

ARMY MEDICINE

MERCURY

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BRAIN INJURY Awareness Month



A worldwide publication telling the Army Medicine Story



CONTENTS

DEPARTMENTS



Then-Marine Sgt. Joshua Sweeney was wounded in Afghanistan, in 2009. He is one of three wounded warriors who will represent Team USA at the 2014 Paralympic Winter Games in Sochi, Russia, March 7-16.

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.

READINESS AND HEALTH OF THE FORCE

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

READY & DEPLOYABLE MEDICAL FORCE

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

HEALTH OF FAMILIES AND RETIREES

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

SOCIAL MEDIA CENTER

FOLLOW US ON

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

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Lt. Gen. Patricia D. Horoho, left, U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command presents the Burn Resuscitation Decision Support System Team at the U.S. Army Institute of Surgical Research the prestigious AMEDD Wolf Pack Award for the first quarter of fiscal year 2014 Jan. 30. Left to right: Lt. Gen. Patricia D. Horoho, Maria Serio-Melvin, Lt. Col. Elizabeth Mann-Salinas, Jose Salinas, Ph.D., Col. (Dr.) Leopoldo Cancio, Craig Fenrich, Ada Garcia, and Lt. Col. (Dr.) Kevin Chung

AMEDD Presents 1st Quarter Wolf Pack Award to BRDSS Team at Institute of Surgical Research

By Steven Galvan, USAISR Public Affairs Officer

Lt. Gen. Patricia D. Horoho, U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command (MEDCOM) and Army Medical Department (AMEDD) Civilian Corps Chief Mr. Gregg Stevens presented the prestigious Army Medicine Wolf Pack Award for the first quarter of fiscal year 2014 to the Burn Resuscitation Decision Support System (BRDSS) Team at the U.S. Army Institute of Surgical Research (USAISR) Jan. 30.

The BRDSS Team was recognized for the development of the Burn Navigator, a Food and Drug Administration (FDA)-cleared device that assists non-burn experienced medical providers in a deployed setting with burn resuscitation. The Burn Navigator, also known as the Burn Resuscitation Decision Support System-Mobile (BRDSS-M), is the first-of-its-kind technology and the only medical device to ever start as a research project within U.S. Army Medical Research and Materiel Command (MRMC), and then go through advanced development, FDA clearance, and exit the decision gate process into fielding.

“The BRDSS-M fully has transitioned to Full Rate Production, which means the device has been manufactured and deployed to the field,” said USAISR Director of Research David G. Baer, Ph.D. “The Army will buy and field the first nine devices, with additional purchases to follow for outfitting all units and training centers.”

“I think you’re going to revolutionize healthcare in the civilian sector and I could not be more impressed with the work that is done here,” said Horoho.

To be eligible for the Wolf Pack award, teams must consist of a mix of Army Medicine Civilian and military members. Team membership may also include contractors and members from other commands, services, federal agencies, and non-government organizations. To view this article online, visit: <http://www.army.mil/article/120227/>



U.S. Army Surgeon General Visits JRM, Naval Hospital Guam

ASAN, Guam (Feb.14, 2014)-Joint Region Marianas (JRM) Chief of Staff Capt. Mark Scovill welcomes Lt. Gen. Patricia Horoho, U.S. Army surgeon general, to the command headquarters in Asan, Guam Feb. 14. Horoho toured JRM and U.S. Naval Hospital Guam during a command visit of the Pacific to review the health structure, system, assessment, and key leader relationship-building opportunities in support of the Command Theater Campaign plan. (U.S. Navy photo by Jesse Leon Guerrero/Released)

A System for Health

By Lieutenant General Patricia D. Horoho, U.S. Army Surgeon General

Picture: An Automated External Defibrillator (AED) in every room. A cardiac catheterization lab in every mall. And 200,000 more gastric bypass surgeons practicing in the United States.

Absurd? Maybe. But if we continue down our current path in this country, relying primarily on a model based on rescue; focusing on intervention over prevention; relying on more pills, procedures, and machines, there's a good chance that's where we'll end up.

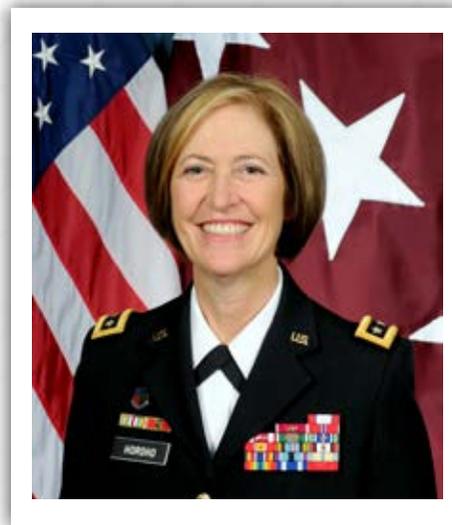
Imagine you're a lifeguard and you find yourself having to save more and more swimmers. The easy answer is to hire more lifeguards. So you do, but still the job isn't getting done—people are drowning. It wouldn't take long before it became clear that you must do something different: teach people to swim, make them more aware of the dangers, and for those really dangerous areas, put up a tall fence.

At some point, we must realize that it's a lot easier to attack problems far upstream, optimally preventing them from happening in the first place. That's what's called systems thinking. It's what we need to do with health, and we need to do it now. Here are some sobering statistics:

- For the first time in history, a child born in America today has a life expectancy shorter than that of his or her parents.
- As many as one in three U.S. adults will have diabetes by 2050. One in 10 have it now.
- The average American is either sitting or lying down a staggering 21 hours a day.

Revisiting our lifeguard metaphor, those behaviors are akin to a weak swimmer wading into a raging riptide.

To attack those problems upstream—to adopt a systems thinking approach—



Lt. Gen. Patricia D. Horoho

we first must realize that healthcare is part of a much larger, more complex system. It has become one of America's wickedly expensive and wickedly complex problems: high costs, high variability, suboptimal outcomes, misaligned incentives, and focused exclusively on rights, not personal responsibility.

We need to work at the systems level. Success will require coordination across all sectors touching social, cultural, economic, and environmental spheres.

We need to do better. We have to think differently. Individual silos and incremental fixes, treating the symptoms and not the disease, aren't the answer. We need to step back, look at the broader picture and know our part.

Systems thinking put man in space and eventually Neil Armstrong on the moon. It allowed Henry Ford to mass-produce the automobile, allowed Steve Jobs and Apple to invent products that caught the imagination of the world, and in the medical arena, helped us control epidemics like polio, measles, and most

recently HIV.

A systems approach is broad and brings in diverse people with diverse skill sets. But the defining characteristic of systems thinking isn't studying the individual elements; it's studying the interaction of those elements that matters.

If you're an expert in one component of a complex system, but don't understand or interact with the larger system, your impact on the larger system and mission will be small. Think about NASA's mission control room during a launch. It's a room packed full of individuals, but each one is keenly aware that they are part of a larger system and crystal-clear about what the overall mission is. We need to do the same with health: realize we're part of a larger system, and know that the ultimate mission is health, not just healthcare.

Health is more than simply the absence of disease or injury; it's a state of complete social, mental, and physical well-being. It encompasses those components of society

that influence health and well-being, the social determinants of health—things like education, clean water, outdoor recreational facilities, and safe streets. These lie outside of our medical facilities in a place I call the Lifespace.

That's where health happens.

Access the full article at: <http://wingofzock.org/2014/01/28/a-system-for-health/> Wing of Zock was created to be the online community of choice for faculty, residents, students, and executives at medical schools and teaching hospitals.



