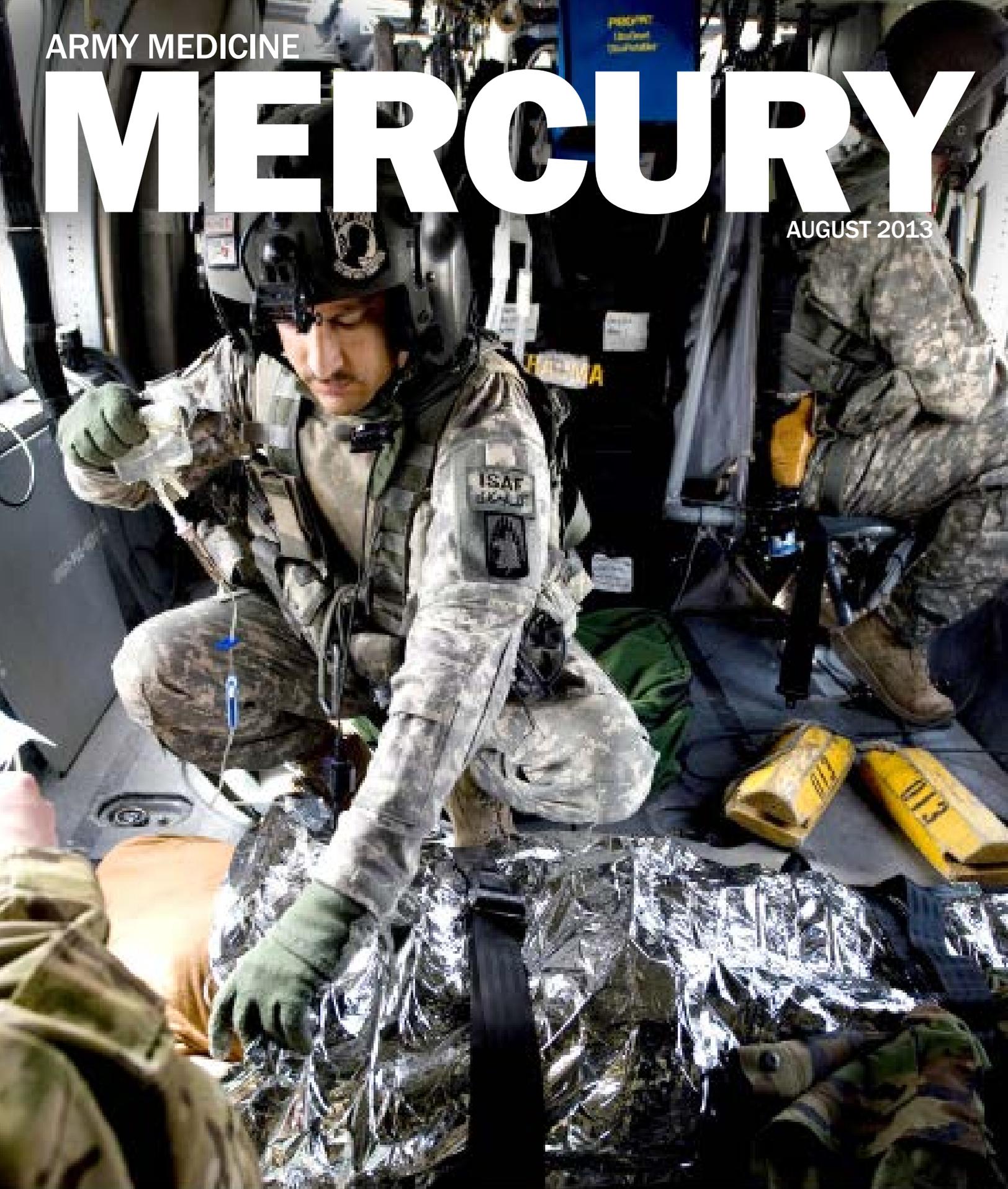


ARMY MEDICINE

# MERCURY

AUGUST 2013



A worldwide publication telling the Army Medicine Story



ARMY MEDICINE

**MERCURY**

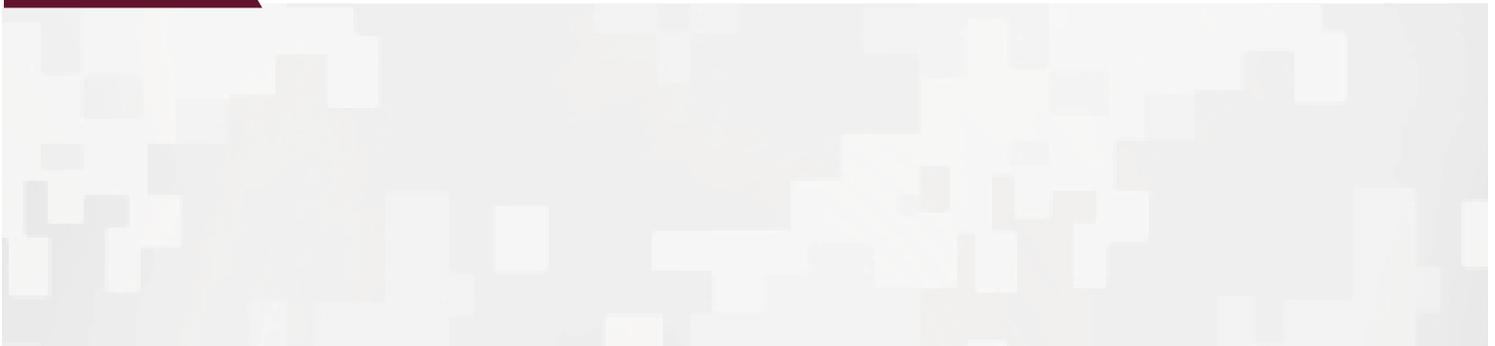
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# TSG INITIATIVES

## READY & RESILIENT

The Ready and Resilient Campaign integrates and synchronizes multiple efforts and programs to improve the readiness and resilience of the Army Family.

## ARMY MEDICINE 2020 CAMPAIGN PLAN

The Army Medicine 2020 Campaign Plan (AM 2020 CP) operationalizes the vision of the 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 Army Medicine Campaign Plan

## OPERATING COMPANY MODEL

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 AND LIFESPACE

Army Medicine's operational approach to improve Soldier and Family health and stamina focusing upon Activity, Nutrition and Sleep Management (ANS).

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## Surgeon General's Remarks from the Military Child Education Coalition's 15th National Training Seminar

July 8, 2013 National Harbor, Md.

Thank you, Mary [Keller, MCEC President and CEO], for inviting me. Thanks also to Lt. Gen. Lanny Trapp [USAF Ret, MCEC COO] and Kerrie Garlick, for their hard work in making this event happen.

I want to salute General and Mrs. Dempsey, along with General and Mrs. Shinseki, for their long-term support of MCEC.

I grew up as a military child; my father was a career officer who fought in three wars.

I am a wife, a mother, a Soldier, and a leader who is currently the head of a healthcare service with 3.9 million beneficiaries.

My husband, Ray, and I have each been the stay-at-home parent while the other spouse was deployed.

In Army Medicine, particularly when it comes to behavioral health, our guiding principle is that "the Family is the deployable unit."

This is because the obvious stress of 12 years of war in two theaters have adversely impacted Families and resulted in increased rates of domestic violence, child maltreatment, decreased academic performance in Army Children and Adolescents, increased aggression in Adolescents and increased overall rates of referrals for BH issues.

To combat this, we have established enduring working relationships and partnerships with civilian agencies in delivering services for active duty Family members, with the aim of reducing the stigma commonly associated with seeking BH care.

Our clinics and providers are changing their perspective and care model from episodic, single complaint



**Lt. Gen. Patricia D. Horoho**

focus to holistic, longitudinal, total wellness. They are beginning to focus on support of Family, especially the unique needs of the military Family.

To incorporate these innovations in behavioral health services, we have developed what we call the medical home, to ensure we're touching on all areas of what we call the Lifespace. By having "their own doctor," Families can develop relationships with their provider, nurse, and clinic.

We are partnering with other Army services, and DOD schools to promote, enable child wellness, Family support to address obesity, stress, engage preventive health services in schools; in other words, "meeting the patients where they are."

But we are concerned about where we are vulnerable, when it comes to child care.

Childhood obesity is the most significant medical threat to Army children; some estimates place Army children equal to the national average of 33 percent.

But overall, military children are VERY resilient. We ask them to deal with issues, concepts, stress, and turmoil that the civilian population does not.

Our children are adaptable - they can switch schools, make new friends, find new sports and keep life moving forward. They're also a great litmus test of the well-being of our military Families.

They often show the first signs of strain and stress in our Families through somatic symptoms, academic difficulties, and behavioral health referrals. We need to be watching them as a gauge for resiliency in our Families.

In many cases, especially with a deployed spouse, the pediatric clinic may be one of the few "safe" places for a spouse at home to get help or support.

The child may come in often during a deployment with vague or minor complaints, but oftentimes it is actually the parent, or the Family as a whole, who is the patient.

They come in looking for a place to vent, feel safe, get advice, to be open and honest.

A wonderful example of this comes from a story out of our Fox Army Health Center at the Redstone Arsenal in Huntsville Alabama; you might have seen this on the news a few months ago.

The seven-year-old of a command sergeant major, John Murray Jr., was in the pharmacy waiting room with his mother. The two of them were randomly selecting words for him to

## TSG SPEAKS!

read in the room around them, as a reading exercise. They saw “Army,” “care,” “Family,” but young John was stumped when he saw an unfamiliar one on a suicide prevention poster.

“I asked mom, ‘What’s that “S” word?’” he said. His mother explained why someone could possibly want to end his or her own life. Then her son came up with a simple analysis:

“When they don’t have any broken arms or legs, and no blood,” he concluded, “you can’t see the sadness inside them, but they still need help.”

