

ARMY MEDICINE

MERCURY

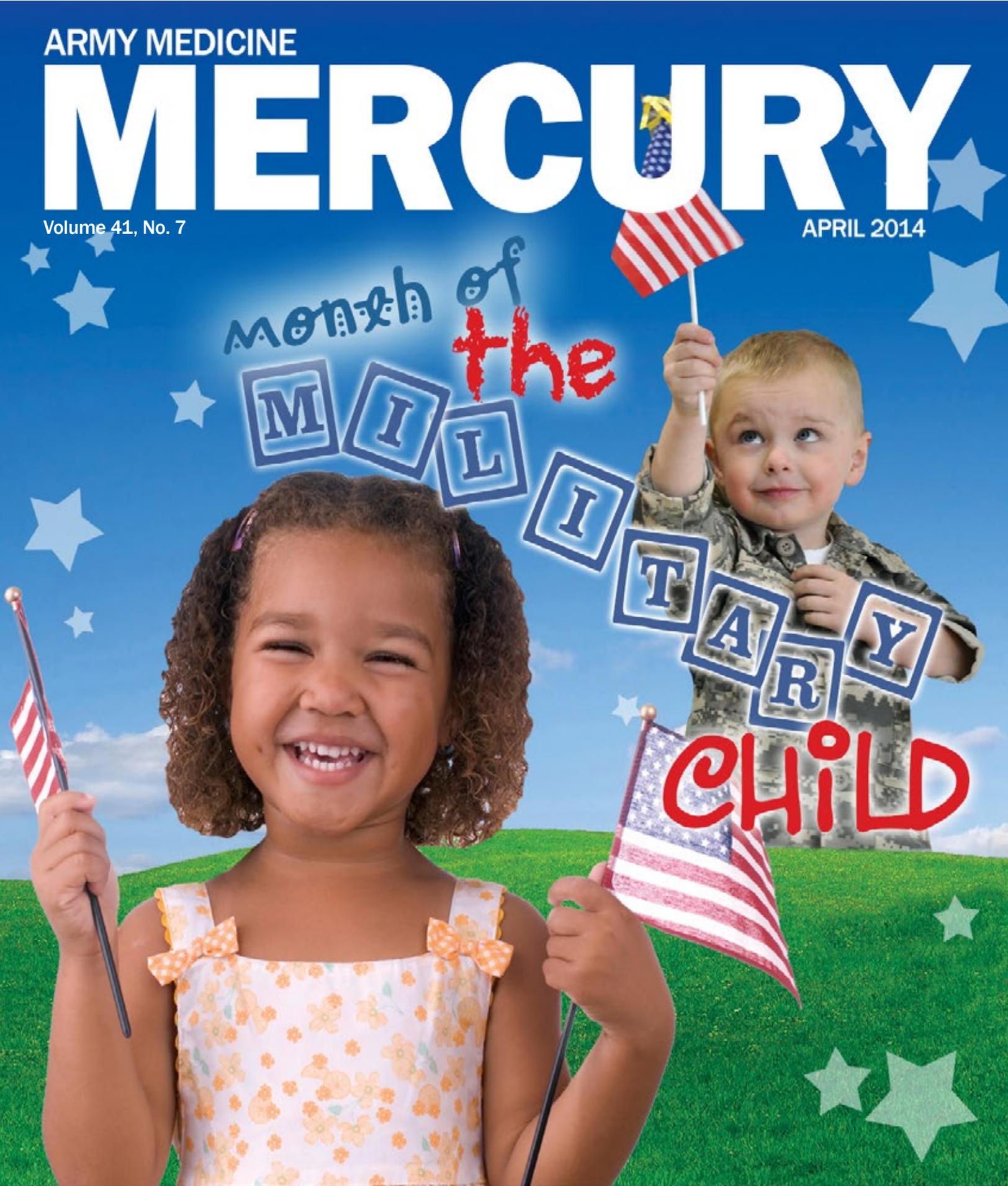
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A worldwide publication telling the Army Medicine Story



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DEPARTMENTS



Racheal Lane, Active Duty Clinic, inspects Automated External Defibrillator (AED) equipment at the beginning of daily operations. The MS2 program is designed to reduce accidents by building a safety-conscious culture in the workplace through the execution of safety practices and procedures. (U.S. Army photo by Kimberly Fritz, Kenner Army Health Clinic Public Affairs)

FEATURE



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ARMY MEDICINE PRIORITIES

COMBAT CASUALTY CARE

Army Medicine personnel, services, and doctrine that save Service members' and DOD Civilians' lives and maintains their health in all operational environments.

READINESS AND HEALTH OF THE FORCE

Army Medicine personnel and services that maintain, restore, and improve the deployability, resiliency, and performance of Service members.

READY & DEPLOYABLE MEDICAL FORCE

Army Medicine (AMEDD) personnel who are professionally developed and resilient, and with their units, are responsive in providing the highest level of healthcare in all operational environments.

HEALTH OF FAMILIES AND RETIREES

Army Medicine personnel and services that optimize the health and resiliency of Families and Retirees.

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Army Medicine**LTG Patricia D. Horoho****CSM Donna A. Brock**

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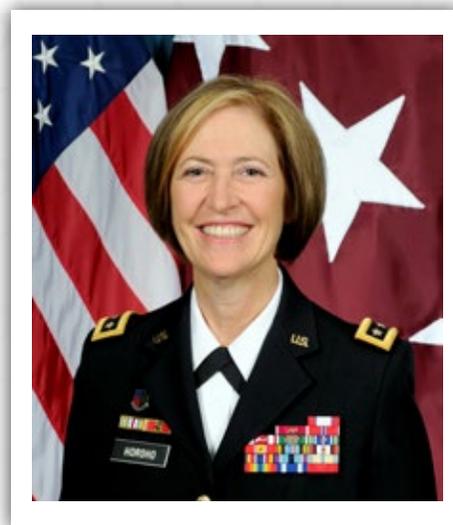
Army Medicine

DHA: Unified Partnership

By Lt. Gen. Patricia D. Horoho, U.S. Army Surgeon General

I want to take this opportunity to extend my heartfelt thanks and sincere appreciation to all those dedicated and hard-working DA Civilians and active-duty personnel who have made, or will make, the transition from Army Medicine to the Defense Health Agency (DHA). Each of you has been the foundation and anchor of Army Medicine for many years. You provided the much needed continuity that allowed us to focus on our primary mission - taking care of our wounded, ill and injured Soldiers, their Families, and our Veterans.

And now, as part of DHA, you will play an even larger role as your expertise and knowledge will be shared by all military services and their respective medical departments. As a result, all military Service Members, their Families and Veterans will benefit. The establishment



Lt. Gen. Patricia D. Horoho

of the DHA back on October 1, 2013 represented a starting point, not an end point, to the military's path for a stronger, better, and more integrated system of care.

And you my friends, are at the epicenter of this historical and innovative approach to the way military healthcare is managed for the foreseeable future. As we move forward, events around the world continue to remind us of the importance of maintaining the medical readiness of the force and a ready, deployable medical force. Although the structure and size of the military forces will change over the coming years, our medical readiness mission will not. Your work to reform how we meet our mission requirements in the face of these changes is necessary and valued. I have no doubt you will all be successful. I wish each and every one of you the very best in the years to come.

Army Medicine is, *Serving to Heal... Honored to Serve!*



UNIFIED PARTNERSHIP



ARMY MEDICINE FAMILY

Helping to Build the DHA

Army Medicine Announces Inaugural Brain Health Consortium

By Mike Elliott, Army Medicine Public Affairs

World-renown medical leaders in the military, academia, and research communities in neurology, neuroscience, psychiatry, and psychology are coming together in a first-of-its-kind Brain Health Consortium, April 10-11. The goal is to better understand the state of the science of brain health and to discuss ways to improve the brain health of Soldiers and the Army Family. The consortium is being hosted by Lt. Gen. Patricia Horoho, the Army surgeon general, and held at the Defense Health Headquarters, Falls Church, Va.

The theme for the two-day event is “Brain Health: Partnering to Explore the New Frontier.” Among the topics being discussed are: The Performance Triad (Sleep, Activity and Nutrition) and its impact on brain health, readiness and resiliency, cognitive performance, neuroplasticity, mindfulness training and

recommendations for warfighters, the human dimension program and more.

“Brain health is the new frontier. We are on the precipice of a major transformation to attain and sustain optimum health, performance, and well-being. A major part of our transformation has to do with the brain, and how it influences health,” Horoho said.

Brain plasticity is the brain’s unique ability to constantly change, grow, and remap itself over the course of a lifetime. Army Medicine is transforming itself from an isolated, individual health service to an integrated System for Health.

Health is more than simply the absence of disease or injury. It’s a state of complete social, mental, spiritual, and physical well-being. The brain is the most important part of the human body. It

controls heartbeat, breathing, digestion, muscle movement, our five senses, and is key to everything we do. It regulates how we think, feel, and act.

“The April Brain Health Consortium is our first step towards building enduring relationships with academia, industry, and other experts to foster continued understanding of brain health. It will help the Army initiate a National dialogue to optimize health for the entire Army Family,” she said.

Outcomes of the Consortium will help shape the future direction of brain health for the Army, and will be leveraged to strengthen the readiness and resilience of Soldiers, Families, and Retirees.

Information on the Brain Health Consortium is available on the Army Medicine Website at: http://armymedicine.mil/pages/Brain_Health_Consortium.aspx.

Army Wounded Warrior Program (AW2) Commemorates 10th Anniversary

By Warrior Transition Command Communications Division

With a mission of providing personalized support to the Army's most severely wounded, ill, and injured, the U.S. Army Wounded Warrior Program (AW2) has impacted more than 19,000 Soldiers, Veterans, and Families since 2004.

Recognizing the changing face of warfare and advances in Army Medicine that enabled more Soldiers to survive battlefield injuries, the Army took a historic step in creating this unique program.

"This program plays an essential role in fulfilling the Army's sacred obligation to support the Army's most severely wounded, ill, and injured Soldiers, Veterans, their Families, and caregivers,"

said Col. Johnny Davis, AW2 director. "Through the personalized support of AW2 advocates, our program ensures continuity of care throughout the recovery and transition process, whether Soldiers return to the force or transition to civilian life."

Today, AW2 is closely integrated into the Army's broader Warrior Care and Transition Program (WCCTP). Building on the depth of their experience with the most severely wounded, AW2 transition professionals provide input to policy and guidance for many elements of the recovery and transition process, impacting the more than 6,000 wounded, ill, and injured Soldiers recovering at the Army's 29 Warrior



Transition Units (WTUs) and nine Community-Based Warrior Transition Units (CBWTUs) throughout the country. AW2 Advocates on site at these units actively collaborate with other members of the interdisciplinary team on all aspects of the Soldier's Comprehensive Transition Plan (CTP). Eligible Soldiers are enrolled in AW2 as soon as possible upon arrival at the WTU, and AW2 advocates participate in Soldier's recovery and transition meetings. By working with AW2 Advocates on site in the Veterans Affairs system, they facilitate a seamless transition and continuity of care for those Soldiers who transition out of the Army.

As AW2 commemorates a decade of service, the program honors the service and sacrifice of every Soldier who becomes wounded, ill, or injured while wearing the uniform, as well as the Families, and caregivers who support them.

For more information, please visit: <http://wtc.armylive.dodlive.mil/category/warrior-transition-command/uncategorized/page/10/>

Primary Injuries Types Facing AW2 Population

Note: Many Soldiers/Veterans have multiple injuries. These numbers reflect the primary injuries facing the AW2 population.

- PTSD: 65%
- TBI: 10%
- Amputations: 6%
- Other behavioral health conditions: 4%
- Extremity impairments: 3%
- Other: 3%
- Paralysis: 2%
- Disease: 2%
- Blindness/Vision Loss: 2%
- Spinal/Vertebra Injuries: 2%
- Burns: 1%

Defense Health Agency Meets Major Milestones

By Karen Carstens, *Military Health System*

In its first 150 days, the Defense Health Agency has stayed on track to meet major milestones in an unprecedented effort to streamline healthcare delivery and better integrate the efforts of the different military service branches, the military's top doctor, and the agency's director said at a recent congressional hearing.

Assistant Secretary of Defense for Health Affairs Jonathan Woodson and Defense Health Agency Director Douglas Robb testified before the House Armed Services Subcommittee on Military Personnel in Washington, D.C. on Feb. 26.

Members of the committee questioned them about the new Defense Health Agency. Members also heard from an official from the Government Accountability Office, which has been tasked to review the agency's progress during the initial transition period.

Woodson said that he recently outlined six lines of effort in support of Secretary Hagel's priorities for the Defense Department. These include "modernizing MHS management with an enterprise focus," the subject of that day's hearing.

Enter the Defense Health Agency, established on Oct. 1, 2013, which, Woodson said, "serves as a starting point" for comprehensive reform.

"We have good evidence that joint, integrated care improves results in combat," he said, adding that the cutting-edge combat care provided by Army, Navy, and Air Force military medical personnel working side-by-side during more than a dozen years of warfare paved the way for the creation of the Defense Health Agency.

"This has come about not by chance, but by designing a data-driven, integrated system focused on Wounded Warrior care and improving outcomes," said Woodson.

He also underscored that the Military Health System must adapt to meet the needs of its beneficiaries in the 21st century, just as the U.S. healthcare system is undergoing a major transformation.

The Defense Health Agency handles many common functions for the Army, Air Force, and Navy medical departments.

The first five of those common functions, or shared services, were implemented when the agency was established last year. They include the TRICARE health plan; pharmacy operations; medical logistics; health information technology; and facility planning. A sixth shared service, budget and resource management, began operations on Feb. 9, and procurement/contracting, commenced on March 1. Three additional shared services will be added later this year.