The MG Keith L.Ware Awards

U.S. Army Medical Command Competition

Monica Ramos (left) assistant public information officer for Bexar County, and Brett Thacker, director of editorial content and strategy at United Services Automobile Association (USAA), shake hands as they certify the final results of the U.S. Army Medical Command (MEDCOM) competition for the 2013 Maj. Gen. Keith L. Ware Public Affairs competition. The judges reviewed more than 30 entries for best print, broadcast, and community relations products that represent the best of MEDCOM's public affairs professionals. MEDCOM-level winners move on to compete in the Department of the Army-level competition. (U.S. Army photo by Dr. Valecia Dunbar)



CONGRATULATIONS MEDCOM WINNERS!

PRINT WINNERS	WINNER/NAME	ORGANIZATION/REGION
Winner Army Funded News Publication (unit category)	BAMC Focus, March 1, 2013 edition	Brooke Army Medical Center Communications Division/SRMC
Winner Digital Publication (unit category)	ASBP Focal Point E-Newsletter, July 2013	ASBP Communications and Marketing Directorate/Defense Health Headquarters-OTSG
Digital Communication Campaign (unit category)	Army Health - Be Ready	Office of the Surgeon General, Center for AMEDD Service Excellence (CASE)
Website/Blog (unit category)	Armed Services Blood Program Website	ASBP Communications and Marketing Directorate/Defense Health Headquarters-OTSG
News Article (individual category)	WTB launches weekly fatherhood peer-to-peer group/Gloria Montgomery	Warrior Transition Brigade/SRMC
Feature Article (individual category)	Public Health Command employees move their feet while they meet/ Ms. Chanel S. Weaver	U.S. Army Public Health Command USAPHC
Commentary (individual category)	Uniform reminder of call to duty by Elaine Sanchez	Brooke Army Medical Center Communications Division/SRMC
Series (individual category)	The Performance Triad Series – Activity, Nutrition, & Sleep by Dr. Valecia Dunbar	USAMEDCOM Directorate of Communications - OTSG/MEDCOM
Photojournalism (individual category)	Taking out the 'devil's trash heap' by Ed Drohan	Europe Regional Medical Command/ERMC
News Photo (individual category)	Injured dog handler adopts teammate by Steven Galvan	U.S. Army Institute of Surgical Research/MRMC
Feature Photo (individual category)	Family Reunion by Ms. Susanne Ovel	USAMEDCOM Directorate of Communications/MEDCOM
Moss-Holland Civilian Print Journalist of the Year	Dr. Valecia L. Dunbar	USAMEDCOM Directorate of Communications/MEDCOM

U.S. Army Medical Command Competition

Winner News Photo
(individual category)



Winner Feature Photo
(individual category)



Winner Army Funded News
Publication (unit category)



Winner Feature Article
(individual category)



GENERAL BROADCAST

WINNER

ORGANIZATION/REGION

Video Information Program
(unit category)

“America’s Army – Our Profession”
(CSM Brock)

USAMEDCOM Directorate of
Communications/MEDCOM

Television Spot Production
(individual category)

Brain Injury Awareness Month/PSA with NFL
Commissioner Roger Goodell by Kirk Frady

USAMEDCOM Directorate of
Communications/MEDCOM

Video Feature Report
(individual category)

Task Force Phoenix
by John Wayne Liston

Madigan Army Medical Center/WRMC

COMMUNITY RELATIONS

WINNER

ORGANIZATION/REGION

Program

The Performance Triad

MEDCOM

Special Event

Brooke Army Medical Center Appreciation Day

Brooke Army Medical Center/SRMC

HONORABLE MENTIONS

NAME

ORGANIZATION/REGION

Army Funded News Publication
(unit category)

MERCURY newsletter

USAMEDCOM Directorate of
Communications/MEDCOM

Digital Publication
(unit category)

Serving to Heal...Honored to Serve, Southern
Regional Medical Command Annual Report

Directorate of Communications/Southern
Regional Medical Command

Website/Blog
(unit category)

Army Medicine public website:
armymedicine.mil

USAMEDCOM Directorate of
Communications

News Article
(individual category)

Burn Flight Team Completes Record-Breaking
Mission by Steven Galvan

U.S. Army Institute of Surgical
Research/MRMC

News Article
(individual category)

Bringing Soldiers ‘Back Into the Light’
by SPC Aaron Breitbarth

Warrior Transition Battalion/WRMC

Feature Article
(individual category)

CSI Afghanistan: Forensic experts help turn
bomb maker into convict by Ed Drohan

Regional Medical Command Public
Affairs/ERMC

Feature Article
(individual category)

Double Amputee Gets Another Chance at
Starting Family by Maria Gallegos

Brooke Army Medical Center
Communications Division/SRMC



Army Surgeon General Lt. Gen. Patricia Horoho greets Bexar County Sheriff Susan Pamerleau during the Army Medical Command Winter Reception held Feb. 3 at historic Sunset Station in San Antonio, Texas. The event was attended by international medical students, community leaders, and military personnel who share a “common thread of service” to the community of San Antonio which has been the home of Army Medicine since 1947. (U.S. Army photo by Dr. Valecia Dunbar)

Army Medicine Hosts Winter Reception

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

International medical students, community leaders, civilian and military personnel gathered at historic Sunset Station in San Antonio, Texas on February 3 for a winter reception hosted by Lt. Gen. Patricia D. Horoho, the Army Surgeon General and Commander, U.S. Army Medical Command (MEDCOM). The event recognized a diverse group of individuals who “share a common thread of service” to San Antonio and the military community.

Army Surgeon General Lt. Gen. Patricia Horoho and Command Sgt. Maj. Donna Brock greeted the more than 275 guests in attendance.

“In this room, there is a common thread of service. Those who serve in the military, serve in law enforcement, and serve the community of San Antonio,” said Horoho. “When I see the tremendous acts of service that individuals or organizations in this community have done, I know that our

Soldiers, Families, Retirees, and Veterans are supported on all fronts.”

San Antonio has been the “Home of Army Medicine” since 1947 and is the location of MEDCOM headquarters. MEDCOM programs located in San Antonio train more healthcare professionals than any other organization around the world, amounting to more than 60,000 students annually.

TSG Talks Army Medicine on KLUP Radio 930 AM



Army Surgeon General Lt. Gen. Patricia D. Horoho participated in a live radio interview Saturday, February 1, on KLUP 930 AM Radio in San Antonio, Texas. The surgeon general spoke for an hour via live broadcast on the radio and streaming via the internet. Horoho talked about her early years in the Army and her educational background as well as being raised in an Army Family. The rest of the interview included discussions about her role as the Army surgeon general and commanding

general, U.S. Army Medical Command; Army Medicine’s mission; and the Performance Triad. Horoho also talked about Army Medical Research, Soldier Resiliency, and Army Medicine’s transformation from a healthcare system to a “System for Health.” She emphasized that Army Medicine is forging the way ahead by promoting better health through Sleep, Activity, and Nutrition (SAN) and by focusing on proactive versus reactive care.



Brig. Gen. Norvell Coots tells the Army Medicine story at Operation Homefront's 2014 Faces of Valor event. Operation Homefront helps military Families during stressful financial times with travel and transportation, moving expenses, auto and home repair, and other financial assistance.

Army Medicine Ambassadors: Carrying the Good News

By Ron Wolf, Army Medicine Public Affairs

Army Medicine has many great stories to tell in its role both as a provider of combat casualty care and delivering healthcare to Army Families and Retirees. But whose job is it to tell those stories?

The answer to that question led to the forming of the Army Medicine Ambassador program. The program is the good news source for Army Medicine with volunteers around the world donating their time to tell the story of Army Medicine. These Ambassadors also act as an important voice for the surgeon general, providing a means to spread information about new initiatives such as the Performance Triad quickly and efficiently.

One of the leading Army Medicine Ambassadors is Brig. Gen. Norvell Coots, the assistant Surgeon General for Force Protection.

For a wide range of audiences, from hospital fairs to a range of hometown events, our ambassadors such as Coots are traveling to local communities and telling audiences the impact that Army Medicine has in the lives of its beneficiaries.