As for why such people don’t receive the help they need, his mother explained sometimes they’re reluctant to ask for it. That prompted his succinct outreach on Post-It notes, which he left on a table at the Fox Army Health Center, in the hope that someone might see it and realize: “Ask for help!!!” He wrote on Post-It notes: “Ask for help!!!”

We in Army Medicine are committed

to serving children as investments in all of our futures.

In Army Medicine, we are moving toward a System for Health that focuses on maintaining health proactively through sleep, activity, and nutrition. We call this the Performance Triad, the proper management of Activity, Nutrition, and Sleep to guide Soldiers towards optimal health and resilience.

There is substantial scientific evidence to support Activity, Nutrition, and Sleep as a means to better optimize health and performance. These three areas can directly impact all of our lives for the better, regardless of our current health status.

Army Medicine’s mission is to move from a healthcare system to a System for Health.

Transforming to a System for Health means that we are proactive in identifying, assessing and mitigating unhealthy behaviors before they become significant concerns, and by

educating Soldiers and their Families about access to resources and support.

We must also work harder to eliminate the perceived stigma of asking for behavior health assistance.

This requires leaders at all levels to encourage Soldiers and Civilians toward the use of behavior health services, as necessary.

We need to continue making deliberate, resource-informed decisions to ensure we meet the needs and challenges of today while preparing for tomorrow.

We owe it to this generation of Soldiers and Families to help them deal with the consequences of war over the past 12 years, as well as for future generations.

## It’s time to schedule school physicals

By Tereasa Wade, Kenner Army Health Clinic Public Affairs



FORT LEE, Va. – With the end of summer vacation right around the corner it’s time to plan for the school year.

The Wilkerson Pediatric Clinic primary care teams at Kenner Army Health Clinic are encouraging parents to schedule school and sports physicals for their children as soon as possible to avoid the late -August rush.

Completing the health exams early ensures that all children are able to start school and participate in sports activities on time and without delay.

It’s important to remember that any child who will attend daycare, a preschool program, grade school or plans to participate in sports activities will need a physical exam, current immunizations and relevant forms completed by their provider.

For more than one child, parents are asked to arrive at least 15 minutes earlier than the first appointment to allow for children to be screened, have immunization records reviewed and forms completed. Be sure to bring all immunization records, prescription medications, eye glasses and forms that need to be completed.

For parents who have children outside For Lee, please visit or contact your local clinic.

Kenner Army Health Clinic prepares students for school by offering early back to school and sports physicals. (Photo by Dr. West Brown)



Pfc. Antony Redmon of Company C, 447th Signal Battalion at Fort Gordon, Ga., completes his eighth platelet apheresis donation for the Armed Services Blood Program. (Courtesy photo)

## Pfc. Redmon donates platelets by the gallon

By Erin Longacre, ASAP Blood Donor Recruiter, Fort Gordon

A gallon of platelets is a lot.

Well, a gallon of anything is a lot, but in order to donate a gallon of platelets to the Armed Services Blood Program, a donor would have to complete eight donations — that requires 16 hours of a donor's time. Most blood donor center personnel would agree that platelet donors are a special segment of the donor population because of their level of commitment.

Meet Pfc. Antony Redmon.

When Redmon discovered he had a high platelet count and great veins for apheresis, he made a commitment to donating at the Kendrick Memorial Blood Center, part of the Dwight D. Eisenhower Army Medical Center, as much as he could during his few months of training at Fort Gordon, Ga. Having never donated platelets or even blood before, he had what he described as a “moderate phobia of needles” and wanted to get over it, which he did in a big way.

In just three months, Redmon has donated more than a gallon of platelets by completing eight platelet donations, most of which were double units because of his excellent platelet supply.

Platelets work to control bleeding,

and are most often needed by patients with severe injury, surgeries or certain cancers. The process of donating, known as apheresis, is a specialized procedure in which the donor's blood is drawn and cycled through a machine that separates the much-needed platelets from the other components of the blood, and returns the donor's red blood cells to them through the same site. Depending on a donor's height, weight and blood cell counts, the process usually takes an hour or more.

Only a handful of apheresis donors who are Soldiers in training at Fort Gordon reach the gallon level each year. The apheresis collection team at Fort Gordon's Kendrick Memorial Blood Center will be sad to see Redmon leave.

Redmon, an IT specialist about to complete his Advanced Individual Training, has only a short time left at Fort Gordon before heading to Arizona State University's ROTC program. After that, he plans to commission and attend Officer Basic Course and come back to Fort Gordon to return to the Signal Corps, the Army's communication corps. He also plans to continue donating, and says he's fascinated by the process of platelet donation and transfusion.

“I like the science behind it, and that (my platelets) are there, in the operating room, when someone needs them,” Redmon said.

“Redmon is so dedicated,” said Mechele Davis, the lead apheresis technician at the Kendrick Memorial Blood Center. “When we have an emergency and need platelets, we know we can call him and he always responds.”

A self-described adrenaline junkie, Redmon is a fan of extreme activities like cliff diving and skydiving, and said he's looking forward to trying ripcord bungee jumping. Apparently not much makes him nervous.

He was once asked, “And you were scared of a little needle?”

Not anymore.

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).

# Army Medicine continues its wartime advances - New treatment for multidrug resistant bacteria

By David Vergun, Army News Service

WASHINGTON—Recently the military medical community was notified that a new antibiotic drug is now available to treat Soldiers who have life-threatening, multidrug-resistant bacterial infections.

Arbekacin is a new antibiotic treatment for multidrug-resistant, or MDR, infections. Those types of infections may complicate wounds sustained by Soldiers in theater, said Col. Michael Zapor, an infectious diseases physician at Walter Reed National Military Medical Center, in Bethesda, Md.

## STOPPING A KILLER

“Of all the bacterial species found on the planet, relatively few are intrinsically multidrug-resistant pathogens,” Zapor said. “In Iraq and Afghanistan, the bacterium known as *Acinetobacter* is one such MDR bacterium that has caused problems in our patient population.”

*Acinetobacter* is commonly found in the water and soil of regions such as Iraq and Afghanistan, he said. Although it’s intrinsically resistant to many antibiotics, it’s not especially virulent and generally not problematic in humans unless their immune system has been severely compromised or the bacterium is inoculated deep into macerated tissue, as would occur with massive open wounds resulting from battle injuries.

Infections caused by the bacterium were prevalent during the Vietnam War, he said. But at the time, *Acinetobacter* remained mostly susceptible to antibiotics.

However, over time, resistance emerged and antibiotics became less effective against many pathogenic bacteria, including *Acinetobacter*.

“We’re losing antibiotics much faster



Dr. (Col.) Michael Zapor, a staph infectious diseases physician at Walter Reed National Military Medical Center, treats Afghans during his 2010 tour there as a battalion surgeon with the 82nd Airborne Division. Six years earlier he did similar work in Iraq with the 10th Mountain Division. (Courtesy photo)

than new ones are coming through the pipeline and made commercially available,” he explained. “In the 1950s, penicillin cured a lot of bacterial infections. Not so now.”

Humans reproduce at around 20 years, he said, but bacteria reproduce maybe every 20 minutes. With prolonged exposure to antibiotics, they evolve over time to become drug resistant, he explained. They’re survivors.

“Now, our *Acinetobacter* isolates are resistant to most antibiotics,” he continued. “It’s only a matter of time before pain-resistance emerges,” thus, the urgency for a new antibiotic.

## SLOW PROCESS

In 2004, when Zapor was a battalion surgeon with the 10th Mountain Division in Iraq, he and colleagues

started seeing cases of *Acinetobacter* and knew that a new antibiotic was needed, and soon.

At the time, he said, Arbekacin was being used in Japan for the treatment of pneumonia and septicemia caused by methicillin-resistant *Staphylococcus aureus*, or MRSA. Zapor thought the drug might have promise for treating infections caused by other MDR bacteria, to include *Acinetobacter*.

Lab trials were initiated at Walter Reed, and Arbekacin was found to be effective against many isolates of *Acinetobacter*, as well as other potentially harmful bacteria like *E. coli*, *Klebsiella pneumoniae*, *Enterobacter* and *Pseudomonas aeruginosa*, as well as MRSA. The next step was to get it

approved for use in humans.

Zapor drafted a human-use protocol with the U.S. Army Medical Materiel Development Activity, or USAMMDA, as a sponsor. As the drug's principle investigator, Zapor was responsible for shepherding Arbekacin through the federal regulatory process for approving new drugs. It was harder than he ever imagined, he said.

Surprisingly, the Food and Drug Administration was very receptive to a human-use protocol and encouraged his team to proceed, he said. But progress got mired down in scientific and institutional reviews and many painstaking revisions to the protocol were required.

The process dragged on for years, but he finally got the green light to proceed with the human-use protocol this June. Meanwhile, Soldiers wounded in Afghanistan continued to develop MDR infections.

"Isn't it ironic that approval was finally given at a time when the war is winding down and our population of wounded warriors is shrinking?" he said.

But Zapor said he knows regulators need to ensure drugs are safe for use, adding that the Department of Health and Human Services and Congress are very aware that the process should and could be better streamlined. Moreover, pathogens will invariably become more drug resistant and Arbekacin remains available for future use.

## WAITING TO POP THE CORK

Zapor said he and the protocol's sponsors at USAMMDA intend to celebrate as soon as the first patient with an MDR bacterial infection is successfully treated with Arbekacin.

As of yet, however, no one has received treatment with Arbekacin. This is due to the protocol's intentionally strict eligibility requirements, designed to delay the emergence of Arbekacin resistance, he said.

Eligible patients include those with MDR infections of the lungs, urinary

tract, soft tissues, skin, bones and blood, for whom other antibiotics are either ineffective or contradicted. That means other antibiotics either won't work or produce undesirable side effects like allergic reactions, he said.