Robb highlighted a few early success stories that, he said, "illustrate the value of the path that we are on" and provide "the reason for our optimism for the future."

In medical logistics, for example, Robb said the agency had initially projected a nominal investment, or additional cost, would be needed in 2014 in order to achieve future savings. However, the Defense Health Agency medical logistics team "identified opportunities to change the buying behaviors," he said. "As a result we are on a path to ... save over \$10 million.

"Similarly, in the health information and technology shared service, there are a number of initiatives to reduce redundancy and consolidate IT

contracts."

This "has allowed us to move more quickly than we had anticipated, and we have identified savings of almost \$25 million in this fiscal year," said Robb, who is a lieutenant general in the Air Force.

The most significant potential cost savings, he continued, "still remains in purchased healthcare" or TRICARE, which is part of the \$50 billion annual Military Health System budget.

This involves efforts to improve the administration of TRICARE, he said.

In this arena, a key decision was made to move TRICARE's customer service in the U.S. entirely online or by phone as of April 1.

"This initiative recognized that walk-in customer service was often inconvenient to many beneficiaries, greatly underutilized (accounting for less than 10 percent of all customer service inquiries) and becoming increasingly cost prohibitive," Woodson and Robb said in a joint prepared statement submitted to the congressional committee.

"Our business case analysis revealed that the department was paying \$30 on average for each walk-in visit, as opposed to \$6 per call and much less for online inquiries," they added.

The first major initiative of the Defense Health Agency in the pharmacy division, meanwhile, was to implement the TRICARE For Life Home Delivery pilot program, which requires TRICARE For Life beneficiaries to obtain their maintenance medications for chronic medical conditions from either military treatment facilities or the TRICARE mail order program.

"We will remain on target to achieve our projected cost savings in this area as well," Woodson and Robb said in their

joint statement.

On Oct. 1, 2013, the Joint Task Force National Capital Region Medical was dissolved and replaced with the newly created National Capital Region Medical Directorate, which was made part of the Defense Health Agency.

This consolidation resulted in the NCR directorate's headquarters staff being reduced from 152 employees to 42, a figure that committee chair Rep. Joe Wilson, R-S.C., clearly found impressive. When Woodson mentioned it, Wilson exclaimed, "my goodness."

According to the statement by Woodson and Robb, further opportunities for reducing staffing within the Defense Health Agency "should come about as ... more efficient [business] processes reduce the need for

personnel."

Ranking committee member Susan A. Davis, D-Calif., asked Woodson and Robb about significant increases in staff numbers in the area of health IT.

Woodson said that this is a perfect example of the opportunity afforded by the Defense Health Agency. He noted that the military service branches wanted to shift their health IT responsibilities onto the Defense Health Agency. All health IT personnel were transferred to the new agency. As a result, the Defense Health Agency was able to "immediately see duplications in positions," Woodson said. Over time, the agency will be able to begin reducing headquarters personnel without diminishing the level of service provided to its internal customers.

In dealings with military partners like

the director of the Defense Logistics Agency, Robb said the benefits of the new Defense Health Agency are invariably always clear to everyone.

"They are pleased that we can present a single point of contact for MHS issues," he said. "And, the refrain from both our internal and external partners was the same: 'We should have been doing this sooner.'"

"But we are not looking backwards, we're looking to the future, proud of the work we have accomplished, but even more eager to identify ways that we can integrate our system on behalf of the incredible people we are privileged to serve," Robb said.

Army Surgeon General Hosts Executive Health and Wellness Program

Lt. Gen. Patricia Horoho hosted an Executive Health & Wellness Program last month for the spouses of several Army general officers. The event included the development of a personalized health plan, seminars with various health experts, and a cooking demonstration. Attendees were: Front row, left to right: Charlene Austin (Gen. Lloyd Austin III, CENTCOM

commander); Linda Via (Gen. Dennis L. Via, USA Materiel Command); Army Surgeon General Lt. Gen. Patricia Horoho; Linda Odierno (Gen. Raymond T. Odierno, Army chief of staff). Back row, left to right: Ginger Perkins (Lt. Gen. David Perkins, commanding general, U.S. Army Training and Doctrine Command); Ann Campbell (Gen. John F. Campbell, Army vice chief

of staff); Dr. Carol Brooks (Gen. Vincent K. Brooks, commander, USARPAC); Jill Cone (Gen. Robert W. Cone, TRADOC commander); Virginia Rodriguez (Gen. David M. Rodriguez, AFRICOM commander) and Debra Allyn (Gen. Daniel B. Allyn, FORSCOM commander). (U.S. Army photo by Sgt. 1st Class Manuel Moreira)



Army Medicine Program Management Office Achieves Full Operational Capability

By Susan Davis, U.S. Army Medical Command

On 1 April, the Army Medicine Program Management Office (PMO), in the Army Medical Department (AMEDD) Transformation Directorate (ATD), achieved full operational capability. The Army Medicine PMO is a key component of the Surgeon General's efforts to institute project portfolio management (PPM) as a standard business practice across the enterprise, comparable to successful private sector healthcare enterprises. The PMO drives project excellence through process standardization, integration, and accountability; alignment of projects with strategic objectives; and project management (PM) support to project teams throughout the project life-cycle. PMO processes are integrated with the campaign assessment and performance management processes of the Army Medicine Campaign Plan and contribute to the transition of the enterprise to an Operating Company.

The PMO provides PM training, customized tools and templates, and assigns PMO Liaisons for Office of the Surgeon General/Medical Command

(OTSG/MEDCOM) projects in development. The PMO Liaison works directly with project teams as a PM subject matter expert; facilitates and guides the use of standard processes, tools, and templates; and supports project leads and senior leadership in the management of issues, risks, changes, and schedules. The PMO can assist in the development of new project proposals for submission through the Army Medicine Campaign Plan governance process.

All PM training materials, tools and templates are available to OTSG/MEDCOM, Major Subordinate Command (MSC), Regional Medical Command (RMC), and Military Treatment Facility (MTF) staffs on the PMO SharePoint site located at this link: <https://mitc.amedd.army.mil/sites/Communities/OCMTPMO/Pages/default.aspx>.

While direct support and assignment of PMO Liaisons is currently provided to OTSG/MEDCOM projects, PMO personnel are available to provide consultation, instruction, and PM

subject matter expertise to MSC, RMC, and MTF project leads and teams as we move forward to implement standardized PM processes and procedures across the enterprise.

Current initiatives supported by the PMO include the Operating Company Model initiatives in Performance Management and Consistent Patient Experience; Surgical Services Service Line; and Vision and Hearing. In addition to supporting project teams, the PMO also serves as the project lead for major transformation projects such as the Workforce 2020 and the Warrior Transition Unit Restructure Project.

In the coming months, the PMO will continue to improve and mature its services, processes, tools, and templates based on feedback and lessons learned working these projects and supporting the organization. Constructive feedback is always welcome. Feedback is integral to the process of continuous improvement, further advancing the tenets of PPM for the AMEDD.

We Want Your Feedback!



Feedback is important to us. We at the MERCURY welcome any feedback on how we can improve.

If you enjoyed reading content or have story ideas, please forward your comments and suggestions to our e-mail inbox at:

Your comments may be published in a future edition of the newsletter.



Members of Army Medical Command's Workforce 2020 Project team of more than 45 members located in San Antonio, Texas; Washington, D.C.; and Joint Base Lewis McChord, Wash., is responsible for leading the enterprise-wide initiative chartered by the MEDCOM chief of staff to identify and develop process improvements to inform workforce restructuring decisions. (From left): Helen Edwards, MEDCOM medical services portfolio manager; representatives from the ATD Program Management Office: Debra Caraway, Jeff Matney, and Lt. Col. Charles Burton; MEDCOM G1 Military Personnel: Carey Klug, director, AMEDD Transformation, and Nancy Quick, MEDCOM Civilian Corps specific branch proponent officer (CSBPO).

An Update from the Workforce 2020 Working Group

The Workforce 2020 project is ambitious due to the breadth of potential impacts. The primary objectives are: to avoid/minimize a reduction in force (RIF), minimize negative impact on personnel, retain experienced personnel, identify mission priorities, and identify processes to shape the future force. Two key business benefits on which the project is focused are, aligning the workforce with enduring mission, and maintaining productivity by sustaining positive morale.

The Working Group (WG) is comprised of knowledgeable OneStaff members that bring significant insight and expertise. They also engage subject matter experts to address technical

questions to ensure they are on the right path. The Regional Medical Commands chiefs of staff recently joined the WG to ensure they have the right visibility of issues, concerns, and potential solutions.

The WG is charged to look at all possible courses of action to identify the best solution, to take care of our people, and our mission areas. They conduct a monthly In Progress Review (IPR) with the Headquarters Medical Command (HQ MEDCOM) chief of staff (CoS). The IPR provides dedicated time to discuss findings and receive guidance. As stated by the CoS, success is avoiding a RIF.

The project is not a short term endeavor. The CoS has made it clear

the required time to develop feasible and sustainable process(es) will be allocated. The emphasis is on using existing manpower processes, personnel tools, and automated systems, if possible. The WG will consult with the people who will be required to execute processes and procedures. This will ensure the selected processes and procedures are "user friendly" to ensure the desired outcome can be achieved.

Look for future updates as they move forward with the effort to create the environment that will provide opportunity for job security and mission success.

EAGLE DUSTOFF and JTTS Make Army Medicine History in Afghanistan

By Maj. Mario A. Rivera, ECCN, Charlie Co., 7-101st GSAB Bagram, Afghanistan



On February 13, Flight Medics and En Route Critical Care Nurses (ECCN) from Charlie Company, 7-101st General Support Aviation Battalion (EAGLE DUSTOFF) made Army Medicine history by hosting the first U.S. Central Command (CENTCOM) Joint Theater Trauma System (JTTS) Casualty Care Conference from a deployed medical evacuation (MEDEVAC) company.

The weekly theater conference provides Tri-Service healthcare providers with a platform for discussing the combat casualty care delivered to our Wounded Warriors across the Military Health System (MHS) continuum, from Point of Injury (POI), to far-forward resuscitative surgical capabilities, Landstuhl Regional Medical Center, and ultimately military treatment facilities (MTF) in the Continental United States (CONUS).

“Conducting the weekly Thursday Theater Casualty Care conference from EAGLE DUSTOFF is groundbreaking. The weekly Thursday Theater Casualty Care Conference has never been

conducted from a DUSTOFF unit. It is only fitting that a 101st unit lead the way,” said Col. Kirby Gross, U.S. CENTCOM JTTS director.

The rigorous nature and quickness of the Army’s MEDEVAC mission demands an ability to implement immediate lifesaving measures in a restricted space and time-frame from Flight Medics and ECCNs. At times it is difficult to understand the roles of medical care during a seven-minute POI MEDEVAC (occasionally under enemy fire) or a two-hour tail-to-tail casualty transfer at night in a remote forward operating base.

Hosting the weekly conference provided deployed EAGLE DUSTOFF flight medics and ECCNs with an opportunity to understand the relationship between their interventions in the back of a HH-60M MEDEVAC helicopter and the combat casualty care delivered at POI and throughout the military health system continuum. For instance, a patent peripheral intravenous catheter inserted on a polytrauma casualty during a POI

MEDEVAC allows healthcare providers caring for that casualty at Role 3 to

transfuse lifesaving blood components that might stabilize and improve the patient’s survivability at a higher level of care.

Furthermore, hosting the weekly theater conference exposed EAGLE DUSTOFF flight medics and ECCNs deployed throughout Afghanistan to the mission and goals of the JTTS. By sharing specific interventions and knowledge gained, performance improvement may be implemented across the roles of medical care. In the same manner, these professional discussions represent the foundation for evidence-based revisions to our JTTS clinical practice guidelines. EAGLE DUSTOFF’s contributions to the conference underscore the importance of an integrated, multidisciplinary approach for the improvement of tactical combat casualty care and patient outcomes.



Col. Kirby Gross (front row, holding phone), U.S. CENTCOM JTTS director, moderates the U.S. CENTCOM Joint Theater Trauma System (JTTS) healthcare casualty care conference along with EAGLE DUSTOFF Flight Medics and ECCNs currently deployed to Afghanistan. (U.S. Army photo by Capt. Brent Heber, Charlie Co., 7-101st GSAB (EAGLE DUSTOFF) ECCN)



Month of the Military Child “Young Lives, BIG Stories”

In 1986, Secretary of Defense Caspar W. Weinberger designated each April as “The Month of the Military Child” and Army installations around the world have recognized the sacrifices and applauded the courage of military children. As Soldiers are transitioning home from over twelve years of conflict around the world, many challenges continue for our military Families and their children. These children bravely endured the effects of war, and still, in recent years, approximately two million children have witnessed the deployment of one or both parents.

The Month of the Military Child creates awareness of the service and sacrifices of the military’s children. It is an opportunity to thank children for their support to the nation’s warfighters and recognize the important role they play in the strength of the nation by contributing to the strength of the Army Family.

What has the Army done?

Installations across the Army will

sponsor various fun and educational events to celebrate children’s contributions and recognize their sacrifices through teen lock-ins, youth bike rodeos, children book fairs, parades, and other community events designed to highlight the resiliency of military children.

This year’s theme, “Young Lives, BIG Stories” highlights the unique lifestyles, contributions and sacrifices military children make to our nation. Throughout the month of April, U.S. Army organizations worldwide (Active, Guard and Reserve) will hold a variety of fun and exciting events to officially recognize the resilience of our military children. Army leaders will take part in events recognizing the unique challenges that military children face and reinforce the Army’s commitment to maintain the quality of life for both Soldiers and their Families.

What continued efforts does the Army have planned for the future?

