

ARMY MEDICINE

# MERCURY

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## Performance Triad & Preventive Health



A worldwide publication telling the Army Medicine Story



# MERCURY

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## DEPARTMENTS

*ON THE COVER:* Four-year-old Olivia Baker gets her school physical completed by Tripler Family Medicine Physician, Dr. Mark Liu (left), while mom, BJ Baker (not pictured) looks on at Tripler Army Medical Center's Family Medicine Clinic in June. Tripler Army Medical Center's Family Medicine Clinic organized three Saturdays where Family Medicine Clinic patients could complete their school and sports physical and immunization requirements. (U.S. Army photo by Ana Allen, PRMC)

## 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 maintain 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

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.

## SOCIAL MEDIA CENTER

### FOLLOW US ON

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LTG Patricia D. Horoho

CSM Donna A. Brock

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## Surgeon General hosts virtual town hall meeting

By Libby Howe, ARNEWS

Lt. Gen. Patricia Horoho, Army surgeon general and commanding general of the U.S. Army Medical Command, hosted the first Army Medicine Virtual Town Hall on Facebook, July 9.

Horoho opened the Town Hall at 1:30 p.m., by welcoming participants to the Army Medicine Facebook page and sharing that she was looking forward to answering as many questions as possible during the one-hour window. Any questions not answered by her or the subject-matter experts working with her, she promised would be answered in the coming weeks.

Horoho also used the opening post to share her priorities for Army Medicine:

1. *Combat casualty care*
2. *Readiness and health of the force*
3. *A ready and deployable medical force*
4. *Health of Families and Retirees*

Horoho's opening post also announced the release of the Performance Triad app, version 1.0. This app provides easy access on iPhones, iPads, Android devices, and Windows phones to the Triad which emphasizes Sleep, Activity, and Nutrition as the foundation to health and personal readiness.

In the one hour that the town hall was "live," a total of 133 comments were posted, asking questions ranging from medical innovation to budget-cut impacts, and various inquiries in between.

When asked about new military medical innovations, Horoho said, "the Biomarker Assessment for Neurotrauma Diagnosis and Improved Triage System (BANDITS) program is developing a blood test for brain cell damage, which may aid in clinical assessment of patients with traumatic brain injuries."

In addition to BANDITS, she said the Army developed and implemented the Behavioral Health Data Portal to track clinical outcomes, patient satisfaction, and risk factors.

"Research continues to determine how to optimize Sleep, Activity, and Nutrition



Lt. Gen. Patricia D. Horoho

to optimize the wellness of our Soldiers, Families, and Retirees," she added.

When asked to elaborate on the care being provided for wounded warriors, Horoho explained the functions of the Army's Warrior Care and Transition Program.

"Wounded, ill, and injured Soldiers and their Families receive the care and support they require to heal and either return to the force or prepare to transition to civilian status," she replied. "As part of the program, the Army has established Warrior Transition Units, the Army Wounded Warrior Program, and an Adaptive Reconditioning Program to manage and assist Soldiers in their recovery."

When asked which initiatives she was most proud of, she shared that there are several that she is "extremely proud" of as she believes they are directly related to improving patient care. Patient Caring Touch System, Performance Triad, and the Behavioral Health Data Portal were the three she chose to highlight.

When asked about the most significant challenges facing Army Medicine, Horoho shared that "one of the biggest challenge[s] is getting the good news stories out that accurately describe the advances in technology, patient safety,

quality of care, and standardization of business practices."

Additionally, supporting a nation as well as multiple operations abroad efficiently with such a significant military downsizing poses a challenge, she said.

Lastly, Horoho mentioned the movement toward a culture of health and increasing health literacy continues to be not just a challenge, but also an opportunity to enlighten the general public about healthy practices.

These and many more questions were addressed by the surgeon general and her staff of experts well after the scheduled end time for the event. Later that afternoon, Horoho posted another status on the Army Medicine page thanking participants for taking the time to voice their concerns. She discussed plans to hold these Town Halls regularly with a commitment to answering all questions circulating in the Army Medicine community.

Horoho closed out the session by articulating the highest priorities of Army Medicine.

"Our primary focus is patient safety and quality of care whether it is provided on the battlefield or in garrison. We are committed to providing timely access to care, quality care, and safe care that is evidence-based to all of our beneficiaries in an environment of transparency and continuous improvement. This is at the forefront of everything we do and we are honored to do it."



Lt. Gen. Patricia Horoho answers questions posted during an Army Medicine Virtual Town Hall on Facebook, July 9, 2014. During the one-hour session, 133 questions were submitted. (U.S. Army photo by Marlon J. Martin, OTSG Public Affairs)

# EMD Docs, Special Forces get realist training at Bullis

By John Franklin, BAMC Taylor Burk volunteer

Brooke Army Medical Center Emergency Medicine Department (BAMC EM) staff and residents joined forces with Army Special Forces Soldiers to maximize their combat related medical training efforts at Camp Bullis, Texas, June 16-22.

“I am here because of guys like you,” said Special Forces Maj. Will Lyles, as he spoke to EMD doctors about his combat wounds he suffered in Afghanistan.

BAMC EMD’s goal is for their graduating residents to receive the best possible combat related medical training in the Department of Defense. This is accomplished by training with other military units, such as the Army Special Forces, in more realistic scenarios to take full advantage of the opportunity to learn and train in what to expect out on the battlefield. All graduating EM residents from BAMC, eight Army and eight Air Force residents, participated in the event.

Maj. (Dr.) Guyon Hill, BAMC EM physician, is one of several combat experienced physicians who are seeking to continually refine the combat casualty care aspect of the EM physicians training. Hill and staff pointed out the EMD graduating residents excel in emergency medicine practices in an emergency room, but it is also equally important to

learn how to practice emergency medicine near the battlefield.

“There is no exercise like Emergency Medicine Exercise (EMX) in the military,” said Hill. “Doctors in training work directly with a tactical unit to see the mission planning, tactical execution, and medical care directly on the objective and all phases following.”

The Emergency Medicine Department’s exercise blends into field training conducted by the 19th Special Forces Group.

“The exercise is mutually beneficial by providing insight for Special Forces medical sergeants into the echelons of care... as well as providing insight for Emergency Medicine doctors into Tactical Combat Casualty Care (TCCC) planning and execution in the battlefield,” said a Special Forces representative.

The seven-day exercise included a classroom presentation on the TCCC process, a special lab exercise focusing on austere combat situations, and hands on practical training out in the field.

The tactical scenarios involved situations as the EM doctors observed Special Forces instruction on patrolling, tactics, and marksmanship. Once trained, the guerilla force and the Special Forces conducted a series of raids into

enemy territory.

“The purpose of the EMX is to provide education in the areas of military medicine not found in the rest of their emergency medicine residency or in other schools they attend,” said Hill. “It is to prepare them for deployments in any theater and/or their first jobs after residency. We replicated all three phases of care; care under fire, tactical field care, and tactical evacuation care, and the entire theater evacuation chain from the point of injury to a definitive medical facility,” he said.

“The exercise also improved the rapport between the graduating residents and Special Forces. Both teams gained a great deal of respect from the rigorous training they endured during the seven-day exercise,” said Hill.

The event was a joint effort to include the 19th Special Forces Group, the Texas Army National Guard’s 108th Aviation Regiment, Air Force Critical Care Air Transport Teams, 197th Special Troops Support Company and San Antonio Military Medical Center (SAMMC) Emergency Medicine Department staff and troops.

*(Maria Gallegos, BAMC Public Affairs, contributed to the article)*



Texas Army National Guard Soldiers help Emergency Medicine doctors experience firsthand the difficulty of administering lifesaving medical aid in the back of a helicopter on the battlefield. (U.S. Army photo by John Franklin)



Eric P. Whitaker, deputy chief of mission for the U.S. embassy in N'Djamena, Chad, talks to U.S. and Chad medical professionals during MEDRETE 14-5 at the Hospital Military D'Instruction (HMI) in N'Djamena, Chad, June 2-12. (U.S. Army photo by Capt. Victor M. Guzman, U.S. Army Public Affairs)

## **U.S., African physicians conduct training in Chad**

By Capt. Victor Guzman, U.S. Army Africa Public Affairs

In partnership with the Chad Armed Forces, U.S. Army Africa and a team of Army medical professionals conducted Medical Readiness Training Exercise 14-5 at the Hospital Military D'Instruction (HMI) in N'Djamena, Chad, June 2-12.

Army health care providers from U.S. Army Medical Department's 3rd Medical Command (Deployment Support) combined their knowledge and experience to work hand-in-hand with their Chadian counterparts. These included Army Professional Medical Command, Forest Park, Ga.; 75th Combat Support Hospital, Tuscaloosa, Ala.; 405th Combat Support Hospital, Hartford, Conn.; 407th Ambulance Company, Puerto Rico; and the 1493rd Medical Detachment - Combat Stress Control, Durham, N.C.

"This exercise was intended to establish a relationship with the Chadian military medical team of doctors, nurses, surgeons, and medics," said Col. Robert C. Nataloni, commander of the 405th Combat Support Hospital. "It helped us learn how to operate in an austere

medical environment."

MEDRETE 14-5 was an opportunity to work with Chadian medical personnel on Tactical Combat Casualty Care (TCCC) and Advanced Trauma Life Support (ATLS). The immersion of both medical forces helped each teach the other how to handle different medical situations in two distinct environments.

"This exercise helped U.S. providers in treating patients, seeing patients, and operating in an environment that does not exist in the U.S.," said Lt. Col. Shawn M. Siler, commander of the 1493rd medical detachment Combat Stress Control. "This was a great learning venue for us because we simply are not able to see the type of injuries and diseases that are in Chad."

U.S. combat medics also worked with their Chadian counterparts during TCCC training to go over lifesaving techniques and learn how to implement trauma care on the battlefield. During the training, Chadian medics shared how they treat casualties in the field.

"Chadian combat medics are very aware

of their resources," said Maj. Charles C. Boggs, a surgeon with the Army Professional Medical Command. "They know how to improvise and adapt with what they have."

