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# BORN RESILIENT

## Celebrating the Month of the Military Child

More than 1.7 million (2011) children under the age of 18 have at least one parent serving in the armed forces. For many, the first military experience is inside of a military treatment facility in the hands of numerous providers who deliver and care for more than 51,000 military dependents each year. Installations of all services are honoring military children by providing a month packed with special activities. "As a grateful nation, it is our sacred responsibility to stand by our military children," First Lady Michelle Obama. On the cover is a healthy baby girl delivered at San Antonio Military Medical Center (SAMMC).

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## TSG INITIATIVES

### Ready & Resilient

The Ready and Resilient Campaign (R2C) integrates and synchronizes multiple efforts and programs to improve the readiness and resilience of the Army Family. Visit: <http://www.army.mil/readyandresilient>

### Army Medicine 2020 Campaign Plan

The Army Medicine 2020 Campaign Plan (AM 2020 CP) operationalizes the vision of the Commanding General, United States Army Medical Command (MEDCOM) for 2020. It also establishes the framework through which the Army Medical Department (AMEDD) will achieve its 2020 end state. Download the your copy of the AM 2020 CP, at: <http://www.armymedicine.mil/>, look for “Army Medicine...Hot Topics.”

### Operating Company Model (OCM)

The Operating Company Model (OCM) seeks consistency of experience across the enterprise by both patients and medical staff. It is the abstract representation of how an organization operates across process, organization, and technology domains in order to accomplish its function. The OCM reduces operational complexity and describes the way a 21st century organization does business today.

### Performance Triad & Lifespace

Army Medicine’s operational approach to improve Soldier and Family health and stamina focusing upon Activity, Nutrition, and Sleep Management (ANS). **Read more about the Performance Triad on Page 6.**

### TSG’s SUGGESTED PROFESSIONAL READING LIST

1. *Leadership Lessons of Jesus* by Briner and Pritchard
2. *Leadership Promises for Every Day* by J. C. Maxwell
3. *Purpose Driven Life* by Warren Zundervam
4. *Starting Your Day Right* by Joyce Myer

To download the full reading list go to the Balanced Scorecard (AKO Users) link on the Army Medicine home page. Scroll down to “Commander’s Thoughts/Prof Reading List” and click on the hyperlink.

## TSG SPEAKS

### LEADING THROUGH CHANGE

Excerpts from Lt. Gen. Horoho’s Talking Points to the Council of Alumni Association Executives (CAAE)\* on February 19, 2013.

#### CHOOSE HOW TO LEAD AND CONTRIBUTE

- *My responsibility as an Army Leader is to understand and collaborate with my subordinates. Open, honest and direct communication, accountability and expectations are critical components of this relationship. Even in this 21st century, the bio-psycho-social framework of organizations is still rooted in division of labor, hierarchy, leadership and followership. Leaders at every level in any organization will need to formulate and implement different strategies for survival in this new world and new economy, even more so with new uncertainties.*

- *How to lead is really for you to define. Earning the trust of those you lead is paramount to success – individually and collectively as a team. I know that I, and Army Medicine, value the confidence to lead, the courage to change and innovate, compassion for those we serve, and commitment to excellence.*
- *Management is about coping with complexity- it brings order and predictability to a situation. However, that’s no longer enough. To succeed, organizations have to adapt to change. Leadership, then, is about learning how to cope with rapid change.*
- *As a leader I have been fortunate to have a variety of experiences that have shaped who I am today. First and foremost, leaders must choose a guiding vision. You have to be clear about what it is you want to do toward the success of your organization and have the strength to persist in the face of likely challenges, setbacks and even failures.*
- *My passion to serve and to be of service – to people and the mission – has sustained me through the tough and great times; my passion to believe that anything is possible; my passion for people and trying to understand how to meet them where they are and inspire them to be their best. Always remember passion must be accompanied with unwavering integrity – keep your commitments and see them through.*



Lt. Gen. Patricia D. Horoho

#### BECOME A STRATEGIC THINKER AND DECISION MAKER

- *Strategic leaders are essential to large-scale change. They must have extraordinary clarity of vision and sense of purpose, and the ability to excite, energize, and win the loyalty of the members of the organization. Yet, strategic leaders alone cannot sustain change. Subordinate leaders need to be empowered to perpetuate and promulgate the strategic vision. Every member of the organization contributes to the culture in some manner. The history, style of leadership, structural stability, level of subordinate empowerment and the ability to adapt to a changing environment all contribute to the culture of an organization. The transformation of the United States Army into a more agile and responsive force represents a major change in the culture of the organization.*

- *In order to do so, great leaders inspire and motivate by holding up a guiding vision with passion; they model integrity, create trust, and boldly take risks with enduring optimism.*

*Army Medicine is Serving to Heal ... Honored to Serve!*

\*CAAE membership is comprised of CEOs of alumni organizations supporting major private, public and land grant institutions of higher education. Access TSG’s full remarks at: <https://mitc.amedd.army.mil/sites/CMIO/STRATCOM/MediaDashboard/Speech%20Archive/Forms/AllItems.aspx?SortField=Modified&SortDir=Desc&View=%7b80C871B0%2d182%2d48F4%2d9B78%2d5E5F3E36A8BB%7d>

## AMEDD GLOBAL

# Behavioral Health Task Force Reports 'No Systemic Issues'

By **Valecia L. Dunbar**  
MEDCOM Public Affairs

There are no systemic issues of Soldiers being disadvantaged in our healthcare process. This was the headline given by Army Surgeon General Lt. Gen. Patricia Horoho as she discussed findings from the Army's Task Force on Behavioral Health to a group of reporters assembled in March at the Pentagon for a teleconference to discuss the report and the Corrective Action Plan (CAP).

The report is the outcome of months of administrative review of 154,000 records regarding Post Traumatic Stress Disorder (PTSD) diagnosis. The task force analyzed behavioral health procedures and policy and, in addition, the adjudication of disability claims. The review supported a diagnostic revalidation rate of 88% with regard to (PTSD). "This revalidation rate is extraordinary when compared to diagnostic revalidation rates from the civilian sector," said Horoho. "We now have a comprehensive review of how we provide care for Soldiers with behavioral health needs. This reinforces our continuum of care concept."

The Army's review process was conducted by highly-qualified experts, and the majority of recommendations detailed in the CAP have already been implemented.

Steps to improve BH diagnoses include efforts to standardize services, coordinate BH delivery, and improve diagnoses processes and procedures. The Army Medical Command is coordinating efforts to prepare and send consent letters to 10,000 Soldiers identified as potentially having a Behavioral Health diagnosis downgraded or removed during the Integrated Disability Evaluation System (IDES) process.

The review succeeded in moving the diagnosis of Behavioral Health and its associated diagnosis out of the shadows, becoming part of the National narrative. A major improvement in the diagnosis process is the reduction in wait time for Medical Evaluation Board processing days, even though the number of Soldiers in the IDES has increased. There is also enhanced coordination with the Veteran's Administration easing Soldiers' transition from military to VA healthcare. "Army Medicine has taken the actions necessary to ensure that behavioral health diagnosis and associated treatments have been standardized across our healthcare delivery platforms," said Horoho.

Additional measures reinforce the Army's commitment to providing quality care, especially Behavioral Health care to Soldiers, Families, and Retirees. This includes establishing a rigorous Medical Evaluation Board (MEB) process and discontinuing forensic evaluations for MEBs. Another key initiative is the implementation of Embedded Behavioral Health (EBH) in units to better locate providers to places such as stationed or deployed environments where Soldiers have the most need.

"We want to get behavioral healthcare out of brick and mortar and into the Soldier's Lifespace," said Horoho. "Soldiers are then more likely to seek behavioral health and other wellness care."

On March 5, the secretary of the Army signed implementation guidance for the CAP, which contains the task force's recommendations. The CAP will implement both short-term solutions, and long-term, systemic changes that will make care and treatment of Soldiers and Family members more effective.

"Army Medicine is a learning organization and as such we are continually changing the landscape to improve the outcomes for our patients," said Horoho. "The good news is 80% of those diagnosed with PTSD return to duty verifying what we in medicine have always known- PTSD is a treatable condition."

## APRIL AWARENESS

### *Alcohol Awareness Month*

April marks Alcohol Awareness Month, a nationwide campaign intended to raise awareness of the health and social problems that excessive alcohol consumption can cause for individuals, their Families, and their communities. Excessive drinking is a dangerous behavior for both men and women. This year, CDC is drawing attention to the risks to women's health from binge drinking, the most common type of excessive alcohol consumption by adults and a dangerous behavior that leads to many health and social problems for women.

[Read more on P10](#)

### *Month of the Military Child*

Secretary of Defense Caspar W. Weinberger in 1986 designated each April as "The Month of the Military Child." Recognizing the contribution that the military child makes as their parent or parents serve our nation, it is during April of each year that all branches of service provide special days and events to honor the Family and their children. During April, U.S. military installations around the globe will recognize the contributions and sacrifices that service members' sons and daughters make daily.

[Read more on P23](#)

### *Occupational Therapy Month*

Occupational therapists or occupational therapy assistants, are part of a vitally important profession that helps people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities. Our holistic and customized approach to evaluations, interventions, and outcomes help a child with disabilities participate in school and in social situations, assist a person recovering from injuries to regain skills, aid an older adult to stay as independent as possible, and offer the specialized support and services to people of all ages and in all circumstances that only occupational therapy can provide.

[Visit: http://www.aota.org/About.aspx](http://www.aota.org/About.aspx)



Join the conversation and engage. Follow The Surgeon General on Twitter @LTGHoroho

# 18th MEDCOM (DS) Soldiers lead first U.S. Army Pacific Humanitarian Mining Action Program with Sri Lankan Army Humanitarian Demining Unit

By Master Sgt. Rodney Jackson  
18th Medical Command (Deployment Support) Public Affairs Office

Medical specialists from 18th Medical Command (Deployment Support) led a joint mobile training team of specialists to the Sri Lankan Army Humanitarian Demining Unit's Camp Boo-Oya to unfold the first phase of a Humanitarian Mining Action Program that will help the Sri Lankan Army enhance its medical efforts and ability with demining in that region. The area in the northern part of the country has been the focus of de-mining since 2003.

In February, the team instructed over 100 engineers, medics, and explosive ordnance technicians in a medical first responder train-the-trainer course, explosive ordnance disposal course, and veterinary training, that will help the engineers in their efforts to remove mines that were left from the country's civil war. The mines maim and kill innocent civilians, obstructs emergency assistance, and stops freedom of movement of the citizens in the region.

"Humanitarian demining allows civilians to walk in these areas with comfort," said Brig. Gen. Buwaneka Randiniya, commander, Engineer Brigade Sri Lankan Army.

Randiniya welcomed the team after the lighting of the traditional oil lamp, a Sri Lanka cultural tradition signifying the wishes of prosperity of an event. He described the training as a milestone in the units de-mining program efforts.

The deminers, veterinarian assistants, dog handlers, and medics trained with a joint team of medical specialists from 18th MEDCOM (DS) and Pacific Air Force, plus veterinarian specialists from Pacific Regional Medical Command and Tripler Army Medical Center, and explosive ordnance specialists from 8th Theater Sustainment Command.

The medical first responder course provided the deminers and medics training on how to give initial medical treatment to injured Soldiers. The veterinary training provided training for the mine detection dogs, and the explosive ordnance training focused on ordnance storage and techniques of disposal.

"This first phase of training will build a true capacity and capability throughout the entire Sri Lankan Army, said Sgt. Maj. David Galati, senior clinical operations noncommissioned officer, 18th MEDCOM (DS).

"The second phase will integrate a medical first responder course into the Sri Lankan Army's engineering school's curriculum, a change that has been approved by the brigade commander, and every engineer will get the medical first responder training," said Galati.

Galati went on to say that deminers and medics receiving this first phase of the medical first responder course will work side-by-side with U.S. Army trainers during the second phase and instruct the course themselves while being observed by U.S. trainers during the third phase. The deminers will also receive more explosive ordnance and veterinary training during the second and third phase.

Engineers receiving the training were identified in 2003-2004 for additional duties in the brigade as medics, veterinary assistants, and explosive ordnance specialists. This is the first refresher training for



Senior Airman Christine Caudillo, aerospace medical technician, 18th Medical Operations Squadron trained Sri Lanka Army engineers the proper way to insert intravenous needles that will help the engineers enhance medical efforts and abilities with demining in the northern part of the country. (Photo by Master Sgt. Rodney Jackson)

many of them.

"Demining has been ongoing since 2004 and post-war resettlement and demining went hand-in-hand," said Commodore (retired) Travis Sinniah, defense cooperation officer and security specialist, Sri Lanka U.S. Embassy.

"The demining level had to be stepped up, because people had to resettle. With non-government organizations leaving the country, the main effort went to the Sri Lankan Army engineers, who have played a huge part in the effort."

Travis went on to say that the ultimate goal is to see the Sri Lanka Army training their own and when they have completed their job helping their people, they can go around the world to help others.

"A huge part of the mining operations is the mine detection dogs donated to the Army by the Marshall Legacy Institute. But, before the department would donate the dogs, the Army had to acquire a veterinarian to care for the dogs," said Maj. Sudeera Talagala, veterinary surgeon, Sri Lankan Army. Talagala is the only veterinarian in the entire Army.

"This is a good opportunity to learn from each other and for the Sri Lankan Army Humanitarian Demining Unit to get advanced de-mining training from the U.S. Army, especially the medical first response training which is so critical in saving lives," said Lt. Col. Glenda Pollard, chief, Office of Defense Cooperation, Sri Lanka U.S. Embassy.