Also, the treatment will only be available at Walter Reed. This way, use of the antibiotic will be tightly regulated, minimizing the risk of the emergence of drug resistance.

Fortunately, there are far fewer war wounded these days so "we anticipate an infrequent need for Arbekacin at this time," he said.

Moreover, fewer Soldiers who get wounded are being infected with *Acinetobacter*, he said. The causes of this are probably multifactorial. For example, during the early part of the war, it was common practice to place wounded Iraqi and U.S. Soldiers side-by-side in intensive care units.

"However, we learned that the wounded Iraqi soldiers tended to be colonized with *Acinetobacter*" at a much higher rate than were the Americans, he said. "One possible scenario is that as doctors and nurses moved from bed to bed, they might have unintentionally transmitted the bacterium between patients.

"Over time, the indigenous wounded were separated from the American wounded and the prevalence of *Acinetobacter* colonization among the latter declined," he continued.

## IMPORTANCE OF ARMY MEDICINE

Without the support of Army Medicine, it's doubtful Arbekacin would have ever been tested for use against MDR bacteria, he said. The Japanese, who licensed Arbekacin in the early 1990s, approved it for use against MRSA. Although there were scattered reports of efficacy against other organisms, no role was envisioned for its use against MDR bacteria.

The Japanese were, however, very helpful in translating documents relating to their early studies into

English for us, Zapor said.

"I truly think they were motivated by humanitarian reasons and an appreciation for our problem with MDR infections in our war wounded," Zapor said.

Moreover, the drug's manufacturer, Meiji Seika Pharma Corporation, has agreed to supply Arbekacin for the protocol at no cost.

Zapor said in the U.S. there was not much commercial incentive for the kind of research he and his team did with Arbekacin. But Army Medicine, he said, sees an incentive when battlefield injuries and illness dictate the need for a new drug or product.

Examples of that include the anthrax and hepatitis A vaccines, treatments for malaria, clotting bandages and recent improvements to devices like prosthetics and the Combat Application Tourniquet.

Zapor predicted that drugs for hard-to-treat fungal infections of wounds which are also problematic in wounded warriors will be the next candidates for new drug studies.

More potent and resistant pathogens are emerging all the time, he said, explaining there won't be any shortage of new work to do.

Just this April, for instance, a new virus, the MERS-CoV, was reported in Saudi Arabia. The fatality rate is around 65 percent, according to researchers at Johns Hopkins.

Someday, he said, Arbekacin resistance will emerge and the usefulness of that drug will be limited. "We're just hoping to stave off the inevitable."

As Soldiers deploy worldwide in regionally aligned units, Zapor said new pathogens will be discovered, and old pathogens will again rear their heads. Army Medicine, he said, will be there to protect them.

# Immunization Awareness Month

By Kirk Frady, Army Medicine

The month of August has been designated as National Immunization Awareness Month. It is critically important that every Soldier, Family member, DA Civilian, healthcare provider and beneficiary receive all required immunizations at the recommended intervals to ensure the Army is a healthy and mission ready force.

Immunizations have saved more lives than any other medical measure in history and really are the best protection against many common and communicable diseases. “Immunization and other preventive efforts have prevented thousands of deaths and millions of cases of disease just in the past decade,” said Col. Richard Looney, director of the Military Vaccine (MILVAX) Agency. “The trend of the Services vaccinating earlier and more often has resulted in a much healthier total force, and its impact on readiness and mission success has been invaluable.”

A majority of disease outbreaks in the U.S. occur in unvaccinated or inadequately vaccinated populations. Measles made a comeback in the U.S. partly because unvaccinated people traveled to Europe, contracted the disease and returned home. Incidence of pertussis (whooping cough) have increased largely due to vaccination coverage rates going down, resulting in a recommendation from the Centers for Disease Control and Prevention (CDC) that everyone receive one lifetime booster dose of a pertussis-containing vaccine.

Other vaccine-preventable diseases include polio, mumps, rubella, chickenpox, meningococcal disease, pneumonia, tetanus, diphtheria, human papillomavirus, shingles, and haemophilus influenza B (hib). It is critical that children receive immunizations in accordance with the published schedules, starting shortly after birth and continuing through

adolescence, when children are most vulnerable.

“Thanks to the outstanding immunization campaigns of the past few years, people are more aware and likely to be protected from most disease threats,” Looney said.

However, a common misconception is that vaccinations are just for kids. Everyone over the age of six months should receive a seasonal flu shot every year. The influenza vaccination is required annually for uniformed service members and DOD healthcare workers, regardless of amount of direct patient contact.

For international travelers, it is equally important to ensure adequate protection against disease threats that may not exist at home. There are vaccines to prevent typhoid, yellow fever, and Japanese encephalitis, and boosters are recommended if traveling to a polio-endemic country. Japanese encephalitis vaccine was also recently licensed for use in pediatric populations, so anyone 2 months or older may receive the vaccine. Yellow fever vaccination is required for entry into many countries, as well as documentation using a Public Health Service (PHS) Form 731 yellow “shot card,” which serves as an International Certificate of Vaccination.

Rabies vaccination, depending upon your destination and its setting, is equally crucial to protect from infection, both pre-exposure or post-exposure, regardless of previous immune status. It is important to be immunized because, in many rural areas, the disease effects could be irreversible by the time a patient reaches a medical treatment facility.

There are also several vaccines given at the time of entry into the military that help protect our recruit population and meet requirements for travel anywhere in the world. Since the adenovirus vaccine was licensed in 2011 for use in enlisted recruit populations, it has prevented

approximately 1,500 hospitalizations and more than 50,000 lost days to illness.

Disease has caused more deaths throughout history than any man-made threat, including weaponry and combat. There is a direct correlation between advances in vaccine science and decreases in both instance and morbidity of diseases. Immunization is 24-hour body armor against infection, and is the very best method of protection you can have.

For more information on vaccinations, visit the following websites:

- Military Vaccine (MILVAX) Agency website: <http://www.vaccines.mil/>
- MILVAX GETVACC policy hotline: 877-GETVACC (438-8222)
- Vaccines Healthcare Centers Network (VHC): <http://www.vhcinfo.org/>
- DoD Vaccine Clinical Call Center: 866-210-6469
- Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/vaccines>
- Immunization Action Coalition: <http://www.immunize.org>
- American Academy of Pediatrics: <http://www.aap.org>

# JTF-Bravo conducts medical readiness training exercise in Honduras

By Staff Sgt. Jarrod Chavana, Joint Task Force Bravo Public Affairs

SOTO CANO AIR BASE, Honduras-- Joint Task Force-Bravo, in conjunction with the Honduran Ministry of Health, conducted a medical readiness training exercise, known as a MEDRETE recently inside of a school named Lempira in the remote village of Bara Patuca, Gracias a Dios, where patients received dental, preventative medicine, and well-being checkups.

“The MEDRETE was conducted to validate the Medical Element’s expeditionary capability to respond to a natural disaster or humanitarian mission with the Honduran government to include the health department, police department, military forces, non-governmental organizations, and volunteers with a medical and surgical team,” said Lt. Col. (Dr.) Bart Diaz, JTF-Bravo Medical Element commander. “Due to the remote location selected, we were able to assist the Honduran government meet some of the healthcare needs of its people in the process.”

During the two-day event, the medical team would care for more than 1,040 residents, in which they were provided with preventative healthcare medication to combat problems such as parasites, fevers and even pneumonia.

“The residents of Bara Patuca don’t have access to simple medications or oral hygiene products,” said Maj. (Dr.) Jeff Wolfe, Medical Element dentist. “On average, I extract about five teeth a month in the U.S., and in the last two days we’ve removed more than 80.”

Wolfe, along with three other dentists, would see more than 170 patients ranging from children to the very elderly.

“The regional health center visits approximately every three-months, but are unable to provide the same medical assistance this medical team has accomplished,” said Lucia Trapp, Bara Patuca school nurse and health center provider, speaking through a translator. “It’s extremely helpful, because the medication and medical assistance makes



Maj. (Dr.) Jeff Wolfe, Joint Task Force-Bravo Medical Element dentist officer-in-charge, examines a child’s teeth during a medical readiness training exercise, held in the remote region of Bara Patuca, Gracias a Dios, Honduras. (U.S. Army photo by Staff Sgt. Jarrod Chavana)

people feel better and creates an avenue in which they can help themselves.”

JTF-Bravo conducts MEDRETEs throughout Central America each year in support of U.S. Southern Command’s humanitarian assistance and disaster relief programs in order to strengthen civil-military cooperation between the United States and nations in the region. In coordination with the Offices of Security Cooperation and partner nation Department of Health Officials in all seven Central American countries, JTF-Bravo treated more than 11,000 patients, last year.

## Army Surgeon General Visits Israel, attends Memorial Ceremony

By Margaret C. McDermott, Strategic Communications, Office of the Surgeon General



Lt. Gen. Horoho with Israeli Defense Force Surgeon General, Dr. Yitsak Kriess (see second from left) and other members of the IDF salute fallen medical personnel during memorial ceremony.

HAFIA, Israel- Army Surgeon General and U.S. Army Medical Commander Lt. Gen. Patricia Horoho recently traveled to Israel to meet with her counterparts from the Israeli Defense Forces (IDF) Medical Corps. The focus of the visit was to review collaboration and enhance diplomacy between the two nation’s medical corps.

During the visit, LTG Horoho had the opportunity to attend an IDF Memorial Ceremony honoring all IDF fallen medical personnel dating back to the organizations humble beginnings in 1948.

The Ceremony, which took place in the town of Hafia, Israel’s third largest city, served as a representation of traditional Israeli

society, being conducted primarily in Hebrew, and incorporating various Hebrew songs and prayers. During the event, the IDF dedicated a monument of remembrance to the fallen medical personnel.

