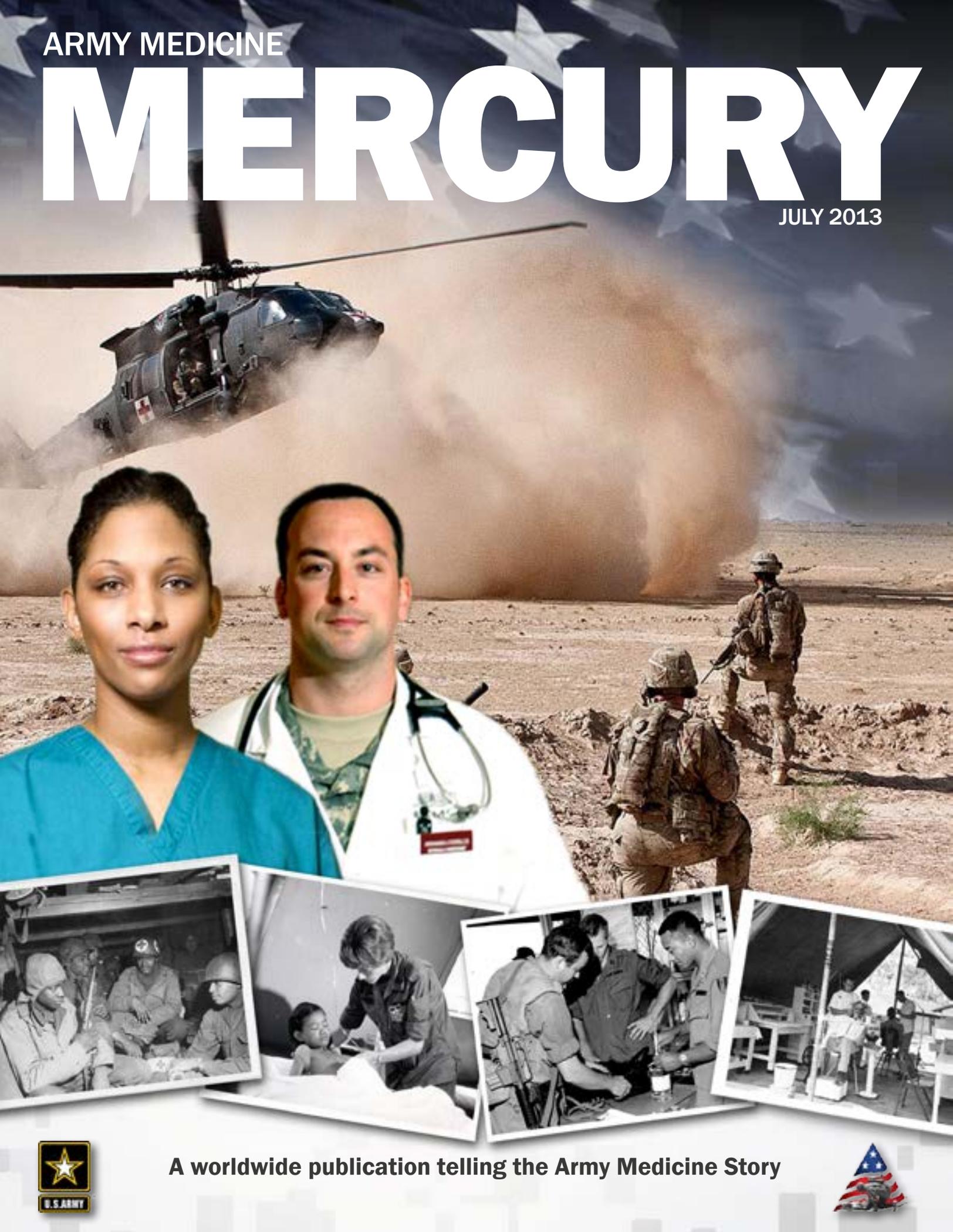


ARMY MEDICINE

MERCURY

JULY 2013



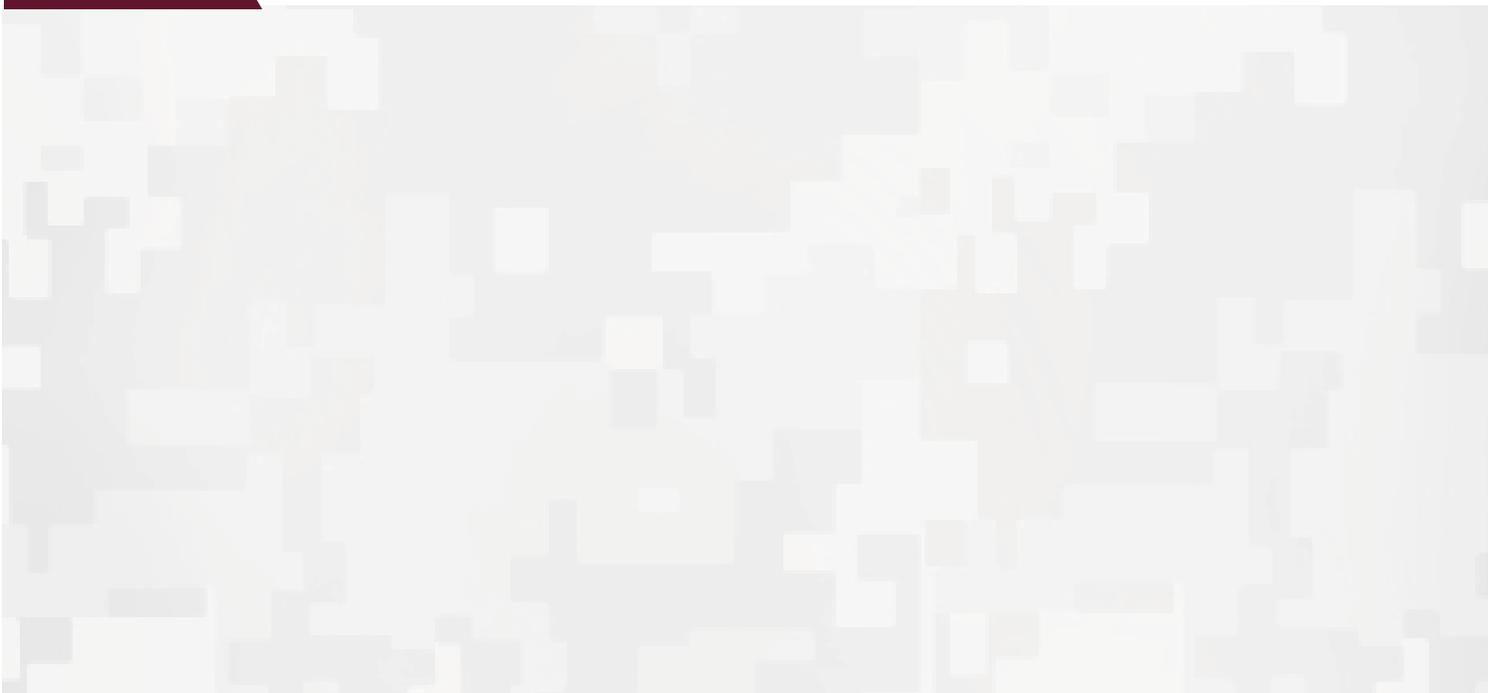
A worldwide publication telling the Army Medicine Story



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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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Transforming to a System for Health

Remarks from Fort Bragg Town Hall 1 May 2013



Lt. Gen. Patricia D. Horoho

... For more than 10 years, we have been focused on supporting an Army at war in two distinctly different combat theaters of operations. As a result, we have improved training, modified processes, eliminated non-essential missions, and made significant global contributions to healthcare, medical research and training.

As these conflicts culminate and our Soldiers return home, Army Medicine is charting a new course that supports the strategic reset of the Army by increasing Soldier readiness while improving the health of all our beneficiaries. We are transforming Army Medicine from a healthcare system to a System for Health.

What does that mean?

It means that we advocate a cultural shift, a paradigm shift in how we think and dispense healthcare by encouraging and empowering every professional Soldier to develop a mindset that drives them to optimize their own health in order to improve their personal performance and resiliency. This is how we advance the health of our Army, and the health of our Nation.

To achieve this end, we have developed a Performance Triad, consisting of 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 our patients' lives for the better, regardless of their current health status.

Transforming to a System for Health also means that we are proactive in identifying, assessing and mitigating unhealthy behaviors before they become significant concerns, and by educating Soldiers 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 engage Soldiers and civilians encouraging the use of behavior health services, as necessary.