A Sri Lanka Army engineer signals that he has found a simulated mine during a demonstration that will help the engineers enhance medical efforts and abilities with demining in the northern part of the country. (Photo by Master Sgt. Rodney Jackson)

# GLOBAL HEALTH DEFENSE



## An Ounce of Prevention

By Maj. Charles Patterson  
Task Force MED-A Public Affairs

IPARWAN PROVINCE, Afghanistan -- Two days of seminars and shared lessons concluded last month as preventive medicine experts from coalition forces convened on Bagram Air Field to discuss solutions to challenges they face in Afghanistan.

As U.S. forces perform retrograde and redeployment operations, the mission of force health protection becomes increasingly important. The annual conference assembled preventive medicine (PM), veterinarian, environmental science, and public health personnel to address issues ranging from burn pits to bottled water.

The seminar ties in with the base closure plan, the engineers, and the commanders, said Joe Schroeder, a Department of Defense civilian environmental engineer. "You're there to advise and protect the Soldiers' health."

Schroeder's point is that prevention is in large part a matter of risk communication. One warning repeated at the conference was to continually remind and educate all service members to take their anti-malaria medicine, especially post-deployment for the recommended time. Also, the risk of rabies is higher in Afghanistan than in the United States. Therefore, good discipline and working with vector control are key steps to ensuring the safety of each service member.

"The communication I've seen from starting in Iraq to now is ten-fold better," said Christopher Quesada, a contractor in charge of managing pest control in many parts of the country. Quesada has more than a decade of experience in pest control, and his team of more than 50 personnel work on multiple bases to assist the preventive health system by eliminating mosquitoes, rats, snakes, and other unwanted pests.

Working together, communication, with the chain of command is the only way to truly solve pest control and minimize the risks associated, he said.

"It is interesting that every coalition force is fighting the same fight as regards to preventive medicine," said British Army Captain Christopher Taylor, a force health protection officer in Regional Command South-West. Although different regions might see a variety of specific health issues, such as leishmaniasis in areas with more sand



Army Maj. Claudia Luna, the Task Force Medical-Afghanistan environmental science and engineering officer, from Hondo, Texas, refines a value stream map with her team Feb. 8 at Bagram Air Field that decreases the time and money spent completing Occupational and Environmental Health Site Assessments while maintaining quality control. (Photo by Maj. Charles Patterson)

flies, the fundamental issues remain consistent. Taylor echoed many of the presenters saying risk mitigation communication to the service members in a way that makes sense is vital to their protection.

### Streamlining OEHSAs

Army Maj. Claudia Luna, the Task Force Medical-Afghanistan environmental science and engineering officer, who helped organize the conference, explained how streamlining the Occupational and Environmental Health Site Assessments also contributes to a responsible withdrawal in theater.

In short, OEHSAs are mandatory comprehensive environmental and health assessments performed by trained preventive medicine teams analyzing factors such as soil, air, and water on coalition bases in Afghanistan. The data collected becomes a "living document" at the Department of Defense level to be shared with the Veterans Administration for future use should the health of a population or individual from a specific location be assessed, said Luna. This data is also monitored for preventive purposes as well, to help warn of potential health hazards in an area.

The time spent on a base for a PM team averages only a few days, but Luna's team found that the whole process took 20 steps, averaging 16 days from start to finish. When each PM detachment has nearly a hundred OEHSAs to complete across the country during their mission, time becomes the enemy. And when PM reduced from three detachments to two last year, a method to do the same amount of work with two-thirds the force became essential. Working with the detachment commanders, Luna utilized a process known as value stream mapping to identify how to cut the 16-day process down to less than a week while ensuring the same level of quality in each assessment. The refined process also saved \$400,000 per OEHSA, according to Luna's team.

Her team, along with others, shared similar experiences and knowledge at the conference.

"The goal of the conference," said Army Lt. Col. Alden Weg, Task Force Med-A chief of public health, and conference director, was "to provide a forum for individuals from across [Afghanistan] to share ideas, knowledge, and expertise in order to further enhance the delivery of these services across the theater."

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# PERFORMANCE TRIAD

Engage in **Activity**Improve **Nutrition**Get Quality **Sleep**

By **Valecia Dunbar**  
MEDCOM Public Affairs

Sleep is one of the three components which make up the Performance Triad. Activity, Nutrition, and Sleep are three key areas that affect cognitive and physical performance in the Army. By improving Soldiers' knowledge, attitudes, and behaviors in these three areas, it is expected that performance and resilience will improve.

"Sleep is crucial for a balanced life. It can be impacted by poor diet, medical problems, negative emotions, troubled relationships, and other life stressors," said Dr. Laura Avila, Clinical Health Psychologist at SAMMC's Pulmonary Clinic. "It is important that we strive for a balanced sleep-wake cycle, aligned with our 24-hour circadian rhythm."

Insomnia is one of the most frequent problems I encounter among patients (and staff!). Whether it is the inability to fall asleep, stay asleep, or wake up ready to go, insomnia is very frustrating. However, insomnia is also very treatable.

Sleep is a very natural, automatic process. The brain left to itself, without any interference, would likely maintain a very balanced and protective sleep-wake cycle.

The following tips have been found by sleep experts to be effective in managing insomnia:

### Manage your dietary intake

Going to bed too hungry or too full can make it difficult to fall asleep. Also, certain foods and drinks prior to bedtime can interfere with sleep. Foods high in carbohydrates and sugars cause the stomach to work overtime at night to digest. Spicy or greasy foods can cause stomach problems at night, while salty foods can create excessive thirst. Hunger, heartburn and thirst can cause you to wake up repeatedly during the night.

### Manage your environment

Temperature, noise, smells, light, pets, children, digital clocks, uncomfortable pillows/sheets, noisy neighbors, or "snoring" partners all contribute to risk factors for insomnia. Evaluate your environment critically and make plans to change things within your control.

## A SIGNAL OF POSITIVE EMOTION & LIFESTYLE BALANCE

### Manage your medical conditions

Remain an active partner with your healthcare provider to manage your medical problems or physical symptoms. Conditions such as fibromyalgia, obstructive sleep apnea, gastroesophageal reflux disorder, and depression, if unmanaged, can negatively impact good, quality sleep.

Some medications, prescribed or over-the-counter, can inhibit sleep by acting as stimulants in the central nervous system. Other medications, such as diuretics, if

# SLEEP

taken at bedtime can cause increased awakenings during the night for obvious reasons. It is important to maintain an ongoing dialogue with your healthcare provider to discuss any concerns you may have related to your medications. It is not wise to stop a prescribed medication without the consent of your treating provider, as abruptly stopping a medication can actually worsen your sleep problems or cause other health-related problems.

### Manage your lifestyle choices

Regular and moderate physical activity during the day helps regulate your sleep-wake cycle by keeping hormones and neurotransmitters in balance. A balanced mind-body system is important to good sleep. Physical activity also promotes increased energy during the day, which increases the likelihood of sufficient sleepiness during the night.

Nicotine and caffeine act as stimulants, and also cause nighttime awakenings due to withdrawal effects. Alcohol has been found to negatively impact the quality of deep sleep.

### Manage your stress and negative emotions

Stress and negative emotions increase the level of arousal in the central nervous system making it difficult for your brain to transition naturally into a sleep state. Cognitive activities such as planning, problem-solving, and stressful conversations should be completed during the day and not prior to bedtime.

### Manage your thoughts related to sleep

Never "try" to fall asleep. The cognitive act of trying to sleep is mental work, and mental work increases arousal in the brain, which creates an environment that is not conducive to sleep. Replace your goal of trying to fall asleep with just relaxing (whether you fall asleep or not). Most people realize that once the pressure to fall asleep is gone, sleep problems improve. Relaxation, in and of itself, is very therapeutic to the mind and body. If you happen to fall asleep while relaxing, bonus!

"The ultimate goal is to allow sleep to occur naturally and effortlessly. Good quality sleep, regular physical activity,

**Never "try" to fall asleep. This act of mental work increases arousal in the brain.**

and a healthy diet are good investments in life, with returns seen in mood, health, and relationships," said Avila.

Ask your primary care manager about information or programs on insomnia and other sleep-related healthcare. Beneficiaries can call the Clinical Health Psychology service at 210-916-1063 to receive information on insomnia programs offered at BAMC.

To access Avila's article on National Sleep Awareness Week, visit Brooke Army Medical Center's Official Blog at: <http://bamac.armylive.dodlive.mil/2013/02/25/sleepless-in-sammc/>

# NATIONAL PRESCRIPTION DRUG TAKE-BACK, APRIL 27

By **Valecia Dunbar**  
MEDCOM Public Affairs

The Drug Enforcement Administration (DEA) has scheduled another National Prescription Drug Take-Back Day which will take place on Saturday, April 27, 2013, from 10:00 a.m. to 2:00 p.m. This is a great opportunity for those who missed the previous events, or who have subsequently accumulated unwanted, unused prescription drugs, to safely dispose of those medications.

In the five previous Take-Back events, DEA in conjunction with state, local, and tribal law enforcement partners have collected and removed from circulation more than 2 million pounds (1,018 tons) of prescription medications.

The Army has been participating in the event since its inception and is making an impact. "We are very pleased that our CONUS garrisons, to include Alaska and Hawaii, have participated in the last four take back days which have been very successful. We have collected over 13,000 pounds of unused and expired prescription medications for proper disposal since April 30, 2011," said Linda Martinez, chief of prevention services, IMCOM Army Substance Abuse Program at Fort Sam Houston, Texas.

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposal, while also educating the general public about the potential for abuse of these medications.

Shortly after DEA's first Take-Back Day event two years ago, Congress passed, and President Obama signed, the Secure and Responsible Drug Disposal Act of 2010, which amended the Controlled Substances Act (CSA), allowing DEA to develop permanent, ongoing, and responsible methods for disposal. Prior to the passage of the Disposal Act, the CSA provided no legal means for transferring possession of controlled substance medications from users to other individuals for disposal. On December 21, 2012, DEA published in the Federal Register a Notice of Proposed Rulemaking for Disposal of Controlled Substances. These regulations would implement the Secure and Responsible Drug Disposal Act of 2010 by expanding the options available to collect controlled substances from ultimate users for purposes of disposal to include: Take-Back events, mail-back programs, and collection receptacle locations. However, until these regulations become permanent, DEA will continue to hold Take-Back Days.

On September 29, 2012, DEA held its fifth event in two years. DEA's state, local, and tribal law enforcement partners, working at more than 5,263 locations, collected 488,395 pounds (244 tons) of prescription medications from members of the public.

According to the 2011 Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH), more than six million Americans abuse prescription drugs. That same study revealed more than 70 percent of people abusing prescription pain relievers got them through friends or relatives, a statistic that includes raiding the family medicine cabinet.

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposal, while also educating the general public about the potential for abuse of these medications.

"This is an excellent opportunity for Soldiers, Families or Civilians who missed previous Army-sponsored events or who have participated in these events to safely dispose of their medications," said Martinez. "I encourage all of you to support your local National Prescription Take-Back Day collection site and turn in your unused and unwanted medications. Help us eliminate the risk of prescription drug abuse or accidental poisoning."

To find your local drop-off site, visit: [http://www.deadiversion.usdoj.gov/drug\\_disposal/takeback/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html)



## Human Performance Resource Center

A DoD Initiative under the Force Health Protection and Readiness Program

### ARE THERE ANY SAFE PRODUCTS TO HELP ME LOSE WEIGHT?

The FDA has found that weight-loss products commonly contain undeclared drugs and prescription medications, which could be harmful, so we advise caution. You may also be interested in reading the Food and Drug Administration article "[Tainted Weight Loss Products](#)," which provides additional information about potentially harmful products promoted for weight loss.

Vitamin and mineral needs can be met while losing weight by eating a variety of foods. [Chapter 4](#) of the Warfighter Nutrition Guide discusses these nutrients along with information about Dietary Reference Intakes and their importance for optimal performance.

We also encourage you to visit the [Navy Operational Fitness and Fueling Series \(NOFFS\)](#), which also has some helpful information on nutrition, including how much food to eat at meals, healthy recipes, and advice on the importance of good nutrition for exercise performance.

The [Fighting Weight Strategies](#) portion of HPRC's website provides joint-service and service-specific programs to help you maintain overall health and body weight. In addition, [HOOAH 4 Health](#) has helpful information on nutrition, including how much food to eat at meals, healthy recipes, and more information on good nutrition for exercise performance.

# SEXUAL ASSAULT AWARENESS MONTH

## WE OWN IT...WE'LL SOLVE IT...TOGETHER

By **Valecia Dunbar**  
MEDCOM Public Affairs

April is Sexual Assault Awareness Month across the Army and is part of a national initiative that designates the month of April to raise public awareness about sexual violence and to educate communities and individuals on how to prevent sexual violence.

As part of the cultural change effort, the Army launched the I. A.M. Strong Campaign. It targets eradication of a passive bystander mentality. It teaches Soldiers to “Intervene, Act, and Motivate” to prevent sexual violence when they see improper and demeaning behaviors, sexual harassment, or sexual assault.

