

ARMY MEDICINE

MERCURY

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Celebrating
the Army's
239th
BIRTHDAY
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MEDCOM BEST WARRIOR

2014 COMPETITION



A worldwide publication telling the Army Medicine Story



ARMY MEDICINE

MERCURY

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ARMY MEDICINE PRIORITIES

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CSM Donna A. Brock

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Inspiring Each Other Toward Wellness

By Hope Myers, Fort Bragg Paraglides

For the busy military spouse, it's hard to get away from a hectic schedule. Between work, school, childcare, and a million other responsibilities, wellness can often be a trophy in the closet. Though rewarding, it's difficult to find time to take care of oneself.

The Spouse Wellness Conference on May 9, gave spouses a chance to kick off the dust and get back into fitness. From kickboxing to line dancing at Hercules Physical Fitness Center, Fort Bragg spouses got the opportunity to enjoy a whole day focused on health.

The surgeon general of the Army, Lt. Gen. Patricia Horoho, opened the day with a keynote speech at the Family Readiness Group Center. She emphasized the importance of the Performance Triad, highlighting health in mind, soul, and body. Horoho also stressed the importance of sleep and exercise, challenging spouses to start tracking their steps daily. Her goal — take 10,000 steps every day.

"Today is so powerful," said Horoho. "Many of these spouses are dealing with deployments, and they're using the time apart to improve their health. There isn't a better way to spend your time than focusing on health and wellness."

The Healthy Base Initiative has helped with an exponential reduction in weight and a 63 percent decrease in high cholesterol and blood pressure in bases across the United States. Working together towards healthy goals has inspired Soldiers and spouses to wellness.

"People feel better doing things together," said Horoho. "It inspires them to make changes they might not do on their own. That is why today is so important. These spouses help each other along toward wellness."



Lt. Gen. Patricia D. Horoho

Rachelle Wade and Carmen Miller understand the importance of teamwork. "We work in a dental clinic on post. Sometimes the work can be very stressful, so we decided to get out and take a day to ourselves and our wellness," Wade said.

"I'm looking forward to line dancing the most," said Miller. "This morning

has been great so far. Hearing about the importance of sleep and nutrition is a great reminder about having a balanced lifestyle."

During the course of the day, spouses were bussed between Hercules Physical Fitness Center and the Family Readiness Group Center. Seminars at the center focused on everything from healthy sleep habits to aromatherapy and super foods, while the fitness classes at Hercules PFC featured everything from self-defense classes, line dancing, to cross fit.

Line dancing was the most popular activity. Spouses stomped the floor of the basketball court, swaying to the pop music and the steady beat of the boom box.

"If fitness was always this fun, I wouldn't want to stop," said Kristina Sabatini, who stayed at the gym all day and ran from cross fit to boot camp classes. "This is a great way to get back into fitness and meet new people."



Army Surgeon General, Lt. Gen. Patricia Horoho speaks to an audience of military spouses on the value of sleep, activity, and nutrition, key tenets of the Performance Triad, during the Spouse Wellness Conference at Fort Bragg, N.C., May 9.



OUR *HEALTH*, OUR *FUTURE*

43RD SURGEON GENERAL, UNITED STATES ARMY



It brings me great pleasure to share with you “Our Health, Our Future: 43rd Surgeon General.” This booklet was designed to inform our partners in health - Service Members, Families, Retirees, and Civilians about our transformation from a healthcare system to a System for Health whose focus is disease prevention and wellness. Our System for Health is nested with the Army’s Ready and Resilient Campaign and is an integration of programs, policies, and initiatives to advance disease prevention and improve the health, resilience, and readiness of our Army Family.

Increasingly the Army and National conversation is turning to health. We need to keep this momentum going. We are making great strides in extending our touch points into the Lifespace - where health happens based on our daily choices. My intent is to lead this cultural change and embed into the DNA of the Army Family the Performance Triad behaviors of improved Sleep, Activity, and Nutrition. Through persistent effort and commitment from all of us, we can lead the Army and Nation in this movement.

For your convenience, an electronic version is also available on the Army Medicine Web site at www.armymedicine.mil.

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

v/r,
Lt. Gen. Patricia D. Horoho



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June 3: Veterinary Corps celebrates 98 years of service

U.S. Army Medical Command and the Office of the Surgeon General wish the Army Veterinary Corps a happy anniversary as they celebrate 98 years of faithful service on June 3. Since the Army Veterinary Corps was established in 1916, the Corps has proven to be a key enabler of safe and healthy operations for Soldiers and their Families. Military veterinary supervision at ration assembly and distribution points is critical to ensuring safe, wholesome food for our deployed service members. They also play a vital role in the health and safety of all military working animals. The Veterinary Corps helps to maximize available personnel strength, prevent disease and injury, and build resiliency. Their contributions are vital to ensuring we maintain a Ready and Healthy Force and for the Health of our Families and Retirees.



June 14: The U.S. Army celebrates 239 years of service

On Saturday June 14th, we proudly celebrate the 239th birthday of the United States Army. For more than two centuries, the Nation has entrusted the Army with preserving its peace and freedom, and defending its democracy. Since 1775, American Soldiers have been the strength of our Nation. Our Soldiers are driven by the ideals of the warrior ethos and commit themselves to succeed in any mission our Nation gives them. Our Soldiers believe that our constitution and the freedom it guarantees are worth fighting for. They sacrifice their personal comfort and safety to answer a higher calling - service in the cause of freedom, both at home and abroad. Command Sgt. Maj. Brock and I continue to be amazed at the professionalism and dedication of our Army and also the Soldiers and Civilians who comprise Army Medicine. Together, We are Serving to Heal...Honored to Serve.



June 30: Medical Service Corps celebrates 97 years of service

On June 30, the Medical Service Corps celebrates its 97th anniversary. The history of the Medical Service Corps is one of achievement - achievement that continues to keep our Soldiers and their Families free from illness and safe from harm. Members of the Medical Service Corps continue to be on point in providing the world's finest Combat Casualty Care and are critical to ensuring we have a Ready and Healthy Force and Healthy Families and Retirees. Our nation and your fellow team members at U.S. Army Medical Command thank you for your efforts in implementing the Performance Triad - helping the entire Army Family to practice better Sleep, Activity, and Nutrition habits. You will be the strongest pillar of Army Medicine as we create the Army of 2020 - an Army that is fit and responsive to America's global needs. We thank you for all you do for Army Medicine, our Army, and for our Soldiers.



AMEDD Historic Ambulance

Army Medicine WWI ambulance in the National Memorial Day Parade, in Washington, D.C., May 26. Driving the ambulance is Capt. Craig Calkins, the assistant driver is Andy Watson. The vehicle is a 1916, Model T Ford Army Ambulance, it belongs to the U.S. Army Medical Department (AMEDD) Center of History & Heritage. Visit Flickr for more information at: <https://www.flickr.com/photos/armymedicine/14281888712/in/set-72157644876268644> (Photo by Chris Isleib)



Surgeon General for the Royal Thai Army (RTA) Visits Tripler

Lt. Gen. Terrayudh Sasiprapha (left), surgeon general for the Royal Thai Army (RTA) Medical Department along with members of his medical team tour the Neonatal Intensive Care Unit (NICU) during a recent visit to Tripler Army Medical Center. The visit was part of a larger stop to the Pacific where RTA officials met with local military leaders to maintain a strong alliance and partnership while promoting regional security and stability in the region. (U.S. Army photo by Ana Allen, PRMC)



Army Surgeon General Hosts Rare Convening of Medical Commanders

By Valecia L. Dunbar, D.M., *Army Medicine Public Affairs*

More than 350 leaders of military medicine convened at Fort Sam Houston, Texas, May 15 for a two-day leadership and training conference that was rare in both its occurrence and its agenda which challenged leaders to “ask the questions that would get them fired.”

In this provocative context, Army Surgeon General, Lt. Gen. Patricia Horoho invited leaders to think critically without repercussion and set the tone for a discussion on the “signals of change” that question the nation’s need for Army Medicine capabilities in the future. “We are seen through the lens of public healthcare and we are seeing small signals of change for which we need to be in a position to respond,” said Horoho.

The ability of U.S. Army Medical Command (MEDCOM) to meet future needs rests in the transformation of Army Medicine from a healthcare system, which focuses on treatment of disease, to a System for Health which focuses on disease prevention. A key component of the System for Health is the Performance Triad, the Army surgeon

general’s initiative to improve stamina, readiness, and health through quality sleep, enhanced activity, and improved nutrition. The Performance Triad directly supports the Army’s Ready and Resilient Campaign and the Comprehensive Soldier and Family Fitness (CSF2) Program.

The training session was an opportunity to invite tactical level leaders to form “silos of influence,” said Horoho, that will broaden group interaction and information sharing to better disseminate key messages across tactical, operational, and strategic levels. Horoho called for the proactive alignment of strategic capabilities to address readiness and skill sustainment across MEDCOM and have a direct impact on service delivery to more than 3.9 million beneficiaries worldwide.

“No other provider can deliver the services and capabilities that we can,” said Horoho. “What we need to talk about is how we ascertain our value, because what we have really been working towards is to make ourselves obsolete. That should be our goal because if we have not been

working to drive ourselves out of business, then we are not serving our customers.”

The transformation of MEDCOM is grounded in the successful implementation of the Operating Company (OC) model which will enable Army Medicine to move toward a System for Health through the integration and standardization of processes across the organization. According to the Army Medicine 2020 Campaign Plan, the OC framework is designed around integrated, standardized, and clearly defined processes across the organization, performance metrics, and decision making; thereby driving accountability and a high focus and priority given to process quality, repeatability, and standards to drive a better, more consistent patient experience while also containing costs.

The CP end state is a System for Health that enables Ready and Resilient Soldiers, Families, and communities in order to Prevent, Shape, and Win our nation’s wars.



Lt. Gen. Patricia Horoho, Army surgeon general and commanding general U.S. Army Medical Command, delivers her opening remarks on the changing environment of military medical readiness and the future of healthcare during a rare convening of more than 350 military medical leaders attending the Army Medical Command Team Leader Development and Training Session (CTLDTs) held May 15-16 at JBSA Fort Sam Houston, Texas. (U.S. Army photo by Dr. Valecia Dunbar, Army Medicine Public Affairs)



Army Medicine Communication Blockers: Debunking the Myths in Healthcare Messaging

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

Each of us sends and receives thousands of pieces of information every day, whether it's through conversations, briefings, the media, food labels, or advertisements. The average American consumes approximately 100,500 words and 34 gigabytes of information (almost 12 hours) each day according to the Global Information Industry Center (2009). Information is unavoidable, yet effective communication can still be difficult to execute due to misconceptions, misinterpretation, and mismanagement of information processes.

This article addresses three communication myths to help establish a common operating picture throughout the enterprise; update and advance Army Medicine communication processes; and better align Army Medicine communication practices with existing policy and guidance. The Office of the Secretary of Defense's (OSD) Roadmap for Strategic Communication (2006)

calls for communication to be weaved into everything we do: "DOD must establish a culture that recognizes the value of communication and integrates communication considerations into policy development, operational planning, execution and assessment." GAO also notes that "DOD is seeking to approach strategic communication as a process that leaders, planners and operators should follow to integrate audience and stakeholder perceptions into policymaking, planning, and operations at every level" (GAO strategic communication review, 2012).