We now employ the acronym MRI (Maintain, Restore, and Improve), to remind us of the opportunities that help affect the health status of Soldiers and their Families.

The first opportunity, Maintaining health, describes our daily efforts in facilities like Womack, with deployed units, in laboratories and research, teaching facilities, and garrisons around the globe.

The second opportunity, Restoring health, guides our deliberate and disciplined approach once illness or injury occurs. This is where we actively intervene and treat patients. It's medical and dental therapies and public health interventions. It's also research and teaching modern techniques and materials that speed restoration of health and ultimately the return to duty.

The third opportunity, Improving health, describes our efforts throughout Army Medicine to turn the "health" dial of our patients to the right. This entails maintaining, restoring and improving health within, and external to Army Medicine's "effective reach." Improving health will strengthen Soldiers and their Families to become more physically, psychologically,

and spiritually resilient. We will – no, we must be better prepared to cope with illness, injury, or the inevitable stressors of life.

In order to transform from a healthcare system to a System for Health, for all of this to work, we must engage people where they live, work, and play – what we call the Lifespace – along with our traditional patient care settings like the clinics, the TMCs (troop medical clinics), and the other care areas on Fort Bragg. This is because of the fact that out of 525, 600 minutes in a year, our interaction with an individual Soldier averages only about 100 minutes. So it is in between appointments – in the Lifespace—where health really happens and where we need to have a different relationship with Soldiers, Families, and Retirees.