Speakers included key ministry members, and leaders from within the IDF. Dr. Yitsak Kriess, the IDF Surgeon General, and LTG Horoho’s host and counterpart, engaged the audience with a moving speech and personally thanked LTG Horoho for her friendship and attendance.

The Ceremony concluded with the placement of wreaths on the wall of remembrance, at which time LTG Horoho had the honor of placing a wreath on behalf of Army Medicine. LTG Horoho expressed her heartfelt gratitude for her invitation to the event stating, “This memorial ceremony serves as a powerful capstone, cementing the importance of recognizing and saluting the courage and sacrifices made each day by medical personnel across all nations.”



Sexual harassment and sexual assault violate everything the U.S. Army stands for including our Army Values and Warrior Ethos. The Army is aggressively addressing sexual assaults by first focusing on prevention through education and training. Army leaders encourage reporting, and work hard to reduce the stigma associated with sexual violence. Once reported, the Army focuses on care for victims and thorough investigations and prosecutions to hold offenders accountable. The Army continually assesses the effectiveness of its sexual harassment/assault response and prevention efforts to ensure the Army is meeting the needs of the Soldiers, Department of the Army Civilians, Family members, and the nation.

## Chief of Staff of the Army's Five Imperatives

In alignment with the Department of Defense Sexual Assault Prevention and Response Strategy, the following five imperatives will drive Army actions:

- Prevent offenders from committing crimes, provide compassionate care for victims, and protect the rights and privacy of survivors
- Report every allegation and ensure it is thoroughly and professionally investigated; take appropriate action based on the investigation
- Create a positive climate and an environment of trust and respect in which every person can thrive and achieve their full potential
- Hold every individual, every unit and organization, and every Commander appropriately accountable for their behavior, actions, and inactions
- The chain of command must remain fully engaged -- they are centrally responsible and accountable for solving the problems of sexual assault and harassment within our ranks and for restoring the trust of our Soldiers, Civilians, and Families

## SHARP Top 10

The SHARP Top 10 are designed to further individuals' and leaders' understanding and guide leader actions:

- Sexual assault and harassment represent an insider threat with the potential to cause significant, irreparable harm to our Army.
- The Army Profession demands leaders of high competence and high character.
- Standards and discipline are the cornerstones of a positive unit climate.
- We must consistently enforce all policies related to sexual assault and harassment.
- We need to clearly "see" ourselves; leaders must continually assess the command climate and environment within their units or organizations.
- We must execute prevention policies, training initiatives, and education programs in order to get to the left of any incident.
- The chain of command is obligated to protect and advocate for victims, beginning with an initial report and until the victim decides he or she no longer requires assistance.
- We must thoroughly and professionally investigate each report and take appropriate action.
- Commanders must create and maintain a positive command climate with trust and respect as the foundation.
- The crimes of sexual assault and harassment can only be solved by a committed chain of command led by dedicated commanders and command sergeants major.

# What is the integrated MHS and how does the Defense Health Agency work?

Remarks by Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs at JTF Change of Command July 2, 2013.

Today we transfer command of the Joint Task Force – National Capital Region Medical (JTF CAPMED).

We also begin the transition to a new entity, the NCR Directorate, effective 1 OCT 2013. The NCR Directorate is a cornerstone of how we will operate as an integrated military health system.

Sitting here in this auditorium, we are surrounded by history and the promise of tomorrow. Presidents, beginning with FDR, have walked these halls, and will continue to do so. Wounded Warriors have found new life and healing within these walls, and will continue to do so.

Dedicated medical professionals come here to work every day and perform at the top of their game, and will continue to do so.

Challenges will come and we will face them together, just as we have done in

the past.

So what is this integrated MHS and how does the NCR Directorate fit in? Integrated health services for the MHS means bringing together joint support functions and strategies into a new enterprise-focused organizational structure. When we can see and manage across our enterprise in a more unified way, we will be better able to optimize the health status and readiness of our entire population more effectively and more efficiently.

To make these changes, we will stand up the Defense Health Agency or DHA in October of this year. The DHA is critical to our strategy and efforts to eliminate redundancy, reduce variation, and create the conditions for learning and continuous improvement.

Other successful organizations such as Kaiser Permanente have created shared

services and have used similar structures to achieve standardization, drive down costs, and improve performance.

Earlier this year, the three Services' Surgeons General developed the following vision statement for the MHS: "The integrated Military Health System delivers a coordinated continuum of preventive and curative services to eligible beneficiaries and is accountable for health outcomes and cost while supporting the Services' warfighter requirements."

This vision and strategy is the natural and necessary evolution of the MHS that will make us better, stronger, and more relevant to the future; a future with more constrained resources and where the medical response to future military engagements is "joint."

Read all of Dr. Guice's remarks <https://www.us.army.mil/suite/doc/40676633>

## Watch what's playing now on YouTube

Senior Army leaders talk about Army Medicine's transformation from a healthcare system to a system for health. This is a call to action. Are you ready?

Army Surgeon General LTG Patricia Horoho highlights an Army initiative addressing the mental health of military children affected by 12 years of war.

The Functional Capacity Evaluation assesses the capacity of servicemembers for specific work-related tasks.

# Client-centered clinics: Medical ‘homes’ for Soldiers

By Airman 1st Class Austin Harvill, 633rd Air Base Wing Public Affairs

A Soldier walks into Troop Medical Clinic 2’s doors. Recently returned from a long deployment, it seems his allergies have struck yet again. Due to his sensitivity to common medication and latex, he prepares himself for a long visit.

He hears his name called, and is surprised to see the exact same medic he saw downrange. The Soldier is out the door in less than 45 minutes, never once having to mention his medical history.

Without the implementation of the Patient Centered Medical Home (PCMH) project at Fort Eustis, Va., this Soldier might still be waiting for his doctor to look through his medical records.

“The whole purpose behind PCMH is to improve quality of care,” said Samara Walker, McDonald Army Health Center PCMH project manager. “I consider continuity of care fundamental to that purpose.”

The PCMH project, implemented in January 2013, was created to give Soldiers a steady line of medical treatment from doctors and staff who know their patients, not just their records.

As the first clinic implementing the PCMH approach, TMC2 at Fort Eustis has already met several of their goals.

“Before TMC2, only 30 to 40 percent of patients saw the same doctor consistently,” said Sgt. 1st Class Cassandra Alam, TMC2 noncommissioned officer in charge. “Now, more than 60 percent of our patients see their own provider.”

This continuity of care also expands into the deployed environment. Medics from around the base work in the clinic, so often when units deploy, they will see the same medics they worked with at Fort Eustis.



U.S. Army Maj. Ryan McGill, Troop Medical Center 2 physician, draws a chart on prescription drugs for U.S. Army Sgt. 1st Class Danny Weatherly, U.S. Army Training and Doctrine Command training programs writer, at Fort Eustis, Va. TMC2 is the first Patient-Centered Medical Home at Fort Eustis. (Photo by Airman 1st Class Austin Harvill)

To maintain quality of care, TMC2 only services permanent party, active-duty Soldiers stationed at Fort Eustis. However, there are plans to expand the PCMH program to other clinics.

“TMC2 was the first clinic to adopt the PCMH style of care, but it won’t be the only one,” said Walker. “We plan to add five more clinics to the PCMH list.”

Walker continually stressed the importance of patient satisfaction through the patient’s stay at TMC2. Sgt. 1st Class Danny Weatherly, U.S. Army Training and Doctrine Command training programs writer, expressed those same sentiments.

“I have been going to the main [health center] for the past four years,” said Weatherly. “This was my first visit [here], and I am happy with the change.”

Weatherly explained the convenience of the in-house pharmacy and location, but he also felt the care was different.

“It is fantastic to put a face to who is working with me on my own health,” said Weatherly. “More importantly, I am confident my doctor knows what he is talking about.”

Anyone looking to be seen at Fort Eustis clinic should schedule an appointment through their normal channels, and from there, the health center staff will decide where a patient will go. Non-permanent party Soldiers will not be seen at the clinic, though that can change if they become permanent party.

From the front lines to the front desk, the PCMH approach to care is on the rise. In the future, Walker and Alam hope to hear more stories like Weatherly’s, and continue quality of care at Fort Eustis.



Mark Yoakum, outdoor recreation facilities manager, drives “The Warrior” on Lake Tholocco at Fort Rucker, Ala., with Tony Vilaro, a Wounded Warrior, in April. The Wounded Warrior boat is now available at Outdoor Recreation for Wounded Warriors and disabled Family members to rent. (Photo by Nathan Pfau)

# ‘The Warrior’ helps disabled Soldiers hit lake

By Nathan Pfau, *Army Flier Staff Writer*

FORT RUCKER, Ala. -- Fort Rucker is never shy about showing its support for Soldiers injured in the line of duty, and the installation makes sure Wounded Warriors aren't left out when it comes to life in the outdoors.

Outdoor recreation has a new boat, aptly named “The Warrior,” that helps meet the recreational needs of Wounded Warriors and physically disabled people on Fort Rucker, said Janice Erdlitz, Directorate of Family, Morale, Welfare and Recreation marketing manager.

The boat is a specially designed vessel that was purchased with funds that were raised through last year's Wounded Warrior Hunt, said Erdlitz.

“The Warrior has been completely customized to fit the needs of a physically disabled boater to be able to operate the boat or be a passenger on the boat,” she said. “Fort Rucker's Outdoor Recreation is excited to (add) the new boat to its inventory of Wounded Warrior recreational equipment.”

The decision to purchase the boat

came from feedback provided by Wounded Warriors on what they felt would most improve their quality of life.

“Outdoor recreation asked Wounded Warriors that attended the (Wounded Warrior Hunt last year) what type of equipment they would like to see purchased with the money raised,” said John Clancy, ODR program manager. “Their input and suggestions was for a boat that can be utilized by Wounded Warriors.”

Some features on the boat include: a ramp that allows a person in a wheelchair to directly roll onto the boat, specialized controls, remote control anchor, wheelchair locking system and other specialized features.

