

ARMY MEDICINE

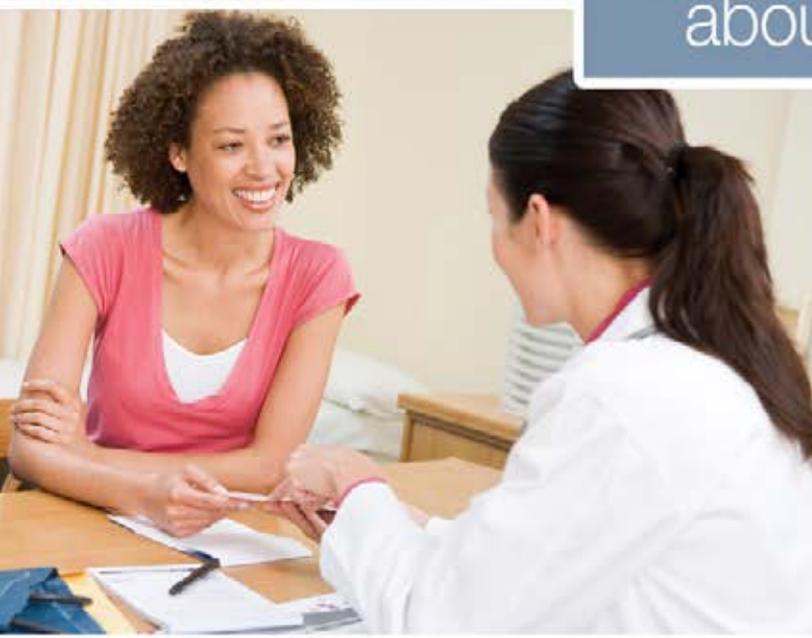
# MERCURY

Volume 41, No. 8

MAY 2014



Let's  
**TALK**  
about it.



## May is National Mental Health Month

Open the lines of communication and take the first step towards recovery and overall resiliency.



A worldwide publication telling the Army Medicine Story



ARMY MEDICINE

**MERCURY**

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# CONTENTS

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**DEPARTMENTS**

**FEATURE**



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# ARMY MEDICINE PRIORITIES

## COMBAT CASUALTY CARE

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

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## READY & DEPLOYABLE MEDICAL FORCE

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# Surgeon General says Brain Health 'New Frontier'

By Lisa Ferdinando, ARNEWS

*This article discusses key themes of the Army surgeon general's remarks and others to the Brain Health Consortium April 10-11, Defense Health Headquarters, Falls Church, Va.*

Brain health is the "new frontier" in science, said Lt. Gen. Patricia D. Horoho as she kicked off a two-day consortium on the topic.

Tapping into the full potential of the brain can have immense benefits for Soldiers, their Families and the nation, said the Army's surgeon general in opening remarks of the Brain Health Consortium April 10 at the Defense Health Headquarters.

"I think the brain fascinates us, and it's truly a unique organ," Horoho said. She spoke before an audience that included Soldiers, doctors, academics, and health industry experts.

The brain is the only organ in the human body that has self-awareness, she said. It has evolved the ability to predict threats and act proactively.

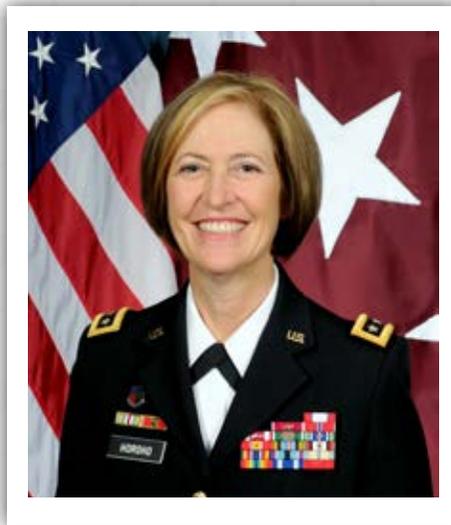
"Ultimately, the decisions made by the brain impact our overall health and also our well-being," Horoho said. "The brain, through our daily decisions, becomes the gatekeeper of the health and fitness of our bodies."

The brain needs to be a central focus since better decisions made by the brain will lead to better health, she said.

To that end, Army Medicine has initiated the Performance Triad program, which promotes a three-fold approach to total health. That approach includes a focus on proper sleep, activity, and nutrition, she said.

Small changes in behavior done in a consistent manner lead to improved health, she said. A healthy, well-rested and well-fueled brain makes better decisions.

"At war, that equates to a combat advantage," Horoho said. "In life, that equates to a better you. It equates to a better family, and it equates to a better community."



Lt. Gen. Patricia D. Horoho

### Disturbing Trend

Horoho's predecessor, retired Lt. Gen. Eric Schoomaker, said in his 30-plus years in the military there was "hardly a day" when the country wasn't in conflict.

Around the time he became the Army surgeon general in 2007, he said, he and then-Chief of Staff of the Army Gen. George W. Casey talked about a trend that was "quite disturbing" across the military, especially in the Army.

With multiple deployments that lasted 12 to 15 months in length, and very little rest time between deployments, Soldiers were becoming fatigued. The result of that stress was showing up in war zones and when the Soldiers returned home, he said.

Contact with the enemy was higher in many respects than it had been in previous wars; Soldiers were exposed to killings and deaths of both the enemy and their battle buddies, he said.

Suicides rates increased; there were drug and alcohol addiction problems, he said.

Schoomaker briefed Casey on the many Army programs to help Soldiers with their problems. But that's not what Casey was interested in, he said.

Casey wanted to know what the Army was doing to improve the well-being of Soldiers, strengthen the force and prevent Soldiers from entering this phase in the

first place, he said.

"I can remember this day almost as if it was yesterday. The light bulb went off," said Schoomaker, noting that was the start of the Comprehensive Soldier and Family Fitness program.

Sleep, activity, nutrition, community relationships, and social interactions were all areas that needed to be addressed for resiliency and fitness of the force, he said.

The Army was looking at fusion of mind and body for the fitness and readiness of Soldiers and their Families, he said.

### Good Leadership Key to Hardy Force

Col. Shawn F. Kane, deputy command surgeon with the Army Special Operations Command, talked about a "hardy, resilient force."

Relaxation, nutrition, and fitness make a difference and make people more resilient and hardy, he said. There is "concrete evidence" backing that up.

"We all have the risks of serious physical injury, mental challenges, etc. in the line of work that our Soldiers do," he said. "But by being a resilient and hardy force you can take that opportunity and kind of grow from it."

A healthy, motivated and successful population is one that doesn't focus on the "victim" role, being depressed, unmotivated or stressed, he said.

As a whole, humans are highly resilient. Otherwise, they would never have survived through time if they did not have the ability to bounce back.

"Resilience is the most common reaction to an event. As a people, we are very resilient," he said.

It cannot be stressed enough the role leadership has in promoting a healthy and resilient force, Kane said.

"Leadership will make any program succeed or fail," he said.

"I think that is a key part of all of this ... that good leaders can help with the hardiness and the resilience of their force," he said.

## Center for the Intrepid is the Winner of the Army Medicine Wolf Pack Award

The Center for the Intrepid (CFI) at Brooke Army Medical Center is the winner of the Army Medicine Wolf Pack Award for the 2nd Quarter FY14. The Wolf Pack Award recognizes a collaborative team effort by military and Department of the Army civilians, and sometimes contractors, working together to make a significant contribution to Army Medicine. For this quarter, the award recognized the talented, caring, and compassionate team of professionals at CFI for their phenomenal interdisciplinary teamwork.

Their successful teaming approach supported the CFI mission of patient care, education and training, and research. Since opening in 2007, the Center has served over 1,000 individuals with functional limb loss. This team's remarkable interaction and motivation resulted in "graduates," from this comprehensive physical rehabilitation program, returning to active duty or retiring and successfully returning to civilian life. Congratulations to Team CFI for their dedication and exceptional achievement!



The symbol of a broken ring, cracked but still intact, marks the entrance to the Center for the Intrepid, a 65,000 square foot rehabilitation center next to Brooke Army Medical Center in San Antonio, Texas. (Photo by Daren Reehl)

## Army Medicine's Brain Health Consortium Just a Beginning

By Mike O'Toole, Army Medicine Public Affairs

We have more than 70,000 thoughts a day. One person's brain generates more electrical impulses each day than all the telephones in the world combined.

Army Medicine has taken a major first step in partnering with academia, the healthcare industry and a variety of thought leaders to better understand brain health for Soldiers, the Army Family, and society as a whole.

Lt. Gen. Patricia Horoho, the Army surgeon general and commanding general, U.S. Army Medical Command, hosted the inaugural Brain Health Consortium April 10-11, at Defense Health Headquarters, Falls Church, Va. Military professionals, researchers in neurology, neuroscience, psychiatry and psychology, and other clinical and public health experts converged and engaged in challenging, spirited discussions on ways to define and improve brain health. The consortium sets the stage for all of us, our Soldiers, our spouses, and our children to optimize how we think in order to make the very best decisions possible.

In keeping with the event's theme, "Brain Health: Partnering to Explore the New Frontier," subject matter experts' presentations, panel discussions, and breakout sessions explored such topics as Performance Triad (Sleep, Activity and Nutrition) and Brain Health; Readiness

and Resiliency; Cognitive Performance; Neuroplasticity; Mindfulness Training, the Human Dimension Program and more.

Within the presentations, perhaps the greatest challenges were the expectations sought by a pair of battle-tested combat leaders: TRADOC Commander Gen. David Perkins and 4th ID 1st Brigade Commander Col. Dave Hodne. Perkins, defining his command as the "architects" of the Army, called the brains of its Soldiers the ultimate weapon: "We are banking on our cognitive capability." Hodne spoke of the long-held ethos of "sleep as a crutch" disappearing due to evidence showing its lack not only undermines resilience, but exacerbates conditions like post traumatic stress and suicidal ideation. Both combat commanders stressed mind fitness "to reinforce strategic leadership and address organizational uncertainty."

The question was raised: "What is brain health and how does it relate to military performance?" Some symposium participants defined a healthy brain as one that could optimize its dynamic range in its ability to adapt to any challenge presented to it, especially the unknown. One participant ventured that a healthy brain, as seen in refinement and efficiency measured in sports performance, "is not noisy,"

but achieves a state of mindfulness with a "diminishing emotionality" better suited to deal with uncertainty. Other participants defined desired outcomes as "hardiness" and "grit." By the symposium's end, however, there was general agreement that a definition of "brain health" was elusive for the moment, pending additional discussions and research.

