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NEW YEAR, NEW YOU



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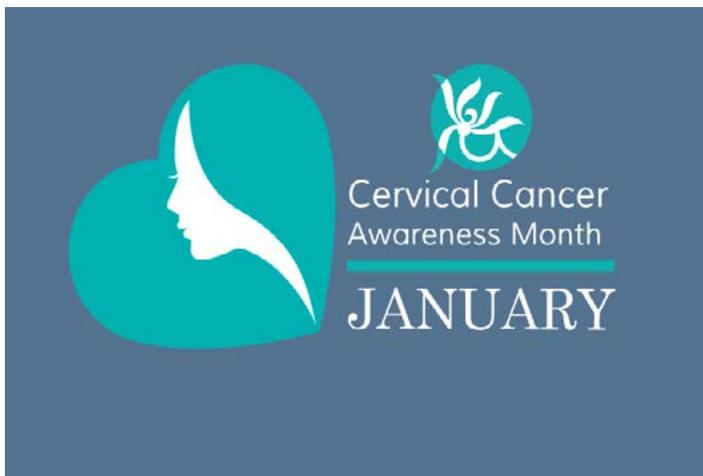


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ARMY MEDICINE PRIORITIES

COMBAT CASUALTY CARE

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

READINESS AND HEALTH OF THE FORCE

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

READY & DEPLOYABLE MEDICAL FORCE

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

HEALTH OF FAMILIES AND RETIREES

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

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

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Army and NFL Partner to Prevent Brain Injuries

After 12 years of armed conflict, Army Medicine and the Army have learned a great deal about traumatic brain injury and mild traumatic brain injuries, also known as concussions. However, we also recognize that there is more work to be done in this area, specifically regarding education, research, and treatment.

Our Medical Research and Materiel Command (MRMC) at Fort Detrick continues to “move the ball forward” in the areas of protective equipment, objective diagnostic tools, neuroimaging, and treatment options for traumatic brain injury. The research team at MRMC continues to meet with the National Football League (NFL) regularly to synchronize research efforts. As a result of these meetings, and ongoing meetings with the National Collegiate Athletic Association (NCAA), we are participating in a coordinated effort between DOD, NFL, and the NCAA.

The research team at MRMC continues to meet with the National Football League (NFL) regularly to synchronize research efforts.

In an effort to obtain more information about those individuals that should be screened following a potentially concussive event, Soldiers are using helmet sensors, blast gauges, and other environmental sensors. We hope that the information from these sensors will allow us to create a tighter net with objective data to capture all individuals that should be evaluated. To provide pre-injury information and better track TBI recovery, the Army has undertaken the task of conducting a baseline neurocognitive



Lt. Gen. Patricia D. Horoho

assessment for every deploying Soldier. The testing then provides a reference point for clinicians to compare after an injury occurs. In addition, the Army mandates education for all personnel, and screening for all those who have been exposed to

potentially concussive events. Those that are diagnosed with a concussion receive prompt rest, education, and medical follow-up before being returned to duty.

Across Army Medicine, we have established clinical care capabilities, rehabilitation teams, and treatment algorithms. The treatment algorithms begin at the point of injury, and include guidance for comprehensive evaluations for individuals who have sustained three concussions within 12 months. Our algorithms were rated as “the best” in a

scientific article comparing eight clinical practice guidance methods. Additionally, in cooperation with the DOD, the Army is building specialized evaluation and treatment centers to address the needs of those patients who have complex issues related to TBI and other co-occurring conditions. Two of these centers are located in the National Capital Region (NCR).

Along with the NFL, the Army collaborates with multiple organizations, both within and external to the federal government. We continue collaboration with our sister services, the Defense Centers of Excellence (DCoE) for Psychological Health and TBI, and particularly the Defense and Veterans Brain Injury Center (DVBIC). We are engaged in prevention and safety messaging, patient and Family education, and clinical research efforts. Army Medicine has recognized the need for a wide collaborative effort to address issues of brain science, both before and after injury. To that end, we are standing up the Brain Health Consortium that will look at this and other important topics related to Brain Health.

Lastly, we are working closely with the National Football League to increase overall awareness of brain injuries in Soldiers and NFL players and to highlight the importance of, and reduce the stigma, associated with seeking care.

Click on the following link to view a recent PSA done with the NFL Commissioner Roger Goodell on brain injuries: <http://dvidshub.net/r/52rvq6>

ARMY STRONG!

USARAF Exercises Create Success Story for African Ophthalmologist

By Sgt. Terysa M. King, U.S. Army Africa Public Affairs

For the past four years the U.S. Army, in partnership with host nations, performed more than 3,100 manual small-incision cataract surgeries (SICS) in eight countries to cure blindness through several medical readiness training exercises hosted by U.S. Army Africa (USARAF).

During six months of this period, USARAF, in cooperation with U.S. Army Medical Command, successfully trained African ophthalmologist, Dr. (Col.) Jean Diallo, chief of the ophthalmology department at the Burkinabé military base in Bobo-Dioulasso, Burkina Faso, to learn the SICS technique, which is the most efficient cataract procedure to use in Africa. Additionally, Diallo helped train other host nation ophthalmologists.

Diallo learned the SICS technique from Dr. Bill Wilson, a retired U.S. Army colonel and expert cataract surgeon, during a Burkina Faso Medical Readiness Training Exercise (MEDRETE) in September 2012. Diallo was then invited to participate in the Mauritania MEDRETE in early 2013 where he performed 39 surgeries. Dr. (Col.) Darrel K. Carlton, director of clinical operations, ophthalmology services at Madigan Army Medical Center, Joint Base Lewis McChord, Wash., felt Diallo's performance in Mauritania was so remarkable, it prompted him to submit their experience for inclusion into the 2013 annual meeting of the American Academy of Ophthalmology (AAO).

Diallo's accomplishments were the subject of a poster presentation during the AAO Annual Meeting Nov. 18 in New Orleans, La. The poster presented on Diallo detailed how U.S. Army doctors are involved in reducing cataract



Dr. (Col.) Jean Diallo, chief of the ophthalmology department at the Burkinabe military base in Bobo-Dioulasso, Burkina Faso (second from left) and other team ophthalmologists watch Dr. Bill Wilson, a retired U.S. Army colonel and expert cataract surgeon, perform a small incision cataract surgery case in Bobo-Dioulasso, Burkina Faso, during a medical readiness training exercise September 2012. (U.S. Army Africa photo)

blindness in developing countries and highlights the SICS technique.

Diallo hopes the poster presentation will inform the public about the collaboration between the U.S. Army and Burkina Faso army to reduce cataract blindness in Africa.

"It feels awesome to be part of the process that has led Dr. Diallo in becoming an incredible SICS surgeon," said Carlton. "Not only is Dr. Diallo an outstanding surgeon, he is an excellent teacher, and was able to provide introductory SICS training to three Mauritanian ophthalmologists."

Diallo said his interaction with Carlton and Wilson encouraged him to learn and continue performing the SICS technique after the U.S. Army team left. Diallo has now handled more than 500 cases and continues to teach the SICS technique to other ophthalmologists in Burkina Faso.

"The most important part was the motivation to learn the technique, which provides better results than the

traditional cataract surgery, which is the main cataract surgical procedure being performed in West Africa. Fortunately through U.S. Army Africa, I found Dr. Carlton and Dr. Wilson who made it happen," Diallo said.

Carlton said the partnerships between the U.S. and host nation ophthalmologists are stronger as a result of the MEDRETEs. With future exercises, both Carlton and Diallo hope to continue to treat cataract blindness and teach the SICS technique to other host nation ophthalmologists.

"I would like to see the truly awful scourge of treatable cataract blindness, which afflicts literally millions of Africans, be effectively eliminated within the next 20 years," Carlton said. "I am hopeful that the U.S. Army, to include U.S. Army Africa and U.S. Army Medical Command, can be a part of this daunting, yet possible task."