In September 2008, the Army launched Phase I of a sexual assault prevention strategy at the first annual SHARP Summit. Phase I, “Committed Army Leadership,” was the first of four integrated phases. Phase II, “Army-wide Conviction” began during third Summit held in April 2010. The 4th Annual “I. A.M. Strong” Sexual Harassment/Assault Prevention Summit (April 2011) launched Phase III of the “I. A.M. Strong” campaign, “Achieving Cultural Change.” Former Army Chief of Staff General George W. Casey, Jr., dubbed sexual assault the “danger within” and urged Army leaders to get to the crux of the issue and assess the effectiveness of its efforts to rid the Army of sexual misconduct. He asked them to focus on creating an Army culture that prevents sexual assault, “The Army is proud to be a part of the national agenda for sexual assault and awareness.”

“As members of Army Medicine Team, we are all duty bound to Intervene, Act and Motivate others to stop sexual assaults, sexually offensive language and gestures that promote this type of abuse,” said Lt. Gen. Patricia Horoho, surgeon general and commander of the U.S. Army Medical Command. “Command Sgt. Maj. Brock and I entrust each and every one of you to do your part to help put an end to this unwanted and uncalled for behavior. We know that you will continue to do the right thing and look out for your battle buddies.”

The Army Medical Department (AMEDD) goals are to increase the medical readiness of the Army and ensure the deployment of healthy, resilient and fit Soldiers. As the role of the AMEDD transforms from a healthcare system to a system for health, quality healthcare for victims of sexual assault begins with a prevention focus and continues beyond the forensic exam to restorative health and wellness.

*“AS MEMBERS OF ARMY MEDICINE TEAM, WE ARE ALL DUTY BOUND TO INTERVENE, ACT AND MOTIVATE OTHERS TO STOP SEXUAL ASSAULTS, SEXUALLY OFFENSIVE LANGUAGE AND GESTURES THAT PROMOTE THIS TYPE OF ABUSE.”*

*-LT. GEN. PATRICIA D. HOROHO*

**THE DEPARTMENT OF  
DEFENSE'S THEME:  
WE OWN IT...WE'LL  
SOLVE IT...TOGETHER**

\*We own it. Emphasize we own this problem and our commitment to solving it. Commanders and senior enlisted leaders set and enforce standards of discipline within our organizations and are the key to creating a culture free from sexual assault.

\*We'll solve it. Leaders establish a culture where bystanders intervene, offenders are held appropriately accountable, victims are provided high-quality care and every Soldier is treated with dignity and respect. Combating sexual assault requires strong prevention efforts, sustained progress, innovative approaches and a multi-pronged, multi-disciplinary strategy.

\*Together. Reinforce the many ways we work within each Service, across DoD and with our communities to solve it. We all have a role in combating sexual assault. It is essential that every Service member, at every level in our military, lives and leads with values that are worthy of our profession of arms.

For a list of SHARP resources and numbers available for assistance, please see page 22.



Sgt. 1st Class Josalette Simmons

## CONGRATULATIONS DA SARC OF THE YEAR

Sgt. 1st Class Josalette Simmons has been selected the Department of the Army Exceptional SARC of the Year for 2013. Simmons, a Medic assigned to U. S. Army Forces Command, was one of several candidates to make it as a nominee for the DA title. Due to her outstanding contributions and her passion for the SHARP program, she was selected over other exceptional candidates from major commands throughout the Army. Simmons, assigned to HSC, XVIII Airborne Corps, as the Fort Bragg/Corps SHARP NCOIC, will be recognized at the Department of Defense later this year. (U.S. Army photo by Spc. Paul A. Holston)

# DoD-VA DATA SHARING

## ENHANCING CONTINUITY OF CARE WHILE PROTECTING PATIENT INFORMATION

By **Jaime Cavazos**  
*U.S. Army Medical Command*

Collaboration on electronic health records between the Department of Defense and the Department of Veterans Affairs is an especially important issue as more and more Soldiers transition from active duty and enter the VA health system. This is especially true for Soldiers leaving active service and joining the Guard or Reserve. Sharing health data information and eliminating the communication gaps is exactly what the two departments are doing as they work to improve the continuity of care for Soldiers and Veterans while at the same time increasing patient safety.

While DoD's goal is to enhance continuity of care for transitioning Soldiers, it is also critically important to safeguard their Personal Health Information (PHI) as patients move between the DoD and VA healthcare systems, and sometimes back again. This health data sharing initiative ensures health information is up to date, accessible and available for treatment purposes.

DoD's Notice of Privacy and Practices helps safeguard this health information and outlines how Soldiers' PHI may be used or disclosed and what Soldiers' rights are.

Tom Leonard, Health Information Portability and Accountability Act (HIPAA) privacy coordinator for the U.S. Army Medical Command, notes that there are many ways that PHI is shared between the DoD and VA.

"Many Soldiers receive treatment from the VA and then return to receive treatment from DoD healthcare providers who review the VA information. Other Soldiers," he adds, "are being processed through the Individual Disability Evaluation System and receive VA Compensation and Pension Examinations to complete their record for processing through the Army Physical Disability Agency. Still others are receiving benefits from the VA while still on active duty."

Leonard says that at separation/discharge, all Soldiers' service treatment

records are transferred to the VA for future potential disability claims processing. The DoD and VA are in a close partnership in delivering quality care to Soldiers. "Ongoing improvement in electronic PHI sharing will play an increasing role in making sure it happens," concludes Leonard.

Ultimately, here's what Soldiers and Veterans need to know about what health data information may be shared and how that information is protected:

### DoD's NOTICE OF PRIVACY AND PRACTICES HELPS SAFEGUARD THIS HEALTH INFORMATION AND OUTLINES HOW SOLDIERS' PHI MAY BE USED, DISCLOSED, AND WHAT SOLDIERS' RIGHTS ARE.

- In many instances, DoD and VA cannot disclose or use their PHI without the patient's written authorization.
- Patients have the right to review and obtain a copy of their PHI.
- They may also request corrections or amendments to their record.
- They may make a request to view their information in an alternative way.
- Finally, they have the right to request that their information not be used or disclosed by DoD and to obtain a paper copy of the Military Health System Notice of Privacy Practices.
- However, patients should be aware that, for treatment purposes, DoD and the VA share electronic health information in a safe and secure environment. PHI of Veterans who are active duty Soldiers, Reservists or National guard members will be shared with their DoD provider and VA cannot honor requests to restrict this information.

If you'd like to get more information about your privacy rights, here are some websites that provide additional information on privacy practices:

- [VA/DoD Health Information Sharing: http://go.usa.gov/YMmh](http://go.usa.gov/YMmh)
- [VA Notice of Privacy Practices: http://go.usa.gov/YPdP](http://go.usa.gov/YPdP)
- [Military Health System \(DoD\) Notice of Privacy Practices: http://go.usa.gov/YPdG](http://go.usa.gov/YPdG)

## TRI-SERVICE WORKFLOW USE HITS 10 MILLION!

By **Sara J. Pastoor, MD, MHA**  
*PCMH Capability Manager  
OCIO/G-6, OTSG Army Lead*

Tri-Service Workflow (TSWF) is a fundamental component of Army Medicine's MAPS 2.0 program, and has become the definitive vehicle for outpatient standardization, integration, innovation, dissemination and cost savings throughout the Military Health System (MHS) through better use of the outpatient electronic medical record (AHLTA). It began as an organic "coalition of the willing" partnership of physicians from the Army, Navy, and Air Force in early 2011. Since initiation, the use of TSWF Alternate Input Method (AIM) Forms in AHLTA has skyrocketed, and by March 8, 2013, reached 10 million "hits." TSWF has now achieved unprecedented standardization and improved information infrastructure across the MHS.

One of the most significant accomplishments of TSWF is the standardization of the Army, Navy and Air Force patient screening and intake process in primary care. TSWF is the standard documentation method for Patient Centered Medical Home (PCMH) in Family Medicine, Internal Medicine, and Pediatrics for the entire MHS, with products being used over 500,000 times each week. This has strengthened the joint environment and moreover has created a common experience of care for staff and patients. TSWF has inserted the evidence-based patient health questionnaire (PHQ-2) for depression screening into the standard workflow for every primary care visit. Other standardized screening methods are also available for tobacco, obesity, activity, preventive services, immunizations, post-traumatic stress disorder, and alcohol misuse. TSWF has also created a standardized team-based workflow that maximizes clinical personnel to their full potential in specified roles, helping them maintain clinical competency by design.

TSWF continues to innovate ways to integrate evidence-based decision support

[See TRISERVICE P27](#)

# MEDICAL SPECIALIST CORPS CELEBRATES 66 YEARS OF SERVICE



By Kirk Frady  
*MEDCOM Public Affairs*

As the Army Medical Specialist Corps (SP) observes its 66th anniversary on April 16, the corps "...plays a vital role in Army Medicine's transformation from a healthcare system to a system for health," says Corps Chief Col. Nikki Butler. Today, as the Army focuses on enhancing the health of its force through the Ready and Resilient initiative, members of the medical specialist corps are playing a critical role in advancing the tenants (Activity, Nutrition and Sleep) of the Army Surgeon General's Performance Triad initiative.

By providing direct medical care as independent practitioners and physician extenders, SP officers play a key role in ensuring military medical readiness both on and off the battlefield. SP officers have served in every major conflict and humanitarian mission since the corps' inception.

In today's rapidly changing environment, the SP Corps is uniquely postured to meet the demands, challenges, and opportunities that change brings. SP officers are providing top-notch healthcare while simultaneously directing and guiding health and wellness initiatives across the enterprise all in support of transforming towards a system for health.

Many of the strategic level efforts addressing health capitalize on the skills,

knowledge, and attributes of SP officers. Initiatives such as Patient/Soldier Centered Medical Homes, Army Wellness Centers, Traumatic Brain Injury & Behavioral Health, Injury Prevention & Human Performance Optimization, Comprehensive Pain Management, Wounded Warrior Care, and the Performance Triad (Activity, Nutrition & Sleep) require the subject matter expertise of

## THE CORPS' DIETICIANS, PHYSICIAN ASSISTANTS, OCCUPATIONAL AND PHYSICAL THERAPISTS ARE CRITICAL PLAYERS IN ADVANCING THE PERFORMANCE TRIAD THROUGH GOOD ACTIVITY, NUTRITION AND SLEEP.

SP officers.

The SP Corps operates nationally recognized education and training programs as well as leading edge outcomes research that support the above initiatives and other Army Medicine programs. As clinician scientists, SP officers continue to participate on national and international research projects. Currently, there are over one-hundred ongoing SP research efforts that span the spectrum of care from prevention, intervention, rehabilitation, and reintegration.

Today, SP officers serve both at home and abroad, in garrison and in deployed environments, and in support of humanitarian efforts. SP officers provide first class healthcare to Soldiers, Families, and other

beneficiaries around the world. The SP Corps is absolutely essential in improving readiness, saving lives, and advancing wellness.

According to Lt. Gen. Patricia Horoho, Army Surgeon General, "As Army Medicine begins its transformation to a system for health, it will challenge our way of thinking, our practice patterns, and our view of the future. A primary challenge is to determine how we extend our reach from the traditional brick and mortar facilities into the Lifespace of Soldiers, Family members, and our Retirees in order to improve their health and wellness."

"To this end, SP officers are leading key efforts on the Performance Triad, Patient/Soldier Centered Medical Home, and Warrior care. These initiatives are absolutely critical to the transformation towards a system for health," said Butler.

"It takes all of us working together to conquer the challenges and drive change in a positive direction. SP officers with their skills, talents, knowledge, and attributes are critical in establishing partnerships among Soldiers, Families, leaders, health teams, and communities that promote readiness, resilience and responsibility. We stand ready to propel Army Medicine towards a system for health," Butler concluded.

## ALCOHOL AWARENESS MONTH

### CDC FOCUSES ON RISKS TO WOMEN'S HEALTH

Binge drinking is defined as consuming 4 or more drinks per occasion for women and 5 or more drinks per occasion for men. It is a common and dangerous behavior that contributes to more than 11,500 deaths among women in the U.S. each year—approximately 32 deaths per day.

Among women binge drinkers, they consume, on average, almost six drinks per drinking occasion, which exceeds the threshold for binge drinking.

Binge drinking increases the risk for

breast cancer, heart disease, and stroke, all of which are leading causes of death in women.

#### Gender Differences and Alcohol Consumption

Upon drinking equal amounts, women tend to absorb more alcohol when they drink, and take longer to break it down and remove it from their bodies compared to their male counterparts. These differences are caused by differences in body composition and chemistry between men and women. Even when they drink the same amount of alcohol, women tend to have higher levels of alcohol in their blood than men, and the immediate effects of impair-

ment occur more quickly and last longer.

Alcohol tends to leave the body at a slower rate in women who take birth control pills compared with those who do not. The result can be greater alcohol impairment in women who take birth control pills.

#### Risk for Sexual Assault

Binge drinking is a risk factor for sexual assault, especially among young women in college settings. The risk for rape or sexual assault increases when both the perpetrator and victim have used alcohol before the attack.

To access the full article and list of risk factors visit: <http://www.cdc.gov/Features/AlcoholAwareness/>



# Army South Veterinarian Impacts Quality at Belize Zoo

By Lt. Col. Jerrod Killian  
Chief, Clinical Operations, Command  
Veterinarian, ARSOUTH

In August 2012, while performing Food and Water Risk Assessments in Belize, the U.S. Army South Veterinarian visited the Belize Zoo and Tropical Education Center. The Belize Zoo is a tropical education center as well a rehabilitation center that has historically been leveraged after natural disasters (i.e., hurricanes and earthquakes) to house and rehabilitate wildlife.