Coots spoke February 6 at Operation Homefront's 2014 Faces of Valor event in Washington, D.C. Operation Homefront is an important partner in providing care for Warriors outside the medical clinic. Coots—and all Army Medicine Ambassadors—want to reach all those whose goal is to provide optimal care for our Service Men and Women—no matter where the care occurs.

Beyond established partnerships, Army Medicine wants to reach all those who care for our Soldiers both physically and spiritually and who stand ready to provide care on our Army posts and in all of America's communities.

Army Medicine's commitment is to strengthening the health of our Nation by improving the health of our Army, educating people on the Performance Triad and how they are part of the transition to a System for Health. The goal continues to be improving the health of the Army and the resilience of the Nation.

Army Medicine continues to be "right beside our Warriors," Coots said, helping them "from injury to

recovery and every day in between." To get that message out, Army Medicine Ambassadors are the champions of Army Medicine, Army Health, and Army Readiness telling the good news story of Army Medicine.

And there is lots of good news for everyone to hear.

If you would like to be a proud part of Army Medicine as an Ambassador and take part in sharing our story with your community, please contact us via phone at (703) 681-8029 or email:

National Brain Injury Awareness Month

Concussion/Mild Traumatic Brain Injury Management in the Army

Traumatic Brain Injury (TBI) is a disruption of brain function resulting from a blow or jolt to the head or penetrating head injury. Severity may range from “mild” (also known as a concussion) to “severe.”

A major objective of Army Medicine is to identify and implement the best methods to evaluate and treat every Soldier who sustains a brain injury. The Military Health System provides state-of-the-art care for Soldiers and their Family members from the point of injury through rehabilitation, and reintegration. Research shows that TBIs, especially concussions, are overwhelmingly treatable. Receiving prompt care, regardless of severity, is paramount in preventing subsequent injury and returning to the highest functional level possible.

The Army is leading the way in early recognition and treatment of mild TBI (mTBI)/concussive injuries with our “Educate, Train, Treat, and Track” strategy. Current policy directs that any Soldier who is exposed to a potentially concussive event (such as a direct blow to the head, being within 50 meters of a blast (inside or outside), or a motor vehicle accident, or by command direction) must undergo a medical evaluation. Appropriate treatment for those who have been concussed includes a mandatory minimum 24-

hour downtime, followed by medical clearance before returning to duty. Comprehensive medical evaluations are mandatory for anyone sustaining three concussions within 12 months.

In the garrison setting, from the point of injury providers use the Army garrison algorithms for concussion/mTBI management followed by the Veterans Administration-Department of Defense (VA-DOD) Clinical Practice Guidelines (from seven days following the injury). A July 2011 article published on Brain Injury rated the VA-DOD Clinical Practice Guidelines the highest out of eight total guidelines for concussion care.

The DOD has collaborated with the world’s leading TBI experts to establish clinical practice guidelines and has incorporated state of the art science, technology, and knowledge-based outcomes to standardize evaluation and treatment. Extensive educational initiatives to train providers resulted in increased detection and initiation of early treatment, both of which are critical to maximizing recovery. Currently, the highest level of scientific evidence supports the use of education, rest, and positive expectation of recovery. These are the cornerstones of treatment for uncomplicated concussion.

To further the science of brain injury

recovery, the Army relies on the U.S. Army Medical Research and Materiel Command’s Traumatic Brain Injury Research Program. The purpose of this program is to coordinate and manage relevant DOD research efforts and programs for the prevention, detection, mitigation, and treatment of TBI. Some examples of the current research include diagnostic tools and blood tests to detect TBI, neuroimaging markers, and treatment options. The TBI Research Program leverages both DOD and civilian expertise by encouraging partnerships to solve problems related to TBI. The DOD partners with key organizations, including the Department of Veterans Affairs, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, academia, civilian hospitals and the National Football League, to improve our ability to diagnose, treat and care for those affected by TBI.

Soldiers and Family members affected by TBI can be confident they will receive the world’s finest treatment from our DOD and Veterans Affairs medical care community. We will continue to critically evaluate new approaches with the highest degree of scientific rigor and quickly adopt effective interventions to facilitate recovery from the effects of TBI.

**We Want
Your Feedback!**



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 your comments and suggestions to our e-mail inbox at:

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



National Brain Injury Awareness Month

New Clinical Recommendations Released for Traumatic Brain Injuries

By Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, *Public Affairs*

The Defense and Veterans Brain Injury Center (DVBIC) has released new clinical recommendations to help Service members who have sustained a mild traumatic brain injury (mTBI), otherwise known as a concussion, to progressively return to their normal activities following their injury. These clinical recommendations are available for military and civilian healthcare professionals.

Progressive Return to Activity Following Acute Concussion/Mild Traumatic Brain Injury: Guidance for the Primary Care Manager and the Rehabilitation Provider in Deployed and Non-deployed Setting Clinical Recommendations can be downloaded from DVBIC’s website at dvbic.dcoe.mil.

“The Progressive Return to Activity Following mTBI Clinical Recommendations are the first of its kind and are tailored for primary care managers and rehabilitation providers. These recommendations offer

a standardized medical approach for Service members who have sustained a mTBI to return to activity in a manner which facilitates optimal recovery,” said Army Col. Sidney Hinds, II, DVBIC national director. “We created these clinical recommendations because of a need identified by our Armed Services and Veterans Affairs stakeholders. The mTBI patient was our focus and we vetted these recommendations with our stakeholders before publication.”

These guidelines were developed with input from academic experts, sports concussion clinicians, and military TBI experts and will assist healthcare providers as they monitor patients recovering from concussion.

“These recommendations will further improve and standardize the care provided to patients with mTBI and offer them useful information to become more actively involved in their recovery,” said the Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)

Navy Capt. Richard Stoltz.

Since 2000, more than 287,000 U.S. Service members have sustained a traumatic brain injury (TBI). These injuries have occurred both in training and combat. Eighty-three percent of TBIs are mTBIs, making it the most common form of brain injury for U.S. Armed Forces personnel.

“DVBIC has more than 20-years’ experience in researching, treating, and developing clinical guidance for TBI patients. Our work benefits not only military medicine, but the entire medical community as well,” said Hinds, who is board certified in neurology and nuclear medicine.

The Defense and Veterans Brain Injury Center is part of the U.S. Military Health System. It is the TBI operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. For more information, please visit: dvbic.dcoe.mil

Celebrating 18 years of the Army Civilian Corps

The Civilian Corps has been called “an integral and inseparable component” of Army Medicine. That remains true today, just as it did 239 years ago. Throughout history, the Civilian Corps has helped to provide the highest quality medical, dental, and preventive care; groundbreaking medical research; and provided support to battlefield medicine and medical logistics for our Soldiers.

Over 40,000 strong, Civilian Corps team members provide stability, continuity, and leadership around the world. On March 26, 2014, as the Army Medical Department Civilian Corps celebrates 18 years as a recognized corps, Army Medicine Civilians continue to treat our Soldiers, Civilians, and Army Families and help keep them safe from injury and illness.



Outside the treatment facility, cadre of Civilians continues to handle a wide range of technical and professional functions in support of Army Medicine that help to improve the lives of all members of the Army Family. The Civilian Corps will always be an indispensable pillar of Army Medicine,

just as Army Medicine is a pillar of strength for the Army.

AMEDD Civilians play a vital role in Army Medicine’s transformation from a healthcare system to a System for Health. We thank Mr. Gregg Stevens, Army Medical Department Civilian Corps chief, for his leadership and all of our partners and team members in the Civilian Corps for what you do - helping to make our Army, our Nation, and Army Medicine strong.

We wish you continued success and thank you for being proud members of the Army Medicine Team. For more information, visit: ameddciviliancorps.amedd.army.mil

Serving to Heal ... Honored to Serve!