Dr. (Col.) Jean Diallo (left), chief of the ophthalmology department at the Burkinabe military base in Bobo-Dioulasso, Burkina Faso and Dr. (Col.) Darrel K. Carlton, director of clinical operations, ophthalmology services at Madigan Army Medical Center, Joint Base Lewis McChord, Wash., stand in front of their poster presentation during the American Academy of Ophthalmology Annual Meeting Nov. 18 in New Orleans, La. The poster highlights the success story of training Diallo to perform the small incision cataract surgery (SICS) technique as well as details about how the U.S. Army is involved in reducing cataract blindness in developing worlds. (U.S. Army Africa photo)

Unification of MILVAX-VHCN brings Immunization Health into Renewed Focus

By Chris Orose, Military Vaccine Agency-Vaccine Healthcare Centers Network (MILVAX-VHCN)

With a renewed focus on patient health throughout the Military Health System (MHS), the Military Vaccine Agency (MILVAX) and Vaccine Healthcare Centers Network (VHCN) have unified as one agency ready to provide the entire Department of Defense (DOD) population -- active-duty, Reserve and National Guard, as well as Family members, Retirees and other beneficiaries -- with the highest quality immunization standards and practices.

Immunization is a cornerstone of the nation's shift in focus from treatment of disease to prevention of disease. As one unified organization, MILVAX-VHCN will now be able to better provide expert consultation and response to immunization policy and practices, deliver the best education and training, enhance safety surveillance and research, implement communication activities, promote excellence in immunization standards, and make meaningful contributions to the body of knowledge surrounding immunization healthcare.

Regional support operations at more than a dozen sites in the U.S. and selected strategic locations have also combined to reduce gaps and redundancies to better serve stakeholders locally.

"By integrating our two organizations,



Dr. Limone Collins, deputy director of clinical services for MILVAX-VHCN presents a Pediatric Immunology lecture to nurses from the Womack Army Medical Center clinical staff attending a Lunch & Learn session in May 2013. (U.S. Army photo by Amanda Williams, MILVAX-VHCN)



Lt. Col. Jorge Carrillo (right), acting director, MILVAX-VHCN, and Dr. Limone Collins, deputy director of clinical services, will lead the integration of military vaccine programs into one unified organization, with a renewed focus on patient health throughout the Military Health System (MHS). (U.S. Army photo by Joseph Palgutt, OTSG/IMD Technical Services)

so has its mission and target audience which has grown from serving 2.8 million uniformed personnel to more than 9 million beneficiaries worldwide. Collins expects future operations to be "more attractive to a multidisciplinary audience" as a result of better utilization of resources, including doctors, nurses, and other clinical healthcare personnel, as well as subject-matter experts on military immunization policy.

More changes and further integration of MILVAX-VHCN is expected in the near future, as DOD adapts to a

Like MILVAX-VHCN on Facebook at: facebook.com/MilitaryVaccineAgency. For more information visit our Vaccine Healthcare Centers Network websites at: vaccines.mil or www.vhcinfo.org

we're expanding everything from education and training, to regional support operations, to vaccine policy and program management," said Lt. Col. Jorge Carrillo, acting director MILVAX-VHCN. "It also allows for an expanded and dedicated staff to focus on research and enhancing scientific understanding of vaccine safety and effectiveness."

The approval of the MILVAX-VHCN integration was granted in October under then-director Col. Richard Looney. Carrillo and Dr. Limone Collins, deputy director of clinical services, will execute the integration plan and lead the single agency going forward. Working as one agency "allows us to push to the future in conjunction with DOD activities," said Collins. "An expansion of focus on operational readiness, as it relates to overall health, is a reflection of what all of DOD is doing."

As the organization has expanded,

changing military landscape. Some hurdles remain, Collins said, but many have been overcome and have led to renewed focus on the organization's core mission and the military's focus on patients.

"We're going to have a lot of opportunities to make our overall operation much more impactful," said Carrillo. "Patient-centered immunization healthcare and readiness is and always will be our primary vision."

MILVAX was formed in 1998 to administer the Anthrax Vaccine Immunization Program (AVIP) and later was expanded to administer all military immunization programs. The VHCN was established in 2001 to support programs and services that enhance vaccine safety, efficacy, and acceptability within the DOD.



The Role of Partnerships in Health Risk Communication

By Lori Geckle, OTSG Strategic Risk Communication Specialist & Valecia L. Dunbar, D.M., Army Medicine Public Affairs

Army Medicine has implemented health risk communication practices over the past year that have helped foster an environment of enhanced partnerships. The command position for health risk communication in 2014 will be to increase senior leader and subject-matter-expert understanding of, and support for, partnership-based risk communication and application of more evidence-based communication principles that benefit all patients, and supports the Army’s vision of a more “Ready and Resilient” force.

“Army Medicine must lead the way in changing our communication culture to become more innovative, audience-focused, and collaborative,” said Col. (Dr.) Jerome Buller, director of communications U.S. Army Medical Command. “We’ve seen the rate and volume of information rapidly increase over the past decade. This global and multi-platform communications context is leading the way in how we interpret partnerships. We must be engaged at all levels, invite ourselves to be a part of the discussion, and partner with all audiences.”

Evidence-based communication principles are those founded on academic research and/ or real world application of methods proven to contribute to communication success. Establishing partnerships with third-party experts or with those who have been impacted by complex or challenging risks has been proven to lead to more effective decisions that are supported by a broader audience and demonstrated transparency in the process. Risk communication, a key element in an evidence-based risk

management approach, helps foster mutual trust so that communication needs can be met, expectations can be more realistically shaped, and Army Medicine can be better poised to solve the healthcare challenges of the future.

When integrated throughout the life of an issue or project, risk communication establishes a “bank account of goodwill” that can then be drawn upon when challenges arise.



For example, maintaining positive relationships with beneficiaries can facilitate a more speedy recovery from a crisis event; minimize the potential damage from a crisis; and in some cases, avert a crisis altogether. Further, organizations such as the Institute of Medicine and the Joint Commission have specifically addressed the principle of collaborative communication in the clinical setting. Skillful clinical communication (e.g., listening skills, empathy, and the use of open-ended questions) “tends to increase patient involvement and adherence to recommended therapy; influence patient satisfaction, adherence, and healthcare

utilization; and improve quality of care and health outcomes” (see references below). Increased application of evidence-based communication principles will over time help strengthen Army Medicine as a leader in healthcare communication.

Technology is leading the way in how risk communication messages are shaped and delivered. As news and information travels in real time, Army Medicine is engaged in new media technologies and traditional formats to reach audiences around the globe in their preferred medium. Embracing these new media technologies helps reinforce an evidence-based system of two-way communication that is vital to increasing the effectiveness of messages, and in meeting the communication needs of all audiences.

This risk communication concept is also embodied in Army Medicine’s efforts to build partnerships with academic, government, and corporate experts to combat health risks associated with military health issues, such as behavioral health (BH) and suicides. Through Army Medicine’s efforts, our partnership with the National Football League (NFL) is supporting the fight to raise awareness of traumatic brain injury (TBI) and associated risks to include reducing associated stigma in seeking care. This partnership has brought the risks of concussions and related injuries into the forefront of public conversation; broadened our approach to TBI diagnosis and treatment; and positioned Army Medicine as a national leader in the fight against TBI. As a result of this partnership, funding for TBI research and resources

has increased, allowing for expanded communication about the health risks individuals may face after a head injury or severe trauma.

Another initiative based on principles of risk communication is the Army surgeon general’s Performance Triad, a long-term, behind-the-scenes effort to improve the health of patients through better choices about Sleep, Activity, and Nutrition (SAN). The success of this program requires a full partnership between the Army Medicine team, Soldiers, Families, Civilians, leaders and the communities in which we live. As the Performance Triad becomes more ingrained into the Army culture, health and wellness become the focus, not healthcare. Transitioning from a healthcare system that focuses on treatment within the Medical Treatment Facility (MTF) to a System For Health (SFH) that reaches into the “LifeSpace” of beneficiaries, is a great opportunity

to improve the health of the Army and of our Nation. The LifeSpace refers to the amount of time in one’s life that isn’t spent with a healthcare provider. Additionally, improving health reduces preventable diseases and will greatly reduce spiraling healthcare costs.

Army Medicine will continue to prescribe new ways to communicate health and wellness risks that will enable people to personally make positive life choices. The key to effective risk communication is to embrace key audiences – supporters and detractors alike, as true partners in defining the problem and designing the solution.

