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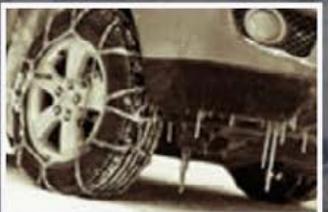
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ARMY MEDICINE

MERCURY

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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.

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

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Becoming a High Reliability Organization Highlights Army Medicine Command Team Training Event

By Ann Bermudez, Army Medicine Public Affairs

Becoming a High Reliability Organization (HRO), adapting to maintain readiness, and developing leaders were a few of the key focus areas of the U.S. Army Medical Command's Command Team Leader Development and Training Session (CTLDTs) held Nov. 19-21 at Joint-Base San Antonio-Lackland Air Force Base, Texas.

Army Surgeon General and Army Medical Command (MEDCOM) Commanding General, Lt. Gen. Patricia D. Horoho, and MEDCOM Command Sgt. Maj. Gerald Ecker, hosted the 3-day training event.

The theme for the training session was 'Adaptive leaders - changing the organizational culture and optimizing readiness to become a Highly Reliable Organization.'

By definition, an HRO is an organization that has succeeded in avoiding catastrophes in an environment where normal accidents can be expected due to risk factors and complexity. HROs meet the standards for their industry by having well-established policies and systems in place that ensure consistency of practice and enable them to reach their goals and avoid errors. Examples of HROs include; air traffic control systems, naval aircraft carriers, and nuclear power operations.

"We have to empower the entire staff to become a HRO," said Maj. Gen. Jimmie O. Keenan, deputy commanding general (Operations), MEDCOM and chief, U.S. Army Nurse Corps. "It's going to take all of you to do this."

Horoho told attendees they were a key part of Army Medicine's future.

"Be thinking about how we can



Lt. Gen. Patricia D. Horoho

build the right base so that we are relevant, agile and flexible for the future," she said. "Every Soldier should be continuously medically-ready and not just train-up to be medically-

ready. Army Medicine should lead the way in human performance."

Horoho also touched on tele-health and tele-medicine. "We have to leverage technology into the Lifespace," she said. "We've got to be prescribing more apps than pharmaceuticals."

Attending the conference were more than 300 Army Medicine military, dental and veterinary treatment facility commanders and command sergeants major, as well as senior Army Medicine leaders.

Training conference participants discussed a variety of medical related topics including; the principles of a HRO operating within the Operating Company Model (OCM), System for Health Readiness, Army Medicine's Workforce 2020, accountability, and leadership.



Lt. Gen. Patricia Horoho, Army surgeon general and commanding general, U.S. Army Medical Command talks with attendees at the Command Team Leader Development and Training Session Nov. 19, 2014 at Joint-Base San Antonio-Lackland Air Force Base, Texas. (U.S. Army photo by Ann Bermudez)

MEDCOM Leaders Serve up Thanksgiving Dinner



Soldiers at Camp Bullis, Texas, received a holiday treat when Army Medical Command leaders and U.S. Senator John Cornyn served up Thanksgiving dinners. From left: Brig. Gen. John Poppe, deputy chief of staff, G1/4/6; Maj. Gen. Jimmie Keenan, Army Medical Command deputy commanding general (operations); Maj. Gen. Simeon Trombitas, Army North deputy commanding general; and U.S. Senator John Cornyn.



New Sleep Disorder Discovered Impacting Combat Soldiers

By Carrie Bernard, Madigan Army Medical Center Public Affairs

A series of patients at Madigan has led doctors to discover a new unique sleep-related condition impacting combat Soldiers called Trauma-associated Sleep Disorder.

“Redeployed military personnel have reported for the last 13 years complex nighttime behaviors ranging from sleepwalking, tossing and turning, thrashing, screaming, and even hitting their bed partners,” said Col. (Dr.) Vincent Mysliwicz, principal investigator and lead author, and U.S. Army Medicine sleep medicine specialist. “While these disruptive nocturnal behaviors are frequently reported, they are rarely documented in laboratory settings.”

Although previous authors recognized some of the unique sleep disturbances seen in combat survivors, the constellation of findings of disruptive nocturnal behaviors, nightmares and rapid eye movement (REM) sleep without atonia had never been linked together. There was no current diagnosis which encompassed all these trauma engendered sleep disturbances.

“Up until this time, it was unknown what military personnel and trauma survivors had in terms of a clinical disorder,” said Mysliwicz. “In many cases they were diagnosed with nightmare disorder, which does not have movements associated with this diagnosis, or REM Behavior Disorder, which occurs in middle-aged to elderly males and has a characteristic clinical presentation. This case series highlights the unique findings of TSD.”

The case series included four Soldiers who had been evaluated, diagnosed and treated at Madigan. Each Soldier underwent a clinical evaluation in the hospital’s sleep medicine clinic and was given an attended, overnight polysomnogram (sleep study). The

polysomnogram recorded body functions, such as heart rate, brain waves, movements and any sounds they made during sleep.

According to published results, all of the young men developed disruptive nighttime behaviors and nightmares after suffering a traumatic experience. Some reported screaming and combative movements, while others experienced night sweats and crying episodes throughout the night.

“Normally individuals in REM sleep are paralyzed and do not move, thus they are unable to act out their dreams. Patients with TSD appear to have dream enactment, with purposeful movements that can occur in REM sleep,” said Mysliwicz. “This case series is a major step forward in not only diagnosis and treatment of military personnel with sleep

disturbances, but also sleep safety for families.”

In addition to providing trauma survivors with the understanding that they have a clinical diagnosis, this case study also helps facilitate future research in the sleep disturbances that develop after trauma.

“Better characterization of the clinical findings is required, especially in regards to the onset of TSD and how much REM without atonia is present,” said Mysliwicz. “Prospective studies are required to evaluate treatment regimens, as many service members and Veterans have findings of TSD.”

This case series appears online and in print this month in the *Journal of Clinical Sleep Medicine*, the official publication of the American Academy of Sleep Medicine.



U.S. Army Sgt. 1st Class Bobby M. Scharton, a platoon sergeant with 17th Fires Brigade, 7th Infantry Division, lies down during a sleep study at Madigan Army Medical Center, Joint Base Lewis-McChord, Wash., Nov. 22, 2013. Sleep technicians connect 26 sensors to patients that measure eye and muscle movements, brain activity, heart rate and breathing.

Former Senior Leaders Help Shape the Future of Army Medicine

By Ron Wolf, Army Medicine Public Affairs

On Oct. 20, Lt. Gen. Patricia Horoho, the 43rd Army surgeon general, hosted 45 former senior Army Medical Department (AMEDD) leaders known as the FASSL, or Former AMEDD Senior Strategic Leaders.

In her invitation, Lt. Gen. Horoho asked for their valuable input on the role Army Medicine has in keeping the Army fit and resilient and how to create a System for Health for the Army that also influences the health of the nation. The challenge was clear – she wanted more than lessons learned, but rather “visions unexplored, and

perhaps previously unimagined.”

The senior leaders, which included six former surgeons general, accepted the challenge of providing guidance for the future of the broad healthcare mission of Army Medicine.

The FASSL agreed that Army Medicine must adapt to be a high reliability and responsive organization that meets the needs of the Total Army Force that included Families and Retirees. Horoho helped to focus the team on the tasks at hand when she said, “If we don’t change, we’ll be irrelevant.”

The surgeon general asked the

leaders to consider several key issues related to the future complex Army Medicine mission. One issue discussed was how to transform to a high reliability organization and the role of current leaders in creating a culture of safety and robust process improvements.

Another topic of discussion centered on Army Medicine’s role in optimizing Soldier performance to create “elite Soldier athletes” while at the same time decreasing future health care costs.

Finally, the leaders tackled the problem of how to incentivize health with a long-term goal of reversing the obesity predictions of 2030.

The surgeon general made it clear that the door to Army Medicine is open for ideas on how to build a System for Health that creates ready and resilient Soldiers, Families, communities, and an entire nation.

The day-long discussion resulted in a plethora of ideas to assist Army Medicine in reaching its vision of a System for Health. The ongoing transition to an operating company model, with the stated purpose to reduce variance, improve standardization of capabilities, and eliminate patient harm, is the key to the future of Army Medicine.

A number of former surgeons general and about 40 other former senior leaders turned out at the request of Army Surgeon General Lt. Gen. Patricia Horoho for the FASSL meeting. They were asked to provide guidance for the future of the broad healthcare mission of Army Medicine.



Army surgeons general turned out in support of the Former AMEDD Senior Strategic Leaders meeting on Oct. 20. From left to right (with dates as Surgeon General): Lt. Gen. (Ret.) Eric B. Schoomaker, Dec 2007-Dec 2011; Lt. Gen. (Ret.) James B. Peake; Sept 2000 - July 2004; Lt. Gen. (Ret.) Alcide M. LaNoue, Oct 1994 - Oct 1996; Lt. Gen. Patricia Horoho, Dec 2011 - Present; Lt. Gen. (Ret.) Ronald R. Blanck, Oct 1996 - June 2000; Lt. Gen. (Ret.) Kevin C. Kiley, Oct 2004 - March 2007; and Maj. Gen. (Ret.) Gail Pollock (acting Surgeon General), March 2007 - Dec 2007. The leaders considered issues including transforming to a high reliability organization, how Army Medicine could help to enable optimization of Soldier performance to create “elite Soldier athletes,” how to incentivize health with a long-term goal of reversing the obesity predictions of 2030, and other current matters relevant to Army Medicine and health and resilience of the Army.





The “New” Army Medical Department (AMEDD) Regimental Insignia

By AMEDD Center of History & Heritage

The new AMEDD Regimental Insignia is based on an old design, in fact, one of the oldest coats of arms used by the United States Army. Developed during the Civil War and approved by Surgeon General William Hammond, the symbolism of the Medical Corps Coat of Arms was selected to symbolize the medical profession, the Union, and the year of the Medical Department’s creation, 1818. The coat of arms was placed on items that had been inspected and approved for use by departmental personnel, such as medicine bottles and medical textbooks.