We must positively impact the deterrents of health – the lifestyle choices, the social, and environmental factors - that are at the heart of the Lifespace. Our success in doing this rests on our ability to optimize capacity, enhance diplomacy, and improve stamina – the three cornerstones of our strategic framework to move towards a System for Health.

Optimizing capacity is about increasing our ability to influence health and readiness – in our delivery of care, in developing new methods, to impact our beneficiaries' Lifespace, in research and training. But it's not just about doing more, it's about doing things better. We must make Patient Centered Medical Homes and Community Based Medical Homes a priority.

Think about a 5-day BP check. Today our patients leave work, drive to our MTFs, find a parking space, check in, and sit in a waiting room full of sick patients to eventually get their vital signs taken. Is that patient centered? Right now, civilian and military "apps" are available for vital

TSG SPEAKS!

signs, behavioral health, and chronic disease management. Should we continue to invest in brick and mortar to enable our 100 minutes of healthcare? Or should we arm our beneficiaries with a blue-tooth enabled scale and BP cuff for their home use? Should Patient Centered Medical Home be about our home or their home?

In our current fiscal environment, building more facilities and hiring more people is not tenable. Instead, we need to innovate; we need to use our existing resources and know-how to create value for our beneficiaries and the Army. To transform from the traditional healthcare system we must refine our abilities and increase our reach.

Enhancing diplomacy means that all of us – from the combat medic at the tip of the spear to those who engage with internal

and external stakeholders in a variety of forums – must pass on the same message: Army Medicine is committed to optimizing individual health and unit readiness. Every member of the Army Medicine team is a vital component of diplomacy.

We must be clear, accurate, and consistent as we transmit the Army Medicine message to our colleagues, friends, and Families. We carry this message as we participate in and shape dialogue on healthcare delivery and individual health in the Army, in DoD, in national and international communities, through Partnering, Active Engagements, and Marketing Initiatives. We are Army Medicine – and we have a fantastic story to tell!

Improving stamina means we must be strong and resilient so we can withstand periods of intense change and unexpected

challenges to ensure that the Army Medicine System for Health is sustainable in perpetuity. We must increase both organizational, collective, and individual stamina.

Improving stamina also means we are called to action with an opportunity to lead the nation in turning away from the status quo of unhealthy lifestyles. We can do this with the Performance Triad - getting back to the basics of Activity, Nutrition and Sleep as the way to optimize personal health, performance and resilience.

I would like to personally thank you for your patience; I look forward to hearing your candid feedback. You are Army Medicine, and Army Medicine is, and will always be **Serving to Heal...Honored to Serve.**

Furlough letter from Mr. Ray Horoho

Excerpt from letter dated 31 May 2013

Dear Army Medical Command and Office of The Surgeon General Family Member:

Last week I had the opportunity to attend a Twilight Tattoo hosted by the Chief of Staff Army on Fort Myer's Whipple Field which overlooks our Nation's Capitol. The celebration detailed our Army's history and recognized several citizens who have extended themselves well beyond that which would define a minimum standard to be considered selfless. I listened intently to their contributions proud to have the opportunity to meet them and understand the depth of their commitment to our Army. But, when The Army Band played "When We Were Needed We Were There" it was thoughts of you that occupied my mind; you and the impending furlough that you are going to endure throughout the rest of the summer. You know the words; "...When we were needed we were there, It wasn't always easy and it wasn't always fair but when freedom called we answered, we were there..." You are on the eve of answering the call and we are aware of how difficult a request this one is to swallow. Your sacrifice, like those we honored last week, is a matter of choice. Their choice was to extend themselves selflessly by contributing their talent and resources to improve the lives of our Soldiers, their Families, and ultimately the benefit of our Nation. Your choice, as an Army Family, is to serve and sacrifice daily in ways we may never know until it comes to furloughs and the challenges that accompany a loss of income. We clearly understand that level of sacrifice. You, like those honored last week, sacrifice well beyond the mere definition of selfless; we are thankful that you do. I can't offer by way of this quick note a solution to the financial hardship that this may cause over these next few months. I know it won't be easy; but I also know that you are Army Strong. You will endure and get through this difficult period in our Nation's history and as you do you will never be far from Patty and my thoughts and prayers. You are a large part of General Odierno's, very true, National proclamation. "The strength of our Nation is our Army; the strength of our Army is our Soldiers; the strength of our Soldiers is our Families. This is what makes us Army Strong." You make us Army Strong. Not because you will endure a loss of income as a result of the furlough. You are Army Strong because you are resilient and because you and your Department of the Army Civilian dedicate your lives to our Soldiers, our Army and our Nation. The furlough is simply the most overt of all your sacrifices. Thank you for all you do to support Army medicine and AMEDD Soldiers. The usual "call me if there is anything I can do to help" doesn't really work very well to close this note. There is not much me, or my network, can do to help you out of this particular circumstance. However, you can always call and if nothing else I will listen; maybe together we can find a reason to celebrate and close our call ready to tackle another day.