For more information about the command’s risk communication program, please feel free to contact the Directorate of Communication at usarmy.jbsa.medcom.mbx.otsg-dir-dcomm-ops@mail.mil.

“Trust comes from being authentic, and that requires a genuine communication

approach. Cultivate deep listening, ask clarifying questions, initiate dialogue, and seek understanding. Demonstrate with your actions that you value the person, and what they say matters.” (Source: Russell, NS. “Fueling Trust and Engagement With Five Communication Practices.” Psychology Today. 25 Feb 2012 <http://www.psychologytoday.com/blog/trust-the-new-workplace-currency/201202/fueling-trust-engagement-five-communication-practices>)

References: The Joint Commission (Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care (2010); The Institute of Medicine (Patient-Clinician Communication: Basic Principles and Expectations (2011); Ochsner Journal. Doctor-Patient Communication: A Review (2010).

Georgetown Spotlights Intersection of Medicine and the Military

By Lauren Wolkoff, GUMC Communications

Joining Forces: Opportunities in Army Medicine

Georgetown University Medical Center (GUMC) welcomed Lt. Gen. Patricia D. Horoho, the surgeon general and commanding general U.S. Army Medical Command, to campus in November to speak to pre-medical and medical students about the vast opportunities in military medicine.

Horoho described the current period in medicine as “the cusp of a time that will dramatically change how we practice.” Medical technology is changing at a rapid pace, and the healthcare system needs to be more adaptable and robust than ever in order to keep up with a nation with ever-worsening health indicators, she said.



Further, with more people surviving battlefield injuries than ever before, the physical and psychological needs of Veterans and their Families are major issues for all physicians—military or civilian—to consider.

“That’s military medicine, that’s American medicine. It’s the combination of the talent we have across the civilian community, academic universities and military—all partnering together,” Horoho said.

Horoho also encouraged students to consider the needs of Veterans as they go through medical school. “As you’re training within medicine right now, you need to be thinking what skills do I need to have, and what should I be thinking about to be able to serve this population that has sacrificed so much to protect the freedoms that we have,” she added.

Read the full article at: <http://gumc.georgetown.edu/news/insidegumc/421419.html>

New First Aid Kit Includes Eye Protection, Strap Cutter

By C. Todd Lopez, Army News Service

The Army is now issuing to Soldiers the more robust, more streamlined “Individual First Aid Kit II” as replacement for the older kit which was built inside an ammunition pouch for a Squad Automatic Weapon.

The IFAK II contains all the supplies of the old kit, with the addition of a second tourniquet, a tactical combat casualty card to annotate what kind of first aid was applied to a wounded Soldier, a marker, an eye shield, a rubber seal with a valve for sucking chest wounds, and a strap cutter.

The kit fits inside a custom pouch that can be mounted out-of-the-way on the back of a Soldier’s Improved Outer Tactical Vest.

“That’s typically low-rent real estate there,” said Maj. Peter Stammersky, assistant product manager of Soldier clothing and individual equipment at Program Executive Office Soldier, Fort Belvoir, Va. “Guys don’t use it too much.”

The pouch has “US IFAK” printed on its rear, so Soldiers may easily identify its contents, Stammersky said. The individual tourniquet pouches also contain customizable, removable tabs that allow Soldiers to hand write their blood type or unit on the kit.

While the new first aid kit can be mounted on a Soldier’s back, it is designed to be easily accessible when needed for both right-handed and left-handed Soldiers.

The IFAK II can be removed from its container pouch from either side by pulling on one of two tabs and slipping it out of its case. The tabs also have small “flaps” on them, so that when a Soldier is reaching for the kit, he can get some tactile feedback that lets him know he is pulling on the right tab, Stammersky said. When removed, the



foldable kit remains attached to the pouch by an elastic tether.

The kit also comes with two removable tourniquet pouches that can be mounted to the kit, or to other parts of a Soldier’s gear. Stammersky said Soldiers might even remove one of the tourniquets from its separate pouch and store it in a cargo pocket on their uniform pants, or in a sleeve pocket.

“You can take this out and walk around with them in your pocket, which a lot of guys are doing in-country now,” he said, while waving the un-pouched tourniquet in the air.

The kit is already in Afghanistan in small numbers, as part of a previously initiated limited user evaluation involving 4th Brigade, 3rd Infantry Division, out of Fort Polk, La. In September, units at Fort Bragg, N.C., received the kits through the Rapid Fielding Initiative in advance of their own deployment.

Stammersky said the Army added the Tactical Combat Casualty Care card and a small sharpie marker to the kit as a way for Soldiers who have administered first aid to a fellow Soldier to indicate to follow-on medical professionals the kind of assistance that was rendered. The card, once marked, is meant to be attached to the uniform of the afflicted Soldier. The new method, he said, is

better than the old way.

“What you would do if you found me on the battlefield and you applied a tourniquet to me is you would write that on this card and attach this to my body,” Stammersky said. “In the old days, the technique was to take blood and write ‘T’ on your forehead. But that will get smudged with sweat or water; it’ll rub off.”

Also included in the new kit is a rubber seal that looks much like a stopper to put over a sink drain, but with a valve in it to let out blood. The seal is meant for Soldiers who are suffering a sucking chest wound. That happens when a bullet, for instance, has pierced their chest and lung, and as a result of the new hole they are unable to properly draw air into their lungs. In the past, Soldiers might have been directed to bandage a Soldier’s ID card or other piece of flexible plastic over the wound to cover the hole. The new seal now fills that role.

Pouches inside the IFAK II are left empty so that Soldiers may also be issued QuickClot Combat Gauze when they receive their kit. The gauze, due to its shelf life, is not distributed with the kits.

Also in the kit is an eye shield, which is a small, curved aluminum disk with

padding on the edges that can be placed over a Soldier's wounded eye. The shield is meant to keep pressure off a wounded eyeball when a Soldier's injured head is subsequently wrapped with bandages.

"The eye shield is an addition, above and beyond what was in the IFAK II," Stammersky said. "Eye shields are on the battlefield now in the MOLLE (Modular Lightweight Load-carrying Equipment) medic set and in the combat lifesaver bags. But now every Soldier has one, to prevent further injury to the eye socket and to the eyeball."

The addition of the eye shield came after the members of the Army ophthalmological community – eye doctors – recognized that something needed to be done in theater to give Soldiers who administer first aid to their injured buddies the tools needed to prevent further, perhaps irreparable damage to eyes.

One such doctor is Dr. Robert Mazzoli, an ophthalmologist and retired Army colonel. He now serves

as the director of education, training, simulation and readiness at the Department of Defense's Vision Center of Excellence.

Mazzoli said the Army medical community had identified that eye injuries were not being treated with an eye shield, "which is the appropriate immediate treatment."

He said they tracked why that was not happening, and found the eye shield was "not available where the injury was happening."

"When we elevated that as a concern to the [U.S. Army Medical Department] Center and School, the logistics people and the Committee on Tactical Combat Casualty Care, they latched on to that," Mazzoli said.

He said quickly after that, the eye shields started making their way into various medical kits on the battlefield, and most recently they were included in the IFAK II.

While Mazzoli said it's a great move on the part of the Army to include eye protection in first aid kits, he says it's

important too that training on how to use the new equipment is also provided.

"We also have to make sure they know," he said.

One of the "good news" stories that has come out of the recent wars in Iraq and Afghanistan is the advancements in medicine and combat care, Mazzoli said.

"It shows how we are doing things differently in this war than any previous war that we have fought in that we are making rapid changes to not just how we are taking care of casualties, but to the stuff we are able to take care of casualties with – like the eye pro, like the tourniquets, and the development of new body armor systems," he said.

Stammersky said the new IFAK II is designed to provide to Soldiers only the most basic tools needed to save lives, at the place where injuries occur.

"What the IFAK II gets at is life, limb, eye sight, immediate point of injury care – what needs to be done immediately to keep that Soldier alive," he said.