In 1986 the Army established the Regimental Affiliation Program. Combat Service Support (now Sustainment) Soldiers were affiliated with their newly established regiments and regimental

distinctive insignia were created to represent those regiments. The AMEDD Regimental Insignia incorporated the shield from the Medical Corps Coat of Arms and the motto, To Conserve Fighting Strength, of the Medical Field Service School’s distinctive unit insignia (est. 1920).

In 2014 the surgeon general received permission for the Medical Department to adopt the former Medical Corps coat of arms as the AMEDD’s Regimental Insignia. The central part of the insignia is a silver shield with a representation of the national flag on the left side of the shield. The flag’s union contains 20 stars for the 20 states in the Union in 1818, the date of the establishment of the Medical Department. On the right of the shield

is the symbol of medicine, the Staff of Aesculapius, a rod wrapped by a single serpent.

Above the shield is the crest, with a rooster, also a symbol of Aesculapius and ancient medicine, moving forward (to the viewer’s left), but looking backwards. This symbolizes the department’s motto, *Experientia et Progressus*, Latin for Experience and Progress. The Medical Department provides world-class medical care, grounded in the centuries of medical experience passed down to each successive generation, while constantly moving forward to improve the quality of the care we provide, in service to the nation.

Preparations are underway for the insignia to be made available through clothing sales outlets.



The ca. 1863 Medical Corps Coat of Arms



The 1986 Army Medical Department Regimental Insignia



The 2014 Army Medical Department Regimental Insignia

2nd MED DET (FS) Participates in Douglas County Active Shooter Exercise

By 1st Lt. Mythia Conley

The 2nd Medical Detachment (MED DET) (FS-Forward Surgical) (2nd FST-Forward Surgical Team), 10th CSH (Combat Support Hospital) activated its alert roster on Oct. 14, at 2200 loaded up its equipment and convoyed to Rocky Vista University College of Osteopathic Medicine in Parker, Co., to participate in the Douglas County active shooter exercise. The 2nd FST role was to set its Area of Operation (AO) in 90 min and become fully mission capable and begin receiving patients to provide far Forward Surgical Care during the exercise.

The organizers of the event wanted to make the scenarios as real as possible. Very few details were released about the exercise and student volunteers were encouraged to scream out in pain to create an atmosphere of chaos to truly validate how the agencies involved could handle such an event. Some victims were outfitted with cut-suits. It is a wearable suit that simulates the feel of skin when making an incision and once cut open contained many of the larger and smaller organs. Furthermore, if a wrong incision is made it discharges a substance the looks like blood.

Col. (Dr) Anthony Laporta who is a professor of surgery and director of military medicine at the university stated, “the 2nd FST was the entire hospital system, providing urgent and operative care with the exception of minor triage for the exercise.” The 2nd FST medical tent contained two operating tables in one tent and four Advanced Trauma Life Support (ATLS) beds and four Intensive care unit beds (ICU) in another.

Bodies were being brought in from every direction (back of pickup trucks, ambulances, fireman carried down the sidewalk). The 2nd FST maintaining



Spc. Joshua Underwood, Sgt. Brandon Cupp, Spc. Christian Nuno

control of their AO instructed those participating in the event that they must be triaged first at the clinic (the clinic was ran by the university’s medical students). Sgt. Brandon Cupp ATLS NCOIC for the 2nd FST stated, while some thought it was odd that we turned patients away it was important the beds were occupied by surgery patients. The 2nd FST working at full capacity is a 20-man team consisting of surgeons, Operating Room (OR) nurses, medical surgery nurses, emergency care personnel, Practical nurses, and OR techs. It is very important that manpower and supplies are utilized for those requiring stabilization through surgery. The team saw approximately 15 patients with four being sent to surgery.

Spc. Joshua Underwood of the 2nd FST felt that “participating in the exercise was a great experience in

working with other agencies outside of the army (EMS, local law enforcement, civilian medical providers). The scenario gave a realistic fill for how disaster relief efforts would play out.”

Maj. Bradley Rittenhouse commander of the 2nd FST felt that, “participating in this exercise allowed the team which had undergone a large change in personnel over the last five months to practice our activation, mobilization, and patient care procedures as a unit. Also this exercise allowed us to interact and coordinate with civilian authorities which would be required in a real disaster. Over all it was a very valuable exercise and provided validation of the capabilities of the Forward Surgical Team in a civilian mass casualty environment.”



Prosperous Partnerships: US, Malaysian Medics Conduct Combined Medical Training

By 1st Lt. Taylor Whitten

As the Army shifts focus to the regional security and partnership throughout the Asia-Pacific area, 1st Battalion, 17th Infantry Regiment, 2nd Stryker Brigade Combat Team, 2nd Infantry Division departed out of Joint Base Lewis-McChord, in support of the first Pathways to the Pacific mission. 1-17IN BN (Buffaloes), conducted movement to Malaysia to participate in Keris Strike Sept. 13-30, an annual exercise done with the Malaysian Armed Forces (MAF). The Buffaloes' medical package consisted of a battalion surgeon, Medical Platoon Leader, five combat medics to work the Role I Aid Station and five combat medics attached to the maneuver companies in support of a task force of over 300 personnel. The brigade had additionally provided a fully operational Role II on the camp to handle excess and severe medical requirements. Working with MAF medical counterparts, both teams shared medical planning and operational techniques through Counter IED Lanes, local medical concept of support planning and in a culminating week-long Medical First Responder (MFR) course. This was accomplished while simultaneously experiencing the diverse and distinctive Malaysian culture. Communication and establishing specific training objectives with our Malaysian counterparts led to success during Pacific Pathways 14.

Building off a successful National Training Center rotation in June 2014, that included a company from the Republic of Korea (ROK) Army attached to the battalion, the Medical Platoon set off to Malaysia motivated to teach and learn from their counterparts. Prior combat experience in the platoon and recent interaction with foreign partners assisted in developing quick and mutually respectful relationships with MAF medical personnel.

Task Force Buffalo quickly established a medical concept of support relying heavily



Malaysian Armed Forces (MAF) Medics conduct HH-60 cold load training in preparation for CIED lane Air Medical Evacuations (MEDEVACs)

on MAF ground assets due to the legal limitations of U.S. MEDEVAC platforms on Malaysian roads. U.S. air MEDEVAC remained primary for all urgent patients but all other categories relied on ground evacuation coordinated through the Malaysian Dispensary (Role II) on the camp.

Integrated Counter IED lanes allowed U.S. and MAF medics to train together in the evacuation of notional casualties from Point of Injury (POI), all the way to Role III. This exercised every level of medical communication and skill set. The lane consisted of receiving one or two notional casualties due to a simulated IED blast. The casualties were evacuated from POI to the 1-17IN BN Medical Evacuation Vehicle (MEV). Patients were first moved to the Role I, followed by Role II or to the landing zone (LZ) where they would be taken by HH-60 MEDEVAC helicopter to Role III. MAF medics were mixed with U.S. medics from POI to Role II and notional casualties were flown to a nearby Malaysian hospital where they were treated by MAF doctors under observation of a

U.S. liaison officer (LNO). This allowed for the MAF to learn how to load and unload a MEV, a HH-60 and observe the flow of casualty care. This rehearsal served as validation of U.S. communication systems. Early coordination and system implementation remained critical to the execution of this event. It allowed for partners to test and authenticate the systems that were previously planned. The training revealed that landing zone reconnaissance is essential to air evacuation success, especially in bilateral training situations. Building codes and structural stability differs in many countries from those in the U.S. Additional cautionary measures should be implemented, increasing the size of a landing zone to counter the threat of possible structural damage. Verifying these systems greatly increase the confidence in the integrated support between U.S. and MAF medical units.

This bilateral exercise created an invaluable opportunity where U.S. and Malaysian medics trained and learned key medical skills from each other.

Army Medicine Today and Tomorrow: Key Trusted Professionals for the Army

By Ron Wolf, Army Medicine

Lt. Gen. Patricia Horoho, Army surgeon general, was the featured speaker at the Military Family Forum on Oct. 13. The forum was held during the Association of the United States Army’s annual meeting in Washington, D.C. The theme for this year’s meeting was “Trusted Professionals—Today and Tomorrow.”

Horoho highlighted the Performance Triad and reducing preventable harm. She also issued challenges to Army Families to follow the Performance Triad for 26 weeks and to be partners in improving health.

Horoho demonstrated the success of the Performance Triad—adequate sleep, plenty of activity, and proper nutrition—with the use of two video testimonials.

Master Sgt. Jennifer Loredo, a Gold Star spouse and 20-year Veteran, discussed the impact of the Performance Triad on her and her Family. She reported benefits in her daily energy levels and noted that she had shed 30 pounds. Her lifestyle changes were being picked up and followed by her children.

Col. John O’Brien, a family practice physician from Fort Lewis, said, “It’s my job to educate my patients on how to lose weight.” The Performance Triad provided him the tools, he said, to improve his health and the health of his patients. The Triad is a tool to improve your health and the readiness of the force as well, he said.

O’Brien also had a weight-loss success story as a result of using the Performance Triad—33 pounds, which is roughly the weight of combat body armor. He stopped taking several medications as a result of the Triad as well. The Triad, he pointed out, is about overall health. “You feel better,” he said, “and your performance is better.”

Horoho introduced Col. Mark Collins, whose unit used the Performance Triad during deployment to Afghanistan and actually came home healthier than before

they deployed.

Horoho pointed out that the Performance Triad takes time to show improvement and she gave everyone a challenge. She brought 26-week calendars for the audience to take and follow to implement the Performance Triad. So far, Horoho reported, 73,000 people have responded to her challenge online.

In pilot studies in garrison and Afghanistan, Horoho said, we have seen decreases in blood pressure in Family members and Soldiers. In many cases, individuals were able to get off medications, lower their cholesterol, and increase overall well-being. The 26-week challenge can improve the overall readiness of the Family and the force, she said.

Horoho extended additional information on how Army Medicine

is helping through the Army Wellness Centers; eventually there will be 38 of them. We have seen an average of 4 percent reduction in body mass index and an increase of 15 percent in cardiovascular output, she said.

These successes have been achieved through trust and partnerships with our Soldiers and Family members, she said.