The boat has a capacity of up to eight people (1,160 pounds), and can be used for various activities, such as fishing, and also can be utilized for different types of water sports, like tubing, said Clancy.

“It's also perfect to use to just spend a day on the lake with the Family,” he added.

All patrons wanting to utilize the boat must complete the Fort Rucker Boater Safety Course and can do so by visiting <http://www.ftrucker.mwr.com/recreation/outdoor-recreation/boating-safety-course/>, or by visiting the Fort Rucker Outdoor Recreation service center, said Clancy.

There will also be a separate safety briefing provided to people prior to taking the boat out, added Erdlitz.

The Wounded Warrior boat isn't the first big-ticket item that ODR has provided to make the lives of disabled Soldiers and Family members easier.

In the past, the organization has provided three hydraulic tree stands and a track chair with accessories that help Wounded Warriors hunt, said Clancy.

“I just hope these recreational enhancements will bring the local communities closer together to support the Wounded Warriors and their Families,” he added.

# Dietitian offers guidance for healthy meals

By Jeffrey Soares, U.S. Army Medical Research and Materiel Command

As a registered dietitian for Reynolds Army Community Hospital, people often ask what they should eat, even asking me to tell them exactly what their meals should be.

So they are often frustrated when my response to them is “it depends.” By that I mean it depends on many different factors, because we all come from different walks of life, different ages and different health statuses

As a nutritionist, my role is to support patients in achieving their health goals, whether it be controlling blood sugar levels, preventing heart disease or just losing a couple extra pounds. There is not one approach to giving nutritional advice that fits everyone.

Although there is no one right way to eat, there are some basic dietary guidelines we can all follow when planning mealtimes, food shopping and any eating environment to help us all make good choices for a healthier lifestyle.

Every five years, the Department of Agriculture publishes the Dietary Guidelines for Americans.

They provide proven nutrition information and advice for people ages 2 and older. These guidelines serve as the basis for federal food and nutrition education programs.

Recently, the USDA replaced the old Food Guide Pyramid with the My Plate model to provide the public with user-friendly guidelines that can translate directly to foods people put on their plates. Here are some easy ways to start getting your plate in shape:

### 1. Fill half your plate with fruits and veggies.

- Fruits and vegetables provide nutrients vital for health, such as potassium, dietary fiber, vitamin

C, and folate (a water-soluble B vitamin naturally present in some foods). Most fruits and vegetables are naturally low in fat, sodium and calories.

- Include fruit at any meal, as a topping for cereals and salads or as a snack between meals.
- Cook fresh, frozen or canned vegetables in the microwave for a quick-and-easy dish to add to any meal.

### 2. Go lean with protein.

- Choose lean or low fat cuts of meat (loins, greater than 90-percent lean ground meats, skinless poultry), deli meats (turkey, roast beef, ham), and other protein foods (beans, nuts, tofu).
- Use lean meat preparation steps: trim or drain fat; remove poultry skin; broil, grill, roast or poach meats; and prepare meats without added sauces or gravies.

### 3. Get your calcium rich foods.

- Choose fat-free or low-fat (1 percent) milk and dairy products (yogurt, cheese, cottage cheese). They have the same amount of calcium and other essential nutrient as full fat versions, but have fewer calories and less saturated fat (which can raise LDL cholesterol).
- Pair your meal with a cup of fat-free or low-fat (1 percent) milk or yogurt.

### 4. Make at least half the grains you eat whole grains.

- Read the ingredients list and choose products that name a whole grain ingredient first on the list.
- Look for whole wheat, brown rice, bulgur, buckwheat, oatmeal, whole-grain cornmeal, whole oats, whole rye or wild rice.

- Use the Nutrition Facts label to check the fiber content of whole-grain foods. Good sources of fiber contain at least 2.5 grams of dietary fiber, while excellent sources contain 5 grams or more.
- Substitute a whole-grain product for a refined product, such as eating 100-percent whole wheat bread instead of white bread or brown rice instead of white rice.

Reaching nutrition and fitness goals cannot be achieved in a day. It will take time and patience.

However, these small steps can help people get started on the path toward healthier and more active lives. Start with one or two small changes that are realistic for you and your Family and go from there. Let your kids pick out a new vegetable to try next time you are out shopping.

Another option is to knock out three of the recommendations by starting your day with a spinach, berry and milk, or yogurt, smoothie for breakfast.

So when people ask what should they eat the response is simple -- more whole fruits and vegetables; lean meats for protein; fat-free and low-fat dairy foods; and more whole grains.

These recommendations are more nutritious, less expensive and more filling with fewer calories than highly processed foods that dominate much of the space of a retail grocery store.

For more information, ideas and tips on healthier eating, visit:

[www.choosemyplate.gov](http://www.choosemyplate.gov)

# Evolution of flight medic training

By Margaret Tippy Army Medicine Public Affairs

The U.S. Army Medical Command's medical evacuation (medevac) medics have been on an amazing roller coaster of an educational ride recently. After minimal changes to training since Vietnam, their training has skyrocketed in the last couple of years thanks to research involving an Army National Guard medevac unit and research by Lt. Col. (Dr.) Robert Mabry.

C Company, 1-168th Aviation Regiment, an Army National Guard medevac unit that splits its time between two states - California and Nevada, operates with Critical Care-Trained Flight Paramedics (CCFP) aboard its helicopters. Normally, only a single combat medic credentialed at the emergency medical technician (EMT) basic level is aboard a standard Army medevac helicopter.

A retrospective study conducted from December 2007 to March 2010 by Mabry on patient outcomes, as it relates to care provided by the EMT-level medics versus medics with the more advanced CCFP training, pointed to significantly better patient outcomes at the 48-hour point.

It was in March of 1974 that the 126th Medical Company drilled for the first time as a medevac unit using flight paramedics in the sky. C/1-168th Aviation Regiment (formerly the 126th Medical Company) lineage dates back to 1870's as the Sarsfield Grenadier Guard in Sacramento, Calif., according to Maj. Nelson So, congressional affairs contact officer.

Since 1974, the unit has provided aerial medevac support to state and civil disasters and emergencies. In 2002, the 126th Medical Company reorganized into a split-state unit between California and Nevada. In June 2006, after a national restructuring of all Army and National Guard medevac units, the 126th Medical Company became C Company



U.S. Army Sgt. Brandon Lowther attends to a casualty during a medical evacuation aboard a UH-60 Black Hawk helicopter in Kandahar, Afghanistan, March 16, 2011. Lowther is a flight medic assigned to Charlie Company, 1st Battalion, 52nd Infantry Regiment. (U.S. Navy photo by Petty Officer Daniel Gay/Released)

1-168th Aviation Regiment.

In January 2011, then Vice Chief of Staff of the Army Gen. Peter W. Chiarelli returned from a trip to Operation Enduring Freedom where he visited with the 101st Airborne and learned of its C/6-101st flight paramedic pre-deployment training and asked then Army Surgeon General Lt. Gen. Eric B. Schoomaker, "What will it take to formalize/institutionalize this process?"

In April 2011, based on analysis and recommendation by the commander of the AMEDD Center and School, Schoomaker acknowledged that flight paramedics with critical care skills training was appropriate certification level for the Army's flight medics.

In the fall of 2011, the AMEDD Center and School adopted an initial training model of a three-phased course and in February 2012, 28 Soldiers began the first of two "pilot" paramedic

certification courses at Fort Sam Houston.

In December 2012, the National Defense Authorization Act 2013 approved the requirement to train all flight medics to critical care flight paramedic standard within three-years.

"The Army's flight paramedic initiative is a prime example of the Army putting the best medical care forward to support the Soldier on the ground in the current fight and the future fight," said Lt. Col. William D. Clyde, aeromedical evacuation officer, Office of The Surgeon General, G-37 Force Management.

"The paramedic study conducted by Lt. Col. Bob Mabry, facilitated by C/1-168th, the training program developed by C/6-101st, represents what can be accomplished by committed professionals to make improvements in battlefield medicine," Clyde said.

# AROUND ARMY MEDICINE

(Courtesy Photo)



## Medical leaders gather for conference in Seoul Seoul, South Korea

By **Walter Ham**, *Eighth Army Public Affairs*

Military medical leaders from 21 nations participated in the 23rd Asia Pacific Military Medicine Conference at the Millennium Seoul Hotel, July 8-12. Hosted by U.S. Army Pacific and the Republic of Korea Armed Forces Medical Command, the conference brought together experts to tackle a wide variety of health issues confronting military forces in the Asia Pacific region. During the five-day conference, the medical leaders addressed everything from emerging infectious diseases to deployment health for peacekeeping operations. Eighth Army Commanding General Lt. Gen. Bernard S. Champoux thanks military medical leaders from 21 nations at the Asia Pacific Military Medicine Conference in Seoul, South Korea, July 8.

(Courtesy Photo)

## Senator Ted Cruz visits CRDAMC Fort Hood, TX

Carl R. Darnall Army Medical Center (CRDAMC) received the Honorable Ted Cruz, United States Senator, Texas. This was Senator Cruz's orientation visit to Fort Hood. As part of the orientation to the medical capabilities received a tour of the Traumatic Brain Injury Clinic (TBIC), the Warrior Transition Brigade (WTB) barracks to include the Soldier Family Assistance Center (SFAC) and to meet WTB Soldiers. Col. John Kolessar, Col. Patricia Darnauer, CRDAMC commander tour the Warrior Transition Brigade Barracks with Senator Ted Cruz.