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



Members of the Arctic Baby Boom team at Bassett Army Community Hospital stand with Lt. Gen. Patricia Horoho, Army surgeon general after receiving the 2013 Wolf Pack Award for their teamwork and dedication during a six-month baby boom. (U.S. Army photo by Brandy Ostanik, MEDDAC-AK PAO)

Army Medicine Wolf Pack Award

By Brandy Ostanik, MEDDAC-AK PAO

During a video teleconference in May 2013, Lt. Gen. Patricia Horoho, the Army surgeon general, recognized members of Bassett Army Community Hospital's (BACH) Arctic Baby Boom team with Army Medicine's Wolf Pack Award for the third quarter. At that time she made the team a promise; "If you win, I will personally come to Alaska to deliver the award."

Horoho made good on that promise when she, Command Sgt. Maj. Donna Brock and AMEDD Civilian Corps Chief, Gregg Stevens presented the 2013 Wolf Pack of the Year Award to a full house of Medical Department Activity – Alaska staff members Dec. 11.

The award was accepted by Capt. Lisa Chapman, chief of Women's Health.

The BACH Arctic Baby Boom team was formed in 2012 in response to a

surge of expected deliveries in early 2013 after the redeployment of more than 4,000 Soldiers. For six months, team members – both military and Civilian – met to plan and ensure an adequate number of knowledgeable staff, equipment and a sound patient flow system were in place to support the mission while never compromising patient care standards.

At the height of the baby boom, BACH personnel cared for 100% more patients than routinely managed.

Horoho spoke of the teamwork that was necessary to safely accommodate the large number of births, "When you look at what it takes to run a hospital, from janitorial to dietary, ancillary and clinical, it takes everyone together to make sure things run smoothly," said Horoho.

"You made a difference to your patients. You could have made an easy decision to send these Families to the civilian sector but you made the decision to go above and beyond. When you think about what you gave them, it's not just about the place; you gave them a home that showed Army medicine cared about them."

The Arctic Baby Boom Team was selected among the four winners of the quarterly awards for the year: Northern Regional Medical Command Team Wolf, Winn Army Community Hospital Physical Therapy Team, and Fort Carson MEDDAC's Embedded Behavioral Health Team. In total, 17 teams were nominated in 2013 for the Wolf Pack Award.

It's All About Health.



●●● The Patient's Role in Patient Care

By Health.mil

When it comes to healthcare, many perceive doctors as having the final word when it comes to managing their patients' care. Although doctors and other health professionals play a major role, each individual is ultimately responsible for getting the care they need.

First, patients should know or have a copy of their health history including prior hospitalizations and a list of current and past medical problems. Patients should think of their health as a story that needs to be told. In order to completely and accurately understand the story, doctors need every chapter, including whether current symptoms are new, or a continuation of prior symptoms. This is especially important if several doctors are currently being seen or if a patient is meeting a new one.

Keep in mind most health history is captured in records. Take the most current copies of test results, x-rays, labs or any other care that has been provided. While many medical offices have moved to file sharing or electronic file transfers,

in some instances, patients may have to make copies and bring the files to the doctor themselves.

Next, be sure to have a list of all current medication - prescriptions, over-the-counter drugs, vitamins and herbal supplements, as well as the dosage. If necessary, just throw everything in a single bag and bring it to the appointment. This is also a good time to check for expired medication.

While compiling records and gathering medications, make a written list of the top three to five issues to be discussed with the doctor. Having a list helps patients stay on track during appointments and address the most pressing concerns first. Preparing a list of issues to discuss also helps with self-confidence when talking to the doctor. Last year, Health Affairs, a monthly health policy journal, published findings that "participants voiced a strong desire to engage in shared decision making about treatment options with their physicians." However, the findings reported that many patients don't speak

up because they don't want to question the doctor's instructions, feel that their doctor is intimidating or because they don't want to be labeled as a difficult patient. In any case, patients should remember it's their healthcare. Be direct, honest, and as specific as possible when recounting symptoms or expressing concerns. If that's not possible, bring along a Family member or friend to the appointment so they can help ask questions, listen to the doctor's instructions or just offer support.

Lastly, it is important for patients to know and understand their TRICARE healthcare benefit; especially what it does and does not cover. They should know about their co-pays, cost-shares and deductibles, and where to find this information when they need it. Knowing this information helps when it's time to make decisions about choosing a provider or specialist, getting important tests, and when planning preventive care. For more information, visit www.tricare.mil/plans.

●●● Switching to TRICARE Pharmacy Home Delivery is a Breeze

By Health.mil

TRICARE Pharmacy Home Delivery offers low-cost, convenient prescriptions delivered right to you. Switching to Home Delivery is easy, and beneficiaries can choose from several simple options to move their prescriptions. Home Delivery, operated by Express Scripts, works for "maintenance medications,"

which are prescriptions you take on a regular basis for chronic health conditions (high cholesterol, blood pressure, etc.).

This allows beneficiaries to get up to a 90-day supply of their medications (versus 30-days from a retail pharmacy). Home Delivery features \$0 copays for

generic medications and \$13 for brand-name medications. The same-day supply through a retail pharmacy would cost \$15 and \$51, respectively. For more information on Home Delivery, visit www.tricare.mil/homedelivery.

When beneficiaries want to move a prescription to Home Delivery, there are

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many choices:

- Use the Express Scripts website or mobile app: www.express-scripts.com/TRICARE/homedelivery
- Call the Express Scripts Member Choice Center toll-free at: 877-363-1433
- Ask their doctor to submit their prescription by e-prescribing to Express Scripts Mail Pharmacy
- Have the doctor fax the order form and prescription to Express Scripts at 877-895-1900. Beneficiaries can find the order form at www.express-scripts.com/TRICARE/homedelivery or call Express Scripts at 877-363-1303 to request a copy by mail.
- Mail the order form and 90-day prescription directly to the following

Express Scripts address at:

Express Scripts
PO Box 52150
Phoenix, AZ 85072-9954

The easiest of these options is calling the Member Choice Center. This allows beneficiaries to transfer an existing prescription from a retail pharmacy. Make sure to have the current prescription bottle handy, so the customer service representative can walk through the process. Learn more at www.tricare.mil/Pharmacy/FillPrescriptions/HomeDelivery/Register.

The Member Choice Center also lets beneficiaries sign up for automatic refills, to prevent them from running out. Another choice is refill reminders,

via phone or email. The whole transfer process only takes about 10 minutes on the phone, and the first prescription should arrive within 10 days after Express Scripts receives approval from your doctor. The Member Choice Center is not for new prescriptions. To learn about starting a new prescription with Home Delivery, visit www.tricare.mil/Pharmacy/FillPrescriptions/HomeDelivery/New.

The Express Scripts mobile app and mobile-optimized website also lets beneficiaries sign up for Home Delivery, get medication reminders, and register their account. The app also includes prescription information and lets beneficiaries order home delivery refills and check order status.

January is Cervical Cancer Awareness Month

January is Cervical Cancer Awareness Month. Cervical cancer is highly preventable because screening tests for cervical cancer and vaccines to prevent human papillomavirus (HPV), which is the main cause of cervical cancer, are available. However, half of cervical cancers occur among women rarely or never screened for cancer, and another 10 to 20 percent of cancers occur among women who were screened but did not receive adequate follow-up care. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.

For women aged 21-65 years, regular cervical cancer screening can help prevent cancer. The Papanicolaou

(Pap) test detects precancers, which are cell changes on the cervix that might become cancerous if they are not treated appropriately. Women should start getting Pap tests at age 21 years and every three years thereafter. Women who are aged 30 years may choose to have an HPV test along with the Pap test. If both test results are normal, additional testing is not needed for five years. Specific recommendations from the three major organizations that issue guidelines on cervical cancer screening are available at <http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf>.

Information about HPV vaccines is available at <http://www.cdc.gov/hpv/vaccine.html>.



Additional information about CDC programs that promote early detection and treatment of cervical cancer is available from the National Breast and Cervical Cancer Early Detection Program at <http://www.cdc.gov/cancer/nbccedp>.

It's All About Health.