Despite overwhelming guidance and academic research supporting the integration and execution of communication at all levels, communication is too often delegated to public affairs staff at the end of a project, and executed as a one-time event. The critical nature of current communication environments dictate that Army Medicine update our command culture:

Myth # 1: Communication is complete when a press release is distributed, information is posted online, etc.

Fact: Although messages and information are vital elements of any communication effort, distributing a fact sheet, communication plan, or press release does not correlate to effective communication. The communication process should involve deliberate efforts to define goals and objectives; assess audience needs, expectations, knowledge, etc.; identify potential communication risks and/or gaps; deliver information (through both information channels and in person); and assess effectiveness. Communication must involve messages and products, but actions, behaviors, and decision-making processes also contribute to the full picture of Army Medicine communication:

"Communication is not merely a matter of what is said; it is also, perhaps

primarily, a matter of what is done ...” (U.S. Joint Forces Command strategic communication handbook 2010, pg. P-1).

Sustaining an information-centric communication approach only reinforces habitual thinking about communication, and could eventually inhibit communication success in the midst of today’s fast-paced and rapidly changing communication environment. Instead, communication should be viewed as a cyclical process where time and resources are dedicated to define agreed-upon objectives; identify audiences and characterize audience attributes (e.g., knowledge levels, information sources, attitudes, perceptions); and identify potential barriers to then improve communication planning and execution. One significant action to improve communication success is to remove social media prohibitions. The removal of these barriers in the midst of a communication revolution enables an environment of trust and credibility by allowing people to interactively engage in a robust communication process. Once disseminated, communication outcomes should then be assessed internally and externally to identify best practices and areas for improvement to apply to future communication initiatives.

The Performance Triad team has successfully executed a cyclical communication process by actively soliciting and integrating key audience feedback into subsequent messages and products. Performance Triad communication materials, which provide a balance between what’s important to both experts and audiences, are now being used Army-wide to further embed the concept of health into the Army’s DNA.

Myth #2: The communication mission is the sole responsibility of public affairs officers/

communication SMEs.

Fact: It will take the “whole village” to achieve communication success, particularly in the current environment of budget constraints, uncertainties, consolidations, and transformation. Command communication staff and subject matter experts should be equal partners in jointly shaping the communication landscape. Communication staff is responsible for shaping, guiding, and facilitating information delivery (Tell the Army Medicine Story); advising Commanders on strategic and operational communications matters; developing clear and actionable strategies to synchronize communication throughout the Command; characterizing the media environment; and helping to increase health awareness. Subject matter experts are responsible for providing message content; integrating communication factors into the military decision-making process (MDMP); identifying relevant communication venues to communicate information/ messages; and helping to shape team understanding of audience perception and attitudes to improve message resonance. In reality, every MEDCOM staff member has a communication role by respectfully interacting with co-workers, patients, and visitors; communicating a positive first impression of Army Medicine; and by cascading Army Medicine messages to others. As Army Medicine continues to lead the Army toward a System for Health, communication can and should be a shared responsibility, the thread that connects people, tasks, and mission.

Myth #3: Topics and messages should be communicated as stand-alone items one at a time.

Fact: Certainly, all Army and Army surgeon general (TSG) priorities deserve

dedicated focus and attention to ensure messaging and products are relevant and accurate. But focusing on only one project at a time results in missed opportunities to demonstrate project interconnectedness and the supporting relationships to priority missions. For example, when briefing on planned facility consolidations, consider communicating about Army Medicine initiatives that promote better health while decreasing the need for medical care (e.g., The Performance Triad, Army Wellness Centers, Patient-Centered Medical Homes). When talking about TSG’s top priorities (Combat Casualty Care, Readiness and Health of the Force, Ready and Deployable Medical Force, Health of Families and Retirees), consider explaining how Army Medicine experts are supporting the Soldier 2020 campaign to match the right Soldier to the right job (e.g., injury prevention, gender integration study). When engaging with a patient about recent test results, consider sharing Performance Triad messages about the importance of good nutrition and sleep habits, and their impact on overall health.

It’s time to move MEDCOM communication processes into the 21st century to accommodate the ever-expanding and interactive nature of today’s human interactions. Communicating the right message to the right audience at the right time by the right messenger through the right mechanism requires a collaborative communication approach. Strengthening the equal partnership between subject matter and communication experts will help lay the foundation for communication success, and ultimately better support execution of the Army Medicine 2020 Campaign objectives.

The Tempel Legacy: Approaching a Century of Service to Army Medicine

By Valecia L. Dunbar, D.M., Army Medicine Public Affairs

When Col. Thomas R. Tempel Jr. was promoted to Maj. Gen. on May 14, 2014, and appointed chief, U.S. Army Dental Corps, it marked a period of reflection for more than 93 years of service to Army Medicine given through a family lineage consisting of three Army generals contributing to nearly a century of medical research, treatment, and Soldier medical and dental care worldwide.

Sitting in the office of the U.S. Army Dental Command (DENCOM) on the eve of an historic moment in Army Medicine, both the son and father were asked to give their thoughts on their more than 90-year legacy and being

the only multigenerational medical department family of major generals.

“It’s scary when you put it in that context,” says Retired Maj. Gen. Thomas R. Tempel. “But, it’s also a reflection of the values that are part of our family tradition. Those values are faith, love, integrity, loyalty, duty, respect, courage, and selfless service.” “It adds up to unconditional caring and devotion to Army Soldiers,” said Tempel Jr.

Maj. Gen. Tempel Jr. is outgoing commander of the U.S. Army Dental Command, JBSA Fort Sam Houston, Texas, and is the second Tempel to lead the Dental Corps. His father, Maj.

Gen. Thomas R. Tempel Sr., was chief of the Army Dental Corps from 1990-1994, and also deputy surgeon general from 1993-1996. Tempel Jr. is a third-generation Army medic and Army general building on the legacy his grandfather, Maj. Gen. Carl Tempel, who was a World War II leader and pioneer in tuberculosis research. He would serve in the U.S. Army Medical Corps for 33 years from 1929 to 1962.

Thomas R. Tempel Sr. entered the U.S. Army Dental Corps in 1963 as a captain. His wife, Elaine, a dental hygienist, gave birth to their firstborn, Thomas Jr., in 1965 in Heidelberg, Germany, where Thomas Sr. was the division dental surgeon, 8th Infantry Division and clinic chief, Colman Dental Clinic respectively between 1964-1967. In 1971, he completed his residency at Walter Reed Army Medical Center as a clinical periodontist and guest scientist at the National Institutes of Health. He was later board certified and published numerous articles on Immunological aspects of inflammatory disease.

Upon promotion to Brig. Gen., Thomas R. Tempel Sr. was assigned as deputy commander of the 7th Medical Command in Heidelberg, Germany, which provided medical, dental, and veterinary services to U.S. forces in Europe. He worked with the commander in the training and deployments of dentists, veterinarians, a Black Hawk medical evacuation battalion, and chemical/biological detection unit for Operation Desert Storm. When these forces deployed from Germany, Tempel Sr. was promoted to major general on Dec. 1, 1990, and he became the assistant



Col. (P) Thomas R. Tempel Jr. and Retired Maj. Gen. Thomas R. Tempel stand in front of the Army Dental Command crest May 14, the eve of Col. (P) Tempel’s promotion to major general and chief of the Army Dental Corps, a position held by Tempel Sr. from 1990-1994 and as deputy surgeon general from 1993-1996. The pair represent more than 93 years of service to Army Medicine by three generations of Army generals beginning with Carl Tempel (father of Tempel Sr.) who entered the U.S. Army Medical Corps in 1929 and rose to become the Army surgeon general’s director of professional services, a leader in tuberculosis research and treatment, and a Maj. Gen. and commander of Fitzsimons General Hospital. (U.S. Army photo by Dr. Valecia Dunbar, MEDCOM Public Affairs)

The Tempel Legacy

surgeon general for dental services and the twenty-first chief, Army Dental Corps. After 33 years of service culminating with three years of exemplary leadership as deputy surgeon general, Tempel Sr. retired on March 31, 1996.

Tempel Jr. was commissioned as a 2nd Lieutenant in the Medical Service Corps in 1987 and then attended the University of Maryland Dental School where he would receive his dental degree in 1991.

Influenced by a cadre of Ranger and Special Forces Vietnam Veterans that supported his Army ROTC program, Tempel Jr. entered the Army with two goals – becoming the best dentist he could and becoming a Special Forces officer. He completed his dental residency at Ft. Jackson and then completed the Special Forces Assessment and Selection followed by the Detachment Officers Qualification Course earning the Green Beret. “It was the hardest thing I ever had to do physically and mentally, but also it was the most rewarding,” said Tempel Jr. “However, it taught me to work hard and if you do your best, your work will speak for you.”

Tempel Jr. assumed command of the 464th MED CO (Dental Service) from June 2003 to January 2006 including a year in Iraq as the 464th Commander and MNC-I Dental Surgeon with TF 44th MEDCOM. He then attended the Army War College in Carlisle, Pa., after which he served as the Fort Meade Dental Activity Commander through June 2010. He later served as commander, Northern Regional Dental Command and director of the Readiness Division for Northern Regional Medical Command. His last assignment was DENCOM Commander.

“The only thing easy about growing up as a general’s kid is knowing what right looks like,” says Tempel

Jr. “While my dad didn’t carry my rucksack, he sure filled it with the values and model of character that I think led me to this day. My mom and dad also served as wonderful role models for Kathy and I as an Army couple.”

which follows the tenets of sleep, activity, and nutrition as three pillars for improving health in the Lifespace – the amount of time spent outside of a doctor’s care.

“Another aspect of the Lifespace is the 45 minutes in dental care system



A photograph of young Thomas R. Tempel Jr. shows his knack for dentistry while little brother Carl says ‘AH’ during a visit to Tempel Sr.’s office at Walter Reed Medical Center during the time the family was stationed there from 1971 to 1975. (U.S. Army photo by Dr. Valecia Dunbar, Army Medicine Public Affairs)

As he reflects on his career, Tempel Jr. is most proud of his work to build teams of officers, noncommissioned officers, and civilians that have allowed DENCOM to take care of Soldiers.

“It takes a very accomplished team to deliver the level of care that we do. You don’t always get to pick your team members, but I’ve used the principals that my family taught me to help bring out the best in people,” says Tempel Jr. “I do the best I can to take care of the Soldiers.”

As outgoing DENCOM commander, Tempel leaves behind his team’s benchmark “Go First Class” initiative which changed the focus of dental care from treatment to prevention. The initiative is in step with the Army surgeon general’s Performance Triad

when the dental hygienist is talking to the patient,” said Tempel Jr. “The dental team has been very instrumental in positively impacting the Lifespace of patients.”

The Go First Class initiative is a holistic process that aims to increase health and save costs. “When dad was chief, and for years afterward, our Class 1 status which signifies a patient is in complete dental health was at 20 percent. Now, with this program, we’re up to 50 percent,” said Tempel Jr. “That means it is becoming less likely for a Soldier to be taken out of combat because of something such as a toothache. He adds that over the past two years, DENCOM has saved over a million hours of training

The Tempel Legacy

time “through innovation and process improvements that will align with the transformation of Army Medicine from a healthcare system, which focuses on treatment of disease, to a System for Health which focuses on wellness and prevention.”

“We are looking at the entire medical model and rethinking how we view healthcare. This is really exciting stuff,” said Tempel Jr.