Thank you,

Ray Horoho
The Army Surgeon General's Husband



Army must overcome ‘naiveté’ in addressing sexual abuse

By Lisa Ferdinando, *Army News Service*

JOINT BASE ANDREWS, Md. -- Army leaders must overcome their “naiveté” when it comes to realizing and addressing the problem of sexual harassment and sexual assault in the ranks, said the commander of the Army’s training enterprise.

“When you study the typical sort of pattern of behavior how these sexual assaults occur today, it is absolutely eye-opening,” said Gen. Robert W. Cone, commander, Army Training and Doctrine Command. The general spoke with reporters during the Army’s Sexual Harassment/Assault Response and Prevention, or SHARP, summit, June 10-11, at Joint Base Andrews, Md.

“We have worked this very hard, but where I would say we’ve had failures is, to a certain extent, it’s been naiveté on the part of my leaders,” said Cone, who said that some leaders have not been involved or aware enough or taken the “aggressive posture” to identify predators.

He said his command is a fairly unique environment, with a great power differential between those in charge and the students or recruits. Predators will take advantage of that environment, he said.

It is Cone’s Training and Doctrine Command that is responsible for taking civilian recruits and turning them into

Soldiers during what is commonly referred to as “basic training.”

Cone said there are rigorous measures in place to prevent sexual abuse and create a safe environment for Soldiers, but despite all of that “this is literally a war that plays itself out on the ground every day.”

The Army does well in education, training and programs on preventing sexual abuse, he said, but that still will not deter predators.

“This is not random behavior. This is not a mistake. It is purposeful wanton behavior by people who see opportunities and I think to a certain extent we got some eyes being opened in there (at the summit),” Cone said.

“But what I’ve learned is that sexual assault is more than that (having the right prevention measures in place), and below the surface is a predator, someone who views this unique environment that we have in Training and Doctrine Command,” he said.

Leaders must not only have procedures in place, said Cone, but must also enforce those regulations and be vigilant.

“You have to understand that there are going to be people who are going to try to find the gaps and seams in those procedures,” he said. “It is not something that my leaders can be passive about, they

have to be active and they have to focus on this.”

Cone used himself as an example, when he was a commander in Iraq. He had invited reporters, including female reporters, to the forward operating base. He said the journalists were warned by a female on his staff to carry a knife for protection if they walked around the base at night.

“I was stunned. I personally said ‘how could I miss this?’” Cone said, adding that the issue was immediately addressed.

“If have Soldiers that are afraid to walk around the forward operating base at night, I’ve got problems as a leader,” he said.

The Sexual Harassment/Assault Response and Prevention summit brought together a wide range of Army leaders, from non commissioned officers to general officers, in order to discuss how to meet and move forward with the goals of the SHARP program. Included among those goals are preventing sexual abuse by creating safe environments for Soldiers; providing the best care for victims; conducting fair and competent investigations; holding perpetrators accountable for crimes; and holding leaders accountable for their command climates.



Army Chief of Staff Gen. Ray Odierno addresses general officers and other Army leaders at a conference on the Army's Sexual Harassment/Assault Response and Prevention program, June 10, at Joint Base Andrews, Md. (Photo by Lisa Ferdinando)

Army leaders gather for SHARP summit

By Lisa Ferdinando, Army News Service

JOINT BASE ANDREWS, Md. -- There are some in the Army who may not yet fully appreciate the gravity of the sexual assault situation in the Army, said Chief of Staff of the Army Gen. Ray Odierno.

In a conference center, June 10, Odierno addressed a room full of mostly two-, three- and even four-star generals at the start of the Army's two-day Sexual Harassment/Assault Response and Prevention summit.

"I will tell you, from the things I see, we still have people out there who tolerate sexual assault and sexual harassment," he said. "Until we solve that problem, it's going to get worse."

The general said that leaders at all levels must address and understand that there is a problem of sexual abuse. He said it is also a problem when commanders don't think that sexual abuse is an issue within their own unit.

Odierno told reporters that the number of people now coming forward with reports of being sexually abused has surprised him and forced him to refocus efforts on the issue. He said regarding sexual assault, the Army may have taken its "eye off the ball."

"Maybe we have a bigger problem than I imagined," he said.

The general said change starts from the top, with commands and Army leaders.

"You have to do what is right. You have to hold people accountable for their actions. That's the only way you are going to fix a problem," he said.

Odierno laid out five imperatives on which senior officers can focus, with regard to sexual assault.

First, he said, is to protect victims, provide care to them, and protect their privacy. Also, he said, the Army must work to prevent sexual assaults from happening in the first place.

Second, he said, the Army must professionally investigate sexual assaults and take appropriate action based on the results of such investigations.