Army Accidents Continue Downward Trend

By Julie Shelley, Directorate of Communication and Public Affairs U.S. Army Combat Readiness/Safety Center

Following the Army’s safest year on record, accidental fatalities fell once again during the first quarter of fiscal 2014, according to data recently released by the U.S. Army Combat Readiness/Safety Center. As we recognize National Patient Safety Week, March 2-8, the Army and Army Medicine are celebrating a downward trend in accidental fatalities.

Overall, accidental deaths declined 21 percent from the first quarter of fiscal 2013, due largely to significant drops in private motor vehicle (PMV) accidents. Historically, PMV mishaps have been the No. 1 accidental killer of Soldiers.

“We’re obviously very pleased with that news,” said Brig. Gen. Timothy J. Edens, director of Army Safety and commanding general, U.S. Army Combat Readiness/Safety Center. “With so many extended holidays in the first quarter, there’s always a

chance we’ll see a spike in driving fatalities. It’s an encouraging sign that Soldiers are increasingly taking personal responsibility for their safety off duty.”

On-duty deaths remained relatively stable with last year’s figures, although Army Motor Vehicle accidents were up for the first time in several months. Three Soldiers died in HMMWVs, all while conducting home station training.

“The numbers are still pretty low, but we want to get a handle on the issues now to prevent these type accidents from becoming a trend,” Edens said. “We have more Soldiers at home station now than we have in years, and AMVs are part of nearly every training activity. Leaders should be paying close attention to factors like speed, the environment and restraint system use every time a crew gets ready for a vehicle mission.”

Command Sgt. Maj. Leeford C. Cain, USACR/Safety Center, said

noncommissioned officers will continue to play a critical role in keeping their Soldiers safe, whether on or off duty.

“NCOs are our first line of defense for safety,” he said. “They should be showing their Soldiers how to manage risk, first through standards enforcement on the job and then by example off duty.”

With spring just around the corner, both Edens and Cain urged leaders to focus their safety programs on the season’s hazards, predominantly motorcycle accidents and drowning.

“Water-related fatalities rose 225 percent during fiscal 2013,” Edens said. “We have a moral and professional imperative to make sure that number goes down this year.”

For more information on Army safety, visit <https://safety.army.mil>.

Celebrating 127 years of the Army Enlisted Medical Corps

Congratulations to our Enlisted Medical Corps as they celebrate 127 years of faithful service to our nation. For almost a century and a half, Soldier medics have consistently provided quality medical care to our injured, ill, and wounded in times of need. Soldier medics are always there when our nation calls, ready to respond at a moment's notice, 24 hours a day, 365 days a year.

The 36,000 plus members of our

Enlisted Medical Corps are the foundation and the rock of Army Medicine. Army Medical Corps Soldiers have influenced the health and improved the Lifespace of our Soldiers, Family members, and other beneficiaries since the year 1887. The Army and the Army Medical Command (MEDCOM) are extremely proud of the contributions and personal sacrifices made every day at home and abroad by our Enlisted Corps

- you are indeed the tip of the spear and the backbone of Army Medicine. We salute you for your strength, your honor, and your service.

We thank each Enlisted Soldier for the professionalism and selfless service to the U.S. Army, the AMEDD, and our great Nation. Join us in celebrating our Enlisted Corps 127-year history of Serving to Heal . . . Honored to Serve!

March is National Sleep Awareness Month

As we recognize National Sleep Awareness Month in March, the Army Surgeon General Lt. Gen. Patricia Horoho asks that each of you pay closer attention to your sleep habits and those of your Family, friends and battle buddies. Sleep is a critical element in

the Performance Triad and is just as important as diet and exercise. Sleep disorders and chronic insufficient sleep affect an estimated 70 million Americans annually and may increase your risk for stroke, obesity, cardiovascular disease, diabetes, and other health conditions.

Quality sleep is a major component for optimal mental performance and essential for health promotion, wellness, and disease prevention. And remember, we should all try and get 7 to 8 hours of sleep daily.



NATIONAL SLEEP AWARENESS MONTH

Get 7-8 hours of quality sleep each day

It's All About Health.



●●● Noise Immune Stethoscope Approved for Production

By Catherine Davis, Aeromedical Research Laboratory (USAARL) Public Affairs

In collaboration with Active Signal Technologies, a Small Business Innovation Research partner, the U.S. Army Aeromedical Research Laboratory (USAARL), Fort Rucker, Ala. and U.S. Army Medical Research and Materiel Command, Fort Detrick, Md. developed a medical device that can be used to listen to heart and lung sounds in high-noise environments such as medical evacuation vehicles.

“Heart and lung sounds are a necessary component of casualty triage and ongoing care. Hearing and assessing these sounds with traditional acoustic stethoscopes is very difficult on the battlefield. It is vitally important that military medical care providers have the necessary tools while managing patients.” said Maj. Tim Cho, USAARL Aeromedical Factors branch chief.

The Noise Immune Stethoscope (NIS), like a standard acoustic stethoscope, uses an acoustic listening mode, and also adds ultrasound-based technology that is “noise immune” to amplify heart and lung sounds. This technology has the capability for users to easily switch



The dual-mode Noise Immune Stethoscope (U.S. Army photo by Scott Childress)

from Doppler to acoustic mode. Both modes immediately turn body sounds into electrical signals for enhanced performance. The Communications Earplug, currently being used by aviators, attaches to the NIS and allows auscultation while wearing the flight helmet.

“The dual-mode stethoscope is specifically designed for high noise conditions,” said Cho. “As a result, the flight surgeon or flight medic will be able to make more accurate decisions while en route to higher echelons of care during flight.”

The NIS enables medical personnel

to assess abnormalities of the cardiopulmonary system in high-noise environments like the transportation of wounded Soldiers in medical evacuation aircraft, ground warfare, and intensive care units.

Between 2007 and 2013, the NIS received U.S. Food and Drug Administration 510(k) clearance, and through a series of rigorous laboratory and field tests conducted by USAARL, the NIS received an airworthiness release for use on-board the Black Hawk helicopter. The device is now approved for full-rate production to be used in real-world operational environments.

●●● March is “Save Your Vision” Month: Seeing the Benefits of Protecting Your Vision

The statistics are quite telling: Among the most common injury to OEF/OIF Service members to date has been serious combat eye trauma. We also know that more than 2,000 eye injuries occur every day, and 100 of these injuries result in one or more days of lost work. Additionally, we know that 90% of eye injuries are preventable by wearing protective eye wear. March is “Save Your Vision” Month. Now is the time to look for ways to protect your eyes while in combat or at home.

When in combat, using protective eyewear or goggles can guard the eyes from any number of things that can diminish or take away vision. Proactively wearing eye protection gear, especially those listed on the Authorized Protective Eyewear List (APEL), creates a barrier between the eyes and flying items, like shrapnel, ballistic fragmentations, or debris. In fact, Military Combat Eye Protection (MCEP) appearing on the APEL is the only gear authorized for use by

It's All About Health.



DOD. It's validated against military requirements for ballistic fragmentation protection providing the highest level of impact protection available, and is tested every two years to meet safety standards. Eyewear not on this list is not authorized for combat, training, or when there is a risk of injury to the eyes.

The importance of protective eyewear extends beyond the battlefield and into day-to-day assignments, as well as at home, which is often where safety is

overlooked. Activities like: hammering; grinding; shop or mechanical work; and tending to the lawn have a tendency to produce flying particles. Any eye injury can cause temporary or permanent vision loss impacting quality of life or job performance, so take the time to use the proper eyewear for the assignment. Additionally, eye protection should be used while playing sports or pursuing hobbies. Eyes can easily be injured on the basketball or racquetball court with

a flying hand during a collision.

The main thing to remember is nearly all eye injuries are preventable, but only if the individual takes the time to use the proper eyewear. To learn more about APEL and how to order, as well as more on proper eye safety, visit the Vision Center of Excellence online at vce.health.mil or on Facebook at [facebook.com/VisionCoE](https://www.facebook.com/VisionCoE).