Partner with a Military OneSource Health and Wellness Coach to Improve Your Health and Well-Being

Do you need help making changes that will improve your health or well-being? Consider partnering with the Military OneSource Health and Wellness Coaching Program. The Health and Wellness Coaching Program is a free resource for eligible individuals who wish to improve their health and overall well-being. A health and wellness coach can help you:

- Identify your beliefs, values, and vision
- Create an action plan to achieve your goals
- Eliminate roadblocks or barriers that stand in the way
- Celebrate your success

Focus areas for coaching include: weight management, fitness and nutrition, health condition management, stress management, and life transitions (adapting to lifestyle changes such as deployment, moving, becoming a new parent, or retirement). Coaching is not: counseling, therapy, or a medical or advice hotline. You can participate in sessions by phone or online, whichever you prefer.

The coaches provide you with information, support, encouragement,

and accountability, so that you can attain your goals and achieve your maximum potential at no cost to you! To sign up for a health and wellness coach, call 800-342-9647 and a Military OneSource consultant will register you and schedule your first session right away.

For those who prefer communicating online, online consultation uses online messaging, with the consultant and participant communicating online in real time. If you prefer to work independently, Military OneSource also offers the Living series — free, online, self-directed health and wellness coaching programs to help you make lasting lifestyle changes. The Living series offers four free online health and wellness courses:

- **LivingLean: Weight Management Program:** Do your food cravings sabotage your weight management efforts? Do you turn to food when you are sad, lonely, bored, or angry? This eight-week course uses multimedia, an interactive workbook, and emails to help you live healthy, lean, and free.
- **LivingEasy: Resilience & Stress**

Management: Build a strong foundation of resilience so you can bounce back from situations you can't control and have courage and confidence in the ones you can. This series of four online courses uses audio, visuals, animation, quizzes, and a printable manual.

- **LivingFit: 90-day Walking Program:** Most of what we do each day is driven by habits. Once a habit is established it is easy to do, becomes automatic, and is hard to break. With the help of this 12-week program, you will develop and enjoy the habit of exercise!
- **LivingFree: Smoking Cessation Program:** Make today the day you quit smoking! No matter how long you have smoked or how many times you have tried to quit, this four-week training can work for you by treating the root emotional and physical causes of smoking.

Through any of the three Health and Wellness Coaching Program options — on the phone, online, or self-directed — Military OneSource can assist you in reaching your goals.

January is National Glaucoma Awareness Month

An Important Time to Spread the Word about this Sight-Stealing Disease

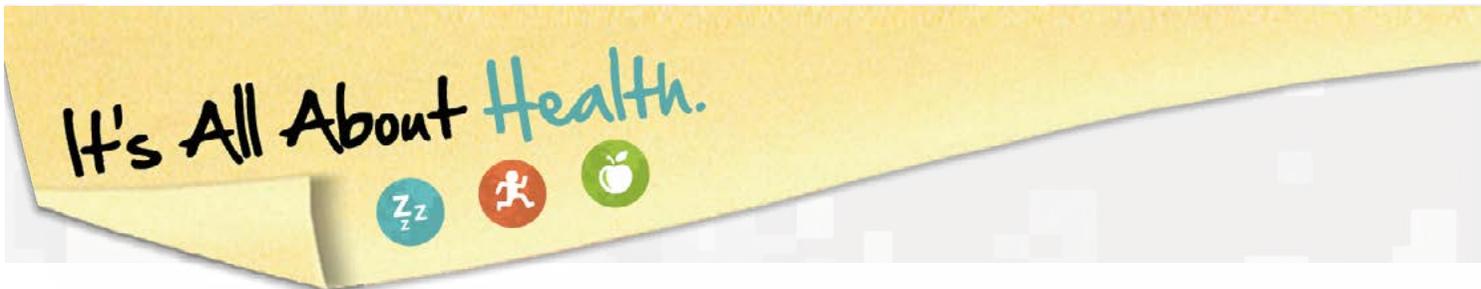
Currently, 2.7 million people in the United States over age 40 have glaucoma. The National Eye Institute projects this number will reach 4.2 million by 2030, a 58 percent increase.

Glaucoma is called “the sneak thief of sight” since there are no symptoms and once vision is lost, it's permanent. As much as 40% of vision can be lost without a person noticing.

Glaucoma is the leading cause of preventable blindness. Moreover, among African American and Latino populations, glaucoma is more prevalent. Glaucoma is 6 to 8 times more common in African Americans than Caucasians.

Over 2.7 million Americans, and over 60 million people worldwide, have glaucoma. Experts estimate that half of them don't know they have it. Combined

with our aging population, we can see an epidemic of blindness looming if we don't raise awareness about the importance of regular eye examinations to preserve vision. The World Health Organization estimates that 4.5 million people worldwide are blind due to glaucoma. For more information visit: glaucoma.org/news/glaucoma-awareness-month.php



●●● New Year, New You

Military Health System's health awareness theme for January is "New Year, New You." Visit health.mil and download a monthly computer desktop wallpaper calendar to participate in health awareness campaigns and share pride in the military health system. Select and download individual original size images. Or, follow download links to get the entire set of photos, with or without calendars. To install your screen background, follow your device's details for changing system preferences and set the selected photo as a background image or wallpaper.

- January – New Year, New You
- February – Heart Health
- March – Brain Injury; National Nutrition Awareness
- April – Month of the Military Child
- May – Mental Health
- June – Men's Health
- July – Technological Innovations in Health
- August – Preventive Health
- September – Suicide Prevention Awareness
- October – Women's Health
- November – Military Families (Service, Strength & Sacrifice);

- National Tobacco Awareness Month
- December – Global Health; Year in Military Medicine



●●● TRICARE Beneficiaries Have Easy Access to Customer Service Features

TRICARE beneficiaries now have an easy way to access customer service features. The TRICARE.mil home page has a new "I want to..." section offering beneficiaries a gateway to links that help them manage their healthcare from prescriptions to enrollments and much more.

The "I want to..." section of TRICARE.mil launched Dec. 1, 2013. The redesigned home page focuses on tools for beneficiaries to manage their healthcare benefits. "I want to..." has quick links to secure login portals for more than a dozen customer service features including:

- Managing prescriptions; Enrolling or purchasing a plan; Finding a doctor; Updating personal information; Filing or checking on a claim; Paying a bill; Booking appointments at a military hospital or clinic; Changing a primary care physician
- Viewing military health records

Many beneficiaries may not even know these resources are available online. The new look TRICARE.mil home page is a

hub for beneficiaries to manage their healthcare benefits from the comfort of home or on the go with mobile sites. Mobile, online and toll-free customer service options are timesavers and prevent unnecessary trips to a military hospital or clinic.

Other common requests, such as comparing plans or seeing what's covered, are also featured in the "I want to..." section as well as links to download forms, or subscribe to TRICARE email alerts.





SYSTEM FOR HEALTH.

WTU Soldiers Take Creative Journey

By **Andre Butler**, MACH Public Affairs Officer

The Fort Jackson Warrior Transition Unit went on a creative journey in November for Warrior Care Month. Volunteers from Columbia's Art Center visited the unit to assist Soldiers with creating art projects.

The Creative Journey class is one outlet that Brenda Oliver, a culture arts specialist for Columbia Parks and Recreation Department, said helps WTU Soldiers design art and promotes positive thinking.

"This program is designed to provide an environment where Soldiers can create art that could provide them with a source of joy," Oliver said. "It provides a path of activities that Soldiers can use to find some relaxation and enjoyment. They may also find a sense of creativity through art they may not have known they have."

It was very interesting because (organizers) had not anticipated the response to the program. It was very positive."

Soldiers at the WTU said that Creative Journey has given them positive insight into the world of art and how it can help them through rough times. "Creative Journey is a very nice outlet," said Staff Sgt. James Schneider from the WTU. "I never thought I would ever be interested in pottery, but I have noticed since starting the class about a year ago, it has given me an avenue of release. ... I get to do something I normally wouldn't do and it's fun." Another one of the main priorities of the class is to provide a safe haven for Soldiers participating.