Lt. Gen. (ret.) Eric Schoomaker, former Army surgeon general, echoed the combat commanders' call for their Soldiers to be given a "new set of tools to make judgments," capable of "attentiveness, tolerant of uncertainty, agility and flexibility." Schoomaker asked how the Army could achieve that: "We are a requirements-based Army. The big challenge is taking a range of trainings that can be done to impact the brain and translate that into practical solutions for an Army that demands specific requirements."

One of the civilian participants proposed a "BFT -- brain fitness test," which other participants likened to an existing psychomotor vigilance test, administered at different levels to different skill groups, and with competition fostered to excel at the test, with time off as a possible incentive.

## Brain Health Consortium

Another participant referenced the TRADOC commander's call for training that shows "how to adapt to unusual situations," then asked "are we funding the right research?"

Other participants also believed a brain health index for Soldiers and Families would potentially be useful. They added that elements used to define brain health include: measures of cognition; effects of sleep quality and duration, nutrition, and substance abuse; measures of mood and the role of social connectedness. They called for the development of biomarkers to assess brain health.

Recommendations posed by participants include: Having TRADOC make the Performance Triad a part of regular Army training doctrine, with subordinate commanders required to



Brig. Gen. Pat Sargent, deputy chief of staff G-3/5/7, U.S. Army Medical Command, speaks at a Brain Health Consortium panel at the Office of the Army Surgeon General in Falls Church, Va., Apr. 10, 2014. (U.S. Army photo by David Vergun)

brief their senior leaders as part of their mission analysis; creation of reparative gaming/technology like 'HALO' for Soldiers' use and as a way to incentivize and earn promotion points for completing Performance Triad training. Schoomaker and others called for more consultation from educators and

organizational psychologists, because implementing any activity institution-wide is as much as "training issue" as it is a health issue.

"We can share what we started here," Horoho said in her closing remarks. The surgeon general recounted the story of Sgt. Brandon Marrocco, who, after losing all of his limbs from a roadside bombing in Iraq, underwent a successful double arm transplant. Someone had a "vision" over 15 years ago challenging what is possible that made such a medical milestone a reality. Horoho asserted to the participants: "Now we are at a similar precipice, we need to be asking the questions and finding answers to something that could make a difference 15-20 years from now. I'm hoping this is only the beginning."

## Nursing Students from the University of Japan Visit Tripler

By Spc. Paxton Busch, Pacific Regional Medical Command

Tripler Army Medical Center hosted 84 nursing students from the University of Japan for a learning experience with American civilian and military nurses on March 25.

The guests received a tour of Tripler, a mission brief and visited Labor and Delivery, Intensive Care Unit, Emergency Department, and the Directorate of Hospital Education Training (DOHET) where they watched a training simulation.

"After being introduced to the simulator they are able to listen to heartbeats and lung sounds. They are able to see everything we can do with a patient and I show them how the simulator works," says Teah Karamath, nurse educator at Tripler.

Karamath hopes that the students are able to take away how the hospital is passionate about patient care and the friendliness of staff.

"I really think the tour is significant because for one, the Japanese medical community finds it very exciting to



Students from the University of Japan examine a simulation patient during the first stop of their tour at Tripler Army Medical Center in March. (U.S. Army photo by Spc. Paxton Busch, PRMC)

come here and watch us and see what we do," said Karamath. It is also good to be transparent in our medical care so that they can take something back with them and hopefully utilize what they've learned.

Karamath says the university students

first toured Tripler in 2010 and have returned every year because of their positive experience.

The students made a financial donation to the Fisher House to support the facility's mission and to show their gratitude to the hospital.

# Army Medicine's Secure Healthcare Messaging Fielding Near Completion

By Kirk Frady, Army Medicine Public Affairs

As of March 1, more than 234,000 Army Medicine healthcare beneficiaries and almost 3,000 Army providers have signed up for the Army Medicine Secure Messaging Service (AMSMS). AMSMS allows patients and providers dispersed across 52 military treatment facilities (MTF) worldwide to communicate on a secure network regarding non-urgent healthcare concerns.

The AMSMS network also allows beneficiaries to view their electronic personal healthcare record, request appointments, request medication refills or renewals, as well as allow providers to push important preventative care updates to their patients.

Overall, Soldiers, their Families, and beneficiaries using the AMSMS can expect a decrease in trips to the Military Treatment Facilities (MTFs) and more personal communication with their healthcare team.

According to Dr. Terry Newton, M.D., information technology clinical capability manager, "Army Medicine issued nearly 3,000 AMSMS licenses to healthcare providers during Phases I and Phase II in 2012 and 2013." He added, "Over the next six months, we will complete deployment of over 1,000 additional licenses to primary and specialty care clinics. Similarly, the other branches of military service are also executing the same secure messaging capability across

their treatment facility network."

Many MTFs have been using creative marketing ideas to inform their beneficiaries about the AMSMS and the many reasons why they should be using it. Clinics have been placing posters at facilities and updating their waiting room videos to include AMSMS information.

Although many MTF's AMSMS programs had not been up and running until recently, a few locations currently leading in participation are Fox Army Health Center, Lyster Army Health Clinic, Keller Army Community Hospital, and Dunham Army Health Clinic. Many of the practices have over 60 percent of their beneficiaries using the AMSMS.

"These MTFs have had the support of their leadership and are utilizing high performing teams to make their practices more team-based and patient-centered through the robust use of tools such as the AMSMS," said Newton.

How does AMSMS compare with others?

Although they use a different name for their secure messaging system, both the Air Force and Navy have made considerable progress signing up users. Both sister Services have roughly 573,000 users combined now enrolled, as of March 1. This joint venture has more than 850,000 combined users through all services, as well as roughly 7,600

providers and more than 17,500 primary care team members using the system.

The civilian healthcare sector is also moving towards offering more patient portals since this service will assist their beneficiaries in making smarter non-urgent care decisions rather than sitting in a waiting room or going to an urgent care facility.

Newton said, "The AMSMS is an easy to use secure communication tool that has the potential to significantly impact care to beneficiaries by engaging them in convenient ways and times to build relationships, improve access to information, and reduce the need for so many visits to their primary care clinic." He added, "Secure messaging is a critical tool in helping Army Medicine to achieve the Quadruple Aim of; improving the patient's experience, improving population health and readiness while reducing per capita costs."

A recent secure messaging satisfaction survey demonstrated that 97 percent of over 12,000 survey respondents were satisfied with their secure messaging transaction and more than 86 percent agreed it helped them avoid a trip to an emergency room or an MTF for a medical problem.

To find out more about AMSMS ask your healthcare team during your next visit. Click here to view a video about secure messaging: [dvidshub.net/r/2heb7z](http://dvidshub.net/r/2heb7z)



## ARMY MEDICINE SECURE MESSAGING SERVICE

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## DTHC Renames “Fit To Win” in Former Commander’s Honor

By DiLorenzo TRICARE Health Clinic Marketing Office

It is said that Dr. (Col.) D. Kenneth Block’s spirit flows through the halls of the DiLorenzo TRICARE Health Clinic at the Pentagon. As the former commander, he impacted the clinic greatly, specifically the Fit To Win Wellness Program.

A March 27 ceremony held in Block’s honor renamed the program the “D. Kenneth Block Pentagon Fit To Win Wellness Center” ensuring his good nature, professionalism, and spirit continues on.

Mark Jacobs, chief of Fit To Win spoke to a crowd of the honoree’s friends and family taking them on a journey through the program’s growth with Block’s support.

“First as commander of the Pentagon Military Health Clinic from 1994 to 2000 and then as commander of DTHC from 2002 to 2012, Dr. Block not

only secured the resources needed for the operation of a world class health promotion program, but allowed Fit To Win to grow to become more relevant and valuable to the Pentagon community from one year to another,” Jacobs said.

The renaming ceremony came after a two-year process of proposals in which Fit To Win and DTHC leadership fought to honor Block’s accomplishments and support to the program.

The ceremony came after 27 years of success from Fit To Win and aimed at celebrating the program’s growth, triumphs, and special events that could not have been possible without the support of the honoree.

“We are stronger, more relevant, and with a larger participant population than ever,” Jacobs said. “Thanks to our

good fortune of having a bigger-than-life person who was the ‘wind beneath our wings’.”



Dr. (Col.) Joseph Pina, DiLorenzo TRICARE Health Clinic director, and Cindy Block, wife of Dr. D. Kenneth Block who was the clinic’s former commander, cut the ribbon marking the official renaming of the D. Kenneth Block Fit To Win Wellness Center March 27 in the clinic. The red ribbon was cut using the same scissors her husband used at the official groundbreaking of the DiLorenzo TRICARE Health Clinic 14 years earlier.

## MRICD Explores Collaborative Research Opportunities with Allied Labs

By Cindy Kronman, USAMRICD Information Management Office

This winter, the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD) hosted separate visits from representatives of the Swedish Defense Research Agency (FOI) and the Israel Institute of Biological Research (IIBR) to discuss common research interests and potential areas of collaboration.

Discussions with the Swedish delegation, which included Dr. Anders Bucht, the research director of FOI, Göran Olofsson, director of engineering, and senior scientists Dr. Lina Thors and Dr. Fredrik Ekström, focused on the use of Raman spectroscopy for a number of defense research applications and identification of better reactivators of the enzyme acetylcholinesterase (AChE) to improve protection against chemical nerve agents. Included in the discussions were presentations by scientists from both organizations on current research efforts.

IIBR’s new general director, Professor Shmuel Shapira, Esther Krasner, chief scientist in the Office of the Assistant to the Minister of Defense, and Gideon Meretz from International Cooperation, Office of the Assistant Minister of Defense for Chemical Biological Radiological and Nuclear (CBRN) Defense, met with senior USAMRICD

scientists to discuss research in the development of several chemical agent and neurotoxin medical countermeasures to include bioscavengers, neuroprotectants, and reactivators. They also received a tour of the USAMRICD’s nearly completed replacement facility.