The Army recognizes and appreciates

the sacrifices our children make daily, and is committed to maintaining excellence in schools, youth services, and child care to support our children and their Families. The Army is delivering on these promises by providing programs with an increased emphasis on school support and school transition services and standardizing and funding programs worldwide that support the military child.

Why is this important to the Army?

The men and women in uniform cannot focus on the missions or challenges ahead, if they are concerned about their children at home. Providing a safe, nurturing environment for military children creates a stronger more resilient fighting force. The Month of the Military Child reinforces this concept, reminds the nation that the Service members’ children also serve, and gives communities an opportunity to share their gratitude for the service of military children who have “Young Lives, BIG Stories.”



Army Soldier Centered Medical Care - ‘The Line Mission is Our Mission’

By Rebecca Shinneman, MEDCOM PCMH Task Force

The Army Soldier Centered Medical Home (SCMH) is the Soldier’s version of the Patient Centered Medical Home (PCMH). PCMH is defined by the ability to provide comprehensive primary care, promote wellness through empowered patients, and seamlessly coordinate care within the “medical neighborhood” to achieve optimal health for our beneficiaries.

The SCMH mission is to improve and enhance individual and unit medical readiness by utilizing the PCMH multidisciplinary healthcare team approach. This consists of primary care, behavioral health (BH), clinical pharmacy, physical therapy, nutrition care, and nurse case management; operating in a proven model of integrated, comprehensive, proactive care. The SCMH targets all active duty Soldiers.

Lt. Col. Matthew Fandre, SCMH program manager, MEDCOM PCMH Task Force, explained the evolution of SCMHs. “We recognize that our Soldiers have unique needs, both from a medical

readiness standpoint as well as the types of illnesses and injuries. To meet the needs of our Soldiers, our primary customers, we modified the standard PCMH model to meet those needs.” In addition to the PCMH model, SCMH integrates physical therapy assets and better aligns our behavioral health specialists to meet Soldier needs.

Fandre stated, “The greatest benefit of SCMH is the integration of the organic unit medical team with the hospital medical providers and staff. This provides true continuity for both the Soldiers and the staff, even during deployments and training exercises. Furthermore, we can use our extended team members to maximize performance, reduce injuries, and improve readiness.”

The SCMH is to be as near the Soldier’s workplace as possible to minimize time away from their unit. SCMH is designed around the brigade or brigade equivalent troop population (~4000 Soldiers) as the scalable unit for which support staff, facility, information



technology, and other equipment requirements are planned. Initially, brigade combat teams (BCTs), combat aviation brigades, and regiments were first priority, but SCMH is intended for all brigade-sized equivalents, United States Army Special Operations Command (USASOC), and U.S. Army Training and Doctrine Command (TRADOC) units.

SCMHs will tailor the Soldier’s medical readiness needs in a single site aligned by the Soldier’s unit and chain of command, delivering 90% of all Soldier care at one location. All SCMHs must meet the same recognition standards as PCMHs through the National Committee for Quality Assurance (NCQA). The Army currently has ten SCMHs caring for 86,000 Soldiers. Those locations have shown an improvement in medical readiness, decreases in polypharmacy and no-show rates, and increased efficiency of staff and resources. When fully implemented, 65 SCMHs will provide Soldier care across Army Medicine.

PCMH is designed around one core principle: putting patients first. SCMH focuses on meeting the needs of the Soldier, or as Fandre explained “the line mission is our mission; we now have the system structured to maximize Soldier care.”

For more information, visit: http://www.army.mil/article/120159/Army_Soldier_Centered_Medical_Care__The_Line_Mission_Is_Our_Mission/



SCMH integrates the unit medical team with the hospital medical providers and staff to provide 90% of all Soldier care at one location. (U.S. Army Photo)

April is Sexual Assault Awareness Month

By Kirk Frady, Army Medicine Public Affairs

Army Medicine joins the Department of Defense (DOD) as it recognizes Sexual Assault Awareness Month during April. Army Medicine, like DOD, is fully committed to eliminating sexual assault and harassment, "... not only because the Army has directed it, but because it is absolutely the right thing to do" said Army Surgeon General Lt. Gen. Patricia D. Horoho in a recent videotaped message to the Army Medical Command. She added, "This type of behavior is unacceptable anywhere, and Army Medicine must lead the way by fostering an environment of mutual respect, dignity, and trust."

Soldiers and Department of the Army (DA) Civilians are all duty bound to intervene, act, and motivate others to eliminate sexual assault and harassment by creating a climate that respects the dignity of everyone.

Horoho insisted, "The priority for the Army is to make sure the right policies are in place to prevent sexual harassment and sexual abuse, and to ensure the best medical capabilities are available to protect and care for victims." She added, "We have to be able to focus our efforts on prevention." While sexual abuse will never be eliminated 100 percent, there are ways leaders can provide a safer environment and Soldiers can protect themselves by recognizing the "red flags." "It is important members are aware of how predators operate, and for Soldiers to look out for each other."

Sexual assault is a violent crime that is devastating to the victim and is a betrayal of Army values. The Army's commitment is to respond to every Soldier who has been sexually assaulted with compassion, expedience, and sensitivity. Leaders at all levels are responsible for providing a safe

and healthy environment for those in their charge and must take action to prevent sexual assault and reduce stigma of reporting. The Army must continue to provide assistance and care to protect and support sexual assault victims/survivors from harm, reprisal, retribution, and retaliation. Sexual Assault Response Coordinators (SARCS) are the commanders' front line prevention forces to fight against sexual assault – a crime that erodes readiness and violates Army values.

U.S. Secretary of Defense Chuck Hagel talked about the importance of eradicating sexual assaults saying, "Eliminating sexual assault in the military is one of the Department of Defense's highest priorities. We welcome President Obama's continued

leadership on this issue, and we share his commitment to doing whatever it takes to solve this problem." He continued, "All of us at DOD have a responsibility for the health and well-being of our people, and, as I have made clear to DOD's senior leaders, our success depends on a dynamic and responsive approach to all issues that affect our men and women, particularly sexual assault. We must continually strive to improve our prevention and response programs."

While the Army's Sexual Harassment/ Assault Response & Prevention Program (SHARP) leads the way towards working to eliminate sexual assault among its ranks, Army Medicine continues to provide quality healthcare to sexual assault victims that is compassionate and dignified.

Army Medicine's role in the health of Soldiers and Families is one of treatment and support to ensure recovery from the physical injury and psychological trauma victims experienced. These efforts are to ensure they are able to return to a state of wellness -- physically, psychologically, and spiritually. As the Army observes Sexual Assault Awareness Month, every member of the Army Medicine Family needs to understand their roles and responsibilities in providing comprehensive medical response to victims of sexual assaults.

"The Army must continue to hold offenders accountable by taking all appropriate administrative and judicial actions based on facts and circumstances of each case," said Horoho. She added, "As an Army, we are strongest together when we have the personal and collective courage to end sexual harassment and assault. Army Medicine is fully committed toward this end."

It's All About Health.



Army, Navy, Air Force, Offer New Enrollment Options Oahu Tricare Beneficiaries

By Kelly Wheeler, Tripler Army Medical Center Health System Specialist

A new enrollment policy for non-active duty TRICARE beneficiaries on the island of Oahu allows enrollment to any Hawaii Military Treatment Facility (MTF) regardless of the beneficiary's service branch affiliation.

Under the new policy, for example, an Army or Air Force beneficiary (active duty Family member, Retiree, their Family member, or survivor) living on the Windward side of Oahu now has the option to enroll to the Naval Health Clinic Hawaii-Marine Corps Base Hawaii in Kaneohe instead of having to drive to Tripler Army Medical Center or the 15th Medical Group, Joint Base Pearl Harbor-Hickam (Air Force).

"The intent of this market-wide policy is to allow our beneficiaries access to military healthcare where it is most

convenient," stated Brig. Gen. Dennis Doyle, Enhanced Multi-Service Market (eMSM) manager and commanding general for Pacific Regional Medical Command and Tripler Army Medical Center. "This creates a patient-centered approach to healthcare delivery while optimizing the MTF resources throughout the Hawaii market."

As part of the National Defense Authorization Act (NDAA) of 2013, governance of the Military Health System (MHS) has resulted in the consolidation, integration, and standardization of shared services and functions within the MHS.

Army, Navy, and Air Force medical treatment facilities on Oahu have partnered together with the goal of creating a single healthcare system to



support the TRICARE beneficiary population. The open enrollment policy for non-active duty TRICARE beneficiaries is a first indication of their efforts.

If you are a TRICARE beneficiary living on Oahu and would like more information on enrollment, primary care manager changes, or other TRICARE information, call United Healthcare Military & Veterans at 1-877-988-WEST (1-877-988-9378) or visit online at <https://www.uhcmilitarywest.com>.

World Health Day - April 7: Protect Yourself from Vector-borne Diseases

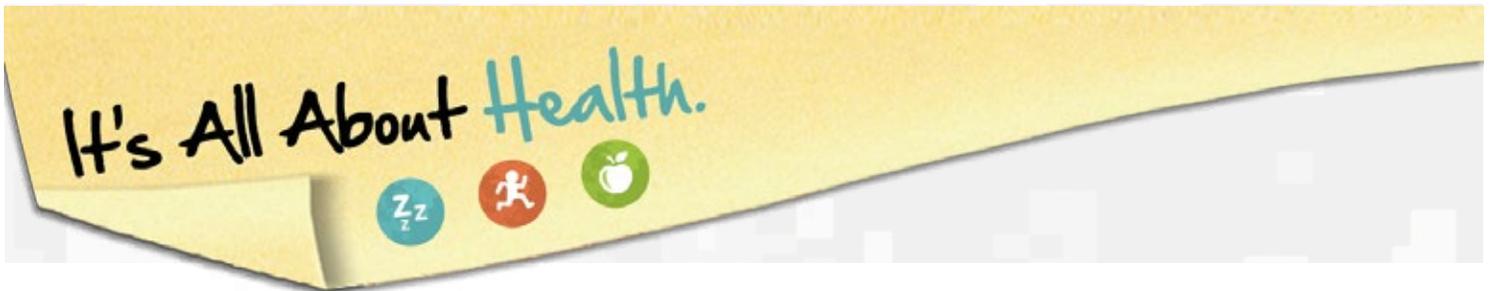
World Health Day is celebrated on April 7 every year to mark the anniversary of the founding of World Health Organization (WHO) in 1948. Each year a theme is selected that highlights a priority area of public health. The day provides an opportunity for individuals in every community to get involved in activities that can lead to better health.

More than half of the world's population is at risk from vector-borne diseases such as malaria and dengue. Yet, we can protect ourselves and our Families by taking simple preventive measures, including vaccination.

Vectors are small organisms such as mosquitoes, bugs, ticks, and freshwater snails, that can carry disease from person to person and place to place. They can put our health at risk, at home and when we travel. The World Health Day 2014 campaign focuses on some of the main vectors and the diseases they cause, and what we can all do to protect ourselves.

For information visit: <http://www.who.int/campaigns/world-health-day/2014/event/en/>





IMCOM, MEDCOM Host Performance Triad Nutrition Class and Demo

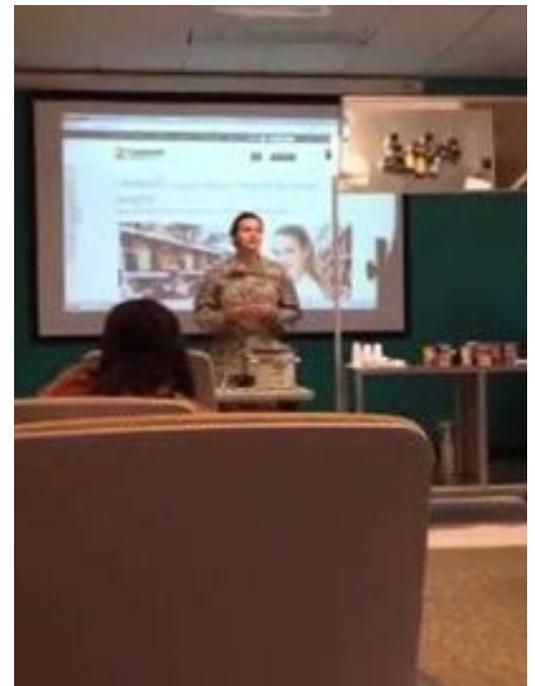
By Dr. Valecia Dunbar, Army Medicine Public Affairs

Col. Christine Edwards, deputy program manager dietetics, at U.S. Army Medical Command (MEDCOM) conducted a “Lunch & Learn” class held at the Installation Management Command (IMCOM) Academy recently as part of Nutrition Month activities. The nutrition class and demo offered attendees information on meal planning, accessing online tools, and how to design recipes to support their personal nutrition needs. Nutrition is one of the key tenets of the Army surgeon general’s Performance Triad and is part of the Army’s Ready and Resilient Campaign.

Edwards says the average American Family of four throws away \$2,000 worth of food annually. The way to

avoid this and save money for more important pursuits like Family events is planning. “Planning is a key ingredient to good nutrition,” said Edwards. The Performance Triad is the Army surgeon general’s initiative and vision to improve the health of Soldiers and Civilians to optimize performance and improve resilience through changes in behavior and attitudes related to Sleep, Activity, and Nutrition.

For more information on the Army Surgeon General’s Performance Triad, visit the Performance Triad website at: <http://armymedicine.mil/Pages/performance-triad.aspx>



Madigan Opens Renovated, Expanded Sleep Laboratory

By Madigan Army Medical Center Public Affairs

A state-of-the-art sleep facility, dedicated to improving the sleep quality and mission readiness of military personnel through enhanced sleep studies, officially opened its doors Feb. 25 at Madigan Army Medical Center.

