Conference held in Lansdowne, Va.

Schoomaker said Army Medicine leaders need to continuously look at the utility of the Balanced Scorecard (BSC) process through forums for open dialogue about the future, ensuring they have not missed any high visibility initiatives. The BSC is considered a communication tool, a memory device and a "rudder in the storm" for Army Medicine.

One of the biggest current challenges, Schoomaker said, is a tendency to be engaged in the "popcorn war," which involves daily tasks and activities. People can be in danger at times of "never being able to lift ourselves out of the waves long enough to hit the other shore," he said.

The focus of the two-day offsite was not to "refresh" the BSC, but rather on those critical things that may have been missed: what are current performance gaps?

Conference participants conducted a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis to determine the current state of Army Medicine. A list of Customers/ Stakeholders, identified in 2008, was updated. Performance gaps for the next 18-24 months were identified, which are Schoomaker's "Ultimate Burning Platforms:"

Patient-Centered Medical Home

Behavioral Health System of Care

Medical Management Centers

Army Pain Management Campaign Plan

Build a Culture of Trust

Schoomaker expressed the need to put an aggressive timeline on these issues. These will become our "Strategic Inheritance," he said. He also acknowledged that this is the final year of his command, and explained that Army Medicine needs a course and azimuth for the first three to six months of the new commander's leadership. He felt that this conference would be a good time to get advice and make decisions upon those issues where focus is needed.

Schoomaker reconfirmed the firm foundation that the BSC brings to Army Medicine. The BSC is a leadership and management tool that is a practical way for managing the day-to-day, while having a line of site on the future.

Retired LTG James Peake established the first BSC and the current process of BSC quarterly performance reviews.

"We continue to use these (reviews) as a means of evaluating in meaningful ways to selectively launch initiatives to bring us to the next level to push us over the hump," Schoomaker commented. He also said these reviews are of great value and provide a very important forum for open discussion, for evaluating progress, challenges, and outcomes; and that if the BSC is used faithfully, it will give a good sense of direction.

The conference work began with reviewing the components of the BSC. Schoomaker commented that the Army Medicine Mission Statement has stood the test of time and is intentionally broad. The mission statement speaks to why we are here, what we are about, and what we see as our long term plan.

The AMEDD Vision has endured as well. The phrase, "…and inspiring trust" was added to show that Army Medicine feels strongly and passionately about trust.

Consequently, the Platform/ Culture of Trust was developed and MG Patricia Horoho has taken the lead on this extremely important issue to Army Medicine.

"Inspiring trust is a method, not a goal," Schoomaker emphasized.

Schoomaker explained that the Army Medicine Strategic Themes are not necessarily goals unto themselves. For example, the theme of "Build the Team" — we build teams no matter who we are or where we are going (Iraqi Army, International Enduring Partnerships). The theme of "Balance Innovation with Standardization" — innovation should be balanced with standardized processes for behavioral health across the Army (best of breed models to reintegrate Soldiers). We need to know that we have done everything to avert adverse outcomes.

Strategic objectives have remained constant, and Schoomaker integrates them in every encounter he has with customers and stakeholders. For example, when he discusses energy savings, this correlates to the strategic objectives R 21.0: Optimize Resources and Value. Discussions surrounding the issue of the medically non-ready Soldier are correlated with CS 3.0: Improved Healthy and Protected Warriors.

In support of the Army Family Covenant, access and continuity are important and should be of the highest quality. There have been great improvements in availability of services, which has resulted in a gratifying and steady improvement in Wounded Warrior patient satisfaction. Walter Reed Army Medical Center currently stands at over 90 percent satisfaction.

Schoomaker concluded with, "Someone will take over my role. That person needs to be involved in the planning." He said Army Medicine must always be focused on organizational improvements and finding solutions to real problems, so that it is always moving towards its Vision.

For additional information about the Army Medicine BSC, go to: https://ke2.army.mil/bsc (AKO password required) or www.cs.amedd.army.mil/BSC_login.aspx (CAC login provided). (MEDCOM directorate of strategy and innovation)

New regions, Public Health Command advance

by Jerry Harben

Medical Command's reorganization reached major milestones in October, with four regional medical commands (RMC) in the continental United States (CONUS) consolidated into three new RMCs, and the Army Public Health Command (Provisional) achieving initial operational capability.

The Western, Southern and Northern RMCs and their aligned regional dental commands in CONUS now align with TRICARE regions. The RMC headquarters have a standard organization design, with full-time employees rather than medical center staff performing both local military treatment facility and regional jobs.

"This reorganization is about codifying the RMC structures. RMCs will no longer rely on an ad-hoc headquarters that robs strength from MTFs, and ultimately patient care," said COL Rebecca Lange, MEDCOM reorganization project manager at MEDCOM Headquarters. "Additionally, these reorganized regions will be better postured to support all Army components throughout every phase of the ARFORGEN (Army Force Generation) process."

"It will also provide improved access to care. With the RMCs aligned with TRICARE regions, we will better integrate direct and purchased care", added SSG Nathan Echols, a member of Lange's team.

Each RMC now has a readiness division to coordinate and synchronize support throughout the ARFORGEN cycle. MEDCOM established a readiness division task force, which is developing an implementation plan for these divisions, located at Fort Bragg, N.C.; Fort Bliss, Texas; and Fort Gordon, Ga. A senior medical center commander will be the deputy commanding general for readiness, while the regional dental commander will be the director of readiness. Each readiness division will be staffed with about 21 people.

The RMCs in Europe and the Pacific are scheduled to reach their initial operating capacity on April 1, 2011. They are not changing regional boundaries, but are establishing standardized headquarters structures.

"While the overall mission of the Pacific and Europe RMC remains the same, the RMC structures will be a scaled version of the standardized organizational design adopted by the CONUS RMCs reflecting their unique missions overseas," Lange said.

Achievement of four milestones brought Public Health Command to initial operating capability on Oct. 1.

"IOC targets included submission of our command implementation plan to Department of Army, establishment of the Army Institute of Public Health, implementation of a 'portfolio management' process, and integration of regional public health and regional veterinary commands," said John J. Resta, PHC (Prov)'s deputy for technical services and transition team leader.

The command implementation plan is a basic document used in the creation of organizations; it lays out the organization's structure and authorized personnel, Resta explained.

"Portfolios aligned into functional mission areas and managed at the Army Institute of Public Health will allow PHC to oversee public health services throughout the MEDCOM," he said. The portfolios consist of the former Center for Health Promotion and Preventive Medicine's technical directorates and a Veterinary Services Portfolio. This newly created portfolio will oversee all animal medicine and food protection services including those at the installation level, which now are aligned to the USAPHC (Prov).

Tragedy produced timely, skillful response

by Jeri Chappelle

On a cool, dry fall afternoon in 2009, bullets sprayed into a crowd of Soldiers turned the deployment processing area of Fort Hood, Texas, into a war zone of a different kind.

The Nov. 5 tragedy left 13 dead and 31 wounded. Behavioral health professionals know that traumatic events become a part of one's life experiences that color the soul forever. For the Soldiers and civilians in the Fort Hood Soldier Readiness Processing Center that day, life changed forever.

In 2009, the medical portion of the SRPC was separate from the main administrative area where Soldiers update ID cards, wills, and other personal information. Darnall Army Medical Center staffed the medical portion with administrative personnel, medics and counselors that process more than 60,000 deploying and redeploying Soldiers each year.

On Nov. 5, 2009, 18 units were going through readiness processing. On that day, 735 deploying Soldiers and SRP staff were in the building.

As the media provided worldwide coverage of the unfolding tragedy, help came from all directions. Just hours into the incident, Darnall requested additional behavioral health assets to augment the already fully engaged staff assigned to the behavioral health department.

More than 90 providers and support staff from throughout the Department of Defense quickly arrived. Professionals came from Brooke Army Medical Center, Eisenhower Army Medical Center, Military Family Life Consultants, 2nd Medical Brigade, Office of the Surgeon General, 85th Combat Stress Control Unit, Uniformed Services University of the Health Sciences, Air Force Traumatic Stress Response Team, and the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury. The TRICARE Network increased provider availability, and the community stepped in to help.