While combat medics were having hands-on training on lifesaving tasks, doctors and surgeons were having interactive ATLS training. U.S. doctors tailored their training to meet the demands of what Chadian doctors see on an everyday basis.

Siler explained, "the last two weeks in Chad have been an eye opening experience seeing that my medical partners here deal with many of the same patient challenges I deal with in a much more simple yet effective manner."

MEDRETE 14-5 promoted regional relationships, increased capacity, trained U.S. and Chadian doctors, and furthered cross-training and interoperability. "It was an incredible and excellent professional experience," Siler said. "I would do it again and strongly urge other physicians to take part in this type of exercise."

# WTU restructuring spurred by troop withdrawal

By Army Medicine Public Affairs

On January 9, 2014, the United States Army announced the FY14 Warrior Transition Unit (WTU) Restructuring initiative in preparation for a scheduled withdrawal of troops from Afghanistan and a continued decline in the number of combat wounded. As part of the restructuring action, the Army is establishing 13 Community Care Units (CCUs) across 11 installations while inactivating five WTUs and nine Community-Based WTUs by September 30, 2014.

On April 4, the U.S. Army Medical Command chartered a cross-functional project team, as an extension of the Workforce 2020 initiative led by the Army Medicine Program Management Office, to facilitate the deliberate management of our Civilian employees impacted by the restructuring. The team is comprised of representatives from the Regional Medical Commands, Warrior Transition Command, and MEDCOM G-1 and G-8/9.

“In just over three months, the team has produced outstanding results,” says Michael Brouillard, lead for the WTU

Restructuring Project. He continued, “Placement opportunities have been identified for all permanent Civilian employees impacted by these restructuring actions. These employees have been, or will continue to be, reassigned to new positions over the course of the next two months, as the patient census draws down and the units inactivate.”

In addition, he added, 9 of 12 affected term Civilian employees will complete their full term of employment or will have been assigned to other employment opportunities. “With two months remaining, the team continues to look for ways to assist the last three of the remaining term employees in an effort to prevent the need for a Reduction In Force action,” said Brouillard.

The establishment of the 13 CCUs, charged with facilitating the healing process of wounded, ill, and injured Soldiers and promoting the timely return of wounded, ill, and injured Soldiers to the force or transition to a productive Civilian life, presents tremendous employment opportunities for our Civilian employees, noted Brouillard.

The CCUs are in the process of hiring approximately 200 Civilian employees across the MEDCOM in positions such as nurse case managers, social workers, training specialists, supply technicians, medical support assistants, and transition coordinators. A link to these and other Army Medicine Civilian job vacancies was recently posted on the Army Medicine SharePoint portal to assist our Civilian employees seeking new opportunities within Army Medicine.

Carey Klug, the project sponsor, advises the workforce that, “MEDCOM remains committed to its Civilian employees, as we work through this and future Army and MEDCOM restructuring initiatives. Priority placement and other personnel programs will be used extensively to minimize the impact of restructuring initiatives on our Civilian workforce. MEDCOM’s pursuit of excellence begins with a highly skilled and motivated workforce dedicated to providing high quality care and services to all eligible beneficiaries across the globe.”



## SUSTAIN HEALTHY HABITS WITH THE PERFORMANCE TRIAD

# Released: New Clinical Recommendations to Treat Sleep Problems Following a Concussion

By Media Relations, Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury

The Defense and Veterans Brain Injury Center (DVBIC) has released new clinical recommendations and support tools to assist in the identification and treatment of a sleep disturbance occurring in patients after a concussion (mild traumatic brain injury or mTBI). The suite of products assists healthcare providers in the identification of a sleep problem and provides recommendations for its treatment.

“Sleep disorders are common after a person sustains a concussion,” said Army Col. Sidney Hinds, II, M.D., DVBIC’s national director. “The prompt identification and treatment of sleep disorders are an important part of the recovery process for concussion. Sleep is critical to the brain’s healing and recovery processes. Research shows that if sleep is regular and adequate, restorative processes are promoted.”

Since 2000, more than 300,000 U.S. service members have sustained a traumatic brain injury.

Common sleep disorders associated with TBI include insomnia, circadian rhythm sleep wake disorder, and obstructive sleep apnea. Insomnia is the most common sleep disturbance after concussion.

The new Management of Sleep Disturbances following Acute Concussion/ Mild TBI Clinical Recommendations suite is composed of clinical recommendations, a clinical support tool, a provider education slide deck, and a patient education fact sheet.

“These clinical recommendations advise that all patients with concussion symptoms should be screened for the presence of a sleep disorder,” said U.S. Public Health Service Capt. Cynthia Spells, DVBIC’s clinical affairs officer.

“Patients should be asked if they are experiencing frequent difficulty in falling or staying asleep, excessive daytime sleepiness or unusual events during sleep. The initial step in the diagnosis of a sleep disorder includes a focused sleep assessment.”



Non-pharmacological measures to treat insomnia that focus on stimulus control and good sleep hygiene are the preferred methods of treatment. Short-term use of sleep medication may be necessary in addition to these measures if they are not effective by themselves.

Spells said stimulus control means controlling your environment to help promote sleep. Examples of stimulus control measures include relaxing before bedtime, going to bed only when sleepy, getting out of bed when unable to sleep, removing electronics (TV, smart phone, computer) from the bedroom, and using

the bedroom only for sleep and intimacy.

Sleep hygiene habits include avoiding caffeine and other stimulants close to bedtime, daily physical activity but not exercising close to bedtime, arising at the same time every morning, getting natural light exposure every day, and avoiding alcohol, nicotine, and large meals close to bedtime.

Spells said the new sleep disturbance clinical recommendations and support tool product suite was developed by the Department of Defense in collaboration with the Department of Veterans Affairs and civilian medical professionals.

“Although tailored for the military and VA healthcare systems, these recommendations may be used by civilian healthcare providers treating concussion associated sleep disorders,” Spells said. “Many service members and veterans, especially those serving in the National Guard and Reserve, receive care from civilian healthcare specialists.”

*About DVBIC: Congress established DVBIC in 1992 after the first Gulf War in response to the need to treat service members with TBI. DVBIC’s staff serves as the Defense Department’s primary subject matter experts on TBI. The Defense and Veterans Brain Injury Center (DVBIC) is part of the U.S. Military Health System and is the TBI operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE).*

For more information, please visit: <http://dvbic.dcoe.mil>.



# BJACH team wins Wolf Pack award for new ambulance program

By Angie Thorne, Fort Polk Guardian

In an unassuming room at Bayne-Jones Army Community Hospital (BJACH) July 8, a videoconference took place in which Lt. Gen. Patricia D. Horoho, surgeon general of the Army, presented BJACH with the Wolf Pack award — an award that celebrates the impact of military and civilian contractors working together as a team. Also in attendance via video teleconference was Maj. Gen. Jimmie O. Keenan, commanding general, Southern Regional Medical Command.

BJACH won the award for its teamwork while working on transitioning from a contracted ambulance service to an in-house ambulance program. Horoho told the BJACH team that they had done a phenomenal job. “I love that you asked why your ambulance contract was more expensive than anywhere else. You then took the team approach while bringing in experts, digging to find a viable solution, and putting the right changes in place. That’s critical at a time when monetary impacts have a huge ripple effect. I was

thrilled to see that you had won this award. I can’t even put into words how proud I am of each and every one of you. Congratulations and thank you for representing Army medicine so well and making a difference,” said Horoho.

Keenan said she was also proud of the BJACH team. “They exemplify the excellence of Army medicine every day. Col. Mark Wilhite, BJACH commander, and his team do a phenomenal job at keeping the patient at the center of everything they do. What they have done is ensure safe, quality patient care by executing these contracts,” said Keenan.

Army Medicine is a team game and the Wolf Pack award celebrates teamwork, according to Gregg Stevens, master of ceremonies, deputy to the commanding general, Army Medical Department Center and School and AMEDD Civilian corps chief. “When uniformed professionals and civilian contractors work together they are unstoppable, as evidenced by what you saw here at BJACH with the ambulance

contract,” said Stevens.

The award is given quarterly throughout the year. At the end of each fiscal year the four quarterly winners compete again for the overall award winner for that year. Stevens said that though this is a relatively new award — it is only in its third year — the competition has gotten tough, very quickly. He said that’s evidence of the fact that people care about what it stands for. “After all, in order to care about the award, you have to care about the mission of Army Medicine, which is the best mission in the world — taking care of our Soldiers and their Families anywhere, anytime, and in conditions most other people wouldn’t even consider,” said Stevens.

After BJACH accepted the award, Wilhite, told Horoho, Keenan and those in attendance that sometimes one of the best things you can do as a commander is just stay out of the way. “I’m so proud of this team because, not only did they look at a need in this organization, but they did



The Bayne-Jones Army Community Hospital team displays the Wolf Pack award in front of one of the hospital’s new ambulances. Lt. Gen. Patricia D. Horoho, Army surgeon general, presented BJACH with the Wolf Pack award during a July 8 videoconference. The award celebrates the impact of military and civilian contractors working together as a team.



BJACH team wins Wolf Pack award

it during a time of budget crisis, furlough and sequestration. When watching them, you would never have known any of that was going on. It is a total AMEDD team effort,” said Wilhite.

One of the major contributors on the civilian side of the team is Christopher Stevenson, BJACH health systems specialist. He was the link between BJACH, General Services Administration, Southern Regional Medical Command, and Army Medical Command. Stevenson accepted the award on behalf of Fort Polk.

He said the change in ambulance service came about when sequestration became a probability. “An order came down to start looking at BJACH contracts and that was the impetus that jump-started the change in the ambulance program. BJACH had one of the highest priced contracts in MEDCOM. So, we started looking

into what other people were doing,” said Stevenson.

He said the normal process to procure an ambulance is a three-year process. But because it was a lifesaving measure, the BJACH team was able to get it done in seven months. “It was a trying process, but it all came down to having the right attitude. We are more efficient now,” said Stevenson. “To complete this program and achieve this type of cost savings is huge for us and it proves that even a small hospital can compete with the highest caliber of services.”