MARCH 2014 

NATIONAL NUTRITION MONTH

Enjoy the taste of eating right





Your Army Ombudsmen are Here to Serve

By **Frank Berlingis**

Have you ever been angry, frustrated, or confused yet didn't know where to turn? While many of us have faced these kinds of situations, for Soldiers and their Family members, help is available through the MEDCOM Ombudsman Program.

Since 2007, Army Medicine has recognized that having an impartial, neutral, and independent resource available to Soldiers is an effective way to resolve issues that may otherwise escape more traditional problem resolution channels. In the past two years, roughly 10% of all Soldiers' addressed Ombudsman issues pertained to Integrated Disability Evaluation System.

Using the "Ombudsman" title to differentiate the program from the traditional chain of command, the program has grown to 56 Ombudsmen operating at 34 Locations in the United States, Puerto Rico and Europe to assist any Soldier or Family member seeking assistance for a myriad of issues.

Ombudsmen are selected based on their previous experience and desire to help Soldiers. Most are retired senior NCOs who spent their careers training, mentoring, and taking care of Soldiers. Ombudsmen also attend the Warrior Transition Unit (WTU) Cadre Course to ensure they are current with all policies regarding Soldiers in transition.

Commanders can also benefit from this program by capitalizing on the trends Ombudsmen are able to identify, document, and analyze within commands. Ombudsmen are not permitted to share a Soldier's identity, but they will provide briefings on concerns that require command attention.

Program data is also useful in developing or changing policies regarding transitioning Soldiers as well as identifying lessons learned to improve medical and administrative processes. These analyses have been particularly valuable in recent efforts to improve information sharing with the IDES Service Line (SL). In turn, the Ombudsmen's daily, monthly, and quarterly reports to IDES have enabled the SL to dive deeper into the challenges facing our Soldiers to develop further guidance.

An important complement to the Ombudsman Program is the Wounded Soldier and Family Hotline (WSFH). This is a 24/7 operation that is available to any Soldier or Family member who may not have local access to an Ombudsman. By calling 1-800-984-8523, immediate assistance is available 365 days a year. Hotline Contact Representatives are standing by to act as the link between the Soldier and the best source of his/her issue resolution.

Faced with the complexities associated with care, processing, and transitioning of our Warriors and their Families, the experienced MEDCOM Ombudsmen are prepared to assist. When difficulties arise, an answer may be as near as the local Ombudsman or a call to the WSFH.

Houston Astros Visit CFI



Army Sgt. Matthew Melancon poses with Houston Astros second baseman Jose Altuve and starting pitcher Mark Appel during a tour of the Center for the Intrepid Jan. 22. The Houston players along with former player Art Howe, team President Reid Ryan and Astros' announcer Bill Brown, signed autographs and baseballs for wounded Service members and staff during their visit to the center. (U.S. Army photo by Robert Shields)

An Open Letter:

My name is Lt. Col. Brian Borek. I am assigned to Human Resources Command and I have been in the Army since 1985. I have been very healthy overall my entire life, however my family history for Cardiac Disease runs on both sides of my family.

In early 2013, I was experiencing chest pains when I conducted physical training and activity. I went to my health-care provider and the diagnosis was GERD. I followed the instructions and treatments of my provider very carefully however, my symptoms persisted especially when elevating my heart rate which did not make sense to me. I shared my symptoms with my cousin, Dr. Andrew Mosier, also an Army Physician, and he consulted with my local provider and recommended that perhaps a Cardiolite Stress Test would be a good course of action based upon my symptoms. Along with local providers, Drew helped to coordinate and schedule the test on Friday, April 26, 2013.

What happened next is still surreal and absolutely unbelievable from at least my perspective. I reported for the test at 8:30 that morning and my test showed a rather large blockage in my heart. Two hours later I was being informed of my status by a team of physicians and cardiologists and given my options which included a stent and even a heart bypass. Again two hours later, I was in the operating room having a heart catheterization which showed a 99% blockage in my LAD, a vessel in the heart otherwise known as the "widowmaker". Great. Had I not had that test on that day, I may not have lived even another day.

The next morning, at a local hospital I received a stent in my blockage and immediately felt better. To this day, I remain physically healthy and reinvigorated. My heart was shown to have an unusual amount of "collateral" growth which I later found to mean it grew additional blood flow arteries to make up for the blocked main artery. Who knows how long I was living with this blocked artery? The irony of this story is that my cousin, who is now a world-class Army Doctor, saved my life. Years earlier, I recommended him for an Army scholarship, which he would have most likely been awarded without my menial and insignificant recommendation, but it turns out that he later saves my life. Humbling, scary and immensely grateful.

The wonderful perspective that I now have is not that Drew saved my worthless life, but that he saves lives of our Soldiers and their Family members every day. Drew has grown into not only a world-class physician, but a wonderful husband, father and Army Officer. I see and recognize qualities in him that we could only hope to achieve in any of our officers and I happen to be just one lucky recipient of his skill, talent and immeasurable concern as a Physician. To know Drew, is to know that as wonderful and gifted he is as a Doctor, pales in comparison to his wonderful disposition and character as a human being. I am humbled to even know him, and even more so to be family. Drew casually dismisses his claim to saving my life as just doing his job, but I know otherwise and I want everyone to know of what he did for me as he will not claim any of this.

It comforts me greatly to know the future of our Army and our nation is in great hands and I thank God every day for Drew and his capabilities and blessings. I see a future Surgeon General of the Army or even our great nation. Drew and his wife, Sue, also an Army Physician and OEF Veteran, are raising their two sons in Ohio while Drew finishes his fellowship at the prestigious Cleveland Clinic. If you want to know what Army Strong is and a modern living example of Army values and character, look no further than Dr. Andrew Mosier. If you think I am being biased in my opinion, well of course and I would hope understand and appreciate my perspective-that of someone who is alive today because of Drew.

Thank you for taking the time to read my story and it is my hope that Drew is recognized for his selfless service, I will endeavor to thank him the rest of my days!

With Great Humility,
Lt. Col. Brian Borek
"Serving Soldiers"



Soldier Readiness Related to Nutritional Fitness

By Staff Sgt. Melissa A. Woods, U.S. Army Training NCO, AMEDDC&S Graduate Nutrition Program

March is National Nutrition Month and the AMEDDC&S Graduate Program of Nutrition took on a challenge at the Wounded Warrior Family Support Center (WFSC). Capt. Sean Spanbauer and Staff Sgt. Sunnie Johnson wanted to see where they could volunteer; they had the idea to teach people how to eat well, without an increase to their food cost.

Families, leaders, and peers can both positively and negatively influence one another's habits. Making positive food choices keeps Soldiers and Families Army Strong! There is a strong relationship between nutrition and quality of life that includes enhanced performance, weight maintenance, disease prevention, and healthy aging.

According to the Academy of Nutrition and Dietetics a key to good nutrition is enjoying the taste of eating right. Foods people enjoy are likely the ones they eat most. So, the challenge is to encourage Soldiers and Families to enjoy preparing and eating healthier foods.

"He [Spanbauer] told me let's go see where can we volunteer. He remembered that the director of the WFSC wanted nutritional education for the Wounded Warriors and Families. We went over and offered our services and they were all on board with unlimited support of our idea. I decided to start putting a plan together and I knew I would need help so I turned to my battle buddies," said Johnson.

There are five non-commissioned Officers from Joint Base San Antonio (JBSA) who are the core members of the project: Johnson, Staff Sgt.

Melissa Woods, Staff Sgt. Julius Hunte, Staff Sgt. Paul Johnson, and Staff Sgt. Kimberly Gilmore. These NCOs come up with the topics, develop the menus, and conduct the classes. Each class has a hand out of the featured information, the menu for that particular class and recipes with nutrition information. Classes are designed to help participants reach the nutrition recommendations as promoted by The Dietary Guidelines for Americans.

Searching for recipes and trying to make something for the first time may be a difficult task for some. In walking participants through the preparation of new items, the goal is to remove fear, and create an environment where making changes to what they already prepare at home becomes easy.