TSG four challenges to be partners in healthcare improvement and safety:

- *Army beneficiaries should keep asking questions until you feel comfortable with the information you’ve been given.*
- *If you see something, say something.*
- *Use the online surveys.*
- *Be a participant in making our healthcare system the best it can be. Participate in town halls, ask questions, and make recommendations.*



The Association of the U.S. Army (AUSA) Family Forum: Army Surgeon General Lt. Gen. Patricia Horoho with Master Sgt. Jennifer Loredo (left), master resilience trainer, and Col. Mark Collins (right), commander, 82nd Sustainment Brigade, Ft. Bragg. Both are Performance Triad stars! Loredo lost 30 pounds since she was inspired by Lt. Gen. Horoho 1-year ago (at the 2013 AUSA Family Forum) and Col. Collins participated in the Performance Triad pilot with his Soldiers during their recent deployment to Afghanistan.

41st Field Artillery Brigade Receives Behavioral Health Team

By Sgt. Garrett Hernandez, 41st Field Artillery Brigade

Down a well-lit hallway of Bennett Health Clinic is an exam room much like any other in the clinic. But instead of a doctor or nurse treating a Soldier's physical ailments, this room helps with any potential psychological issues.

Soldiers can seek help for matters including depression, posttraumatic stress or anxiety. They can also be referred by their primary healthcare provider or chain of command if the Soldier is exhibiting signs of depression, having thoughts of harming him or herself, or having thoughts of harming others.

"The vision of the Army is that each brigade combat team has an embedded behavioral health team," said Maj. Kelly Rivera, the behavioral health officer with Headquarters and Headquarters Battery, 41st Field Artillery Brigade, adding that this embedded team has only been with the brigade since May.

Before the behavior health team came to the brigade, Soldiers were referred to the Restoration and Resiliency Center, she said.

"Before, if someone had behavioral

health issues, their command or the surgeon cell would send them to R and R. At R and R they could wait a long time because it takes a long time to triage," Rivera said. "Now if they have behavioral health issues and depending how acute, I can rearrange things and I can see them right away."

The goal of the behavior health team colocated with the unit is to increase Soldiers' access to the team's services, and ensure the overall readiness of the unit.

Another added benefit Rivera has noticed is a decrease in apprehension some Soldiers have when seeking help for mental health issues.

"Many soldiers appear more willing to talk to my Soldiers and I because we wear the same unit patch. There is already a sense of understanding, as we are likely familiar with the (operational tempo) of our unit and they can assume we may be more familiar with their challenges," Rivera said.

Rivera said she also sees soldiers who need to be screened as mental status exams for highly competitive positions, schools



Soldiers with depression, posttraumatic stress disorder and other mental health issues can get help from behavioral health officers embedded in their units. (U.S. Army illustration by Sgt. Brandon Banzhaf)

and deployments.

Just because someone is seeing her does not mean they have any issues. They may be attending a more routine screening appointment with her.

"I think that having me and my team located in Bennett Health Care Clinic colocated with our brigade surgeon and her team definitely helps," Rivera said. "Soldiers blend in with other soldiers here for routine medical appointments. While waiting in the clinic waiting area, there is no way to tell who is here for a medical appointment or for behavioral health."

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

Clinical Practice Guideline for Upper Extremity Amputation Available for all

By *Extremity Trauma and Amputation Center of Excellence Department of Defense*

Once again the Department of Defense has set the standard for patient satisfaction & quality when it comes to our amputee population. Taking the initiative, the Extremity Trauma and Amputation Center of Excellence partnered with the Department of Veterans Affairs (VA) to create the first of its kind Clinical Practice Guideline for Upper Extremity Amputation.

The Extremity Trauma and Amputation Center of Excellence is led by its Executive Director Retired Col. John Shero, MHA, Fellow American College of Healthcare Executives. Shero is very excited about the 2014 VA/DoD Clinical Practice Guideline for Management of Upper Extremity Amputation Rehabilitation or its shortened name - the CPG UEAR.

And why is he excited and what does this mean to amputees who have upper limbs that are amputated?

“We have had more than a decade of research,” Shero said, “and we have amassed an unprecedented amount of clinical experience and expertise in the care of the upper and multi-limb amputee.”

“This CPG allows us to manage variability in evidence-based clinical care and improve the overall satisfaction and quality of life for our upper and multiple limb amputees,” he said.

During FY2014, the first clinical pathway/standard of care for this population of patients has been completed and has been published for national and international use. The goals of this CPG are to reduce practice variance, enhance the standard of care, accelerate research translation into



clinical practice, and ultimately lead to improved health, quality of life, and satisfaction for this population of patients with upper limb amputations.

Shero’s team from the Extremity Trauma and Amputation Center of Excellence (EACE) also partnered with the VA to share discoveries and best practices in caring for service members and Veterans who have complex needs associated with multiple limb loss at a three-day training symposium that took place last July in Arlington, Va. This first ever DoD-VA Federal Advanced Amputation Skills Training (FAAST) Symposium was a comprehensive update on rehabilitation principles, state-of-the-art prosthetic technologies, and limb-loss research, which was provided by a distinguished, multi-disciplinary cast of presenters.

A greater percentage of warfighters with multiple amputations have survived the recent wars than any other conflict the United States has fought. A total of 1,652 Soldiers, Marines, Airmen, and Sailors lost limbs as a result of the conflicts in Iraq and Afghanistan, and over 30 percent of them lost more than one limb. Clinicians now must figure out how to provide lifelong care for these Service

Members, most of who are still very young – in their 20s and 30s.

Shero’s team continues to work to produce new and improved products for its clients and share information with others in the field that assists amputees. To that end, his staff is already planning for next year’s symposium which is scheduled to take place in May of 2015 at the Center For the Intrepid at Brooke Army Medical Center, the DoD’s flagship hospital.

The CPG and the accompanying supplementary materials can be found at the following link <http://www.healthquality.va.gov/guidelines/rehab/uear/index.asp>. It is available for anyone to use.

Shero would like to thank Extremity Trauma and Amputation Center of Excellence (EACE) Deputy Director, Retired Col. Billie J. Randolph, Ph.D., PT, OCS, and the Chief of the Evidence-Based Practices Office, Retired Col. Ernest Degenhardt. Degenhardt’s office has become mission essential to the Army Medical Department’s transformation to a System for Health, along with the work he and his team do to produce CPGs on a variety of topics.

MEBTO: A Year in Review and the way Forward

By David Dombrowski, MEBTO Staff

The Medical Evaluation Board Tracking Office (MEBTO) in San Antonio, Texas started this fiscal year with two business processes: the final processing of 1,106 Reserve Component Referrals from the Reserve Component Soldier Medical Support Center (RC SMSC) in Pinellas Park, Florida and its closure led to the utilization of the Medical Evaluation Board Preparation (MEB Prep) Module.

To date, MEBTO has processed over 2,300 referrals using MEB Prep, and we've seen an immediate cost savings. Using MEB Prep has removed the cost of mailing the Soldiers' medical records twice and the time personnel spent on handling certified mail. Way to go, U.S. Army National Guard, Surgeons Bureau!

Between January and May of 2014, the U.S. Army Audit Agency (AAA), U.S. Army Inspector General's Office, and the Warrior Command and Policy Office interviewed the MEBTO team. These groups determined that MEBTO was right

on track to support IDES processing of Reserve Component (RC) Medical Board referrals. Still, as the decoupling of the MEB Prep Module from MEDCHART began this past summer, some changes were required.

MEBTO is now the IDES MEB Prep Site Selection Administrator to approve user profiles and to identify data fields in collaboration with the Office of the Army Reserve (OCAR) and National Guard Bureau (NGB) Surgeons Offices' personnel for a new "user-defined" raw data-reporting tool.

Personnel from the Human Resources Command, Individual Ready Reserve (IRR)/Individual Mobilized Augmentee (IMA) Office were briefed on the MEB Prep Module application and how the IRR/IMA may use this system to process Soldiers with P3/4 profiles. This led to the IRR/IMA Surgeon's Cell utilization of the MEB Prep Module this month. MEBTO has leaned forward and updated the IDES

Guidebook, Army Regulation 635-50, and DA PAM 635-40 will now include the MEBTO's mission and responsibilities as the IDES Service Line (SL) enabler for RC referrals.

Currently, MEBTO is working with OCAR and the NGB Surgeon's Office to establish a process to manage Restricted Sexual Assault cases through the MEB Prep Module to a specified IDES location. In addition, the twice a month IDES SL/ MEBTO Town Hall meetings have grown to include the US Physical Disability Agency (PDA), OCAR/USARC, NGB, IDES SL, and other COMPO 2 and 3 stakeholders. MEBTO continues to redefine the process and support for the RC Community by working to educate and support our IDES stakeholders.

MEBTO continues to redefine the process and support for the RC Community by working to educate and support our IDES stakeholders.



Under Secretary of the Army, Brad Carson, second from right, speaks with members of the Madigan Army Medical Center Patient Affairs Branch and Western Regional Medical Command while WRMC Acting Commanding General Maj. Gen. Thomas R. Tempel, Jr., right, listens, following a Nov. 13 tour of the Integrated Disability Evaluation System (IDES) facility at Joint Base Lewis-McChord, Washington. Carson thanked and presented staff members with a challenge coin for their work on IDES and service treatment record processing. Staff members, from left, are Benisha Coleman, Sarita Nelson, Marlo Robinson and Angela Little, all with Madigan, and Master Sgt. Samuel Viera, WRMC. (U.S. Army photo by Flavia Hulsey, WRMC)

The “Bright Spot” in the Army Surgeon General’s System For Health: Europe Regional Medical Command’s Regional Action Officer is Taking the Lead to Impact the Lifespace.



By System for Health Team

Major Jessica Counts believes that it takes a team approach to affect the life space and develop healthy behaviors. As Europe Regional Medical Command’s (ERMC) wellness lead, she is promoting the Army surgeon general’s System for Health (SfH) by collaborating with leaders from the Defense Commissary Agency (DeCA), Installation Management Command (IMCOM), Morale Welfare and Recreation (MWR), Public Health Command Region Europe (PHCR-E), Europe Regional Dental Command (ERDC), and Department of Defense Dependent’s Schools Europe (DoDDS-E). This collaboration leads to a single voice and message about healthy choices.