On the military side of the team is 1st Sgt. Shannon Ledet. He said once the BJACH team gathered information on similar services, they based their model on what was done at Fort Hood, Texas; Fort Bragg, N.C.; and Fort Stewart, Ga.; and then adapted it to what Fort Polk needed.

“What made us different is that we had to factor in the box (JRTC training area) with airborne jumps and rotations. That’s why we have the three ambulances and they are four-wheel drive capable. Plus, we have two chase trucks that are able to penetrate deep within the box,” said Ledet. “We not only saved money, but we also upgraded from the system that the contractor was using. They couldn’t get out into the box, but now we can.”

Ledet said owning the equipment means BJACH controls its own fate. “When you have ownership of something, you care for it a little bit more. It has increased what we can do and made us a lot more versatile,” said Ledet. “I think that owning the ambulance service benefits our patients because it gives us a home-town feel with the personal touch. We pride ourselves on that.”

# Consular Corps visits Tripler

By Ana Allen, Pacific Regional Medical Command

Tripler Army Medical Center welcomed approximately 15 members of the Consular Corps of Hawaii, which represents 37 countries and several local organizations and individuals that

contribute to an enhanced quality of life in the State of Hawaii, during a visit to TAMC June 23, 2014. During their visit, members received a mission and capabilities brief, toured the hospital and

met with leaders to include Brig. Gen. Dennis Doyle, commanding general of Pacific Regional Medical Command and Tripler Army Medical Center.



Brig. Gen. Dennis Doyle (center), commanding general of Pacific Regional Medical Command and Tripler Army Medical Center (TAMC), stands with Consular Corps of Hawaii members during a visit to TAMC June 23. During the visit, the Consular Corps members received a mission and capabilities brief, a tour of the facility, and met with leaders.

# Army Doc Sheds Pounds with Performance Triad

By Karen Carstens, *Health.mil*

Col. John O'Brien was skeptical about the Army's Performance Triad healthy living initiative when it launched last year at three U.S. military bases.

"I didn't think it would make much of a difference," he recently told *Health.mil*.

But O'Brien, 52, chief primary care doctor at Madigan Army Medical Center in Tacoma, Washington, changed his mind after giving the Performance Triad a try and shedding more than 30 pounds.

"I'd been trying to lose weight for a while," said the 6-foot-3 triathlete, who routinely runs, swims, and cycles to stay in shape. Yet he still felt "stuck" at around 225 pounds.

## A personal fitness device can help you succeed

Enter the Performance Triad, which focuses on three mutually reinforcing areas – Sleep, Activity and Nutrition – at the same time for optimal health. Participants are given a "personal fitness device" to wear that measures their steps, calorie intake, and sleep patterns.

"When I got my [device], and I linked it up with a cellphone app..., I was able to record all my steps and all the food I ate," said O'Brien. "It empowered me to make a change that I'd been trying to make for years."

At first, however, O'Brien said he doubted that such a small device, which resembled a wristwatch, could help anyone. "I looked at it and thought, 'Really? That's not going to do anything,'" he recalled.

## Walk at least 10,000 steps per day to maintain a healthy weight

Wearing the device – coupled with a Performance Triad goal of walking at least 10,000 steps per day – made him realize how important daily activity is to weight management.

"The average American takes about 5,000 steps a day," said O'Brien. "If

everyone in the country would take 10,000 steps a day, they'd maintain a healthy weight."

To actually lose weight, you need to walk more than that, he added.

O'Brien said he burns about 70 calories for every 1,000 steps he takes. Using the high-tech tools at his fingertips, he calculated how many steps he needed to walk to lose two pounds per week – some 17,000 a day, or about 8 miles.

"I didn't need to starve myself. I just walked more. For me, it was revolutionary," said O'Brien.

## All three elements are critical to reach your goals

At the same time, he used his personal fitness device to record what he ate and count calories, including specific menu items at many chain restaurants. It also measured how much he slept and the quality of sleep.

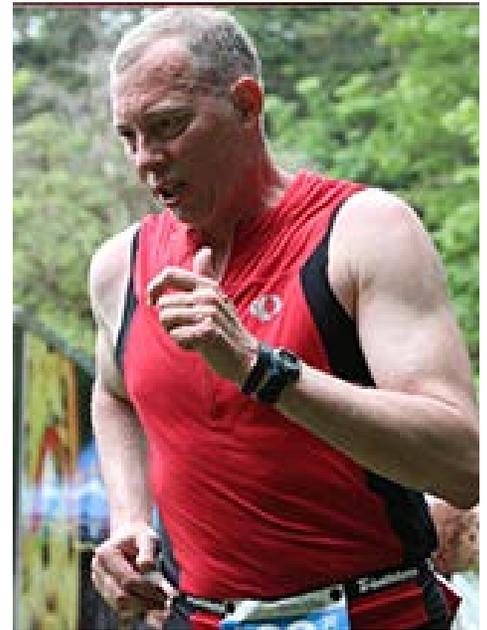
The importance of sleep to your weight cannot be underestimated, said O'Brien, noting that he doesn't eat as well when he's tired. He tries to get at least seven hours of sleep per night.

The Performance Triad's different focus areas should be viewed as an integrated whole: "If you're trying to optimize your weight and your performance, you can't do just two of the three," he said.

"Before I just focused on exercise and thought I could eat whatever I wanted," he added.

A typical breakfast for O'Brien now consists of a banana, an apple, a protein bar, and two cups of coffee. For lunch he usually eats a salad or a sandwich, while his dinner menu is more varied. Two things he has not given up entirely, but eats in moderation, are pizza, and chocolate.

"Weight loss is really simple: eat less, exercise more," he said. "It's about balancing what you eat with your activity level."



Col. John O'Brien, 52, runs in the Shawnigan Lake Triathlon on Vancouver Island in British Columbia, Canada, on May 25.

## Shed pounds to stop taking medications for chronic conditions

In addition to losing weight, O'Brien said his cholesterol levels and blood pressure reading have improved, and he stopped having acid reflux.

The upshot: He no longer needs to take any medications for any of these conditions.

"I stopped taking all my medicines, and I feel awesome," he said.

All you need to do is start walking to start losing weight

O'Brien knows others who have had similar success using the same formula, including an overweight friend who has lost more than 50 pounds.

"She was over 275 pounds. Now she's down to 220 pounds," said O'Brien.

"There was no way she could run, but once she realized that all she had to do was walk she went crazy with it."

And there is nothing to stop anyone else from doing the same thing. Mobile apps that count calories and steps are available for free. A personal fitness device costs about \$100, but is well worth the investment, as are a good pair of walking shoes, O'Brien said.

## Army Doc Sheds Pounds

The Army, he concluded, has produced a winning formula: “I think that the Performance Triad, as simple as it sounds, is a core skill that all of us ... should learn.”

### About the Performance Triad

In September 2013, the U.S. Army Medical Command launched a pilot

program for Army Medicine’s Performance Triad of Sleep, Activity and Nutrition at Joint Base Lewis-McChord, Washington state and Fort Bliss, Texas, with a third site added in October at Fort Bragg, North Carolina. This year, it is being expanded to include Family members and retirees as well as more installations.

You can read more Performance Triad success stories by clicking on the “My Health Stories” icon on the Army Medicine home page.

*The Performance Triad is an initiative of Lt. Gen. Patricia Horoho, Army surgeon general and commanding general U.S. Army Medical command.*

# Performance Triad app now available

By Army Medicine Public Affairs

Army Medicine is committed to reaching beneficiaries where they live. The Performance Triad application (v1.0) is now available to do just that.

Members of the U.S. Army Public Health Command, the Performance Triad Team at the Office of the Surgeon General and the Combined Arms Support Center Sustainment Center of Excellence Mobile, or SCoEMobile, team recently released the first version of the Performance Triad app for global distribution. This app provides specific educational resources for squad leaders, Soldiers, spouses, civilians, healthcare workers, pre-retirees, and retirees on how to optimize their performance and enhance their health.

For example, leaders can quickly get information on how to schedule sleep/rest cycles to maximize unit performance during field exercises. The Performance Triad app also provides leaders information about refueling after exercise to maintain

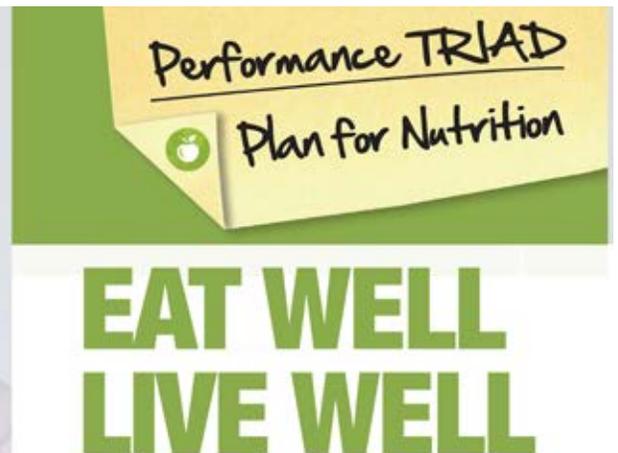
performance over sustained operations.

Personal lifestyle choices make a huge impact on health, wellness, and readiness. Sleep, Activity and Nutrition enable Soldiers, their Families, and Retirees to reach their goals and their full potential.

“Our goal was to provide an easy to use and free tool to assist our Soldiers, Families, Retirees, and [Department of the Army]-Civilians on optimal ways to enhance their performance, health, and wellness through Sleep, Activity, and Nutrition,” said Lt. Col. Mark Mellott, technology lead for the Performance Triad.

The Performance Triad app is available for free. You can download the app for iPhones, iPads, Android devices, and Windows phones by searching for “Performance Triad.”

Learn more about the Performance Triad at <http://armymedicine.mil/Pages/performance-triad.aspx>



# Public Health Command promotes Sleep, Activity, Nutrition during Performance Triad kickoff week

By Chanel S. Weaver, USAPHC

It's not every day that one can convince more than 80 employees from the U.S. Army Public Health Command to voluntarily report before sunrise, but that's exactly what occurred on the morning of June 4.