During a behind-the-scenes zoo walk-thru, it was discovered that the zoo's only anesthesia machine had a non-functional vaporizer, severely limiting their ability to perform an array of surgical and medical procedures. These anesthetic equipment challenges provided a target of opportunity for the U.S. Army to make a significant and immediate impact on the quality of treatment provided by the zoo. Why is engaging the zoo an opportunity? What is the military value of engaging the Belize zoo? These are questions Veterinary Corps Officers (VCOs) should be able to quickly answer (i.e., 30-second "elevator talk") to ensure all key players and commands understand and support these types of veterinary engagements.

When VCOs deploy in support of humanitarian assistance/disaster relief operations, the two core functions are food protection and animal care. For example, in OIF, U.S. Army veterinarians were instrumental in caring for animals and getting Iraq's zoo back on its feet. While the Belize zoo is a world-class facility, there are still opportunities for the U.S. Army to provide critically needed support to Belize's wildlife. VCOs can get great mileage out of similar engagements, increasing

our understanding of a country's unique ecosystems and diverse wildlife.

Coordinating the transfer of an anesthesia machine to a host nation zoo is complicated. This action took a significant amount of effort and persistence to make it happen. Specifically, special thanks is given to Col. Michael Ryan, Cynthia Morris, Robert Pringle, and Ronald Shoemaker at the United States Army Medical Materiel Agency for taking the extra time, effort,



Dr. Robin Gleed (left) and a team of veterinarian students from Cornell University perform a root canal on a Jaguar called Lucky Boy. The team was the first to use an anesthesia machine delivered by the U.S. Army Medical Materiel Agency (USAMMA) to provide critical needs support to Belize wildlife. (Photo courtesy Dr. Robin Gleed)

and personally seeing the value of this project. Additionally, the efforts from Lt. Col. Lynn (Commander of the U.S. Military Group in Belize) and the attention of Ambassador Vinai K. Thummalapally (U.S. Ambassador to Belize) pushed this effort across the finish-line.

After the workshop, Dr. Robin Gleed, professor of clinical sciences at Cornell University, sent a thank-you email stating, "Severe dental disease is fatal to these endangered animals and it requires general anesthesia. Thanks to the munificence of the U.S. Military, these rare animals are available to the gene pool for a little longer."



## AMEDDC&S News



**BORDEN**  
INSTITUTE  
[www.cs.amedd.army.mil/borden](http://www.cs.amedd.army.mil/borden)

### BOOKMARK

BORDEN INSTITUTE RELEASES:  
**MEDICAL ASPECTS  
OF RADIOLOGICAL  
AND NUCLEAR WEAPONS**

By Dr. Timothy K. Jones  
Assistant Director, Borden Institute

As technology advances, so too does weaponry. Given modern threats of radiological and nuclear terrorism, and in light of recent natural disasters that have resulted in catastrophes such as occurred at the Japanese Fukushima Daiichi Nuclear Power Plant, The Surgeon General of the US Army saw fit to revise and update a previous Textbook of Military Medicine on the medical management of radiological and nuclear casualties. This textbook is now available for order from the Borden Institute Website: [www.cs.amedd.army.mil/borden](http://www.cs.amedd.army.mil/borden).

In *Medical Aspects of Radiological and Nuclear Weapons*, subject-matter experts detail the medical management aspects providers must consider when faced with large-scale radiological or nuclear events. According to Army Surgeon General, Lt. Gen. Patricia D. Horoho: "Weapons of mass destruction and natural disasters pose potential threats to our military forces and their families. Military medicine must be prepared to sustain the force in any environment and ensure they meet the challenges presented by the chemical, biological, radiological, nuclear, and explosive (CBRNE) threat." This textbook, which includes chapters such as *Triage and Treatment of Radiation and Combined-Injury Mass Casualties*, *Therapy for Bacterial Infections Following Ionizing Radiation Injury*, *Early-Phase Biological Dosimetry*, and *Psychological Issues in a Radiological or Nuclear Attack*, is intended to provide all medical providers and planners with the tools they need to successfully react to a radiological or nuclear event.

# DENCOM News



## Army Dentistry Introduces “Going First Class”

By Lt. Col. Jeffrey Marks, MS

*Executive Officer, U.S. Army Dental Command*

Do you want to get a cleaning with your annual dental exam? If you had a cavity, wouldn't you like to take care of it the same day, too?"

In an effort to enhance the command functioning as an operating company model and create a consistent patient/employee experience, the U.S. Army Dental Command (DENCOM) continues the planning stages of the Army Dentistry Go First Class (GFC) Initiative. The GFC triad will focus on prevention, readiness, and wellness. GFC will standardize the patient care experience across the Army when Soldiers receive their annual dental exam. In addition to receiving the exam, each Soldier will receive a vital signs check, oral cancer screening, a dental cleaning, carries risk assessment, oral health screening, and restorative care (if needed) to improve Dental Readiness Classification (DRC) status. Referrals to MTF providers and services will be standardized as required to improve the interoperability and coordination between the dental and medical healthcare delivery systems.

“The number one dental complaint Soldiers have with going



to the dentist is they can't get their teeth cleaned the same day as their exam," says Col. Bryan Kalish, director of Healthcare Delivery for DENCOM. "Starting in July, Army dentistry will address this concern once and for all with Going First Class".

When possible, Soldiers going through the GFC process will receive their cleaning, annual dental exam, and initiate or complete treatment of their dental cavities – all in a single visit. The intent of GFC is to help more Soldiers achieve the goal of DRC

1. GFC will also renew focus on existing DRC 2 and 3 treatment needs. The business process map supporting this treatment plan has been developed and will serve as basis for implementation around the world.

According to data gathered over the past year, over 50% of Soldiers have cavities. Also, 33 % of Soldiers who were cavity free the prior year were diagnosed with cavities this year. Prevention is the key to stop this vicious circle. The robust external and internal campaign plans will focus on prevention, readiness, and wellness. GFC implementation standards and guidelines are being finalized for DENCOM-wide deployment in July 2013.

# ERMC News

## Landstuhl Regional Medical Center Saves Lives, Advances Medicine

By Cheryl Pellerin

*American Forces Press Service*

Medical-surgical teams at Landstuhl Regional Medical Center (LRMC) daily save the lives of warriors wounded in Afghanistan and, until recently, saved troops wounded in Iraq. But, that's only part of their success.

Here, a side benefit of providing relentlessly superior care from the point of injury in the war zone to what doctors call “definitive care” -- care given to manage a patient's condition -- has been to advance the practice of military medicine and, ultimately, the practice of medicine everywhere.

For medical teams at Landstuhl, the brutality of combat and the urgent need to respond to the wounded have yielded advances in en-route lung bypass, whole-blood transfusion, and even combat tourniquets that can be applied with one hand and in the dark.

“Ten years ago, we had to stabilize [patients] before we could move them,” said Army Col. (Dr.) Jeffrey B. Clark, commander of the Landstuhl Regional Medical Center.

“Now what our Air Force can do is basically put an intensive care unit in the back of a C-17 with a critical-care air-transport team so we can continue to stabilize while we are moving,” Clark said.

The critical-care team program is part of the Air Force aeromedical evacuation system. A team consists of a critical care physician, a critical care nurse, and a respiratory therapist, along with supplies and equipment.

Over the past 70 years, and especially over the past 10, a combination of evolving surgical capabilities, technology-intensive critical care, and long-range air transport have pushed medical-surgical capability far forward.



At LRMC, nearly 66,000 patients from Iraq and Afghanistan and military personnel and their Families stationed in Germany have been treated since 2004. From the U.S., 48 visiting civilian trauma surgeons rotate in to Landstuhl for two weeks at a time from hospitals at Johns Hopkins University in Baltimore, the University of Cincinnati in Ohio, the Oregon Science, and Health University in Portland, and others.

[See LRMC P25](#)

# MRMC News

## ISR Burn Flight Team Completes Record-Breaking Mission



By Steven Galvan

U.S. Army ISR Public Affairs

For more than 60 years, the U.S. Army Institute of Surgical Research (ISR) Burn Center at Joint Base San Antonio, Fort Sam Houston, Texas has provided specialized medical response through its Burn Flight Team (BFT), to deploy and transport burn and critically injured patients throughout the world to the ISR Burn Center for definitive care. On February 22, the team set a new record for the longest continuous flight by flying for 19 hours on a non-stop flight from Singapore to San Antonio and traveling more than 9,850 miles, surpassing its previous longest flight by more than 3,000 miles.

Since its inception in 1952, the BFT has been able to deploy its five-person teams year-round within hours of notification of a mission. The specialized team is normally composed of a burn surgeon specialized in critical care, a critical care registered nurse, a licensed vocational nurse, respiratory therapist, and an operations non-commissioned officer. The team usually departs from the San Antonio International Airport on a commercial flight with all the specialized critical care equipment necessary to transport one or more patients on an Air Force C-17 configured for patient care en route to San Antonio.

For the last decade, the BFT has conducted almost 100 missions between Landstuhl Regional Medical Center in Germany and transported more than 350 patients injured in Afghanistan and Iraq. The recent mission to Singapore provided unique challenges for the team as they transferred the patient from the hospital to the aircraft and on to San Antonio. According to Lt. Col. (Dr.) Booker T. King, team leader and Burn Center deputy director, the mission went precisely according to plan with a combined effort from all the branches of the U.S. military, the International SOS organization, and the TRICARE Pacific Area office.

“The success of the mission relied on all these agencies working together in order to coordinate multiple aspects of the transfer beyond that which we normally experience



Left to right: Capt. Michael Campbell, Lt. Col. (P) Booker T. King, Sgt. Nikenson Penette, and Staff Sgt. Daniel J. Nelson, monitor the patient during the flight from Singapore to San Antonio. (Photo by Staff Sgt. Seth B. Holland)

when flying in and out of Germany,” said King.

In order to make this mission a success, Army team members synchronized their efforts with the Marines on the ground; with the Air Force for the transport aircraft, the Navy for ground transportation and storage of the equipment in Singapore; and the ISOS and TRICARE for the care management and transfer of the patient from the hospital to the aircraft.

“The success of the recent Burn Flight Team mission to Singapore exemplifies the dedication of military professionals demonstrating limitless commitment to care for their brothers and sisters in arms,” said ISR Burn Center Director, Col. (Dr.) Evan Renz. “It also reflects the collaborative efforts of a tri-service team whose skills have been honed over a decade of combat support.”

As with all transport missions, highly trained personnel and specialized equipment are used to stabilize the patient for the long flight home. Both Air Force Critical Care Air Transport Teams (CCATT) and BFT can be utilized to transport burn casualties.

“Many burn patients are transported by

CCATT,” said King. “We are usually involved with patients who sustain burns over 40 percent of their body or those with inhalation injuries.” King also explained that the BFT is ideally suited to care for casualties with complex traumatic injuries—such as those with a combination of burns, amputations, chest, abdominal and head injuries.

The six team members on the Singapore mission were King; Capt. Michael A. Campbell, a critical care nurse; two licensed vocational nurses—Sgts. Macneil Ramos and Nikenson Penette; and two respiratory therapists—Staff Sgts. Seth B. Holland and Daniel J. Nelson.

“Everyone on this team has to be proficient with their job,” King said. “Also, it’s not uncommon for a team member, for example a respiratory technician to assist the nurse and help with wound care while we are mid-air. We all work as a team for the

**For the last decade, the Burn Flight Team has conducted almost 100 missions between Landstuhl Regional Medical Center in Germany and transported more than 350 patients injured in Afghanistan and Iraq.**

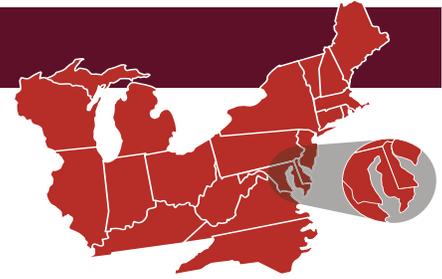
benefit of the patient.”

Not all Soldiers assigned to the Burn Center will become members of the BFT. Before anyone is selected to be a member of the team they have to work on the burn ward for many months and be selected from among their peers. “And successfully complete Air Force CCATT training,” said Holland, who has been with the BFT for more than a year.

Once a mission is complete the BFT members immediately prepare for the next one and stand ready to live up to their motto “Anytime, Anywhere.”

## NRMC News

# Kenner Celebrates the Enlisted Medical Corps 126th Anniversary



Sgt. Maj. Reginald Crosby, left, visits the Eagle Eye Clinic display during the Kenner Army Health Clinic enlisted Soldiers 126th anniversary celebration. Staff Sgt. Terry McKeel, noncommissioned officer for the Eagle Eye Clinic explains how 3-D glasses work during a vision test.

By Tereasa Wade

*Public Affairs Officer, Kenner Army Health Clinic*

Kenner Army Health Clinic celebrated the historic beginning of the Enlisted Medical Corps March 1 – the corps 126th anniversary. Static displays were constructed by members of Kenner's enlisted medical corps to educate employees and patients about the work each of the military occupational specialties performs in the clinic. Throughout the Army Medical Commands history, the enlisted Soldier has consistently served in roles of great responsibility.

“Enlisted Medical Corps Soldiers – the medics are brave men and women who have proven to have the talent, knowledge, and skills that enhance Army Medicine’s capability to achieve its mission,” said Sgt. Maj. Reginald D. Crosby, senior medical NCO, Kenner Army Health Clinic. “These Soldiers are truly the backbone of Army Medicine.”

The Enlisted Medical Corps’ Soldiers contribute to today’s overall 90 percent survivability rate for combat-injured service members and are an invaluable asset in the healthcare process. They keep our Soldiers, Retirees, and Families healthy.