Continuing the Legacy

As the 27th chief of the Dental Corps, Tempel Jr. reflects on the values his grandfather and father taught him and the way forward in his roles as a general officer and chief of the Army Dental Corps.

His vision is to lead efforts that place prevention at the forefront of the dental health system. Tempel characterizes this first-class oral health

environment as highly collaborative, innovative, and which takes a holistic approach to healthcare management.

The new Dental Corps chief readily describes a process where dentists are working with dieticians and nutritionists as partners in prevention, as well as with physicians to identify lifestyle choices that may serve as indicators leading to poor health. Tempel says the future goal in the delivery of dental care is to enter the Lifespace and expand opportunities to impact prevention and generate healthier outcomes.

One role that is exciting to the third-generation Army general is the opportunity to build teams in the multiservice market. He references his past experience as the senior Army dentist for the National Capital Region’s Dental Advisory Board which

he describes as “incredibly challenging” but fulfilling because it gave him the opportunity to refine and hone in his passion for building teams.

“Leading change is an area I’m very interested in,” says Tempel Jr. “The future will definitely be more joint-service with the establishment of Defense Health Agency and the creation of multiservice markets. Tri-service cooperation is critical and we will have to learn to work together.”

As Tempel looks to the future, he says he will miss the face-to-face time spent with his patients. “The one challenge for clinicians as they progress to each level of leadership is the altered balance of time you spend with patients,” said Tempel Jr. “But, you can solve problems at each level. In this new role, I’m helping hundreds of patients at a time verses one-on-one.”

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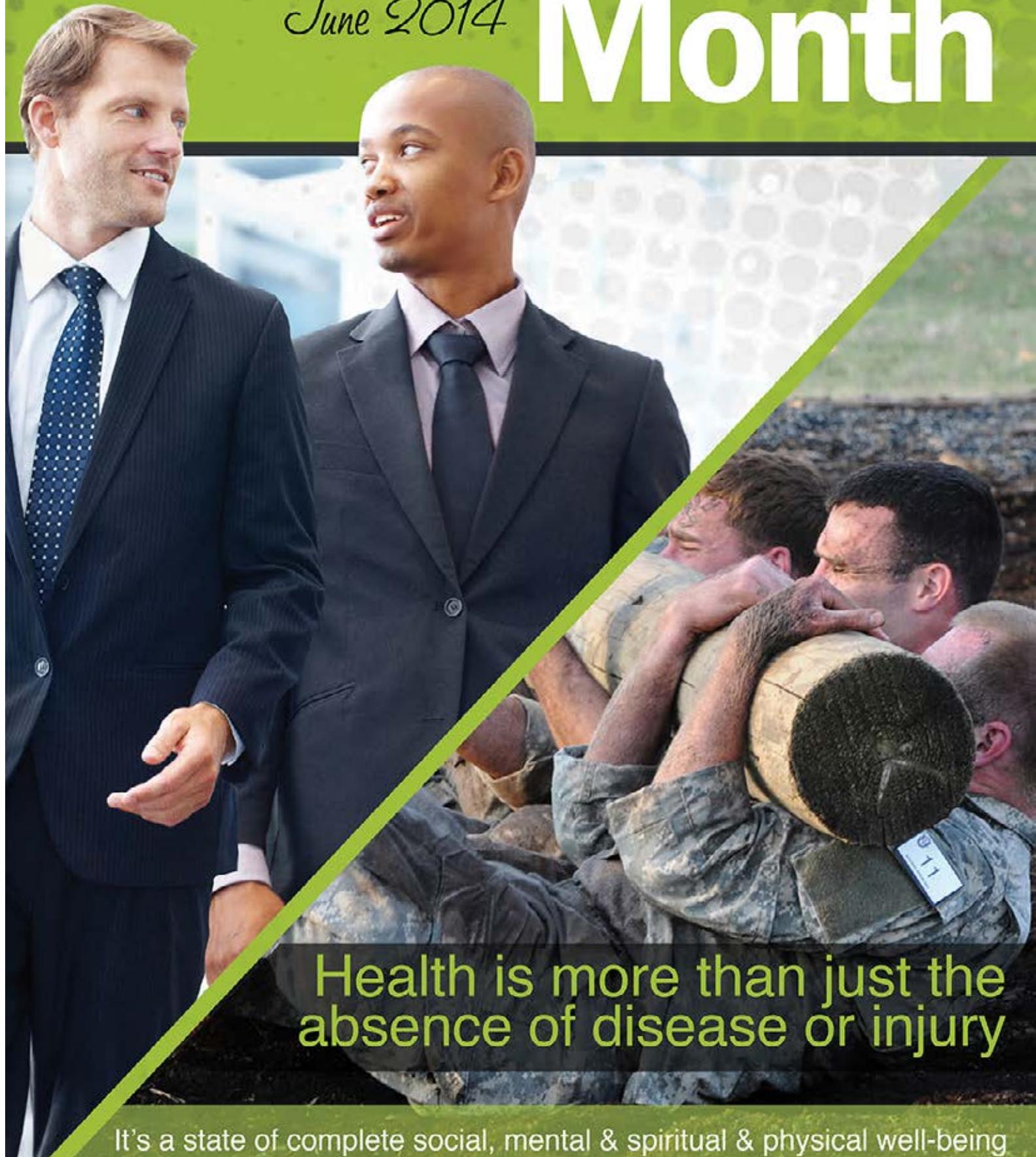
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Health is more than just the
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It's a state of complete social, mental & spiritual & physical well-being

‘Soldier for Life’ website to be new online home for retirees

By C. Todd Lopez, Army News Service

The Army’s “Soldier for Life” website, launched recently, is designed to be a new online home for retired Soldiers.

The Army’s web portal “Army Knowledge Online” -- better known as “AKO” -- has been available to Retirees and Family members for many years now. However, the Army is transitioning to a more secure enterprise network for business users -- Soldiers, Army Civilians, and contractors.

Retirees will continue to be able to access important information about the Army, and information pertaining to health, retirement, employment and education benefits online at www.soldierforlife.army.mil.

Mark E. Overberg, who serves as deputy chief of Army Retirement Services, said the new website will allow “ongoing communications with the retired community.”

In February, the Army Retirement Services office was moved under the newly created Soldier for Life program, because retired Soldiers are “a part of the whole Soldier lifecycle -- the last part of the Soldier lifecycle,” said Overberg.

Right now on the website, Retirees can also opt-in to receive a newsletter that lets them know what’s going on in the Army “with a primary focus on news that retired Soldiers care about,” Overberg said.

EMAIL CHANGES

On AKO Retirees and Family members had access to web-based email services that gave them a “.mil” email address. Currently Retirees and Family members are no longer able to send email from their AKO accounts or read emails within the site. What they are still able to do, however, is instruct AKO to forward any emails they might receive

there to a commercial account. The AKO website will continue forwarding emails to commercial accounts until Dec. 31.

Overberg suggests Retirees and Family members set up a free commercial email account to replace what AKO used to provide for them. He said after setting up such an account, they should notify family, friends, and professional contacts about the new email address.

Additionally, he said, Retirees and Family members should contact any businesses or other websites where the AKO email address is a part of their contact information and update it to reflect the new email address.

One such site in particular to update, he said, is the Defense Finance and Accounting Service’s “MyPay” website, where Retirees and Soldiers alike can look at their leave and earnings statements and other important documents.

To ensure that DFAS can contact them, retired Soldiers should visit the “MyPay” site and ensure that a new or non-AKO email address is listed. Overberg said that today, some 500,000 Army Retirees have MyPay accounts. Of those, he said, about 350,000 are still registered there with their AKO-provided email address. By not signing up for a commercial email service and updating business account information, former AKO users risk not receiving important notifications.

FUTURE SITE

Right now, the Soldier for Life website is extremely new. Overberg said the site is only in “stage one” of its development. But, he said there are several ideas about what will be brought aboard as the site’s development progresses into “phase two.”

Future upgrades to the Soldier for Life website might include a “white pages” feature similar to what was one available on AKO, Overberg said. The difference will be that the white pages-style directory will include only those Retirees who “opted in” to the listing.

Also under consideration for inclusion in the next-generation of the site is a “Retired Soldiers Blog,” Overberg said. “The intent of this blog will be to provide a three-way communication: the Army to retired Soldiers, retired Soldiers to the Army, and retired Soldiers to other retired Soldiers.”

Overberg said that commenters to blog posts will be limited to those who have retired from the Army. “When somebody posts a comment, we’ll want to make sure they are a retired Soldier.”

Part of making that happen, he said, is ironing out the technical details of how to authenticate retired Soldiers on the site. That might include integration of services from DOD Self-service Logon.

Overberg also said that the “Soldier for Life” website has been designed to be easier to use than AKO. He said he has heard complaints from Retirees that AKO was too complex -- and so they stayed away from the site.

MORE THAN JUST RETIREES

The “Soldier for Life” program, and its website, is about more than just Retirees. In fact, the Retiree program was just recently folded into the SFL program.

“Soldier for Life,” is in fact about the entire “lifecycle” of being a Soldier: from the moment a Soldier shows up at basic training: “Start Strong;” to the day they arrive at their first command and begin their Army career: “Serve Strong;”

Soldier for Life

to the moment they make the decision to transition from a uniform-wearing Soldier back into a productive member of civilian society: “Reintegrate Strong;” to the final separation or retirement from Army service and transition into an example in their community about what it means to be a Soldier: “Remain Strong.”