Whether it is weight loss, diabetes control, lowering cholesterol, or any of the number of health issues military members are facing, instructors try to give the participants tangible skills to supplement the information their healthcare providers provide them.

Another goal is to introduce healthy eating as a norm, in order to prevent many of the health problems that are common in Service members today. The project instructors teach healthy cooking methods that can be done easily and on a daily basis, building a foundation for behaviors that will support good nutrition and Soldier health.

"We are providing nutrition knowledge which gives Wounded Warriors the ability to consume the right foods in the appropriate amounts to optimize performances and health along with demonstrations that will educate our Wounded Warriors without

jeopardizing taste," said Johnson.

In class the participants prepare items that are familiar and are easy to prepare. The participants make these items from start to finish. The classes started out as a demonstration, but at the request of the participants, migrated into hands on instruction. It is an ongoing project that continues to change to meet the needs of the participants. At the end of class, while the participants are eating, the instructors are available to answer questions about the items prepared and can provide additional ideas to go along with the topic.

Classes are held twice a month for an hour, with participants able to stay 10-20 minutes after class to talk with the instructors. That's 120-160 minutes per month that the project has direct interaction with participants, 1440-1920 minutes a year. But it doesn't stop there. Participants try the menu items at home by preparing them for their Families. So, not only do the participants benefit directly, but Families benefit as well. Talk about getting into their Lifespace. Participants are encouraged to make healthy decisions to reduce the chance of or prevent future health issues, in other words good health for life.



West Pointers Save Lives in the Name of “Duty, Honor, Country”

By Jessica Pellegrini, Armed Services Blood Program Staff Writer

For the Armed Services Blood Program, the annual U.S. Military Academy blood drive is more than a rallying call for cadets to roll up their sleeves and donate blood. It’s a military blood program tradition that gets larger each year. For the last several years, the ASBP has collected thousands of units of blood from cadets, instructors, and members of the West Point community. This year was no exception.

From Jan. 13-16, more than 100 personnel from Army, Air Force, and Navy blood donor centers throughout the country travelled to West Point in the name of “duty, honor and country,” to help the ASBP collect blood for ill or injured Service members, Retirees and their Families worldwide. By the end of the four-day blood drive, 1,818 units of blood were collected — the second highest number of units collected in the history of West Point blood drives.

On the second day of the blood drive alone, the ASBP collected 616 units of blood, despite the cold New York temperatures and rain.

“On the second day, it was the first time that we had to get an additional plane for the shipments,” Maj. Teresa Terry, officer-in-charge of the Fort Bragg Blood Donor Center, said. “We were overweight because there were so many donations that day.”

“Blood is life!” said Army Col. Richard Gonzales, director of the Army Blood Program and consultant to the Army surgeon general, as he spoke to the West Point Corps of Cadets from the cadet dining facility poop deck. “There is nothing more honorable and noble than giving of one’s self to help a



“Bill the Blood Drop” stops by cadets who are donating blood during the Armed Services Blood Program blood drive Monday, Jan. 13. Blood donated will be processed then delivered downrange first to fill the weekly quota of blood and blood products. What is left will be distributed to military hospitals and veterans hospitals. (Photo by Kathy Eastwood, U.S. Military Academy)

brother- or sister-in-arms.”

For Senior Cadet Ernesto Salinas, this was not the first time he’s donated blood for the ASBP. In fact, since he’s enrolled at West Point, he’s donated every year. Although he will graduate this year, Salinas said that this won’t be the last time the ASBP will see him.

“I will continue to donate no matter where I am assigned,” Salinas said.

“This is the largest blood drive for the ASBP every year, and these teams work so well together. We have people from the Army, Navy, and Air Force all working together so smoothly,” Terry said. “The camaraderie, networking and teamwork on display at West Point each year really makes this blood drive special.”

Now that the blood drive is over,

cadets and the West Point community will continue on with their routines. The ASBP staff members that came from all over the country will return to their home bases. But one thing is for sure, they will all continue to save lives. Until next year, West Point, HOOAH!

To see more photos from the West Point blood drive, check out our Flickr gallery.

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.

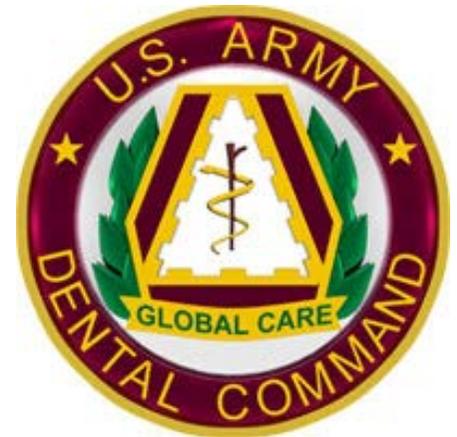
Army Dental Corps Celebrates 103 Years

As the Army Dental Corps celebrates more than 103 years of faithful service on March 3, Army Medical Command extends our sincere gratitude and thanks to all members of the Dental Corps, present and past. You have a proven track record of providing first class dental care to our Soldiers and remaining staunch advocates of dental health for Soldiers and their Families. Your contributions, selfless service, and dedication to the United States Army

and Army Medicine are unrivaled.

Your tireless efforts have been, and always will be, vital to the health and mission readiness of our Army Force around the globe. We wish you all continued success as you influence the “Health” and impact the “Lifespace” of our force. Best wishes on your 103rd birthday!

Serving to Heal . . . Honored to Serve!



Capt. Jeremiah Hawkins, a dentist at the Billy Johnson Clinic at Fort Hood, discusses the condition of Pfc. Kendra Butcher's teeth as revealed by her panoramic X-ray and oral exam. Hawkins thoroughly educates all his patients about oral health and encourages them to be proactive in managing their dental readiness. (U.S. Army photo by Patricia Deal, CRDAMC Public Affairs)



Katie Finn, a physical therapy intern from Temple University, helps kick off the Leaner LRM Challenge by leading participants in a quick workout during the kick-off ceremony. (U.S. Army Photo/Phil A. Jones)

Hospital Downsizes with Leaner LRM Challenge

By Chuck Roberts, Landstuhl Regional Medical Center Public Affairs

Landstuhl Regional Medical Center began a staff reduction (literally) on January 21 involving approximately 270 military and Civilian staff members.

No one is losing their job, but participants intend to drop a few pounds and adopt healthier lifestyles during the Leaner LRM Challenge. The 10-week event is designed to embrace the Army Surgeon General's Performance Triad focused on Sleep, Activity, and Nutrition. Individual and team winners will be announced at the LRM Awards & Recognition Ceremony in April.

"We're going to show them what the Performance Triad is all about," said LRM Commander Col. Judith Lee

in kicking off the campaign before a crowd of motivated participants representing about 25 teams.

Participants earn points through a wide variety of activities such as attending weekly classes on Performance Triad topics such as eating out, or by participating in scheduled events such as the MWR St. Patrick's Day 5K Run/Walk on March 15 at Landstuhl. Points also will be awarded for improvements in weight reduction, waist circumference and body fat.

Other healthful helpers include a new vending machine offering healthy alternatives located on the second floor above 4-Corners, as well as the Under 500 Calorie Plate displayed daily on the main food line to help patrons

make healthier choices. Fitness Minute announcements will be made over the hospital intercom encouraging a minute of activity such as pushups, planks or wall sits.

Leaner LRM updates will be posted on the LRM Facebook page at <http://www.facebook.com/LRMCofficialpage> Participants are asked post their experiences and creative ways they've come up with for getting fit on LRM Facebook or by e-mailing to LRM/PA at

To learn more about the Performance Triad and tips on improving your sleep, healthy activities, and nutrition, go to <http://armymedicine.mil>



Wounded, ill and injured Soldiers assigned to Community Care Units will receive the same level of support and management from their Cadre, primary care managers, nurse case managers and squad leaders. The CCUs at Fort Belvoir, Va., will be open for business by Sept. 30, 2014.