"Many at the scene were trained responders," said COL Steven E. Braverman, Darnall's commander, "and although they hadn't practiced as a team, they were very experienced in emergency medicine in a war zone. This enabled them to assess and treat individual victims quickly and appropriately on scene."

The first casualties came to the emergency department (ED) within minutes of the shooting, and Code Gray (mass casualty) was called to activate the hospital response and set up the emergency operations center.

"Once we reached our capacity in the ED, we started diverting the injured to two local hospitals," Braverman said.

After the immediate mission of patient care was stabilized, the next mission was to help identify affected personnel and address emerging behavioral health care needs. Later, a long-term plan was developed for Fort Hood to ensure sufficient resources continued to meet other needs as they were identified.

A panel of national experts convened at Fort Hood Nov. 18 to review, discuss, and provide input to Fort Hood's behavioral health plan. The panel was composed of 19 civilian and military professionals with expertise in disaster medicine, traumatic stress, community health, child and family services, leadership and risk communication. Representatives from III Corps planning and the medical center's command group also served on the panel.

Lori Geckle and Bethney Davidson, two risk communicators from the Army's Public Health Command (Prov) at Aberdeen Proving Ground, Md., were integrated into the behavioral health team and developed methods for III Corps and Darnall leaders to communicate to Soldiers, Families, employees, staff, commanders and the community.

"Research shows that people judge the quality of information and responses based on trustworthiness. A poor response by even one individual could likely increase a person's concern or outrage," Davidson said.

Davidson and Geckle spent weeks at Fort Hood providing training sessions to help improve communication skills for those dealing with high stress/low trust situations to help individuals move toward recovery. They also developed scripts for command video messages, assisted in developing III Corps messages for TV town halls and messages for Darnall town hall meetings for the medical center staff.

Having had experience in previous tragic events, Davidson and Geckle knew the public would want to contribute to the healing process. Various agencies and groups were offering help, but how could an individual contribute? They developed an online survey asking for individual feelings, fears and expectations to get a true sense of where the community stood.

"Over 2,600 people responded to the survey," said Geckle.

"So many in the community wanted to do something, to donate, to volunteer," Geckle added.

The survey results were provided to the Fort Hood command as feedback from the community. Results would support the behavioral health campaign to come.

Just minutes after the last patient was transferred out of the emergency department on that day, staff began the all-important after-action review (AAR).

"The military requires AARs," said COL Joan Vanderlaan, who was the deputy commander for nursing and the medical center's liaison to III Corps headquarters during November 2009. "It's a known expectation so people take notes. Information started coming from all over the hospital; we didn't care who submitted comments and ideas. If comments make it better for the next situation, they are valid."

Staff members' input was consolidated into 60 items that either needed improvement or actions that the medical center wanted to sustain. Vanderlaan organized the AAR comments into the Joint Commission's six critical categories of emergency management: communications, resources and assets, safety and security, staff responsibilities, utility management, and patients and clinics.

"We were set up for success," explained Braverman, "It happened during business hours, hospital leadership was present. The ED had just completed grand rounds, the most experienced EMS director was on duty, and teams were assigned to and stayed with beds. Our staff acted magnificently."

Nevertheless, everything did not go as well as had been practiced in mass-casualty exercises before that day. In fact, Darnall was set to complete the second part of a community-wide exercise Nov. 6. The real thing was used to satisfy the MEDCOM and Joint Commission requirements to hold two training exercises per year.

Some of the things that did not go well on that day included the tracking of patients, communications inside the hospital and with outlying clinics, access to the post during installation lockdown, and security and crowd control in the ED.

"Patient tracking — location, status, prognosis — was an issue because of media interest and HIPAA, the patient's right to privacy with regards to medical conditions," said Vanderlaan, "In the military environment, commanders also have a `need to know' about Soldier health. We were asking civilian hospitals for information they were not used to releasing and a culture gap existed. Darnall adapted by sending medical liaisons to civilian hospitals to get information in a way that was compliant with HIPAA."

"Triage didn't happen as written in our medical emergency management plan, either," Braverman said. But that was a good thing.

"The reality is, the skills of people on the scene saved lives. Combat lifesavers that were not part of our staff went into combat mode. Secondary triage at the ED front door helped get the injured cared for very quickly," he said.

As the incident continued during the evening hours, an important concept emerged — one voice, one person in charge. LTG Robert Cone, III Corps and Fort Hood commander, was the steady, compassionate voice of reason that reassured the community that Fort Hood was a safe place and things would be made right again.

The one voice, one person in charge concept had to be drilled down to exchanging information between commanders and writing reports for higher commands. Everything went through III Corps HQ.

Darnall's Joint Performance Improvement Committee (JPIC) meets twice monthly to go over performance improvement initiatives and various accreditation standards. The committee, made up of deputies, special staff, department chiefs and non-commissioned-officers-in-charge, reviewed the AAR on Dec. 1, 2009, and again in February 2010.

"The focus of those meetings was to get feedback about whether we had performed up to our expectations," Braverman said.

In May 2010, Darnall conducted a mass casualty exercise to test whether the areas identified as needing improvement were indeed improved.

"We used an exercise scenario that challenged the areas we wanted to improve, such as patient tracking and pre-made trauma packets. There was a different level of confidence — the kind you get when everyone is well trained," Braverman said.

Darnall has settled down to a new normal. Some of the injured continue medical treatment and many have deployed or gotten out of the Army.

Fort Hood will hold an awards ceremony Nov. 5 to recognize outstanding efforts during the shooting. Other events will be held to remember the victims and bring the community together. New buildings will be built to replace the Soldier Readiness Processing Center. (Darnall)

Capsules

Africa

Some 100 U.S. military personnel joined in Medflag 10, a joint training and humanitarian assistance exercise in Kinshasa, capital of the Democratic Republic of the Congo.

"Soldiers on both sides received classes on triage, emergency treatment and evacuation techniques, and later on we conducted a medical humanitarian mission where we treated over 1,700 people from the Kinshasa community on the medical and dental sides," said MG David R. Hogg, commander of U.S. Army Africa.

During the humanitarian mission, patients were treated for illnesses ranging from high blood pressure to malaria. The most common problem encountered was patients with eye problems. Dentists provided care ranging from basic oral hygiene to tooth extraction.

Hawaii

The 18th Medical Deployment Support Command completed a certification exercise and became officially initial mission capable to perform its wartime mission as command and control for all medical units assigned and attached in the U.S. Army Pacific theater of operations.

During Ulchi Freedom Guardian 2010, an annual exercise for U.S. and Republic of Korea forces, the headquarters convoyed to the Schofield Barracks leaders field, set up a command post and conducted operations with its main command post at Fort Shafter and other units participating in the exercise.

AMEDD Center and School

Nine people — including enlisted Soldiers and civilians — were commissioned into the Medical Service Corps in order to attend the Army-Fayetteville State University Master of Social Work program. The program began in 2008 to meet needs for social workers, but previously was limited to commissioned officers.

"What many of us wanted for the longest time was to be able to take officers, NCOs and civilians and send them to this wonderful program, and produce Army social workers to take care of Soldiers, retirees and their Family members," said MG David Rubenstein, commander of the AMEDD Center and School. "We are pleased and proud to be able to do that."

Iraq

Thirteen Medical Service Corps officers at Contingency Operating Base Adder in Iraq met by videoteleconference with MG David Rubenstein, chief of the MSC. Rubenstein said the MSC ranks second in retention and MSC officers see higher than average promotion and command opportunity rates. He said for MSC officers to succeed, they must have a good balance between medical facilities and operational assignments, and he encouraged junior officers to work in multiple positions and concentrations before deciding on a specialty.