USAMRICD staff and scientists with the Swedish visitors: Back row (left to right): Lt. Col. Kevin Pitzer, Dr. James Dillman, Mr. Richard Sweeney, Dr. Ernest Braue, Dr. Todd Myers, Dr. Irwin Koplovitz, and Col. Bruce Schoneboom. Front row (from the left), Dr. John McDonough, Mr. Goran Olofsson, Dr. Fredrik Ekstrom, Dr. Lina Thors, Dr. Anders Bucht, Dr. Tsung-Ming Shih, and Dr. Robert Kan. (U.S. Army photo by Darrell Jesonis, USAMRICD)



# National Mental Health Awareness Month

By Army Medicine Public Affairs

Congress has designated the month of May as National Mental Health Awareness Month. Since 1949, the activities associated with National Mental Health Awareness Month have increased public awareness of behavioral health (BH) issues and the reality of BH illness. Each year the Army leans forward with various organizations, community groups, Families and individuals across the country in this public campaign to raise awareness, promote prevention, early detection and treatment for BH diagnosis such as depression, post-traumatic stress disorder (PTSD), and a host of other BH diagnoses impacting Soldiers, Families, Veterans, and Civilians. This year the Army's theme is "Let's TALK about it." The Army is determined to decrease stigma and get help to those who need it, by encouraging leaders, Soldiers, Families, Civilians and communities to start talking, engaging, taking personal responsibility, learn appropriate interventions, and build safe and supportive communities where help can be sought out and received by those who need it.

Behavioral healthcare is an important factor in the readiness of the Army. According to Army data systems, 8 percent of deployed Soldiers have received a diagnosis of PTSD. Military research shows that approximately 15 percent of Soldiers deployed during Operation Iraqi Freedom have symptoms of PTSD, and another 10-15 percent will experience other BH problems that could benefit from treatment. The number of BH encounters across the Army increased from 991,655 in FY07 to 1,899,660 in FY13; a 91.5 percent increase, reports Cmdr. Kathleen Watkins, chief of policy development, Behavioral Health Division, Office of the Surgeon General.

The Army is committed to strengthening the BH and overall



well-being of Soldiers Families, and Civilians. During National Mental Health Awareness Month the Army takes this opportunity to further provide education and awareness on BH diagnoses and symptoms and get the word out about the array of BH services, programs and new initiatives available to support Soldiers, Families, and Civilians in garrison and operational environments who may benefit from seeking help for BH challenges.

The U.S. Army Medical Department (AMEDD) is transforming from a "healthcare system" to a "System for Health." The BH component of this effort is known as the Behavioral Health Service Line (BHSL). The BHSL, standardizes delivery of behavioral healthcare across the Army to identify, prevent, treat, and track BH health issues affecting Soldiers and beneficiaries. The service line implements enterprise standards to offer Soldiers and Families a uniform care experience at all locations. Through the BHSL consistent and ready access to BH services will be provided throughout the Soldier Life Cycle (initial entry through transition). The BHSL places emphasis on education, screening, and treatment and includes programs such as the Embedded Behavioral Health (EBH), Patient Centered Medical Homes, and School Behavioral Health that reach Soldiers and Families where they are located to improve access to care and reduce perceived stigma associated with seeking behavioral healthcare.

In FY13, the AMEDD completed

the realignment of existing BH programs, integrating them into 11 clinical programs under a Department of BH, which establishes true program standardization with full operating capability for the BHSL scheduled to occur no later than FY16. The Army built and staffed EBH clinics and now has 44 established across the force. EBH has been associated with statistically significant decreases in suicide attempts and hospitalizations as well as improvements in other key measures of Soldier health and safety. In FY13, for the first time in the recent past, the rates of hospitalizations for acute psychiatric issues and suicide decreased. The Army believes this decrease indicates that Soldiers are receiving care earlier so that their conditions do not progress to the point of crisis.

The Army is taking aggressive and far reaching steps to remove stigma associated with seeking behavioral healthcare and ensure that an array of BH services are available to Soldiers and their Families dealing with BH diagnoses and symptoms. The increase in behavioral health related encounters suggest that more Soldiers are seeking care earlier and stigma associated with seeking behavioral healthcare is decreasing through establishment of innovative efforts, expansion of validated programs, and improved access to care in close proximity to Soldiers and Families.

# FDA Approval Clinical Trial Underway for CRI

By Steven Galvan, USAISR Public Affairs Officer

Researchers at the U.S. Army Institute of Surgical Research (USAISR) at Joint Base San Antonio-Fort Sam Houston, Texas, are conducting a clinical trial on the Compensatory Reserve Index (CRI) to gather data for submission to the Food and Drug Administration (FDA) for 510(K) clearance. The FDA uses the 510(K) premarket submission to ensure that a medical device is safe for use on patients and can then be made commercially available.

The tactical combat casualty care research task area team led by Victor A. Convertino, Ph.D., will use a lower body negative pressure (LBNP) chamber during the clinical trial to gather the data. Research participants are placed in the LBNP chamber which draws their blood to their lower bodies.

“It’s a way of ‘bleeding’ someone without taking a drop of blood,” said Convertino.

The CRI was developed by Convertino in collaboration with colleagues at the University of Colorado, Children’s Hospital Denver, and Flashback Technologies Inc. It uses an algorithm that is designed to take information from a patient using a non-invasive finger pulse oximeter and gauges whether immediate medical attention is needed even though the patient may seem alert and responsive.

“That’s because the human body has many physiological mechanisms that

compensate to maintain a constant blood pressure when there’s internal bleeding,” he said. “The blood pressure can seem stable, but the patient can be losing their ability to continue to compensate. When the patient gets to the end of their compensation, their blood pressure falls rapidly, referred by some as ‘falling off a cliff,’ and now they are in shock.”

That’s because medics, corpsmen, and



Drs. Victor Convertino and Carmen Hinojosa-Laborde place the Compensatory Reserve Index (CRI) and other monitoring equipment on a research participant’s fingers for a clinical trial in a lower body negative pressure chamber.

emergency medical service providers have traditionally been trained to watch patient’s blood pressure. With this new technology they will get a better idea of how the body is naturally compensating and when a patient is in danger of going into shock.

In order to measure a patient’s reserve to compensate, Convertino focused on an arterial waveform that is created by

blood going out into the vessels.

“Each time the heart pumps, a pulse of blood creates an arterial pressure wave that is actually made up of two waveforms,” he said. “The first waveform called the ejected wave is caused by the blood leaving the heart, and the second wave called the ‘reflected’ wave is caused by the blood being reflected off the arteries back to the heart. These events happen so quickly that the two pressure waves are merged so they look like a single waveform.

“So with newly advanced computer technologies, we now have the capability to measure features of each arterial waveform that reflect the sum of all mechanisms of compensation that affect the heart (ejected wave) and the arteries (reflected wave),” said Convertino. “We call this measurement the ‘compensatory’ reserve.

“If you’re monitoring blood pressure in a patient with internal bleeding, you may not notice the problem because the body is compensating for the blood loss,” he said. “The algorithm can gauge how much the body is compensating and how much the body has left to compensate.”

Convertino said that this technology is so new that they really have to demonstrate that it works.

“No one has done this before, but we’re pretty confident that we can meet FDA requirements,” he said.

## “Caring for Military Families” Event

Former Senator Elizabeth Dole (R-NC) greets Brig. Gen. Norvell Coats, U.S. Army assistant surgeon general for force protection at a “Caring for Military Families” event in Washington D.C., April 1. The Elizabeth Dole Foundation, which “seeks to uplift American military caregivers,” commissioned a study by the Rand Corporation whose findings were

recently published. The study estimates that there are 5.5 million military caregivers in the U.S.; it describes who they are, “the burden of care they bear, their support needs, the constellation of programs and other resources that exist to support them, and the areas where additional support is needed.”



It's All About Health.



## ● ● ● Military Health System Enters Colorado's Health Information Exchange

*The new engagement will be invisible to beneficiaries but the benefits may save lives*

By USA MEDDAC-Fort Carson Public Affairs

The recently established Defense Health Agency's Colorado Springs Military Health System has entered the state's health information exchange (HIE) which is a formal way to improve medical information flow between military and civilian providers.

Evans Army Community Hospital and the medical clinics at the United States Air Force Academy, Peterson, and Schriever Air Force bases will be able to share electronic health data with all hospitals in the local Colorado Springs region, all hospitals in the state with greater than 100 inpatient beds, all major laboratories in the state, and more than 460 office-based healthcare providers in Colorado's El Paso & Teller Counties.

"This partnership will improve care quality and coordination while reducing costs in the TRICARE provider network," said Col. Timothy D. Ballard, the Colorado Springs Military Health System's director. "It will reduce redundant diagnostic exams and labs, eliminate barriers to care for community referrals, reduce the workload on records sections in tracking referral reports, and provides us near real-time visibility of beneficiaries using civilian facilities."

The nonprofit, public-private partnership agency providing this capability is the Colorado Regional Health Information Organization. CORHIO has been able to connect 23 disparate types of electronic health record systems and the military health

system. Thirty-five of the top 50 TRICARE network healthcare providers used by Colorado Springs' TRICARE enrolled beneficiaries are participating.

The first phase allows military medical providers to quickly access TRICARE beneficiaries' network clinical results.

"Patients referred to a CORHIO participating civilian provider or facility will have results in the HIE system without requiring a separate fax or follow up phone call," said Lt. Col. Francisco C. Dominicci, the CSMHS's chief medical information officer. "Results should be available by the time patients return to their military healthcare providers."

This simplified access to patients' health information will eliminate redundant appointments, opening more military healthcare facilities appointments. Additionally, nurses who currently need to track down clinical results also will be freed to focus more on preventive care.

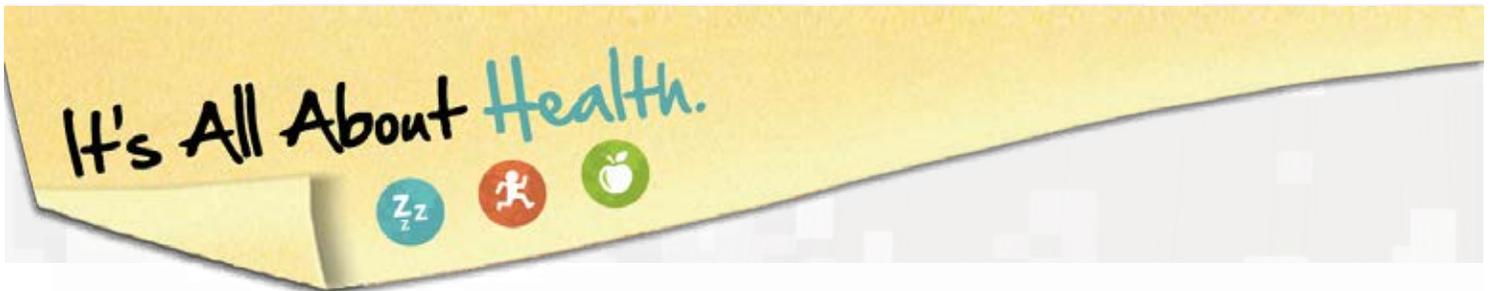
"Using the HIE system, nurse case managers and Patient Centered Medical Home healthcare teams will be able to follow up more quickly and improve patient interaction," said Col. Dennis P. LeMaster, commander U.S. Army Medical Department Activity-Fort Carson and Evans Army Community Hospital. "We send many pediatric and adult long-term complicated care patients to Denver hospitals. Having visibility of those records will help case management and primary care manager teams increase the awareness of medical

care provided to our beneficiaries, and the quality of follow up and future care."