On this particular day, these employees, clad in their diverse workout attire, showed up for a "Fun Run" -- which consisted of a two-mile walk or five-kilometer run along the Edgewood Area of Aberdeen Proving Ground, Md. The day was special because it was part of the Performance Triad kick off week, an Army Medicine initiative to motivate individuals to focus on three components that build and sustain individual health and unit readiness--Sleep, Activity, and Nutrition.

Although some may grimace at the thought of getting up so early to work out, these public health staff members saw it as an opportunity to take charge of their own good health.

"It's a real treat for me to be here," said Heather Sands, who works in the command's G-2 office. "Many aspects of my job require me to be sedentary, and it feels good to get active and breathe the fresh, crisp air."

Public Health Command employees were not the only individuals who showed up for the early morning walk.

Maj. Beth Sprangel, who works at the U.S. Army Medical Research Institute of Chemical Defense, was also in attendance. She and Dr. Rebecca Benisch, a USAPHC food safety specialist, walk together most days.

"If you can fit activity into your day and with your friends, it is a win-win for

physical and mental health," said Sprangel. "I am delighted to be here and give my support."

After receiving words of encouragement from both John Resta, director of the USAPHC's Army Institute of Public Health, and Lt. Col. David Bowerman, USAPHC chaplain--as well as a safety brief from USAPHC 1st Sgt. Mahlon Thomas--the participants were on their way.

At the conclusion of the "Fun Run," they enjoyed healthy snacks to emphasize the importance of refueling after strenuous exercise.

Many of the participants also received water bottles to show the importance of staying hydrated; hand sanitizers to remind them to wash their hands frequently; and many pamphlets that addressed all aspects of healthy living.

The "Fun Run" was not the only activity held for the kickoff. USAPHC employees also had the opportunity to attend a class on developing healthy sleep habits.

"Getting a good night's sleep is really tougher than you think," said Resta. "It requires discipline, and a commitment to ensure that your body and mind are adequately refreshed. When I am successful at getting enough sleep, I notice that I feel better and have more energy."

Another aspect of the week's activities allowed USAPHC employees to attend an open house at the Edgewood Area Army Wellness Center Annex to learn about the free services offered at the AWC that can help individuals attain a healthy lifestyle.

AWCs are a key element in the Army surgeon general's long-term strategy of refocusing Army medicine from a



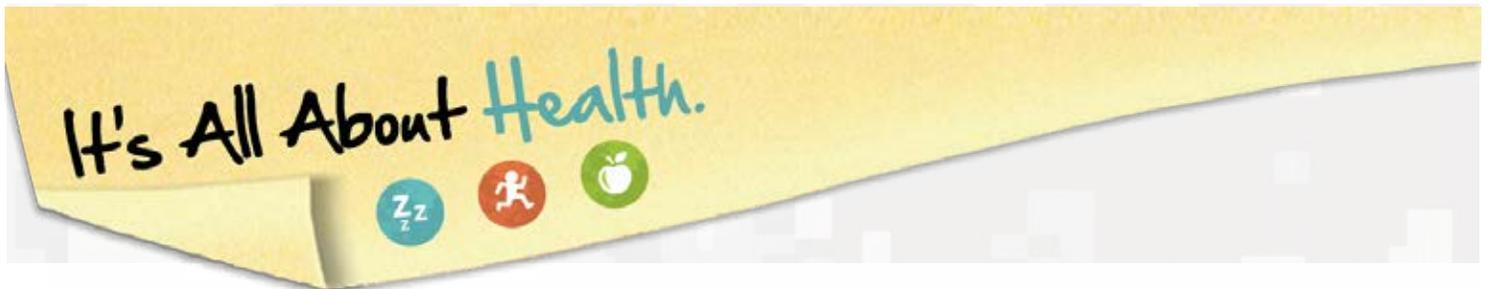
Bill Monk reviews a brochure that that explains Performance Triad concepts. Monk was one of than 80 employees from the USAPHC to voluntarily to participate in the USAPHC "Fun Run" June 4. (U.S. Army Public Health Command photo by Graham Snodgrass)

healthcare system to a System for Health by emphasizing primary prevention, which means stopping diseases and chronic conditions before they start. AWCs directly support the Performance Triad. They offer six core programs including health assessment review, physical fitness, healthy nutrition, stress management, general wellness education, and tobacco education. Each of these programs is based in science and uses the highest sports medicine, fitness training and health standards to help Army military and Civilian personnel create environments where healthy behavior can take place.

Although the Performance Triad kick off week was only five days in duration, it is the hope of the USAPHC that employees will continue to incorporate healthy habits into their lives.

"A healthy lifestyle is not something that happens in the doctor's office or a clinic--it starts with you, and health is determined by your day-to-day decisions," said Resta. "Sleep, Activity, and Nutrition are vital components to healthy living."

*"A healthy lifestyle is not something that happens in the doctor's office or a clinic--it starts with you, and health is determined by your day-to-day decisions."*



## ●●● National Immunization Awareness and Influenza Vaccine Month

August is National Immunization Awareness and Influenza Vaccine Month, or NIAM. The purpose of NIAM is to place focus on the importance of improving national immunization, as well as promote the need for everyone to be immunized against infectious diseases.

Getting vaccinated is an easy way to stay healthy all year round. During the month of August, take the time to make sure that you and your loved ones have received all of the vaccinations you need. By making sure your vaccinations are up-to-date, you can help prevent harmful diseases from affecting you and your family.

### People of all ages need vaccines

Getting vaccinated is important for people of all ages. Here's some

information about vaccines that people need throughout their lives:

- Parents can protect infants and children from 14 serious childhood diseases by age two. Learn more about immunizations for infants and children.
- Preteens and teens need vaccines too! Getting adolescents vaccinated will also protect their friends and their family members. Find out about the vaccines preteens and teens need.
- Adults: not sure if your immunization schedule is up-to-date? Take this online quiz at [vaccines.gov](http://vaccines.gov) to see which vaccines you need, and use the Vaccine Finder tool to find a location near you where you can access vaccines.

- Seniors may need one or more vaccines, even if they received vaccines as a child or as a younger adult. Find more information about vaccines for seniors here.

### Vaccines: Our best defense

Vaccines are the best defense we have against these and other serious diseases, and it's important to make sure that you're up to date on all recommended vaccines. Use National Immunization Awareness Month as your chance to make sure that all your vaccinations are current. Talk with your healthcare provider about what vaccines you and your family need, and keep putting your healthiest foot forward!

For more information visit: [www.vaccines.gov](http://www.vaccines.gov)

## Resolve to be Ready:

“Preparation through education is less costly than learning through tragedy.”

By Max Mayfield, Director National Hurricane Center

Hurricane season arrived June 1 and continues through November 30. All hurricane forecasting agencies are in consensus for a below average season; however, this does not mean we can take the season off from preparing. The hazards most often affecting this area as a result of hurricanes are floods, storm surge, and high winds resulting in widespread power outages. Storm surge affects mostly the coastal communities. Most severe thunderstorms also bring the same hazards as hurricanes; if we prepare for

the commonalities, we'll kill two birds with one stone. The Ready Army program provides information on preparing for a flood including resources to determine if you live in a flood zone and if so, what do you need to prepare yourself. The Ready Army website also focuses on mitigating those hazards associated with hurricanes by providing guidance on making a plan and outlining suggested items for building a kit capable of sustaining you and your family for at least



72 hours.

For more information on how to prepare your Army Family for hurricane season, visit: <http://www.acsim.army.mil/readyarmy/>

# It's All About Health.



## ●●● August Is Children's Eye Health and Safety Month!

It's almost back-to-school time and you're prepared with your child's enrollment forms, orientation schedules, and immunizations--but what about their eyes?

August is Children's Eye Health and Safety Month—a great signal for you to get your child's eyes checked before school starts.

Join us as we observe Children's Eye Health and Safety Month in partnership with Prevent Blindness America and the American Academy of Ophthalmologists.

Most children have healthy eyes. But there are conditions that can threaten good vision. Because you can't always "look" into your child's eyes to tell if they have eye health problems, set up some time today for an eye exam:

- Your child's eyes should be examined during regular pediatric appointments and vision testing should be conducted around age three.
- Parents should be aware of signs that may indicate their child has vision problems, including:
  - o Wandering or crossed eyes
  - o A Family history of childhood vision problems
  - o Disinterest in reading or viewing distant objects

o Squinting or turning the head in an unusual manner while watching television

Talk to your child's pediatrician if you suspect your child has any of the eye diseases below:

- Amblyopia (lazy eye)
- Strabismus (crossed eyes)
- Ptosis (drooping of the eyelid)
- Color deficiency (color blindness)
- Refractive errors (nearsightedness, farsightedness and astigmatism)

Let's Talk Eye Safety:

Use this month to discuss the importance of eye safety with your children.

More than 12 million children suffer from vision impairment, and eye injuries are one of the leading causes of vision loss in children\*. There are an estimated 42,000 sports-related eye injuries each year and the majority of them happen to children.

Children should:

- Wear protective eyewear while participating in sports or recreational activities.
- Play with age-appropriate toys.
- Avoid toys with sharp or protruding parts.

One of the best ways to ensure your child keeps his/her good vision throughout life is to set a good



*\*Nearly 25 percent of school-aged children have vision problems. Of children ages 3 to 5 years old, close to one in 20 has a problem that could result in permanent vision loss if left untreated. The American Academy of Ophthalmology estimates that 80 percent of preschoolers do not receive vision screenings.*

health example.

To find more information about Children's Eye Health and Safety, visit: [www.preventblindness.org](http://www.preventblindness.org) and [www.aao.org](http://www.aao.org)



# Back to School with the Performance Triad!

August is Performance Triad Month

# SYSTEM FOR HEALTH.

## BAMC cancer survivors celebrate in “50’s style”

By Maria Gallegos, BAMC Public Affairs

Brooke Army Medical Center held its 8th Annual Cancer Survivors “50’s style” celebration at San Antonio Military Medical Center June 21.