(Courtesy Photo)



## 4th SMA Leon Van Autreve honored Fort Sam Houston, TX

By **Esther Garcia**, *AMEDDC&S Public Affairs*

Left, U.S. Army retired Command Sgt. Maj. Adolph Arista joins Rita Van Autreve, widow of Sgt. Maj. of the Army Leon Van Autreve as Staff Sgt. Peter Sutherland presents a wreath in memory of Van Autreve during the ceremony at the Army Medical Department Chapel recently. The NCO Academy and members of the Sgt. Audie Murphy Club are host for the ceremony. The yearly event honors the late Van Autreve, the 4th Sergeant Major of the Army, who saw increasing the standards of the Army's noncommissioned officer corps as his highest priority. As part of the rejuvenation of the NCO Corps, Van Autreve gave NCOs more voice in command decisions, reduced the Army's reliance on Soldiers' councils, increased professional standards for NCOs, developed the NCO Education System and encouraged more NCOs to have the moral courage to police their own ranks. Arista served as keynote speaker and said Van Autreve not only lead by example, he was the example.



AMEDDC&S Command Sgt. Maj. Christopher Walls, U.S. Army Medical Command Sgt. Maj. Vincent Herrington with assistance from military members prepare to raise the U.S. Flag on its new flagpole at the Retama Manor Nursing Center. (Courtesy photo)

## Nursing Home Flagpole dedication

By Esther Garcia, AMEDDC&S Public Affairs

When Sgt. 1st Class Angel Ortiz Nieves, Noncommissioned Officers Academy, first visited the residents at Retama Manor Nursing Center in Nov 2012 to provide support with a patriotic event for the Veterans residing at the facility, the first thing he noticed was that there was no U.S. flag because there was no flagpole. He decided right then and there his mission was to get them a flagpole with a flag. Ortiz is attached to the Army North as Platoon sergeant with Military Honors,

On June 14, celebrating the Army's Birthday and Flag Day, residents from the center located at 501 Ogden Street, watched as military members raised the U.S. Flag on a brand new flagpole dedicated in their honor.

Ortiz said Soldiers from various commands got involved with the nursing center and all volunteered their time and money to purchase the flagpole. One Soldier in particular, Staff Sgt. Luis Limon from Army South, donated the flagpole.

Ortiz said, "Staff Sgt. Limon wanted to

donate the flagpole saying what we were doing at the center was great and he said the Veterans at the residents deserved the flag."

Military leaders from Fort Sam Houston attending and participating in the ceremony included: Maj. Gen. Adolph McQueen, deputy commanding general for Support of United States Army North and guest speaker; U.S. Army Medical Department Center and School Command Sgt. Maj. Christopher Walls; U.S. Army Medical Command Institute for Surgical Research Sgt. Maj. Vincent Herrington; and Karen Archondidis, commandant, Noncommissioned Officers Academy - Sgt. Audie Murphy members, and Soldiers from various units who volunteer at and support the nursing center.

Residents came out in force in their wheelchairs to attend the dedication held across the street from the nursing center to watch the patriotic ceremony that included the invocation, speeches, the National Anthem, the history of Flag Day, a medley of the Armed Forces song,

reveille, pledge of allegiance and closing remarks.

McQueen proclaimed, "What a great day! What a great day for all of us to be in service not only to our Army, but to our community."

McQueen began his remarks about the significance of the day. He said, "Today we celebrate the 238th Birthday celebration of the Army, and, we also celebrate Flag Day. Both of these celebrations are in recognition of our country. Our military service members are still serving, still standing vanguard around the world defending freedom and protecting rights. This year the Army theme is "Service to Our Nation, Strength for the Future."

McQueen then said, "We are here to celebrate and acknowledge the flag that will stand and fly outside your nursing home for the rest of our lives."

He then referred to a poem about Old Glory. He read, "Look up and see me, I stand for peace, honor, truth, justice, and

I stand for freedom.”

He said, “Each and every one of you today, when that flag goes up, you will see it each and every day.”

McQueen thanked the Soldiers who gave their talent and money that made the day happen. He acknowledged the World War II, Korean, Vietnam, Desert Storm, and the War on Terrorism Veterans in the audience who contributed to the American wars and continue to serve.

The consolidated efforts of military members assigned to Army North, San Antonio Military Medical Center, Noncommissioned Officers Academy, USA Institute of Surgical Research, Dental Command, Army South, Army Sergeant Majors Association, 56th Signal, 470th Military Intelligence Battalion,

14th MI, 232nd, 187th, 264th Medical Battalions, 32nd Medical Brigade, made it possible for the nursing home to own a flagpole and flag, now proudly on display at the front of the nursing center.

Retama Manor Nursing Center was opened in 1977. Approximately 25 percent of the resident population are Veterans, according the history of the center.

Karen Archonididis, commandant, Noncommissioned Officer’s Academy, praised the volunteers from the academy and said, “The NCOs at the NCO Academy have such a volunteer spirit, and at any given weekend, or after work you can find them making contributions throughout San Antonio, whether it is places like this, Retama Manor, Meals on Wheels, or Home for Troops. These

NCOs really understand what it means to give back to the community, they enjoy doing it.”

Antonio Rodriguez Allende, a resident of the nursing home, served a combined 22 years with the Army and Air Force. Asked about the ceremony, he said, “It was beautiful and very patriotic.”

McQueen ended his remarks by going back to the words of a poem about Old Glory, “I am proud, my name is Old Glory, long may I wave, dear God, long may I wave.”

Ortiz said, “Today I met not only a World War II Veteran, but he was a Prisoner of War as well. Giving them a flagpole, makes them feel they are part of the military by seeing someone raising and lowering the flag every day.”

# ERMC



## Healthy preventative choices are focus at USAG Bamberg PTSD USAG Bamberg focus on healthy choices, prevention

By Bana Miller, USAG Bamberg Public Affairs

In recognition of June as Post-Traumatic Stress Disorder, or PTSD, Awareness Month, Bamberg Army Health Clinic teamed up with the garrison’s Army Substance Abuse Program, or ASAP, to facilitate a Suicide Prevention Training at the Freedom Fitness Facility.

The U.S. military suicide rate has steadily climbed over the past three years. In 2012, more than 349 active-duty troops ended their lives, nearly 100 more than the number of troops who died in combat the same year and a 15 percent increase from 2011. One hundred and eighty-two of those deaths were Soldiers.

“If you feel someone may be at risk, encourage the person to speak to a professional,” said Lt. Col. John J. Melton, former Bamberg Army Health Clinic commander. “Do your part so

our community is the kind we want to live in.”

In addition to the increased suicide risks, as many as 20 percent of Veterans returning from Iraq or Afghanistan suffer from PTSD, and two-thirds do not seek treatment. While PTSD is prevalent among people who have been to combat, that is not the only cause. Traumatic events, accidents, or even the death of a loved one can cause PTSD, and up to 7.7 million Americans are affected by it.

“People with PTSD often suffer alone, even as the impact of their injury is felt in their Family and community,” said Hannah Klein, ASAP program coordinator. “They often make high-risk choices such as abusing alcohol or other drugs. ASAP wants to make sure that no one with

PTSD suffers alone.”

Facts about PTSD:

- Symptoms of PTSD can appear days, weeks, months or even years after a traumatic event.
- PTSD symptoms include flashbacks, anger, emotional numbness and nightmares.
- Some service members with PTSD sometimes do not seek treatment because they fear it will hurt their careers, people will lose respect for them, or they are concerned about the cost of treatment.

ASAP encourages all service members, Veterans and their Families to take an online, anonymous mental health screening at [www.MindBodyStrength.org](http://www.MindBodyStrength.org).

To learn more about PTSD, visit: <http://militarymentalhealth.org/militaryptsd>



U.S. Navy Capt. Keith Syring (seated, left), USAMRMC deputy commander, and Dr. Theresa Alban, FCPS superintendent, sign an Education Partnership Agreement in Frederick, Md., July 8. Witnessing the signing are (left to right) Jason Anderson, FCPS Executive Director, Curriculum, Instruction and Innovation, PreK-12; Kim Day, FCPS STEM Coordinator Pre K-12; and Holly Dague, Management Assistant, USAMRMC Strategic Partnerships Office. (Photo by Jeffrey Soares, USAMRMC public affairs)

## USAMRMC signs education partnership agreement with FCPS

By USAMRMC Public Affairs

U.S. Navy Capt. Keith Syring, deputy commander of the U.S. Army Medical Research and Materiel Command, and Dr. Theresa Alban, Frederick County (Md.) Public Schools superintendent, signed an Education Partnership Agreement between their two organizations at the FCPS administration building in downtown Frederick recently.

Per this agreement, the USAMRMC and FCPS enter into a five-year education partnership in recognition of the importance of education

to the future and economic well-being of the nation. This union also emphasizes the need for research institutions such as the USAMRMC to encourage and enhance the study of science, technology, engineering and mathematics (or STEM) in collaboration with educational institutions throughout the United States.

The USAMRMC will work closely with FCPS to support the promotion of STEM education and the development of future STEM professionals.

Both organizations will ensure the availability of staff members to work on collaborative STEM activities. The benefits of this partnership include a forum for participants to exchange ideas and information that will foster increased interest in STEM education and careers; opportunities for further collaboration on various projects that will strengthen U.S. scientific and academic competitiveness; and providing student interns and teachers with opportunities to gain educational skills and share STEM knowledge.



# Corps of Engineers to improve patient care at West Point hospital

By U.S. Army Corps of Engineers

In 1931, when President Herbert Hoover wanted to appoint Dr. William Lordan Keller as the Surgeon General of the Army, Keller declined. This would be one of many prestigious military appointments that Keller would not accept because of his unreserved devotion to his patients.

Throughout Keller's long medical career, which included being a surgeon at the U.S. Military Academy, he would also become well known for his professionalism, boldness, ingenuity and phenomenal medical achievements.

It's because of this that West Point named its hospital after him. Today the Keller Army Community Hospital continues to carry on Keller's commitment to patient care. To help it do this, they called upon the U.S. Army Corps of Engineers, New York District, to build an addition to the hospital that will provide needed outpatient medical services for its Cadets.