Third, the Army must "create an appropriate, positive command climate, where trust and respect are the cornerstone of what that command climate is about." Soldiers, he said, must trust that appropriate actions will be taken by their chain of command, and there must additionally be an "attitude of respect" among those who wear the

uniform.

Fourth, the Army must hold accountable individuals, units, commanders and leaders.

Finally, he said, the chain of command must be "fully engaged, responsible for everything in their unit, and accountable for what goes on inside of that unit."

"We need trust. I talk about this all the time. It's critical to everything we do," said Odierno. "The things we are asked to do require trust, the ultimate trust, the trust that you can believe in anybody who wears this uniform, because you got to be there to save each other's lives under very chaotic conditions."

Odierno said a safe environment, free of sexual abuse, is not only imperative for Soldiers, but also for the Families who entrust their children to the Army.

"This is about the health and welfare of our sons and daughters, the sons and daughters of America's citizens," said Odierno. "I want them to be proud of sending their sons and daughters into the Army."

Visit the

Army Medicine ENTs Answer Call to Provide Humanitarian Aid to Pacific Republic

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

A team of Tripler Army Medical Center Ear, Nose, and Throat (ENT) physicians and Department of the Army Civilians recently completed a humanitarian mission to the Federated States of Micronesia (FSM) where 407 outpatient visits and 234 audiologic evaluations were provided to a population in need of care that was not affordable or accessible to those living in the region.

“These things are very rewarding,” said Lt. Col. (Dr.) Philip D. Littlefield, an otolaryngologist in the ENT Clinic, Department of Surgery at Tripler Army Medical Center (TAMC). “These missions and deployment are the most satisfying parts of being in the Army for me. I see myself doing something meaningful for the world. It certainly beats the daily grind of email and online training,” said Littlefield. And, he is certain that the rest of the team agrees.

The Pacific Regional Medical Command/Tripler Army Medical Center (PRMC/TAMC) ENT team members included otolaryngologists Littlefield and Capt. (Dr.) Kelly L. Groom, in addition to Department of the Army Civilians (DAC), Audiologist Dr. Denby Fukuda, and Physician Assistant Jeffrey M. Robin.

The mission arose because of past successes of ENT physicians who have completed multiple humanitarian missions in the Pacific region over 10 years, especially to the Republic of Palau, a larger island group neighboring FSM. The current mission was to provide aid to two of the four Micronesian states, Chuuk and Yap, at the request of the FSM Department of Health and Social Affairs on behalf of the U.S. Department of State.

“Nearly every surgery we did would have required the patient to go to the

Philippines or Hawaii for treatment, something the FSM government cannot afford, and probably the reason they were not treated already,” said Littlefield.

The initial visit was to Chuuk for a week, then to Yap, which is located about 1,000 miles west. The conditions in Chuuk were far more austere than Yap. Overall, the team performed 27 operations between the two different locations, as well as multiple clinic procedures, including 52 neck ultrasounds.

“Some cases do stand out,” said Littlefield. “We did five thyroidectomies for large masses. We also did two mastoidectomies for cholesteatoma. Cholesteatoma is a serious ear disease that requires complex surgery, and it is eventually fatal if left untreated for many years,” said Littlefield. “We also did a tracheotomy on a lady with a larynx scarred closed by an infection, and it took all her effort to breathe in. She looked absolutely miserable, but was obviously a lot happier when we were done.”

Littlefield says the vast majority of patients are very grateful for the care of U.S. medical providers. They are very respectful of American surgeons and as members of the U.S. Army. “They think we are the very best doctors and are excited to see us,” said Littlefield.

This was not the team’s first mission to FSM. They previously provided aid to the island of Yap in 2009, but the current mission was longer and more focused. The team plans to continue their humanitarian assistance whenever they can.



Removal of nickel-sized foreign body from nasal cavity performed by Dr. Philip Littlefield. (Courtesy Photo)

“It is very unusual for civilian doctors to do this, especially for ear surgery, said Littlefield. For one, they lose money by leaving their practices. Also, they tend not to have the planning and organizing skills (for these things) that comes with working in the Army for a while. We are good at moving gear around the world and then making it all work in a rough environment,” said Littlefield. “It’s challenging, but fun.”

FSM is a grouping of 607 small islands in the Western Pacific about 2,500 miles southwest of Hawaii, lying just above the equator. Generally speaking, the FSM comprises what is known as the Western and Eastern Caroline Islands. Chuuk and Yap are two of the four island states that comprise the Federated States of Micronesia. Chuuk state has a total land area of 49.2 square miles and includes seven major island groups. Yap state is made up of four large islands, seven small islands and 134 atolls (coral reefs), with a total land area of 45.6 square miles.

Providers assist Soldiers to cope with depression issues

By Sgt. Amanda Tucker, 82nd Sustainment Brigade

FORT BRAGG, N.C. - It does not discriminate. It can show itself in any individual at any age. It does not care if you are rich or poor. Depression is deadly, silent and can hide from battle buddies, leaders and Family. The 82nd Sustainment Brigade has multiple resources for Soldiers considering suicide to persevere and enhance their resiliency during troubled times.