The second phase starts when military treatment facilities fully interact with the HIE system. Those same participating community and state-wide providers will have access to TRICARE beneficiaries' community health records, to include demographic information, lab/pathology, radiological and transcribed reports, medical and medication history, immunizations, and past hospitalizations. The system will notify the network providers that their patient is a TRICARE beneficiary and for the first time, they will be able to access their medical information.

"Having this information readily available to participating providers and medical facilities will improve healthcare for our TRICARE beneficiaries," said LeMaster. "Without delay, these providers will have each patient's most complete and up-to-date medical information available to them, so they can make better informed diagnosis and decisions."

To protect personal health information, the HIE system operates in a secure environment, only allowing access to providers who have a need to know. All access to a patient's information is logged and the requestor identified. Monitors review access records to ensure only authorized providers are accessing patients' information.



## Military Health System

“We are confident the HIE security features will protect our beneficiaries’ personal information,” said Dominicci.

HIE systems research by the Agency for Healthcare Research and Quality supports what healthcare providers have long known: sharing health records benefits patients by reducing exposure to radiological imaging, reducing unnecessary admissions, and eliminating

redundant laboratory tests by up to 49 percent. Other studies reported that emergency department use of HIEs improved access to patient information. This ultimately reduced the number of medical facility admissions and the overall cost of ED visits by an average of \$29 compared to a control group.

“This is a tremendous opportunity... employing an HIE system is a low-cost

technological solution to electronic medical record interoperability,” said Ballard. “The HIE will not only improve care delivered to beneficiaries, it will improve community partnerships, simplify our business processes and practices, saving money; it’s a win-win situation for everyone involved.”

## National Nurses Week: May 6-12, 2014

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

National Nurses Week will be celebrated from May 6 - 12, and the theme for 2014 is “Nurses Leading the Way...” Additionally, International Nurses Day is celebrated around the world on May 12th of each year.

Army Medicine asks that we join in celebrating the men and women who serve this country by caring for its citizens and recognize the dedication, contributions, and selfless service of the more than 40,000 Army nurses who commit themselves to the care of our wounded, ill, and injured, and their Families.

As patient advocates, guided by their core values, Army Nurses demonstrate daily that patients come first.

National Nurses Week is a great



The U.S. Army Nurse Corps (ANC) was established in 1901 as a permanent corps within the U.S. Army Medical Department because of legislation passed due to the efforts of Dr. Anita Newcomb McGee and advocates for a professional nursing element within the U.S. Army.

opportunity to reflect on the nursing profession and recognize the contributions of our Army Nursing

Team. Our officer, civilian, and enlisted service member’s dedication and commitment to care for America’s sons and daughters represent the best of the nursing profession.

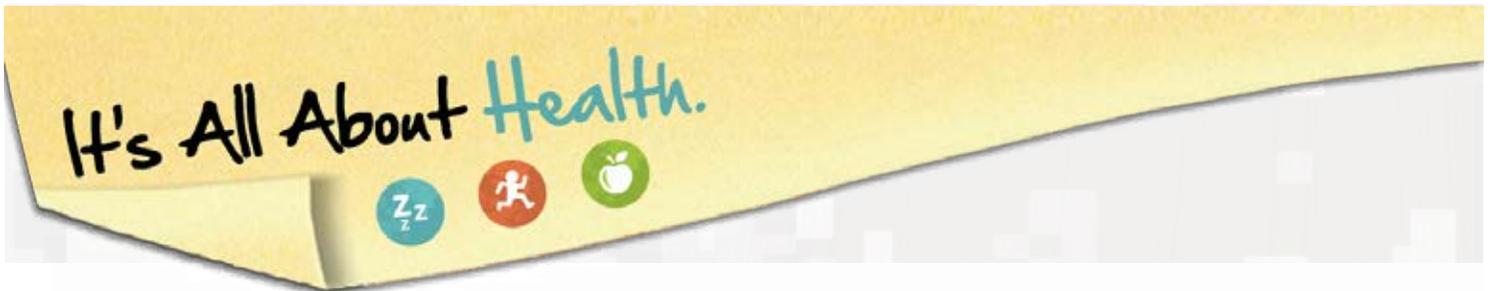
Efforts to recognize the role of nurses in our nation’s healthcare system began in 1982, when the American Nursing Association (ANA) Board of Directors formally acknowledged May 6, 1982, as “National Nurses Day.” In 1993 the ANA board designated May 6 - 12 as lasting dates to observe National Nurses Week which culminates on the birthday of Florence Nightingale. Read more about the history and view archival photos at: [army.mil/article/124742/](http://army.mil/article/124742/)

## May is Better Hearing and Speech Month!

This annual event provides opportunities to raise awareness about communication disorders and to promote treatment that can improve the

quality of life for those who experience problems with speaking, understanding, or hearing. Learn more at: <http://www.asha.org/bhsm/>





## ●●● National Physical Fitness and Sports Month

By Army Medicine Public Affairs

May is designated National Physical Fitness and Sports Month to raise awareness about the important role physical activity plays in maintaining health. According to the 2008 Physical Activity Guidelines for Americans, physical activity can help control weight, improve mental health, and lower the risk for early death, heart disease, type-2 diabetes, and some cancers. Physical activity also can improve cardiovascular and muscular fitness. In 2011, however, only one in five U.S. adults participated in enough physical activity to gain substantial health benefits.

National Physical Fitness and Sports Month advances Army Medicine's Performance Triad initiative which

includes Sleep, Activity, and Nutrition which supports the Army's Ready and Resilient Campaign Plan.

The strength of the Army is its Soldier – personal performance directly impacts a unit's readiness. Musculoskeletal injury was the number one leading cause of medical evacuations during 2002-2010 and the second leading cause of hospitalizations, resulting in 10 million limited duty days per year.

Regular exercise and physical activity can lead to long-term health benefits, reduce ones risk for many chronic diseases such as depression, diabetes, heart disease, high blood pressure, obesity, stroke, and some forms of cancer. And, it helps to reduce healthcare

costs.

To achieve substantial health benefits, guidelines recommend that adults perform at least 150 minutes a week of moderate-intensity aerobic activity, or 75 minutes per week of vigorous-intensity aerobic activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activities. The guidelines also recommend including muscle-strengthening activities that involve all major muscle groups on two or more days a week.

Additional information about physical activity and resources for increasing participation in physical activity are available at [health.gov/paguidelines](http://health.gov/paguidelines) and <http://www.cdc.gov/physicalactivity>.

## ●●● National Women's Health Month

National Women's Health Month is celebrated in May and is an opportunity to educate and increase awareness of a wide range of Women's Health programs and initiatives aimed at improving the Lifespace of Army women. The objective is to educate female Soldiers, spouses, and other beneficiaries about the resources and programs available in Army Medicine that make women's health a top priority.

Additionally, National Women's Health Week is an observance led by the U.S. Department of Health and Human Services Office on Women's Health. The goal is to empower women to make their health a priority. National Women's Health Week also serves as a time to help women understand what it means to be well.

What does it mean to be a well woman?

It's a state of mind. It's being as healthy as you can be. And, most importantly, it's

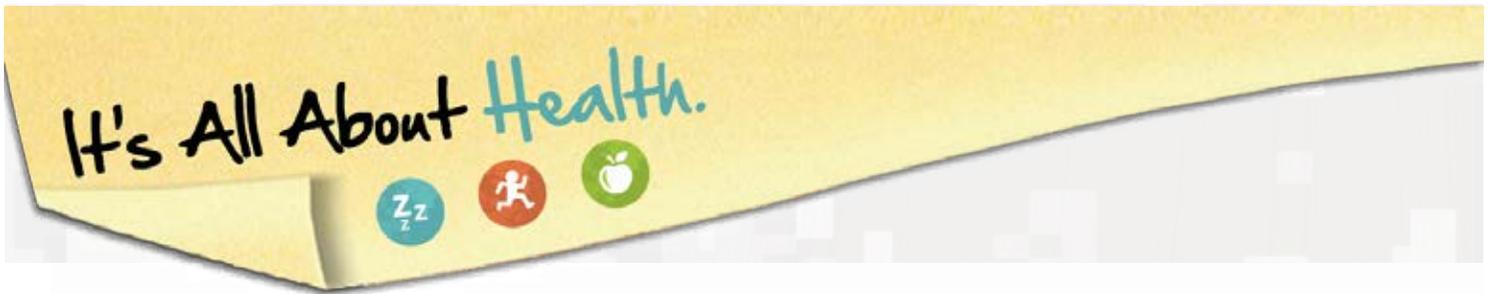
about taking steps to improve your physical and mental health:

Visit a healthcare professional to receive regular checkups and preventive screenings; get active; eat healthy; pay attention to mental health, including getting enough sleep and managing stress; and avoid unhealthy behaviors, such as smoking, texting while driving, and not wearing a seatbelt or bicycle helmet.

Army Medicine is committed to preserving the health and viability of our female and is actively engaging current issues in order to ensure the highest standards in healthcare for all beneficiaries regardless of gender.

Throughout May, MEDCOM facilities and Medical Treatment Facilities (MTFs) will participate in presentations and briefings, at health fairs, town hall meetings, and community events to raise awareness about Women's Health issues.

For more, visit: [army.mil/article/102516](http://army.mil/article/102516)



**Breast-feeding Support Group Celebrates Support to Mothers, Healthy Babies**  
 By Keller Army Community Hospital Public Affairs

The West Point Breastfeeding Support Group (BSG) celebrated its one-year anniversary with a “play date” at the post’s community service center. Mothers and their babies who have participated in the group assembled to express their appreciation for the support and valued resources available through the group.

“All new mothers are informed of the benefits of breastfeeding – from bonding and the health benefits to the cost savings for both baby and mom,” said Capt. Bridget Owens, Keller Army Community Hospital dietitian. “However, the reality is that breastfeeding is not as easy as it seems.”