Lt. Col. Wenceslao G. Angulo, who serves as the communications and

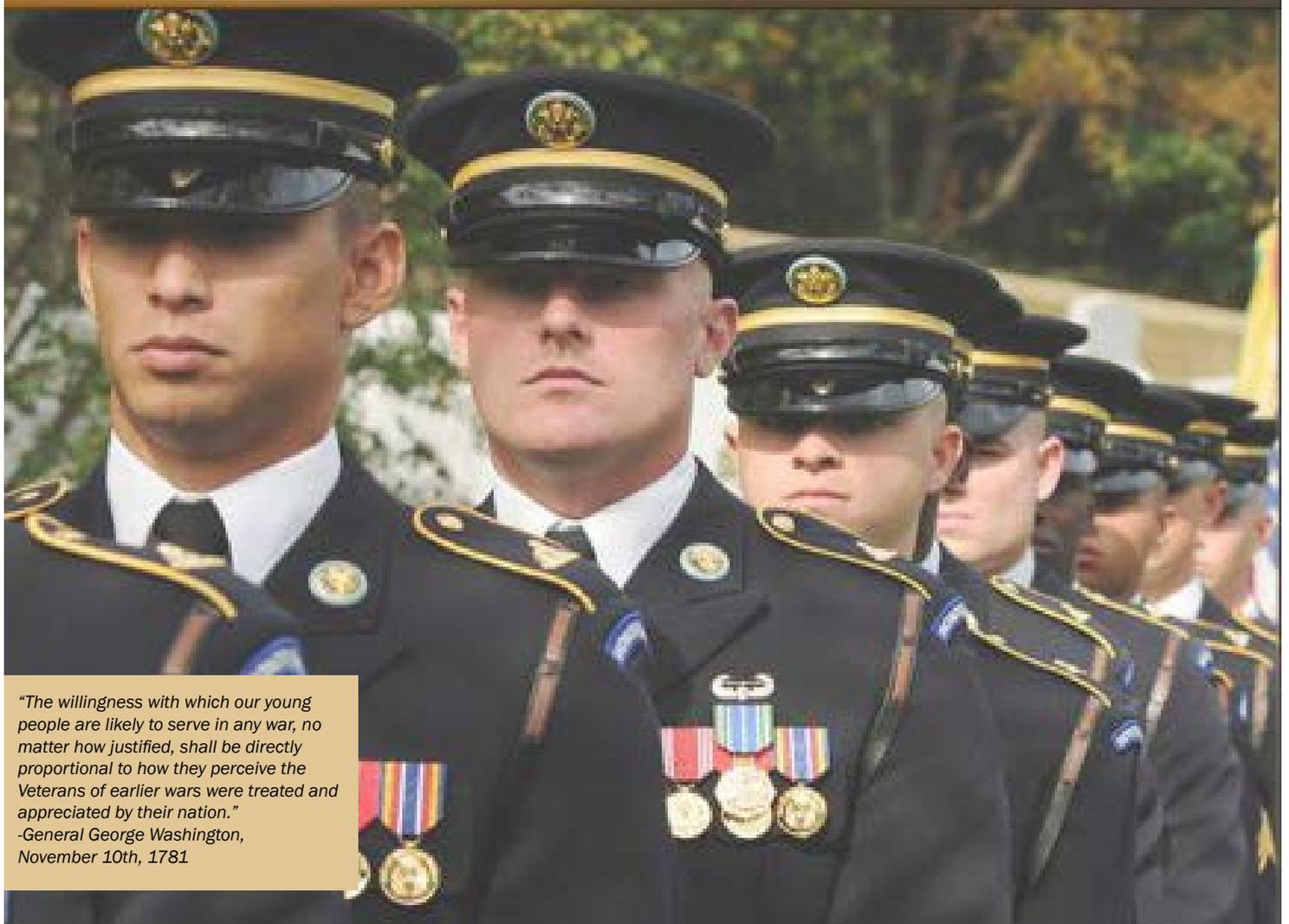
outreach director of the Army’s “Soldier for Life” program, said the SFL program and its website aims to serve those in all four phases of being a Soldier.

“We want to attract talented young men and women to join the Army,” he said.

“The new site provides current information and links to resources for all Soldiers, which include active duty, Army National Guard and Army

Reserve,” Angulo added. “We also provide access to information and links to resources for those preparing to transition to civilian life. Now with retirement services joining the “Soldier for Life” program, we can now provide services and information for those who have retired from the Army, but remain Soldiers for life.”

SOLDIER FOR LIFE



“The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation.”

-General George Washington, November 10th, 1781

Retirees will continue to be able to access important information about the Army, and information pertaining to health, retirement, employment and education benefits online at www.soldierforlife.army.mil.



How much fluid do I really need during my race or workout? Q's and A's

By Lt. Col. John Ruibal, Deputy Director, U.S. Military Baylor University Graduate Program In Nutrition

How much fluid do I really need to drink during my race or workout?

This first response is now outdated, I'll share it anyway:

Prior to 2007, guidelines from the Academy of Nutrition and Dietetics and the American Academy of Sports Medicine recommended the following:

1. Drink 16-20 ounces of water or sports drink an hour prior to your workout.

2. During the race or workout, drink another 7-10 ounces every 15 minutes of exercise.

3. After the workout or race, drink 24 ounces for every pound lost during the race or workout.

As I said, these "one-size-fits-all" guidelines on hydration have been updated to help each athlete determine a more customized approach to hydration. The overall goal, based on current research, is to help each runner balance

electrolytes and prevent runners from losing more than 2 percent of their body weight while running.

To accomplish this goal runners should start their workouts and races "euhydrated," a fancy term for pre-hydrated. I recommend that you hydrate up to thirty minutes prior to your workout and then wait to drink after you have started running. This will allow you to use the restroom prior to hitting the starting line.

During your workout you should drink to replace a minimum of 75 percent of your sweat loss during your workout. After that, you should rehydrate to your pre-workout weight before your next workout. Of course, this answer leads to a new question:

"How do I know how much fluid I lose during my workout?"

Simple! You calculate your sweat rate. To do that, you will need the following numbers:

A – Your pre-workout weight (record your weight in pounds before your workout)

B – Your post-workout weight (towel off, put on dry clothes, and record your weight in pounds after your workout)

C – The ounces that you drank during your workout

Next, plug those numbers into the sweat rate formula: $(A - B) \times 16 + C =$ Sweat loss per hour in ounces.

Here is an example: My pre-workout weight was 152 pounds (A), and my post-workout weight was 149 pounds (B). I drank 12 ounces (C) of water

during the workout. Now all I have to do is plug the numbers in to the calculation:

In my example: $152 - 149 = 3$, multiply this by 16 to give you 48 and then add 12 for the ounces of water consumed during the run. That gives me a sweat rate of 60 ounces of fluid lost per hour.

Now, remember that I said you need to replace at least 75 percent of fluid lost during the run, which means I should consume between 45 and 60 ounces of fluid per hour to stay hydrated. Fluids should be consumed every 15 minutes during the workout, so in this example 12-15 ounces of fluid should be consumed every 15 minutes.

Finally, don't forget about electrolyte balance! If you are working out longer than an hour, make sure to consume some form of electrolytes either in the form of a sports drink or electrolyte tablet or capsules.

The final thing to remember is to rehydrate to your pre-workout weight before your next workout. So to answer your question, how much do you have to drink during a workout? Your answer is in your sweat test.

John Ruibal, MS, RD, CSSD, LD, is a registered dietitian and is board-certified in sports nutrition from the Academy of Nutrition and Dietetics. He has been running for more than 40 years and coaching for 25.



It's All About Health.



Army Medicine Hosts Performance Triad kickoff events June 2-6

Health is personal and each of us defines it in our own way. Health is more than the absence of illness; achieving better health means taking a proactive approach to your well-being. This includes quality sleep, regular activity, and good nutrition. Combined, these elements make up the Army Performance Triad and can apply to everyone! Army Medicine will host Performance Triad kick-off events June 2-6. Look for information at your local Military Treatment Facility (MTF) or Army Wellness Center by viewing any of the Resources for Health listed below.

SLEEP: “8 is great!” Current Army guidance is 7-8 hours of sleep per 24-hour period for effective performance. The first step to getting a full night’s sleep is to maintain a consistent, regular routine.

ACTIVITY: 10,000 steps per day and regular exercise (at least 150 minutes per week) that fits your lifestyle.

NUTRITION: “8 is great!” Eat 8 servings of fruits and vegetables a day. Healthy nutrition and nutrient-rich food choices support muscle growth, recovery, tissue repair, and immune function, and improve mental and physical performance.

What does health look like to you? Share your thoughts with us at <http://armymedicine.mil>.

RESOURCES FOR HEALTH

The System for Health is a partnership among Soldiers, Families, leaders, health teams and communities.

Use the following resources to support healthy sleep, activity, and nutrition for you and your Family.

*Visit a Local MTF or Army Wellness Center

<http://tricare.mil/mtf/>
<http://phc.amedd.army.mil/organization/institute/dhpw/Pages/ArmyWellnessCentersOperation.aspx>

*Access Electronic Resources and Connect with Online Communities:

*ArmyFit <https://www.armyfit.army.mil>

*Comprehensive Soldier & Family Fitness <http://csf2.army.mil/>

*Visit USDA’s MyPlate Super Tracker <http://supertracker.usda.gov>

Technology can be used to enhance your personal health and readiness. Did you know that 52% of smartphone users search for health information on their phones and 1 out of 5 have at least one health app on their phone? Personal readiness devices and fitness trackers can be used to help automatically track sleep, activity, and nutrition.



Enhance your health with sleep, activity, and nutrition.





SYSTEM FOR HEALTH.

Putting Faces to Names, Questions to Answers at the IDES Training Symposium

By Nick Wills, Strategic Communications Specialist for the IDES Service Line

Last month, Army Medicine hosted the Integrated Disability Evaluation System (IDES) Training Symposium to share lessons learned, receive updates on strategic initiatives, and participate in plenary sessions on behalf of our wounded, ill, and injured Soldiers. Nearly 250 stakeholders from the IDES Service Line (SL) met for four days at MacDill Air Force Base in Tampa, Fla.

Attendees hailed the IDES Training Symposium as both an historic event and a shining accomplishment for the IDES process. They were extremely grateful for the opportunity to ask questions directly to senior leaders, and to engage in interactive, face-to-face discussions with important stakeholders and colleagues from around the nation.

Hosted by the IDES Service Line (SL) Director, Col. George Goodwin, the week featured guest presentations from key leaders and partners such as Ric Fiore, MEDCOM chief of staff, and Larry Fink, director of policy and planning and director of the IDES Program Office for the Department of Veterans Affairs (VA).

Participants included Physical Evaluation Board liaison officers (PEBLOs), Medical Evaluation Board (MEB) providers, deputy commanders of clinical services (DCCSs), DOD Office of Warrior Care Policy, Army G-1, and the VA gathered to discuss the way forward for the Disability Evaluation System (DES) process.

Part of the week's symposium included



Nearly 250 stakeholders from the Integrated Disability Evaluation System Service Line Symposium listen to the Army surgeon general's opening public service announcement, reminding everyone how essential their work is for our wounded, ill, and injured Soldiers and their Families. The participants joined together at MacDill Air Force Base in Tampa, Fla., April 29 to share lessons learned, receive updates on key initiatives, and participate in vital plenary sessions on behalf of our wounded, ill, and injured Soldiers. (Courtesy photo)

split breakout workshops for the PEBLOs and medical providers, who shared and discussed vital lessons learned on a range of topics for the benefit of their IDES peers.

What is IDES?

The Department of Defense's (DOD) disability evaluation process provides disability compensation for service members who are injured or become ill in the line of duty and can no longer perform their responsibilities. IDES provides two other significant advantages to recovering service members. First, it enables service members to file their VA claim before leaving military service, so that they continue receiving their military paycheck while being evaluated.

Second, IDES ensures service

members establish a relationship with the VA before leaving the military so that their transition to VA healthcare is smoother. Additionally, IDES helps keep Soldiers and their Families better informed about DES and where they stand in the process, making the significant life event of transitioning to Veteran status a little easier.

IDES has made tremendous progress since its initial inception in 2007, which was exemplified by the enthusiasm and commitment by attendees at the IDES Training Symposium. With the help of a dedicated workforce, the SL continues moving forward to centralize standardized processes, maintain accountability, and increase transparency for our service members and their Families.

SYSTEM FOR HEALTH.



Oncology on Canvas helps paint journey

By Staff Sgt. Christopher Hubenthal, Defense Media Activity - Hawaii

Service members, Families, patients and survivors joined together to use art as a way to reflect during the eighth annual Oncology on Canvas event in April.

Pat Nishimoto, Tripler Army Medical Center (TAMC) adult oncology clinical nurse specialist, described how the event enabled those affected by cancer to express on canvas that which gives their cancer journey meaning.

“To me it’s magic,” Nishimoto said. “It is a chance for our patients, their Families and their friends to come in and use art to reflect on their cancer journey because cancer doesn’t happen just to the patient, it affects everyone who knows them and cares about them.”