Music played by the 323rd Army band “Fort Sam’s Own” livened up the festivities for more than 700 cancer survivors who came to celebrate their victory with their families, friends, and staff.

“Each year, BAMC presents this special day to honor and celebrate survivors, Families, friends and staff,” said Susie Ferrise, surgical oncology nurse case manager of the General Surgery clinic and BAMC Cancer Committee team. “We want our survivors and their Families to have a good time, network with other survivors, and know how much we appreciate them.”

Sponsored by BAMC Cancer Committee, the event featured a dance contest, best costume awards, door prizes, and informational tables regarding survivorship issues, education and support.



## Terminally ill Army Wife gives birth to ‘miracle’ baby at BAMC

By Elaine Sanchez, Brooke Army Medical Center Public Affairs

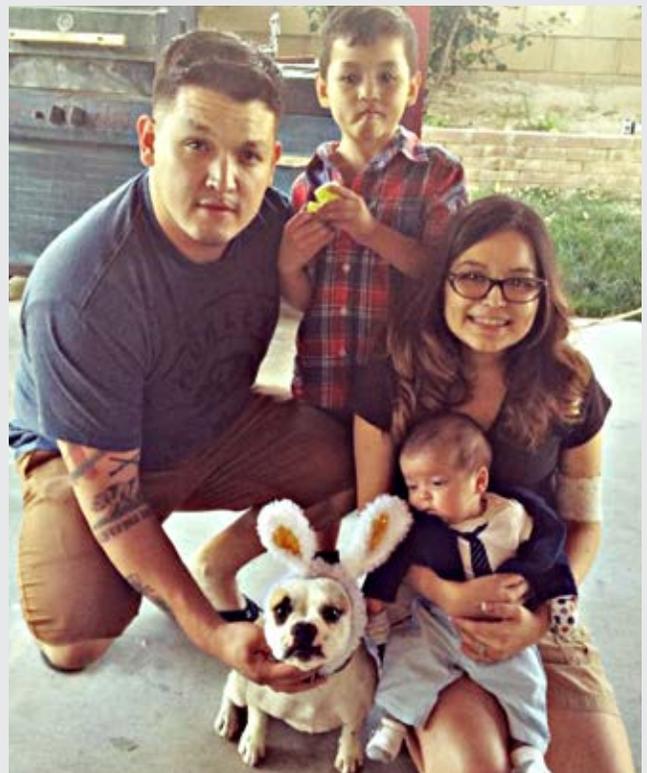
When doctors told Yesenia Ruiz-Rojo she was terminally ill, the pregnant 21-year-old put all thoughts of herself aside. Just save my baby, she asked.

Less than four months into her pregnancy, she was facing aggressive liver cancer and given two to four months to live. But rather than give up, the Army wife and her team of providers at Brooke Army Medical Center decided they were going to beat the odds.

Four months later, Ruiz-Rojo gave birth to a healthy boy named Luke. “I love spending time with my son; he’s beautiful,” she said over the phone from a hospice center in California. “I’m so thankful for him.”

She shared a picture of her Family on Easter. Her 5-year-old stepson close behind her and with her baby, in a mini suit and tie, cuddled on her lap. Luke, who turned five months old in June, has received the gift of his mom’s care for longer than anyone expected.

Army Lt. Col. (Dr.) Raul Palacios, BAMC’s chief of interventional radiology, calls Ruiz-Rojo’s case “a medical miracle.”



Yesenia Ruiz-Rojo poses with her husband, stepson and “miracle” baby, Luke, on Easter at her family’s home in California. (Courtesy photo)



## MHA program transitions students to residencies and welcomes new students

By Lynn T. Downs, Assistant Professor, Army-Baylor University Graduate Program in Health and Business Administration

On June 20, the Army-Baylor Graduate School of Health and Business Administration celebrated the completion of the didactic year for the class of 2015 and welcomed the class of 2016.

The Army-Baylor University Graduate Program in Health and Business Administration is located at Fort Sam Houston, San Antonio, Texas. The two-year program consists of a didactic phase and a residency phase. During the 12-month didactic phase at Fort Sam Houston, Army-Baylor students completed 57-hours of graduate coursework toward a Master of Health Administration (MHA) awarded by the Baylor University Graduate School, or alternatively 78-hours toward a joint MHA/MBA degree from the Baylor University Graduate School and Baylor University School of Business. The Program is fully accredited by the Commission on Accreditation of

Healthcare Management Education (CAHME) and the dual MHA/MBA degree is awarded with accreditation standing from the Association for the Advancement of Collegiate Schools of Business (AACSB).

The 52-week administrative residency provides students an opportunity to integrate graduate management and health administration concepts and principles in an applied setting under the supervision of a highly qualified preceptor. Residency slots are available at numerous civilian and military hospitals throughout the United States and Europe to include Johns Hopkins, Mayo Clinic, Cleveland Clinic, Massachusetts General, Scripps Memorial Hospital, Baptist Health System, Kaiser Permanente System, Cleveland Clinic, Walter Reed National Military Medical center, Naval Medical Centers San Diego and Portsmouth, Tripler Army Medical Center, and

Landstuhl Regional Medical Center, just to name a few opportunities.

Residents receive thorough exposure to various organizational challenges in the marketplace and complete a portfolio of projects to enable organizations to operate more efficiently and effectively.

The residency earns the student nine credit hours for a total of 66 credit hours for the MHA and 87 total credit hours for the dual MHA/MBA degree.

The Army-Baylor MHA program is ranked #11 in the nation.

Both the 2015 and 2016 classes consist of 54 students from the Army, Air Force, Navy, Coast Guard, Veterans Affairs, and civilians from the Department of the Army, and have diverse backgrounds to include physicians, nurses, administrators, social worker, and physician assistants.

## CONNECT WITH ARMY MEDICINE

CLICK ON A LINK BELOW AND JOIN THE CONVERSATION

**FACEBOOK**

Dr. John M. Templeton, Jr., presents the Drs. John M., Jr. and Josephine J. Templeton Lecture Award

**FLICKR**

Protect yourself from new-to-U.S. virus carried by mosquitoes

**TWITTER**

New free app helps track sleep, activity & nutrition-Performance Triad. Download it from your app store & use on ur smartphone

**YOUTUBE**

Listen to the Army surgeon general talk about the Army Medicine Priorities



## Armed Services Blood Program Launches Summer Campaign: 'Give To The Red, White & Blue'

How do you know your blood is going to the troops? How does the military blood program work with civilian agencies? What does the Armed Services Blood Program (ASBP) do exactly, and how do blood donations make it to service members in need?

These questions and more are answered by the Armed Services Blood Program's 2014 summer campaign — Give To The Red White And Blue — designed to educate both military and civilian communities.

The ASBP was begun by President Harry Truman in 1952 and has been a fully-operational, distinct, blood program since 1962. Indeed, after the Korean War, the ASBP took over collecting, processing and transporting blood and blood products for the military community from the American Red Cross.

Today, the ASBP is one of four organizations that provide this nation

with a safe and potent blood supply.

"The ASBP exists to ensure that service members and their Families all over the world have a safe blood supply on the battlefield and at home in military treatment facilities," said Navy Capt. Roland Fahie, ASBP director. "Whether Soldier, Sailor, Airman or Marine, and their Families, our mission is to provide blood products whenever and wherever needed."

While donors often mistake the ASBP for civilian blood donor programs, donors also frequently request their donation be designated for the military. In fact, there are costs and logistical details specific to the collection, testing and manufacturing of blood products, which prevent all civilian blood agencies from designating specific units to or for other blood programs.

However, the ASBP provides blood to civilian agencies when needed, and receives blood from civilian agencies

in the same manner. Also, service members are sometimes treated in civilian hospitals, and therefore, may receive blood from civilian agencies. The ASBP also works with our counterparts to provide blood both at home and globally during humanitarian crises. Sharing donors is simply part of how we all work together to save lives.

Julie Oliveri, director of communications and marketing for the ASBP notes: "Although our goal is to better distinguish who we are with this campaign, we simultaneously remind donors that anywhere and anytime you donate blood everyone wins. Lives are saved."

To find out more about the ASBP, visit the Frequently Asked Questions page on the ASBP website: [http://www.militaryblood.dod.mil/Donors/donor\\_faq.aspx](http://www.militaryblood.dod.mil/Donors/donor_faq.aspx).

The Armed Services Blood Program launches their 2014 summer campaign. The campaign is designed to educate both military and civilian communities about the military blood program and its mission to save lives of service members worldwide.



## Army Dentists Fight Uphill Battle Against Sugar

By Col. Georgia Rogers, DMD, MPH, Consultant to the Surgeon General for Dental Public Health

Sugar is being called “the new tobacco.” Its many forms have been linked to the increasing rates of diabetes, heart disease, nonalcoholic fatty liver disease, and other chronic diseases in the U.S.

Army dentists have been fighting on the front lines against sugar for decades. Despite their best efforts, tooth decay continues to be the main cause of dental disease and non-battle injuries among deployed Soldiers. From 2000 to 2008, the oral health of DOD recruits worsened. The 2008 Tri-Service Oral Health Survey revealed that Army recruits have higher numbers of untreated cavities compared to other DOD recruits. A study at the largest Army installation showed that about one third of Soldiers develop new treatment needs every year.

Army Soldiers have better access to education about oral hygiene and proper nutrition, fluoridated water, fluoride toothpaste, and dental care than many Americans. But Army dentists report that these defenses can't compensate for Soldiers' frequent snacking habits and the popularity of soft drinks, sports drinks, energy drinks, sweetened coffee, sweet tea, and coffee boutique drinks (frappacinos, etc). Army dentists are all too familiar with the rampant decay that results when a Soldier sips on sugary drinks throughout the day. Drinks that contain high amounts of sugar, caffeine, and citrus flavors often cause extensive tooth decay, likely due to the combination of high sugar content and organic acids.