Staff Sgt. Schneider and Sgt. 1st Class Danielle Miner, Soldiers from the Fort Jackson Warrior Transition Unit, participate in the Creative Journey painting and drawing class in November at the WTU as Tina McKenzie, a volunteer looks on. (U.S. Army photo by Andre Butler)



OTSG/MEDCOM Inaugurates "Jingle Walk" at DHHQ



Lt. Gen. Patricia Horoho, Army surgeon general and MEDCOM commander, and Command Sgt. Maj. Donna Brock are pictured with participants of the inaugural Holiday Jingle Walk held at OTSG/MEDCOM and Defense Health Headquarters (DHHQ). (U.S. Army photo by Heidi Pampel) Access the full article and more photos at: <http://tinyurl.com/ml836ae>

On a crisp December morning, Lt. Gen. Patricia Horoho (front center), Army surgeon general, and Command Sgt. Maj. Donna Brock (far left) lead their team on the inaugural Holiday Jingle Walk hosted at OTSG/MEDCOM and Defense Health Headquarters (DHHQ) in Falls Church, Va. Participants accomplished almost 4000 steps before noon (2.19 miles), reaching nearly half of the activity benchmark of the Performance Triad initiative which focuses on Sleep, Activity, and Nutrition as key actions that influence health in the Litespace. (U.S. Army photo by Heidi Pampel)



Thank You for Joining the Arms Race: Celebrating National Blood Donor Month

January is National Blood Donor Month, and this year, the Armed Services Blood Program would like to thank you for joining the 'arms' race.

"2013 was a great year for the military blood program, and we have you — our donors — to thank for it," said Air Force Col. Richard H. McBride, director of the ASBP. "You all came out by the thousands to join the arms race and we are so grateful!"

This year, for our second annual Military National Blood Donor Month Celebration, to be held Jan. 9 at the Defense Health Headquarters in Falls Church, Va., we will bring together many of the military medicine's past, present and future leaders.

"We are really getting excited for this celebration," McBride said. "It should be a great event. We have gotten a lot of great responses so far, and I can't wait to watch it all come together."

Air Force Lt. Gen. (Dr.) Douglas J. Robb, Defense Health Agency

director, will kickoff the celebration with a dynamic presentation. Guests will also hear about the impact of blood transfusions from a Wounded Warrior. The celebration will close with the presentation of this year's Lifetime Achievement Award to two transformative military blood bankers.

2013 was another successful year for the ASBP, and we are taking this opportunity to not only recognize the thousands of donors who make saving lives possible, but also the many volunteers, blood drive coordinators and supporters who make a difference as well. Whether you are donating blood, baking cookies, or simply encouraging your friend to donate, you are making a difference.

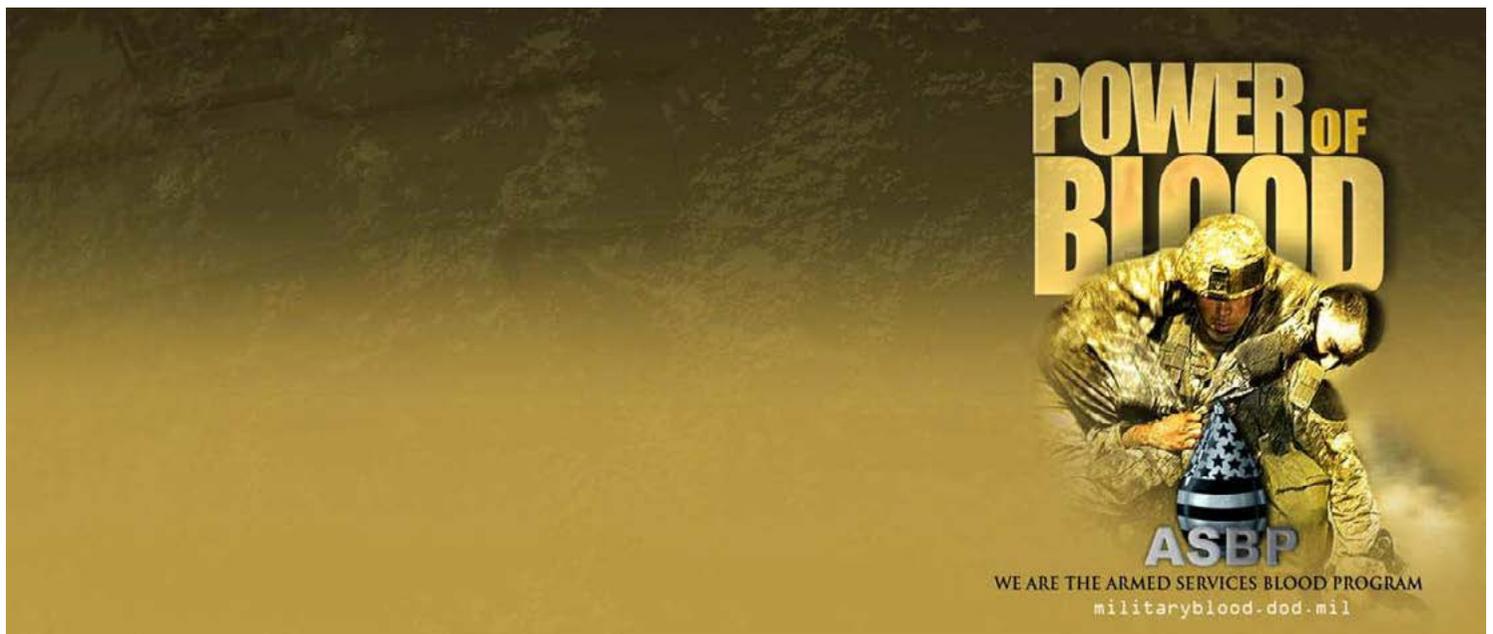
In addition to the Military Blood Donor Month Celebration, ASBP blood donor centers worldwide will be holding special ceremonies of their own to thank the many men and women who have worked hard to ensure that

blood and blood products are available for our military Families year-round.

You can join us in our celebration by visiting your local blood donor center and becoming a blood donor yourself.

Once again, we thank you for joining the arms race and for all the incredible support you have shown to the ASBP. We couldn't have accomplished so much without our donors, volunteers, and supporters. We are eagerly looking forward to another great year as we continue to save lives together.

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





Play an Active Role in your Journey to Wellness: Report Visits to Host Nation Hospitals, Clinics

By Ed Drohan, *ERMC Public Affairs*

With very few exceptions, a medical emergency or an after-hours urgent medical need for military members and their Families assigned to Europe will require a visit to a host nation hospital for care.

Following any healthcare that is received at a host nation hospital or clinic, it's important to make contact with or visit your military treatment facility primary care manager (PCM) to inform them that you've been seen in the community.

Timely communication with your PCM is important to ensure the care you received in the community can be coordinated with your ongoing treatment plan and documented in your medical records.

Service members and their Families who need to be admitted to a host nation hospital for an emergency should notify their patient liaison as soon as possible after admission,

or have a Family member or friend make the notification if they are incapacitated.

The patient liaison will ensure that the military treatment facility is notified about the admission. If you are seen for care, but not admitted, you should call your PCM at the MTF to inform your PCM that you were seen by a host nation provider. Informing your PCM team is important for several reasons.

"Urgent and emergency visits often require follow-up care to ensure all medical needs have been addressed, any ongoing care is continued, and any treatment rendered can be safely incorporated into your overall plan for health," said Col. Lance Raney, Europe Regional Medical Command chief of clinical operations. "Without patients taking an active role in their care, medical records from host nation facilities may take several weeks to be

received and translated before they are available to their PCM," he said "Our patient liaisons do a great job of proactively identifying patients admitted to hospitals, but when service members and their Family members are not admitted, we may not know about their care until we receive the record for translation."

Contact information for clinics is available at <http://ermc.amedd.army.mil/MTF/index.html>. For more information on patient liaisons, go to http://ermc.amedd.army.mil/Patient_Liaison_PDF_file.pdf.

In order to ensure healthcare safety, healthcare must be a coordinated effort between you, your PCM team and any care received outside of your enrolled clinic. Play an active role in your journey to wellness. Team with your PCM to optimize your health and the readiness of our Army.



Company Commander Helps Botch Suicide Attempt

By Steven Galvan, USAISR Public Affairs

Some may call it instinct; others would credit military training kicking in. Regardless of what it was that kicked in that day, the actions taken by the U.S. Army Institute of Surgical Research (USAISR) Company Commander Capt. Lashawanna N. Ray resulted in a botched attempted suicide.

On her drive to work during the early hours of a mid-November morning, Ray noticed a young female pedestrian walk toward her as she

drove over a bridge at loop 1604 in San Antonio, Texas. She didn't realize how that morning was going to unfold until she saw the young lady look over the side of the bridge.