Haley Tyrrell, a 10-year-old who was diagnosed with cancer at the age of 5, and her Family were in attendance. Haley’s father Patrick Tyrrell, retired U.S. Marine Corps master gunnery sgt., her mother Wendy Cockshell, and her brother Zachary

Tyrrell, 8, painted their journey during the event as a Family.

“This is probably the only time that our Family sits back and looks at what we’ve been through,” Cockshell said. “We usually put it in the background and do what we have to do. Today makes you stop and think about this whole journey with our Haley, and what it means to us and how it changes your life.”

Haley’s brother explained how his painting helps represent his family’s journey with cancer.

“I guess I’m a pretty big eater and I was eating donuts when an idea popped into my head,” Zachary said. “The picture was called ‘Cancer equals bad and donuts equal good’ and on one side it had a smiling donut and then it had a person crying.”

Cockshell described the affection that Haley and Zachary share with one another.

“They love each other very much and Zachary does a lot for his sister,” Cockshell said. “She came down with cancer when she was 5-years-old, the week after he had his fourth birthday. There’s not a lot he remembers before she had cancer and because she had brain and spinal cancer she had to learn to move and speak again so he lost his little playmate all in one day. She looks after him and he looks after her a lot now.”

Cockshell’s painting helped represent both the good and the bad times her family goes through during their journey.

“My picture is called ‘the sun rises and the sun sets,’ and I drew shadows of things that actually haunt me from Haley’s journey and as joyful as it is we see both sides more intensely,” said Cockshell. “We see happiness, and the sad times are really devastating. There’s more intensity in life and living in the moment in these few shadows that come out this year in the painting.”

Patrick used the opportunity to paint as a way to showcase his daughter’s kindness and the love his family shares.

“I started [painting] Haley in a wheelchair,” Patrick said. “She’s famous for her hugs and gives everyone she knows hugs and sometimes people that she doesn’t know. I wanted to have her in her chair hugging someone. Her buddy Zachary, is a wonderful brother so I tried [painting] him giving her a hug.”

He also described how his family benefits from activities where they are able to interact with other families going through similar situations.



Zachary Tyrrell, 8, views paintings made by family, friends, cancer survivors and cancer patients during the eighth annual Oncology on Canvas event at the Tripler Army Medical Center April 12, in Honolulu. Zachary was able to paint with his sister, Haley Tyrrell, 10, who was diagnosed with cancer when she was 5-years-old. (U.S. Air Force photo by Staff Sgt. Christopher Hubenthal)

SYSTEM FOR HEALTH.

Oncology on Canvas

“You can kind of relate it to a deployment where you come back and when you try to tell your buddy, who’s not in the military, what you’ve been through, they don’t understand,” Patrick said. “Families with cancer understand the trials and tribulations you go through.”

During Oncology on Canvas, Haley painted a picture that represented herself and her family.

“It said ‘I love me’ and I drew a picture

of me with a chair and I drew a big heart,” Haley said. “I love my family.”

Nishimoto described the unique opportunity an event like this offers those affected by cancer.

“No one else is doing it like this anywhere in the United States where we have kids come and we have friends come,” Nishimoto said. “We use it as a chance where you don’t feel so alone as you go through this journey.”

Talking with survivors, friends, and family during the Oncology on Canvas events always touches Nishimoto.

“Tears always come to my eyes,” Nishimoto said. “Patients I thought would never come show up and they share some very intimate thoughts that I didn’t even know was going on with them. Their stories are so magnificent and I feel very honored that they are willing to share that with us.”



Volunteer Student Dress Up

Kathy Ryan, Ph.D., has a volunteer student from Longs Creek Elementary School dress up as conceived by 2nd and 3rd grade students. For the past several years, Kathy Ryan, Ph.D., a physiologist and chief of the Research Regulatory Compliance at the U.S. Army Institute of Surgical Research, has been speaking to elementary school students about her career and the combat casualty research that she has been involved in. On April 11, Ryan was a guest at the annual “Science Day” at Longs Creek Elementary School in San Antonio where she spoke to approximately 275 second-fourth grade students throughout the day.



Paint Fisher House

Brig. Gen. Dennis Doyle (center, back-row), commanding general of Pacific Regional Medical Command and Tripler Army Medical Center along with spouse, Lisa Doyle (center, back-row), say thank you to community volunteers who painted Tripler’s Fisher House, a “home away from home” for military Families and patients receiving medical care. The volunteers were employees from Hawaii-area Sherwin-Williams offices and donated paint and labor to repaint the kitchen and bedrooms. Tripler Fisher House Manager, Anita Clingerman (second to the right) also thanked volunteers for their efforts. (U.S. Army photo by Ana Allen, PRMC)



All-Star Salute to the Troops

Spc. Kelly Gregg, a patient administrator specialist with U.S. Army Medical Command, who recently moved from Fort Bliss, Texas, to the 30th Medical Brigade, in Sembach, Germany, performs “If I Die Young” with The Band Perry on the Academy of Country Music’s All-Star Salute to the Troops which aired May 20. (Getty Images/Courtesy of Academy of Country Music)



BORDEN INSTITUTE RELEASES GOOD TUBERCULOSIS MEN: *The Army Medical Department's Struggle with Tuberculosis*

The Borden Institute has just released **GOOD TUBERCULOSIS MEN: The Army Medical Department's Struggle with Tuberculosis**.

In 1917, as the United States prepared for war in Europe, Army Surgeon General William C. Gorgas recognized the threat of *Mycobacterium tuberculosis* to American troops. What the Army needed was some "good tuberculosis men." Despite the efforts of the nation's best "tuberculosis men," the disease would become a leading cause of World War I disability discharges and Veterans benefits. The fact that tuberculosis patients often experienced cycles in which they recovered their

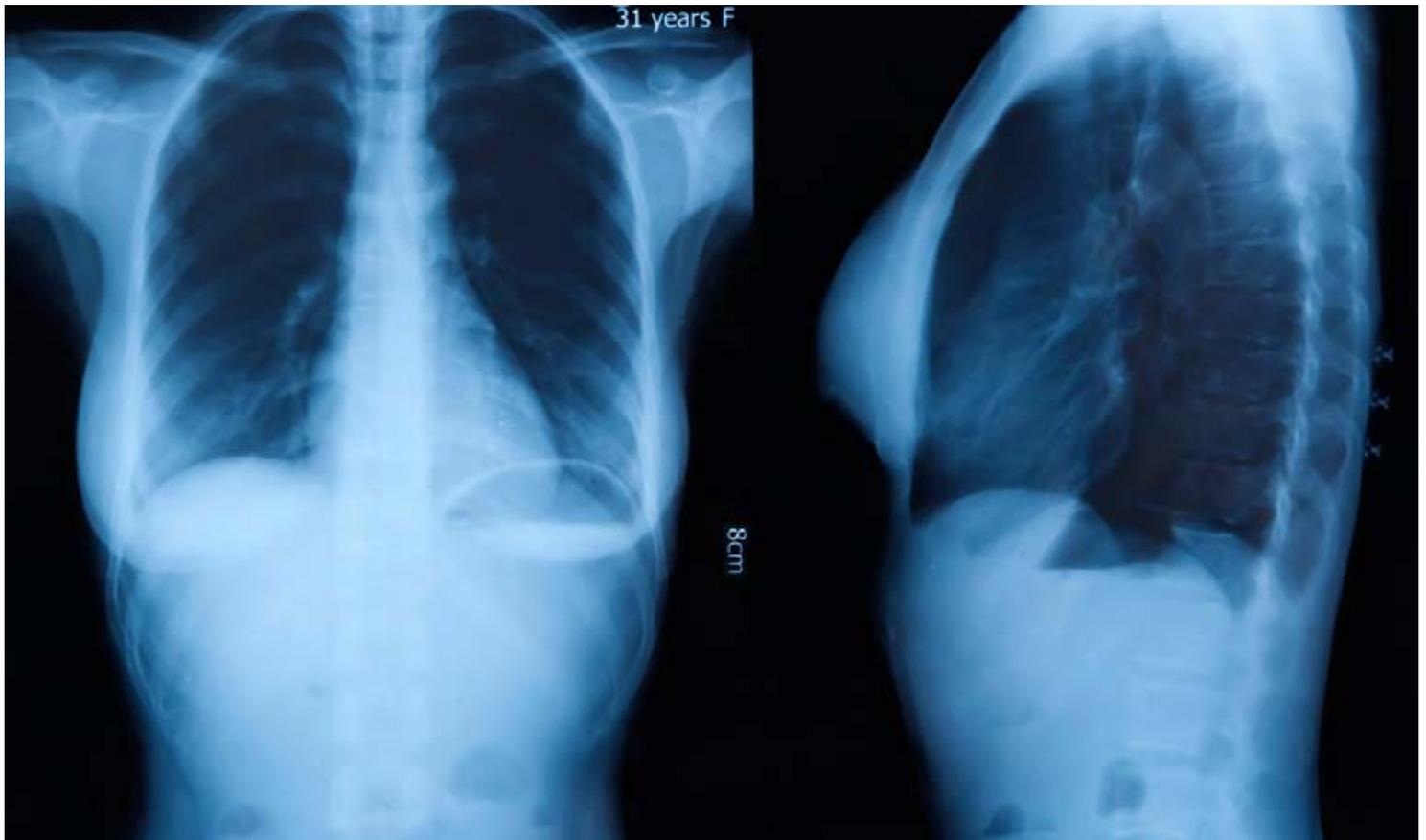
health and then fell ill again challenged government officials to judge the degree to which a person was disabled and required government care and support. This book tracks the impact of tuberculosis on the U.S. Army from the late 1890s, when it was a ubiquitous presence in society, to the 1960s, when it became a curable and controllable disease. According to the Army surgeon general, "While the prevalence of tuberculosis has decreased dramatically in the Western world, it is still common in other parts of the world where nearly two million people die each year from tuberculosis, and one-third of the world's population is infected. As a result, tuberculosis



**BORDEN
INSTITUTE**
www.cs.amedd.army.mil/borden

is a serious threat to our fighting capabilities should American fighting men and women deploy to areas where this disease is still endemic."

Copies of Borden Institute publications may be ordered free of charge by eligible personnel. Anyone may download PDF versions free of charge at www.cs.amedd.army.mil/borden.



Above photo shows a 31-year old female lungs with tuberculosis.

Husband and Wife Duo Save Lives Together

By Lori A. Kuczanski, ASBP Blood Donor Recruiter, Fort Bliss, Texas

More than two years ago, Army Spc. Jennie Hartman was asked if she would donate platelets at the Fort Bliss Blood Donor Center. She agreed and became a regular platelet donor for the Armed Services Blood Program. But in addition to her routine donations, she's also known for encouraging others to roll up their sleeves, as well.

Hartman, a medic at the William Beaumont Army Medical Center, knows firsthand the importance of blood and blood products being readily available.

"As a medic, I know what can happen when there are massive amounts of blood loss due to an injury and platelets clot the blood to stop the bleeding," Hartman said.

Every two weeks, the northern California native is at the donor center with a smile on her face, ready to donate platelets. Hartman is passionate about donating platelets to help ensure blood products are on the shelf in the event they are needed.

Hartman spreads the word to fellow Soldiers, Family members and co-workers about the need for blood or platelet donations to the ASBP, the official blood program of the U.S. military.

"I encourage others to donate blood or platelets so they too can help our service members," said Hartman.

One of the people Hartman encouraged to donate was her husband, Sgt. Joshua Waugh.