“The reality of the situation is that Soldiers are a lot more likely to talk to a friend than they are to see a chaplain or the Military Family Life Consultant or other professional help,” said Capt. Jessie McCullough, 264th Combat Sustainment Support Battalion chaplain.

Soldiers are learning how to recognize signs of depression through Applied Suicide Intervention Skills Training (ASIST).

This method gives strength to the Soldiers within the command to help their comrade when their battle buddy would not otherwise feel comfortable talking to medical personnel or a chaplain.

They are trained to ask a question that, before now, has been uncomfortable to ask, “are you thinking of committing suicide?”

“ASIST is not designed to make people professional counselors,” said McCullough. “When people know more warning signs and are more comfortable talking about suicide, they are more likely to ask the question when they do perceive

suicidal gestures or ideations.”

Battalion chaplains also provide pastoral care and counseling. Counseling types include crisis intervention, prevention and intervention of suicidal behavior, and counseling for spiritual direction stress management, fear, grief or trauma.

“As chaplains, we are out with the Soldiers so they get a chance to see us,” said McCullough. “That personal relationship is one of the big reasons a Soldier will come and talk to us. When people come to me who are depressed, I try to have them think about one or two things to look forward to. My favorite definition of hope is the knowledge that there are good things yet to come.”

Another brigade resource for Soldiers experiencing depression is the Military Family Life Consultant. MFLCs provide anonymous, confidential support to Soldiers and their Family members. They provide individual or group coaching and training sessions. MFLCs also provide informal counseling outside their



office to help meet a Soldier’s location needs.

Soldiers can also visit the Behavioral Health Team across from the brigade headquarters on the second floor of the brigade annex building. The behavioral health team offers treatment for traumatic brain injuries and behavioral health concerns. The team is comprised of one psychiatrist, one psychologist, and two social workers.

Veterans and their loved ones can also call the Veterans Crisis Line at 1-800-273-8255, chat online at www.veteranscrisisline.net or send a text message to 838255 to receive confidential support 24 hours a day, seven days a week, 365 days a year. You can also contact medical personnel, military Family life consultants or chaplains to assist you. If you know someone who is contemplating suicide, do not be afraid...it may save a life.



Medical Corps celebrates 238 years of service 27 July

Army Medical Corps officers are essential team members to Army Medicine in primary, preventive, acute, rehabilitative, and critical care ensuring military medical readiness both on and off the battlefield. The Army Medical Corps (MC) is front-and-center when it comes to impacting the Lifespace and health of our beneficiaries through the development of programs to improve Activity, Nutrition, and Sleep.

Both the Army Medical Department and the Army Medical Corps trace their origins to 27 July 1775, when the Continental Congress established the first Army Hospital to be headed by a “Director General and Chief Physician.” The language of the Congressional resolution spoke of “a Hospital” which in those days meant a hospital system or medical department. Among the accomplishments of Army surgeons during the years of the Revolution was completion (in 1778, at Lititz, Pennsylvania) of the first

pharmacopoeia printed in America. In 1789, the Department of the Hospital was disbanded and a system of “Regimental Surgeons” was established in its place.

Congress made official the designation “Medical Corps” in 1908, although the term had long been in use informally among the Medical Department’s regular physicians.

Key, internationally recognized contributions of MC officers include: Medical Education, John Warren and Harvard Medical school, 1780’s to 1813; Clinical Research, William Beaumont, 1820’s to 1830’s; Jonathan Letterman, ambulance evacuation system, echeloned surgical resuscitation and treatment system, a field medical supply system and preventive medicine inspection system – Civil War era; John Shaw Billings, established Index Medicus to catalogue the medical literature, 1879; George Sternberg, America’s first bacteriologist and

founder of the Army Medical School (late 1800s); Walter Reed, control of Yellow Fever through the mosquito early 1900s; William Gorgas, Father of Modern Day Preventive Medicine, early 1900s; Albert Glass, Father of modern military Psychiatry (WWII to Vietnam).

In 1946, Army residency programs for MC officers were introduced into the Medical Department, providing for the first time the full spectrum of graduate medical education to prospective MC officers. Today, these graduate medical education programs are among the best in the nation, exceeding national averages in accreditation length and board certification pass rates.

Army Medical Corps physicians aren’t just leaders in Army Medicine, they are leaders in all of medicine. Today, the MC consists of more than 4,300 dedicated, talented and hard working physicians.

Charlie med's MASCAL: "We train as we fight"

By Spc Margaret Taylor, 129th MPAD

NANGARHAR PROVINCE, Afghanistan - Amid a cacophony of theatrical shrieks and cries of pain, medics from Charlie Company, 426th Brigade Support Battalion, 1st Brigade Combat Team, 101st Airborne Division, sharpened their skills with a mass casualty training exercise at Forward Operating Base Fenty, Afghanistan recently.