"I rolled my window down to say something to her, but I realized that the driver in front of me had rolled her window down and was yelling something to her," said Ray.

Ray then got out of her car and approached the distraught lady now sitting on the side of the bridge and

asked what was wrong and if she could help her.

"I reached out to put my hand on her shoulder while I asked her if I could help her," she said. "Then she got even more hysterical. She was yelling and cursing at me and the others who were around her telling us to leave her alone and to keep our hands off of her."

Ray's next reaction was to leave the site and go back to her car to retrieve her cell phone and call 9-1-1. As she was dialing, she was told by another driver that the call had already been made. Ray went back to the location to see what else she could do.

As she continued to try to calm down the pedestrian, another bystander lunged at the distraught woman and knocked her off the side of the bridge to the pavement where she was held until the authorities arrived.

"She did exactly what she was supposed to," said Maj. Shawn P. Gallagher, the staff psychiatric nurse practitioner at USAISR Burn Center. "Every situation is going to be different, but the most important thing to remember is to keep yourself safe."

Regardless of why Ray reacted how she did is irrelevant. She followed the Army ACE Suicide Intervention Training program offered to all Soldiers. ACE stands for "Ask, Care, and Escort." While the training is aimed at preventing suicides in the Army, it can apply in any situation, as Ray found out firsthand.

"I'm just glad that I was there and able to help out," she said. "I don't know what was going on in her life, but I hope she was able to find the help she needed."



U.S. Army Institute of Surgical Research Company Commander, Capt. LaShawanna N. Ray, assisted in distracting a young lady who was distressed and thinking of committing suicide. (U.S. Army photo by Steven Galvan)

Northern Regional Medical Command Staffer Receives Lt. Col. Karen Wagner Leadership Award

By Ezekiel Holt, Northern Region Medical Command

This past November, Lt. Gen. Patricia Horoho, Army Surgeon General, announced Capt. Kenneth Roberts of the Northern Regional Medical Command's (NRMC) Human Resources (G-1) as one of the four Army Medical Department (AMEDD) winners of the Lt. Col. Karen Wagner Leadership Award.

The late Lt. Col. Karen Wagner is the only AMEDD officer to lose her life during the 9/11 attack on the Pentagon. The award named in her memory, is presented annually to outstanding AMEDD Human Resources Professionals in four categories: the Regular Army, Army Reserve, Civilian focusing in Military Human Resources and Civilian focusing in Civilian Human Resources. Capt. Roberts won for the Army Reserve Component from a field of 18 nominees.

Prior to her assignment to the Pentagon, Wagner served as the secretary of the general's staff to Maj. Gen. Harold Timboe with NRMC's precursor organization, the North Atlantic Regional Medical Command. The parallels between Wagner and Roberts are far more than coincidental.

"Capt. Roberts embodies all of the wonderful traits demonstrated by Karen Wagner on a daily basis and I can attest to that having [had] an office next to each of them at different times in my military and Civilian career," recalled Lisa Weatherington, the NRMC deputy director for Human Resources. "Both human resources officers demonstrated compassion for Soldiers and their Families, loved taking care of others and supported their communities tremendously."

Roberts and Wagner were [both]



Northern Regional Medical Command's Capt. Kenneth Roberts received the Lt. Col. Karen Wagner Leadership Award in the Army Reserve Component category. Roberts works in the Human Resources (G-1) Directorate.

firmly wedded to their vision and principles, their passion for people, and leading by listening," agreed Leon Coleman with NRMC Warrior Transition Office.

Wagner's legacy is not lost on Roberts. "This is a huge award and a huge honor," he commented, "She was an awesome Soldier and I want to reflect upon her in terms of my future success and continuing to follow in her footsteps."

The NRMC Human Resources staff was also enthusiastic about Roberts' selection for the award. "We are so proud of Capt. Roberts' recognition and I am sure he will represent the

HR community, the Corps, AMEDD and our Army with great dignity," commented Col. Jacqueline Chando, the NRMC assistant chief of staff for Human Resources.

Maj. Malcolm F. Rascoe, who nominated Roberts for the award, likened him to Teddy Roosevelt's "Man in the Arena."

"He's a solid professional who puts time and consideration into his craft but never asks for any type of credit. He's been in this for six years, he pushed DAMPS-A packets when they were paper packets...this is the credit he is due."

Roberts' impact on fellow members of the Human Resources staff was also noted. "He has set the bar for me in striving to follow his lead in terms of command support, mission development, mission completion and ethical communication," recalled Stephanie Colvin, "his distinctive accomplishments have provided a guide for me as I strive for excellence throughout the remainder of my career and as I travel through life."

Roberts' service outside the workplace was also noted. "The guy donates time to kids, something he doesn't have to do," pointed out Maj. Rascoe. "I'm into martial arts," confirmed Capt. Roberts, "that's a part of my life and my martial arts group participates in events and fund raising for different cancer research groups, especially St. Jude's."

As a winner of the Karen Wagner Leadership Award, Roberts will receive a Memorandum of Commendation and Certificate of Appreciation from the Surgeon General and the Commemorative Medal of "Phoenix" at a ceremony to be determined.

65th Medical Brigade/Medical Activity-Korea Unveil the Joint Commission Accreditation Certificate

By Chuck Yang, HHC, Public Affairs, 6th Medical Brigade

Col. Kelly A. Murray, commander 65th Medical Brigade/Medical Activity-Korea, and Col. Robert Forsten, commander 121st Combat Support Hospital, held a Joint Commission Accreditation Certificate unveiling ceremony in October at the Brian Allgood Army Community Hospital, Seoul, South Korea.

Brian Allgood Army Community Hospital and Outlying Clinics/MEDDAC-K recently received accreditation for Comprehensive Hospital and Behavioral Health from The Joint Commission (TJC). MEDDAC-K serves over 40,000 beneficiaries dispersed throughout the peninsula.

The Joint Commission accreditation is the healthcare standard for military and civilian hospitals alike and it is valid for three years from the date of inspection.

The survey is an extensive review of the hospital and Behavioral Health services. The ability to pass the survey and receive accreditation indicates a

healthcare organization which upholds rigorous standards reflecting the highest quality applicable to care, treatment, and services.

TJC standards encompass elements of performance which include; environment of care, emergency management, human resources, infection prevention and control, information management, leadership, life safety, medication management, medical staff, national patient safety goals, nursing, provision of care, performance improvement, record of care, treatment and services, waived testing and transplant safety.

65th Medical Brigade/MEDDAC-K is responsible for dual mission – provide Army Health Systems in support of Unified Land Operations and Armistice Health Care in the Korean Theater of Operations but, from the TJC perspective, any considerations of the time, effort and personnel it takes to run both simultaneous missions doesn't come into play; their only focus is high

quality armistice healthcare to all beneficiaries.

“Behavioral health and psychiatry being my background, I am very proud to unveil the Joint Commission Certificate in Behavioral Health,” said Forsten. “It was a team effort that made this possible, including the staff that have PCS'd.”

During the ceremony, Murray also acknowledged the PCS'd staff who have put in many hours to make this possible. “A lot of sacrifices were made to make this happen, a lot of Soldiers and Civilians spent many hours late into evenings and early mornings trying to get this accomplished.”

Murray explained that our team is on the right track providing quality healthcare for our beneficiaries.

“Not only had we learned a lot, but we are moving onto the next step; to improve the safety and quality of patient care,” she added.

The unique operating model in Korea makes the accomplishment of this TJC accreditation even more notable.



Soldiers and Civilians of the United States Army Medical Activity-Korea proudly display the Joint Commission Certificates at the Brian Allgood Army Community Hospital, Oct 28. (U.S. Army photo by Chuck Yang, 65th Medical Brigade Public Affairs)



Lyster, Air Force Team up to Provide Flight Physicals to Airmen

By Katherine Rosario, Lyster Army Health Clinic Public Affairs

Lyster Army Health Clinic (LAHC) has partnered with Fort Rucker's tenant unit, the United States Air Force, to give Airmen their annual flight physicals.