"I encouraged my husband to donate blood because he is O-negative, the universal donor," Hartman said.

While Hartman was donating platelets, Waugh was donating blood simultaneously. The couple believes in helping others, and each agreed this was a simple, lifesaving way to

help others in need. Both Hartman and Waugh live up to the Army value of selfless service and do so without reservation.

Waugh, assigned to Fort Bliss garrison, Headquarters and Headquarters Company, first donated blood at Fort Benning, Ga., before arriving at Fort Bliss. Waugh then deployed for a year and had to wait one year after his deployment to begin donating blood again.

"As soon as I was eligible, I started donating blood again. Yeah, my wife also encouraged me to donate blood, too," smiled Waugh. "Because she was donating platelets, it motivated me to donate blood again."

Knowing he has an essential blood type, Waugh feels even more compelled to donate blood, especially while in a garrison setting.

"I believe donating blood is the single most important thing a soldier in a garrison can do for our deployed service members and their Families," said Waugh. "Being type O-negative is

even more important to donate blood regularly because it's the universal donor, and my blood type is always needed."

Hartman also encouraged her twin sister, Marie, to donate blood to the ASBP. Inspired by her sister, Marie stopped by the blood donor center while on Fort Bliss one day to roll up her sleeve and help save lives.

Venessa Smith, medical technician at the Fort Bliss Blood Donor Center, enjoys being Hartman's apheresis technician. They have developed a friendship and appreciation for each other over their long talks while Hartman donates. Smith said it's nice to know donors on a personal level.

"Our conversations range from work activities, family life, Jennie's passion for horses and the donkey she just got so her horses have a companion," smiled Smith. "It's good to have a fun rapport with her."

Smith appreciates the commitment from donors who graciously give their time and blood or platelet donation. Smith said it is regular donors like Hartman that allow products to be available.

"Jennie's more than a regular donor," said Smith. "She's a part of our blood donor center family."

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



Spc. Jennie Hartman donates her 18th donation of platelets over two-years. Hartman was awarded the Army Achievement Medal for her commitment to donating platelets. Hartman and Waugh are regular donors for the Armed Services Blood Program. (Courtesy photo)

Army Veteran, Soldier Perseveres to Earn EFMB Despite Losing Left Foot in Combat

Capt. Erick Lund, Wounded Warrior and Dental Corps officer from the Fort Sam Houston DENTAC, tells his story and the journey leading up to the Expert Field Medical Badge (EFMB).

Waiting for the MedEvac I laid prostrate on the stretcher, ever so close to the burning Iraqi sand. Nine pieces of molten, bullet like shrapnel had just penetrated my body and my life was literally hanging in the balance.

The year was 2005. I had been manning the .50 cal machine gun as a mechanized infantryman when three IEDs exploded with my vehicle in between them. With the hands of skilled medical professionals and a modern miracle, my life was spared with the loss of my left foot as the only permanent consequence of being attacked that day. An experience like that can change a person's life. It changed mine. To me the Army became something deeper, something I now truly belonged to.

Since that day with my wife as my

rock, I was able to stay in the Army, learn to snowboard, run a marathon, compete in a triathlon, raise our three children, complete dental school, and most recently receive the EFMB. Ten years ago the training given in that course saved my life, and that thought alone motivated me every day as I gave my all to earn the coveted badge.

The road march was the pinnacle moment of the experience. Every step I took hurt while carrying the required load on my back and shoulders, but I didn't care. This was something I had to do. I had to do it for me, and any Soldier I might need to treat someday in the future. I was just grateful for the chance to be a part of such a fantastic group of people training, learning and becoming.

My efforts were personally dedicated to Sgt. 1st Class Ronald Wood who was killed in action July 16, 2005, while he sat in the front passenger seat of my HUMVEE. He was the ideal soldier and is greatly missed.

“It is poignant and humbling, as Capt. Lund demonstrates the absolute selfless service, dedication, and servant leadership that we see in our Warriors. Capt. Lund’s story inspires and his passion for the Army comes through loud and clear. He truly honored Sgt. 1st Class Wood in both his actions and words, and I think that Capt. Lund’s story needs to be told.”

Army Surgeon General Lt. Gen. Patricia Horoho



Capt. Eric Lund (left) is photographed with Col. Donn Grimes, commander U.S. Army Dental Command, following qualifying events for the Expert Field Medical Badge (EFMB) held at Camp Bullis, San Antonio, Texas. Capt. Lund completed the 12 mile road march May 23 and earned the EFMB despite losing his left foot during combat in 2005. (Courtesy Photo)



U.S. Army Medical Materiel Center Europe members from the Joint Plans and Programs Division gather for a photo in front of sets they assembled that are destined for Afghanistan to outfit ground ambulances for the Afghan National Police and Army. From left to right: Harald Weber, Maj. Bruce Argueta, Joachim Dauth, Andrea Quaiser, Petra Gross, Melanie Sagmeister, Natalie Klein, Margit Chaney, Volker Schaefer, Philer Zdenko, Peter Host, Norbert Decker, Joseph Robinson, and Wayne Baines (Photo courtesy of USAMMCE)

US Army Medical Materiel Center Europe outfits ground ambulances for the Afghan National Police/Army

By Shane Sharp, *ERMC Public Affairs*

It was January when the U.S. Army Medical Materiel Center Europe (USAMMCE) received the order – outfit 325 ambulances for the Afghan National Police and Afghan National Army. The large order for supplies and equipment was within the capabilities of USAMMCE, located in Pirmasens, Germany, about 30 minutes south of Kaiserslautern, Germany. However, the request listed March as the completion date, leaving only a few months to order more than \$6 million of medical equipment and supplies, receive the items, perform technical inspection, and then assemble the items into kits and pallets.

“The timeline was the biggest challenge,” said Maj. Bruce Argueta, chief of USAMMCE’s Joint Plans and Programs Division. “Usually we would have three to six months to complete an order this large. Compressing the timeline down to about two months forced us to adapt our process.”

The starting point for the project was the procurement phase. Each of the 752,730 items that would go into 325

tri-wall containers and 33 bulk pallets had to be ordered and received as quickly as possible. Normally, this task would belong to the Joint Plans and Programs Division. Because of the quantities involved, the procurement of the necessary items was handled differently.

“Given the compressed timeline and the volume of the orders, Materiel Management handled the procurement process,” said Lt. Col. Sean McMurry, chief of the Materiel Management Division. “The volume was the big challenge. We had to reach out to our Prime Vendors and the [Defense Logistics Agency – Troop Support] to see how many of a given item they could get us and then have them coordinate directly with the manufacturer to increase production of most of the items so the vendor could then ship us the quantity we needed for the ground ambulance sets.”

Some challenges involved the timing of national issues impacting supply of certain items.

“We found out that production on IV bags had been halted by the FDA at stateside manufacturing companies,” said

McMurry. “On the recommendation of our Prime Vendor partners, we were able to contact Baxter USA who could supply the necessary amount of IV bags from their plant in England, enabling us to keep the project on track.”

McMurry’s team worked with Andrea Quaiser, the expeditor with the Joint Plans and Programs Division, to ensure each of the 3,300 procurement actions for this project were tracked from their source of supply to the USAMMCE production floor and to verify the orders were correct upon receipt. Again, the process deviated from the norm due to the short timeline.

“Normally we order all of the items and assemble the sets after everything has been received,” said Col. Thomas Slade, USAMMCE commander. “In order to expedite the process with this project, we inspected and packed the items as they arrived, effectively combining what are usually separate phases of the process.”

Despite the short timeline, technical inspection remained a critical step in the process.



Ambulances

“Technical inspection ensures the items function properly according to the manufacturer’s instructions,” said Argueta. “The primary reason for accomplishing TI is simple – patient safety. We know at the end of the many supply chains we are part of, there are men and women who will rely on this equipment to save lives. Master Sgt. [Timothy] Dess and his team accomplishing the TI were invaluable to the overall project.”

The process of receiving, inspecting and organizing items into kits or sets built to specific customer specifications is something the USAMMCE team does on a daily basis. For example, during the past 12 months the unit has processed more than 298,666 orders totaling more than 8.2 million pounds. These orders have supplied 732 joint service customers

from AFRICOM, CENTCOM, EUCOM, PACOM, and the U.S. State Department with the medical supplies and equipment they need to carry out their respective missions in Europe, Africa, and Asia.

As the USAMMCE team prepared the ground ambulance order, their warehouse became a sea of open tri-wall containers and bulk pallets. Keeping track of what had already been received and packed piece by piece was the responsibility of Joachim Dauth and his eight-person production-assembler team.

“Our production assemblers worked very hard organizing and tracking this project throughout the Inventory, Receipt and Storage Phase,” said Joe Robinson, who headed up the ambulance set building project together with fellow project manager Wayne Baines. “They

used a data system to keep track of where, how, and when items were getting packed. They really did a fantastic job on this project,” said Robinson.

In a matter of weeks, all the sets were assembled. As the containers and pallets were completed, they were shipped off in small groups to their final destination where they will be used to outfit ground ambulances for the Afghan National Police and Afghan National Army.

“Our people did an impressive job of getting the materiel here in a timely manner and being flexible as they worked outside of the normal scope of operations to get this project completed,” said Slade. “The way different sections came together to get the job done was the best example of outstanding teamwork I’ve seen in my time at USAMMCE.”

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

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

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





USAISR Burn Center Staff Integral Members of American Burn Association

Story and photos by **Steven Galvan**, USAISR Public Affairs Officer

Nineteen members from the U.S. Army Institute of Surgical Research Burn Center (USAISR) attended the American Burn Association’s (ABA) 46th Annual Meeting in Boston, March 25-28. The ABA is committed to advancing burn-related research, education, treatment, rehabilitation,

and prevention to improve the lives of those affected by burn injuries. The annual meeting is designed to provide the optimal occasion to increase knowledge to its members and guests on the state-of-the-art scientific and practice advances in burn care.

Even though the number of attendees

from the USAISR was minimal, the presence of the Institute was evident throughout the four-day event. Several members presented or moderated plenary and poster presentations (including 4 of 8 Nursing Correlative Sessions), two members were presented major awards, and an appointment to chair a national committee.

“I am very pleased and proud with our performance and contributions to the ABA meeting,” said Col. (Dr.) Booker T. King, USAISR Burn Center director. “It all speaks highly of the people here [burn center] and the work that we’ve submitted.”

The two awardees for their research were: Clinical Research Coordinator, Reginald “Reg” L. Richard, who received the “Best Paper” award, and Nicole Caldwell who earned the “Best in Category” award for posters. Lt. Col. Elizabeth Mann-Salinas was appointed to chair the Committee on Technology—keeping the number at eight USAISR personnel on ABA national committees.

Best Paper Award

The “Burke/Yannas Bioengineering Best Paper Award” was presented to Reg Richard for his manuscript titled: “Hierarchical Decomposition of Burn Body Diagram Based on Cutaneous Functional Units and Its Utility.”

Best in Category Award

Nicole Caldwell was awarded the “Best in Category” award for her poster titled “Pathogenic Bacteria on Common Access and Identification Cards: A Search for Badge Bugs.”



Nicole Caldwell was awarded the “Best in Category” award for her poster at the American Burn Association Annual Meeting.