The newly renovated and expanded sleep laboratory boasts eight comfortable beds each situated in separate, sound resistant rooms featuring double blinds to block all ambient light.

“At Madigan we perform assessments for the full spectrum of sleep disorders,”

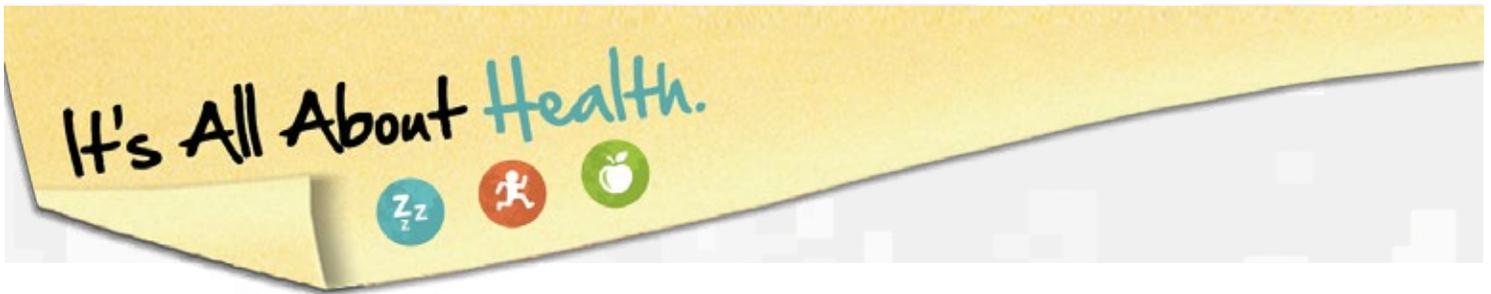
said Lt. Col. (Dr.) Vincent Mysliwicz, Madigan sleep medicine chief. “All of the laboratory construction and enhancements were carefully planned to create an ideal sleep experience for our patients.”

Beyond the hotel-styled rooms, the sleep laboratory features a control room where technologists monitor and record patients’ brain waves, eye movements, and heart rates, among other items, throughout the night.

“Everything we capture and observe

during a sleep study is used as part of a comprehensive sleep medicine evaluation to ensure Service members receive an accurate diagnosis for their sleep disturbances,” said Mysliwicz.





●●● April is National Child Abuse Prevention Month

April is National Child Abuse Prevention Month, a time to recognize that we each can play a part in promoting the social and emotional well-being of children and Families in communities.

Increasing public awareness of the need to ensure the safety and welfare of children led to the passage of the first Federal child protection legislation, the

Child Abuse Prevention and Treatment Act (CAPTA), in 1974. While CAPTA has been amended many times over the years, most recently with the CAPTA Reauthorization Act of 2010, the purpose of the original legislation remains intact. Today, the Children's Bureau, within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human

Services, is the Federal agency charged with supporting States, Tribes, and communities in providing programs and services to protect children and strengthen Families.

For more information or to access tools such as activity calendars visit: <https://www.childwelfare.gov/preventing/preventionmonth/>

●●● National Public Health Week

The first week in April is National Public Health Week. It is celebrated by focusing attention on issues that promote health, wellness, and safety across the country.

Public health saves lives and saves money. Public Health Week is about raising awareness of the value of public health and prevention in our lives, our health, and our pocketbooks.

Here are some real-life examples of the public health return on investment from the American Public Health Association.

Be Physically Active

- About 42,000 adults and 300 children die every year from vaccine-preventable disease. Every dollar spent on childhood immunizations alone saves \$18.40.
- If 10 percent of adults began walking regularly, \$5.6 billion in heart disease costs could be avoided.
- From 1991 to 2006, investments in HIV prevention averted more than

350,000 infections and saved more than \$125 billion in medical costs.

- If every state without a comprehensive smoke-free policy adopted such a policy, they could reduce smoking-related deaths by 624,000; thereby, saving more than \$316 million in lung cancer treatment and more than \$875 million in heart attack and stroke treatment over five years.

For more information: publichealth.va.gov/national-public-health-week.asp

●●● Got Drugs? National Prescription Drug Take-Back Day is April 26

The National Prescription Drug Take-Back Day, April 26, aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

During the most recent DEA-led National Prescription Drug Take-Back

Day the American people turned in 647,211 pounds (324 tons) of expired and unwanted medications for safe and proper disposal at the 5,683 take-back sites that were available in all 50 states, the District of Columbia, and U.S. territories. This is the second-largest collection of medications in seven Take-Back Days. When the results of

the seven events to date are combined, the DEA and its state, local, and tribal law-enforcement and community partners have removed over 3.4 million pounds (1,733 tons) of medication from circulation.

For more information visit: http://www.deadiversion.usdoj.gov/drug_disposal/takeback/

SYSTEM FOR HEALTH.



Blanchfield Hosts Love Your Heart Health Fair

By **Stacy Rzepka**, Blanchfield Army Community Hospital

More than 520 Fort Campbell Soldiers, Family members, and community members participated in the Love Your Heart Health Fair, 10K, 5K, and one-mile Fun Run at the Freedom Fighter Physical Fitness Center.

Children in strollers, Warrior Transition Battalion Soldiers on hand cycles, and others in funky outfits joined together in the kick-off event for the second annual Eagle Challenge Fitness Tour (ECFT), hosted by the 86th Combat Support Hospital and Morale, Welfare and Recreation.

“Proper sleep, activity, and nutrition are vital to our overall health,” Blanchfield Army Community Hospital Commander Col. George N. Appenzeller told the crowd before the runners stepped off to the starting gun into the unseasonably warm spring morning.

Appenzeller said that the ECFT falls in line with the Army surgeon general’s Performance Triad of Sleep, Activity, and Nutrition, encouraging the Fort Campbell community and the nearby communities to incorporate exercise into their lives. The ECFT offers more than a dozen fitness opportunities thru November around the Fort Campbell, Hopkinsville, Ky., and Clarksville, Tenn., communities.

Omar Mascareñas, the first-place finisher in the male 5K category, said that he has been running with his father, Dental Command 1st Sgt. Omar Mascareñas, since he was 6 years old. “He’s motivated me to push hard every time,” said the Fort Campbell High School junior.

In addition to the run events, participants also spoke with health and wellness experts from BACH at the health fair tables inside Freedom Fighter Physical Fitness Center. Children enjoyed free face painting and hip-hop dance music while parents brushed up on their knowledge of BACH services.

Friends Lisa Ackermann and Honey Bartel ran the one-mile fun run with their children then hit the health fair indoors.

“We wanted to educate them about health and have a good time,” said Ackermann.

Their children paid close attention as Sgt. 1st Class Emmanuel Ballares from BACH’s Nutrition Care Division held up vials containing the amount of fat and sugar found in many popular foods.

“I think these are good visuals,” said Ackermann. “We tell them, ‘That has too much sugar,’ or, ‘That’s not healthy,’ but here they can actually see how much sugar is in a soda or a glass of juice.”

Attendees also took the opportunity to sign up for Relay Health – the Army’s new secure medical messaging system – at the BACH primary care table.



Children lead the pack during the Love Your Heart one-mile Fun Run Saturday at Freedom Fighter Physical Fitness Center. The Love Your Heart Health Fair and 10K, 5K, and Fun Run kicked off the 2nd annual Fort Campbell Eagle Challenge Fitness Tour, a series of more than a dozen fitness activities designed to promote healthy living and lifestyles throughout the post and the surrounding communities.



Extracorporeal Membrane Oxygenation (ECMO) Patient Celebrates her Second Birthday

Brooke Army Medical Center’s first patient treated with Extracorporeal Membrane Oxygenation, also known as ECMO, at San Antonio Military Medical Center celebrated her second birthday this year. Access the full story at: <http://www.bamc.amedd.army.mil/articles/2014/ecmo-patient-celebrates-second-birthday.asp>



School Celebrates National Children's Dental Health Month

By Esther Garcia, AMEDDC&S Public Affairs Office

Approximately 800 students in grades pre-k to fifth grade attending Fort Sam Houston Elementary School learned how to brush, floss, and eat well-balanced meals to keep their teeth in good condition during a dental fair held at the school in recognition of February's National Children's Dental Health Month.

Sponsored by the Dental Activity, Budge Dental Clinic, and with support by the Department of Dental Science, Preventive Dentistry Department, U.S. Army Medical Department Center and School (AMEDDC&S), the children switched between four stations to learn about oral hygiene.

In one station the students lined up to receive a visual dental health screening by Budge Dental Clinic staff, Capt. Kurt Goodell, Dr. Taheia Turner, and Torri Espinoza-Logan. The screening does not take place of a regular check-up since no x-rays were taken, nor any instruments were used.

Goodell, a dentist for two years said, "The kids are excited to show us their wiggly teeth and they talk about getting money from the tooth fairy. This is a good program and the kids are having some fun. We are creating awareness for oral health and hopefully provide some feedback to the parents."

If the staff observes something unusual with a child's teeth, then a form is sent to the parents recommending the child be seen by a dentist for a thorough checkup, or if a child had an excessive amount of plaque on their teeth, encourage the parents to monitor toothbrush skills.

Overall Goodell said he is impressed with the oral health of the kids.

In another station, the students

learned how to brush and floss. Using an oversized toothbrush and dentures, students Specs. Kristyn Ollison and Sara Newton, attending the Preventive Dentistry Course at AMEDDC&S, demonstrated the proper technique to brush and floss each day and encouraged the students to do so after meals and before bedtime.



Evan Garcia, a student at Fort Sam Houston Elementary School, shows off his pearly whites to Capt. Kurt Goodell, Budge Dental Clinic, Fort Sam Houston, Texas, during an examination at a dental fair held at the school. Each child at the school received a visual dental health screening by dental clinic staff. (U.S. Army photo by Esther Garcia)

Petty Officer Oscar Carrera, dental assistant, Michele Cerda, registered dental hygienist, and Pfc. Sarah Sierra, Spc. Billy Kinnaman, Sharol Ramirez, registered dental hygienist with Budge Dental Clinic, talked about reducing sweets and sodas, how often to change a tooth brush, and what foods keep their teeth clean. The children were also told how important it is to brush before bedtime to get the bugs out of their mouth.

Norma Espinoza, who recently retired from AMEDDC&S, Department of Dental Science, has been part of the program for more than twenty years.

"We have been supporting this program for more than 20 years. We have a skit and talk about good foods,

bad foods, brushing, flossing, and going to the dentist.

Dressed as the tooth fairy, student Sgt. Elizabeth Ibabao led the skit that included student Spc. Artiana Bolls, Qwameshia Gaines, Agnes Powell, and Pfc. Andrea Sims dressed as superheroes complete with red capes representing teeth, fluoride, floss and overall dental care coming to the rescue of students, Specs Dominici Owens, Darnel Williams, Marcus Jackson, mock patients who presented with tooth decay and missing teeth to the doctor, student Spc. Hemantu Dahal.

Sims said, "We came here to talk to the kids about oral hygiene. We let them show us how they brushed and flossed and then we gave them tips how to brush and floss."

Amy Chicon, who has been with the elementary school for 22 years said, "This program has been in place for 22 years. I think it is a benefit for the kids. We can teach them to do these things, their parents can teach them and they may already know it, but when they hear it from somebody else they listen."

At the end of the day, each student took home a bag filled with dental literature and included a coloring book, a toothbrush, and floss courtesy of Budge Dental Clinic.

Each February, the American Dental Association sponsors National Children's Dental Health Month to raise awareness about the importance of oral health. According to ADA, developing good habits at an early age and scheduling regular dental visits helps children get a good start on a lifetime of healthy teeth and gums. You can find more information about dental care at www.ada.org.



44th Medical Brigade's Day of Giving Back

By Armed Services Blood Program Public Affairs

Bright and early on a chilly winter morning, the 44th Medical Brigade started out the day by giving back. At 6:30 a.m. sharp, the brigade lined up outside the Fort Bragg Blood Donor Center doors ready to roll up their sleeves to donate blood, register for the C. W. Bill Young Department of Defense Marrow Donor Program, or participate in a brigade run. More than 350 Soldiers and Family members rolled up their sleeves and swabbed their cheeks to give back.

With so many donors coming through the doors, the Fort Bragg Blood Donor Center staff was lucky enough to have Soldiers from the 28th Combat Support Hospital and the 432nd Blood Support Detachment helping with donors and assisting with the bone marrow registry throughout the day.

"Today we are at a different venue to give you an opportunity to give back," said Army Col. Jeffery Johnson, commander of the 44th Medical Brigade, as he addressed his Soldiers before the day's activities began. "Just this weekend, we had one of our own who received 16 units of blood. It was because of people like you."

Johnson was followed by Army Maj. Teresa Terry, chief of transfusion services at the Womack Army Medical Center.

"We thank you for supporting our mission and for giving us the opportunity to be a part of such a wonderful event," Terry said.

Nancy Colt, a bone marrow recipient, told her personal journey and why it is important to register for the bone marrow program. In 2010, Colt was diagnosed with leukemia. After fighting the disease for 10 months and spending 100 days in the hospital,



Soldiers from the 44th Medical Command wait in line to register for the C.W. Bill Young Department of Defense Bone Marrow Donor Program. More than 350 Soldiers from the 44th Medical Command came out to the Fort Bragg Blood Donor Center to give back to their fellow service members. (U.S. Army Photo)

Cold was pronounced cancer free.

Every Soldier who was able to donate during the blood drive received a three-day pass. If donors were ineligible or a Family member donated in their place, the pass was still given to the Soldier. For some, the command took the gratitude one step further – if Soldiers and their Family members donated, they received a four-day pass. The passes were a way for Johnson to thank the Soldiers and their Families for their generosity and support of the Armed Services Blood Program.