The Air Force pilots are seen at LAHC on Fort Rucker, Ala., for routine medical appointments, but were sent down to Florida for their annual physicals.

"Team Respect will now see permanent party Air Force pilots (about 100 of them) rather than send them down to Tyndall Air Force Base on a temporary duty elsewhere (TDY) status. This not only saves time for the Airmen, but also taxpayer dollars," said Lt. Brian Turner, practice manager for the department of Primary Care.

Airmen now save the four-hour roundtrip drive and the government doesn't have to pay for the cost of

gasoline, Turner said, adding the annual savings will be about \$15,000.

"We are happy to see the Airmen at Lyster and perform their physicals here rather than make them drive to Florida," he said. Our ability to conduct their flight physicals supports the DOD initiative to reduce monetary waste."

Coordination between LAHC and the Air Force flight surgeon started about three months ago when Team Respect agreed to perform the standard flight physicals and the Optometry Clinic was able to set up the cone contrast test required for USAF flight physicals.

The exam information is entered into the Army medical data system and the Air Force flight surgeon can then pull the data and enter it into their specific programs. A printout is then generated

for the Soldier and given to his or her unit.

"It is much more convenient for us to take care of our routine flight physicals at Lyster," said Maj. Melissa Sprague, assistant operations officer for the 23rd Flying Training Squadron, 58th Special Operations Wing, 58th Operations Group. "We save time and money while gaining the efficiency of having our pilots back to the flight line quicker than if they had to drive to Tyndall Air Force Base. We appreciate Lyster expanding their services to us."

"There are a lot of people that are making this effort a success. Special thanks to Optometrist Dr. James Dover, Flight Team chief; Capt. Gale Hobson, MD; and Ms. Debrina Rose and Maxine Williams of Physical Exams," Turner said.



Capt. Gale Hobson (left), flight surgeon at Lyster Army Health Clinic (LAHC) examines Capt. Pete Borchelt, USAF Airman, 23rd Flying Training Squadron, during his flight physical in December. To help save time and money, LAHC teamed up with the Air Force to start performing flight physicals for the Airmen on Fort Rucker.

Technology Tools to Support the Performance Triad

By U.S. Army Public Health Command

The Performance Triad is a comprehensive plan to improve readiness and increase resilience through public health initiatives and leadership engagement. The Triad is the foundation for Army Medicine's transformation to a System For Health, a partnership among Soldiers, Families, Leaders, Health Teams and Communities to promote Readiness, Resilience and Responsibility. The System For Health: MAINTAINS health through fitness and illness/injury prevention, RESTORES health through patient-centered care, and IMPROVES health through informed choices in the Lifespace.

integral part of our everyday lives there are several interactive tools that can help everyone achieve a healthier well-being through Sleep, Activity, and Nutrition. The following are online resources available to Soldiers, Retirees, and their Families to set goals, track their progress, and challenge others to make better choices in their Lifespace.

- Your Smartphone is a powerful partner in enhancing your performance and personal readiness. Over 50% of Smartphone users search for health information on their phones and one out of five has at least one health app on their phone. Most

Actually, on average the participants lost 0.5% body weight for every 10 daily tweets they posted about their nutrition plan and weight loss. Social support through social media seems to help!

- One of the goals of the Performance Triad is to show you how technology can help you meet your performance and health-related goals.

ArmyFit™, a tech resource provided by the Comprehensive Soldier and Family Fitness program, contains features such as:

- Global Assessment Tool 2.0: a tool that scores you in several dimensions to determine how old or young your body thinks you are.
- Articles, reference materials, action plans, videos, etc. on thousands of topics related to healthy living.
- Tracker for your weight, calories consumed, and physical activity, and the ability to check your progress over time.
- Healthy challenges (like logging food intake) to earn points and badges to show off within the ArmyFit™ community.

Army H.E.A.L.T.H.: A web and Smartphone app that helps promote performance nutrition and exercise by allowing you to:

- Receive personalized nutrition and fitness plans based on your goals.
- Find articles and resources on nutrition, fitness, and mind and body.
- Track your weight and calorie intake (respectively) over time.

To register for Army H.E.A.L.T.H. go to armyhealth.pbrc.edu and enter code: health



The focus of the Performance Triad is on Sleep, Activity, and Nutrition - key actions that influence health in the "Lifespace" of time that isn't spent with a healthcare provider. As a result, the biggest impact on Health is made by making better choices in our Lifespace.

Technology is also an important tool in helping the Army Family succeed in getting quality Sleep, engaging in Activity, and improving their Nutrition. Because technology has become an

individuals surveyed on this topic like apps that focus on exercise, nutrition, and weight loss.

- Trying to reach your health goals can be challenging. Believe it or not, social media can be very helpful in reaching your goals! Researchers found that people who use online podcasts, read daily health-related tweets, and post daily updates on their weight loss goals lost more weight than people who do not.

Hot Shop Heroes: Soldiers Learn to Blow Glass in Pilot Program

By Suzanne Ovel, Madigan Army Medical Center, WTB Public Affairs

At the Hot Shop, everything is hands-on. Gathering molten glass, blowing and shaping it, even applauding when each piece of art is completed — the Soldiers who are students there take part in it all.

For the past few weeks on Tuesday evenings, 11 Soldiers from the Warrior Transition Battalion have driven to Tacoma's Museum of Glass to learn the basics of glass blowing from experts in the field.

"It definitely builds your confidence a lot by glass blowing, especially if you just go in the Hot Shop and you watch the glass blowers. You watch all these famous artists create something, and then you get down there and you're doing it; you're like, 'Oh my gosh, I'm doing this too,'" said Staff Sgt. Jennifer Cox, a platoon sergeant with Charlie Company.

"You get to do stuff you didn't know you could do," said Sgt. Ronnie

Bernardo, a Soldier with C Co. "If I'm able to make something like this, what else can I make?"

The confidence gained in learning this complex skill is just one of the benefits of the Hot Shop Heroes: Healing with Fire program. The Museum of Glass and the WTB launched the five-class pilot program in October to teach Soldiers how to build technical glass and allow them to reap physical and emotional benefits as they learn a new skill.

"The kind of freedom and creativity I can already see is an incredible success," said Patricia Davidson, the lead instructor for the program; she's worked with glass for 25 years and also teaches a glass-blowing class locally. She's teaching Soldiers fundamental glassmaking skills such as creating basic shapes like cones, spheres and cylinders, which are foundation elements for all glass objects.

So far, the Soldiers have made glass paperweights and beads; they will all make a drinking glass by the end of the program.

Both Bernardo and Cox called the class exciting, and for Bernardo it offers a valued creative outlet, which fits in with the intended recreation therapy aspect of the program.

"I thought the healing just involves the hospital, some sterile environment, but with this, being around people, being around art, that helps a lot," said Bernardo, who is recovering from back and lower extremity injuries.

According to Recreation Therapist Erin Carpenter, activities like glass blowing can contribute to two tiers of recreation therapy, using recreation as a tool to achieve therapeutic outcomes and helping achieve fulfillment despite



Spc. Cory Owens and Sgt. Ronnie Bernardo learn to make glass beads from instructor Patricia Davidson (center) at the Tacoma's Museum of Glass Hot Shop Heroes: Healing with Fire program on Nov. 5.



Staff Sgt. Bruce Kandle shapes glass with the help of classmates Staff Sgt. Jennifer Cox and Sgt. 1st Class Angelique Stephens (right) while instructor Connor McClelland observes their techniques at the Tacoma's Museum of Glass Hot Shop Heroes: Healing with Fire program in November.

any physical limitations a person may experience.

"Engaging in programs such as glass blowing provides a holistic approach to the healing process," she said.

Soldiers in the program could experience physical benefits such as improved dexterity, balance, posture control, core strength, standing tolerance, and more. They could also reap emotional benefits like social reintegration with their fellow classmates and the larger civilian community, and an opportunity to practice mindfulness, which can help decrease anxiety and stress, lower heart rates, and gain focus and control — all of which are beneficial to recovering patients.

The thrill of working in an adrenaline-filled environment also appealed to some members of the course.

"I've been in environments that are very dangerous and then going into an environment like this where there is some risk involved, but yet it's controlled... it's so exciting," said Cox.



Serving To Heal...Honored To Serve