Soldiers often don't pay attention to the sugar, calories, or caffeine in their drinks. One large iced coffee can have 11 teaspoons of sugar. But even if they check the label, looks can be deceiving. The amount of sugar, caffeine, and

carbohydrates per serving listed on a single can of an energy drink may not seem that bad, but the can actually contains two servings so you must multiply by two. The most popular Energy drink purchased at AAFES stores, 16 oz Monster, has 13 teaspoons, and the most popular soda, 20 oz Mountain Dew, has over 18 teaspoons of sugar.

HOW MUCH SUGAR DO YOU DRINK?		
Size	Drink	Teaspoons of Sugar
20 oz	Mountain Dew.....	18.3
23 oz	Arizona Sweet Tea.....	18
20 oz	Coke.....	15.5
24 oz	Monster Mega.....	19.3
20 oz	Pepsi.....	16.4
16 oz	Monster Energy.....	13
32 oz	Gatorade Glacier freeze.....	13.3
32 oz	Powerade Mountain berry blast.....	13.3
13 oz	Starbuck's Frappuccino Mocha.....	10.7
12 oz	Orange Crush.....	9
16 oz	Red Bull.....	12.4
15 oz	Naked Blue Machine fruit drink.....	13.8
12 oz	Tropicana orange juice.....	8

Caffeine and sugar have both been shown to be addictive, and Soldiers are just as vulnerable to the caffeine rush and sugar high as other Americans. During deployment or intense training courses, Soldiers can come to depend on these drinks to stay awake and alert, or to relieve boredom. They return home with souvenirs that they would rather not have – a mouthful of new cavities.

Col. Johnette Shelley, director of Health and Wellness at DENCOM, recommends Soldiers practice the following countermeasures to protect themselves from decay:

- 1) *Replace sugared beverages with sugar-free alternatives, plain water, mineral water, or unsweetened coffee or tea.*
- 2) *Fruit juice contains sugar and acid also, so limit juice to 6 ounces of calcium-fortified juice per day. Eat fresh fruit to meet daily fruit intake goals.*
- 3) *Drink sugary or acidic drinks quickly, within 15 minutes, rather than sipping on them for an extended period of time.*
- 4) *Limit meal, beverage, and snack intake to no more than five times per day. Combine sugary beverages or juice with a meal, ideally near the beginning of the meal.*
- 5) *Try to drink sugary, erosive drinks cold to minimize the acidic effects.*
- 6) *Use a straw that reaches to the back of the tongue to keep the drink away from your teeth.*
- 7) *Drink plain water immediately following the sugared drink to 'wash' it off of the teeth and neutralize the acid from the drink. Chew sugar-free or xylitol gum to help neutralize acid also.*
- 8) *Wait at least 20 minutes after drinking sugary beverages or 100% fruit juice before brushing teeth with fluoridated toothpaste.*
- 9) *Do not rinse your mouth after brushing. Just spit several times to remove the excess toothpaste. Also, don't eat or drink anything for at least 20 - 30 minutes after you brush so the fluoride will stay on your teeth as long as possible and protect them better.*

Remember, sip all day... Get decay!



Soldiers from Europe Regional Medical Command, U.S. Army Europe Office of the Command Surgeon and 30th Medical Brigade met with Bundeswehr Medical Service members in Koblenz, Germany, June 26 to discuss possible partnering opportunities for both countries' medical personnel. (U.S. Army photo by Ed Drohan, Europe Regional Medical Command Public Affairs)

## Army Medicine in Europe reaching out to German partners

By Ed Drohan, *Europe Regional Medical Command Public Affairs*

Partnership was the word of the day as members of Army Medicine in Europe met with their counterparts from the Bundeswehr Medical Service at the latter's headquarters June 26.

Representatives from Europe Regional Medical Command, U.S. Army Europe Office of the Command Surgeon, and the 21st Theater Support Command's 30th Medical Brigade traveled to Rhein Kaserne in Koblenz to discuss partnership opportunities with their counterparts in the German military -- or Bundeswehr -- medical system. Bundeswehr participants represented the Medical Service Headquarters, the Regional Medical Care Command, and the Bundeswehr Central Hospital in Koblenz.

While there have been some partnership opportunities in the past, the meeting was set up to discuss how the U.S. Army and German military medical systems could enhance and extend those opportunities in other areas.

"I know there have been partnerships in the past -- some at [Landstuhl Regional Medical Center] and field exercises," said ERMC chief of staff Col. Scott Ehnes. "I'm glad that we can reach

out and reengage. I think this is a great first step; there are many opportunities for us to collaborate."

Col. Dr. Rolf von Uslar, chief of the Bundeswehr Medical Service Headquarters (BwMSHQ) Concept Development, Research and International Cooperation Branch, said the Bundeswehr surgeon general has always been in favor of strong U.S.-German relationships. As part of his briefing on the makeup of the German military medical service, he explained that they had hosted a medical exercise in 2013 that included medical assets from 11 countries, including the United States.

"Operation Vigorous Warrior 2013 was an 11-nation multinational medical task force," von Uslar said, which was designed to see if they could work together in field conditions. "The bottom line result -- yes we can. It was very encouraging, and we intend to continue the exercise every two years, hosted by different countries."

He also said there was an existing formal partnership between the Bundeswehr Central Hospital Koblenz and Landstuhl Regional medical Center.

"Now we hope to figure out how to get this cooperation even more lively than it has already been in the last few years," von Uslar said.

Briefings on the makeup of Army Medicine in Europe included suggestions for partnering such as staff and medical exchange programs, veterinary medicine engagements, medical logistics and maintenance operations, participation in the Army Expert Field Medical Badge competition, and training using Army medical simulation centers such as the Viper Pit at Baumholder.

In the end, both sides decided it was best to gather more information on collaboration opportunities and come together again to discuss them in more detail.

"I suggest we come back with ideas in two to three weeks," von Uslar said. "We should know who the respective commanders are and who our respective counterparts are."

"This is a great first step," Ehnes said. "Now it's time for that important second step."

# GEMS Camp Makes Learning Math, Science Fun

By Steven Galvan, USAISR Public Affairs Officer

Developing our country's future mathematicians and scientists begins in school classrooms. But, the Army is doing its part in exposing young students to real-world military research with hands-on activities designed to show them the joy of scientific discovery.

For the third year, the U.S. Army Institute of Surgical Research (ISR) is hosting three Gains in the Education of Mathematics and Science (GEMS) camps during June and July for San Antonio middle school students at Joint Base San Antonio-Fort Sam Houston, Texas. The four-day sessions are laboratory-based camps that provide students the opportunity to participate in scientific experiments and learn basic laboratory skills.

ISR GEMS program coordinators, Stephanie Truss and Kathy Ryan, Ph.D., planned the laboratory activities that they thought would be engaging and exciting for the students, also known as interns.

"We have the luxury of designing the activities to actual research being conducted here," said Truss. "Most of the students do not have this type of hands-on activities, or if they do, the activities are not as extensive in their schools, so it's good for them."

Activities at the ISR expose interns to subjects such as electricity; cardiology; blood typing; types of bacteria; DNA; surgical knots and suturing techniques; dentistry; and hair, fiber, and fingerprint analysis. The interns make it through the camp with the help of two resource teachers who are full-time licensed teachers and four college students, or near-peers, to mentor the young interns.

"We present what they know and have learned in school and show them how they can use it in the future as researchers in military labs like this one," said Leigh Anne McIver, ISR GEMS resource teacher.

Ashlyn Rathburn, a Texas State University elementary education major, is a near-peer who said that it is important for students at this age to be exposed to these types of activities.

"It is a great experience for all of us," she said. "We learn from each other."

GEMS interns Khalil Sample and Natalie McVay both said that the camp was fun and would recommend it to their friends.

"We don't get to do this in our school," said Sample.

Each camp is designed for 24 interns divided into two laboratory classrooms. The small groups allow for a lot of one-on-one interaction between the staff and students. Resource teacher Maria Anzaldúa enjoys the small classroom atmosphere because it gives her the opportunity to keep the students engaged in their activities.

"If we don't, then it's easy for them to lose interest," she said.

In addition to the hands-on activities, the interns hear from ISR researchers about potential career paths in science, as well as their current research projects. McIver added that this one-of-a-kind experience will be invaluable for the interns' future.

"They get to see what research is being conducted here and may someday say that they knew about it before it became known to the public," said McIver.

GEMS is one of several programs



GEMS intern Natalie McVay views into a microscope to see if any bacteria grew from a surface that was swabbed the day before.

developed by the Army Educational Outreach Program to offer summer educational activities for middle and high school students who have an interest in becoming scientists and might have an interest in working for the Army or Department of Defense. The GEMS summer camps are offered at various Army laboratory facilities throughout the U.S.



## MCAHC now tobacco-free campus

By McDonald Army Health Center Public Affairs Office

In compliance with Air Force Instruction 40-102, Tobacco Use in the Air Force, and Northern Regional Medical Command guidance, McDonald Army Health Center (MCAHC) became a tobacco-free medical campus July 1.

“The harmful effects of tobacco are the leading cause of preventable death and chronic illness in the United States today, and there is no risk-free level of exposure to second-hand smoke,” said Dr. John James, MCAHC Preventive Medicine chief. “The tobacco-free campus initiative will allow us to provide a location that is safe from these known hazards for our beneficiaries, visitors and staff, which is consistent with the Army’s message of prevention, Soldier readiness, and resilience.”

The medical campus includes all property owned and occupied by the medical and dental commands on Fort Eustis and Fort Story. Parking lots are considered part of the medical campus as well, and tobacco use is not permitted in private vehicles on the medical campus property.

“This [initiative prohibits] all forms



The McDonald Army Health Center became a tobacco-free campus July 1, in support of the Department of Defense’s goal of tobacco-free military installations by the year 2020. The medical campus includes all property owned and occupied by the medical and dental commands on Fort Eustis and Fort Story. Parking lots are considered part of the medical campus as well, and tobacco use is not permitted in private vehicles on the medical campus property. (Photo illustration courtesy of U.S. Army)

of tobacco, including other delivery devices like electronic cigarettes,” James explained. “The Air Force guidance bans tobacco products within 50 feet from all buildings, parking lots, walkways, egress routes, and 150 feet of any recreational use area.”