Because of the collaboration with multiple garrison and agencies, the “healthy choices” message is spread at every opportunity and touch point. It is heard by all service members at in-processing, found in newspapers, and at community events. Messages include

concepts such as getting recommended preventive health screenings, the Performance Triad, and the Ready and Resilient (R2) campaign.

Major Counts made healthy messaging interactive by creating a partnership with DoDDS-E for a region-wide “SFH Marketing Challenge”. The contest invites students to create a 14 or 29 second marketing video with a minimum of two out of five health elements from the AMEDD 2020 CP (Sleep, Activity, Nutrition, Oral Health, or Stress Management). Students then choose one of three themes for the video (educational, inspiring change, making a difference). One school instructor commented how he liked this contest because “the students are also getting an education about being healthy.” Eight schools across Europe registered for the challenge and submitted 38 videos. The SfH Executive Committee will score the videos and announce the winners on Nov. 4. The highest scoring videos will be

played on the American Forces Network.

Thanks to Major Counts a new “read and ride” program is under consideration by DoDDS-E for implementation. A “read and ride” program was developed by a school counselor in North Carolina to promote wellness and literacy. The school put 30 exercise bikes in a classroom and invited classes to read while riding for 15 minutes a day. The data at the end of the school year indicated that students who had spent the most time in the program achieved an 83% proficiency in reading, while those who spent the least amount of time in the program had failing scores—only 41% proficiency.

The team approach is working to affect the life space and develop healthy behaviors in all ages and at every opportunity in Europe.

For more information, visit: <http://armymedicine.mil/pages/performance-triad.aspx>





Army-Navy Blood Donor Challenge Underway in Washington Metro Area

By Armed Service Blood Program Office

The annual Armed Services Blood Program Army-Navy Blood Donor Challenge is officially underway. This year, the ASBP will conduct more than a dozen blood drives all across the Washington metro area where units collected will help determine which service will win bragging rights and a trophy for the most units of blood donated to the ASBP.

The challenge will be capped off with an on-field award to the winner during the third quarter of the Army vs. Navy football game at M&T Bank Stadium in Baltimore, Md., Dec. 13.

Navy Capt. Roland Fahie, ASBP director, noted that the famous Army vs. Navy rivalry is a great way to encourage donors to roll up their sleeves and donate blood. “Obviously, Sailors and Soldiers alike are all looking forward to the football game in December,” Fahie said. “But the exciting part of this challenge is the amount of blood that is collected for the Armed Services Blood Program and how many lives can be saved because of those donations.”

“Blood is a valuable resource that stands ready to support in a time of need,” said Army Lt. Col. Audra Taylor, director of the Army Blood Program. “The timing of this challenge is key as we work together to support our Soldiers, Sailors, Airmen and Marines — both at home and abroad — during this holiday season. I challenge everyone to take advantage of this opportunity to support the Armed Services Blood Program.”

This is the fourth year that the ASBP has conducted the challenge in D.C., Maryland and Virginia. In 2013, nearly 1,500 donors rolled up their sleeves and 827 units of lifesaving blood were collected. The goal for the 2014 challenge is to collect

910 units of blood.

“The Navy Blood Program is fired up for the Army-Navy Blood Donor Challenge this year. We know how important blood donations are for saving lives, especially around the holidays when many donors are on leave,” said Navy Cmdr. Leslie Riggs, director of the Navy Blood Program. “This is a great way to show support for your service and to help make sure that the Armed Services Blood Program can continue to provide safe, quality blood and blood products to service members, retirees and their families without interruption.”

Over the course of the three previous challenges, the Navy has taken a slight edge over the Army in terms of wins. The Navy won in 2011 and 2012, but the Army won in 2013. Which service will win this year? Only time will tell.

“I am looking forward to bringing the Army-Navy Blood Donor Challenge trophy back home to the Navy this year,” Riggs said. “But we need all the support we can get from Navy donors to make that happen. Go Navy! Beat Army!”

The 3rd U.S. Infantry Regiment on Fort Myer, Va. — more commonly known as the “Old Guard” — was the Army location with the most donations during last year’s challenge; and according to Army Col. Johnny K. Davis, regimental commander, the “Old Guard” is ready to battle for the win again. “We’ve already cleared a spot for this year’s trophy,” he joked.

“The regiment fully supports the ASBP and is ready to take on the Navy for this extremely important mission,” Davis said. “I’ve seen firsthand how important blood transfusions are in saving lives. During combat operations in Afghanistan, many of my severely wounded Soldiers received blood transfusions from the ASBP, and it

saved their lives! The Army vs. Navy Blood Donor Challenge is a great way to promote and support the ASBP — they do so much for all the services and for our families.”

The challenge kicks off Nov. 3 and will take place at blood drives in the area, with the last blood drive Dec. 10. All drives are open to individuals with proper identification who are able to access the blood drive facility, unless otherwise noted.

- *Monday, Dec. 1: Marine Base Quantico, Barber Fitness Center, 9 a.m. to 2 p.m., Quantico, Va.*
- *Tuesday, Dec. 2: Aberdeen Proving Ground, Recreation Center, 9 a.m. to 2 p.m., Aberdeen, Md.*
- *Wednesday, Dec. 3: Joint Base Myer-Henderson Hall, Base Fitness Center, 9 a.m. to 2 p.m., Fort Myer, Va.*
- *Monday, Dec. 8: NSA Dahlgren, Dowell Community House, 9 a.m. to 1 p.m., Dahlgren, Va. (closed to the general public)*
- *Tuesday, Dec. 9: Fort Belvoir, USO Warrior and Family Center, 9 a.m. to 2 p.m., Fort Belvoir, Va.*

Military blood program leadership is requesting the recruitment of donors be limited to 150 presenting donors at each challenge drive this year. This will help ensure blood is not over-collected, therefore donors are urged to make appointments early. To help make sure your service takes home the top honors this year, visit militarydonor.com to schedule an appointment to donate.





SYSTEM FOR HEALTH.

Unveiling of New Warrior Transition Battalion



Tulsi Gabbard (right), Congresswoman of Hawaii's 2nd Congressional District, helps unveil the new Warrior Transition Battalion Campus with U.S. Army Maj. Gen. Charles Flynn (center right), 25th Infantry Division commander, U.S. Army Sgt. 1st. Class. Bonifacio Castro II

(center left), Hawaii Warrior Transition Battalion (WTB) Headquarters and Headquarters Company cadre and platoon sergeant, and other leadership during the Tripler Army Medical Center's Ribbon Cutting Ceremony and Warrior Care Kick-off Event Oct. 31, 2014, at

Schofield Barracks, Hawaii. The ceremony officially unveiled the WTB's new five story barracks and honored the service and sacrifice of wounded warriors. The construction of the barracks was managed by the U.S. Army Corps of Engineers. (U.S. Army photo by Spc. Paxton Busch)

Master's Women Team Place 1st in Army Ten-Miler

The first place team in the Master's Women category at the Army Ten-Miler includes two from Army Medicine. From left to right, Col. Jean Barido, Lt. Col. Crystal Romay, Col. Mary Kreuger, Maj. Gen. Jimmie Keenan (Deputy Commanding General, Operations, Army Medical Command), Col. Jennifer Caci, Lt. Col. (Ret) Sheryl Kennedy, and Col. Deydre Teyhen (Office of the Surgeon General) (not pictured, Ginny Lee). The team is flanked by Maj. Gen Jeffrey Buchanan, Commander Military District of Washington, on the left, and David Turnbull, Command Sgt. Maj. Military District of Washington on the right.



SYSTEM FOR HEALTH.

BACH Celebrates Life with Annual Walk to Remember

By David E. Gillespie, BACH Public Affairs

During Blanchfield Army Community Hospital's 8th annual Walk to Remember Ceremony Thursday, Families and parents gathered to remember and honor children lost at birth, miscarriage or at a young age.

The event, held on the hospital's "A" Building Veranda, was organized by BACH's chaplain and Bereavement Support Committee in support of Pregnancy and Infant Loss Remembrance Month. The national observance provides an opportunity to increase understanding of the tragedy involved in the deaths of unborn and newborn babies. The annual "walk" seeks to promote support, education and awareness for bereaved parents and family members. BACH's Bereavement Support Committee extends the national remembrance to include bereavement of the loss of child at any age.

"We are here not to be saddened by our stories of loss, but to be inspired and comforted by our stories of remembrance and love," said Brie LaJeret, a keynote speaker and Fort Campbell community member who lost two children within a year. "Our little ones remain in our hearts, never to be forgotten, but always remembered."

A year ago, LaJeret was devastated by the loss and would not have been able to speak at the ceremony, she said. "This year, I've had time of reflection and time to process my own grief. Coming here today allowed me to share that process with others. I hope it can show them, even though it's hard, you can make it through these significant losses."

"We are all here, united by loss. But

we can be strengthened, comforted and reassured by knowing we are not alone in our grief," LaJeret said.

Losing a child so early presents a unique emotional impact on parents, explained Elise Israel, who attended the ceremony with her husband Staff Sgt. Lance Israel from 1st Brigade Combat Team, 101st Airborne Division (Air Assault). "It is kind of the quiet loss, and people don't know

able to surround you for that moment to just grieve and let go. So, it was nice to have this ceremony. You don't get that level of ceremony when you lose a child that early," Israel said.

Events like the Walk to Remember allow parents to be with others who understand their grief and help alleviate feelings of loneliness, Israel added.

"We really wanted to be here, create

awareness, and be around other people who understand the grief of losing a child that really no one else got know.

It helps us celebrate those moments that we had together, and maybe not feel so alone in the loss."

Israel said there are a lot of community resources like the BACH Bereavement Support Committee and people who are more than willing to talk and support each other. "Through this I've

met a lot of wonderful women. To have a conversation with a woman and for her to be able to share her story, helps give each other strength. To have that bond, lets you know there are lots of us out there who have (shared experiences) done it and care about each other."

The wounds will never disappear but healing does occur, LaJeret said. "The pain eventually does lessen and coming to things like this ceremony really helps you process that and shows you there is a community to support you, and you are not alone in your grief."