"You train as you fight," said 2nd Lt. Thomas Watts, treatment platoon leader, Charlie Co., who spearheaded the drill.

He's not just saying this, either. The medics of Charlie Co. had only been in country a few weeks when a complex attack at Fenty on December 2, 2012, created an actual mass casualty event.

In order to stay prepared for these types of events, Charlie Co. conducts these mass casualty exercises, or MASCAL drills, about once per month to hone perishable medical skills, said Spc. Stephanie Emerson, medic, Charlie Co.

The training exercise had a particular focus: to break in a new provider (doctor) and a new forward surgical team.

"We wanted to do a MASCAL drill to incorporate both of them so they could see how it actually functions," Watts said.

In addition to this, Charlie Co. tested emergency blood-drive procedures for the first time.

The Dec. 2 attack tested the blood supply system at the aid station, so they have to be prepared for resupply from elsewhere while handling casualties, Watts said. In case they ever need whole blood again in an emergency situation, Charlie Co. has had the practice now to meet the need locally.

During the MASCAL exercise, volunteers sporting note cards describing their injuries sprawled all over the pavement outside the aid station, clamoring for help.



U.S. Army Spc. Daisie Gonzalez, medic, Charlie Company, 426th Brigade Support Battalion, 1st Brigade Combat Team, 101st Airborne Division, of Manhattan, N.Y., confers with a teammate on how to best treat a simulated leg injury during a mass casualty training exercise at Forward Operating Base Fenty, Afghanistan. Charlie Company conducts these exercises, or MASCAL drills, about once per month to hone perishable medical skills. (U.S. Army photo by Spc. Margaret Taylor, 129th Mobile Public Affairs Detachment)

Charlie Co. medics attended to each simulated victim in turn, first ascertaining the severity of the Soldier's injuries, and then establishing an order for treatment based on the Soldier's chances for survival. Those most critically injured were seen first.

After triage, medics carried the wounded Soldiers into the aid station on litters. Depending on the severity of the injury, the Soldier was either transported to the treatment room and from there to holding, or directly to patient holding.

"It was chaos," Emerson said. "It was a joint effort to treat the patients and get them life-saving procedures and get them to a higher echelon of care."

After the first round of volunteers had been put through the team's care, another wave of casualties showed up, similar to what happened during the Dec. 2 attack. This wave of casualties included a handful of medics tapped to play victims for their teammates.

Emerson was one of the medics who became a victim during the second round. Her injury was a gunshot blast to the jaw, which meant she couldn't speak during the drill.

She said she was quite impressed with how her fellow medics handled themselves and how they cared for her.

"They were asking me questions, and asking me to answer yes or no to see if I was coherent," Emerson said. "They were doing a great job. I'm very proud of them."

From the perspective of a patient, of a frontline medic, and of the officer in charge, the exercise was a success.

"There was no hesitation, there was good communication flow, everything was done in a quick and important manner," said Watts. "They didn't act like it was a drill; they acted like it was for real."

Army, NFL team up focuses on resiliency for Soldiers and players

By Sgt. 1st Class Raymond Piper, *Defense Media Activity*

NEW YORK CITY -- The Army hosted a panel, June 13, to address building and maintaining resilient Soldiers, Families, and Department of the Army Civilians.

Vice Chief of Staff of the Army Gen. John F. Campbell was joined on the panel by Roger Goodell, the National Football League commissioner, Dr. JoAnn Difede, Program for Anxiety and Traumatic Stress Studies director, and Lt. Gen. Patricia D. Horoho, the Army's surgeon general.

"Each organization here represents a different facet of resiliency, and the common goal is to come up with policy and procedures, at least for the Army and maybe for other organizations, to really preserve and protect the long-term health and wellness of our people," Campbell said.

The Army and NFL share similar cultures. The NFL has with some of the same qualities that the military promotes, such as mental toughness, physical toughness, dedication to teammates and mission, Campbell said.

"That commitment to the team sometimes prevents our Soldiers and players from asking to take a knee," Campbell said. "They don't want to be taken out of the game and they [Soldiers] don't want to be taken out of the fight."

Goodell said that while he doesn't compare his players to Soldiers, the two cultures share many traits. He said the NFL and Army can benefit from the work both organizations are doing to help players on and off the field.

"We have worked hard with the military to share our protocols. We have return-to-field protocols. The Army has return-to-battlefield protocols. They're very similar," he said.

Horoho shared a story from a recent



Vice Chief of Staff of the Army Gen. John Campbell (far right) lead a panel, June 13, 2013, to address building and maintaining resilient Soldiers, Families, and Department of the Army Civilians. Campbell was joined on the panel by Roger Goodell (middle right), the National Football League commissioner, Dr. JoAnn Difede (middle left), Program for Anxiety and Traumatic Stress Studies director, and Lt. Gen. Patricia Horoho (far left), the Army's surgeon general. (Photo by Sgt. Christopher Tobey, 214th Mobile Public Affairs Detachment)

visit to Afghanistan, where a Soldier with the 3rd Infantry Division was injured in a firefright after a bullet ricocheted off his helmet. He continued to fight. After his unit won the battle, he fell as the impact of his injury took effect. He had suffered a concussion from the force of the bullet.