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BG Rhonda Cornum, director of the Comprehensive Soldier Fitness program, helped open the Warrior Resiliency Campus at Camp Taji, Iraq. The converted headquarters building has a theater room and gaming center to help Soldiers relax, an obstacle course and boxing ring for physical training, privacy booths for telephone and video calls home, and nutritional, chaplain and combat stress counseling available.

Afghanistan

Members of the 541st Forward Surgical Team (Airborne) conducted combat lifesaver courses for soldiers from Germany, Montenegro, Croatia, Hungary and Aghanistan at Camp Pannonia, Pole Khumri, Afghanistan. Training included control of life-threatening bleeding, first treatment of chest and airway injuries, immediate evacuation procedures and preparation for medical evacuation.

Madigan

Staff members at McChord Clinic developed an eight-week course for expecting parents that focuses on couple-building, self-care and an "owner's manual" for the baby.

"We are teaching the class about friendship, infant care, communication, time outs, problem solving — all the things that go into a relationship, in order to really help them when that new baby comes home," said Cyndi Mellor, the program director.

SHORT SHOTS

Some 200 disabled active-duty service members and military veterans will compete in the second Warrior Games, which have been scheduled for May 16-21, 2011, in Colorado Springs, Colo. Events will include shooting, swimming, archery, track and field, cycling, sitting volleyball and wheelchair basketball… The Excellence in Preventive Medicine Awards, to be presented at the Armed Forces Public Health Conference, recognize individuals and units. Any employee may nominate an individual or a unit. Send award submission narratives to AFPHC@amedd.army.mil before Dec. 1. An award committee will review the submission packages. Additional information is available at https://usaphcapps.amedd.army.mil/AFPHC/. See "Awards," "Army Awards."

Dr. William Swann, primary care director for the warrior transition unit at **Fort Meade, Md.**, was named Physician of the Year by the Maryland Association of Osteopathic Physicians…The dissertation of **LTC Kristen Casto**, a research audiologist and chief of the acoustics research branch at the **Army Aeromedical Research Laboratory**, was selected as the outstanding dissertation in aerospace human factors for 2010 by the Aerospace Human Factors Association.

Madigan Army Medical Center won the co-ed softball championship of Joint Base Lewis-McChord…**SGT April McGarity**, a nutrition technician at **Brooke Army Medical Center**, was selected to the all-tournament team after helping the Army to win the Armed Forces Women's Softball Championship…At the Army Visual Information Competition, the **AMEDD Center and School's** TV branch won first place in the recruiting category, second place in the training category and third place in documentary category.

The **Fort Hood Warrior Transition Brigade** opened a new fitness facility which includes fitness balls, hand weights and elliptical machines that can be adapted for a user with physical injuries…**SSG John Wayne Walding**, who earned a Silver Star and gave a leg in Afghanistan in 2008, has become the first amputee to graduate from the Special Forces Sniper Course.

A $5-million state-of-the-art blood donor center opened at **Fort Bragg**…Lawrence Joel Army Health Clinic at Fort McPherson has become **Lawrence Joel Troop Medical Clinic**, reflecting a changing mission as the installation prepares for BRAC closure next year.

Irwin Army Community Hospital at Fort Riley has been reaccredited by the Joint Commission.

Take a walk

SPC Richard Bonnell, a Soldier in the Brooke Army Medical Center Warrior Transition Battalion, and animal handler Becky Atkinson stroll through a garden with Anna, a 4-year-old German Shepherd. Bonnell is taking part in a study measuring the effectiveness of animal-assisted therapy using dogs.

Wounded warriors in the study attended life skills classes and then spent 30 minutes with therapy dogs and handlers. They taught the dogs obedience lessons and had time for "playful interaction."

The potential benefits include decreased stress and anxiety, improved mood state, overall health and wellness, and increased confidence.

"We are optimistic that some of our outcome measures will show that they have made a difference in Soldiers' lives," said MAJ Carol Haertlein Sells, principal investigator. (Photo by Chondra Perry, Brooke)

November features warrior care programs

The Army has designated November as "Warrior Care Month" to highlight the contributions and sacrifices of wounded warriors and their Families, and the Army's determination to provide all medical treatment and support needed as they recover and transition back to duty or to civilian life.

The month's theme is "Army Strong – Family Strong: caring for warriors by supporting Army Families."

Highlights

"Warrior Care Month is an opportunity to highlight recent Warrior Care and Transition program initiatives that have been developed and are being developed to improve warrior care, especially those dealing with the transition of Soldiers beyond warrior transition unit (WTU) assignment into the next phase of their lives," said COL Darryl Williams, Warrior Transition Command (WTC) Commander. "WCM 2010 will emphasize the support and assistance of Families and caregivers as a critical element of the healing and recovery process for every wounded, ill and injured Soldier."

During Warrior Care Month, WTC, through MEDCOM's regional medical commands, will be working with WTUs, community based warrior transition units (CBWTU) and the Army Wounded Warrior Program (AW2) to conduct outreach events and engagements to inform and educate warriors in transition (WT), AW2 Soldiers, veterans, their Families and caregivers, local community members and the wider Army Family about Army programs and initiatives to improve outpatient care and transition services.

Support

To support the Families and caregivers in their new role, services are expanding to support Families and caregivers in such areas as medical record access, social services and counseling, resiliency and transition planning.

"We get it," said Williams. "The Army is actively seeking innovative ways to include Families and caregivers in warrior care programs and processes. For example, Soldier Family assistance centers (SFACs) work with WTUs as a one-stop shop for warriors in transition and their Families to find information and assist with personal needs ranging from housing and transportation to childcare and assistance from Veterans Benefits Administration representatives to apply for and set up services so there will be no delay in receiving disability benefits and services when Soldiers leave the Army."

Events

To highlight theses and many other Soldier-Family centric issues during Warrior Care Month, the Army will be hosting education and outreach events at the WTU/CBWTU/installation level to increase visibility for warrior care programs that inform, support, and include the Families and caregivers of wounded, ill and injured Soldiers. In addition, the local community, business leaders and elected officials will be invited to events in order to provide them with information and to assist in making key linkages with WTU cadre, Soldiers, and Families.

Outreach

"Career fairs, open houses, professional development sessions, SFAC openings, program kick –offs and other opportunities to highlight Family/caregiver appreciation will be encouraged during Warrior Care Month," said Williams. "I'm anticipating WTU/CBWTU staff, along with our AW2 advocates will be creating some very exciting local outreach events to inform and educate our Army stakeholders and local communities about Warrior Care."

Information about Warrior Care Month activities is available from local WTU/CBWTU/AW2 officials or on the World Wide Web at http://wtc.armylive.dodlive.mil/. (Warrior Transition Command)

Stretch it out

LTC Michele Spencer of the 48th Combat Support Hospital (standing) leads a free yoga class at Fort Meade, Md. The Army Surgeon General, LTG Eric B. Schoomaker, is considering yoga and other alternative therapies such as biofeedback, acupuncture and meditation to help Soldiers with acute and chronic pain.

"It eases the joints where there is pain," said SFC Felicie Spencer, a member of the warrior transition unit at Kimbrough Ambulatory Care Center. "It's excellent. Sometimes I don't want to leave, I'm so comfortable."

"People who have been downrange are frequently in a state of hypervigilance — they have to be in order to do their jobs. They have lost the ability to relax," said Gabriele Evans, who teaches yoga lessons to Soldiers at Stuttgart, Germany. "By focusing on the breath — slowing it down — Soldiers learn to claim the nervous system and reconnect to their bodies."

Earlier this year, The Surgeon General's Pain Management Task Force recommended a comprehensive pain-management strategy that is holistic, multidisciplinary and multimodal in its approach.

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

"I think it's a good idea," said Dr. William Swann, chief primary care manger at Fort Meade's warrior transition unit.

Swann is a certified Tai Chi instructor and has been trained in Qigong, mindfulness and HearthMath, a stress-reduction management program.