After the run was completed Johnson went through the Fort Bragg Blood Donor Center to thank the Soldiers who were busy making their way through the donation process.

The Fort Bragg Family Readiness Group also had the chance to take part in the day's action. After the morning rush of donors from the 44th Medical Brigade, Family members began to stream through the blood donor center doors, ready to roll up their sleeves,

too.

All-in-all, the day was filled with Families and Soldiers coming together to save lives of ill or injured Service members, Veterans, and their Families worldwide.

"Now that our Soldiers know a little more about donating blood and what it is all about, you will continue to see an influx of donors, which is a good thing," said Army Sgt. 1st Class Chadley Blackburn, the blood drive coordinator.

To find out more about the Armed Services Blood Program or to schedule an appointment, please visit us online: www.militaryblood.dod.mil. To interact directly with some of our staff, see more photos or to get the latest news, visit us here: www.facebook.com/militaryblood, www.flickr.com/militaryblood and www.twitter.com/militaryblood.

Paratrooper Named Dental Officer of the Year

By Spc. Eliverto Larios, 2nd Brigade Combat Team, 82nd Airborne Division

Life is full of twists and turns. That was true for Maj. Russell D. Taylor, the dental surgeon for the 2nd Brigade Combat Team, 82nd Airborne Division.

Growing up, Taylor never expected to be where he's at today, let alone, be recognized as one of the best at what he does. Taylor was named this year's U.S. Army Forces Command Junior Dental Officer of the Year.

The award is a way of recognizing five outstanding junior officers in the Army's dental community. The recipients were selected from various components and commands. Each of the officers showed great military and clinical potential for future leadership in the Dental Corps.

Taylor said he was taken by surprise when he got the call from the U.S. Army Forces Command dental officer.

"He called me and told me that I was nominated," said the 45-year old North Carolina native. "Later he came back and told me that I was selected. I never expected to get selected."

Before his senior year in college, Taylor said he never had thoughts of joining the Army. As a student athlete at North Carolina State University, Taylor and some of his teammates decided to join the Reserves Officer Training Corps and although he didn't plan on staying in for four years, he did.

"I never intended on coming into the Army, but as I got closer to graduation I started thinking about it," said Taylor.

After a lot of thinking, he made his choice and now claims it was one of the best decisions he has ever made.

Although he has demonstrated great leadership and skills in the dental career field, he didn't start off as a dental surgeon. For 14 years, Taylor served as an air defense artillery

officer. After his command time with the 3rd Battalion, 4th Air Defense Artillery Regiment, he was assigned to the Falcon Brigade as the air defense officer. It wasn't until he deployed with the brigade in support of Operation Iraqi Freedom that he realized he wanted to become a dentist.



Maj. Russell Taylor, U.S. Army Forces Command Junior Dental Officer of the Year, working at LaFlamme Dental Clinic at Fort Bragg, N.C. Taylor graduated from dental school in 2011, after serving 14 years as a combat officer. (U.S. Army photo by Spc. Eliverto Larios)

During the deployment, he spent time with the brigade's dental surgeon. He said he was impressed by what he saw. "I saw the effect that he had on Soldiers in terms of their morale and their readiness, and that's what got me interested," said Taylor.

When Taylor returned from the deployment, he took his first steps. "I came back and went to school," said Taylor. "I took my prerequisites at Fayetteville Tech or wherever I was located at the time."

After applying to different medical schools, Taylor was accepted to Meharry Medical College School of Dentistry in Nashville, Tenn., and began what he said was the hardest thing he has ever done. "They told me they were taking a chance on me," Taylor said. "They expected great leadership out of me." Taylor did not disappoint, having served as class

president three out of the four years he was there.

Motivated to become a dentist and using the leadership skills he acquired while in the Army, Taylor graduated with a Doctorate of Dental Surgery. After a year of residency to hone his new skill, Taylor decided it was time to come home.

"I requested to come back to the 82nd," said Taylor. "I think I work well in this environment."

Taylor claims to be no different than any other brigade's dentist in the clinic, but he does credit his 14 years in air defense for his success and ability to relate to his patients.

"I am able to talk to them in their own language and connect with them," he said. "I know that Soldiers who come in have days that are usually harder than mine, so I try to let them relax here. You have a lot of Soldiers who are scared to come to the dentist, so if you are able to put them at ease before they come in, and you talk to them and get their mind off of what is about to happen to them, then it makes for a better appointment."

In early spring of this year, Taylor and the four other award recipients will travel to Washington, D.C., as part of the Dental Corps Junior Officer Week hosted by the Army Dental Corps. While there, they will get the opportunity to meet and discuss issues with the senior leadership of the Dental Corps, the Army Medical Department, and the Department of Defense. They will also tour the White House, the Pentagon, and Capitol Hill.

As for his career in the Army, Taylor said he has no plans on retiring any time soon.

"I like where I'm at," said Taylor. "I like being an Army dentist and I like what it stands for."



Lt. Gen. Donald M. Campbell Jr., commanding general of U.S. Army Europe, reenlists Staff Sgt. Tyronne Jones in a ceremony at Landstuhl Regional Medical Center, Germany. Jones had planned to reenlist while deployed to Afghanistan, but those plans changed after insurgents attacked against his Forward Operating Base. (U.S. Army photo by Phil A. Jones)

Soldier Reenlists While Recuperating from War Injury

By Chuck Roberts, Landstuhl Regional Medical Center Public Affairs

In the aftermath of being downed by a gunshot wound during a firefight in Afghanistan, several thoughts came to the mind of Staff Sgt. Tyronne Jones – among them was reenlistment. Sadly, the date and location were not the only things that changed that day.

Chief Warrant Officer 2 Edward Balli was supposed to have conducted Jones' reenlistment ceremony at their Forward Operating Base in Afghanistan. Balli died beside Jones in that same firefight on Jan. 20, 2014, against enemy insurgents who penetrated their compound through a hole from a massive explosion.

Instead, Jones was reenlisted by Lt. Gen. Donald M. Campbell Jr., commanding general of U.S. Army Europe, in a ceremony at Landstuhl Regional Medical Center before his wife and two children, and fellow

Soldiers from his home station in Vilseck, Germany.

Although Jones is a career Soldier who planned to reenlist, the deadly attack only firmed his resolve.

"I don't want to let somebody else dictate when my career is going to be over," said Jones, a 30-year-old unmanned aircraft technician who was deployed with the 2nd Cavalry Regiment. "What makes them a terrorist is the fact that they put terror into somebody, change their life, and scare you into doing whatever. I'm not going to let them bully me into anything. I'm going to stay in the Army and I'm going to do what I do and not let them terrorize me."

After his injury, Jones was medevac'd to Kandahar and Bagram before arriving at LRMC. His next level of care will be at Brooke Army Medical

Center in San Antonio where he will unite with his Family from Nevada, and eventually with his wife and their two sons.

Jones said well-meaning people have used the word "hero" for his actions; however, he is very matter-of-fact and straightforward in saying that his actions were not heroic, but performed only as any Soldier should have done in the same situation. His main thoughts now are to heal and return to duty in whatever capacity he can.

Jones said he hopes that he has acted as a good Soldier and properly trained others who are now filling his void in Afghanistan, just as he now considers becoming a warrant officer to fill the huge void left by the death of Chief Warrant Officer 2 Edward Balli.



New Research Facility Opens at USAMRMC

By Ellen Crown, deputy Public Affairs Officer, U.S. Army Medical Research and Materiel Command

U.S. Army Center for Environmental Health Research (USACEHR) leadership unveiled a new vivarium in January.

A vivarium is a facility used to keep plants or animals for observation and research. This vivarium allows USACEHR researchers to bring in-house their rodent studies, which had previously been conducted at commercial facilities, as well as area hospitals and universities.

USACEHR now has about 3,500 square feet of vivarium space, including

the lab's pre-existing fish facility. Researchers will use the new vivarium for studies focused on behavioral health, environmental exposures, and nutrition.

"The new state-of-the-art vivarium is twice as large as the center's previous capacity and supports a 100 percent recyclable and disposable cage system, allowing for greater cost savings overall," said USACEHR's Integrated Systems Biology Program Director Dr. Marti Jett.

A subordinate laboratory of the

U.S. Army Medical Research Institute of Chemical Defense, USACEHR's mission is to develop surveillance capabilities to detect, prevent, and assess health effects from adverse environmental, and psychological exposures. USAMRICD is one of 12 subordinate commands and six executive agencies supported by the U.S. Army Medical Research and Materiel Command, the Army's medical materiel developer focused on research, development and acquisition, and medical logistics management.



Leadership cut the ribbon unveiling a new vivarium at the U.S. Army Center for Environmental Health Research. Pictured are (left to right) Lt. Col. Tom Timmes, commander, U.S. Army Center for Environmental Health Research; Dr. Marti Jett, program director, Integrated Systems Biology, U.S. Army Center for Environmental Health Research; and Col. Bruce Schoneboom, commander, U.S. Army Medical Research Institute of Chemical Defense. (U.S. Army photo by Ellen Crown, U.S. Army Medical Research and Materiel Command)



Northern Regional Medical Command Strives for Safety Excellence at Military Treatment Facilities

By Terry J. Goodman, Northern Regional Medical Command Public Affairs

Workplace safety is critical for organizations across the Army. However, safety in a medical environment is especially important to ensure that employees and patients are protected from a variety of serious hazards common to clinical operations.

The Voluntary Protection Program was established by the Occupational Safety and Health Administration in 1982 to recognize workplaces that go above and beyond the basic compliance standards by employing an effective safety and health management system. The system demonstrates a cooperative and proactive safety partnership of management, labor, and regulatory agencies. These workplaces are identified as model sites, showing the employees, industry, and the community that they are leaders in safety and health.

The Department of Army informally adopted this approach in 2012 and selected the U.S. Army Medical Command (MEDCOM) as the pilot organization for the Army. In June of 2012, the MEDCOM Safety Management System (MS2) was established and a concept of operations (CONOPs) and implementation plan was developed and published. The CONOPs, signed by Army Surgeon General and MEDCOM Commander Lt. Gen. Patricia Horoho, requires all MEDCOM military treatment facilities (MTFs) and other O6 level (colonel) and below commands to enroll in the multi-phased process to achieve "Star Status."

According to Mary Proffitt, safety director for Northern Regional Medical Command, NRMC officially launched the program in June 2012 following

the official release of the CONOPs by MEDCOM. Barquist Army Health Clinic, Fort Detrick, Md., McDonald Army Health Center, Fort Eustis, Va., and Kenner Army Health Clinic (KAHC), Fort Lee, Va., were the first MTFs within the region to begin the process.

The MS2 program is designed to reduce accidents by building a safety-conscious culture in the workplace through the execution of safety practices and procedures. To achieve star status, organizations must complete three stages of assessments focused on management leadership and employee involvement, worksite analysis, hazard prevention and control, and safety and health training.

Proffitt is quick to point out that while safety is a key coordinator in the process, it is not the lead on executing the program. Commanders have a critical role in giving the initiative proper visibility and support, and effective implementation depends on employee involvement from all areas of the organization's staff. Successful organizations have established a MS2 steering committee or appointed one or more MS2 "Champions."

"Of course, safety serves as a critical advisory component for the MS2 program, but successful organizations have achieved true engagement by every employee, and the program is high on the list of commander priorities," Proffitt said. "As a whole, MTF commanders within the region are embracing this commitment to safety in pursuit of "Star Status."

It typically takes three years to complete the program. Kenner, which started in September 2012, is in the

third phase and will be assessed in June of this year. If successful, Kenner will be the first MTF within the region to receive the Army Star Strong flag -- only 21 months since inception.

Colonel Thomas Bundt, KAHC commander, understands the importance of workplace safety and thinks this new program emphasizes safety among his staff and is proud of how quickly Kenner was able to start and sustain the process well in advance of the standard timeline.

"The staff has done a fantastic job throughout," Bundt said. "Every component of this valuable program and has demonstrated this through multiple venues and inspections. We have every confidence this commitment will continue to evolve and improve, and that KAHC will soon achieve Star Status in the MS2 program."

Throughout the process, the NRMC Safety Office conducts assessments of each stage with the MTF. All assessments are conducted by a trained assessor within MEDCOM and a contract employee from the Department of Defense VPP/Safety Management Center of Excellence.

Following the assessment, the medical facility's leadership and MS2 steering committee/champion receives an exit briefing and a written report in the form of a gap-analysis spreadsheet. The committee is then tasked to address identified issues and submit their corrective actions through a secure web-based tool managed by the Center of Excellence. These actions are validated by both NRMC and MEDCOM Safety Offices before the organization moves onto the next stage.

Tripler Adopts ‘Sisters in Arms’ Program

By Ana Allen, Pacific Regional Medical Command Public Affairs

There’s a new movement building momentum at military installations across the Army and its taken root at Tripler Army Medical Center (TAMC).

“Sisters in Arms” is a mentorship program run by female Soldiers, for female Soldiers.

Participants gain access to a forum where issues ranging from career, education, and even Family can be addressed in a way that empowers members to become better leaders.

Master Sgt. Celestine Jackson, career counselor for Pacific Regional Medical Command, is leading the Sisters in Arms program at Tripler, but she has added a twist.