"The new addition will provide the patient beneficiaries with world class healthcare," said Program Manager Maj. Christopher Kiss, U.S. Army Health Facility Planning Agency. "West Point will have a hospital environment comparable to the very best private sector facilities. The Cadets will continue to benefit from a hospital that provides convenient medical care. This new addition will sustain and further improve the reduction in Cadet lost training and class hours due to the proximity of the outpatient care to the classroom."

The addition was required because of the outdated layout of the existing hospital. The hospital was built in the 1970s, using the healthcare model of the time, that emphasized inpatient care. Medical

procedures have changed, reducing the need for inpatient care.

Army Corps contractor Morgan Construction Enterprises of New York City will construct the hospital's approximate 51,000-square-foot addition.

"The new addition will have a dedicated entrance and lobby and provide outpatient services such as ambulatory care and clinics for optometry, ophthalmology, physical therapy, and orthopedics," said Team Leader Erika Keutmann, West Point Area Office, U.S. Army Corps of Engineers.

The project also includes creating additional office space for TRICARE, the military's medical insurance service, parking space, major utility relocation, storm water retention work, as well as minor renovation work where the addition connects to the existing hospital.

Saving money on energy is also part of the project. For example, the team is installing a renewable photovoltaic solar array on the roof. The team's goal is to have the project meet the environmental requirements to achieve silver certification in Leadership in Energy and Environmental Design.

The clinic's design will save taxpayer funds as well as improve patient care. The design includes features to capture more natural daylight and improve the way patients find their way around the facility.

The project is using a flexible design that will allow the hospital to make changes in their services over time based on changing patient needs and physician services, without having to perform further



The U.S. Army Corps of Engineers, New York District is building a new addition to the Keller Army Community Hospital at the U.S. Military Academy at West Point, N.Y., that will provide outpatient medical services for its Cadets. Pictured here, progress is being made on the clinic addition project, with the existing hospital in the background. (Photo by Multivista Northeast)

renovation and spending additional taxpayer dollars.

"The facility attains some of its flexibility through the use of a very standardized or modular design," said Kiss. "For example, all of the exam rooms are laid out exactly the same, regardless of orientation in the building. The door is always left-handed and there are sinks located in every exam room as well as in every provider office. In the future, if more exam rooms are needed and less administrative space; the facility will simply change furniture in the spaces, but the sinks will already be there."

"The United States Military Academy trains the future leaders of America, and the first glimpse that these future leaders have of Army Medicine is during their time at West Point," Kiss continued. "This project's importance to modernize and expand its capability is heightened by the responsibility to provide the best example of service to our young leaders."

The expansion of the Keller Army Community Hospital is being performed in phases to allow the hospital to remain open during the construction. The project is expected to be completed in winter 2014, and open to patients in spring 2015.

# Joint Services Food Management Board Tour

By Capt. Joetta Khan, Registered Dietitian, Food Service Officer, Tripler Army Medical Center

Defense Logistics Agency on Oahu, Hawaii has organized a Joint Services Food Service Management Board. Every quarter members from the various food-service branches of the Joint Military (Army, Navy, Air Force and Marines) Services on Oahu, Hawaii, assemble to review food purchases, vendors, and collaborate on best practices with an emphasis on shifting food service to meet the Department of Defense (DOD) Menu Nutrition Standards. This quarter's meeting included food service members from; U.S. Navy, Pearl Harbor, U.S. Air Force, Hickam, U.S. Army, Tripler Army Medical Center, Defense Logistics Agency (DLA) and included a tour of Meadow Gold, the current dairy prime vendor.

Meadow Gold, a dairy company on Oahu since 1897, currently provides all of the dairy products for the land military services. The plant currently processes milk that arrives from California, producing over 6,000 gallons per hour shipping out between 35,000 and 40,000 products daily. Members of the board were provided the opportunity to walk through the plant which contains the only plastic gallon jug maker on the island, milk and juice processing vats, yogurt, cottage cheese, and sour cream vat processing areas, a lab, warehouse, cold storage and receiving areas. The tour hosted by Meadow Gold, allowed members of the various food service groups to observe, evaluate and ask questions about the processing of the dairy products. Items that topped the list for the food service leaders included; quality control, shelf life, food security, emergency preparedness



Joint Services Food Management Board members tour the Meadow Gold Dairy Company (Courtesy photo)

and processing of the dairy products. Meadow Gold has an extensive food safety record, meeting or exceeding the current industry standards on safety.

Meadow Gold was able to demonstrate the extensive quality control and food safety testing that is accomplished in their facility prior to the packaging of any products. Currently, they conduct over six tests on the dairy products prior to processing it. Meadow Gold also maintains "retain samples" of all products to retest four days past the expiration date to ensure the product as maintained quality. In many cases when a problem product is identified, the company can trace that product from receiving thru the plant to distribution and locate any issues in the system that may have led to a decrease in quality.

Food safety and security is maintained through an extensive

security system. From the time the milk arrives at the facility until it is delivered to the military services, it is secured. Meadow Gold described in detail their current security procedures which includes; video surveillance, badge access as well as additional monitoring.

This quarter's meeting wrapped up with a focus on healthy eating options provided by a registered dietitian, which included a healthy chip alternative, and discussion on whole grain pasta and gluten free and low-fat baked goods that are scheduled to be added to the purchasing list for the facilities. This group effectively bridges the gap between the various service branches and provides an opportunity for the vendors to demonstrate their ability to meet the current and growing needs of a DOD system that strives to incorporate high nutritional and product standards.



# BAMC takes top honors in MEDCOM IT awards

By Maria Gallegos, Brooke Army Medical Center Public Affairs

Brooke Army Medical Center Information Management/Information Technology was recently awarded the 2012 Team of the Year Mercury award by Army Medical Command.

“I am incredibly proud of my team,” said BAMC Chief Information Officer, Army Lt. Col. (P) David Broyhill. “This is a significant accomplishment for the entire BAMC IMD team. This award reveals their unbelievable support and devotion to making a difference. Their success in providing IM/IT services and technology is a critical component and contributor to the success of BAMC and Army Medicine.”

The BAMC IMD team earned this recognition, in part, for its success with the new Virtual Kiosks, also known as Viosk. It allows the end-users to log on to any computers throughout the medical center without losing their documents, notes or applications they had previously worked on or had at a different desktop. The Viosk users can also log into the system in an average of 25 seconds versus a standard 3-4 minutes on a normal PC.

“For example,” explained Michael McDonell, IMD systems engineer. “... a clinician takes notes on a Viosk desktop, walks away to a different location, logs on and that session will open right where the clinician left off. Another convenience is that it takes a few seconds to log on versus a longer wait time with a standard PC.”

Currently, there are more than 550 BAMC Viosks throughout the medical center with a goal to replace all standard desktops with Viosk in the near future.

Not only can a Virtual Kiosk be customized to the end-user regardless of what system they use, but it also delivers the useful tools that aid the providers in their daily tasks.

“The engineers through the use of



Rafael Santiago (middle), Information Technology specialist teaches Cpt. Gregory Kelts, Otolaryngology resident, the new program on the Viosk system as Lt. Col. Peter O'Connor, Otolaryngology-Head & Neck Surgeon, Sleep Medicine Physician looks on. (Photo by Robert Shields)

folder redirection were able to present the providers or administrative staff access to their documents, e-mails, and cloud printing – making it simple to print on the go,” said Chris Kline, Systems Engineering and Integration IMD chief.

BAMC providers are praising the Viosk’s convenient accessibility and its ability to enhance patient care.

“The Viosk system has improved the capability of providing seamless transitions in care and management of patients in a variety of environments and locations,” said Army Lt. Col. Peter O’Connor, BAMC Otolaryngology-Head and Neck surgeon and Sleep Medicine physician.

“The ability of having my workstation follow me from clinic, office, and into the operating room along with other IT tools such as Dragon has been an improvement. I can efficiently move some of my admin workload to the point

of care and efficiently accomplish now, what would otherwise be pushed off until non-clinical time and allow me to stay on schedule,” he said.

“One of the keys to the technology is the support staff behind it. The teams of engineers and clinical systems managers have been supportive and very responsive,” said O’Connor. “The emphasis of leadership and their willingness to be hands on allows for timely adjustments and management of technical issues.”

Broyhill said the success of the virtual kiosks stems from the IMD team staff who exhibited professionalism, hard work and dedication throughout the full implementation process.

“The efforts of the BAMC IMD team has enhanced medical care and improved provider satisfaction at BAMC.”



# Knowing your headache provides relief options

By Arbesa Hyseni, Program Evaluator Public Health Command

Do you know how burdensome headaches can be? According to the World Health Organization, headaches are among the most common disorders of the nervous system. Eighty-five to 90 percent of the world's population experiences them throughout their lifetime. The pain can be throbbing, shooting or pulsing and can show up around your temples, neck and head anytime—day or night. Headaches can be extremely disruptive, especially for the 10-15 percent of individuals with chronic and severe headaches. Scientists have yet to find a cure for all of the 200 kinds of headaches but, until they do, proper knowledge of the types of headaches out there and how to manage them will make coping easier.

Headaches are divided into two types, primary and secondary headaches. Primary headaches are by far the most common type of headaches. In fact more than 90 percent of all headaches are considered primary headaches. Primary headaches are further classified as tension, cluster or migraine headaches.

Secondary headaches come from underlying diseases or other conditions that can derive from brain tumors to aneurysms and even lead up to abnormalities of the spinal fluid.

Tension headaches are the most common headaches among adults. Tension headaches can be episodic (less than 15 days per month), or they can occur daily, lasting from 30 minutes to several days. These headaches are described as mild to moderate, constant pain, tightness or pressure around the forehead or back of the head and neck.