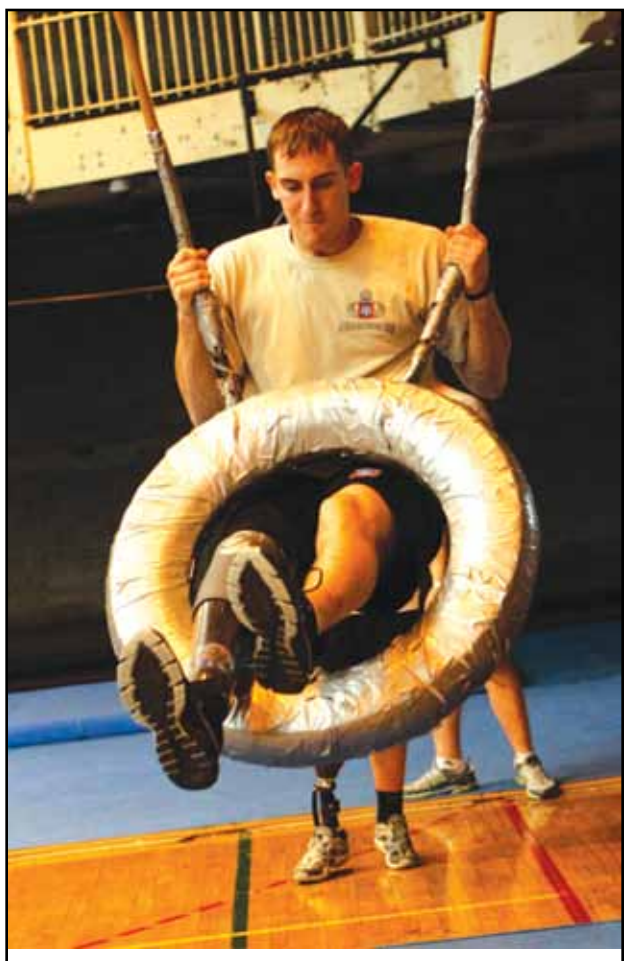
Swann said the goal of combining alternative therapies with traditional medicine should be to allow Soldiers to "take ownership of and be involved in their own healing from this mind-body perspective."

Dr. Stacey Ketchman, a supervisory psychologist at Womack Army Medical Center at Fort Bragg, N.C., said Womack has successfully used biofeedback to treat pain in Soldiers for two years.

"We wanted to provide another way of treating pain that did not involve medication or invasive procedure," Ketchman said.

"To make alternative therapy mainstream, that's the exciting part," said LTC Michele Spencer, who before assignment to Fort Meade taught Vinyasa yoga to Soldiers in Baghdad, Iraq.

"We were being bombed every day," she said. "The energy was very dark, but what great light it was to have such a peaceful practice." (Photo by Lisa R. Rhodes/Fort Meade. Susan Huseman of Stuttgart contributed to this report.)



Adapt and overcome

SPC Nicholas Edinger passes through a swinging tire at the West Point Indoor Obstacle Course. Edinger, who gave a leg in Afghanistan in 2009, was one of six wounded Soldiers and one Marine from Walter Reed Army Medical Center who took on the obstacle course to the cheers of the Corps of Cadets.

"These outstanding Soldiers are a testament to the amazing power of the human spirit. They make no excuses for their so-called disabilities, and they drive on with an indomitable grit that is truly remarkable. Every single cadet should take notice and emulate their invincible spirit," said COL Gregory Daniel, head of physical education at the U.S. Military Academy. (Photo by Mike Strasser/West Point)

18D earns Silver Star

SFC Jonathan Clouse, a Special Forces medical sergeant, was one of seven Soldiers in the 7th Special Forces Group (Airborne) who received the Silver Star for heroism in Afghanistan. The award is the Army's third highest decoration for valor.

Clouse was working with a Marine unit on June 26, 2008 in Herat Province of Afghanistan, when the unit was ambushed. Three times Clouse ran through machine gun and small-arms fire to treat the wounded and establish a casualty-collection point for evacuation.

He treated four injured Marines and one Afghan soldier.

"He repeatedly rushed through the kill zone in order to render aid to some of the fallen Marines that were around him," Marine MAJ Danny Strelkauskas, the team leader, told the *Fayetteville Observer*. "In the process, he was shot in the back of his body armor where he had a battery, and it ended up igniting and he was on fire."

Clouse helped call in air strikes to defeat the attack.

"The real honor that I feel is the honor for having stood side by side and fought alongside some very great warriors," Clouse told the *Fayetteville Observer*. "Getting a Silver Star pales in comparison to the honor that I feel at having served alongside those men. The honor was being there that day."

"Where on Earth do we get men like these?" asked COL James Kraft, 7th SFG(A) commander, during the presentation ceremony. "We know full well the tremendous cost that comes with that kind of devotion, and we will never forget the sacrifice." (Special Operations Command and the *Fayetteville Observer* contributed to this report.)

Training

SSG Nephi Duverge instructs 1LT Philip Arobelin performing an emergency cricothyrotomy and initiating an intraosseous infusion during training for medics of Madigan Army Medical Center at the Joint Base Lewis-McChord, Wash., medical simulation training center.

"This is an opportunity to take medical knowledge out of the hospital environment and into a more stressful environment," said SSG Scott Garrison. (Photo by Tawny M. Dotson/Madigan)

Helping

SGT Cornel D. Sampson of 1st Battalion, 102nd Infantry, removes an old bandage from an Afghan girl's burned arm at Forward Operating Base Mehtar Lam. Medics sometimes treat Afghan civilians who have no access to other medical care. (Photo by SPC Albert L. Kelley/300th Mobile Public Affairs Detachment)

Plasma may join medics' tools

by Alexandra Hemmerly-Brown

Blood plasma, the liquid component of blood, is being considered again in its dried form as an addition to Army medics' kit bags.

Plasma, which is made up of water, proteins and clotting factors, was used during World War II as a battlefield treatment, but was discontinued in its dried form in the 1960s due to hepatitis contamination. However, with hemorrhage being the most common cause of potentially survivable deaths on the battlefield, doctors have been looking to bring back dried plasma in order to stop bleeding in a deployed environment.

"We in combat casualty care research are very excited by the fact that on the horizon we have potential dried blood products in the pipeline, to potentially extend the ability to give clotting factors before reaching a deployed hospital," said COL Lorne Blackborne, commander of the Army Institute of Surgical Research.

Currently, most Army medics are armed with fluids such as Hextend to administer to injured and dehydrated Soldiers, however such fluids dilute clotting factors, making it more difficult for wounds to stop bleeding. Using rehydrated plasma doesn't have the same negative effects.

"We are going back and doing that again in a safe way, where there won't be the risk to the troops. We will actually be able to improve their ability to clot or to be able to stop the bleeding," said COL Dallas Hack, director of the combat casualty care research program.

Dried plasma is an ideal treatment for the battlefield because of its packaging — plasma becomes revived to its original form when mixed with water, and can be administered quickly. Studies show that giving patients plasma before they reach a hospital improves their possibility of survival, Hack explained.

Clinical trials are now being conducted, and Hack said Soldiers can expect to see dried plasma being used again within three to five years.

"We are working very, very hard to speed that up," Hack said. (Army News Service)

Pain blocking helps patients in theater

New pain relief measures are being employed by anesthesiologists at three coalition hospitals in Afghanistan to help Soldiers suffering from traumatic injuries caused by improvised explosives devices.

Originally developed in civilian hospitals, the new pain management system uses high-definition ultrasound machines to insert peripheral catheters and deliver regional anesthesia to targeted nerves to block pain.

The techniques offer an advanced form of immediate pain relief that lasts up to six weeks — far longer than intravenous drugs and narcotics, said LTC Kevin Brady, deputy surgeon for the Joint IED Defeat Organization (JIEDDO). Brady deployed to Afghanistan to provide training to anesthesiologists in Kandahar, Baghram and Bastion.

"These pain relief measures will make a significant difference in the comfort of Soldiers in their journey home," Brady said. "By stopping the pain early, we've improved all elements of a wounded warrior's recovery, both physically and psychologically."