The importance of mothers exclusively breastfeeding their infants for the first six months is recognized by both the World Health Organization and the American Academy of Pediatrics. However, the Center for Disease Control states that in the United States, 75 percent of babies start out being breastfed with only 15 percent continuing to be exclusively breastfed for the first six months.

Data from the West Point Breastfeeding Support Group exceeds these goals with over 80 percent of mothers who attend the group exclusively breastfeeding their infants for at least six months.

The group’s primary purpose is to provide professional nutrition and lactation support for moms and babies in the local area. Meetings are held every other Tuesday and Thursday for 90 minutes during lunchtime. During each session, the group discusses hot topics of interest such as: nutrition, growth and development, sleep, pediatrician



The West Point Breastfeeding Support Group (BSG) celebrated its one-year anniversary with a “play date” at the post’s community service center. Standing (L to R): Shelly Ariosto, Lisa Pokorny, Capt. Bridget Owens, Maj. Vickie Schnackel, Nina Wilson, Jane Dorsch, Col. Llyonetta Artis Sitting (L to R): Doris Fanyui, Stephanie Forlenza, Molly MacCalman, Sarah Gray, and Anna Prince. (U.S. Army photo by Britney Walker, Keller ACH)

concerns and child development. There is also a question and answer forum for participants to share current breastfeeding concerns and suggest best practices.

According to Owens, four women with babies in tow attended the first meeting. After word spread, a total of 13 moms and their babies came to the next group session just two weeks later.

There were babies as young as five days old at the second group session. Some mothers moved from supplementing feedings with formula due to poor infant weight gain and supply concerns, to exclusively breastfeeding just a few weeks later, she added.

“I really struggled with breastfeeding with my first born. I felt very alone and overwhelmed,” said Tera Quink, support group participant. “The group started when my baby was about four months old. It was such a pleasure to be able to meet with other breastfeeding moms and

know that I was not alone. The advice and support that is provided with this group is extremely helpful.”

According to many participating mothers there, the group addressed and relieved anxieties and answered a number of questions they may have been too embarrassed to ask in other forums.

“This group was a great help right after I had my son. I am a first time mom and had a lot of uncertainties,” said Alicia Hartman, group participant. “I ran into problems the first couple of weeks breastfeeding. This group provided relevant information and support that led me to still be breastfeeding today.”

It has been a truly fulfilling experience to organize and offer such an important service to promote the importance of breastfeeding and ensure that mothers who choose to breastfeed are successful, stated Owens.

# SYSTEM FOR HEALTH.



## Commanding General Observes Medical Services Progress for Soldiers

By Blanchfield Army Community Hospital Public Affairs

Before the 101st Airborne Division and Fort Campbell Commander General Maj. Gen. James C. McConville led the Screaming Eagles to assume responsibility of the combined joint task force in eastern Afghanistan in March 2013, McConville encouraged the Fort Campbell hospital leadership to continue to expand services for Soldiers with behavioral health concerns and brain injuries.

McConville returned to Blanchfield Army Community Hospital services recently to see the progress and expansions made a year later.

McConville walked through the construction of the Fort Campbell National Intrepid Center of Excellence Satellite, observing the progress to expand treatment capabilities for traumatic brain injury and post-traumatic stress.

“I think this is very important because it’s making sure our Soldiers get world-class care and this center is going to provide that type of care,” said McConville.

McConville was pleased to see the behavioral health support now offered within each brigade combat team’s footprint.

“We want to have the care right where the Soldiers are, being in close proximity to where the Soldiers work makes it much more available so they will actually use the care,” said McConville.

As the 101st Airborne Division and Fort Campbell commander, McConville is proud to be a part of this community.

“I think we’re very blessed to be in the 101st Airborne Division and serve at Fort Campbell. We have fabulous Soldiers and a wonderful community that supports us in every way they can and really the support that the medical personnel give our Soldiers is just world class.”



101st Airborne Division and Fort Campbell Commander Maj. Gen. James C. McConville asks lead psychiatrist for the 3rd Brigade Combat Team Embedded Behavioral Health Clinic Capt. Michelle Hornbaker-Park questions about the services offered within the facility March 31. Before deploying to Afghanistan, McConville was eager to see embedded behavioral health facilities within each brigade combat team footprint.



## Nashville Country Music Artist Jamie Tate Plays an Intimate Show for Military Families

Nashville country music artist Jamie Tate plays an intimate show for the Families of wounded, ill, and injured Soldiers at the Fort Campbell Fisher House March 31. “I like to play at the Fisher House to give back to the Families,” said Tate. “I find that the Families are a really big support system.” The Fisher House is a home away from home for Families of patients receiving medical care at Blanchfield Army Community Hospital. (U.S. Army photo by Sgt. Eric Lieber/RELEASED)

# SYSTEM FOR HEALTH.



## 10,000 Steps Per Day - March Madness

Army Medical Command's (MEDCOM) Performance Triad guidelines determine that at least 10,000 steps per day -- approximately five miles -- are a suitable activity benchmark. On April 4, much of the staff at the Office of the Surgeon General (OTSG) headquarters in Falls Church, Va., got in "part of your activity today, a mile and a half," said Maj. Gen. Brian Lein, Army deputy surgeon general. This event's theme was "March Madness," paying homage to the college basketball tournaments going on during its original scheduling, which was postponed once due to most unseasonal snowy weather. Participants sported sweatshirts, tees, and team mascot hats paying homage to their college loyalties. This is the second such event at OTSG headquarters. Last December it was inaugurated as the "Jingle Walk" in keeping with the holiday spirit of the season, with participants attired in reindeer antlers and Santa hats atop their physical training (PT) gear. (U.S. Army photo by Mike O'Toole) Read the full article at: <http://www.army.mil/article/123374/>



## Wounded Warriors Climb to New Heights

The Kilimanjaro Warriors celebrate reaching the summit of East Africa's Mount Kilimanjaro, the tallest free-standing mountain in the world stretching 19,340 feet above sea level. The team of wounded service members and veterans reached the summit on the seventh day of their journey, Feb 15. Among the members of Team Kilimanjaro reaching the summit are Steve Martin, Marine Veteran Erich Ellis, retired Air Force Lt. Col. Steve Connolly, Air Force Capt. Sarah Evans, Air Force Capt. Joseph Evans, and Mark Heniser, a physical therapist with the Center for the Intrepid, Brooke Army Medical Center. (Courtesy photo by Bevan Bell) For more photos visit: <http://www.army.mil/article/122707/>



## The Chaplain Assistant and the Emergency Medical Ministry Course

By Chaplain (Maj.) Robert Miller

On December 28, 1909, General Order No. 253 was issued by the War Department, establishing the Chaplain Assistant for the purpose of assisting the Chaplain in the performance of their official duties. In October 2001, the Chaplain Assistant was established as a separate career management field, with the Military Operational Skill (MOS) identifier of 56M.

The chaplain assistant, as a member of the U.S. Army Chaplain Corps, is a Soldier, which provides expertise in religious support and religious support operations. Chaplain assistants, working closely with their respective chaplains, support the religious mission of the commander in responding to the needs of Soldiers, Family members, and other authorized personnel.

Chaplain assistants provide a unique blend of technical religious support and tough Soldier competence. Unlike the chaplain, the chaplain assistant is a combatant. Chaplain assistants are skilled in a variety of weaponry and are the “force protection” of the Unit Ministry Team. In addition to specialized religious tasks, the chaplain assistant performs and coordinates the necessary security requirements to conduct religious support operations and minimize the personal security risks of the chaplain.

The Emergency Medical Ministry Course for chaplain assistants is conducted concurrently with the Combat Medical Ministry Course for chaplains, and allows both the chaplain assistant and the chaplain to hone their respective skills together during classroom learning, field training exercises and approximately 12-hours



Chaplain assistants undergo three days of intense training. They face the rigors of reaction to indirect and direct fire, convoy operations, mass casualty exercises, Ramp Ceremony, and Memorial Ceremony exercises while providing “force protection” and religious support for each mission. (Courtesy photo)

in a Trauma 1 medical facility; responding to trauma alerts and interacting with military and civilian patients.

During the field training exercises chaplain assistants are tested and excel. In three days of intense training, they face the rigors of reaction to indirect and direct fire, convoy operations, mass casualty exercises, Ramp Ceremony and Memorial Ceremony exercises

while providing “force protection” and religious support for each mission.

Upon completion of the course, chaplain assistants receive a certificate of graduation and an additional skill identifier of “1M,” setting them apart as proven warriors and an integral member of the Army Chaplain Corps.

# Cellular Therapy and Apheresis Section Saves Lives at SAMMC

By Mark Salcedo, ASBP Blood Donor Recruiter, Fort Sam Houston, Texas

According to the C.W. Bill Young Department of Defense Marrow Donor Program website, each year, more than 12,000 people are diagnosed with diseases that require an infusion of stem cells, but more than 70 percent of patients are unable to find an appropriate match within their own family and will require an unrelated donor.

The San Antonio Military Medical Center has the proud distinction of being the only Department of Defense medical facility that collects autologous and allogeneic transplants for patients. Tucked away in the corner of the fourth floor is Blood Services' Cellular Therapy and Apheresis section. With a staff of eight military and Civilian employees, the Cellular Therapy and

Apheresis section has had a direct impact on the long-term quality of health for military beneficiaries being treated at the San Antonio Military Medical Center.

"Most patients seen by the Cellular Therapy and Apheresis team have been diagnosed with leukemia, multiple myeloma, Hodgkin's disease or non-Hodgkin lymphoma," said Linda Weigand, technical supervisor and program quality assurance manager. "We generally provide this service to patients who have tried other therapies which were not successful.