The Kenner Celebration concluded with an NCO “Right Arm Night” hosted by Crosby with Col. Thomas S. Bundt, commander, Kenner Army Health Clinic serving as the guest speaker.

“I am truly proud of our skilled, heroic professionals, and wish the Enlisted Medical Corps a happy 126th Anniversary!” said Crosby.

## New Multi-Service Clinic Meets Patient Demand

By Lisa R. Rhodes

*Soundoff Staff Writer*

Kimbrough Ambulatory Care Center celebrated the opening of its new Multi-Service Clinic with a ribbon-cutting ceremony held last month.

“I wouldn’t miss this day for anything,” said Col. Danny B.N. Jaghab, commander, U.S. Army Medical Department, Fort Meade, and commander of Kimbrough. “It’s a big day for us.”

The new clinic, located on the second floor, expands Kimbrough’s services: gastroenterology, including endoscopies and colonoscopies; hand and upper extremity; chronic pain management; and podiatry.

The idea for the Multi-Service Clinic came about two years ago during the tenure of Col. Leon Moores, a former Kimbrough commander, who attended the ribbon-cutting ceremony.

“We were building new operating rooms, and the old operating room space on the second floor became available,” said Moores, special assistant to the president at the Uniformed Services University of the Health Sciences, after the ceremony.



Col. Danny B.N. Jaghab, (center) commander, U.S. Army Medical Department, Fort Meade, and commander of Kimbrough Ambulatory Care Center cuts the ribbon marking the official opening of Kimbrough’s new Multi-Service Clinic. He was joined by: Navy Capt. Patricia McKay, director of the hand and upper extremity clinic; Lt. Col. Andrew Baxter, assistant deputy commander for nursing; Sgt. Antoni Alatorre, noncommissioned officer-in-charge of the Multi-Service Clinic; Capt. Gayle Fisher, clinical nurse officer-in-charge of the Multi-Service Clinic; Maj. Jeff Van Den Broek, officer-in-charge of the Multi-Service Clinic; and Col. Leon Moores, a former Kimbrough commander and now special assistant to the president at the Uniformed Services University of the Health Sciences. (Photo by Nate Pesce)

Read the full article on the new multi-service clinic and more from Northern Regional Medical Command at: [www.nrmc.amedd.army.mil](http://www.nrmc.amedd.army.mil) or visit our Army.mil homepage at [www.army.mil/nrmc](http://www.army.mil/nrmc) and share on Twitter, Facebook and Pinterest. <http://www.facebook.com/ArmyNRMC>

# PRMC News

## Tripler Takes Home DoD's First National Award for Healthy Workplace

By **Stephanie Rush**  
PRMC Public Affairs

Tripler Army Medical Center has been named a top Psychologically Healthy Workplace for 2013 by the American Psychological Association.

Tripler is the first organization within the Department of Defense to be honored with the national award since the program began in 2006.

Each year, only four organizations within North America receive the award. Tripler won in the government/military/educational institution category.

The annual awards are designed to recognize organizations for their efforts to foster employee health and well-being while enhancing organizational performance.

"At Tripler, we are dedicated to making this hospital and its clinics the best and healthiest workplace possible," explained Brig. Gen. Dennis Doyle, commander, Pacific Regional Medical Command and Tripler Army Medical Center. "To achieve and maintain that reputation, the staff takes care of each other."

Applicants are evaluated on their efforts in the following five areas: employee involvement, work-life balance, employee growth and development, health and safety, and employee recognition.

"Forward-thinking employers such as Tripler Army Medical Center are taking steps to create a positive work environment where employees can thrive," said Dr. David Ballard, head of APA's Center for Organizational Excellence. "In turn, employees are more engaged and committed to the organization's success. This shared responsibility for creating a psychologically healthy workplace promotes an organizational culture that values well-being and performance and delivers results on both sides of the equation."

Some of the programs and services

that make Tripler such an employee-friendly place to work include employee fitness rooms, resiliency classes, on-site day care, numerous training opportunities and benefits such as tuition reimbursement, which are available to its more than 4,000 uniformed and civilian employees.

"(The programs and services Tripler provides) all around makes for a better, more productive, well-rounded staff," explained Howard Reyes, supervisor, Care Provider Support Program, PRMC. "It shows the things (that Tripler's leadership) are emphasizing really promote employee participation, and health and wellness make a big difference in the hospital and the productivity of our staff."

Nominees for the national PHWAs are selected from the pool of previous state-level winners. Following a competitive evaluation and judging process, the top candidates are selected for national recognition by APA.

PRMC's Care Provider Support Program, which offers a variety of resiliency classes and resources, was also recognized as a Best Practices honoree for 2013 for its employee growth and development efforts.

This isn't the first year APA has recognized Tripler for fostering employee health and well-being while enhancing organizational performance. In 2011, Tripler's Department of Psychology was recognized as a national and state-level Best Practices honoree.

"It's an honor to be formally recognized by the APA for a host of reasons," said Dr. David Brown, chief, Behavioral Health, PRMC, who oversees the Care Provider Support Program. "Recognition helps to acknowledge a sound return on investment in addition to reinforcing best practices. Doing the right thing is not always



The Pacific Regional Medical Command's Care Provider Support Program, Richard Ries (left) and Howard Reyes (right), demonstrate an alternative and creative approach to reaching wellness through music during a resiliency training session held at Tripler Army Medical Center. TAMC is one of four organizations within North American that were recognized with the top Psychologically Healthy Workplace Award for 2013. (Tripler Army Medical Center File Photo)

the easiest endeavor; it takes more time and concerted effort. Public acknowledgement really helps to confirm and justify the extra effort of both leadership and their employees."

Tripler's efforts to create a healthy workplace have resulted in lower turnover rates along with increased clinical productivity, financial performance and customer satisfaction.

"There's a positive spirit here," Doyle said. "Everyone here seems to be more relaxed, but at the same time, more engaged and more concerned about patients and each other."

(Editor's note: Brig. Gen. Brian Lein, deputy commanding general of operations, U.S. Army Medical Command, accepted the award on behalf of Tripler Army Medical Center at a ceremony in Washington, D.C., last month.)



**Psychologically Healthy Workplace Awards**

# SRMC News

## SAMMC Bone Marrow Program Saves Lives Worldwide

By Maria Gallegos  
BAMC Public Affairs

Air Force Tech Sgt. Kenneth Raimondi was on top of the world with 13 years of successful active duty service and a happy marriage with two healthy, young active boys –until a year ago when he was diagnosed with a rare blood disorder that changed his life forever.

“In the summer of 2011, I was feeling fatigued, I didn’t know why – but strangely enough – even after a long nap I was still feeling tired,” he said. “Then one day in August, as I was putting on my flip-flops to go water my grass I noticed strange little red dots on my feet, ankles and legs.”

Realizing these symptoms were abnormal and reading the warning symptoms on the Internet, Raimondi immediately made an appointment to see his primary care physician at Randolph Clinic, who referred

him to San Antonio Military Medical Center to see a hematology/oncology specialist.

In September 2011, Raimondi was diagnosed with aplastic anemia - a blood disorder where the bone marrow does not produce enough new cells to replenish old cells.

Within days of the diagnosis and his condition becoming severe, he underwent a series of anti-thymocyte globulin (ATG) infusions, to increase the number of healthy cells. The treatment showed some improvement but not enough to recover the normal blood cell counts.

“In my case, my blood cell count never



National Guard Sgt. Ruben Rodriguez, a recent bone marrow transplant patient, gets a routine checkup from Robert Christian, a registered nurse at BAMC Bone Marrow Transplant Unit at San Antonio Military Medical Center. (Photo by Robert Shields)

recovered, and I spent about six-months with my platelets still in the low numbers and my blood cells low -- overall not on good grounds,” said Raimondi. “And about

[See MARROW P24](#)

## Lyster System Provides 24/7 Communication

By Katherine Rosario  
Lyster Army Health Clinic Public Affairs

Patients at Lyster Army Health Clinic can communicate with their providers 24-hours a day, seven days a week without having to make an appointment or come into the clinic.

In conjunction with RelayHealth, a connectivity and health information technology company, patients can log onto a secure, Health Insurance Portability and Accountability Act-approved site and set up appointments with their provider, request renewals for prescriptions, get lab results, and ask questions regarding routine care.

Currently, about 2,700 patients are signed up through secure messaging. All patients seen at Lyster are able to sign up for this service.

Secure messaging has grown in popularity due to its convenience and fast response time from providers. Providers who call patients back after receiving a voicemail often end up playing phone tag. Secure messaging eliminates the wait time

to hear back from providers.

“I like it because I can ask simple questions, have a prescription refilled or renew a referral without having to call in, leave a message and wait for someone to call me back,” said Cindy OBrion, a spouse seen at Lyster.

Another convenience OBrion enjoys is the ability to send messages when she needs to and not have to worry about waiting for the clinic to open to call.

“Patients who work all day may not have the ability to call in to leave a message with their provider,” said Mandy Tucker, patient-centered medical home director. “Now, patients can send a quick message through the internet and get a response back quickly.”

A patient’s anxiety of missing a phone call from their provider is calmed when they know an email response is waiting for them to check at their convenience, she said.

Secure messaging is not a substitute for urgent care, but is encouraged for use in routine care only.



Deborah Delk, certified women’s health nurse practitioner, replies to a patient through secure messaging before her next patient arrives at the clinic. Secure messaging allows Lyster’s providers to respond to patients’ questions in a timely manner without playing phone tag. (Photo by Katherine Rosario)

“Lyster’s goal is to respond to patients within 24-hours,” Tucker said.

Registering for secure messaging is as easy as asking the front desk check-in clerk at your next appointment, or visit the RelayHealth website at <https://app.relayhealth.com/Registration.aspx>.

# USAPHC News

## New Unit Crest Designed for the Public Health Command

By Jane Gervasoni  
*USAPHC Public Affairs*

A distinctive unit insignia, often referred to as a unit crest, is like a coat of arms. It is worn by Soldiers to promote esprit de corps and keep alive the historical traditions of a military unit.

When the U.S. Army Center for Health Promotion and Preventive Medicine and the U.S. Army Veterinary Command combined in 2011, the newly created U.S. Army Public Health Command needed to develop its own DUI. The DUI will be worn by USAPHC Soldiers assigned to DoD installations and deployed locations around the globe.

“It is important for the Soldiers in this unit to have an insignia approved by the Institute of Heraldry to represent the history and mission of the command,” explained USAPHC Command Sgt. Maj. Gerald C. Ecker.

Working with the heraldry office, Ecker and a team of USAPHC

graphic artists and designers invited members of the new command to submit designs or suggestions for a new DUI. They received almost 45 distinct submissions.

“We consolidated similar ideas and continued to narrow the field until we had about six varying ideas, looking at the shape of the crest, colors, and design elements,” explained Mark Fischer, graphic designer in the Visual Information Division.

The field was then narrowed down to three designs that were submitted for civilian and military voting, and one winner was chosen.

“Once members of the command chose the final design, it was submitted for approval to the Institute of Heraldry,” said Ecker. “We worked with them to adjust color and wording and to tighten up the design.”

The complete project took more than 18-months from initial designs to final product.

“I’m convinced that this distinctive unit insignia represents all the disparate elements of our command,” said Maj. Gen. Jimmie O. Keenan, USAPHC commander. “The DUI



represents protection of the health of the Army family—it represents our support for America’s Sons and Daughters.”

The new USAPHC distinctive unit insignia was approved by the Institute of Heraldry in March. The design includes a shield

**“I’M CONVINCED THAT THIS  
DISTINCTIVE UNIT INSIGNIA  
REPRESENTS ALL THE DISPARATE  
ELEMENTS OF OUR COMMAND.”**

representing protection of the health of Soldiers and Retirees, their Families, and Army

civilians. The green in the shield reflects the color associated with the Medical Corps during the last of the 19th century, and the maroon represents the current color associated with Army medicine.

Within the shield is a triangle, indicating strength and stability and representing the “One Health” triad concept—the interrelated health of people, animals, and environment. The spear tip within the triangle represents the organization’s mission in peace and war, often preceding the first combat Soldier in a combat zone.

The serpents entwined around the spear represent the Rod of Asclepius, Greek god of medicine and healing. The rod is symbolic of the medical arts and humanitarianism. The cog wheel and torch are elements honoring the legacy of the predecessor organizations of the USAPHC. The torch also signifies the light of learning and education. Learning is the foundation of science, and education encompasses the USAPHC’s responsibility to promote health and well-being. The motto, *Una Sanitas*, translates to “One Health.”

### AIR TRAVEL AND BLOOD CLOTS: HOW TO PREVENT DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM

By Deanna K. Harkins MD MPH  
*Environmental Medicine Program,  
USAPHC*

In the U.S. military, deep vein thrombosis (DVT) and pulmonary embolism (PE) are a significant concern. Service members may be at increased risk of DVT and PE after prolonged air or ground travel in confined spaces (e.g., overseas deployments, convoys), as well as during prolonged medical evacuations and when hospitalized with severe injuries. The focus of this article is prevention of DVT and PE during prolonged air or ground travel.

Why the concern?

DVT and PE can be life-threatening conditions. Since 2006, there have been about 18 incident episodes of DVT and PE per month among active component Service members while deployed to or within 90 days of returning from OEF/OIF (1). This is an increase from about 14 episodes per month from the years 2003 – 2006. For the years 2006-2008, approximately 46% of all DVT and PE episodes were associated with known risk factors. One of the risk factors was ‘returning from a major overseas deployment within one month prior to diagnosis’ due to the recent long-haul transoceanic air travel (2). The good news is this risk factor is amenable to prevention efforts. The risk of DVT and PE from long-haul air and ground travel can be reduced by travelers using simple and effective measures.