During a Walk To Remember ceremony at Blanchfield Army Community Hospital, Chaplain (Maj.) Thomas Gidley leads attendees in a balloon release to honor the memories of babies lost. (U.S. Army photo by David E. Gillespie)

what to say to you. So this is a moment to be recognized that I'm a mom, too. Even though my children didn't make it, I am still a mother and he's still a father. We grieve, and we miss them."

The Israel family said they experienced two stillbirths, with the first being four years ago the day of the ceremony and the second just two months ago. To honor the memories of those lost, the couple wrote their babies' names on paper butterflies, which they attached to balloons and released during the ceremony.

"When you lose a child at miscarriage or stillbirth, there's no funeral and (you miss the opportunity for) a lot of people being



Army Medical Marketing Semi

The Army's latest mobile exhibit, the Medical Marketing Semi (MMS), parked on the campus of the University of Maryland at College Park. The MMS targets pre-health and medical students, residents and practicing healthcare professionals, helping them to understand the innovations, research, education and career opportunities available in the Army Medical Department. The MMS will proceed to multiple locations up the east coast, including stops in Pennsylvania, NYC, Connecticut and Vermont before returning to its home base at Fort Knox, Ky., to prepare for its next round of exhibits in the south and southwestern U.S.

"The Army is the face of the Nation, and reflects the inclusive culture and unique diversity that are the hallmarks of the American way of life," said Col. Brian Cavanaugh, the Accessions Support Brigade commander. "It is vital



that we support our Army healthcare recruiters with exhibits like this, and help them connect the American people

with America's Army," he said. (U.S. Army photo by Randy Lescault)

San Antonio Rampage on Veteran's Day

ESPN anchor Hannah Storm talks with San Antonio Rampage sled hockey players at the Center for the Intrepid on Veteran's Day as they show off their National Championship trophy. Two of the players, Rico Roman and Jen Lee, also brought their gold medals from the Sochi Paralympics. (U.S. Army photo by Dewey Mitchell)



SYSTEM FOR HEALTH.

Health Commissioner Reaffirms Synced Efforts at BACH Roundtable

By David E. Gillespie, *Blanchfield Army Community Hospital*

Tennessee's top health department official joined military and civilian health administrators at Blanchfield Army Community Hospital Tuesday for a roundtable discussion on how healthcare efforts are synchronized across multiple agencies from local to county, regional and state levels.

The working lunch meeting was an opportunity to bolster longstanding relationships and communicate directly with Dr. John Dreyzehner, Commissioner of the Tennessee Department of Health, which is tasked to protect, promote and improve the health of people in Tennessee.

Representatives from Blanchfield, the Montgomery County Health Department, Mid-Cumberland Regional Public Health, Mid-Cumberland Emergency Response and the Tennessee Department of Health focused on solidifying existing public health assets and ways of sharing knowledge, training and resources.

Communication, coordination and consultation between these health organizations were established long before this year's rise of Ebola virus disease and remain an integral part of any contingency planning, Dreyzehner explained, as he toured Blanchfield's intensive care unit and emergency room.

"Relationships are critical, and one of the things we have with Fort Campbell is terrific relationships at all levels. We don't want to be exchanging business cards during an emergency. The time to make a friend is before you really need that friend, and we feel really good about the relationships at all levels between the state and Fort Campbell," he said.

"This is really about us being able to coordinate our responses together to ensure

the civilian side and the military side are all working together," said Dr. (Maj.) Samuel Peik, chief of preventive medicine at Blanchfield.

"Public health doesn't stop at the gate or respect boundaries, so we always want to ensure we have a tight connection with our counterparts."

There has always been a connection, but it has strengthened in the last few years, Peik said. "We've had regular meetings with the county, and we've started bringing multiple counties together for a more regional effort. This is nothing new, but we've definitely been stepping up our efforts recently.



Dr. (Col.) Michael Helwig, Deputy Commander for Clinical Services, discusses training and resources with Dr. (Col.) George Appenzeller, Hospital Commander, and Dr. John Dreyzehner, Commissioner of the Tennessee Department of Health, at Blanchfield Army Community Hospital Tuesday.

With the increased attention on the Ebola virus disease, we are taking these opportunities to exercise the relationships we've built."

Dreyzehner, who began his medical career in 1989 as an Air Force flight surgeon, said he has a special appreciation for the Fort Campbell community and particularly Blanchfield Army Medical Center. "It is very clear from our conversation today and the brief opportunity we've had to walk around [the hospital], folks have

really thought through how to take care of people who are deploying regardless of the circumstances."

Some Fort Campbell troops recently deployed, as the 101st Airborne (Air Assault) assumed its role Saturday as the headquarters unit for the military mission in Liberia, joining troops from all five services who continue to provide engineering, healthcare training and logistical support to USAID, the Armed Forces of Liberia, and the Government of Liberia. Dreyzehner said some members of his staff are also in West Africa supporting the isolation, evaluation and monitoring of Ebola in three affected countries.

"Obviously, we are thinking about Ebola viral disease right now in our country and here on base, but there are all kinds of infectious disease and other threats our brave Soldiers face. We appreciate the preparation that goes into preparing for whatever contingency they may face," Dreyzehner said.

"We understand that we are all in this [Ebola fight] together. We know there is a risk. The risk is not zero, but we know the risk is negligible. The things we are doing in our state and things you are doing at Fort Campbell are enhancing our ability to manage that risk."

Moving forward from his visit, Dreyzehner said Blanchfield could benefit from at least one state resource such as laboratory testing. The state lab facility is capable of testing for specific diseases of concerns, including Ebola. "Fort Campbell has resources available through the Centers for Disease Control and the Department of Defense, but we also know our state lab is close to Fort Campbell. We are happy to provide that kind of assistance."

Our Story, Part III: Why We Exist

By Jessica Pellegrini, ASBP Staff Writer

In our first two installments of this series, *Who We Are* and *Where We Are*, we've taken a detailed look at the foundations of the Armed Services Blood Program. We've explored the ASBP's rich history and clarified how blood gets to the battlefields and military hospitals in the United States. In our final segment, we'll explain why the ASBP exists. We will address why the ASBP was formed, why we continually strive to break down barriers in military medicine and why our donors continue to roll up their sleeves at our donor centers worldwide. This is Part III: Why We Exist.

Why does the Armed Services Blood Program exist? The answer boils down to three simple words: to save lives.

Stood up by President Harry Truman in 1952, the ASBP is a tri-service organization representing all three branches of service – Army, Navy and Air Force. By 1962, the program was its own fully-operational, distinct blood program organized much the way it is today. After the Korean War, the ASBP took over collecting, processing and transporting blood products for the military from the American Red Cross.

According to *The Armed Services Blood Program, More Than 60 Years of Giving*, after the Korean War, the Department of Defense determined that civilian blood programs were not adequately organized to meet the requirements of the armed forces and the civil defense program in times of war.

"While civilian programs were well-equipped to handle specific local and regional crises, supporting an ongoing international need was not a service the civilian organizations were designed to provide," Lt. Col. Jason Corley, ASBP



deputy director of operations, said. "There was nothing wrong with what they were doing, but what the military needed was a national program, backed by military leadership, which could meet military requirements during both peace and wartime."

Soon after the Korean War ended, the military recognized the need for a program of its own and responded by establishing the Military Blood Program. Now known as the ASBP, the program has been in place ever since, providing American troops blood products whenever and wherever they are needed. The program would build on wartime experience to create a peacetime operation—always understanding that it would provide a critical role should troops be called to action.

And called to action it would certainly be.

According to Navy Capt. Roland Fahie, ASBP director, the mortality

rate for a service member injured in World War II was 50 percent. Today, mortality rates are the lowest they have been in the last four major conflicts. Only about 10 percent of the service members injured on the battlefield die of their wounds.

"Battlefield advances in the science of blood banking and transfusion in the last 12 years have made mortality rates decrease significantly," Fahie said. "Part of that decrease stems from the Armed Services Blood Program's ability to get blood farther forward faster. We are now able to get blood to Soldiers, Sailors, Airmen and Marines at the point of injury, en route or at any theater hospital. It's a big accomplishment and plays a huge role in saving lives."

In November 2011, Army 1st Lt. Nicholas Vogt was critically injured after stepping on a roadside bomb

Why We Exist

while deployed in Afghanistan. He received 404 units of blood in Kandahar alone. In the more than 30 operations that followed, he needed 100 more.

The ASBP, and more than 300 service members who lined up to donate at an emergency blood drive in Kandahar after hearing about his injuries, provided the blood Vogt needed – both on the battlefield and at the Landstuhl Region Medical Center in Germany and the Walter Reed National Military Medical Center in Bethesda, Md., where he was treated after coming home.

“We are here to collect blood and blood products for men and women like 1st Lt. Vogt,” Fahie said. “Our goal is to save the lives of our service members. So when we hear stories like Vogt’s, we are easily reminded of why we go in to work every day.”

Blood from the ASBP isn’t just used on the battlefield, though. In fact, the ASBP supports active duty, Retirees and

military Families; and a large portion of the blood collected at ASBP donor centers supports military hospitals and patients in the U.S. Blood and blood products are used for patients of all ages, for many reasons.

“Blood is used to treat cancer patients, surgical patients, patients with certain diseases and battlefield injuries alike,” Fahie said. “The ASBP provides blood for all of these things, and more.”

According to Fahie, 40 or more units of blood may be needed for a single trauma victim, eight units of platelets may be required daily by leukemia patients and one pint can sustain a premature infant’s life for two weeks.

Ana Aranzola-Lucero, mother of four, knows about the importance blood all too well. Two of her children, Nicolas and Julia, were diagnosed at birth with an immune deficiency and non-Burkitts lymphoma. According to the Children’s Hospital of Wisconsin’s website, non-Burkitts lymphoma is a type of non-Hodgkin’s lymphoma that affects a

specific type of white blood cell called lymphocytes. Both of these diseases often require blood transfusions as part of the treatment, and Nicolas and Julia have received more than 500 units of whole blood combined.

Aranzola-Lucero is now an avid blood donor with the ASBP and is thankful for what blood donors have done for her family.