"Our nursing staff collects autologous and related (Family member) allogeneic hematopoietic progenitor cells using an automated apheresis procedure. The Progenitor Cell Processing Lab is

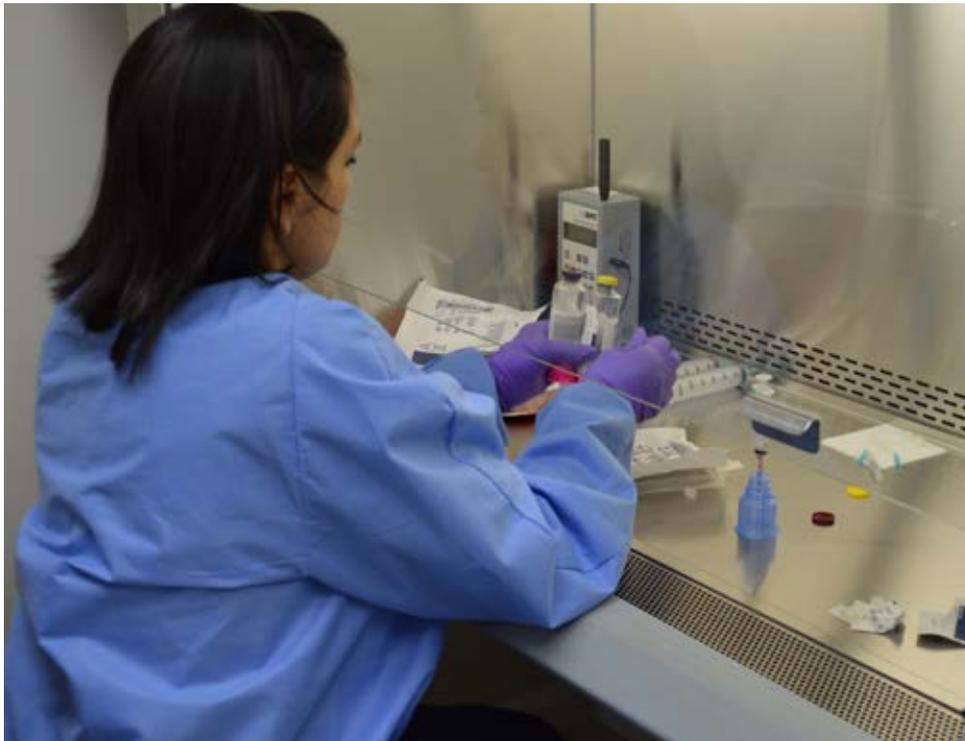
responsible for processing, packaging, labeling and cryopreservation of hematopoietic progenitor cells, stem cells, and sometimes bone marrow. We can also receive and ship products for transplant to and from other hospitals around the United States," added Weigand.

For patients at the San Antonio Military Medical Center, transplant or "engraftment" procedures usually happen within a couple months after their collection. The two major transplant approaches used are autologous, which uses the patient's own cells, and allogeneic, which uses cells from related or unrelated donors, peripheral stem cell collection.

The bone marrow transplant program at the Brooke Army Medical Center and the Wilford Hall Medical Center – a joint program at the time – was first accredited in 1988 by the Foundation for the Accreditation of Cellular Therapy. FACT is the only accrediting organization that addresses all quality aspects of cellular therapy treatments to include clinical care, donor management, cell collection, cell processing, cell storage and banking, cell transportation, cell administration, cell selection, and cell release.

For more information or questions about how you can sign-up to be a blood donor or a potential bone marrow/stem cell donor for the San Antonio Military Medical Center, please call the Akeroyd Blood Donor Center blood donor recruiter directly at (210) 295-4655 or (210) 295-4989.

Walk-in donors are always welcome at the Akeroyd Blood Donor Center.



Elisa Jackson, a medical technologist in the Progenitor Cell Processing Lab, prepares a microbiology sample for a recently collected hematopoietic stem cell product



Chaplain (Captain) Anne Morrisette speaks with a patient being unloaded from an ambulance bus on July 2013 at Landstuhl Regional Medical Center, Germany. (U.S. Army Photo/Phil A. Jones)

## Canadian Casualty Support Team Ends LRMC Mission

By Chuck Roberts, Landstuhl Regional Medical Center Public Affairs

When Wounded Warriors from the U.S. are lowered from the ambulance bus to a team of military providers at Landstuhl Regional Medical Center, Germany, seeing a familiar unit patch worn by liaison officers from their command is always a welcomed sight.

It's been the same for Canadian Soldiers seeing the Red Maple Leaf worn by members of the Canadian Armed Forces Casualty Support Team who served at Landstuhl Regional Medical Center (LRMC) from 2006 until its closing ceremony March 20, 2014. The ceremony coincided with the ending of Canada's military mission in Afghanistan where its commitment to the war in Afghanistan included 158 fatalities and 2,000 injured. The Casualty Support Team (CST) served the almost 400 Canadian Wounded Warriors treated at LRMC.

"Myself, as well as all of the liaison nurses that have preceded me, have

been very honored to work with such a high caliber of physicians, nurses, and support personnel," said 1st Lt. Kelsey E.N. Penner, an aeromedical evacuation nursing liaison officer speaking at the ceremony. "We have always received the highest quality of support, and have been treated as an integral part of the liaison team at LRMC. We are greatly appreciative of all of the support that we have received here, as well as from organizations such as the 86th Contingency Aeromedical Staging Facility at Ramstein Air Base, Germany. In addition, the Families of those with significant injuries were hosted at the LRMC Fisher House and received tremendous support from the clinical and pastoral staff. Without the outstanding support of LRMC command, medical, and support staff, the Canadian mission in Afghanistan would not have been possible."

LRMC Commander Col. Judith

Lee paid tribute to the important role the Casualty Support Team played in being there for their fellow Canadians. "There is no greater sight when you're a casualty than to see someone in your own uniform." Lee joked that she hoped she wouldn't be seeing another CST at LRMC again in the near future, but noted that if future hostilities did require the team here again, she knew the transition would be an easy one.

At its peak, CST consisted of eight multidisciplinary members, consisting of a commanding officer, nurses (including specialists in aeromedical evacuation), medical technician, chaplain, administrative officer and clerk, and a technician specializing in IT systems. The team was responsible for liaison with U.S. medical personnel, facilitation of evacuation back to Canada or back to the combat theatre, and personalized, individual support to casualties and their Families while at



## Canadian Casualty Support Team

LRMC.

This was particularly important during the deployment of personnel from French-speaking areas of Canada.

Canadians were one of 55 Coalition Forces treated at LRMC, and the Maple Leaf became a common sight worn on the distinctive green uniforms worn by Canadian staff, as well as the Canadian flags displayed outside patient rooms of the fellow Soldiers they served.

Canada's role in the Afghanistan war began in late 2001 after the September attacks on the United States. In February 2002, the first contingents of regular troops were deployed, and Operation APOLLO was established.

In March 2002, snipers from the 3rd Battalion Princess Patricia's Canadian Light Infantry fought alongside U.S. Army units as part of Operation ANACONDA, and Canadian troops provided garrison and security support throughout Afghanistan. The Canadian commitment was originally planned to last until October 2003; however, in August 2003, Canadian troops moved to the northern city of Kabul to become the commanding nation of the newly formed International Security Assistance Force.

As hostile operations increased, Canada began to take increased casualties in Afghanistan. A sustainable patient evacuation plan was required, and the U.S. government signed an agreement to provide Aeromedical Evacuation to LRMC. Canadian patients were transported by the U.S. Air Force to LRMC where they received definitive surgical care while awaiting aeromedical evacuation back to Canada through the Canadian Aeromedical Evacuation System.

It was quickly determined that a patient liaison element would be required at LRMC, and medical and



Lt. Col. B.L. Bowerman (center) presents a certificate of appreciation to LRMC Command Sgt. Major Timothy Sprunger and LRMC Commander Col. Judith Lee during the March 20, closing ceremony for the Canadian Armed Forces Casualty Support Team at Landstuhl Regional Medical Center, Germany. (U.S. Army photo by Phil A. Jones)

nursing staff from the Canadian Forces medical unit located in Geilenkirchen, Germany, were assigned the task. As casualties continued to increase, however, it was quickly determined that this arrangement was not sustainable, and in February 2006 the first Canadian Aeromedical Evacuation Nursing Liaison Officer (AENLO) was deployed to Landstuhl.

In 2006, the Taliban conducted a major offensive in the Kandahar and Helmand provinces, and by the end of the year 36 Canadian Soldiers lost their lives as a result of operations, and 96 Canadian casualties were treated at LRMC. The year 2007 saw a similar number of casualties, and the AENLO and small medical team from Geilenkirchen became overwhelmed. In February 2008, Canadian Expeditionary Force Command deployed the first Casualty Support Team to LRMC with plans to rotate in new personnel every six months.

The team worked out of transient office space at LRMC and nearby Ramstein Air Base. In the spring of 2008, an office trailer was installed by the Canadian government on a

space provided by LRMC facilities. The liaison nurses were granted access to U.S. clinical systems instrumental in providing medical reports back to Canada. Additionally, this allowed the nurses to print electronic health records and scan them into Canadian systems. A Canadian Medical Technician was embedded with the 86th Contingency Aeromedical Staging Facility at Ramstein Air Base, and this unit provided outstanding support to outbound Canadian AE missions.

As Canada began withdrawing from Kandahar in 2011, the Casualty Support Team at LRMC was downsized to reflect a decrease in Canadian casualties. In the meantime, CST personnel increased their contribution to LRMC operations, volunteering their time in clinical areas, with the American Red Cross, LRMC Trauma Program, Fisher House, Wounded Warrior Project, and the 86th CASF, all in the hopes of "giving back" to the community for their tremendous support.

The Canadian flag in Kabul was lowered on March 12 and the final Canadian Armed Forces personnel were withdrawn. Although there will no longer be full-time personnel deployed to LRMC, Canada will maintain a presence. The physical infrastructure of the office trailer will be maintained by personnel from the Canadian Operational Support Hub (Europe) located in Cologne, Germany, and medical liaison responsibility will return to the clinic in Geilenkirchen. This arrangement will allow Canada to continue to provide support to patients from various operations throughout the world. The Casualty Support Team will transition to "Caretaker Status" and is able to be reactivated on short notice in response to another large scale operation such as Afghanistan.

# Burn Center ADL Put to Full Use

By Steven Galvan, USAISR Public Affairs Officer

Ask any injured service member who is a patient at the U.S. Army Institute of Surgical Research Burn Center what they want to achieve while rehabilitating and chances are that they'll say "to get back to living a normal life." While some injuries require more rehabilitation than others, the staff members at the Burn Center Rehabilitation Clinic are there to provide the injured warriors with the best therapy to help them realize their goals.

An addition to the rehab center which recently became available is now being taken full advantage of. The Activities of Daily Living (ADL) skills room, a mock-up of a one bedroom apartment, gives patients the opportunity to experience living independently before being discharged from the Burn Center.

"It's a way for patients who have been here for months to transition back into a routine without leaving the hospital," said USAISR Burn Rehabilitation Occupational Therapist, Emily Welsh. "They get to spend the night and do things for themselves like what they'll have to do when they are discharged."