TRICARE Delivers Nurse Advice Line to Hawaii Beneficiaries

By Ana Allen, Pacific Regional Medical Command

It always seems to happen at the most inconvenient time or place. A worrisome health issue comes up and you've got questions. If only you had a medical professional standing by to answer your immediate questions over the phone no matter when or where.

Enter - the TRICARE Nurse Advice Line.

Beginning May 30, Hawaii TRICARE beneficiaries can call the Nurse Advice Line (NAL) 24 hours a day, 7 days a week for professional medical advice.

Registered nurses are available to answer a variety of urgent healthcare questions and help beneficiaries decide whether self-care is the best option or if it's better to see a healthcare provider.

Lt. Col. Beverly Inocencio, nurse executive for the Pacific Regional Medical Command Army Medical

Home Team says although beneficiaries can still call their primary care manager or clinic, the new live-phone service gives patients more options.

"It's another avenue to reach a qualified medical professional to get questions answered without having to wait on the phone, schedule an appointment or deal with traffic and parking," she said.

Callers of the toll-free number can expect a customer service representative to verify eligibility before being connected with an experienced and trained registered nurse who will ask a series of standard questions, allowing them to provide the best advice possible.

NAL also has the potential of decreasing emergency room visits to only true emergencies.

"The NAL soft-launched in 12

medical facilities where 95 percent of the callers had an intention of going to the Emergency Department. Once the nurse helped them navigate through their symptoms, 51 percent ended up just needing self-care with 20 percent needing same-day appointments or urgent care."

The Nurse Advice Line can also work in tandem with another TRICARE tool.

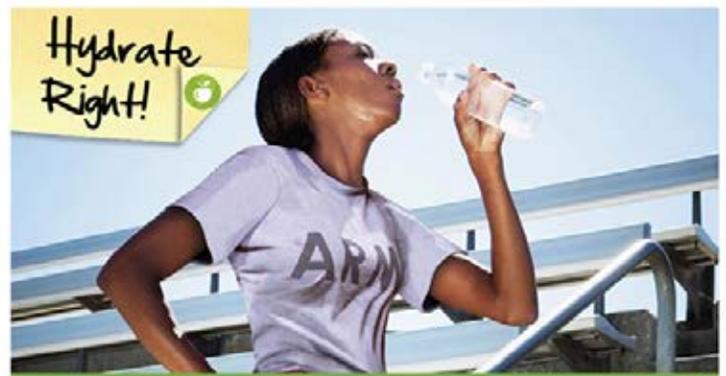
"The Nurse Advice Line and the TRICARE Online Portal are two tools that give beneficiaries the ability to take charge of their healthcare. Beneficiaries can look up their own health information, referral status, and even communicate with providers all from the comfort of home through TRICARE Online," Inocencio said.

To access the NAL, once it launches, dial 1-800-TRICARE (874-2273); Option 1.



DOES YOUR CHILD GET ENOUGH SLEEP?

- Birth - 2 months need 12 - 18 hours
- 3 - 11 months need 14 - 15 hours
- 1 - 3 years need 12 - 14 hours
- 3 - 5 years need 11 - 13 hours
- 5 - 10 years need 10 - 11 hours
- 10 - 17 years need 8.5 - 9.5 hours



BENEFITS TO INCREASING WATER INTAKE

- ✓ Maintaining normal bowel function
- ✓ Managing weight by reducing calories
- ✓ Saving money when you go out to eat



Blanchfield Army Community Hospital's Soldier and Patient-Centered Medical Home Teams Shift Their Approach to Healthcare

By Laura Boyd, Public Affairs Officer BACH

Blanchfield Army Community Hospital's Soldier and Patient-Centered Medical Home teams have shifted their approach to healthcare by expanding their services, while providing patient-centered medical care that offers Soldiers and their Families a System for Health. Recently Army Medicine's Southern Regional Medical Commander Maj. Gen. Jimmie Keenan visited Fort Campbell's medical services and saw the improvements firsthand.

"We are moving from a healthcare system to a System for Health and we have got to move the dial to prevention so we have to build sleep, activity, and nutrition into everything we do," said Keenan. "That is going to help move the dial from a healthcare system to a System for Health where we prevent injuries and illness, where we build the resiliency that we need to build in our

Soldiers and Family members. That is what makes us Army strong."

As Soldiers, Civilians, and contract employees work to offer Soldiers, Retirees, and their Families the safe and effective patient-centered medical care available today, they are also working to reduce spending costs to help the nation reduce the budget deficit. Keenan said she understands the importance of thanking the Army Medicine team for the work they do daily to care for the 101st Airborne Division and Fort Campbell.

"Your team is very valuable," said Keenan. "One of the things that I find most important is that we value each other as people and not as objects, because everything we do requires people."

"That really motivates people, to be recognized. And, you've got a

phenomenal team here who really understands selfless service," Keenan said.

As Army Medicine's southern regional medical commanding general toured hospital services and visited with the 101st Airborne Division commander, she shared the importance of readiness, not only for Soldiers but also for their Families. Readiness includes medical teams providing continuity of care where patients trust the care they receive.

"Everything we do is about readiness," said Keenan. "It is not only readiness of our Soldiers, but also the readiness of our Families. And, if we can ensure that we are not only enrolling our Soldiers and Families to care, but also providing that care, and providing that continuity of care where I know my provider and I feel that trust, then we're providing better care."



During Southern Regional Medical Commander Maj. Gen. Jimmie Keenan's visit to Blanchfield Army Community Hospital and Fort Campbell, Ky., she stopped by the Screaming Eagle Medical Home, Fort Campbell's community-based medical home, located next to Gateway Medical Center. Keenan stopped in to visit with 20-month old patient Abigail Schockling and her mother, Terri, while touring the clinic.

“Policy for Tobacco-Free Living”

By Chanel S. Weaver, U.S. Army Public Health Command

A new U.S. Army Public Health Command “Policy for Tobacco-Free Living” was approved this year, supporting the momentum to transform the Army culture from tobacco-permissive to tobacco-free.

The policy directs USAPHC personnel and visitors to avoid using tobacco products while on USAPHC campuses, with the intent of creating a healthier workplace and workforce.

Although the policy was signed in January, it may take up to one year before it receives full implementation throughout the USAPHC.

“Implementation of this policy over time will give individual workers time to reduce their nicotine dependence, access tobacco cessation classes and services, and become acclimated to living a tobacco-free lifestyle during the duty day,” said Col. Heidi Warrington, chief nurse executive at the USAPHC and lead consultant on tobacco-free living in the U.S. Army Medical Command.

In addition to prohibiting the use of tobacco products including cigarettes, cigars, pipes and smokeless tobacco, the policy also prohibits the use of electronic nicotine delivery devices like e-cigarettes, e-pipes, and e-cigars while on USAPHC campuses.

Although electronic nicotine delivery devices may seem to be a safe alternative to cigarettes, these devices are not regulated by the U.S. Food and Drug Administration for various reasons, to include the fact that they contain significant variances in the amount of nicotine that is delivered, according to Warrington.

The tobacco-free living policy will benefit the USAPHC workforce by reducing risks of developing debilitating health conditions caused by tobacco use.

Most people know that using tobacco



These signs will soon be posted throughout USAPHC campuses to inform employees and visitors of the tobacco-free policy. (Photo courtesy USAPHC Visual Information Division)

products can eventually cause lung cancer, emphysema, cardiovascular disease and other chronic illnesses. However, one does not have to wait 20 or 30 years to experience the adverse effects of smoking or exposure to secondhand smoke.

Multiple studies by USAPHC scientists show that smoking has immediate health effects—such as increased injury risk and diminished physical performance.

“Tobacco use can negatively impact one’s health by causing impaired night vision, respiratory illnesses, delayed wound healing, increased surgical complications, and accelerated age-related hearing loss,” said Lt. Col. Kari Bruley, an Army public health nurse at the USAPHC. “Long-term effects include cancer, stroke, and heart disease.”

Additionally, the tobacco-free living policy aims to improve the overall health of employees, military personnel, Family members, Retirees, and visitors at all USAPHC facilities.

Warrington said the policy significantly reduces secondhand smoke exposure that can cause cardiovascular disease and lung cancer among non-smokers.

“Hundreds of toxic chemicals and nearly 70 carcinogens are released through secondhand smoke,” she pointed out.

Maj. Gen. Dean G. Sienko, the USAPHC commander, said the policy is vital for sustaining the health and readiness of the USAPHC workforce.

“Tobacco use remains the leading cause of preventable death and disease in the United States,” Sienko said. “I am delighted that the USAPHC can lead the way in supporting national and Army Medicine strategic objectives to achieve a tobacco-free lifestyle.”

The policy also supports the National Prevention Strategy, Healthy People 2020, Army Regulation 600-63, and AMEDD 2020.



Col. Louis Zeisman, commander of the 2nd Brigade, 2nd Infantry Division; Col. Ramona Fiorey, commander of the Madigan Army Medical Center; and Col. John O'Brien, Madigan's chief of primary care, cut the ribbon for the opening of the Soldier Centered Medical Home (SCMH) at Okubo Family Medical Center on Joint Base Lewis-McChord May 7. The SCMH is located near 2nd Brigade assets, bringing medical care closer to Soldiers.

JBLM Opens New Soldier Centered Medical Home

By Suzanne Ovel, Western Regional Medical Command

Infantry Soldiers on Lewis North are now just a short walk away from getting comprehensive medical care, thanks to the new Soldier Centered Medical Home now located at Okubo Family Medical Clinic.

The hope is that with more convenient medical care, along with increased levels of immediate care available, Soldiers will get help and get back to their units quicker.

"We're trying to get ahead of injuries. You don't wait until your car light comes on to change the oil; you want to do it beforehand," said Col. Louis Zeisman, commander of the 2nd Brigade, 2nd Infantry Division.

This preventative care fits into their priority of readiness, said Zeisman.

"That's what the end state in this day is

all about, is readiness and taking care of Soldiers," he said.

On May 7, Zeisman joined Madigan Army Medical Center Commander Col. Ramona Fiorey and Madigan's Chief of Primary Care Col. John O'Brien in cutting the ribbon at Okubo to officially open the SCMH for 2nd Brigade Soldier care. The "one-stop shop" will cut down on long trips to get medical care.

"It keeps them closer to their footprint, so it doesn't take them out of their training nearly as long," said Fiorey.

The center will serve as a medical home for Soldiers, where they will come for the majority of their care, she said.

"Their providers are going to know their needs better. We're going to be on top of things much quicker," she said, noting that areas like profiles and

medical readiness will be much more easily managed in an environment where line and medical personnel align.

"This marks a new era in how (Medical Command and Forces Command) interact together in taking care of our Soldiers. That's what the Soldier Centered Medical Home project is all about," said O'Brien. Not only do the two commands collaborate to staff the SCMHs, first drawing from medical staff from the brigades and then supplementing with MEDCOM staff, but they also, by the nature of creating and sustaining SCMHs, create closer lines of communication.

"Now you have this better linkage between the line units and the hospital, whereas you don't always have that. I



Soldier Centered Medical Home

think the Soldier Center Medical Home helps to reinforce that. That’s been a huge positive,” said O’Brien, who oversees the development of SCMHS here.

Although 2nd Brigade units will still maintain battalion aid stations, they will focus more on conducting initial screenings and on triaging Soldiers for care. Soldiers’ time waiting at sick call should be reduced as they either get sent immediately to the SCMHS for care or are given appointments in the near future, freeing them up until that time, said O’Brien.