Previously, warfighters who suffered from a loss of arms and legs from IEDs were treated with high doses of narcotic drugs that can be associated with complications.

The pain blocking technique can be employed within minutes of injury in theater and can lessen the time a Soldier would otherwise be in pain during transport from the battlefield to Landstuhl Regional Medical Center in Germany, and then to medical treatment facilities in the United States.

The Army Surgeon General chartered a pain management task force in August 2009. The task force was composed of representatives from Army, Navy and Air Force medicine and addressed all aspects of pain in deployed and garrison settings. (Adapted from an article by the Joint Improvised Explosive Devices Defeat Office)

Smokeout is good time to kick habit

by Marcie Birk

Are you a tobacco user? Are you tired of wasting money on cigarettes? Are you worried about what cigarette smoke is doing to your health or the health of your children? Are you ready to quit?

Then the Great American Smokeout on November 18 is for you!

Each year, more than 400,000 Americans die from cigarette smoking. Smoking tobacco causes chronic lung disease, heart disease and stroke, as well as cancer of the lungs, larynx, esophagus, mouth and bladder.

These long-term risks of tobacco use are deadly serious. But tobacco damages your health from the first puff. For example, the nicotine in tobacco reduces blood flow to the muscles, therefore increasing the risk for injuries and slowing the healing process. Nicotine also lowers the level of testosterone in the blood and can lead to impotence for men. Tobacco reduces night vision, which can be a serious problem for Soldiers.

If you want to quit using tobacco, ask your health-care provider to recommend a local tobacco-cessation program. Studies have shown that participation in a structured program significantly improves the chance for success.

The following steps help get started.

Step One: Pick a quit date. The Great American Smokeout is a great day to quit. Mark November 18 on your calendar. Write a list of reasons you want to quit using tobacco and get yourself ready to break free from tobacco addiction.

Step Two: Establish a tobacco-free zone. Throw away ALL cigarettes, matches, lighters and chew. Clean and deodorize your house, car and clothing. Get rid of the ashtrays in your house and pick up cigarette butts in and around your yard. Ask your friends and family NOT to smoke in your house, in your car or around you for at least three weeks.

Step Three: Avoid situations that lead to tobacco use. Think about those times that you use tobacco. Is it during break time at work? While driving? When talking on the phone? At a bar? If you can, avoid those places or situations for a few months. In situations you can't avoid, substitute a new, enjoyable behavior for smoking. For example, instead of lighting up when driving, have a lollipop. When talking on the phone, keep your hands busy by doodling on a piece of paper. During break time, take a walk around the building, bring in a favorite magazine to read or listen to the radio.

Step Four: Take care of yourself. Enjoy your meals. Sharper taste and smell will be early, noticeable benefits of your freedom from tobacco. Calculate how much money you're saving and buy something for yourself.

Use the "five Ds" to help with urges:

Deep breathing — Take slow, deep breaths to feel relaxed and in control.

Drink water — Drink at least eight glasses a day to flush the nicotine from your system.

Do something else to keep busy — Be physically active. Chew sugar-free gum. Listen to music.

Discuss your urge with a friend or Family member.

Delay — Don't reach for tobacco right away. Count from 100 to 200. Think pleasant thoughts. The urge to smoke passes in three to five minutes whether a person smokes or not. (Public Health Command)

You could have money waiting for you in unclaimed asset accounts

by Linda Turner

Have you ever lost money without even realizing it? Like most people, your first response is probably no. You may misplace your car keys or cell phone or forget where you parked at the mall, but money is another matter. Most people usually know not only where their money is, but also how much they have, sometimes right down to the penny.

Believe it or not, it is easier than you think to misplace assets. Millions of people have lost several billions, possibly *trillions*, of dollars without missing a dime. They moved without putting in a change of address or changed their name through either marriage or divorce, completely forgetting about security or utility deposits, a safety deposit box and its contents, bank accounts. Add travelers checks that were never cashed, dividend checks that were never forwarded to your new address, even unused gift certificates that were misplaced or forgotten, and you have billions of lost dollars floating around the country.

Lost money is not necessarily lost forever. Unclaimed property laws have been in existence for decades, and both the federal and state governments keep track of unclaimed assets. Thankfully, there is no statute of limitations on recovering lost money and property. If the original owner dies, his or her heirs can file a claim with the state's unclaimed property office to recover their deceased loved one's property, even if it has been lost for decades.

Discovering if your state — or any state you ever lived in — has lost money that belongs to you is easier than you might think. Every year, newspapers around the country publish a list of names of the owners of lost property. Not all states, unfortunately, publish the entire list every year — some only publish the names of owners who are new to the list. To find out if you are on a lost property list, check www.missingmoney.com, a free national database that provides a link to all the state databases.

If your name is on a state list, the state unclaimed property office will need your full name, including any previous names you have used in the past. You will also need to provide your social security number, current address, and the addresses of any previous places you lived in the state. This information will be checked against that in the state database, and if there is a match, you will have to provide proof of your identity and fill out a form. It can take up to two months to receive your money.

Be aware that professional tracers who make a living finding lost money for people are also examining the state lists. You do not need their services to find your lost money. Use of the state and federal Websites are free, and searching the state lists is easy. In the process of writing this article, it took less than two minutes to find my name on the Texas list.

Some people, however, like the convenience of using a tracer. There are pitfalls. Some tracers can charge as much as 60 percent of whatever you recover. Negotiate to bring that fee down to a more reasonable 10-20 percent. Make sure you negotiate *before* signing a contract, and if the lost assets you are trying to recover are significant, have a lawyer look at the contract. Also, do not pay a tracer when you sign the contract. You only pay after you receive your money, and anyone who tells you otherwise is not legitimate.

And do not limit your search to just the state databases. Be sure to check the Pension Benefit Guaranty Corporation, Social Security, the IRS, savbongs@bpd.treas.gov for lost savings bonds, and the National Registry of Unclaimed Retirement Benefits (NRUMB), to name just a few. The search may be worth your while.

With billions of dollars waiting to be claimed, the odds are that some of that money just might be yours. (MEDCOM office of the staff judge advocate)

Thanksgiving brings Families together

by COL John D. Read

It was the worst of Thanksgivings and yet the best of Thanksgivings. I journeyed home from Camp Victory, Iraq, in November 2004 on emergency leave to see my Mom, who had just been diagnosed with a malignant brain tumor. It was the first time that all the family had been together for Thanksgiving in many years. The food, well, let's just say that it was horrible! My Mom was just a phenomenal cook, but she was unable to cook anything, as she was already in a wheelchair. So we didn't focus on the food.

My World War II Marine vet Father, his four sons, our wives, our children and grandchildren were all together. We were there to honor Mom and to honor the loving home we were raised in and how that has shaped each of our families. It was poignant! Lots of tears and lots of laughter. The stories we shared, and continue to share, are not diminished by my Mom's death. The power of those stories is the very power of love that continues on.

I share this with our larger Family for a couple of tangible purposes. Some of our Family will huddle around tables this Thanksgiving with a vacant seat or even two from what they had a year ago. It really is about the Family and about love, and how we celebrate the gift of Family together. So celebrate the rich love of Family and friends, and don't be afraid to grieve, it is how we heal.

Secondly, I realize that I was first exposed to a "culture of trust" at home. Maybe it begins there for all of us? Maybe you didn't have it there, but you created it when you could? If you didn't have it, or don't have it, it's not too late!

I am thankful to be a part of this larger Family and all that we do to care for those who are placed in our care. I suspect that the process of being "Thank Full" contributes to a "culture of trust". (MEDCOM office of the chaplain)

Leaders clarify rules for release of information

by Jerry Harben

If you seek help from the troop medical clinic for a medical condition, will your commander be told about your condition? Could this be embarrassing for you, perhaps even damage your career or lead to disciplinary action? Such concerns can lead a Soldier to avoid medical care, perhaps until a condition becomes a serious health hazard.