What are DVT and PE?

DVT is the formation of a blood clot in a deep vein, usually in the lower extremity. Clinical indicators are swelling, pain, and tenderness in the affected leg, sometimes accompanied with red (or blueish) discoloration and warmth. A life-threatening complication of DVT is

[See CLOTS P24](#)

## WRMC News

# IACH Chief of OT Receives USO Special Salute

By Tywana Sparks  
IACH Public Affairs

An occupational therapist (OT) currently assigned to Irwin Army Community Hospital (IACH) was honored during a special tribute to America's military medical professionals at the USO-Metro's 31st Annual Awards Dinner held last month in Arlington, Va.

Maj. David Larres, officer-in-charge, Occupational Therapy Clinic, was selected as a finalist honoree and represented the U.S. Army in the Occupational Health Professions category. Gen. Raymond Odierno, Chief of Staff, U.S. Army, served as the nominating official and presenter to Larres during the event.

USO-Metro's Annual Award Dinner is a patriotic, black tie affair attended by the Joint Chiefs of Staff, members of congress, service secretaries, as well as business and community leaders. The event is a celebration of the service and sacrifice of U.S. Armed Forces.

Larres, a native of Florida, was understandably astonished after being notified that he was selected as an honoree finalist.

"It is a wonderful feeling to represent the Army as an occupational therapist representing the Occupational Health Professions category," Larres said. "There are many occupational therapists throughout the Army who have made wonderful



Maj. David Larres, officer-in-charge, Occupational Therapy Clinic, Irwin Army Community Hospital, talks with a patient while giving treatment. Larres was honored at the USO-Metro's 31st Annual Awards Dinner in Arlington, Va. He was recognized during a Special Salute honoring military medical professionals and represented the Army in the OT category. (Photo by Tywana Sparks)

contributions throughout their careers that are equally as deserving."

The Special Salute honored military medical professionals and caregivers who make it possible for wounded, ill, and injured to heal. The honor is especially significant because not only does the category include Larres' specialty, it represents the field of all occupational health professions. Larres was initially nominated by IACH leadership for this honor.

According to his leadership, Larres not only demonstrates the embodiment of the Special Salute's ideals to his leaders, he also demonstrates his dedication to providing the best care possible to Fort Riley Soldiers.

"He (Larres) has focused on looking for innovative ways to deliver improved patient care by reaching out to patients and starting new programs," said Col. Craig Webb, the deputy commander for clinical services at IACH. "He has stepped beyond his comfort zone to the administration realm and has taken on leadership roles that impact the entire organization as well as making initiatives that have impacted patient care across Fort Riley, specifically our Soldiers," he said.

**Maj. Larres has focused on looking for innovative ways to deliver improved patient care by reaching out to patients and starting new programs.**

Larres was one of several strong candidates Webb forwarded and is proud that IACH's very own will be honored.

"I think Major Larres is a wonderful representative for Irwin Army Community Hospital, Fort Riley, and specifically Army Medicine. He will represent all of the orga-

[See IACH P20](#)

## HOOAH MOMENT !

Col. Michael Amaral, left; Col. Michael Heimall, center; and retired Army Gen. Gordon R. Sullivan, the president and CEO of the Association of the United States Army (AUSA) and the 32nd Army Chief of Staff create a moment in history. Heimall is the commander of William Beaumont Army Medical Center, Fort Bliss, Texas, and Amaral is a deputy commander for administration at the facility. The three represent the Norwich University classes of '58, '86, and '87. Norwich, located in Northfield, Vt., is the oldest private military college in the U.S.



**Recognitions**

# NRMC Team Scoops Wolf Pack Award

By Craig Coleman  
*NRMC Public Affairs*

Northern Regional Medical Command Team Wolf, a diverse team of military, government civilian employees and contract supporters, was recently awarded the Army Medical Command Wolf Pack Award for the second quarter of fiscal year 2013. The Wolf Pack Award recognizes exceptional work by military and civilian teams in support of Army Medicine.

Team Wolf was rewarded for successfully instituting a program that improved medical record coding and data quality across the region.

“I couldn’t be more proud of this outstanding team of professionals to receive the Wolf Pack Award,” Col. Donald R. West, commander, Northern Regional Medical Command, said. “This group came together from multiple departments to develop an initiative to improve medical record coding and workload recording. Their efforts and this award solidify why Northern Regional Medical Command is the best region in Army Medicine.”

Medical coders transform narrative descriptions of diseases, injuries and healthcare procedures into alphanumeric code numbers, thus making the data more easily

accessible to healthcare professionals.

Schultz said her winning team was a result of having quality members. “Everything just lined up,” she said. “We had the right people, in the right place at the right time.”

Denise Schultz, NRMC Coding Expert Consultant, put together a vision to improve workload reporting, while simultaneously generating or recovering millions in reimbursable funds. Schultz built a dedicated team that included expert civilian staff members, supportive military leadership and experience contract support staff, who captured \$37.6 million potentially lost or misplaced funds.

Schultz said she was pleased that the award is team oriented. “The contributions of everyone on the team made this possible,” she said. “For every one of us [at NRMC headquarters] there is someone facilitating the hard work at the MTFs. Winning as a team represents what we do

on a daily basis.”

The contract procurement was executed in only three weeks, which brought contracting personnel onto the team. “We had the command support, without it we could not have made the plan functional,” Schultz said.

“To see a contract written in three weeks and bring back \$37 million – everything just worked. For me, it’s amazing,” added Connie Albright, contracting officer representative.

Daisy Webster, NRMC Website Developer, praised the diversity of the team built by Schultz. “I think the award let government employees, contractors and the military share the credit, encompassing the Total Army.”

Schultz said winning the award represents all the administrative support personnel working in the background across the region.

## TEAM WOLF WAS REWARDED FOR SUCCESSFULLY INSTITUTING A PROGRAM THAT IMPROVED MEDICAL RECORD CODING AND DATA QUALITY ACROSS THE REGION.

# Fort Detrick Sgt. Audie Murphy Club Welcomes New Inductees

By Jeffrey Soares  
*USAMRMC Public Affairs*

The Fort Detrick chapter of the Sgt. Audie Murphy Club inducted its two newest members during a ceremony held at the Community Activities Center Feb. 22. Sharing the honors of induction at this event were Staff Sgt. Patrick Omara and Staff Sgt. LaDonna Tolbert, both from Walter Reed Army Institute of Research, Silver Spring, Md., a subcommand of the U.S. Army Medical Research and Materiel Command. Upon nomination by leadership, the candidates progressed through a series of review boards at various levels before advancing to the final review board, comprised of senior sergeant majors, who posed questions from subjects that include military leadership, counseling, weapons, world affairs/current events, and military programs. The final review panel was led by Command Sgt. Maj. Kevin B. Stuart, USAMRMC command sergeant major and SAMC-Fort Detrick board president.

“These two Soldiers being inducted today are stellar performers and outstanding NCOs [Noncommissioned Officers],” said Stuart. “Even beyond their induction into the Sgt. Audie Murphy Club, they have continually led their respective sections to great success, mentoring and training their Soldiers, and teaching them what it means to be professional and to be proficient in their skills.” Stuart said that induction into the SAMC remains very limited, as less than 2 percent of all Army NCOs comprise the entire club membership throughout the world.



**Recognitions**

# Honored Medic Preserves Life of Paratrooper

By Sgt. 1st Class Allan N. Baros  
3rd Brigade Combat Team PA NCOIC

On February 21, 2013, Sgt. Luis X. Herrera, a licensed practical nurse with Company C, Womack Army Medical Center received an Army Commendation Medal for preserving the life of a 3rd Brigade Combat Team, 82nd Airborne Division paratrooper.

Herrera, a native of Laredo Texas, has been in the Army for six years. While stationed here, Herrera has followed the mission of WAMC which is, to provide the highest quality healthcare, maximize the medical deployability of the force, ensure the readiness of Womack's personnel and sustain exceptional education and training programs.

On January 27, 2013 while taking care of the spouse of a 3rd BCT paratrooper, Herrera noticed that his patient was receiving texts. After observing her reaction to those texts, Herrera began to inquire about the nature of the texts and found out that her husband was going to commit suicide.

Through careful and diligent fact finding, Herrera immediately notified the paratrooper's chain of command, Military Police and Family friends which enabled emergency services to locate the paratrooper in enough time to administer medical attention.

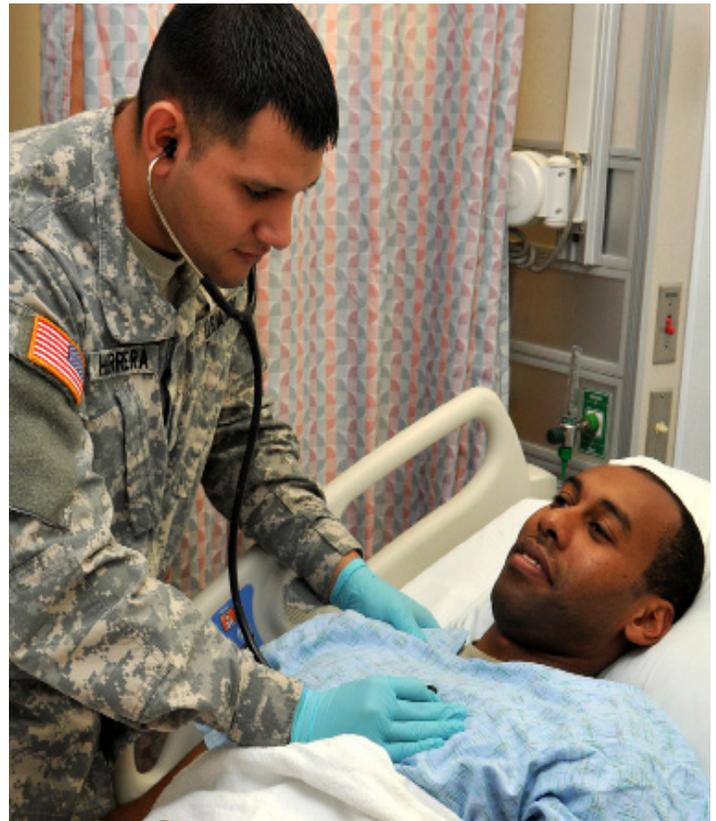
Emergency responders were dispatched to the paratrooper's house where they found him unconscious due to carbon monoxide poisoning. He was then transported to the Emergency Department where he was later admitted.

Herrera's attention to detail, situational awareness and initiative, were vital in preventing the suicide of the paratrooper.

"I am very grateful for the recognition the 3rd Brigade has given me," said Herrera. "I just hope more people would react the way I did and do what we are trained to do."

Sgt. 1st Class Jemal Cook, Herrera's department noncommissioned officer in charge, stated that he was proud of the digging and researching Herrera did to save the life of a fellow paratrooper.

"He took the necessary steps," said Cook.



Sgt. Luis Herrera provides care to a patient in the surgical recovery ward at Womack Army Medical Center in Fort Bragg, N.C. Herrera was recently awarded an Army Commendation Medal for preserving the life of an 82nd Airborne Division paratrooper. (Photo by Joe. E Harlan)

"I just hope that more Soldiers would take the necessary actions," Cook went on to say, "If Soldiers kept digging and researching, they could save a life. You need to take that extra step," he exclaimed.

## ***IACH*** continued from P18

nizations quite well as he stands shoulder to shoulder with fellow providers across the services."

Through all the attention that Larres has received, he has remained humble and is proud of USO's decision to honor military medical professionals.

"The motto 'Serving to Heal, Honored to Serve' comes to mind. Although this is the motto of the medical corps it could well be applied to the USO. They are a service organization dedicated to the men and women who serve this nation. To be recognized by such a prestigious organization whose purpose is to serve is an absolute honor. So I am grateful to the USO for their

contribution to so many men and women, and I am thrilled that they have decided to honor medical professionals for our service contribution."

Larres went on to explain the importance of military medical professionals and how they strengthen the armed forces.

"We (military medical professionals) have been dedicated to conserving the fighting strength for a long time. Although there have been research breakthroughs and discoveries by military professionals, it's the day-to-day service by medics to physicians who keep our Soldiers healthy and prepared to meet the demands of service."

Larres recognizes that although he has been selected as a finalist, it could not happen without an entire team of dedi-

cated professionals that surround him. He is thankful to Col. Barry Pockrandt, IACH commander and the command staff for providing the opportunities and support that have afforded him to go beyond the day-to-day clinic tasks. He also credits his team of Occupational Therapy Clinicians for much of his success.

"Being surrounded by professionals dedicated to the team and the mission allows us to be successful," he said.

He recognizes that his wife, and their children have been completely supportive of his military career. "I am so thankful to my wife and kids for the love and support they provide me. Although I enjoy my Army career, my Family gives my life real joy and purpose."

**Technology & Research**

# Success Through Proper Medical Management

By Command Sgt. Maj. Kevin B. Stuart  
U.S. Army Medical Research and Materiel  
Command

What is the first thing that comes to mind when you hear about medical management? How has medical management been instrumental in our Army during the past few years? These are some of the questions that have been asked several times over the past years. I believe it is important to address these questions while reviewing the definition of leadership in order to understand how leaders can make a difference in ensuring our troops are being cared for in the best possible way.

Medical management is defined as the whole system of care and treatment of a sick individual. However, it can also be defined as encompassing the use of information technology for health, disease, care, and case management functions. Medical management is designed to modify medical provider behavior to improve the quality of care to the patients. With regard to the military, medical management is also about leadership among noncommissioned officers who play a key role on a team of U.S. Army professionals.