“We’ve put the mentorship aspect of the program front and center,” says Jackson. “In most programs, the emphasis is more on the forum but we wanted to try something different. We wanted to focus on creating one-on-one connections that help junior enlisted Soldiers tap into the knowledge



Members of the Sisters in Arms mentorship program listen as Command Sgt. Maj. Donna A. Brock, command sergeant major for U.S. Army Medical Command praises Tripler Army Medical Center Soldiers for running a program that betters Soldiers and develops diverse leaders. (U.S. Army photo by Ana Allen, Pacific Regional Medical Command)



Command Sgt. Maj. Donna A. Brock, command sergeant major for U.S. Army Medical Command and Command Sgt. Maj. Robert C. Luciano, command sergeant major for Pacific Regional Medical Command listen to Sisters in Arms members talk about how the mentorship program is benefiting female Soldiers at Tripler Army Medical Center, Hawaii during a February visit to TAMC. Brock’s visit was part of a larger Asia-Pacific tour with the Army surgeon general. (U.S. Army photo by Ana Allen, Pacific Regional Medical Command)

of senior enlisted Soldiers. If we can teach just one person something that will keep them from making the same mistakes we did, we’re a success,” she said.

Mentors are carefully selected by leaders for their approachability, diverse backgrounds, and must exemplify Army values before being invited to participate in the program.

Junior enlisted Soldiers are then paired with a mentor that best match career paths and backgrounds.

Jackson says this is where the program really comes alive.

“Mentoring Soldiers through the program is a reflection of getting back to the basics of taking care of Soldiers. I can’t affect the Army as one, but I can affect the ones I come in contact with, and that’s what the program helps to accomplish,” she says.

Jackson says leadership at the hospital has supported the program from the

beginning and has championed the group’s efforts with senior leaders in Army Medicine.

Command Sgt. Maj. Donna A. Brock, command sergeant major for U.S. Army Medical Command spoke with TAMC Sisters in Arms during a visit to the region and praised program members on their success.

“A lot of Soldiers go through programs looking for answers. It’s clear that walking through the Sisters in Arms program, they will find it,” said Brock.

“You are trying to make yourselves better and the organization better. Thank you for what you are doing here. You have really inspired me,” she said.

Jackson says she’s glad leaders like Brock support the program and that with continued efforts, the Sisters in Arms program will continue to grow today’s Soldiers into tomorrow’s leaders.



14th Combat Support Hospital Deploys to Fort Stewart

By Michelle L. Gordon, Fort Stewart MEDDAC Public Affairs

Soldiers from the 14th Combat Support Hospital deployed a mobile operating room to Fort Stewart, Ga., March 3 to alleviate the backlog of surgical cases at Winn Army Community Hospital.

“The backlog was caused by ongoing construction,” said Maj. John Tsai, Winn ACH chief of general surgery. “Many of the sections within the hospital are undergoing renovations including our entire operating room suite, and unfortunately we are not physically capable of utilizing three of our six operating rooms during the process.”

Hospital Commander Col. Kirk W. Eggleston said he and his deputy commanders began brainstorming ideas to mitigate the impact of decreased OR space last fall when construction began.

“A couple of things came up that seemed reasonable,” said Eggleston. “One was a partnership with Liberty Regional Medical Center here in town. They were receptive to the idea and we’ve been doing cases there two days a week since January. The other idea was to bring a combat support hospital

(CSH) to Fort Stewart. We did some research and found that other military treatment facilities had done something similar. Once we knew there was a precedent, we reached out to the 14th CSH and began coordinating.”

That coordination was done during weekly meetings to determine location, staffing, equipment, and logistical needs of the 14th CSH. Each surgical case was also reviewed to identify patients who met the qualifications of being seen in the mobile OR.

“We’ve selected patients based on the type of procedure they need, as well as their overall general health,” said Tsai. “It’s restricted to same-day procedures and it’s also reserved to active-duty military personnel.”

The commander of the 14th CSH, Col. Paula C. Lodi, said she is excited about the opportunity to partner with Winn ACH, especially since it provides her Soldiers with real-world training.

“The 14th CSH returned from a nine-month deployment to Afghanistan last summer, but they did not deploy with the surgical suite,” said Lodi. “However, this equipment was used

when they deployed in support of Hurricane Katrina relief in 2005. That was the last time it was deployed for real-world contingency operations. The 14th CSH will assume responsibility for severe weather response in June so this is actually very good for us to take our deployable equipment and have the opportunity to work with it in conjunction with a fixed facility because it’s very realistic of something we would have to do in the event of another hurricane response effort.”

Lodi wants to assure patients and their Families that the standard of care in the mobile OR is no different than it is in a traditional operating room.

“Over the course of the past 12-years this equipment has been proven effective in much more austere environments,” she said. “These Soldiers have done a phenomenal job taking care of our injured Soldiers down range and they’ve had some realistic opportunities both in Iraq and Afghanistan to sharpen their skills. I’m excited for my team’s ability to showcase what they can do, and for the opportunity to validate our capability of providing the same standard of care using deployable equipment.”

Eggleston agrees and added that the equipment will meet the same standards and requirements set forth by The Joint Commission.

“Our Soldiers conduct fairly significant procedures in mobile ORs down range so they have literally been battle tested,” he said. “They are outstanding. We validated them as far as infection control and air exchange, and we will continue to test them just like we do any operating room inside the building. They are absolutely no different. If we can use these to save lives down range then there’s no reason we can’t use them here at Fort Stewart, Georgia.”



Soldiers from the 14th Combat Support Hospital deploy a mobile operating room. (U.S. Army Photo)

Warrant Officer Makes Trip to 'The Ice'

By Jane Gervasoni, Public Affairs Office U.S. Army Public Health Command

Employees of the U.S. Army Public Health Command (USAPHC) are found in 14 time zones in 85 countries, but who would expect to find them in Antarctica?

It is in this most remote continent that USAPHC veterinary food safety officers perform food inspections for the National Science Foundation's (NSF's) Polar Program and the military personnel assigned to McMurdo Station.

Antarctica is the "est" continent--the highest, driest, coldest, windiest, and cleanest continent on earth, according to Gwen Adams, safety and occupational health manager of the NSF's Office of Polar Programs.

The Antarctic also is a unique natural laboratory, and scientists live in this environment 12 months of the year. However, most of their food supply must be shipped during the short summer season, usually in January, while shipping lanes are open.

"The annual resupply of the Antarctic stations including McMurdo Station, South Pole Station and remote field camps is an intense 24-hour a day operation that lasts for five to seven days," said Chief Warrant Officer 5 Christopher Finch, Food Protection Program deputy program manager at the USAPHC, who made seven trips to Antarctica. "Food inspections for these locations are performed through an agreement with the NSF to ensure they have independent food inspection."

But there is more to providing food for the Antarctic stations than a single week of inspections.

"Chief Warrant Officer 4 Robert McNeil provides procurement and sanitation inspections and approved source verification. He also observes the contractor's food handling personnel and equipment hygiene practices for 24-hour



Chief Warrant Officer 5 Christopher Finch performs a food stores inspection at a research camp in Antarctica. (U.S. Army photo by Public Health Command)

meal service operations at McMurdo," explained Chief Warrant Officer 4 William Warren, chief, Operational Rations Section at the USAPHC. "We only have one opportunity to get it right, because there is no full-time inspector onsite."

McNeil, food safety officer at Public Health Command District--Western Pacific, New Zealand Branch, is currently on a three-year assignment and coordinates the support for the NSF program. According to McNeil, he is the only U.S. military member currently assigned to New Zealand outside of the U.S. embassy.

"In 2011, 10 to 15 refrigerated/frozen containers and their temperature recorders became inoperable during the voyage from California to New Zealand," explained McNeil. "Fortunately, the NSF logistics personnel placed data-loggers in every container. After checking the data-logger information on each container, I was able to determine that no potentially hazardous foods had been exposed to unacceptable temperatures, saving close to a million dollars of food from being discarded."

Food is inspected and loaded on the U.S. West Coast in late December to be shipped on the annual supply vessel. This shipment provides approximately a 13-month food supply. In addition, air-drops provide routine supplies of fresh

foods to McMurdo Station and the South Pole, according to Warren.

Fresh foods are also shipped from New Zealand during the Antarctic summer from November to March after audits by the regional USAPHC food specialist. Some fresh food is also grown in a hydroponic garden at the pole.

"Foods shipped to Antarctica also have to meet very stringent packaging regulations," explained Finch. "Due to the extreme temperatures, foods can't be packed in glass, and packaging has to meet environmental regulations that dictate how much waste the food packaging can produce. Any unused food is shipped back."

Storage conditions at the pole can be challenging as well. Food shipped to Antarctica is usually six to eight months old and will be stored for as much as a full year before use.

"The extreme temperatures can cause meats and other foods to dehydrate, affecting the quality," Warren explained. "We check that the maximum shelf life is what was ordered to ensure that the food will retain its quality in this harsh environment."

When not facing wind-chill temperatures of minus 50 degrees Fahrenheit in Antarctica, McNeil performs audits of local and regional commercial food processing facilities supporting the NSF and U.S. forces worldwide from his location in New Zealand.

"This assignment was a fantastic experience," said McNeil. "Meeting the unique food inspection challenges at McMurdo and the South Pole stations due to the unusual operational conditions and environment, interacting with the NSF personnel, and exploring the historical sites were opportunities no other job could offer."



Focus on Patient: Evans ACH Pioneers New Pain Management

An Interview with Lt. Col. Joel T. Tanaka, M.D. Chief, Department of Primary Care, Evans Army Community Hospital

By USAMEDDAC-Fort Carson Public Affairs

According to the Institute of Medicine, the health arm of the National Academy of Sciences, approximately 116 million Americans suffer from chronic pain. America faces treatment challenges; accepted methods may work for some, but newer approaches may be the answer for all.

“Based on my clinical observations and a review of the medical literature, I suspect that this number is underreported,” said Lt. Col. Joel T. Tanaka, M.D., chief of the Department of Primary Care at Fort Carson’s Evans Army Community Hospital. “There are many more people in misery, living with chronic pain.”

The time healthcare providers dedicate to alleviating chronic pain and treatment costs are ever increasing, and many primary care managers prescribe multiple medications.

“This tendency for providers to reach for medications first is multifactorial, but is mostly due to lack of training, time, and an emphasis on patient satisfaction scores,” said Tanaka.

Many prescribed pain medications interact with each other and possibly cause additional, more debilitating problems. Pain treatment product advertisements build patient expectations claiming to alleviate chronic pain, yet they often include disclaimers that the FDA has not verified this claim.

“These are some reasons we have had less than optimal success treating pain in the traditional fashion; unless the military and civilian medical communities begin to change this culture of polypharmacy [prescribing multiple medications] that may make things worse and not

better, people will continue to needlessly suffer. Sometimes we need to consider a medication last, not first,” said Tanaka.

Over the past few years, Evans Army Community Hospital leaders have taken innovative steps to move providers and patients in a new direction.

“We have pioneered chronic pain management efforts focused on the patient as an individual using a ‘team of teams’ approach,” said Tanaka. “Having multiple specialties looking at each patient through different lenses allows for a more personalized and comprehensive evaluation and individualized treatment plans.”

In the Department of Primary Care, all Family medicine, pediatric, and internal medicine clinics have transitioned into National Committee for Quality Assurance recognized Patient Centered Medical Homes (PCMH). Clinics now have personalized and proactive core teams of primary care managers and nurses, as well as integrated clinical pharmacists and behavioral health providers.

“The proximity and team concept enhances communication and promotes a multidisciplinary approach to pain management. The teams offer a personalized and evidence-based approach to the treatment of chronic pain,” said Tanaka. “They focus on the patient and his or her individual functional deficits, behaviors – including the risk of abuse, medical, and Family history as well as other factors.”

In addition to the transformation to PCMH, the hospital hosts a monthly Pain School that educates patients, Family members, caregivers, medical

providers, and others. With trust as a foundation, classes promote a pain management philosophy of personalized medicine through evidence-based, safe pain management techniques. Attendees receive an overview of the medical evidence and presentation on why a multidisciplinary team approach to chronic pain management works better than just prescribing medications. Instructors emphasize becoming more active, healthy eating, maintaining a healthy weight, the importance of sleep, and stress reduction.

“This creates an environment of mutual trust and ‘patient activation,’” said Tanaka. “There is no way that any system of care can work to reduce pain and increase function unless the suffering person is ‘In it to win it!’”

The hospital’s Pain Clinic also hosts a Functional Restoration Program for active duty Soldiers. The program provides them access to dedicated medical providers and pain educators all focused on dealing with aspects of pain management. The pain educators teach about healthy sleeping habits, coping strategies, importance of regular exercise, and other topics. Another initiative is the Short Acting Opioid (SAO) Reduction program.

“By actively engaging patients, regarding behaviors that promote pain, military and civilian providers can effectively decrease reliance on medications, reduce risk, improve mood, increase function, and realistically help people live happier, more fulfilling lives,” said Tanaka.

Sexual Trauma Victims get Support

By Spc. Aaron Breitbarth, Warrior Transition Battalion Public Affairs

Female Soldiers now have a safe and anonymous place to share their experiences with military sexual trauma (MST), thanks to the Women's Trauma Recovery Group which began here last summer. The Women's Trauma Recovery Group is the only sexual trauma group — for women or men — that meets on Joint Base Lewis-McChord (JBLM).

"The group is focused on coping," said Robbi Robertson, a social worker at the Warrior Transition Battalion (WTB) who specializes in MST and post-traumatic stress disorder (PTSD).

"Seeking Safety: A Treatment Manual for PTSD and Substance Abuse" by Lisa Najavits is used as a guide for the group because it was written particularly for women who often turn to self-medication as a result of MST, said Robertson.

Najavits came to Madigan Army Medical Center to train some of the counselors, including Robertson.

"It's called 'Seeking Safety' because when someone is traumatized the first thing they lose is their sense of safety; they start doing 'things' to try to feel safe.

Then they start engaging in avoidance," said Robertson.

Men and women who experience trauma engage in dangerous behaviors like drugging and drinking, she said. In military culture drinking is an acceptable behavior, but it can lead to more dangerous things or events; what Soldiers who experience MST need to do is learn how to deal with it, said Robertson.