On the other hand, a commander certainly needs to know if a Soldier cannot perform his or her duties, or has a condition that might present a hazard to that Soldier or others in the unit.

Army leaders are trying to resolve these competing needs by clarifying and emphasizing requirements and procedures for informing commanders about Soldiers' Protected Health Information (PHI).

Vice Chief's emphasis

"Commanders play a critical role in the health and well-being of their Soldiers, and therefore require sufficient information to make informed decisions about fitness and duty limitations," stated Vice Chief of Staff of the Army GEN Peter W. Chiarelli in a message distributed in May.

"We must balance the Soldier's right to the privacy of his/her protected health information (PHI) with mission requirements and the commander's right to know. It would be counterproductive for Soldiers to perceive increased stigma, or not seek medical care, because of the inappropriate release of PHI," Chiarelli continued.

As a general rule, PHI cannot be released without authorization by the patient. But privacy laws and regulations recognize that the military mission sometimes requires commanders to know information that otherwise is protected.

Commanders should know

Commanders have unrestricted access to the following medical information:

— DoD drug testing results.

— Medical readiness and fitness for deployability (for example, immunization status, profile, flight status, etc.).

— Medical line of duty investigation determinations.

— Changes in duty status due to medical conditions (appointments, hospitalization).

— Army weight control program documentation.

— Medical conditions or treatments that are duty limiting. Providers will notify commanders about medication side effects that affect duty performance, but are not required to identify the medication or diagnosis.

— Any perceived threat to life or health, such as violent or suicidal behavior.

Commanders will not be notified of conditions that do not affect a Soldier's ability to perform duties, such as a self-referral for behavioral health services, or a prescription for birth control.

Warrior Transition Units are a special case, where commanders have access to PHI without authorizations. Using PHI in a WTU is considered treatment and/or care coordination.

A Family member's PHI is not ordinarily provided to a commander. A Family member's PHI can only be released to a commander when the Family is enrolled in the Family Advocacy Program (FAP) or when they are enrolled in the Exceptional Family Member Program and their condition affects the Soldier's fitness for duty.

Medical Command has prepared training packages for medical treatment facilities (MTF) to use in ensuring medical providers and administrative personnel know the rules about communicating with commanders.

"What we want is to enhance communication between the providers and the commanders regarding the health of Soldiers," said Tom Leonard of the patient administration division at MEDCOM Headquarters.

Providers must inform Soldiers when they will share information with the commander.

Specific procedures for transmitting PHI to commanders are listed in OTSG/MEDCOM Policy Memo 10-042, issued on June 30, 2010.

Chiarelli's message also requires medical treatment facilities to inform commanders when Soldiers don't show up for medical appointments, and that Soldiers should process through behavioral health when changing stations so treatments will continue uninterrupted at the new station.

The average rate of no-shows among active-duty Soldiers is 11 percent, according to Michael P. Griffin, senior managed care specialist in the TRICARE division at MEDCOM Headquarters.

No shows

"Each no-show appointment represents a lost opportunity to provide health-care services to our population, and hampers our ability to meet access to care standards and beneficiary expectations," Griffin said.

Griffin cited no-show notification programs at Fort Stewart, Ga., and Fort Hood, Texas, as good examples to follow. Both programs inform commanders of pending appointments for their Soldiers as well as appointments that were not kept. Fort Stewart's program can be studied at https://www.us.army.mil/suite/page/336433 on Army Knowledge Online.

MEDCOM published a revised Policy Memo 10-064 for procedures for transferring care during permanent change of station for Soldiers involved with the Family Advocacy Program or behavioral health care.

"The purpose of this Policy Memo was to further refine the standardization of communication between MTFs in order to ensure a positive hand-off to gaining installations and improve continuity of care (FAP, BH to include Medical Addiction Programs) for Soldiers and their Families who are transitioning between assignments," said Dr. Yamile A. Jana, a clinical psychologist for the behavioral health division of the Office of The Surgeon General.

Leonard said MEDCOM is developing a report through the CHCS electronic medical record system that will list behavioral health appointments in the past 60 days.

"Soldiers who are outprocessing will be screened against that report. The losing MTF will then call the gaining MTF, which will set up a tentative appointment," he said.

"Collaborative communication between commanders (or their designated representatives) and health-care providers is critical to the health and well-being of our Soldiers," Chiarelli noted in his message.

Conference studies trauma technology

by Lanessa Hill

The Advanced Technology for Applications and Combat Casualty Care conference of 2010 was about the evolution of trauma medicine. It was about partnerships and collaboration. It was also about learning from the past and identifying the needs of the future.

It was during war that great ideas such as the tourniquet or the use of helicopters for patient transport were introduced. Both rolled over into civilian medicine.

"You have no idea how much good everyone here is doing. Not only for Combat Casualty Care but your work more importantly continues to prevent injuries and save lives," said MG James Gilman, commander of Medical Research and Materiel Command.

The two biggest hurdles which continue to result in severe debilitation or fatalities are traumatic brain injury and hemorrhaging.

Speakers included a NFL physician who discussed experience in the field of sports medicine and the use of the Immediate Post Concussion Assessment and Cognitive Testing. This test has become the most widely used concussion evaluation system with more than one million tested. He stressed the importance of having a baseline to work with and how it may be useful for the military to consider information gathered from other possibly debilitating professions such as football or boxing.

Dr. Patrick Kochanek, professor of critical care and director of SAFAR Center at the University of Pittsburgh, discussed Operation Brain Trauma Therapy. The use of multiple models, species and outcomes may provide insight into therapies for TBI. As information evolves regarding the role axonal injuries play in TBI, the program assesses appropriate treatments, including Food and Drug Administration licensed products and experimental products.

Controlling bleeding that can't be reached remains a priority among military health-care professionals. Several companies are working with the Army on developing freeze-dried plasma as well as frozen blood products. Clinical trials are ongoing and a necessary step towards product approval of the FDA.

Other topics discussed included managing burn victims, pelvic fractures, pain control and necessary pre-hospital treatment.

Major Kim Lairet of the U.S. Army Institute of Surgical Research presented a study regarding pre-hospital burn management in the combat zone. The study found the standard of care varies depending on resources and training.

Keeping burn patients warm during transport remains critical however, resources may not be available and it is not always occurring. The level of fluids given to patients is often challenging and can lead to injuries. Too little fluid can lead to possible kidney injuries.

On the other hand too much can lead to compartment syndrome. She stressed that if what is being done in the field can be identified and determine what is effective, then training can be developed to assist first responders and allow the mission to be continued. (Fort Detrick)

Army recognizes MRMC as Lab of the Year

by Lori Calvillo

Medical Research and Materiel Command was chosen as the Army's 2010 Research and Development Laboratory of the Year (small lab).

The Department of the Army Research and Development Laboratory of the Year Awards program is an annual event in which Army laboratories are evaluated on technical accomplishment and impact on the Army.

"It takes a team of dedicated personnel working diligently, passionately, and consistently to achieve the excellence for which these organizations have been recognized," said Deputy Assistant Secretary of the Army Marilyn Miller Freeman.

"I commend each person who contributed to the accomplishments highlighted in the submissions and I thank the entire workforce of MRMC for all you do to provide our Soldiers with the Decisive Edge every day," she continued.

MRMC competed against five Army labs this year to win the top honor.

The review board is made up of distinguished science and technology experts from academia, industry and government.

"We're grateful for Army recognizing the many and varied contributions MRMC provides. This award builds upon the national recognition the command has received this year, including being named one of *Time* magazine's 50 best Inventions of the Year and Top 10 medical breakthroughs for HIV research," said John Glenn, principal assistant for research and technology.