Cluster headaches affect 500,000 or more Americans. This name refers to the fact that they happen in clusters

where the individual will experience one to four headaches every day or every other day, often in the early hours of morning or within a few hours of falling asleep. This type of headache usually targets teens and middle-aged people and is often described as a burning, piercing or throbbing sensation and targets one side of the head surrounding the eye. People with cluster headaches feel agitated, and it is extremely difficult for them to sit still.

Another type of headache is known as a migraine—a very intense type of headache that can be chronic. Statistics show that more than 29.5 million Americans suffer from migraines, with three times as many women affected as men. Migraines are associated with sharp shooting pain predominately on one side of the head and lasting from two to 72 hours. Migraines also have other symptoms including nausea, vomiting and high sensitivity to light and sound. Migraines make it extremely difficult to get tasks accomplished because of the constant pain and the sensitivity to noise and light.

There is no one cause of primary headaches. These headaches are often caused by a complex interplay of genetic, hormonal, developmental, behavioral and environmental factors. For example, behaviors such as a stressful lifestyle, staring at the computer screen or high consumption of alcohol as well as tobacco can trigger primary headaches. Lack of sleep paired with poor nutrition can lead to headaches, but these same behaviors may not cause headaches in everyone.

If you experience headaches, knowing the type of headache you have may help you determine how to manage it. Tension headaches are typically treated

with over-the-counter medications such as acetaminophen or ibuprofen and may be preventable through stress management practices. Stress management practices include massage, listening to relaxing music, finding your comfort zone (for example, taking a walk), eating a balanced diet, drinking enough water and getting enough exercise and sleep. Active-duty, National Guard and Reserve Soldiers, Army Civilians, Family members, and Retirees may use the stress management services offered at the growing number of installation Army Wellness Centers the U.S. Army Public Health Command is launching across the Army.

Some headaches require medical attention. Secondary headaches are often a sign of something more serious. If you or someone you know experiences a sudden, new severe headache; a headache accompanied by dizziness, weakness, paralysis, speech difficulty, personality change, fever or rash; headache pain that awakens you at night; or a headache associated with a head injury, seek medical care immediately. It is especially important to seek emergency medical attention or reach out to your primary-care provider when headaches are associated with fever or stiff neck. A stiff neck may be due to meningitis or blood from a ruptured aneurysm, which can be life-threatening.

Altogether, because they range in type and treatment, headaches can be anything from inconvenient to dangerous. But if you know your type of headache, you can take steps to bring relief from your discomfort.

# Madigan-Puyallup Community Medical Home honored for healthcare innovation

By Tywana Sparks, Irwin Army Community Hospital Public Affairs

The Madigan-Puyallup Community Medical Home has won the South Sound Business Examiner's 2013 Healthcare Champion Award.

Recently Madigan Commander Col. (Dr.) Dallas Homas along with eight representatives from the Puyallup clinic received the award for their delivery of patient-centered care to JBLM's beneficiaries at the Tacoma Glass Museum recently.

"I have always said that medicine is a team sport and the Puyallup clinic certainly exemplifies that concert with an awesome team delivering healthcare to our military patients," said Homas. "I am so very proud of what the Puyallup team has accomplished with this award tonight."

"It's always a wonderful thing when you can come together to highlight and celebrate leading organizations in the local community," said Cynthia Sadak, Access Management Registered Nurse for the Madigan-Puyallup Community Home.

The Puyallup Community Medical Home began seeing patients in Apr. 2011, and embraces the Patient-Centered Medical Home (PCMH) model of care. The concept of a PCMH is a model of healthcare being adopted by Army Medicine. Each patient enrolled in a PCMH works with a team of providers to develop a comprehensive, personal healthcare plan. The goal of the PCMH is to provide patients with improved, more convenient access to care and for patients to consistently work with the same team of healthcare providers.

"I've learned that the buck starts with the patient and the primary care



Madigan Commander Col. (Dr.) Dallas Homas and representatives from the Madigan Puyallup Community Medical Home received the South Sound Business Examiner's 2013 Healthcare Champion Award. The clinic was one of five healthcare organizations honored by the Business Examiner for innovation and excellence in providing healthcare to the community. (Courtesy photo)

provider, and moreover with a patient-centered medical home, there's more meaning and value to our services for disease prevention and health maintenance," said Sadak.

This clinic is a full service Family medicine clinic. Services include a small laboratory, a pharmacy, and integrated behavioral health. The clinic offers traditional face to face appointments, telephone consultations as well as web based communication.

"None of this would have been possible without the outstanding members of our multidisciplinary team of administrative staff, pharmacists, RNs, LPNs, providers, lab and pharmacy techs, and even our housekeeper Lily" said Sadak. "They say it takes a village, and it's no different when you're trying to care for 7,000 patients."

The clinic recently received the highest

level of accreditation from the National Committee of Quality Assurance and continues to receive great satisfaction ratings on their patient surveys. In addition to providing beneficiaries living in Puyallup with safe, quality healthcare, clinic employees are also taking part in fundraising efforts throughout the community.

"We opened back on April 25, 2011, and it feels like a million years because we've accomplished so much," added Sadak.

The Puyallup clinic was one of five healthcare organizations honored by the South Sound Business Examiner for innovation and excellence in providing health care to the community. This is the fourth consecutive year that Madigan has been recognized as a healthcare champion in the South Sound.



Chaplain (Capt.) Jonathan Entrekín visits with a Soldier at the Community Based Warrior Transition Unit-California muster at Loma Linda University, Calif., in June 2013. (Photo by Suzanne Ovel)

## Muster helps wounded, ill, injured Soldiers build relationships, resources

By Suzanne Ovel, *Army Medicine*

Nearly 70 Soldiers gathered together in June at March Air Reserve Base, Calif., to train, meet with leadership, and gain fellowship at a Community Based Warrior Transition Unit-California muster.

While musters largely focus on comprehensive transition plan scrimmages and focused transition reviews, along with risk assessments and additional training, there's intangible value in the community connections and in the relationship building they offer, according to attendees and staff.

Soldiers who live and heal at home can use the muster as a way to reconnect with their peers who are

going through similar struggles to recover and transition.

"I see that some of the same issues and concerns I have, my battle buddy has," said muster attendee Sgt. Kris Hardie, who is getting care for degenerative disc disease. He said that meeting Soldiers with similar injuries helps him to know what to expect in his recovery.

Since CBWTU Soldiers not only live but might later work in their communities as citizen-Soldiers, they are also very reliant on their civilian supporters.

"It's the community that's helping take care of our Soldiers: they're the ones that have the medical providers;

they're the ones that have the clubs; they're the ones that have the job opportunities; they're the ones that have the counselors that are there," said Capt. Jim Moran, CBWTU-CA's officer in charge of musters.

Because of the depth of area resources that regional community groups possess, they're invited to each muster's resource fair to let Soldiers know about schools, employment opportunities, local adaptive sports, financial counseling and more. They're joined by resources for Army benefits to include the Operation Warfighter Program and the Army Wounded

Warrior Program.

By reaching out to area communities and finding new resources for Soldiers, “you find those hidden gems,” said Moran.

And, by focusing on regional musters for the four states that CBWTU-CA oversees (California, Nevada, Oregon and Washington) rather than one large muster for all of the Soldiers, CBWTU-CA cadre can offer smaller gatherings that give Soldiers more individualized attention. Soldiers are also likely to be more courageous in asking questions and interacting with briefers in smaller groups, said Moran.

Musters also now include nutrition counseling and health screenings, since CBWTU-CA cadre noticed that Soldiers tend to gain weight due to lack of activity or medications that encourage weight gain.

Now, “they’re walking out of here

with rules for eating: ‘How can I eat to heal?’” said Moran.

Thanks to a health screening that covers balance, gait, flexibility and grip strength assessments, Soldiers are also walking out of the musters with personal exercise plans.

“I’ve got some success stories now; Soldiers are losing some weight; Soldiers are getting back in shape, and that’s helping them heal,” said Moran. “They’re learning the tiny steps they need to take to heal quicker, to get stronger and to recover.”

The June muster also included an adaptive sports day thanks to the Loma Linda University and the U.S. Paralympics; learning about adaptive sports expanded some Soldiers’ ideas of how they can still stay active.

In addition, the muster offered Soldiers the opportunity to be recognized in front of their peers with an awards ceremony, as well as the

ability to visit with leadership from their home units.

More importantly for CBWTU-CA cadre, who primarily communicate with their Soldiers remotely, getting face-to-face time with their Soldiers gives them better assessments of how their Soldiers are doing, and helps strengthen their relationships.

“You really solidify that bond between the nurse case manager, platoon sergeant, social worker, and the service member,” said Moran.

He spoke about how when Soldiers get to visit in person with staff, they share more of their personal stories and inevitably become closer.

“You just see those connections being made and solidified and it’s awesome to watch,” he said.

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# Technology & Research

## Four Army Medical Centers named among America's 2013 "Most Wired"

Congratulations to Brooke Army Medical Center, Madigan Army Medical Center, Tripler Army Medical Center and Womack Army Medical Center for their selection among America's 100 "Most Wired" for 2013. Sponsored annually by Hospital & Health Networks, the Most Wired acknowledges the level of information technology (IT) adoption

in U.S. hospitals and health systems based on the hospital's responses to their Most Wired Survey. The survey is a useful tool for hospital and health system leadership to map their IT strategy plans. Data collected from survey entries, are collected and analyzed by the Health Forum, an American Hospital Association information company. The company

develops benchmarks, from data collected, that become the industry standard for measuring IT adoption for operational, financial and clinical performance in healthcare delivery systems. This recognition validates the advancements Army Medicine continues to make towards enhancing beneficiary healthcare and reducing costs through technology.



Brooke Army Medical Center,  
Fort Sam Houston, Texas



Tripler Army Medical Center  
Pacific Regional Medical Command, Hawaii



Madigan Army Medical Center  
Joint Base Lewis-McChord, Washington



Womack Army Medical Center  
Fort Bragg, North Carolina

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