There are usually two co-facilitators who lead the group, including Robertson. One scans the group to make sure each Soldier is feeling okay and that the Soldiers are feeling safe and supported when they are sharing.

"The women are given permission from their commanders to wear civilian clothes and that allows a lot of anonymity... they are trusting one another, meeting outside of group, feeling cared about, and rebuilding relationships," said Robertson. "I think if they were wearing rank that wouldn't happen."

The backbone of the Women's Trauma Recovery Group is female Soldiers supporting female Soldiers through good

self-care and safe coping strategies. The facilitators give handouts with a list of safe coping skills that Robertson teaches Soldiers to have ready, like compassion or rewarding one's self. All of these are available in "Seeking Safety." Every week, every meeting, there is a check-in and a check-out during which the Soldiers make a promise to further their coping strategies.

"We ask 'What was your safe coping?' because at the end of each group they make a commitment to do some kind of safe coping behavior. That way they learn to be good to themselves — commit to self-care, positive reinforcement. That way they develop better self-care habits," said Robertson.

Self-care is not cutting oneself, not drugging, not drinking too much, eating right, and sleeping well. Self-care involves personal control and personal safety and allows a Soldier — allows anyone — to feel more in control of their external environments, said Robertson.

"Good self-care leads to safe coping," Robertson said.

Robertson's group meets here weekly. Soldiers are referred by social workers with the Sexual Assault Resource Clinic and behavior health clinics all over JBLM, as well as through social workers and nurse case managers here at the WTB. Soldiers can also self-refer into the group by contacting Robertson.

"It's hard to come to a group like this, because people don't want to talk about sexual trauma," said Robertson. "(They ask), 'How do you get over the self-guilt? The shame?' Even (with) counselors — 'Can I trust this person?' There's this fear of 'What are they going to think of me?'"

"But when they finally come, they begin to feel better. They feel like they're not the only ones going through this," she said.



Madigan Army Medical Center participated in Denim Day to help raise awareness to prevent sexual assaults. A therapeutic group Joint Base Lewis-McChord now allows female Soldiers who were assaulted to get help in a safe group environment. (U.S. Army photo by Sgt. Sarah Enos)

Ramon Named ISR Civilian of the Year

Story and photo by Steven Galvan, *ISR Public Affairs Officer*

For the second year in a row, the Civilian of the Year at the U.S. Army Institute of Surgical Research (USAISR) was selected from the Logistics Division. Gilbert Ramon, a general supply specialist, was presented the Civilian of the Year certificate by the USAISR Commander, Col. (Dr.) Michael A. Weber during a Soldier/Civilian awards ceremony.

“It feels awesome being selected Civilian of the Year,” Ramon said. “It shows that the work that I do here makes a difference, especially for the Wounded Warrior.”

Ramon has been working at the USAISR for almost seven years and said he believes he was selected for this honor because he always provides the best customer service. “This award is well deserved,” said Leila Rathburn, chief of Logistics Division. “He is a unique individual within the command. He makes each customer a priority and provides excellent customer service.”

The 22-year Army veteran attributes

his work ethic to the time he spent in the military where he started off as a tank driver and worked his way up to tank commander and retiring as a first sergeant. “The best one!” he said.

One of the best things that Ramon likes about his job is being able to work in a place that makes a difference in helping Wounded Warriors.

“He excels in coordinating and orchestrating timely procurements and shipments to ensure that research protocols are conducted on schedule,” Rathburn said. “His aggressive approach is instrumental in contributing to the success of the combat casualty care research mission.”

Ramon’s work philosophy is simple. “Work hard and provide the best customer service,” he said.

It is also the advice that he offers to anyone who would like to be recognized as a future Civilian of the Year at the USAISR. Ramon also added that everyone should strive to improve their work performance every day.

“You have to do your best at all times, even if it seems like there’s not enough time in a day to accomplish what needs to be done,” Ramon said.

Ramon plans to continue providing the best customer service and giving his best every day and attributes his success to his Family.

“They have always stood by me and believed in me,” he said.



Gilbert Ramon, a general supply specialist at the Logistics Division was named the 2013 USAISR Civilian of the Year. (U.S. Army Photo)

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Ludescher, Wendorff Named NCO, Soldier of the Year

By Steven Galvan, ISR Public Affairs Officer

The U.S. Army Institute of Surgical Research (USAISR) Non-commissioned Officer (NCO) and Soldier of the Year competition concluded in February with the announcement of two medical laboratory specialists as the 2013 USAISR NCO and Soldier of the Year.

Sgt. Andrew J. Ludescher, a native of St. Paul, Minn., is assigned to the Laboratory Support Division, was selected as the Non-commissioned Officer of the Year, and Spc. Daniel S. Wendorff, who hails from Columbus, Ohio, is assigned to the Damage Control Resuscitation Division, was selected as the Soldier of the Year.

Ludescher joined the Army in 2008 and has been at the USAISR for a year. Serving his country in the Army has been a life-long dream. One of the reasons that he believes he was selected for this honor is because of his drive to succeed.

“I work hard and lead by example,” he said. “I trained and studied hard for this competition.”

That’s the same advice that he offers to anyone who would like to follow in his footsteps. “It a great honor,” Ludescher said.

One of his short-term goals is to obtain a medical laboratory technician certificate and eventually attend physician’s assistant

school. The best thing that he likes about his job as a research support technician is working with the people in the laboratory and said that the most challenging thing about it was learning all of the sections.

Wendorff, who has been at the Institute since November said that he enjoys the fact that he learns something new and interesting almost every day. He also said that joining the Army was a childhood dream.

“Being able to become a medical laboratory specialist was a great opportunity for me,” he said.

Wendorff joined the Army almost two years ago and said that time management can be a big challenge for him and “Also trying to balance the work I do in research with my responsibilities as a Soldier,” he said. He believes that his performance during the competition helped him be selected for this honor. “It’s a great honor to have been selected,” said Wendorff.

The advice that Wendorff gives Soldier who would like to earn his distinction is simple. “Start studying as early as possible and be ready to be physically and mentally exhausted by the time it is all over,” he said.

His next goal is to earn the Expert Field Medical Badge in the near future and to eventually attend medical school and become a doctor.

Ludescher and Wendorff will represent the USAISR at the upcoming MRMC Soldier and NCO of the Year competition.

USAISR Company 1st Sgt. Bradley Proud said he was extremely pleased to have these two Soldiers representing the Institute at this year’s headquarters competition. “They both have the drive, determination and leadership to succeed,” he said. “I feel confident that they will both do well and make us all proud.”



Sgt. Andrew J. Ludescher maneuvers through the obstacle course as part of the USAISR NCO/Soldier of the Year competition. (U.S. Army Photo)

Convertino Selected 2013 Top EMS Innovator by Journal of Emergency Medical Services

By Steven Galvan, ISR Public Affairs Officer

The Journal of Emergency Medical Services selected Victor A. Convertino, Ph.D., a physiologist/researcher and the tactical combat casualty care research task area program manager at the U.S. Army Institute of Surgical Research (USAISR) at Joint Base San Antonio, Fort Sam Houston, as a 2013 top innovator in emergency medical services (EMS).

Convertino was among 10 trendsetters who were recognized Feb. 5 at the 2014 EMS Today Conference and Exposition in Washington, D.C., for his efforts in developing the Compensatory Reserve Index (CRI) and the Intrathoracic Pressure Regulation (IPR) – two life-saving technologies.

“This is a great honor that is especially significant to our research team and the U.S. Army Combat Casualty Care Research Program because it’s given by a leading organization in the field of emergency medical care that is independent of the military,” said Convertino. “As such, this award reflects an appreciation from our civilian counterparts that we’ve been successful in developing medical technologies that can be translated to any emergency medical setting to help civilian paramedics as well as our combat medics

save lives during prehospital care and transport of patients.”

“Vic is one of the leading prehospital researchers in San Antonio. His work is ongoing, but it is great to see one of our area’s behind the scenes guy be recognized on a national level,” said Dr. Craig Manifold, former director of the San Antonio Fire Department EMS.

CRI uses an algorithm designed to take information from a patient’s finger pulse oximeter and gauge whether immediate medical attention is needed -- even if the patient seems alert and responsive. It is the first device of its kind that can truly detect when a patient seems stable but is actually getting dangerously worse, known as “crashing.”

IPR therapy is used to create a vacuum in a patient’s chest cavity to increase blood circulation and pressure. The IPR concept was used to manufacture a small breathing device called the ResQGARD that helps patients with severe low blood pressure.

IPR therapy has been used in the pre-hospital setting to assist in saving countless lives, particularly in cases of cardiac arrest, and provides rapid resuscitation without the use of fluids. As a result, the ResQGARD has been deployed in the medical kits of air



Victor A. Convertino, Ph.D., the tactical combat casualty care research task area program manager was selected as one of the 2013 top innovators in emergency medical services by the Journal of Emergency Medical Services. (U.S. Army Photo)

and land ambulances as well as battalion aid stations on the battlefield.

“This award recognizes Vic’s unwavering search for better understanding of human physiology and better ways to treat patients in emergent situations,” said Dr. Keith Lurie, inventor of the IPR concept. “The cutting edge research that Vic and his team are conducting will prove critical in the advancement of capabilities for EMS care on the national level as well as on the battlefield.”

Read the full story at: https://mrmedd.army.mil/index.cfm?pageid=media_resources.articles.convertino_selected_2013_top_ems_innovator

Medical Specialist Corps Anniversary

As the Army Medical Specialist Corps celebrates its 67th anniversary on April 16th, Command Sgt. Maj. Brock and I want to extend our heartfelt congratulations to the more than 2,900 Active and Reserve Component Members of the Corps. Your selfless and dedicated service to our Soldiers and Family Members is a testament to your commitment and pride in service. After more than 12 years of conflict, you can reflect back with tremendous pride on the care you provided and continue to provide to our wounded, ill, and injured.

Army Medical Specialist Corps providers

play key roles in support of the four Army Medicine Priorities: Combat Casualty Care, Readiness & Health of the Force, Ready & Deployable Medical Force, and Health of Families and Retirees. They continue to lead important elements of the Performance Triad (Sleep, Activity & Nutrition) and support critical clinical research initiatives in this arena.

Occupational therapists, physical therapists, dietitians, and physician assistants are instrumental in guiding patients toward a healthier lifestyle, thereby preventing physical injuries, reducing the

possibility of patients becoming obese, and restoring and enhancing quality of life.

Members of the SP Corps also play key roles in initiatives such as Traumatic Brain Injury & Behavioral Health, Patient/Soldier Centered Medical Homes, Wounded Warrior Care, Comprehensive Pain Management, and the Army Wellness Centers.

CSM Brock and I wish you continued success. Serving to Heal...Honored to Serve

Lt. Gen. Patricia D. Horoho

MEDCOM Recognizes Ohlsen for 60 Years of Federal Service

By Dr. Valecia L. Dunbar, Army Medicine Public Affairs

Dean Ohlsen, maintenance management specialist, G4-MEDCOM logistics, was recognized for 60 years of federal service March 5 at a ceremony held in his honor at U.S. Army Medical Command Headquarters (MEDCOM), Fort Sam Houston, Texas.

Ohlsen who was moved by the occasion, expressed that he appreciated the

recognition because it shows he has made a great impact on Army Medicine, but most importantly on the people within the organization.

Ohlsen’s contribution and passion for his work is respected by coworkers and Army leaders. “He’s not retiring anytime soon,” said Master Sgt. Anthony Parham, noncommissioned officer in charge of

equipment services, G4-MEDCOM logistics. “Fifty-years is the standard recognition given, but for Ohlsen we had a new plaque made just in his honor as a 60-year federal employee.”

Ohlsen was presented with a one-star note and coin by Brig. Gen. John L. Poppe, deputy chief of staff for support, U.S. Army Medical Command and chief, U.S. Army Veterinary Corps; and Gregg Stevens, Army Medical Department Civilian Corps chief presented a two-star note and coin.

Ohlsen began his military career after attending Basic Training at Camp Pickett, Va., in 1953 and served honorably for 12 years in numerous medical service positions that led him first to San Francisco and then Germany as a company aide man followed by time spent as a physical reconditioning specialist from 1958 to 1965 in Denver, France, and San Francisco respectively.

In 1965, Ohlsen began his adventure as a medical maintenance specialist as a student in the Medical Equipment Maintenance Basic Course located at Fitzsimons General Hospital, Aurora, Colorado. Following graduation, he served in multiple positions in Korea and Vietnam, arriving in San Antonio, Texas, in 1979 as senior maintenance noncommissioned officer, Maintenance Branch, Property Management Division at U.S. Army Health Services Command Headquarters. He retired as an Army sergeant major in August 1983 and in 1984 began his civilian service as an equipment specialist, Maintenance Branch, Property Management Division for U.S. Army Health Services Command Headquarters which later transitioned into the Equipment Management Branch, Operations Management Division at U.S. Army Medical Command Headquarters, San Antonio, Texas.



Gregg Stevens, U.S. Army Medical Department (AMEDD) Civilian Corps chief presents a two-star note and coin to Dean Ohlsen for 60 years of federal service. (U.S. Army photo by Master Sgt. Anthony Parham, MEDCOM Operations Management Division)

Purple Heart awarded at Fort Belvoir

By Northern Regional Medical Command Public Affairs

Sgt. (Ret.) Cleber Ferreira was awarded the Purple Heart at a ceremony held in the Fort Belvoir USO Warrior and Family Center Feb. 10.

Maj. Gen. M. Ted Wong, commanding general, Northern Regional Medical Command, presided over the ceremony. He told the audience that today's force shows a special spirit of volunteerism because they willingly serve during a period of conflict. Wong noted that another special circumstance of Ferreira's service is that he is a naturalized citizen.