The RDL awards recognize labs for their outstanding contributions and their impact on enhancing the capability of Army operational forces worldwide. (Medical Research and Materiel Command)

Work in labs like this one at the Army Medical Research Institute of Infectious Diseases earned Medical Research and Materiel Command recognition as Army Research and Development Laboratory of the Year. (Photo by USAMRIID)

Suicide prevention program named best practice

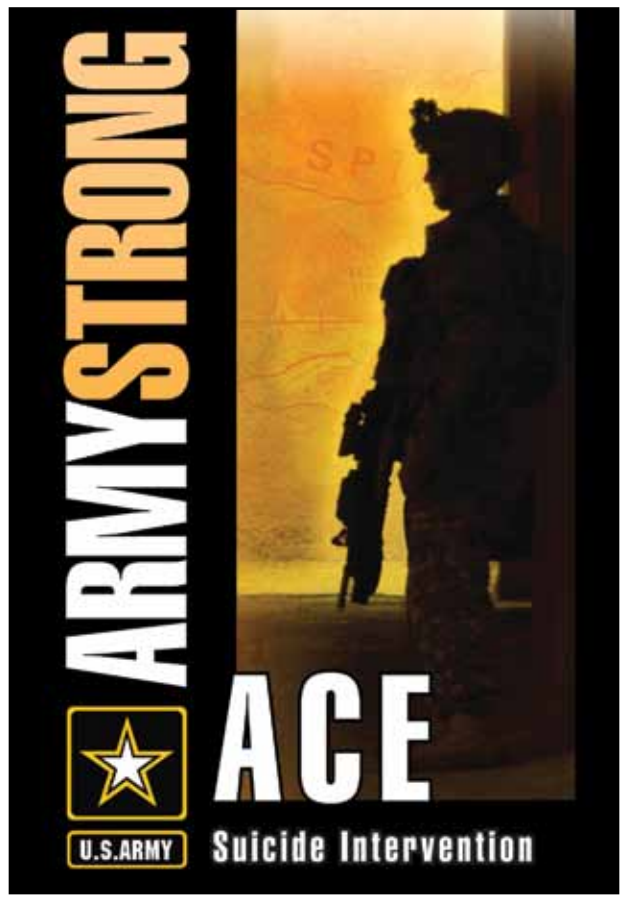
by Jane Gervasoni

The Army ACE Suicide Intervention Training Program, developed by Public Health Command behavioral health experts, was evaluated by a panel of suicide prevention experts and is now listed in the Suicide Prevention Resource Center and American Foundation Best Practice Registry for Suicide Prevention.

The best practices registry is an independent organization supported by a grant from the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services. Three suicide prevention experts reviewed the ACE suicide intervention program and found that it met standards of accuracy, safety, adherence to prevention program guidelines and likelihood of meeting the goals and objectives of the National Strategy for Suicide Prevention.

ACE was created in response to an Army leadership request to develop a Soldier-specific suicide intervention skills training support package for Army-wide distribution, according to James Cartwright, social worker with the PHC directorate of health promotion and wellness.

The program is based on research literature and has undergone testing and revision that included focus group interviews and pilot testing to determine training utility and feasibility. ACE has been reviewed by Medical Command personnel and Army G-1, the Army's proponent for suicide training, for applicability and was approved for Army-wide training by the Army Task Force on Suicide Prevention, Cartwright said.



ACE is a four-hour training program that provides Soldiers with the awareness, knowledge and skills necessary to intervene with those at risk for suicide. It includes suicide awareness, warning signs, risk factors and intervention skills development.

ACE stands for "Ask, Care and Escort." It encourages Soldiers to directly and honestly question any battle buddy who exhibits suicidal behavior. The Soldier should ASK the battle buddy whether he or she is suicidal, CARE for the battle buddy and ESCORT the battle buddy to the source of professional help, Cartwright explained.

"This training helps Soldiers and others who have taken it to be aware of warning signs exhibited by a battle buddy who is hurting and … intervene before a suicidal crisis," according to LTC Scott Weichl, PHC chaplain.

ACE program materials include a trainer's manual, PowerPoint slides with embedded video messages, suicide prevention tip cards listing risk factors and warning signs for suicide, and ACE wallet cards (with simple directions for identifying and intervening with those at risk).

Cartwright explained that the material is easily taught, and all Soldiers are encouraged to receive the training. He said that part of the training is a role-playing exercise that provides participants a chance to practice the intervention skills they learn in the training. The role-playing requires Soldiers to imagine that they are in a suicidal situation, and they have to use their skills to save a life.

ACE cards and other suicide training materials are available to units through the PHC online shopping cart at http://phc.amedd.army.mil/home/. Links to AKO-based training also are available on the site. (Public Health Command)

Batter up

A Fort Stewart, Ga., batter awaits the pitch from Fort Sam Houston, Texas, during the championship game of the Medical Invitational Softball Tournament. Fort Stewart won the men's title and Fort McPherson, Ga., won the women's championship. Individual honors went to Terry Middleton (men's most valuable player), Tammie Haywood (women's MVP), Mike Barber and Sara Johnson (best offensive players), Matthew Pledger and Shay Hinton (best defensive players). The Jim Scurry Award was presented to SFC Bryce Mikalik of Fort Stewart and the Jack Clark sportsmanship award when to the Fort Campbell Warrior Transition Unit team. (Fort Stewart photo)

http://www.armymedicine.army.mil

SGT Chelsey Billing (left) makes rounds with nurses at Fort Belvoir, Va.

American Legion honors medic for Spirit of Service

Story and photo by Andrew Sharbel

SGT Chelsey Billing, a healthcare specialist at Fort Belvoir, Va., MEDDAC, is the Army's 2010 recipient of the Spirit of Service Award presented by the American Legion. The nation's largest wartime veterans organization honors one member from each of the five branches of service with the award each year, recognizing their volunteer service in their local communities.

Billing works in the hospital's emergency department, ordering supplies and keeping track of Soldiers.

In addition, Billing regularly volunteers to conduct Honor Flights for World War II veterans as part of the Honor Flight Network organization.

"I have been doing Honor Flights for WWII veterans. Almost every state has these flights. What we do is fly veterans to the World War II Memorial, free of charge," Billing said. "They raise the money to bring the veterans to their memorials."

"Priority for these flights is given to senior veterans or WWII survivors and those veterans who may be terminally ill," Billing said.

"Typically, I will help them navigate around the memorials, supply them with snacks and water or drive them around the city," she added.

Billing said she really enjoys interacting with the veterans and understands the sacrifices the veterans had to make during the war because her grandfathers were veterans of WWII.

"I love talking to veterans, I really do. It is actually just as rewarding for me to be with them and listen to their stories and memories from the war," Billing said. "Just to help them out is rewarding, because, if it wasn't for them, then we wouldn't be here."

Billing, a native of Broadus, Mont., enlisted after graduating from high school in 2003.

"I joined the Army because I wasn't ready for college, yet. I needed to mature a little more and I didn't know what I wanted to do,' Billing said. "I figured I could join the Army and see the world a little bit and I ended up loving it."

"I am planning on going on to make a career of the military," she said.

Billing said the award experience was a lot more than she expected.

"The American Legion was excellent. They treated us like VIPs for the whole trip," she said. "It was a real honor. We would walk down a hallway and all of them would want to shake your hand and thank us for our service and it was just a great feeling."

"After receiving the award, I feel like I need to do even more to be worthy of the award. I am very grateful for the experience," Billing said. (Fort Belvoir Eagle)

Center & School earns awards for knowledge

by COL Frederick Swiderski

Each year the Army Knowledge Management Award (AKMA) Program recognizes outstanding individual or organizational efforts that have implemented some or all of the 12 Army Knowledge Management (AKM) Principles.

The program provides Army-level recognition for initiatives that provide tangible success with knowledge-based capabilities and solutions related to program goals and objectives.

This year the Army Medical Department received AKMA awards in both the Technology Category and the Process Category for the Medical Warfighter Forum and the Warrior Knowledge Center, respectively.

The Medical Warfighter Forum (MedWfF) is an AMEDD enterprise-wide technology platform that provides information resources and collaboration forums to improve communication among warfighters and professional medical colleagues across the Army.