“Nicolas is a happy-go-lucky, care free 21-year-old who is doing very well and living a normal life,” Ana Aranzola-Lucero said in a 2013 article published on the ASBP website.

“The Armed Services Blood Program is here to save lives. Not just of service members on the battlefield, but for Retirees and their Families, as well,” Fahie said. “The military program exists for them, but we couldn’t make this happen without our donors. You all are the Armed Services Blood Program!”

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Groundbreaking Ceremony Marks New Medical Center

By Chuck Roberts, Landstuhl Regional Medical Center Public Affairs

The last time ground was broken for a major military medical center in Europe was 1951 when Germany and other nations were still recovering from the devastation of World War II.

About 63 years later and eight miles away, Lt. Gen. Donald Campbell Jr. performed the same rite of passage alongside U.S. and German dignitaries to signify construction of the Rhine Ordnance Barracks Medical Center scheduled to replace the U.S. Army's Landstuhl Regional Medical Center (LRMC) and the Ramstein Air Base Clinic. Although current hostilities in Afghanistan are more than 3,000 miles away, the commanding general for U.S. Army Europe noted that the site of the Oct. 24, 2014, groundbreaking ceremony remains vital.

secretary of defense for health affairs.

"This new hospital and clinics will continue to provide a place of healing for our warriors wounded in battle -continuing 60 years of service and commitment into the future," said Guice, noting that the new medical center will be the largest and most sophisticated military system outside the United States and an "unmatched medical asset for our military."

Equally important to unmatched structural sophistication, said Guice, will be the continued selfless service by doctors, nurses, medics, technicians, administrators and support staff who will be the "heart and soul" of the new facility and "turn bricks and mortar, stones and steel into a place where patients will be cared for, treated and

From there, patients are loaded onto an ambulance bus and depart the installation for an approximate 30-minute ride to LRMC.

When the Rhine Ordnance Barracks Medical Center is open for business, those same patients will land at Ramstein and travel only about 15 minutes to the new medical center without ever leaving the secure confines of a U.S. military installation.

In the meantime, world-class healthcare will still be offered at LRMC and Ramstein where approximately 600,000 patients are treated annually. LRMC is the largest U.S. hospital outside the United States and serves the needs of beneficiaries in U.S. Africa Command, U.S. Central Command, U.S. European Command and the western U.S. Pacific Command areas of responsibility. The Ramstein Air Base Clinic is the largest Air Force clinic outside the continental United States.

However, both healthcare facilities are beyond their intended services lives. LRMC was built as a semi-permanent hospital in 1953 and is one of the oldest inpatient facilities in the DOD inventory. Fundamental building layouts and infrastructure cannot be modified through repair and severely limit the fielding of up-to-date medical and building technologies needed to meet current standards.

"The facilities are aging and becoming outdated, thus the need for modernizing our current capability, replacing Landstuhl Regional Medical Center and the Ramstein Clinic with a single, more cost-effective solution that

"...the new medical center will be the largest and most sophisticated military system outside the United States and an "unmatched medical asset for our military."

"This important location in Germany is, and has been, a strategic lifesaving place for the United States. The last 13-plus years of conflict have validated and proven the vital need for world-class military medical care in this region of the world," Campbell said before a crowd of approximately 150 U.S. and host nation guests.

Those sentiments were echoed by Dr. Karen Guice, principal deputy assistant

supported ... a place where care is safe. A place where quality is high. A place of pride, of service, of hope. A new beginning for an ongoing history of excellence."

More than 72,000 U.S. service members and Civilians aeromedically evacuated from Afghanistan and Iraq have landed the past 13 years at Ramstein Air Base which is adjacent to the site of the new medical center.



Groundbreaking Ceremony

will continue to provide world-class medical care for our service members wounded in combat, along with their Families and Retirees stationed here in Germany and throughout Europe,” said Campbell.

The \$990 million Rhine Ordnance Barracks Medical Center will include nine operating rooms, 68 beds and 120 examination rooms, and will include a surge capacity that will allow it to rapidly expand to 93 beds. The hospital design complies with stringent German environmental quality requirements.

Instrumental in every step of the process toward the new medical center has been the U.S. Army Corps of Engineers (USACE). From conceptual planning and design until construction is complete, USACE will continue to play a key role, one of those being its

working hand-in-hand with its German partners.

“Many may not know that the German Government is the lead agency for most aspects of the planning, design and construction which truly makes this a world-class facility through our professional and vital partnership,” said Campbell. “As stated before, much hard work and great work through teamwork has gotten us to this point and those efforts will continue to be the foundation of success in the way ahead as this great facility develops.”

“The earth that will be turned today and the construction of the medical center are only possible through the partnership

and support of not only the German construction agencies, but as well the federal, the state, and the local communities and officials representing them,” said Lloyd Caldwell, the USACE Director of Military Programs. “They are all stakeholders in this project.”

The next phase for construction of the site will be mass grading scheduled to begin in February and last for about one year. The new medical center is projected to be operational in 2022.

Construction of the Rhine Ordnance Barracks Medical Center Replacement



Senior U.S. military leaders, German dignitaries and former wounded U.S. servicemembers turn the first shovels of earth Oct. 24, 2014, to mark the start of construction of the Rhine Ordnance Barracks Medical Center Replacement that will replace Landstuhl Regional Medical Center and the Ramstein Air Base Clinic. (U.S. Army Photo/Sgt. Daniel Cole)



USAISR Wins Major Jonathan Letterman Award

By Steven Galvan, USAISR Public Affairs Officer

The U.S. Army Institute of Surgical Research was selected as the winner of the 7th Annual Major Jonathan Letterman Award for Medical Excellence presented by the National Museum of Civil War Medicine Oct. 23 in Bethesda, Maryland. The award is named after Maj. Letterman who is known as the “father of battlefield medicine.” According to the museum website, the annual award recognizes an individual and an organization for leading innovative efforts in civilian emergency care, combat casualty care, prosthetic technology, improving outcomes for patients with catastrophic injuries or leveraging today’s cutting medical technology to develop new ways to assist military service members or civilians who have suffered severe disfiguring wounds.

“This award is a direct result of the remarkable staff at this Institute and the significant contributions made every day to optimizing combat casualty care,” said Col. Michael D. Wirt, USAISR commander. “Our commanding general, Maj. Gen. Brian Lein, congratulates us for winning this award calling it ‘a phenomenal recognition of the sacrifices and work done.’”

Representing the USAISR at the award ceremony were Col. Anthony Johnson, research task manager for Ocular Trauma; Maj. Stuart Tyner, acting director of the Combat Casualty Care Research Directorate; and David G. Baer, former director of the Combat Casualty Care Research Directorate.

“I was honored to represent the Institute at the awards ceremony,” said Tyner. “The men and women

of this organization have done more than anyone else to advance the care of combat wounded. I am humbled to be a small part of the USAISR and privileged to have the opportunity to advocate for the impact the USAISR has had on advancing battlefield trauma care.”

Other organizational nominees were the Center for Neuroscience and Regenerative Medicine; the Defense and Veterans Brain Injury Center; the McGowan Institute for Regenerative Medicine; and the Naval Hospital Camp Lejeune Warrior Rehabilitation Team.



The U.S. Army Institute of Surgical Research’s Maj. Stuart Tyner (left) and Col. Anthony Johnson accept the 7th Annual Major Jonathan Letterman Award for Medical Excellence presented by the National Museum of Civil War Medicine Oct. 23 in Bethesda, Maryland. (Photo by Kacie Peterson)

Care Available at Wilkerson Pediatric Clinic

By Celia Murraray, RN, Wilkerson Pediatric Clinic

After several months of extreme understaffing, the Wilkerson Pediatric Clinic is back to full strength with providers to meet the need of the community's youngsters.

Since the clinic's providers (three doctors and three nurse practitioners) are divided by the Patient Centered Medical Home practice model, the exodus of staff members decreased the accessibility by half this past year.

"We want the community to know we are fully staffed again and have plenty of access to meet their needs," said Lt. Col. Kenneth West, Primary Care Division chief. "We have appointments starting as early at 7:20 a.m. and finishing up with our last appointment at 3:20 p.m. every day the clinic is open. Our three new providers began arriving at the end of June and by late August, all three were on board."

Those providers -- Dr. Evelyn Tuason; Shaundra Faulk, a nurse practitioner; and Dr. Sylvia Lee -- created a new Team Horse.

"We are very happy to have them on board," said West. "They are here for the community's kids and parents. They are eager to get to know their patients."

During the pediatric access crisis, Robert Hufford a physician's assistant for the Family Medicine Clinic's York Team, came to the rescue, West said.

"Bob helped to mitigate the negative repercussions of losing an entire team of providers," he said. "He spent half of his time in the pediatric clinic for several months and stayed on when we initially got more pediatric providers so they would have time to get in-

processed and oriented to our facility. We owe him a debt of gratitude we cannot repay."

The difference in providers is something patients who are new to the clinic might not notice.

"Those of you who have been patients here for more than a year probably felt the pinch we were experiencing during the staffing shortage," said Lt. Col. Scot Tebo, the deputy commander for clinical services. "While we did our best to meet our pediatric patients' needs, we were keenly aware we were not always able to provide appointments the same day or as soon as they were wanted."



During the crisis, many patients were given appointments with someone other than their primary care manager or they were sent out to network urgent care partners because of the shortage, West said.

"We did the best we could, and we weren't happy about the inconvenience

many of our patients experienced," he noted.

If a patient changed their PCM when their old provider left, they are still assigned to the provider they selected.

If an individual did not change their PCM, their assignment is as follows: patients formerly assigned to Dr. Janet West-Brown are now assigned to Tuason; patients formerly assigned to Elke Zschaebitz are now assigned to Faulk, nurse practitioner; and patients formerly assigned to Dr. Zenen Limbo-Perez are now assigned to Lee.

The providers for Team Zebra remain the same. Dr. Eduardo Sinaguinan (just call him Dr. Ed); Julia Patsell, nurse practitioner, and Alison Rank, nurse practitioner, are the striped providers.