Just as today's leaders have assumed many responsibilities during current conflicts and homeland defense activities, so did previous generations of NCO leaders accept the burden of heavy endeavors. The diligence, insight, and compassion of these leaders were very instrumental in building the Army's trusted reputation – a reputation of solid professional NCO leaders who advise their commanders on how to keep Soldiers healthy. These are the men and women who have provided outstanding leadership for each and every Soldier who has put their life on the line in defense of the nation. These remarkable leaders have always endured through a wide range of duties and responsibilities, demonstrating their strength and compassion, from care on the battlefield to care of troops at home. These trusted professionals teach, coach, mentor and watch over their troops, ensuring that they are fit, ready and reliable for any mission.

The significance of medical care for Soldiers in the Army dates back as far as the Revolutionary War. During those trying days, leaders failed to focus on the

***MEDICAL MANAGEMENT IS DEFINED AS THE WHOLE SYSTEM OF CARE AND TREATMENT OF A SICK INDIVIDUAL. HOWEVER, IT CAN ALSO BE DEFINED AS ENCOMPASSING THE USE OF INFORMATION TECHNOLOGY FOR HEALTH, DISEASE, CARE, AND CASE MANAGEMENT FUNCTIONS.***

medical health of their troops, which in turn weakened their military force. The lack of proper medical equipment and trained personnel from the Civil War to the Vietnam conflict resulted in many Soldiers being taken out of the war fight, with some cases ending in death. Many past military leaders focused primarily on defeating the enemy instead of tending to the ill health of Soldiers; these cases typically ranged from severe tooth decay to extreme cold weather injuries to diarrhea, and from pneumonia to encephalitis to viruses. The medical readiness of these troops could have been higher if leaders played a more engaged role in monitoring their Soldiers' health. The Nation learned a valuable lesson from these previous wars, and since the Persian Gulf War in the 1990s, NCO leaders have been much more vigilant in monitoring the well-being and medical readiness of their troops.

The Medical Protection System, or MEDPROS, is one of the various tools used by leaders today in managing the medical readiness of their troops. MEDPROS allows leaders the visibility of managing the medical readiness of their troops, which leads to unit readiness. Many NCO leaders use MEDPROS to manage the medical readiness of each Soldier, with regard to the following: (1) Identifying the need or requirement for medical warning tags; (2) checking for annual vision screening and identifying if eyeglasses are needed; (3) checking to see if a hearing exam is warranted; (4) screening for dental readiness and annual check-ups; and (5) screening for medical profiles, among other things. Leaders who maintain keen vigilance on monitoring their Soldiers' individual medical readiness can resolve many problems among their troops while maintaining unit readiness.

The NCO leader's book is another tool used for managing the medical readiness and status of their troops. This book allows the leader to understand various aspects of the Soldier, such as hometown origin, mari-



tal and Family status, job and skill qualifications, vaccinations and medical exam history, strengths and weaknesses of job performance, home location, and calendar scheduling.

Today, many leaders who closely monitor the medical readiness of their troops will most likely have Soldiers who are fit, ready and prepared to perform their duties in any given environment. On the other hand, those NCO leaders who fail to manage the medical readiness of their troops will normally face challenges regarding troops being prepared for deployments and other contingencies.

Leaders who utilize their experiences and resources, such as MEDPROS and the NCO leader's book, know and understand their Soldiers, and realize their limitations, their strengths, and what makes them tick. They are right on point in taking care of their troops, because, when it comes down to it, medical management is every leader's business.

# You Don't Have to Leave the "HOOAH" Behind

By Lt. Col. Delwyn Merkerson  
Office of Chief, Army Reserve

It may be time, but sometimes it's hard to leave the HOOAH behind. Military skill sets gained and deployment experience, along with the camaraderie built with fellow Soldiers can make the prospect of transitioning to civilian life daunting. And that's even before you factor in the struggling economy and job market.

Even if "one weekend a month, two weeks a year" isn't what you had in mind, you can still maintain your Soldier-connection and hone your military proficiency and hard-earned skills while striving for the career of your dreams through the Individual Mobilization Augmentee Program.

A unique aspect of the program is that you aren't locked into a "drilling reservist" schedule. You can continue Soldiering on a part-time basis - earn pay and credit towards retirement, receive benefits and entitlements, all while maintaining the flexibility to pursue your career and Family aspirations. In the IMA Program, how you serve can be tailored to your work and school schedule, giving you greater flexibility to plan your service around your busy schedule.

## What is the IMA Program?

The IMA program is designed to facilitate the rapid expansion of the Active Army wartime Department of Defense structure and/or other government departments or agencies. IMAs help the Army meet military manpower requirements in the event of military contingency, pre-mobilization, mobilization, sustainment, and/or demobilization operations.

These Soldiers are currently serving on a part-time basis in over 73 Army Agencies throughout the United States and overseas (Europe and Korea). IMA Soldiers serve in Special Operation Command, Intelligence and Security Command, Central Command, and the Office of the Secretary of Defense, just to name a few.

IMA Soldiers are required to perform a minimum of 12 annual training days each fiscal year and may be authorized to perform up to 48 4-hour periods of inactive duty for training. The IMA Soldier coordinates directly with the agency IMA coordinator to schedule the AT and IDT periods. While serving in the IMA program, you can work with your coordinator to do all your training requirements at one time, or spread them out over the year.

Every Soldier making the transition

from active duty needs to think about the value of their service.

You don't have to leave the HOOAH behind. The Army Reserve allows you to continue your service to the nation and derive all of the benefits that compelled you to join in the first place.

## FOR MORE INFORMATION ON THE IMA PROGRAM, VISIT:

<https://www.hrc.army.mil/STAFF/IMA%20Program%20Overview>

Search available IMA position vacancies using the online search tool on the HRC My Record website.

- Go to this link: <https://www.hr-capps.army.mil/portal/>
- Log in and click on the "Tools" tab on the top right of the screen
- Choose the "VACANCY SEARCH" link
- Select "Vacancy Type: IMA" and input your desired filter criteria

## SHARP RESOURCES:

National Hotlines:

DoD Safe Helpline for Sexual Assault  
1- 877-995-5247

The National Sexual Assault Hotline, RAINN  
(Rape, Abuse, Incest National Network)  
1-800-656-HOPE (4673)

DoD Sexual Assault Prevention and Response Office (SAPRO) Website  
<http://www.sapro.mil>

Find news and Information at:  
[www.preventsexualassault.com](http://www.preventsexualassault.com)

SHARP is now on Facebook: [http://www.facebook.com/permalink.php?story\\_fbid=337592679687168&id=469914659719245#!/pages/Sexual-HarassmentAssault-Response-Prevention-SHARP/469914659719245](http://www.facebook.com/permalink.php?story_fbid=337592679687168&id=469914659719245#!/pages/Sexual-HarassmentAssault-Response-Prevention-SHARP/469914659719245)

## WEB & SOCIAL MEDIA CONTENT MANAGERS

Socia Media On-Demand Webinars offered by HowTo.gov

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# A Parent's Story of Life, Love & Blood Donations

By Michelle Lele  
ASBP Blood Donor  
Recruiter, Tripler, Hawaii

For mother of four Ana Aranzola-Lucero, the phrase "Power of Blood" takes on a personal meaning. Two of her children, Nicolas and Julia, were diagnosed at birth with an immune deficiency and non-Burkitts lymphoma, so she knows firsthand just how important blood donations can be.

According to the Children's Hospital of Wisconsin's website, non-Burkitts lymphoma is a type of non-Hodgkin's lymphoma that affects a specific type of white blood cell called lymphocytes. It usually occurs in children and is one of the fastest growing malignant tumors in humans. Both of these diseases often require blood transfusions as part of the treatment, and Nicolas and Julia have received more than 500 units of whole blood combined.

**There is no substitute for human blood, so donors are always in constant need.**

The oldest of the four, Nicolas started his first blood transfusion at age 12 and has received almost 150 units over the course of nine years. Aranzola-Lucero describes Nicolas as a "happy-go-lucky, care free 21 year old who is doing very well and living a normal life." Currently attending college with a love for comic books and music, he inspires to follow in his father's footsteps in pursuing a career in the military.

Since her first blood transfusion at age 4, Julia has received more than 400 units of blood in 12 years. But despite her 16-year battle with the disease she always remained optimistic about her condition. Sadly, Julia died on Sept. 13, 2012.

"She was a fun loving peace maker with a big heart," said Aranzola-Lucero, who is a regular donor with the Armed Services Blood Program. "[Julia was] always thinking of everyone else before herself. [She was] a very loyal person that always [had] a solution to everyone's problems."

"If there is anything I took from this journey is to enjoy everything in life, because it goes by so quickly," said Aranzola-Lucero. "Enjoy your Family and spend time with them doing little things like walking on the beach or watching the sunset."

There's no substitute for human blood, so donors are always in constant need. And for Families like the Aranzola-Lucero Family, blood donations make a huge difference in their lives.

"When I think of my daughter Julia, I think of how she enjoyed life, thought the best of everyone, and was strong in spirit despite the weakness in her body," said Aranzola-Lucero.

The Aranzola-Lucero Family is forever grateful to everyone who takes the time to donate blood. She believes all of the blood

transfusions Julia received extended her life, and is grateful for all the memories she left with her Family.

To find out more about the Armed Services Blood Program or to schedule an appointment, please visit us online: [www.militaryblood.dod.mil](http://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](http://www.facebook.com/militaryblood), [www.flickr.com/militaryblood](http://www.flickr.com/militaryblood) and [www.twitter.com/militaryblood](http://www.twitter.com/militaryblood).

## MONTH OF THE MILITARY CHILD

The military child as they grow and become youth into the teenage years, are an inspiration and a source of pride for our nation. Frequent moves and Family separations through deployments, and then the reintegration issues make life especially challenging. Often military children are looked up to for their resilience and ability to deal with life changing events.

Commands are encouraged to plan appropriate activities that will focus attention on issues concerning our children and our responsibility to them. Commands are encouraged to develop initiatives that will benefit military children now and for the future.

Army installations will sponsor various activities and events to recognize the brave service and sacrifices of military children. Army leaders will take part in ceremonies and events to recognize challenges that military children face, and to reinforce the Army's promise to improve the quality of life for both Soldiers and their Families through the Army Family Covenant.

### ARMY MONTH OF THE MILITARY CHILD EVENTS

Date: March 28, 2013

Event: Month of the Military Child Parade  
Ft. Stewart, GA

Date: April 2, 2013

Event: Month of the Military Child Kickoff Event  
Ft. Buchanan, PR

Date: April 5, 2013

Event: Art Exhibit  
Ft. Belvoir, VA - Youth Center

Date: April 12, 2013

Event: Purple Up for Military Kids (Happening All Day)  
Alexandria, Va

To access the latest calendar, visit Army Community Relations (COMREL) at: <http://www.army.mil/comrel/>

## MARROW continued from P16

six months out I have made a decision to receive the bone marrow transplant.”

In March 2012, Raimondi underwent a bone marrow transplant here at the Fisher House Bone Marrow Transplant program. Six months later he returned to work and is enjoying his life once again.

“I get to tell my little boys, ‘I’m 100 percent’ (referring to his current level of health) -- you should have seen the smile on their faces,” he gleamed.

“The care received here (at SAMMC bone marrow transplant department) has been amazing and definitely world class. You feel so much more comfortable here than anywhere else because you are one of maybe three, four, or five patients,” said Raimondi.

“The medical teams are an expert staff, most of them have been doing this for a very long time and they really care about you and your Family. A big part of getting healthy is having that positive momentum you get from here ... you get very personable care here,” he added.

### SAMMC’s BMT Program

The Fisher Bone Marrow Transplant Program was first established and housed at Wilford Hall Surgical Ambulatory Center in 1983 until June 2011 when its facility

moved to SAMMC due to the Base Realignment and Closure.

SAMMC’s BMT is the only treatment center designated by the Department of Defense for adult allogeneic (related donor, unrelated donor and cord blood) and one of two DOD facilities providing autologous hematopoietic stem cell transplants, (stem cells are removed from the patient and then later introduced back into the body enabling healthy cells to regenerate).

The new 21,222- square-foot BMT unit is located on the 5th floor of the consolidated tower and includes 14 private inpatient beds, 8 treatment stations, 3 examination/isolation rooms and 2 procedure rooms.

Because patients who undergo chemotherapy or a bone marrow transplant may have compromised immune systems, their hospital surroundings are strictly managed to prevent infection. All rooms are outfitted with high-efficiency particulate air (HEPA) filters to keep the air constantly in motion.

“We have a beautiful new home,” said Stephanie Condron, head nurse of hematology/oncology service and the oncology clinical nurse specialist. “Our team was heavily involved with the design of the clinic to ensure that every feature was custom built for our patients.”

The inpatient unit in conjunction with the outpatient clinic offers 24/7 staffing to ensure appropriate support for patients undergoing treatment and two nurses sta-

tions to provide convenient and safe access to patient rooms.

“All nursing staff has received chemotherapy and bone marrow training in order to provide comprehensive care in accordance with Oncology Nursing Society standards to the patients,” said Stephania Godbee, head nurse of the inpatient BMT unit.

The Foundation for the Accreditation of Cellular Therapy (FACT) accredited BMT Program comprised of outpatient clinic and inpatient unit provides full service care to patients with a multi-disciplinary team consisting of a clinical dietician, medical social worker, clinical nurse specialist, transplant coordinator, fellows, residents, nurses, students, and staff physicians.