To assist with the Department of Defense’s goal of tobacco-free military installations by the year 2020, MCAHC offers a full scope of tobacco cessation services to enrolled and eligible beneficiaries, and is currently

revamping the education and treatment procedures.

Those interested in quitting tobacco products can register for tobacco cessation services through the MCAHC Medical Management Clinic at 314-7612, online at <http://www.ucanquit2.org>, or by calling the TRICARE North’s Tobacco Cessation Quitline at (866) 459-8766.

Link to July edition of NRMC News: [youtube.com/watch?v=Xm5wotAsgI4](https://www.youtube.com/watch?v=Xm5wotAsgI4)



# Performance Triad



## Hernandez and Russell top 8A's Best Medic Competition

By Pacific Regional Medical Command Public Affairs

Staff Sgt. Raymond Hernandez and Sgt. Justin Russell from 568th Medical Ground Ambulance Company (168th MMB), 65th MED BDE have been recognized as the Eighth Army's Best Medic Team following the Eighth Army's (8A) Best Medic Competition held at Camp Casey and Rodriguez Range, Seoul, Korea, from June 23-27.

The Best Medic Competition (BMC) is a 72-hour, two-Soldier team event to select the best Medic team within Eighth Army (8A). The competition challenges all Medical Service Corp's (MSC) best medical personnel in a demanding, continuous, and realistic simulated operational environment.

The 8A Best Medic Competition intent is to challenge current Expert Field Medical Badge (EFMB) and Combat Medical Badge (CMB) holders' medical knowledge and skill under arduous conditions. The competition consists of four phases: preparation, lane validation, testing, and an awards ceremony. Candidates earn points towards becoming the Best Medic team through successful completion of all evaluated events during the testing phase. The winners are "Eighth Army's Best Medic Team."



Staff Sgt. Raymond L. Hernandez and Sgt. Justin I. Russell of 568th Medical Company Ground Ambulance, 168th Multifunctional Medical Battalion are recognized as Eighth Army's Best Medic Team following the Eighth Army's (8A) Best Medic Competition held at Camp Casey and Rodriguez Range, Seoul, Korea, from June 23-27. From left: Capt. Robert N. Hjuler, commander; Staff Sgt. Raymond L. Hernandez; Sgt. Justin I. Russell; and 1st Sgt. Sharon D. Carson. (U.S. Army photo by 2nd Lt. Gawain R. Gudge)

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



Pfc. Kassaundra Messina explains her educational experience to Army Medicine's Command Sgt. Maj. Donna Brock June 11. Messina is completing her final phase of Advanced Individual Training (AIT) in the laboratory at BACH to become a medical laboratory technician. Around 15 AIT Soldiers train at BACH each year. Brock talked with Soldiers and noncommissioned officers-in-charge who serve throughout the hospital during her two-day visit to Fort Campbell. (U.S. Army photo by Stacy Rzepka/RELEASED)

## Top enlisted MEDCOM Soldier visits BACH

By Megan Broadnax, APSU intern

The senior enlisted Soldier for U.S. Army Medical Command, Command Sgt. Maj. Donna A. Brock, recently visited Blanchfield Army Community Hospital at Fort Campbell. As Brock tours hospitals and clinics in the medical community, she often assesses several things.

"I really look at the spirit of what's going on in the hospital. I can walk into a hospital as a whole and get a sense of the culture, the leadership, and the dynamics going on there," said Brock.

Brock recognized the positive impact of BACH's staff. She was greatly affected by the warm welcome she received and the motivation displayed by the young noncommissioned officers she met.

"The maturity that they have, the goal setting that they have, those are the kind of things that kept me in the Army for 35 years and it really motivates you on a daily basis," said Brock.

Working in the laboratory has

inspired BACH pathology technician Spc. Brian Lefevre to pursue medical school and one day become an Army pathologist.

"I fully enjoy working in the laboratory here at Blanchfield," said Lefevre. "It is always offering new challenges and on the job experience that I couldn't find outside of being a 68K [medical laboratory specialist] in the Army. At first it was just a way to start an education, but after working closely with the medical techs and the pathologist in our department, I have found a job field I thoroughly enjoy. I find new challenges constantly that allow me to utilize what I know and add a positive impact to the care we give to the people here at Fort Campbell."

Lefevre bragged about his work environment giving him a great start to further his education.

"This work environment has given me a great start to a career that I couldn't find anywhere else and I plan to take

full advantage of this opportunity," said Lefevre. "Becoming a pathologist is a goal I set for myself towards the end of my AIT [Advanced Individual Training]. Being an Army Soldier will allow me many opportunities to complete the educational requirements so that I may achieve my goals."

As the top noncommissioned officer for an organization that performs selfless service for local communities and encourages healthy lifestyles Army-wide, Brock understands the importance of knowing what patients need from Army Medicine.

"It fuels everything that we do in the future to continue to maintain the quality care that we have here," Brock said. "In our tagline we say 'serving to heal, honored to serve' and that means everyone who works within these walls is completely immersed into the positive nature of what healthcare can do for the future. We just want to keep everyone healthy," said Brock.

# Protect your eyes in sports—just like you do in combat

By David J. Hilber, Doctor of Optometry, U.S. Army Public Health Command

Sports are an everyday activity for many Americans and for many Soldiers, Sailors, Airmen, and Marines. Sports are also a leading cause of eye injuries, but not an activity where use of safety eyewear has completely taken hold.

The military uses a variety of sports activities to aid in physical fitness training and to stimulate competition. Increased participation in sports has been accompanied by an increase in injuries in general and eye injuries in particular.

## Sports and eye injuries

Prevent Blindness America, or PBA reports that more than 40,000 athletes suffer an eye injury while playing sports every year. And, every 13 minutes, an emergency room in the United States treats a sports-related eye injury. PBA has estimated that 90 percent of all eye injuries are preventable, including sports-related eye injuries. A research article on sports eye injuries from PBA estimates that more than 100,000 eye injuries occur annually. Another specialist in sports eye injuries reports that over 42,000 of those injured require a visit to an emergency room for care.

In the Department of Defense, during the period of 2000--2012, among active-duty service members, sports accounted for 8 percent overall and 5 percent of inpatient treated eye injuries where the cause was reported. In nearly all of these cases, no protective eyewear was worn.

## Which sports cause the most eye injuries?

According to Prevent Blindness America, around 6,000 Americans report eye injuries each year from basketball—making it the leading cause of sport-related eye injuries and the leading cause of all eye injuries among people over the

age of 15. The most common types of eye injuries from basketball are abrasions caused by fingers (which is why it is recommended that players use protective eyewear that meets American Society for Testing and Materials (ASTM) F803 standards).



Players of any sport with potential to cause eye injury should wear protective eyewear designed for that sport. (Photo courtesy Veterans Administration)

Water and pool activities are the second leading cause, followed by guns (air, BB etc.), which are the leading cause of eye injuries in people aged 14 and under. Baseball/softball and exercise/weightlifting round out the top five.

## Preventing eye injuries from sports

Just as with military and industrial activities, it is important to have the right safety eyewear. With sports it is important to note that in some cases specific types of eyewear are needed to fully protect the eye. National standards for protective eyewear developed by ASTM International exist for a number

of sports programs. Many sports organizations have also developed requirements to wear protective equipment for participation in their sports programs.

An example of the effectiveness of a sports-sponsored protective eyewear policy can be found within amateur hockey. In 1974, the Canadian Amateur Association required that all amateur players wear full face protectors. Throughout the next nine years, the average number of facial and eye injuries went from 257 the first year to zero in 1983. In 1979, the NCAA ruled that all collegiate hockey players must wear certified face shields. This ruling reduced facial and eye injuries by nearly 99 percent.

Players of any sport with potential to cause eye injury should wear protective eyewear designed for that sport. Polycarbonate lenses must be used with protectors that meet or exceed the requirements of ASTM International. Individuals with only one functional eye should always wear sports spectacles with polycarbonate lenses if there is the slightest chance of injury to the eye. Polycarbonate eyewear is 10 times more impact resistant than other plastics, according to the National Eye Institute.

Note that in deployed settings Military Combat Eye Protection spectacles, with the retention strap on, provide a good alternative form of eye protection when ASTM items are not available. All it takes is a random elbow or swipe of a fingernail across the eye during that platoon basketball tournament to take you out of the action. Stay in the fight—wear your eyepro!

# TBI Symposium educates leaders, fosters collaboration between scientists and clinicians

By John Brooks, General Leonard Wood Army Community Hospital Public Affairs

A TBI Symposium held at Fort Leonard Wood June 5 brought together six distinguished professionals from across the country with extensive, specialized knowledge and experience with Traumatic Brain Injury (TBI).

Maj. Gen. Leslie Smith, Fort Leonard Wood commanding general, hosted the three-hour interactive event which was followed by hands-on training opportunities. The TBI Symposium was intended to initiate and maintain a greater momentum of education and outreach and provide a best practice for Western Regional Medical Command (WRMC), U.S. Army Medical Command (MEDCOM), U.S. Army Training and Doctrine Command (TRADOC), and the Army for future annual TBI Symposium events, Smith said.

Symposium presenters, which included Dr. Stephanie Maxfield-Panker, the Army's TBI program manager from the Office of the Army Surgeon General, enjoyed a working collaborative lunch, an installation command briefing, and a tour of several high-impact/high-risk training locations on the installation for cross-engagement between presenters and to foster continued communication and collaboration. Dr. Maxfield-Panker spoke about research initiatives and MEDCOM's alliance with the NFL, as well as ongoing research and protocols.

Presenter highlights included a session by Mr. Donald R. Lee II and Capt. Matthew LoPresti who discussed combining their unique specialties of acquiring separate inner and outer helmet sensor data and deductive acquisition



Mr. Tom Buckley (left), from Georgia Southern University, discusses advances in football helmet technology with Soldiers from the Maneuver Support Center of Excellence during a TBI Symposium held June 5 at Fort Leonard Wood, Mo. More than 500 people attended the event which brought together distinguished TBI professionals from across the country to educate leaders and the public on TBI prevention, treatment techniques, and to debunk myths associated with TBI.

consolidated and more accurate low-level blast data.