Northern Regional Medical Command to Open Community Care Units at Fort Belvoir

By Terry J. Goodman, Northern Regional Medical Command Public Affairs

On January 9, the U.S. Army announced opening of two Community Care Units at Fort Belvoir as part of a restructuring of its Warrior Transition Units (WTUs) as the service prepares for a scheduled withdrawal of troops from Afghanistan and a continued decline in the number of combat wounded.

The Community Care Units here, or CCUs, will realign the management of Soldiers healing in their home communities to the Warrior Transition Battalion here. Soldiers assigned to the CCUs have non-complex medical issues.

According to Maj. Gen. M. Ted Wong, commanding general, Northern Regional Medical Command (NRMC), CCUs will improve the care and transition of Soldiers through standardization, improve span of control, and better access to resources.

“Community Care Units are good

for the Army and more importantly the wounded, ill and injured Soldiers and their Families, Wong said. “Soldiers will not move as result of being assigned to a CCU, will remain in their home communities, receive care from their current providers and will not have their care plans changed.”

Under Community Care, Community Based Warrior Transition Unit (CBWTU) Soldiers - those healing at home - will be assigned to CCUs at Warrior Transition Units located at Army installations. As part of the restructuring, NRMC will also add two CCUs at Fort Knox, Ky., and one at Fort Bragg, N.C. All CCUs will be operational no later than September 30.

The transition to CCUs will result in the inactivation of NRMC’s three CBWTUs located at Virginia Beach, Va., Concord, Mass., and Rock Island, Ill. These community-based WTUs will continue to provide outpatient care and

services for Army Reserve and National Guard Soldiers who do not require day-to-day care until the CCUs are open.

During the transition of Soldiers from CBWTUs to CCUs, there will be deliberate transfer of authority interactions between losing and gaining cadre, military leadership, and Civilian personnel to ensure 100 percent accountability and continuity of oversight.

“Our goal is to make this transition as seamless as possible for our wounded population and their Families, so they can continue to their road to recovery, which is always our priority.”

Wounded, ill and injured Soldiers assigned to Community Care Units will receive the same level of support and management from their Cadre, primary care managers, nurse case managers and squad leaders. The CCUs at Fort Belvoir, Va., will be open for business by Sept. 30, 2014.



Wounded Warriors Set Sights on Sochi Gold

By Elaine Sanchez, Brooke Army Medical Center Public Affairs

Three Wounded Warriors who recovered at Brooke Army Medical Center (BAMC) are aiming to glide to gold in Sochi, Russia in March.

Forwards Joshua Sweeney and Rico Roman and Goalie Army Sgt. Jen Lee are among the members of the elite U.S. National Sled Hockey Team selected to compete in the Paralympic Winter Games March 7-16.

Sweeney, a bilateral amputee, said he's looking forward to a hard-won victory on the ice. "If we play our game, we'll be unbeatable," said the former Marine, who is hedging his bets by training up to four hours a day in Colorado Springs.

Sweeney said he's still amazed to have made it to this point. Just a few years earlier, the former high school hockey player from Phoenix, Ariz., figured he'd never be back on the ice again.

In October 2009, then-Sgt. Sweeney was on patrol in Afghanistan when he stepped on an Improvised Explosive Device (IED). He ended up losing both legs above the knee and suffered left hand and right arm injuries.

While in the hospital, he struggled to come to grips with the loss of his favorite sport. "The first thing I told my mom after being injured is, 'Oh, man, I'm not going to be able to play hockey anymore,'" he recalled. "It was very upsetting."

Still, Sweeney never lost his passion for the game. During recovery, he heard about a sled hockey team offered through San Antonio Rampage ice hockey team and the nonprofit Operation Comfort. The bulk of the team is Wounded Warriors, both active duty and retired, who took up the sport while undergoing rehabilitation at BAMC's Center for the Intrepid (CFI).

The challenging sport takes Warriors' recovery to the next level, noted Fred Jesse, CFI physical therapist and Rampage volunteer. "It works on their conditioning, their balance," he said. "Plus, it gives them confidence when they're able to accomplish something they never thought they could do."

Sweeney was determined to get back on the ice, "but this time I wanted to be

the player I never was in high school."

After working to improve his puck-handling skills, Sweeney tried out and made the National Team as a forward in 2011. Since then, "I've become one of the point leaders on the team," he said. "It's been awesome to see so much progress in a short amount of time.

"Honestly, sled hockey saved my life," he added. "If I didn't have it, I'd be going through the motions. Now I want to motivate others to achieve, to see how this kind of work ethic pays off."

Unlike Sweeney, Roman had never given ice hockey much thought when growing up in Portland, Ore. He gravitated to football and wrestling in high school, before joining the Army in March 2001.

Roman was injured in Iraq in 2007 after serving at a vehicle checkpoint. He was riding back to post in the lead vehicle of a convoy when it struck an IED, causing injuries that led to the amputation of his left leg above the knee.

While in recovery, the CFI staff suggested he try out sled hockey. "I wasn't sure about the sport, but it turned out to be fun, like football on ice," he said. "It helped me so much to focus on something positive."

Roman tried out for the 2010 Paralympic Team but didn't make the cut, which made him even more determined to try again. The following year, he made the National Team.

In just a few weeks, Sweeney, Roman and Lee will help defend the U.S.'s gold medal from the 2010 Winter Paralympics in Canada. Their tournament will begin March 8 as they take on the Canadian team, with the gold medal game scheduled for March 15.



Army Sgt. Jen Lee defends the net for the San Antonio Rampage Sled Hockey Team in San Antonio, Aug. 1, 2013. Lee, Rico Roman and Joseph Sweeney have been selected to represent Team USA at the 2014 Paralympic Winter Games in Sochi, Russia, March 7-16. (U.S. Army photo by Tim Hipps)



Public Health Command Employees Move Their Feet While They Meet

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

One of the most common reasons many individuals do not exercise is because they don't have time in their schedule. Between working long hours, taking care of Family needs, and tending to community obligations and other personal needs, there is no additional time in the day to implement a workout routine.

But a group of personnel at the U.S. Army Public Health Command have discovered a way to incorporate fitness into the day by approaching work differently. While many individuals scour buildings looking for a meeting space, these individuals conduct their meeting outdoors—and they walk while they talk. All are members of the USAPHC's Health Promotion and Wellness Portfolio.

"We like to call it our outdoor boardroom," said Col. Heidi Warrington, program manager for the Army Public Health Nursing Program.

These outdoor boardrooms are becoming a popular meeting place within the USAPHC—especially since they allow employees to take a break from the monotony of sitting at a computer for eight hours.

"When we step out of the office, and walk and talk, it breeds collaboration and allows us to brainstorm freely," said Lauren Kropp, a program evaluator at the USAPHC.

Maj. Kari Bruley, an Army public health nurse, said being outdoors causes USAPHC employees to stay focused on the mission.

"The 'outdoor office' lends itself to free thinking with few interruptions or boundaries, all the while exercising the body and mind," said Bruley.

In addition to the opportunities for contemplation and collaboration, these outdoor walking meetings allow USAPHC employees to build and sustain



Army public health nurses Col. Heidi Warrington, Maj. Kari Bruley and Maj. Lakisha Flagg walk as they talk about upcoming work. (Christina Graber, U.S. Army Public Health Command)

good health.

"After 45 minutes to one hour of walking and talking, we find that we have walked over two miles," said Maj. Lakisha Flagg, also an Army public health nurse.

"Walking and talking has become a collegial venue for us [public health nurses] to incorporate physical activity while comfortably and creatively working through both routine and complex mission requirements," said Bruley.

USAPHC personnel say walking meetings afford them an opportunity to squeeze in fitness when they can.

"We continually look for ways to help our Soldiers create environments where healthy change can take place," said Laura Vasquez, USAPHC program evaluator.