Appointments can be made by calling the appointment line at (866) LEE-KAHC or 866-533-5242 or by using the TRICARE Online feature. Secure messaging also is available through the Army Medicine Secured Messaging System. Sign-up is available at the Pediatric Front Desk.

The clinic also recently extended its hours for patients to receive their annual flu vaccine on Nov. 12, 13 and 19, said West.

"In a recent meeting with the Fort Lee Area Spouses Club, the members expressed to our commander, Col. Thomas S. Bundt they needed later hours to get their children in to the clinic for their flu immunization. They asked and we've responded."

Three of the extended service-hour dates have passed. The final one is today -- the clinic will stay open until 6 p.m. for flu vaccines.

PRMC Medical Homes are 100 Percent Nationally Recognized Pacific Regional Medical Command

By Ana Allen, Pacific Regional Medical Command Public Affairs

Pacific Regional Medical Command (PRMC) reaches 100 percent national recognition for its Army Medical Homes as of Oct. 23, 2014.

All 14 Army Medical Homes under PRMC have been recognized by the National Committee for Quality Assurance (NCQA) as Army Patient Centered Medical Homes.

“Achieving 100% Army Medical Home implementation is a wonderful achievement for the Pacific Region. It demonstrates Army Medicine’s commitment to providing for our Soldiers, their families and our other beneficiaries with the best primary care available,” stated PRMC’s Commanding General, Brig. Gen. Patrick Sargent. “Our challenge now is to strengthen this key component of our system for health and emphasize preventative and proactive care to keep our patients healthier, happier and more active in their daily lives.”

The NCQA measures the ability of medical facilities to provide quality healthcare through standardized, objective measurement guidelines.

As part of the recognition process, NCQA reviewed hundreds of documents submitted by the PRMC Medical Homes staff that provided fact-based evidence that showed all clinics were conducting business as true Medical Homes.

NCQA requires recognized facilities to enhance access to care and patients’ continuity with their provider teams, keep track of patient data to help manage patients’ wellbeing, plan and manage care using evidence-based practices, provide self-care support and community resources, as well as track and coordinate tests, referrals and other

care for patients.

Finally, clinics have to show that they measure their performance and patients’ feedback to continue improving the quality of care.

The PRMC Army Medical Homes span the geographic areas of Hawaii, Korea, and Japan.

Col. Julie Tullberg, Pediatrician at TAMC says she is excited to continue the PCMH model of care, knowing that it brings major improvements for patients in Hawaii. “We expect that they will see and appreciate the differences in their care. As they get to know their Primary Care manager and team members, we know they are getting safer, more comprehensive, and more prevention focused care from their health care team,” said Tullberg.

Col. Mark Reeves, Commander, 121st CSH/Brian Allgood Army Community Hospital in Seoul, Korea and Family Medicine Consultant to The Surgeon General, says he is extremely proud of the commitment, passion, coordination, and teamwork it took for all six of the Korea-based Medical Homes to meet the standards set forth by the National Committee for Quality Assurance and Army Medicine.

“It has been a tremendous effort which has sharpened our focus on our patients’ needs and experience of care and made us more effective as a patient centered team. We fully expect Soldiers will be more ready to ‘fight tonight’ and their Families will be healthier and fully involved in their life space as a direct result of the improvements inherent in team based, patient centered care. This will be a foundation for Medical Treatment Facility (MTF)



All 14 Army Medical Homes under the Pacific Regional Medical Command (PRMC), and spanning Hawaii, Korea and Japan, have reached 100 percent national recognition of its Army Medical Homes as of Oct. 23, 2014.

contribution to the Performance Triad,” he said.

Lt. Col. Philip Ginder, Deputy Commander for Administration at BG Crawford F. Sams U.S. Army Health Clinic, Camp Zama, Japan says PCMH has greatly enhanced their ability to improve the overall health of Soldiers and their families.

“PCMH has given our patients new resources to take charge of their health. Through Secure Messaging, an online information exchange, patients can now more easily communicate with their provider. With the tools on Tricare Online, patients make appointments at their convenience, request refills, check lab results, and other parts of their health record.”

Here’s what patients can expect from the PRMC Medical Homes:

- *A personal provider. Each patient has an ongoing relationship with a personal Physician, Physician Assistant or Nurse Practitioner who is trained to*

Medical Homes Recognized

provide first contact, continuous and comprehensive care.

- *Physician directed medical practice. The personal physician leads a team of individuals at the practice level who collectively take responsibility for ongoing patient care.*
- *Whole person orientation. The personal provider is responsible for providing all of the patient's health care needs or for arranging care with other qualified professionals.*
- *Coordinated and Integrated Care. Each patient's care is coordinated and integrated across all elements of the*

health care system and the patient's community.

- *Quality and Safety focus: All members of the healthcare team are focused on ensuring high quality care in the medical home.*
- *Improved access: In the PCMH, enhanced access to care options are available through open scheduling, same day appointments, secure messaging, and other innovative options for communication between patients, their personal physician and practice staff.*

The transition to the PCMH model of care is part of Army Medicine's

overall shift from a health care system to a system for health. The NCQA is a non-profit organization dedicated to improving health care quality.

Since its founding in 1990, NCQA has been a central figure in driving health improvement throughout the healthcare system.

About PRMC

PRMC's mission is to orchestrate the delivery of world-class medical care for service members, families, and eligible beneficiaries, as well as to provide medical readiness and diplomacy in support of U.S. Army Pacific in the United States Pacific Command Area of Responsibility.



If you don't see your healthcare providers wash their hands, please ask them to do so.

Also remind your loved ones & visitors. Washing hands can prevent the spread of germs.





New Fort Benning Hospital set to Open for Business

By Senior Airman Chelsea Smith

Hundreds gathered for the ribbon-cutting ceremony held Nov. 7 in the atrium of the newly-constructed Martin Army Community Hospital at Fort Benning, Georgia.

The ceremony culminated the U.S. Army Corps of Engineers' \$390-million construction project and signified Fort Benning's commitment to provide quality healthcare to its wide-spread community of Soldiers, Families and local Veterans.

The 745,000 square-foot, state-of-the-art facility doubles the size of its predecessor and improves the area's medical capacity to provide inpatient, outpatient and ancillary services for more than 75,000 beneficiaries. The hospital will open its doors to patients Nov. 17 and employ approximately 1,500 civilians and 800 military staff members, said Alan Bugg, Fort Benning area engineer for the Corps' Savannah District.

Its features include 70 inpatient beds, 24 psychiatric beds, 24 medical surgical beds, four acuity adaptable intensive care units (ICUs), four step down ICUs, five operating rooms, one orthopedic operating room, two endoscopy rooms, five labor and delivery recovery rooms and one caesarian suite, said Bugg.

The facility's evidence-based design integrates and supports a patient-centered environment, according to Col. Scott Avery, Fort Benning Medical Department Activity commander. It includes walking trails and healing gardens for patients, natural palettes and lighting to enhance the healing process, and a noise-reduction focus to respect the privacy of its patients.

The sustainable design showcases large illuminating windows, green roofs, and insulated precast exteriors to meet the U.S. Green Building Council's Leadership in Energy and Environmental Design silver certification requirements, a nationally-recognized benchmark for green building design, said Avery.

"This new facility provides a healthier

and safer atmosphere for its beneficiaries," he said. "It will maximize patient and family satisfaction and well-being by colocating related services into care centers, providing single patient rooms, providing appropriate levels of patient privacy, as well as places where patients can socially interact with family, friends and caregivers."

BMACH opens as the Army realigns its focus on the resilient warrior, transforming from a healthcare system to a system of care, said Brig. Gen. Barbara Holcomb, Southern Regional Medical Command commanding general.

"This facility creates opportunities to collaborate with other federal and civilian healthcare facilities that can receive and refer patients to secondary medical specialists at BMACH," said Holcomb. "I have full confidence that the Martin healthcare team will excel in its role at Fort Benning to ensure that the very best healthcare is available to our families."

Savannah District commander Col. Thomas Tickner and South Atlantic Division Command Sgt. Maj. Antonio Jones, both in attendance at the ribbon-cutting, lauded the Corps' accomplishment.

"It's an honor to turn over the project to Fort Benning," said Tickner. "It's a great feeling for our folks who've seen the project through from start to finish."

Jones emphasized the upgraded facility's capability to support changing medical requirements for deploying and returning Soldiers.

"We know the Army is dealing with a lot of suicide and posttraumatic stress disorder cases," said Jones. "This facility will provide additional care that Soldiers need to continue to be outstanding warriors."

The Corps conducted five years of planning and collaboration with Turner Construction, the Army's Health Facility Planning Agency, and General Dynamics Information Technology to complete the

mammoth project. Despite contractual disputes that delayed the start of construction in late 2009, time extensions remained minimal once construction recommenced in August 2010, said Bugg.

"There are always challenges and delays with a project of this magnitude but providing a quality facility for the Soldiers and Families of Fort Benning remained the most important goal for our team," said Bugg.

The new BMACH opens as the Savannah District scales back on large military construction projects, said Tickner.

"This is the last large-scale project as part of the Base Closure and Realignment Commission," said Tickner. "We're in the beginning stages of another large Army construction project at Fort Gordon, but in the future, the number of military construction projects will be smaller."

The original facility, completed in 1958, boasted a price tag of slightly more than \$8 million. The new hospital will keep its namesake, dedicated to the late Maj. Gen. Joseph I. Martin who was a pioneer of Army field medicine and implemented many of the medical methods still practiced today.



Hundreds gathered for the ribbon-cutting ceremony held Nov. 7 in the atrium of the newly-constructed Martin Army Community Hospital at Fort Benning, Ga. The ceremony culminated the U.S. Army Corps of Engineers' \$390-million construction project and signified Fort Benning's commitment to provide quality healthcare to its wide-spread community of Soldiers, Families and local Veterans. (Photo by George Jumara)

Acting U.S. Surgeon General Visits Army Public Health Command

By Lyn Kukral (retired), Public Affairs Office, U.S. Army Public Health Command

The proverb “the enemy of my enemy is my friend” applies hands down to two of the top uniformed public health officials in the United States, both of whom are at war with harmful lifestyle behaviors.