The first patient to experience full use of the ADL was 1st Sgt. Matthew Deller, a member of the 232nd Medical Battalion at Joint Base San Antonio-Fort Sam Houston, Texas. Prior to spending the night in the ADL, Deller was taken to the post commissary to shop for items to cook supper that evening.

"The purpose of the trip to the commissary is to acclimate the patient back into the community," said Maj. Erik J. Johnson, chief of Burn Rehab. "It gets them to interact with people and to see how they react to their injuries."



1st Sgt. Matthew Deller shops at the post commissary to cook his first meal in months at the Burn Center Activities of Daily Living Skills room—the first burn patient to fully utilize that room. (U.S. Army Photo)

Deller said that it felt good to be out shopping at the commissary.

"I needed to see how it was going to be and how much my body can tolerate," he said.

The oldest boy of 10, Deller had always been independent. He said that he was looking forward to cooking his first meal in the ADL, something he had not been able to do in months.

"It was a good experience for him," said Welsh. "One of the biggest fears that some Wounded Warriors have is learning how to get back into a routine. Going to the commissary and spending the night in the ADL eases that tension."

Welsh also said that she feels good about Deller getting back into a routine.

"He is a special Soldier," she said. "He has had a remarkable recovery and is always pushing himself to get back to where he was before."

Deller recently attended a graduation ceremony at the battalion where he is charged with training and graduating top-notch medics.

"Out of nowhere he goes up to the stage and delivers a speech to the students for 15 minutes," said Welsh. "It was inspiring and motivating. That's just the type of Soldier that he is."

Deller was discharged from the Burn Center March 27 after spending 109 days being treated for a burn that covers 77 percent of his body. He was burned at home when a cracked gas line ignited while starting a fire in his fireplace. He will spend at least another year at the Burn Center rehab gym working on getting his "normal" life back.

"I know that he will," said Welsh. "That's how he is. He's always looking at what's next. He's remarkable."

## Eustis Soldier Wins NRMC Best Warrior Competition

By Senior Airman Teresa J.C. Aber, 633rd Air Base Wing Public Affairs Affairs

Using perseverance, strength and sheer will power, U.S. Army Soldiers endured strenuous circumstances for four days to compete during the Northern Regional Medical Command best warrior competition at Fort Bragg, March 23-27.

The winner of the competition, Spc. Hector Menchaca, McDonald Army Health Center optical laboratory specialist, had just two weeks from the time he was notified to prepare for the competition.

“I felt honored to be able to represent MCAHC and being chosen this year really humbled me,” said Menchaca. “Given such short notice about the event, I was just going in with an open

mind. I just went in there knowing it was a great opportunity to represent my organization.”

Competitors from eight bases trained with sponsors to prepare them for the various segments of the competition, including day and night land navigation, weapons qualifications, drill and ceremony procedures, and the Air Assault obstacle course.

Staff Sgt. Matthew Vecchione, MCAHC Troop Medical Clinic 2 noncommissioned officer in charge, was Menchaca’s sponsor for the competition. Vecchione ensured Menchaca was prepared to deal with first-aid, communication skills, building raids, dealing with casualties,

and many other scenarios that would come up in the competition.

“Menchaca is a high caliber Soldier, but he’s not exposed to a lot of the components they were going to test him on in his daily duties,” said Vecchione. “My main objective was to make sure we got him up to speed on those things that he probably hasn’t had to deal with since basic training such as weapons, tactical gear, and the other hands-on portions of the competition.”

Menchaca believes the competition tested his resiliency and pushed him to see his true potential, both mentally and physically.

“I didn’t expect the events to be as challenging as they were, but I strived to stay motivated and maintain a positive mental attitude,” said Menchaca. “It builds self-esteem and allows you to really test your limits to see you’re capabilities and I believe the competition brought out the best in me.” Best Warrior competitions celebrate what it means to be a Soldier on a day-to-day basis, according to Vecchione.

“To me, it’s a celebration of what it is to be a Soldier. They helped each other and acted like the ultimate battle-buddies to make sure everyone made it through the competition,” said Vecchione. “Even the competitors who don’t win end up succeeding because they learn what they are made of. They exemplify the Soldier mentality and discover what it means to be a true warrior.” Menchaca will go on to represent NRMC, Fort Eustis and MCAHC at the U.S. Army Medical Command competition at Camp Bullis training Site, Joint Base San Antonio-Fort Sam Houston, May 2-9.





## Tripler Fisher House Gets a Visit from Spouse of Republic of Korea General

By Ana Allen, Pacific Regional Medical Command

Hyun Sook Lee, spouse of Gen. Yo Hwan Kim, commanding general for 2nd Operation Command, Republic of Korea Army, paid a visit to the Fisher House at Tripler Army Medical Center on April 4.

During the visit, Lee spoke of the sense of comfort, warmth, and love she felt the home brought to its temporary residents and praised Fisher House Manager, Anita Clingerman on a well-run program.

According to the Fisher House website, a Fisher House is “a home away from home” for Families of patients receiving medical care at major military and Veterans Affairs (VA) medical centers.

The homes are normally located within walking distance of the treatment facility or have transportation available.

There are 62 Fisher Houses located on 23 military installations and 23 VA medical centers. Many more houses are under construction or in design.



Anita Clingerman (right), Fisher House manager, gives the grand tour of Fisher House II to Hyun Sook Lee (far left), spouse of Gen. Yo Hwan Kim, commanding general, 2nd Operational Command, Republic of Korea (ROK) Army, along with other visitors from ROK while visiting with residents of the comfort home at Tripler Army Medical Center on April 4. (U.S. Army Photo)

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## Wounded Warrior Art Show

By Wesley Elliott, DDEAMC Public Affairs Officer

For over two years, the idea of an art exhibition at the Morris Museum featuring artwork by the service members of the Fort Gordon Warrior Transition Battalion (WTB) has been a dream of Elin Rock and Jenna Tankersly.

“We have been working closely with Jenna, the community outreach [representative] at the museum to coordinate the show and haven’t had an opening, but two weeks ago she called and said her boss finally agreed,” said Rock, a certified occupational therapist at the WTB.

The show will run from June 10 through June 29, at the Morris Museum of Art in Augusta, Ga., and will provide the service members of the WTB with a way to express themselves in ways they may not be able to put into words.

“This will be such an exciting exhibit. We utilize art for stress management and thru the medium most of the service members show decreased stress levels after an activity,” said Rock.

The artwork at the showing came from art donated by the service members during the once a month visit from the Morris museum, who sends Jenna

Tankersly, the museum’s volunteer and outreach coordinator, to teach different types of medium such as water colors, sketching, linoleum carving, ink drawing, and oil painting.

On alternate months, Rock and Susanne Steele escort a group of service members to the Morris Museum where the staff has them study a specific type of art, or project for the day and then takes them to create their own design from the inspiration.

“Each month after the sessions, the service members are asked if they would like to donate what they made to the museum for a potential future art show and since then we have quite a few items collected,” said Rock.

Steele has previously used art therapy as part of her “Transition to Success” program in working with Soldiers that have post traumatic stress to get them out into the community.

The Fire House Gallery in Louisville, Ga., worked out a way to have three WTB Soldiers travel to the gallery twice a month for six months to work on building an Achilles shield where they could express different issues they

were dealing with from their experience serving in a combat zone.

The therapy is centered on Greek mythology where returning Soldiers would gather outside the city and therapists come out to meet them and help work with them to process what they had experienced.

They would create a shield with the inside being decorated with personal motivations and thoughts and the outside with harsh things they had to deal with stemming from combat.

“Our Soldiers chose the design of the shield to look like the body armor they wore while deployed and as they worked on the shield you could see them transform over time. The added experience of leaving behind the military post and going to neutral ground was good for them and helped with their recovery,” said Steele.

The art therapy program is growing and recently the American Legion, Unit 192, donated funds to purchase art supplies for the Soldiers and to take the Soldiers out into the community to different art shops where they can make projects.

The WTB Occupational Therapy and the Eisenhower Army Medical Center (EAMC) Psychiatric unit also receive craft kits provided by the Help Hospital Veterans organization.

The various donated kits can include painting projects, models, needlework, woodwork, and leather projects. The projects are given out to the Soldiers who want to create things over the weekends and during their free time between medical appointments.

“I keep in touch with many of my former Soldiers and they are all doing very well. They all talk about how art therapy was one of the programs that helped them the most,” said Steele.



Soldier's from the Fort Gordon Warrior Transition Battalion art program create shields that are intended to help them express experiences from serving in a combat zone by using art as part of the occupational therapy art program. (U.S. Army photo by Judith Thompson, Eisenhower Army Medical Center (EAMC) Supervising Occupational Therapist)

## Ergonomics Meets Munitions—Keeping Workers Safe

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



A quality work environment is a collaborative effort to keep workers safe and healthy. In a facility like the Anniston (Ala.) Munitions Center, many factors influence the work environment and can be modified to improve worker well-being.

U.S. Army Public Health Command ergonomists went to Anniston, Ala., recently to survey facilities, evaluate work processes and provide training to local industrial hygienists and safety personnel—all to help enhance the working environment at the facility.

By looking at the tools; physical activities, such as bending or lifting, that affect the body; and environmental factors such as noise and lighting that might affect hearing, vision or comfort, ergonomists can suggest modifications that enhance worker health.

While John Pentikis, USAPHC Army Institute of Public Health ergonomist and team leader taught ergonomics

principles to the industrial hygienists and safety office personnel, ergonomists Kevin Purcell, AIPH, and Tricia Salzar, Public Health Command Region--South, assessed industrial and administrative areas around the munitions center.

“These types of missions help installation personnel learn the ergonomic principles needed to run their own basic program at the installation level,” explained Pentikis. “By combining assessments with training, the installation gets a chance to see how we (ergonomists) go through a facility reviewing processes and determining areas of concern.”

“It was great that I was able to be part of this assessment since the facility is located in my area of responsibility,” said Salzar. “I began to develop a relationship with the individuals at the installation, which helps them feel more comfortable asking questions and getting help when needed,” she said. “They also know they

can call me for assistance as they develop their local ergonomics program.”

A worksite assessment provides the “ergonomic big picture” of the workplace and is an integral part of an installation’s ergonomics program, according to Purcell. An assessment involves observations and discussions with supervisors and employees to determine the types of work done in the facility and any specific concerns they may have.