"By participating in these walking meetings, we have an opportunity to practice what we preach."

The outdoor meetings can also be conducted solo.

Dr. Steven Bullock, program manager for the Public Health Assessment Program, holds daily running meetings with himself.

"I typically run each day with my voice recorder," said Bullock. "While I am running, I record myself as I reflect on the day's events and dictate the things I have remaining to do that day," said Bullock.

He said the solo outdoor running allows him to prioritize his actions, and helps him to be more efficient at accomplishing tasks.

The former Army officer enjoys these

meetings with his recorder because they provide a dual benefit in keeping him fit and healthy.

"I run in all sort of weather—rain or shine—sun or snow," said Bullock. "I really think it is a good use of my lunch hour to increase physical activity and avoid sitting for long periods of time."

Regular physical activity—along with adequate sleep and healthy nutrition—are the three pillars of Army Medicine's Performance Triad. Personnel who include these essentials to their daily routine are able to optimize their health.

Many USAPHC employees say they are grateful to work for an organization with such flexibility.

"I enjoy incorporating walking into my day," said Wana Jin, a program evaluator. "I haven't experienced this emphasis on health and wellness in other places where I've worked."

Laura Mitvalsky manages the Health Promotion and Wellness Portfolio at the USAPHC, and encourages her employees to be active during the day. Many of her staff members wear pedometers to see if they can meet Army Surgeon General Patricia D. Horoho's recommendation to take 10,000 steps daily.

"These outdoor meetings are wonderful, because they allow our employees to get away from the distractions of the office, focus solely on the issue and topic at hand, and build and sustain good health habits in the workplace," said Mitvalsky.

Lauren Shirey, public health accreditation lead and program evaluator, said she enjoys incorporating walking into her day.

"It's great to work for an organization where we can accomplish the mission and support our health and wellness goals at the same time," said Shirey. "Anyone is capable of leading a healthy lifestyle if they think outside of the box."

Operation Green Smoothie

By Brandy Ostanik, Public Affairs Specialist, Medical Department Activity – Alaska

In December Lt. Gen. Patricia Horoho, the Army surgeon general, visited Medical Department Activity –Alaska (MEDDAC-AK) and urged staff members to become healthier in 2014. She stressed the importance of the Performance Triad, an Army Medicine initiative that focuses on quality sleep, consistent activity, and better nutrition choices.

Horoho not only preaches about the Performance Triad, but she lives it.

While addressing a room of approximately 150 MEDDAC-AK staff members Horoho spoke of how she set a personal goal of walking 10,000 steps each day, changed her sleeping habits to ensure she was meeting the seven hour standard whenever possible and that she has significantly cut out processed food from her diet.

She also told the group she had incorporated green smoothies into her nutrition plan, which led to a collective groan throughout the room.

To combat the negativity surrounding healthy foods such as green smoothies, Col. Maria Summers, deputy commander for Nursing at MEDDAC-AK decided to launch Operation Green Smoothie and hold a sample tasting of the beverage at Bassett.

“Lt. Gen. Horoho spoke about how the things we do today effect the way we live tomorrow,” said Summers.

“Green smoothies, while just one way to improve nutrition, are a great resource to improve circulation and lower cholesterol. We did this tasting to let people know just because something is healthy and may not look too appetizing; it doesn’t mean it tastes bad.”

Operation Green Smoothie kicked off with a refrigerator full of fresh veggies and frozen fruits, to include spinach,



Capt. Elaine Kirish, officer in charge of the medical surgical unit at Bassett Army Community Hospital pours a green smoothie for Nathan VanVector, 11, son of Claudia and Maj. Jerry VanVector, chief of logistics for Medical Department Activity-Alaska during a green smoothie tasting. The smoothie tasting was introduced as a way to promote healthy nutrition choices as part of the Performance Triad, an Army Medicine initiative focusing on quality sleep, consistent activity, and better nutrition choices.

carrots, mangos, strawberries, blueberries, pineapple and other assorted berries. Staff members manned blenders throughout the day to give samples out to anyone wanting a taste.

All together over 450 staff, Family members and beneficiaries took part in the tasting; many coming back for a second cup.

“I was really skeptical about the smoothies because of the spinach and the kale, said Virginia Rigdon, a MEDDAC-AK employee who tried a sample.

“I thought it was going to be bitter and unpleasant tasting, but it wasn’t. It had just the right amount of sweetness and I couldn’t tell all those greens were even in it,” said Rigdon.

Rigdon was one of many who have asked for the green smoothies to be incorporated into the menu either at the Bassett dining facility or through another venue on site, which was part of the goal.

“Ultimately, we would like our staff and beneficiaries to make green smoothies and other nutritious food a daily choice,” said Summers who has added the green smoothie to part of her daily menu.

Some staff members took Horoho’s advice on the green smoothies before the tasting at Bassett. Jana Burke, hospital librarian has been making them for herself and her husband since Horoho’s visit.

“My wife has been pushing these on me for the last three weeks or so,” said Staff Sgt. David Burke with the 9th Army Band. “I think they’re great and I feel better already!”

For more information on the Performance Triad go to www.armymedicine.mil.

For more information on green smoothies visit <http://www.alaska.amedd.army.mil/>.

Divers Get to See Different World

By Suzanne Ovel

As a kid, he would sit with his uncle and be in awe over pictures that the Navy diver took of the underwater ocean. Bobby McGee got bit by the scuba bug young thanks to his uncle, but his dad's cautious nature kept him from trying out the sport while he was growing up.

Instead, that childhood dream laid dormant until just last month when McGee donned scuba gear for the first time with Heartbeat Serving Wounded Warriors' scuba program. Now a staff sergeant and a Soldier in Transition, McGee joined the beginners' scuba course here in January and is about to complete his first open water dives.

"It's a different world; it's a different experience," said McGee, who plans on taking Heartbeat's advanced course and eventually becoming a dive instructor.

He encourages others who haven't tried scuba to join the course, even if they

have some trepidation.

"If any other people want to try diving and have a fear of being underwater, give it a shot first and see what you might be missing," he said. He said that all the dives are supervised, and participants are given good instruction on how to use snorkels, how to clear water in their masks, and more.

Both the beginners' course and the advanced course are taught by Advanced Dive Instructor Mike Biggs, a WTB Veteran who went through the Heartbeat program himself in 2011. While he was a proverbial rookie back then, now he averages about 250 dives a year.

"For me, when I'm underwater, there's no pain; pain just leaves my body, and I can focus better. It's a wonderful feeling," Biggs said.

Now he's helping other Soldiers learn the sport. Heartbeat offers a

beginners' course every five weeks, which includes classroom time, pool time, and two open water dives. Those who are interested in continuing to dive can join the advanced course, which is offered about every three months. The next advanced course will start in April, and will be combined with stress and rescue training; divers will learn skills such as how to do search patterns, how to share air, and other stressful surface situations.

The scuba program is now also allowing spouses to sign up for courses with their Soldiers.

"This way they've got a diving buddy all the time, they keep the relationship tight, and keep the Family unit together," Biggs said.

Beyond strengthening Family ties, scuba can help Soldiers build a social network with other divers, and can build a sense of trust and teamwork, said Kim Drown, a recreation therapist here. It can also help divers to increase cognitive function and independence, and to decrease anger.

"It gives them a sense of peace in the water," Drown said.

Scuba can also offer Soldiers a new hobby that they can take with them when they leave the WTB, and could offer future employment options as dive instructors.

For some, getting involved with a new activity while injured or ill can also offer hope.

"They actually realize that their life is not over. They realize that they can live with whatever they have going on physically or mentally and still use a high-functioning skill," Drown said.

To sign up for scuba and for more information on the programs, contact recreation therapy.



Staff Sgt. Bobby McGee (far left) learns scuba at Keeler Gym on Jan. 29. (U.S. Army photo by Suzanne Ovel)



Serving To Heal...Honored To Serve