SAMMC BMT treats all TRICARE beneficiaries worldwide and all costs are paid by DOD to include travel and medical expenses for allogeneic transplant patients. Autologous transplant patients’ per diem is paid by their active duty command or TRICARE non-medical attendant policy.

“All active duty military members and their Families are eligible to get their transplant here, if they choose to come here, and their per diems can be paid up to \$3,000 a day for three-months,” said Condron.

For information about the donor registration and SAMMC’s BMT Unit, please contact SAMMC BMT at 210-916-1198.

## CLOTS continued from P17

pulmonary embolism (PE). Pulmonary embolism occurs when all or part of the blood clot breaks loose, travels to and through the right side of the heart, and lands in the pulmonary blood vessels, obstructing blood flow to the lungs. Consequently, blood cannot acquire oxygen and deliver it to vital organs, threatening life. Signs and symptoms are chest pain, sudden shortness of breath, rapid heart rate, wheezing, coughing with blood, collapse, and death. DVT and PE are collectively called venous thromboembolism (VTE). Many risk factors are known (e.g., elderly, pregnancy, trauma, heart disease, surgery, neurological disease, immobility/inactivity, drugs, obesity, blood coagulation disorders, prior clots); however, VTE often affects relatively young persons without predisposing risk factors (2). This makes prevention aimed at controllable risk factors, such as long-haul air and ground travel, especially important for our Service members.

What are VTE preventive measures during long-haul flights or ground travel? Should a Service member traveler have a known VTE risk factor, such as prior blood clots, they should consult a physician before travel for medical advice and other actions.

Long-haul travel – air or ground - lasting four hours or longer is the most risky for DVT and PE. The common-sense prevention actions described here aim at decreasing the VTE risk factors of ‘immobility and inactivity,’ as well as not constricting the blood flow. The goal of the actions is to keep blood in the legs (and elsewhere) circulating well so clots don’t form.

While flying (or on ground), long-haul travelers should:

- Wear loose clothing and loosen belts
- Every hour, get up out of the seat and take a short walk
- Do not cross the legs (crossing legs constricts blood flow)
- Every hour, drink 8 oz of water or fluids to stay hydrated

- Straighten or stretch out legs, if room
- Every ten minutes, move the legs around. Do leg ‘mini-exercises’ while seated, such as toe raises, heel raises, ankle circles, foot slides, and knee lifts.

- If experiencing symptoms of DVT or PE, contact medical personnel immediately

Though these common-sense VTE prevention actions are especially for flights or travel lasting longer than four hours, they may be used on shorter flights or ground travel that require prolonged sitting or stationary postures.

By raising awareness in our Service members so that they put these effective VTE prevention actions into practice on each and every long-haul flight or ground trip, the risk of life-threatening DVT and PE in our military population can be reduced.

“Air Travel and Blood Clots” Awareness posters and brochures are available for this purpose and can be obtained at: <https://usaphcapps.amedd.army.mil/HIOShopping-Cart/searchResults.aspx?hotlist=44>

## **LRMC** continued from P12

This saves lives and helps to reduce the load on teams at Landstuhl, a military hospital operated by the Army and the Defense Department, whose staff since 2004 has treated nearly 66,000 patients from Iraq and Afghanistan and military personnel and their families stationed in Germany.

From the United States, 48 visiting civilian trauma surgeons rotate in to Landstuhl for two weeks at a time from hospitals at Johns Hopkins University in Baltimore, the University of Cincinnati in Ohio, the Oregon Science and Health University in Portland, and others.

Also under the Landstuhl command are seven clinics: two in Belgium, two in Italy and three in Germany.

Landstuhl is the only hospital outside the United States designated a Level I Trauma Center by the American College of Surgeons. Its survival rate for trauma patients is 99.5 percent.

"About 14,000 of the 60-some thousand were actual battle injuries," Clark said. "We have returned to duty about 20 to 21 percent of those who have come to us from Iraq or Afghanistan, which is huge."

Every week, every critically ill patient is discussed on a video teleconference that spans nine time zones on three continents. Attendees include "our NATO colleagues such as MERT (Medical Emergency Response Team), the British paramedic units that have physicians on the helicopter teams, to the forward surgical team, three combat support hospitals, and Landstuhl, as well as our partners on the East Coast and San Antonio, and the Air Force Aeromedical Evacuation service," said Air Force Maj. (Dr.) David H. Zonies, Landstuhl's trauma director.

"Everyone discusses their care that's provided along the continuum," he added.

The broad influence of Landstuhl's medical-surgical innovations is seen 25 to 30 times a day, Zonies said, every time a patient undergoes surgery in an operating room.

"From the last 10 years, a lot of the evidence that we've gathered has changed not just the practice of military medicine, but has now been completely translated back into civilian practice," Zonies said.

He added, the way patients are resuscitated has changed significantly since 2001.

For the past 50 years, he explained, the standard practice for storing blood has been to break it up in to components such as red

blood cells, platelets and plasma.

When it was time to give stored blood to a patient, "we'd give them a bunch of red cells, and maybe for every four of those we'd give a unit of platelets [and plasma]. That was how it worked," Zonies said.

"Well," he added, "we noticed that our mortality rate was extremely high doing that, and it was standard practice."

Then six or seven years ago, Army surgeon Col. (Dr.) John Holcomb and Air Force surgeon Dr. Donald Jenkins, now both retired, observed that transfusions with 1-to-1 ratios of plasma and platelets to blood cells lowered patient mortality rate by about 15 percent. They began to use the practice for combat trauma patients, Zonies added.

"That is how we changed our guidelines for how we resuscitate all our patients," he said. "We have now taken that evidence back to our civilian counterparts, and they've been able to replicate the same approach in civilian practice, and it has decreased mortality there."

Another life-saving innovation involves a procedure called extracorporeal membrane oxygenation, or just extracorporeal life support. This is basically a lung bypass, or cardio-pulmonary bypass, that a special team from Landstuhl flies down-range to perform en route as the patient is evacuated from the war zone.

The suitcase-sized device takes the patient's blood through an artificial membrane that replaces carbon dioxide with oxygen.

The technology, developed by a team at the University of Regensburg, about a four-hour drive from Landstuhl, has been around for 30 or 40 years, but only in the past decade, Zonies said, "has it gotten to the point where everyone feels this is a safe modality that truly ... improves patient outcomes."

So far, Landstuhl has the only capability in the Defense Department of providing that kind of support, Zonies said.

At Landstuhl, the hospital itself is a sprawling complex built in the early 1950s. By 2018, a new hospital that's more contemporary and flexible will replace it, to be called the Kaiserslautern Community Medical Center.

"It's a very special mission," Clark said. "We take a tremendous amount of pride in what we do, and so we consider it a privilege. In many ways, it is so terribly uplifting to take care of Wounded Warriors, to take care of our own. But ... it can wear on you, so we try very hard to look out for each other."

## **National Medical Laboratory Professionals Week**

April 22-26, 2013

Congratulations to the AMEDD's Medical Laboratory Specialists. Today more than 1800 military technicians support medical operations around the world. Additionally, approximately 1500 members of the AMEDD Civilian Corps in Career Program 53 (Medical) work in career fields such as Medical Technologist, Medical Technician, and Pathology Technician.

The military medical laboratory specialist performs blood banking procedures and elementary and advanced examinations of biological and environmental specimens to aid in the diagnosis, treatment, and prevention of disease and other medical disorders. Responsibilities include clinical laboratory procedures in hematology, immunohematology, clinical chemistry, serology, bacteriology, virology, mycology parasitology and urinalysis. The Army Medical Laboratory Technician training program is 50 weeks in length and accredited by the Committee of Allied Health Education and Accreditation (CAHEA).

For more information visit the AMEDDC&S website at: <http://www.cs.amedd.army.mil/>

Medical Laboratory Professionals Week is an annual celebration of the laboratory professionals and pathologists who play a vital role in every aspect of health care. Since they often work behind the scenes, few people know about the critical testing they perform every day. Lab Week is a time to honor the more than 300,000 medical laboratory professionals around the country who perform and interpret more than 10 billion laboratory tests in the US every year.

Visit: <http://www.ascp.org/labweek>

# AROUND ARMY MEDICINE

1. USAG SCHWEINFURT - Members of the U.S. Army Garrison Schweinfurt's Dental & Health Clinic AMEDD Team kicked off the first fun run of the year on St. Patrick's Day. The garrison is transitioning for closure in 2014, but the AMEDD Team is out front promoting health & wellness with over 100+ community participants. Kneeling (L to R): Lauren Gardner, Sgt. Muambo Oben, Kelley Kelley, Maj. Azure Utley, Sgt. Kira Hutchinson. Standing (L to R): Pvt. Zachary Sands, Spc. Alexander Daly, Col. Chadwick Bowers, MWR Representative David Coldwell, Spc. Delena Hefner, Spc. Ryan Watkins, and Spc. Samantha Kelly. (Courtesy photo)



1

2. BROOKE ARMY MEDICAL CENTER, Fort Sam Houston, Texas - U.S. Sen. Ted Cruz, presents the Purple Heart medal to Chief Warrant Officer 4 Jerry Hamilton during a ceremony at the Warrior and Family Support Center Feb. 20. Hamilton was wounded Oct. 24, 2012, when his forward operating base in Afghanistan was struck by indirect fire. (Photo by Robert Shields) To access the full story visit: <http://www.bamc.amedd.army.mil/articles/texas-senator-ted-cruz.asp>



2

3. - WIESBADEN VETERINARY CLINIC, Wiesbaden, Germany -- Capt. Ericka Carroll teaches Max Schneider how to perform cardiopulmonary resuscitation using a toy dog as a model in the American Red Cross first aid class for pets. Caring for a pet requires a lot more than simply feeding the animal. That's one of the lessons several younger participants learned in the Wiesbaden American Red Cross' Pet First Aid class. "Your pet is a part of your family," said Capt. Ericka Carroll, a member of the Wiesbaden Veterinary Clinic staff and class instructor. "It is important to know what to do in a medical emergency in the first critical moments to make sure your pet is safe before seeking veterinary care." Students first learned how to be prepared in the case of an emergency. Participants also learned what the normal vital signs are for cats and dogs. They were taught how to take vital signs, such as pulse, respiratory rate and temperature, in their pets. To access the full story visit: [http://www.army.mil/article/98445/Red\\_Cross\\_\\_Army\\_vet\\_help\\_owners\\_learn\\_pet\\_first\\_\\_/](http://www.army.mil/article/98445/Red_Cross__Army_vet_help_owners_learn_pet_first__/)



3



View more Army Medicine photos on Flickr at: [www.flickr.com/photos/Armymedicine](http://www.flickr.com/photos/Armymedicine)

**THE MONTH OF APRIL IS  
SEXUAL ASSAULT AWARENESS MONTH**

**I.A.M. S'TRONG**  
INTERVENE \* ACT \* MOTIVATE

**Sexual Assault and Sexual Harassment Prevention**

**INTERVENE**  
When I recognize a threat to my fellow Soldiers, I will have the personal courage to **INTERVENE** and prevent Sexual Assault. I will condemn acts of Sexual Harassment. I will not abide obscene gestures, language or behavior. I am a Warrior and a member of a team. I will **INTERVENE**.

**ACT**  
You are my brother, my sister, my fellow Soldier. It is my duty to stand up for you, no matter the time or place. I will take **ACTION**. I will do what's right. I will prevent Sexual Harassment and Assault. I will not tolerate sexually offensive behavior. I will **ACT**.

**MOTIVATE**  
We are American Soldiers, **MOTIVATED** to keep our fellow Soldiers safe. It is our mission to prevent Sexual Harassment and Assault. We will denounce sexual misconduct. As Soldiers, we are all **MOTIVATED** to take action. We are strongest...together.

[www.preventsexualassault.army.mil](http://www.preventsexualassault.army.mil)

**TRISERVICE** continued from P9

into the point of care workflow. Examples include the incorporation of VA/DoD Clinical Practice Guidelines (CPG), asthma action plans and web-based risk calculators. These tools are either immediately visible or one mouse click away, making their use both desirable and efficient. Moreover, TSWF has been hailed as a key enabler of the National Committee for Quality Assurance (NCQA) PCMH level III recognition across the MHS.

TSWF has achieved near-universal acceptance from clinical users due to a large portfolio of innovative products, swift dissemination of new clinical evidence, and Tri-Service implementation of policy directives and standards. TSWF increased evidence-based depression screenings in Primary Care Clinics from 29% to 89%. It also improved documentation compliance with the VA/DoD Low Back Pain CPG, increasing focused neurologic exams from 57% to 91% and use of appropriate first line medications from 20% to 91%.

TSWF has demonstrated cost savings in multiple domains and demonstrates a rapid return on investment that is seldom seen in health IT. TSWF increased medication prescribing compliance for medications associated with decreased morbidity/mortality in diabetics, which extrapolates to a potential savings of \$2.7M per year when applied to the enterprise. The low back pain workflow saved \$300K at a single MTF in its first quarter by decreasing MRIs and sub-specialty consults.

TSWF was developed by, is managed by, and is executed by a Tri-Service team of clinicians who were not assigned but rather volunteered. The integration of all armed services and the willful effort to deliver comprehensive workflow solutions which support all three services and comply with common healthcare strategy and policy have exponentially benefited the Military Health System.

Follow TSWF for regular updates and post comments/suggestions at <https://www.milsuite.mil/book/groups/tswf> and on Twitter @TSWFTeam

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