Acting U.S. Surgeon General Rear Adm. Boris Lushniak and Maj. Gen. Dean G. Sienko, commander of U.S. Army Public Health Command (USAPHC), shared a recent strategy session at Aberdeen Proving Ground, Maryland, the home of the USAPHC. Tobacco use, obesity and inactivity are likely to suffer from the encounter.

The two leaders hope to join forces to increase the impact each of their organizations has on reducing preventable deaths in the United States.

Lushniak, who leads the National Prevention Council, pointed out that tobacco use is the No. 1 preventable cause of death in the U.S., and obesity and low activity are tied for No. 2.

Unfortunately, the Army owns an unhealthy share of the nation’s health problems.

Sienko responded that only 23 percent of American youth can meet the weight qualification for entering military service. He frequently cites statistics that indicate about 31 percent of Soldiers use tobacco, and 69 percent of Soldiers are either overweight or obese, as well as two-thirds of Retirees and adult Family members.

Joining forces would seem to make sense.

“We want to find where we can work together to better the public health infrastructure of our nation,” Lushniak said. “As well, our skill sets and goals are as closely aligned as they can be.”

In the fight against chronic lifestyle diseases like high blood pressure, diabetes, heart attack and stroke--diseases that are preventable--Lushniak emphasized the need for broad partnerships.

“It takes more than a village, it takes

business, government, faith-based organizations, healthcare--everyone,” he said. “Our priorities aren’t anything novel, they’re a reemphasis of the familiar.”

In the work of prevention and health promotion, Lushniak advocates a return to simple lifestyle changes.

“Let’s go retro,” he said. “Let’s begin to walk again, let’s start cooking again, let’s start breastfeeding again. Let’s do the things we know are good for our nation’s health. It’s not as complicated as people think.

The Army, through its Performance Triad effort, shares the goal of building good health by making it simple to understand what to do to achieve it.

The USAPHC leads the charge in implementing the Army’s Performance Triad initiative. This initiative aims at teaching Soldiers and Retirees, their Families and Army Civilians how to achieve the three elements of good health: getting enough sleep, engaging in activity and eating well.

Lushniak thinks that people want to be empowered to take control of their health, and the goal of public health professionals should be to “get them the right information and let them make the right decision.”

The Public Health Service he leads is one of our country’s seven uniformed services. It consists of career professionals who care for the nation’s vulnerable populations, respond to routine and emerging public health threats, and protect and promote the health and safety of the U.S. population.

Additionally, Lushniak, a physician certified in preventive medicine and in dermatology, fills the role of our country’s top doctor.

“My portfolio includes not just the uniformed service but also the role of ‘the nation’s doctor,’ he explained. “The nation’s doctor component includes



Emphasizing their shared commitment to tobacco-free living, USAPHC Commander Maj. Gen. Dean G. Sienko and Acting U.S. Surgeon General Rear Adm. Boris Lushniak sanction the USAPHC’s tobacco-free campus initiative. (U.S. Army photo by Graham Snodgrass, Visual Information Division)

science and communication--taking the best science available and communicating it or translating it for the American public.”

He is passionate about this role.

“No one is necessarily going to know the surgeon general’s name, but they know the brand. When the surgeon general issues a warning or a call to action, it means something,” he said. “I am overwhelmed with humility that everyone--the press, the public--picks up on that. That power--we call it the bully pulpit--still exists.”

Those who attended the Aberdeen Proving Ground meeting can attest both to the strength of his conviction that prevention is the best way to health (he is an avid cyclist, runner and hiker), and his ability to use the bully pulpit to challenge his hearers to contribute.

“We have to be symbols of health and fitness. In the U.S. Public Health Service, for example, there’s no smoking in uniform,” he said. “You who wear the proud uniform of the U.S. Army, should you also not be an example of health and fitness?”

Madigan Providers Gain Skill in Ebola Simulation Exercise

By Suzanne Ovel, Western Regional Medical Command Public Affairs

Through layers of protective gear, Capt. Stacey Good quickly assesses her patient's pain levels, symptoms and recent travel history.

"Garth," an advanced patient simulator, responds through a remote operator that he returned seven days ago after surfing in Liberia, one of the countries currently affected by the Ebola epidemic.

What follows are a series of rapidly changing medical conditions, requiring intubation, an IV, and suction — all performed by a care team in full personal protective equipment.

Madigan Army Medical Center's special care teams started this advanced training on Nov. 6 at the Andersen Simulation Center here. Fifty-two Madigan providers, nurses and support staff will receive the training to prepare for the potential of caring for Ebola patients.

While all of the special care team members have already been trained on the meticulous processes of donning and doffing tier 3 Personal Protective Equipment (PPE), training with advanced simulated patients gives care teams an added layer of realism.

"It gives you the confidence to be able to say, if you get one of these patients that comes in, 'I've done something similar, that motor memory is there. I know what to do to take care of them,'" said Capt. Stacey Good, an emergency room physician here who led an exercise care team of two nurses and two backup nurses.

Although "Garth's" medical conditions required that the team conducted common medical procedures such as checking his heartbeat and starting an IV, the limitations of wearing full protective hoods and the effects of Ebola on his systems required that they find unique methods to treat him. An

ultrasound checked his heart rate and that the intubation was placed correctly, in addition to its usual function of checking for internal bleeding. A traditional IV didn't work because of the advanced stage of his illness, so a nurse inserted a catheter directly into the tibia. Simply performing these tasks with three layers of gloves and the noise of the motors in their PPE made regular medical procedures more difficult.

But working through these unique challenges is the point of an exercise, as well as the touch of realism of operating in a mock intensive care unit.

"When you have a little bit more adrenaline, a little bit more rush, it makes you get to that real-life situation, and that's the practice that's important to take care of these patients," said Good.

The exercise also demonstrated to the care teams how well their PPE works to protect them. After the patient simulator mock vomited on the team, trainers used a black fluorescent light to show the spray pattern to include what was not visible to the naked eye.

"What the staffers see on their suits, that's easy to see and decontaminate; it's the stuff they can't see that we detect by using a fluorescent technique is really the danger," said Lt. Col. Mohamad Haque, director of the Andersen Simulation Center.

Care teams build their confidence in operating in their PPE through the training, said Kate Simonson, the curriculum development coordinator for the U.S. Army's Central Simulation Committee. "They practice overcoming some of the barriers of practicing in the PPE, and they build competence in their ability to decontaminate."

The decon process itself is very thorough and is done by a checklist in order to nearly eliminate the risk of exposure to



A black fluorescent light shows where simulated bodily fluid containing a mock Ebola virus landed on a care team's personal protective gear in a training exercise at Madigan Army Medical Center's Andersen Simulation Center on Nov. 6. Madigan has special care teams training to care for potential Ebola patients with advanced patient simulators in intensive care unit environments. The Ebola virus is transmitted through bodily fluids of infected patients. (U.S. Army photo by John Liston)

staff, said Haque. He said the two big lessons learned in the exercise is the need for clear communication while wearing PPE, and the need to use additional technology while caring for Ebola patients.

"As we work the kinks out on this model, we're able to share it and get it out across the (Army)," Haque said.

In addition to training its special care teams in simulated environments, Madigan trained their frontline staff on how to conduct initial Ebola screening for its patients, and experts are continuing to refine their training and Ebola preparedness plans as they work with fellow professionals across other agencies.

All this leads the hospital to being extremely assured of its ability to protect staff while safely caring for potential Ebola patients.

"I'm very confident that we're prepared to take care of any patients who may come to our doorstep with Ebola symptoms," said Col. Stephen Yoest, Madigan's chief medical officer.

The U.S. Army Warrior Transition Command Commemorates Five Years

By Lauren Fletcher, Warrior Transition Command Public Affairs

Soldier Success Through Focused Commitment –2014 marks the five year anniversary of the U.S. Army Warrior Transition Command (WTC). The U.S. Army established WTC in October 2009 to show its enduring commitment to the nation's most severely wounded, ill and injured Soldiers, Veterans and their Families and Caregivers.

Some myths have emerged since WTC and the Warrior Transition Units (WTUs) were established. We want to set the facts straight. Through a series of articles, we will work to bust these myths.

Myth #1: All WTU Soldiers will medically separate from the Army.

Some WTU Soldiers do medically separate from the Army, but this is not true for all WTU Soldiers. Almost 30,000 of the more than 64,570

Soldiers supported by WTUs since 2007 have returned to the force.

Myth #2: Soldiers do not have enough to do in the WTU.

Each Soldier develops a personalized Comprehensive Transition Plan (CTP) with short and long term goals across six domains: physical, emotional, social, Family, spiritual, and career. This becomes the Soldier's work plan during recovery at the WTU. Soldiers can participate in professional internship programs, complete Army training requirements or participate in external education programs. In fact, 77 percent of eligible WTU Soldiers participate in Career and Education Readiness (CER) activities. Eligible Soldiers are encouraged to engage in adaptive reconditioning activities, including sports and non-sports activities. They can also take advantage

of the Soldier and Family Assistance Center (SFAC) by working with staff experts on topics such as finance and education.

Myth #3: WTC's primary role is to execute the Warrior Games.

While WTC plays an essential role in the execution of the Warrior Games, the Warrior Games in only a small part of WTC's mission. WTC is proud of the Army athletes selected to compete against the other military branches, and WTC uses the Warrior Games as an opportunity to emphasize the impact of adaptive reconditioning. WTC's primary role is to develop, coordinate and integrate the Army's Warrior Care and Transition Program (WCTP) for wounded, ill and injured Soldiers, Veterans and their Families and Caregivers to promote success in the force or civilian life. WTC ensures standardization of care throughout the WTUs, provides training courses for Cadre and oversees the U.S. Army Wounded Warrior Program (AW2), which assists the most severely wounded, ill and injured Soldiers, Veterans and their Families. WTC also conducts routine inspections and staff assistance visits at all WTUs to ensure they comply with policies and have the resources they need to support recovering Soldiers.

Learn the facts about WTC online: <http://WTC.army.mil/>, on WTC's Facebook ([facebook.com/ArmyWTC](https://www.facebook.com/ArmyWTC)) or Twitter (twitter.com/armyWTC).





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