The MedWfF links to the Forces Command (FORSCOM) and Training and Doctrine Command (TRADOC) Warfighter Forums (WfFs) and connects the active, Army Reserve, and National Guard forces to each other and experts in the field. It provides quick access to resources such as the AMEDD Issues Program, Best Practices, Education and Training Resources, Library Resources, Lessons Learned, and Publications and References.

The MedWfF can be found at: https://www.us. army.mil/suite/page/131414.

The Warrior Knowledge Center (WKC) is designed and developed to close a knowledge gap for Warriors in Transition (WTs), which was identified during knowledge needs assessments conducted at Warrior Transition Units.

The WKC provides a comprehensive, organized platform of key resources with a user-friendly icon-driven interface directing user access to local and global information resources, and is available to WTs on a 24/7 basis.

The focus of the WKC is on helping WTs and their Family members acquire greater knowledge about their medical care and Family support resources, as well education and employment opportunities. The WKC is currently under development with limited access; but is available at the Fort Sam Houston Warrior and Family Support Center learning center.

The site is located at: https://wkc.amedd.army.mil. (Fort Sam Houston News Leader)

Can you hear me now?

Students in the 91B Wheel Vehicle Mechanic School at Fort Jackson, S.C., listen to instructor Kerry Madden while wearing Peltor Powercom headsets to minimize noise hazard.

The class requires up to eight Humvees to run at the same time, producing noise above 85 decibels, which can damage hearing. Last year the school acquired 120 of the headsets, which have active noise reduction and 23 channels to communicate with the instructor.

"The headsets make it very easy to communicate with the Soldiers during class and the cranking of engines on the opposite side of the room doesn't interfere with training," Madden said.

A "rule of thumb" says if you have to raise your voice to be heard at a distance of three feet, noise is dangerous and protection should be worn.

"The engines in the entire lab are constantly running and the noise was very loud," said CW4 Joe Ford, course director. "The instructor always had to yell over the running engines and the Soldiers had to do the same." (Photo by Fort Jackson MEDDAC)

National Guard trains with Mongolians

Story and photo
by CPT Amy B. Slinker

Three Alaska National Guard members provided medical support for U.S. and Mongolian troops during Khaan Quest 2010, a bilateral peacekeeping operations training exercise in Ulaanbaatar and Five Hills Training Area, Mongolia.

LTC Rebecca Young, a nurse practitioner from the Alaska Army National Guard Medical Detachment, served as the medical officer for Khaan Quest 2010. She led a team of two medics; SGT Tara Gardner, also a member of the medical detachment at Camp Denali, Alaska, and SGT Edward Antonio of the 297th Military Police Company in Juneau, Alaska.

The team treated U.S. Soldiers, exercise instructors and support staff, Mongolian Armed Forces service members, and Mongolian civilian support staff. They worked in conjunction with a Mongolian civilian doctor and a psychiatrist from Singapore.

Upon arrival to Mongolia, the team established urgent care protocol and a sick call area at each site. They evaluated each environment and conducted health and welfare checks of U.S. and Mongolian personnel.

"We got an idea of who is here and identified any chronic conditions," said Young. "We watch them [U.S. and Mongolian personnel] in all of their environments — we observe work areas, eat in the same dining hall and sleep in the same quarters so that we continuously assess for any risks."

Antonio was attached to the 797th Engineer Company (Vertical), from Barrigada, Guam. U.S. Army and Mongolian Armed Forces engineers, carpentry masons, electricians, plumbers and laborers constructed a public bath house facility as a humanitarian and civic assistance project. Antonio worked with U.S. and Mongolian leadership on site to ensure that safety briefings were conducted every day and service members continuously watched for safety hazards.

He credits his North American Rescue emergency medical technician kit as one of his biggest assets for treating patients with eye, nose and throat ailments on the construction site. Some of the other cases he saw include minor lacerations and dehydration.

Antonio said the most fulfilling aspect of his mission was the opportunity to treat Mongolian Armed Forces soldiers. He conducted a prenatal counseling through a translator, and identified a cataract in a 54-year-old Mongolian soldier's eyes.

"It's an honor to have the Mongolian Armed Forces trust us," said Antonio. "We built a rapport so that if any of their soldiers need attention, they come to us. The experience of treating soldiers from other countries is a unique opportunity."

At Five Hills Training Area, Young and Gardner treated Mongolian Armed Forces 1LT Tuvshinjargal Mangal for an eye infection.

SGT Tara Gardner applies ointment to the eye of PFC Karina Paragan during Khaan Quest 2010 in Mongolia.

Young noted that by providing a conveniently located sick call area, she and Gardner were accessible to provide care.

"I asked for help from the American doctor," said Mangal. "She gave me some eye drops; I used it and now my eyes are getting better."

During a medical readiness training exercise, they provided medical and dental care, as well as veterinary services for the Mongolian people living in rural Omnogobi Aimag.

All three of the Alaska National Guard medical support team members have civilian careers in the medical field.

Young serves three roles as a family nurse practitioner; she has a practice at Valley Medical Care in Juneau, contracts through Juneau Emergency Medical Association to provide care at the emergency room at Bartlett Hospital and flies medical evacuation with Airlift Northwest. She often crosses paths with Antonio, who is an emergency medical technician in the Bartlett Regional Hospital chemical dependency unit.

Gardner works as a medical assistant for Dr. John K. Botson at Orthopedic Physicians Anchorage.

"It's a little more clinical on my civilian side and here it's a lot more field medicine," said Gardner. "It's always fun to switch back and forth and get the best of both."

Gardner explained that medics are required to hold national certification as emergency medical technicians, which she feels makes Guardsmen more hirable in civilian medical fields. (134th Public Affairs Detachment)

Happy Easter

MAJ Joseph Rogalinski, an optometrist with the Texas National Guard, discusses eyeglasses with a native of Easter Island through an interpreter. Army and Air Guard personnel joined in an annual Chilean Air Force exercise to provide health care on the remote Pacific island.

The joint forces offered mammography, ultrasonography, endoscopy, optometry, dentistry and surgeries. Education and preventive measures against dengue fever were a particular emphasis.

Rogalinski saw more than 200 patients and dispensed more than 130 pairs of donated spectacles.

Some 30 oral surgeries were conducted, along with oral hygiene counseling.

About 4,000 people live on Easter Island, located between Tahiti and South America. (Photo by MSG Gonda Moncada/Texas National Guard)

Preventive medicine team keeps healthy Soldiers on duty

by 1LT Emily K. Baker

The unforgiving terrain of the Nangarhar, Nuristan, Konar and Laghman provinces in eastern Afghanistan hosts hoards of insects and wildlife that create quite a hairy situation when it comes to cohabitating with troops; however, the Soldiers of the preventive medicine section of Charlie Company, 426th Brigade Support Battalion, Task Force Bastogne, see "combat" with these creatures on a daily basis.

What is the worst vector problem pestering Soldiers in a deployed environment?

"Flies! We have tons of flies and mosquitoes ... and mosquitoes are so much worse because it's harder to see them," said CPT Susan Gosine, officer in charge of preventive medicine at Forward Operating Base Fenty in Jalalabad.

Mosquitoes and sand flies can be carriers of diseases such as malaria. There were 29 cases of malaria reported in 2009, mostly due to Soldiers forgetting to take their prescribed antibiotics.

Gosine is responsible for the environmental safety of the FOB's residents, including living conditions, food preparation and water.

"The overall mission of preventive medicine is to prevent disease and non-battle injuries while deployed," said Gosine, who has a team of Soldiers and techs working with her at FOB Fenty.

Gosine and her team regularly visit outlying combat outposts and forward operating bases in the Task Force Bastogne area of operations.

"Well, if you consider past wars, preventive medicine is very important because you can lose troops to something as simple as diarrhea," said Gosine.

"Our goal is to preserve the force, because once you get sick, it is a showstopper," said LTC Joseph Llanos, a preventive medicine doctor for the 101st Airborne Division. (Task Force Taskmaster)