While medics will continue to staff the battalion aid stations, the brigade’s physician assistants will join the SCMHS and will work directly with nurses and physical therapy staff, and will have better access to labs, radiology, pharmacy, and more -- all a part of the holistic approach the center offers.

“They’ll be major assets to do a lot higher level of care than you could do at an aid station,” said O’Brien.

In addition, the brigade’s medics will rotate through the SCMHS to assist in care, which will keep their skills honed as they work more closely with PAs and doctors stateside, said O’Brien.

“For our young Soldiers who are

coming out of (advanced individual training) or a basic unit, they are working in a hospital-like environment. There’s no better way to get experience than working here,” Zeisman said.

O’Brien points to the success of JBLM’s first SCMHS for Soldiers with the 555th Engineering Brigade and 17th Fires Brigade; he sees the on-site physical therapy assets as the SCMHS’s primary success.

“I think that’s been a game changer for that unit,” said O’Brien. Given the convenience of the SCMHS location to Soldiers’ workplaces, he envisions Soldiers being much more able to commit to two or three physical therapy sessions each week. From there, the potential positive outcomes become a snowball effect: Soldiers will have less risk of re-injury, less risk of a profile, and ultimately less risk of being medically boarded, which can result in the Army retaining more experienced Soldiers.

Tied closely to the preventative health nature of SCMHS is how they will incorporate the Performance Triad’s three components of health: sleep, activity and nutrition.

“We’re going to train our behavioral health providers to do a really good job

of screening why people aren’t sleeping, and to be able to give advice on how to optimize your sleep,” said O’Brien; while behavioral health is considered to be a part of the SCMHS concept, they are housed in a separate building for the 2nd Brigade’s SCMHS. The on-site nutritionists and physical therapists will complete the focus on the triad, “which is really about preventative ways to improve your performance,” he said.

Although the SCMHS at Okubo is already seeing patients, O’Brien said they are still hiring to full strength. This SCMHS is one of four that will be available on JBLM; two more will stand up on Lewis Main. O’Brien said that the medical homes need a grouping of 4000 to 5000 Soldiers to be efficient; any Soldiers not assigned to SCMHS in the future will be seen at Patient Centered Medical Homes instead, he said.

“I think we’re pursuing the correct model, which is everybody working together to take care of the Soldiers. Everybody who sees the model and understands it says this is exactly what we’re supposed to be doing,” O’Brien said.



Performance Triad

Army's Wounded Warrior Program Celebrates Decade of Caring for Troops

By Rose L. Thayer, Fort Hood Herald

As Spc. Louis Roane waits to medically retire from service, his Army Wounded Warrior advocate is helping him transition into the next phase of his life.

"She's been very proactive. That's a wonderful way to be," said the Warrior Transition Brigade Soldier. "In the military you're always trying to be proactive instead of reactive. There were a lot of things I thought I had under control."

His advocate helped him enroll in college and start classes to carry his military specialty of truck driver into the civilian job market. Roane even got help finding sports programs in which to enroll his three children.

"She's amazing," he said of his advocate, Carol Livengood. "She calls ... and asks if there is anything she can do to help."

The Army Wounded Warrior Program celebrated 10 years of serving Soldiers April 22. It's been around longer than the Warrior Transition Command — created in 2009 — it now operates under.

Over the last decade, this program has supported more than 19,000 of the Army's most severely wounded, ill, and injured Soldiers and their Families and caregivers throughout their recovery and transition, even into Veteran status.

"What makes it unique is it supports the most severely wounded and the support is completely personalized," said Col. Johnny Davis, D.C.-based program director.

"The advocates are the key to success. There are more than 200 located worldwide."

At Fort Hood there are nine advocates, and four work with about 450 soldiers in the Warrior Transition Brigade.

"I enjoy being able to help service

members transition from the Army into a successful civilian life," Livengood said. "My job is to open doors. The service member has to walk through it."

Since 2008, Livengood has worked with Fort Hood Soldiers as they navigate their medical care, education, benefits, and anything else that may arise.

"It's very fulfilling for me to see Soldiers and Families utilize what is available to them at Fort Hood," she said.

On Thursday, she was able to see a Soldier's last request from his time in the Army come to fruition.

In 2012, Sgt. Shane Lawry was awarded the Purple Heart Medal for injuries sustained in Afghanistan with the 101st Airborne Division.

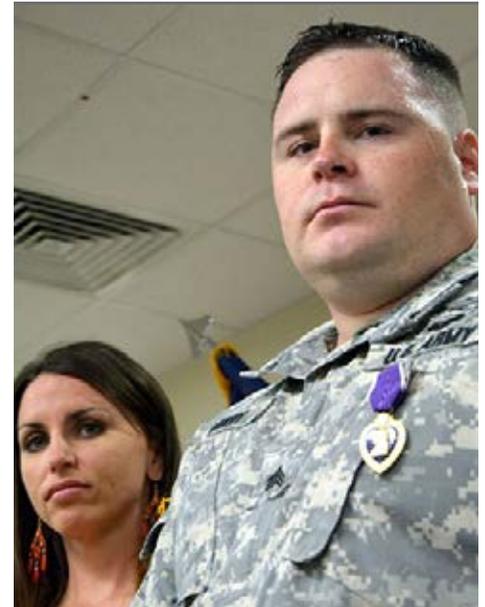
Soon after redeployment Lawry moved to Fort Hood and the medal was never formally presented to him.

It was his one request to Livengood.

"It feels good to finally get it," he said. "The Warrior Transition Unit and (the Wounded Warrior program) have helped me. ... They helped me get into cycling and I rode a bike with the Ride 2 Recovery. They helped me get back into things I used to enjoy."

Livengood watched Lawry receive his medal before his wife and three children.

"Today was one of the most wonderful



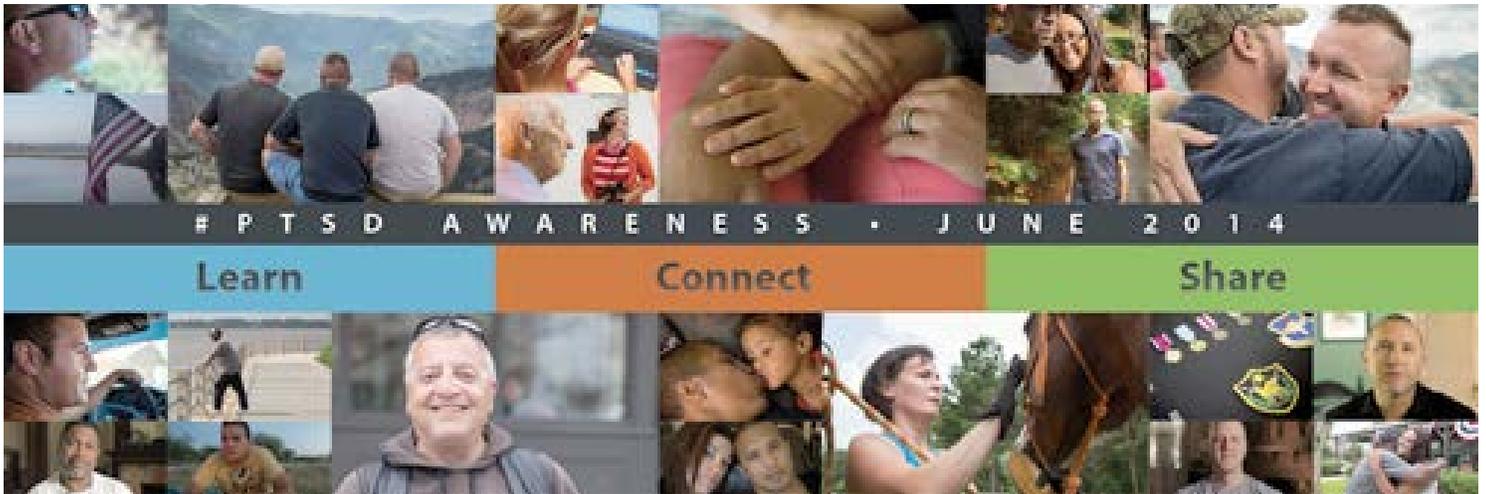
Sgt. Shane Lawry of 1st Battalion, Warrior Transition Brigade, and his wife, Dawn, stand after Lawry received his Purple Heart Medal, April 24.

things," she said. "That's the epitome of what I do. ... I'm in the background, behind the scenes, helping."

Now Roane is working to secure a job with a company he met at a Wounded Warrior program job fair.

"It think it's important for it to continue just because of what it's done for me," he said. "I can't imagine what it has done for everybody else."





Army Medicine rolls out new PTSD training products

By Kirk Frady, Army Medicine Public Affairs

The U.S. Army Medical Department Center & School (AMEDDC&S) has developed two training products to help soldiers understand the nature of combat stress reactions, strategies to seek help and strategies for units to set a command climate that supports seeking help. The two training products are *The War Inside: A Defining Moment* and *First Contact* are available on the Army Training Network at: https://atn.army.mil/dsp_template.aspx?dpID=452

First Contact: A Defining Moment is an opportunity for Soldiers and leaders to hear from Soldiers, in their own words, their combat experiences, their natural psychological reactions, challenge stigma-related beliefs about behavioral health problems and encourage those who may be struggling with posttraumatic stress to seek help. Each Soldier in the video shared their story in hopes of encouraging Soldiers and leaders to help a fellow warrior make first contact with a helping professional before problems get out of hand. The target audience for *First Contact: A Defining Moment* is active, reserve and guard Soldiers at the 90 -180 day post-deployment window. This training is most effective if delivered in small group discussion led by NCOs. However, this video can also be viewed as a self-development video to encourage

Soldiers and Leaders to understand more about posttraumatic stress reactions. “The Soldiers and NCOs in the video were extremely courageous to come forward with their story so that others may watch the video and get help if they need it. I think many of us can view these stories and think of someone we know who’s been to war and who could benefit from getting help,” said Col. Steve Lewis, U.S. Army Medical Command, Behavioral Health Division.

“June is PTSD Awareness Month: Learn. Connect. Share.”

The War Inside is a training platform known as a Virtual Experience Immersive Learning Simulation (VEILSR). It was created to address the stressful transitions that many of our Soldiers, leaders and Family members encounter as they redeploy. *The War Inside* is suitable for self-paced or instructor-led training; instructor lead training is the preferred delivery method. Lewis added, “*The War Inside* vignettes are very realistic. The

raw emotions expressed in the vignettes highlights the challenge of recognizing that things aren’t the way they used to be and that getting help can be tremendously beneficial for oneself, the family and the unit.”

The purpose of training is as follows:

- To develop critical thinking, decision making and problem-solving skills
- To build and enhance resiliency factors
- To provide awareness of the risk factors which impact resiliency
- To provide users with a basic knowledge in recognizing the challenges faced by warriors and Families of warriors as they re-integrate into garrison life
- *The War Inside* Facilitator Guide: psychological health and healing in warriors

This course is available through the Army Training Requirements and Resources System (ATRRS) as Course Number 081SDL12-VEILS-002

Please note: In an effort to make this training as realistic as possible, some of the language in the videos is rather strong and could be viewed as abrasive or offensive. This article can be found at; <http://www.army.mil/article/126995>.

For more information about PTSD, visit: http://www.ptsd.va.gov/about/ptsd-awareness/ptsd_awareness_month.asp



Serving To Heal...Honored To Serve