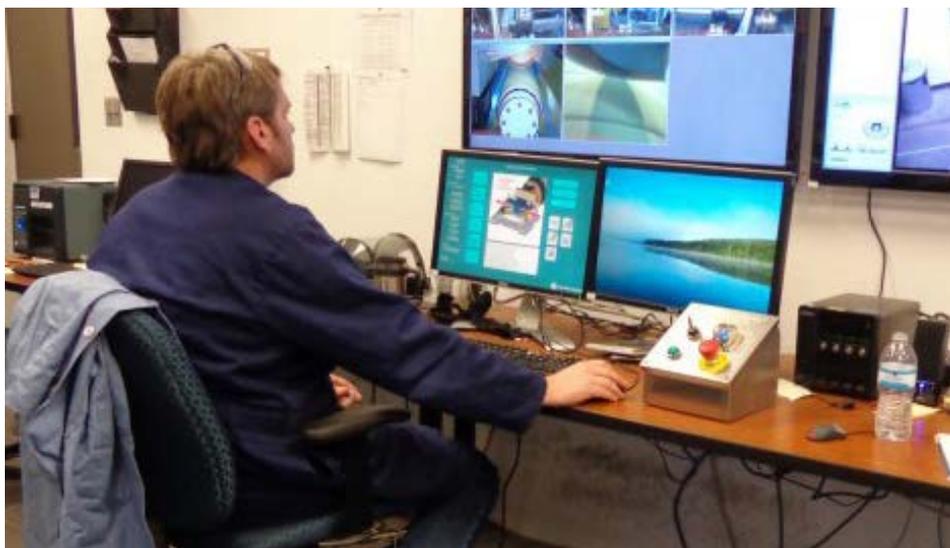
“In the case of Anniston,” said Purcell, “we looked at a wide range of facilities including offices, inventory buildings, inspection areas, receiving and shipping facilities, a wood shop and unpacking areas.”

Each area offers unique ergonomic challenges to employees and opportunities to recommend improvements.

Much of the work done at Anniston involves unpacking, moving and disposing of unused and outdated military shells, rockets, missiles and similar explosive material. Because of the concerns about static electricity, grounded metal plates are placed in work areas, according to Purcell. The metal plates create a hard work surface, in turn creating an ergonomic hazard that needs to be mitigated.

“One of our suggestions was to replace the metal plates with grounded rubber mats so that workers would not have to stand on the unyielding metal plates,” he explained. “The use of anti-fatigue mats would be a less expensive, ‘quick fix’ for those who stand in place much of the day.”

“I think these types of quick fixes



Employees in the Anniston (Ala.) Munition Center administrative area are constantly looking up at monitors. USAPHC ergonomists recommended that employees have sit-stand work stations to vary their positions during the work day. (U.S. Army photo by Tricia Salzar, USAPHC)

## Ergonomics

go a long way towards fostering support for larger more expensive projects. In addition, by modifying a small portion of the task we can hopefully reduce the stress and strain on the employee, which in turn usually makes them wonderful advocates for ergonomics,” explained Salzar.

“We make suggestions to make the workplace fit the worker,” said Purcell. “We talk with the people who do the work to get an understanding of how they do their work.”

Much of the work at Anniston begins at the loading docks. Containers of materiel to be destroyed are shipped in Army trailers that have rollers, but Purcell noted that the loading docks were at a bad angle that did not facilitate easy loading and off-loading of the trucks.

The ergonomic team’s suggestions for improvement included pouring a new concrete pad to better facilitate loading

and unloading and the use of a winch on a fork lift instead of manually pulling heavy containers from the trucks.

Workers had their own suggestions to improve other processes. They included putting wheels on tables used to move rockets and other large projectiles and the fabrication of special stands that are sized to fit their jobs.

“Ergonomics, safety and good business practices overlap when we look at the processes at an installation,” said Purcell. “Most of the time they all go hand-in-hand to protect the workers and increase production.

“We were very impressed with the ingenuity of the workers in the facilities who had modified equipment or the environment to make their work easier and safer,” said Purcell. “When we complimented their changes, we explained how they had applied ergonomic principles to their work

environment.”

“We left the munitions center having provided ergonomic training to both management and line-workers as well as information on how to establish their own ergonomics program,” according to Pentikis.

“The ergonomic training was very informative for the industrial hygiene, safety and others who attended,” said Anthony Burdell, deputy to the commander at Anniston.

“During the ergonomic survey the auditors also provided ergonomic information to our workforce to include how office equipment should be set up for each individual,” according to Burdell. “They also instructed ANMC team members how to get ergonomic information from the Public Health Command Web site. The visit was very beneficial for the ANMC Team.”

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## Sesame Street Friends Help Military Children Move

By Joint Base Lewis-McChord National Center for Telehealth and Technology (T2)

Moving can be challenging, especially for preschool children. Military Families move often—the average military child moves six to nine times between kindergarten and high school. The Big Moving Adventure mobile application, developed for the Department of Defense in partnership with Sesame Workshop, the nonprofit educational organization behind Sesame Street, lets kids create a muppet friend to help through the moving process.

“Moving can be stressful, and kids need to express feelings and say goodbye to people and things,” said Dr. Kelly Blasko, psychologist at the National Center for Telehealth and Technology. “The muppet characters in this app help make the move a fun experience.”

Children can use the app to help their muppet friend make decisions on a variety of move-related issues like which toys to pack in a box and which to take along in their backpack. Children watch the muppet say goodbye to their house, military base, and classroom

and playground friends. Finally, at the new house, children help their muppet unpack, settle into the home, and make new friends.

“Sesame Workshop has always been at the forefront of creating resources for Families with young children to help address some of life’s most difficult issues,” said Dr. Jeanette Betancourt, senior vice president for Community and Family Engagement at Sesame Workshop. “The Big Moving Adventure is part of Sesame Workshop’s contribution to military Families who face the challenge of helping a child cope with this major transition and help our kids reach their highest potential.”

Military parents face unique challenges during a move, and the app helps their young children through the experience. A separate parents section contains additional move-related topics and tips.

The Big Moving Adventure mobile app is the newest addition to a portfolio of multi-media resources developed by Sesame Workshop, in collaboration with

the Defense Department, to help military Families with deployments and life transitions. While developed specifically for military Families with children 3 to 5 years old, it is useful for all Families with young children experiencing a move.

The mobile app is available for download from the App Store, Google Play, and Amazon for Kindle Fire. Users have downloaded the free app more than 130,000 times since its release in December.

### About T2

The National Center for Telehealth and Technology (T2), located at Joint Base Lewis-McChord, Wash., serves as the primary Defense Department office for cutting-edge approaches in applying technology to psychological health. T2 is a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and aligned with the U.S. Army Medical Research and Materiel Command. For more information, visit us at <http://www.t2.health.mil>



## Warrior Games Regional Trials for Soldiers and Veterans Fort Campbell Hosts Georgia Soldiers

The Fort Campbell Warrior Transition Battalion hosted regional Warrior Games trials April 14 to 17 at Fort Campbell, Ky. These preliminary trials selected active duty and Veteran athletes to compete for a spot on the 40-person Army team in the 2014 Warrior Games to be held at the Olympic Training Center in Colorado Springs this October.

This Paralympic-style competition allows wounded, ill, and injured athletes from all military branches to compete against one another in seven different events, including track and field, swimming, shooting, archery, cycling, sitting volleyball, and wheelchair basketball.

The regional trials include Soldiers and Veterans from Fort Campbell area as well as Soldiers from Fort Stewart, Fort



Benning, and Fort Gordon, Ga.

Active duty Soldiers and Veterans who meet the following criteria are eligible for the regional trials: permanent physical disabilities such as amputations, spinal cord injuries, visual impairments or

permanent limb dysfunction as well as non-permanent injuries such as post-traumatic stress disorder, traumatic brain injuries, or orthopedic injuries.

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## MEDCOM Team Receives Army Financial Management Award

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

Army Medical Command's (MEDCOM's) Integrated Resourcing & Incentive System (IRIS) Development Team is the winner of the FY13 Outstanding Resource Management Team Award (Above ACOM) presented by the Assistant Secretary of the Army (Financial Management and Comptroller) or ASA(FM&C). The award recognizes the exemplary efforts of MEDCOM's Assistant Deputy Chief of Staff Resource Management /G8, for their multidisciplinary team effort resulting in an integrated resourcing system to support Medical Treatment Facility (MTF) cost management while maximizing the value of patient care services.

IRIS is MEDCOM Resource Management Directorate's answer to the Army surgeon general's call for an enterprise funding methodology that would support the vision to achieve a System for Health by aligning efforts while meeting the expectations of stakeholders. The IRIS funding model is designed to distribute over \$6.3 billion in Defense Health Program funding, while taking into account mission variability and accomplishments at the MTF level.

A significant achievement of IRIS is the flexibility it gives commanders to manage mission change.

"We are extremely proud of our team and what they have accomplished over the past year," said Col. David Dunning, health services comptroller consultant to the surgeon general, G8/ADCS Resource Management Directorate. "For the first time ever, the MEDCOM was able to distribute budget guidance and targets ahead of the start of the new fiscal year which allowed us to maintain prudent financial risk management at the MEDCOM level, while still providing a stable environment to the Regional Medical Commands and Medical Treatment Facilities."

The annual Assistant Secretary of the Army (Financial Management and Comptroller) ASA(FM&C) Resource Management Awards Program recognizes and encourages outstanding performance of individuals, teams, and organizations at all command levels. It complements installation, major command, and field agency recognition programs by focusing attention on the most deserving and commendable individuals, teams, and organizations that make significant contributions to the improvement of resource management.

In addition to the team award, individual MEDCOM winners of the FY13 Financial Management Award are:

- Isabelle Matthews, (SRMC) - ASA (FM&C) Civilian Capstone Award
- Isabelle Matthews, (SRMC) - Budgeting (Civilian category/Below ACOM)
- Maj. Jarrod McGee, (ERMC Bavaria) - Resource Management (Military category/Below ACOM)
- Victor Stansberry, (RM Finance & Accounting Division) – Auditing (Civilian category/Above ACOM)

Additionally, Michael Johnson (RM Finance & Accounting Division) received the "Meritorious Award" from the National American Society of Military Comptrollers Awards Program in the Financial Systems Category.

Col. Dunning acknowledged that during this time of transformation from a healthcare system to a System for Health, these recognitions highlight the exemplary efforts of MEDCOM team members who continue to push the effort to move the U.S. Army MEDCOM another step closer to full implementation of the Operating Company Model.

# 21

the number of hours the average American is either sitting or lying down each day





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