Dr. Gary Southwell, from the WRMC, europsychology department, discussed garrison management of concussion and mild TBI. Dr. Thomas Van Dillen, a neuropsychologist and the TBI program manager at General Leonard Wood Army

Community Hospital, spoke on the current assessment and treatment practices for those who have sustained concussion and mild TBI.

Capt. Matthew LoPresti, a research psychologist from the Center for Military Psychiatry and Neuroscience at Walter Reed Army Institute of Research, discussed occupational exposure to lower-level blasts. Mr. Donald R. Lee II,

Natick Soldier Research, Development and Engineering Center, discussed helmet technology used to prevent and detect head injury.

Dr. Tom Buckley, representing Georgia Southern University, spoke about football helmet impacts and return-to-play research. Dr. Buckley's athletic studies on concussion informed leaders on the need to remove the stigma of "sitting out" for 24-hours (or more if necessary) after a concussion.

More than 500 people attended the symposium, which was open to the public and aimed at educating leaders, improving TBI prevention and treatment techniques, and debunking myths.

# 2014 U.S. Army Warrior Trials Celebrate Strength and the Spirit of Competition

By Warrior Transition Command Public Affairs

Athletes attending the 2014 U.S. Army Warrior Trials at West Point June 15-19, were not motivated to compete by the idea of coming in first or going home with gold. Competitors had already seen a lot of firsts in their lives: the first car in a convoy hit by an improvised explosive device (IED), the first in their squad to sustain a training injury, the first to fall ill. For the more than 100 Soldiers, Airmen, Marines

and Veterans at the Army Warrior Trials, motivation stemmed from celebrating strength in the spirit of competition after facing life-changing circumstances.

The Warrior Transition Command (WTC) hosted wounded, ill, and injured Army, Air Force and Marine athletes who competed in at least two of seven sports: archery, cycling, shooting, sitting volleyball,

swimming, track and field, and wheelchair basketball. Some ran track on prosthetic limbs. Others shot air rifle accompanied by their service dog. All proved that life can continue after sustaining a wound, injury, or becoming ill.

Soldiers and Veterans representing team Army competed with dedication and heart in seven events, bringing home a total of 104 gold medals, two first place trophies, and one third place trophy. Many were life-long athletes; some did not start participating in sports until they entered the Warrior Transition Unit (WTU), where they work on recovery and rehabilitation. Skills learned from adaptive reconditioning activities like sports benefit the physical and emotional well-being of Wounded Warriors and build confidence as these Soldiers and Veterans adapt and take back control of their lives.

Medaling at the Army Warrior Trials was a goal for many — now athletes look to the future: September's Warrior Games. The Army Warrior Trials help determine which Army athletes will attend this Department of Defense-wide event, where emotions run even higher. More than displaying prowess on the track field, in the swimming pool, or in any other sport, Army Warrior Trials and Warrior Games are the ultimate proof of the resiliency of these incredible athletes.

To read more stories from the Army Warrior Trials and to see a full list of medaling athletes, please visit: [wtc.army.mil/warrior%20games/warrior-trials\\_2014.html](http://wtc.army.mil/warrior%20games/warrior-trials_2014.html)



Members of the Army Green team celebrate their win over the Air Force at the sitting volleyball championship game at the 2014 Army Warrior Trials, at the U.S. Military Academy, West Point, NY, June 18. The Army won the gold medal after three close sets of volleyball; the final set went into overtime with a final score of 17-15. (Photo by Suzanne Ovel, Madigan Army Medical Center Public Affairs)



# Norgaard Receives Gen. Douglas MacArthur Leadership Award

By Warrior Transition Command Public Affairs

“Earning the award makes me feel like we have been accomplishing the mission at the CBWTU [Community Based Warrior Transition Unit],” said Capt. Aaron Norgaard, one of 28 recipients of the Gen. Douglas MacArthur Leadership Award. “I might have received the award, but it was definitely a team effort.”

The Gen. MacArthur Leadership Award is a yearly award recognizing active Army, National Guard and Army Reserve Soldiers who exemplify the three ideals of the award—duty, honor and country.

Norgaard currently serves as the commander of the Community Based Warrior Transition Unit-Utah (CBWTU-UT). A CBWTU functions as a Warrior Transition Unit, allowing wounded, ill, and injured Soldiers to receive medical care, recover and transition at a location close to home. The Warrior Care and Transition Program (WCTP) is currently restructuring to a model called Community Care to increase access to installation-based resources for these Soldiers.

“Working with wounded Soldiers keeps things in perspective,” said Norgaard. “You want to do everything you can for them, anything from medical care to helping them to have a solid transition plan. They’re inspiring.”

In September 2011, he became the Executive Officer at CBWTU-UT, and he assumed the position of commander from September 2012 to May 2013. In 2013, Norgaard attended 70H school for Health Services, Plans, Operations, Intelligence, Security and Training, and he reassumed command in April 2014.



CBWTU-UT Commander Norgaard accepts the Gen. Douglas MacArthur Leadership Award alongside Army Chief of Staff Gen. Ray Odierno (left) and retired Col. Lyman Hammond, Jr., the General Douglas MacArthur Foundation Treasurer (right).

“For the Soldiers who come through the CBWTU, the goal is to get them fit for duty and get back to the Army, whether it’s the civilian side or full-time Guard,” said Capt. Norgaard. “For those not fit for duty, we really try to focus on their care and focus on their transition.”

In the nomination memorandum for the Gen. MacArthur Leadership Award, Lt. Col. Richard Jacobs, who serves as a nurse case manager at CBWTU-UT, refers to Capt. Norgaard’s “Wounded Warrior first” mentality.

He attributes his leadership style to the senior enlisted Soldiers and officers that have mentored him through his career.

During a ceremony in the Pentagon auditorium, the Army chief of staff, Gen. Ray Odierno, presented each of the 28 recipients with an engraved bronze bust of Gen. MacArthur.

“I think being a recipient of the award, in the back of your mind you’re always thinking, ‘This is an award that other people helped you get and they expect you not to get complacent,’” said Norgaard.

Honored to be nominated, Norgaard emphasized that receiving this award will keep him motivated as the commander of the CBWTU-UT.



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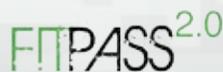
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## Ranger Cpl. Anderson named Medic of the Year

step needed to be.”

During his second deployment, not more than a month on ground, Anderson had to be that “calm voice” when the mission turned chaotic.

Anderson arrived at the first casualty and began his assessment by checking the treatments that had already been applied through the first responder care. The casualty had an effective tourniquet in place, his airway was intact, and he reported no difficulty breathing. He moved to the chest, finding a penetrating chest wound to the casualties left side. Applying an occlusive dressing, Anderson checked for effectiveness and continued his assessment.

No more than a few minutes into his assessment, a pressure plate improvised explosive device, known as an IED, detonated a few meters from Anderson’s position, which created another casualty. Upon completion of the first casualty’s assessment, Anderson grabbed a fellow Ranger to stay with him and moved through an active IED field to treat the second casualty.

As he approached the second casualty, he noticed the multiple blast injuries on the entire left side of the body. He assessed a left leg amputation, left arm amputation at the elbow, abdominal evisceration, and various other injuries. After treating the wounds, Anderson instructed another Ranger to assist in the treatment.

Though the casualty was unresponsive, Anderson made every attempt to help.

His last measure was to make a vertical incision in the throat and insert a definitive airway. It was then that the casualty took his last two breaths before showing no signs of life.

Just then, a third IED detonated 10 meters from Anderson’s location, resulting in a third casualty. He moved to the location and immediately noticed bilateral leg amputations. Having run out of tourniquets, Anderson applied manual pressure to the femoral arteries.

Then, an Air Force para-rescue jumper arrived to assist with the application of the tourniquets. Shortly thereafter, the patient lost consciousness and went into respiratory distress. The para-rescue jumper began the vertical incision and Anderson assisted by preparing his equipment for the cricothyroidotomy. Then another IED was detonated five meters from their location, throwing Anderson and the para-rescue jumper from the casualty. After regaining consciousness, Anderson consulted with the para-rescue jumper to ensure he could finish the procedure and moved to the fourth casualty.

Anderson arrived at the fourth casualty, who had also sustained bilateral leg amputations. Again, he applied manual pressure to the femoral arteries with both knees while waiting for additional tourniquets. He reached for one off of the casualty’s equipment and yelled to a fellow Ranger for another. After the tourniquets were applied, Anderson assessed the remaining injuries to the casualty and began prepping him for evacuation. An aid and litter team arrived, and with his instruction, loaded the casualty onto the litter. Anderson then accounted for the two urgent casualties, relocated the para-rescue jumper to the first casualty, and moved to his element to the landing zone.

When the aircraft had loaded the casualties, Anderson conducted a casualty handover with the flight surgeon. He continued treating en route to the combat support hospital on the fourth casualty.

Anderson praised the other Rangers and others on ground for their quick responses to help treat others.

“We couldn’t have done any of this without the platoon being so good at RFR (Ranger First Responder),” he said. “They were all doing an amazing job at treating on what they knew how to treat, before a medic made it over there.”

In summary, Anderson ran throughout the objective area to four different patients

without the area being cleared by explosive ordnance disposal technicians to treat his fellow Rangers.

“To be honest, not once until I was moving to Josh (Hargis) was I was thinking I should be careful moving around here,” he said. “I think they do a fantastic job training us, but they never train us to hold back. So when you see your buddy hurt, and there is no enemy to fight, your immediate reaction is to run to your buddy.”

According to his nomination for the U.S. Army Special Operations Command Medic of the Year, “His utter disregard for his own safety in order to treat patients was astounding, and his efforts to deftly perform intricate and complicated medical procedures with minimal equipment was incredible. Specialist Anderson directly contributed to saving two Ranger’s lives, including that of a double amputee, whom Specialist Anderson kept alive for almost two hours until the casualty evacuation helicopter could land, refusing to leave a fallen comrade despite his own life being in extreme danger.”









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