"He was born in Brazil," Wong said. "And yet, he decided to join the Army during a period of tremendous risk to himself because he believed in what this country stands for."

Ferreira was wounded Aug. 23, 2010 in support of Operation Enduring Freedom while deployed to Kandahar Province, Afghanistan. He suffered a severe back

injury, mild traumatic brain injury, and left knee injuries from an improvised explosive device attack while serving with Comanche Troop, 1st Squadron 2nd Cavalry Regiment. Witnesses to the attack said Ferreira, although wounded, helped rally the passengers of his Stryker vehicle and organized security and medical care for other injured Soldiers.

Ferreira arrived at Fort Belvoir in July of 2013, where he received medical treatment at Fort Belvoir Community Hospital and was assigned to the Warrior Transition Brigade – National Capital Region (WTB-NCR). He retired from service in October. After receiving the award, Ferreira told his battle buddies of the WTB that he decided not to receive the award in his home town of Boston. "I wanted to have the ceremony here, with Family, because I belong to the biggest, best Family in the world – the United States Army."



Maj. Gen. M. Ted Wong presents the Purple Heart to Sgt. (Ret.) Cleber Ferreira at a ceremony held at Fort Belvoir, Va., Feb. 10. Ferreira was wounded in Kandahar Province, Afghanistan in 2010. (U.S. Army Photo)

He said Dr. Martin Luther King Jr. was one of his heroes and he paraphrased the words of the civil rights icon.

"I had a dream to become a Soldier," Ferreira said. "I had a dream to become an American citizen. I have a dream today to be the last Soldier to receive this award."

MEDCOM's BCAC and DCAO of the Year 2013

The 2013 Beneficiary Counseling and Assistance Coordinator (BCAC) and 2013 Debt Collection Assistance Officer (DCAO) of the Year Awards are two honorary awards given annually by MEDCOM to recognize two individuals for outstanding contribution as a BCAC and DCAO. The Regional Medical Commands submitted their nominations and MEDCOM convened a special board in November to select the 2013 BCAC and DCAO of the Year winners.

DCAO Winner - Marilyn Hill, Womack Army Medical Center, Fort Bragg, North Carolina, Northern Regional Medical Command, was selected as the 2013 DCAO of the Year Winner.

BCAC Winner - Camisha Ruff, Brooke Army Medical Center, Fort Sam Houston, Texas, Southern Regional Medical Command, was selected as the 2013 BCAO of the Year Winner.



Brooke Army Medical Center Beneficiary Counseling and Assistance/Coordinator Debt Collection Assistance Officer Camisha Ruff is pictured with BAMC Commander Kyle Campbell during an award ceremony at San Antonio Military Medical Center Jan. 14. (U.S. Army photo by Kelly Schaefer)

Their extensive knowledge of the Military Health System and relentless dedication in responding to the needs of our beneficiaries reflects highly upon them, the AMEDD and the United States Army.

BAMC Wins DOD Patient Safety Award

By Brooke Army Medical Center Public Affairs

Brooke Army Medical Center (BAMC) Department of Nursing was recently awarded the 2013 Department of Defense (DOD) Patient Safety Award for its abstract submission, “Implementation of an Evidence Patient Based Safety Team to Prevent Falls in Inpatient Medical Units.”

The annual DOD Patient Safety Program award recognizes efforts designed to decrease harm and improve the care delivered within the Military Health System. The program focuses on creating a safer patient environment that fosters trust, teamwork, and communication by all members of the health team.

The BAMC award validated the importance of effective communication coupled with teamwork and how both are essential in providing high quality care to patients.

“The purpose of this project was to enhance communication and teamwork to decrease the rate of falls in the inpatient care setting,” said Army Capt. Gwendolyn Godlock, patient safety officer for Nursing Services/TeamSTEPPS champion.

“In order to effectively improve the initiative – a team from all levels of nursing leadership including the deputy commander for nursing, section supervisors, middle managers, nursing staff, and Falls Safety Team implemented a plan using the Evidence-Based Practice (EBP) TeamSTEPPS to help overcome team communication barriers, encourage teamwork, and increase fall patient safety reporting,” she said.

“The team leveraged the support of the Center for Nursing Science and Clinical Inquiry to ensure compliance with EBP guidelines, FOCUS-PDCA methodology, and implementation of innovative strategies,” Godlock added.

In order to achieve this goal, the team focused on several strategies to include: re-enforcing team safety huddles; bed alarm education and training; increasing

situational awareness regarding patient risk factors for falls using the Johns Hopkins falls scale; post fall intervention checklist; and implementation of falls simulation training.

“The Nursing Services, Patient Safety Coaches are an enthusiastic team that strives to translate, integrate, and apply TeamSTEPPS at the bedside to gain the trust of our patients, their Family members, and our fellow team members,” said Godlock. “Although falls may not be 100% preventable, we believe that there is a correlation between situational awareness, mutual support, communication, and leadership in decreasing the probability of causing patient harm.”

Godlock emphasized the EBP project was most successful because of the leadership engagement and support throughout

the development, implementation, and sustainment phases.

“Each of them equally allowed us to be creative, innovative, have fun, and work through our own processes without dictation,” she said. “They allowed us to own it, yet hold us accountable for completion. Theodore Roosevelt once said, “The best Executive is the one who has sense to pick good men to do what he wants done, and self-restraint enough to keep from meddling with them while they do it.”

To date, patient safety team continues to respond to falls, complete post fall assessment checklists, and make recommendations, as well as tailor fall prevention interventions based upon best evidence.



(From left) Brooke Army Medical Center Deputy Commander for Nursing Col. Sheri Howell, patient safety officer for Nursing Services/TeamSTEPPS champion, Army Capt. Gwendolyn Godlock, and Assistant Deputy Commander for Nursing Services Col. Richard Evans Jr. are pictured during a Patient Safety Awareness event at San Antonio Military Medical Center Medical Mall, Mar. 6. BAMC Nursing Department won the 2013 Department of Defense Patient Safety Award for its abstract submission, “Implementation of an Evidence Patient Based Safety Team to Prevent Falls in Inpatient Medical Units.” (U.S. Army photo by Robert Shields)

AMEDDD Hosts World War II Military Medical Conference, Exhibit

By Sanders Marble, Office of Medical History

The U.S. Army Medical Department (AMEDDD), Office of Medical History recently hosted its second conference highlighting the rich medical history of U.S. Army hospitals and their activities during World War II.

This biannual gathering held last month at Fort Sam Houston, Texas, brought Army medical professionals and medical historians to the AMEDDD Museum for a rare opportunity to share medical knowledge and view featured displays of World War II artifacts and WWII medical artwork which included more than 20 presentations on British, Japanese, and American units and operations.

Military historian and author, Retired Col. Robert Dalessandro provided opening remarks and spoke to the timeliness of the conference and its value and historical significance to military medical history. Dalessandro is executive director and chief of military history, U.S. Army Center for Military History, D.C.

Although situated in a historical context, attendees presented poster sessions on subjects still relevant to today's medical practitioners. Subjects and papers discussed included topics such as anesthesia, medical and military professionalism, and maintaining morale and mental health during prolonged operations. Medical knowledge was shared by discussions and demonstrations on the history of several U.S. Army hospitals and their actions during the war.

"This is one of the most significant events on military medical history that I've attended, said conference attendee, Col. Jerome Buller, director of Communications U.S. Medical Command. "As a physician, I can appreciate the immediate utility and future context of medical advancements. I've had the opportunity to look over more than a century of medical innovations and the specific impact it made on the culture and life of the American Soldier, and our nation as a whole. I'm looking forward to future conferences."

The presentations also featured time-specific discussions such as the effects of nuclear weapons at Hiroshima and Nagasaki. Medical ethics, vascular surgery, training of combat medics, and POW dentists were also featured elements of presentations. Some lectures were videotaped and will be posted on YouTube so AMEDDD personnel can use them for professional development.

A poster session and banquet rounded out the schedule of events for the two-day gathering. The history conference series will continue in 2016, focusing on Vietnam, as part of the Department of Defense's Vietnam War Commemoration.

The Office of Medical History is part of the office of the surgeon general/Army Medical Command (OTSG/MEDCOM) History Program. Our mission is to support the men and women of the U.S. Army Medical Department and Army Medical Command through the assembly and publication of reference materials, original works, previously unpublished works, reprints, special studies, web publications, AMEDDD newspaper/professional publications, and a print series. The program includes the administration of a field history program as well as an oral history program for the conduct of regular interviews with key OTSG/MEDCOM active and retired personnel and provides coverage of current operations and issues with participants and decision makers.

The conference series on medical history is supported by the AMEDDD Center of History and Heritage (ACHH). The first gathering, "World War I Medical History," took place February 23-25, 2012. The Uniformed Services University of the Health Sciences and the AMEDDD Museum Foundation worked together to organize the successful event, with facilities and program support from the ACHH.

Learn more about the Office of Medical History at <http://history.amedd.army.mil>.



Warrior-Athletes Bring Home Gold from Sochi

By Elaine Sanchez, BAMC Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas – A wounded warrior led Team USA's sled hockey team to a hard won victory over Russia at the Paralympics last weekend.

Former Marine Sgt. Joshua Sweeney, a bilateral amputee, scored a breakaway goal in the second period, cinching the team's 1-0 gold medal triumph in the nail-biting game March 15.

With that win, the U.S. became the first nation to win back-to-back Paralympic gold medals, according to the committee's website.

"We all played hard and gave it our all," said Sweeney, a first-time Paralympian and former Brooke Army Medical Center patient. "It's great to know our team came together and did what we needed to do to come out on top."

Just a few days earlier, the U.S. had suffered a painful defeat by Russia 2-1 in a preliminary round, doubling the team's determination to get more puck time in the gold medal game.

"We knew going into the game, we had to play hard," Sweeney said. "We weren't going to give them any more chances."

With a gold medal in sight, both teams remained scoreless after the first period, but the

U.S. team rallied in the second. Nearly 10 minutes into the period, Sweeney saw an opportunity to catch a pass. Going into “autopilot,” he stole the puck and slammed it past the goaltender into the net, scoring the game-winning goal.

“I didn’t do anything my teammates didn’t do,” he said. “Right after, I was thinking about how awesome it was to contribute to my team.

“Russia played a hard game,” he added. “It was definitely a battle.”

Other key players of the U.S. team were forward Rico Roman, an Army veteran, and goalie Army Staff Sgt. Jen Lee, a member of the U.S. Army World Class Athlete Program and the first active duty Soldier selected for a Paralympic winter sports team. Like Sweeney, both Roman and Lee underwent rehabilitation at BAMC’s Center for the Intrepid.

A combat veteran turned elite athlete, the media is now calling Sweeney a two-time hero. The former Marine was on patrol in Afghanistan in 2009 when he stepped on an IED. He lost both legs above the knee and suffered left hand and right arm injuries. At the time, the former high school hockey player figured he’d never hit a puck again.

“When I was going through rehab, if someone would have told me I’d be winning a gold medal a few years later, I never would have believed them,” he said. “I’m still in awe; it’s surreal.”

Sweeney hopes this victory will inspire others with injuries or combat wounds to pursue their dreams. “Anything is possible,” he said. “Just work hard and have fun, and you can achieve whatever you set your mind to.”

Back at BAMC, staff and friends were watching and cheering on the warrior-athletes every step of the way. Many said they were “jumping for joy” after the televised victory.

“We are so proud to see some of our own bring home the gold,” said BAMC Commander Col. Kyle Campbell. “The entire BAMC team is dedicated to assisting all patients in regaining the highest degree of activity possible. It’s truly inspiring to our staff and other patients to see what Rico, Jen and Josh have accomplished!”



Strategic Partnership Agreement Signed

By James Rankin, HCAA

The United States Army Medical Command (MEDCOM) and General Services Administration (GSA) have signed a strategic partnership agreement for the use of Performance Management/Continuous Process Improvement (PM/CPI) Blanket Purchase Agreement. MEDCOM’s Healthcare Acquisition Activity (HCAA) will use the PM/CPI as a preferred vehicle to support the Office of the Surgeon General and MEDCOM Headquarters program support contracted requirements for various System for Health Initiatives.

Monte Kapec, the recently appointed Deputy Chief of Staff, Procurements was part of the driving force behind this strategic partnership.

“HCAA saw the need for a contract vehicle that not only had the capability of providing a wide variety of program management skills and products but also immediate access to a large pool of world class large and small business,” Kapec said. “We took the advice of the latest Better Buying Efficiencies and the Army’s direction toward Strategic Sourcing. Rather than creating our own vehicle, the PM/CPI BPA had just about everything we needed to support Lt. Gen. (Patricia) Horoho’s program initiatives to transform Army Medicine into a System for Health.”

GSA created the PM/CPI Blanket Purchase Agreement to ensure the Federal Government had access to a pool of well-qualified Performance Management and/or Continuous Process Improvement contractors capable of providing market-leading services at competitive prices. The PM/CPI BPA provides services such as Strategic Planning, Performance Management and Business Analysis. These capabilities and many other allow Government organizations to accelerate business transformation by creating an innovative culture of continuous, measurable improvement. The ultimate goal is to save taxpayer dollars by identifying cost inefficient activities and improving quality and responsiveness to customers across the Government.

HCAA along with their sister contracting activity, the U.S. Army Medical Research Acquisition Activity (USAMRAA), have the mission to provide medical contracting support to MEDCOM and the rest of the Army. As MEDCOM refocuses Army Medicine from a Healthcare System to a System for Health, both HCAA and USAMRAA stand ready to provide the vital medical contracting services needed from program support at the Office of the Surgeon General to the patient care in the military hospitals and clinics.





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