His battle buddies recognized what happened. Because the Army has a protocol for treatment, education of leaders, and tracking of the impact of injuries, they took him out of the fight and brought him back to a concussive care center. With the right support and several days to rest and recover, he was a Soldier who then was ready to get back into the fight.

"We now have a 98 percent return-to-duty rate for those that are exposed to improvised explosive device blasts, because of that simple protocol," Horoho said.

The Army continues to pursue

innovative research to ensure the continued safety of Soldiers, Campbell said. Those efforts include the use of blast gauges on vehicles and equipment to measure the effects of blasts on the body, the presence of MRIs in theater to hasten examination, and the development of new protocols and treatments, Campbell said.

He explained that the sensors are designed to store linear and rotational measurements to provide information on the acceleration of the Soldier's head.

"We are starting to get some really good feedback as we continue to pilot that in Afghanistan with several of our brigades," Campbell said. "They will continue to help us understand the differences in the effects of brain trauma and really facilitate our standards of care in the future."

Over twelve years of conflict,

Army Medicine has learned much on the battlefield, Horoho said. That information has been shared with civilian doctors to improve trauma care across the nation.

Military medicine has had the same effect on rehabilitative medicine. To date, more than 100 Soldiers who have lost a limb have deployed back into combat to serve their nation.

“We have pushed technology, we pushed science and we have pushed research and that has changed rehabilitative medicine. We have the same opportunity to be able to do that with behavioral health, psychological health and concussive care,” Horoho said.

During the past 12 years of conflict in Iraq and Afghanistan the Army has learned that it needs to apply a “full-spectrum” approach to resiliency, Campbell said.

“It begins the first day that Soldiers come into the Army, and you take it all the way through their transition out of the Army,” he said. “We really have to incrementally infuse this thing called resiliency into our institutions and all

the training we do from basic training all the way to when they get out.”

To reach that goal, the Army began the Ready and Resilient Campaign, which has four focus areas.

First, program proponents hope to integrate resilience training as a key part of the Army’s professional military education. That training should continue throughout a Soldier’s career, from induction through separation or retirement.

Second, campaign organizers want to synchronize and integrate key Army programs to reduce or eliminate suicide and suicidal ideations, sexual harassment and sexual assault, bullying and hazing, substance abuse, and domestic violence. They also hope to eliminate any stigmas or barriers associated with seeking help.

Third, they hope to develop improved methods to provide leaders and commanders timely and accurate information and metrics to aid them in better identifying “at risk” and “high-risk” Soldiers. By doing so, they believe they can prevent tragedy through early intervention.

Finally, they hope to continue to

improve the Integrated Disability Evaluation System to shorten processing times and improve the services provided to Soldiers and their Families.

“It’s not really [creating] a new program, but it’s taking all the programs we have and synergizing those to make them better,” Campbell said.

He explained the importance of resiliency for everyone.

“We must develop coping skills that allow flexibility for our Soldiers, Family members, and our great Department of the Army Civilians to understand how to deal with complex stressors in the environment that they live in,” he said. “It’s not only about the Soldier but for young children, teenagers, sports enthusiasts, and people of all ages.”

Goodell said that overall, it’s really about the traumatic brain injury issue, not only for the Army and NFL, but for all of society.

“We believe the work we are doing is going to lead the way to make our society a better society,” he said. “At the same time we are making our game better and the lives of our players better.”

Lyster offers low-cost hearing aid program for Retirees, dependents

By Katherine Rosario, Lyster Army Health Clinic Public Affairs

Retirees and their dependents enrolled to Lyster Army Health Clinic may be eligible for hearing aids at a substantially reduced cost through the Retiree-at-Cost Hearing Aid Program, also known as RACHAP.

The program provides Retirees and their eligible Family members over the age of 18 the opportunity to buy hearing aids at government cost, usually around \$1,000. Generally, two hearing aids can run upward of \$8,000 if purchased through an off-post merchant.

“We are able to get the hearing aids for the government rate anywhere from

\$700-\$1000, which saves the Retirees a significant amount of money,” said Jamie Crook, licensed clinical chief Audiologist at Lyster.

Lyster is even able to offer options when picking out the right hearing aid, including state-of-the-art remote controls and Bluetooth accessories.

“Many military treatment facilities do not offer the program due to staffing and mission requirements; however Lyster is able and happy to accommodate our Retirees,” Crook said.

Retirees who wish to make an appointment with the Audiology Clinic

need to first be registered in the Lyster system. Registration can be completed by calling the Patient Administrative Division.

Once registered, Retirees or their eligible Family members can make an appointment to see an Audiologist for a full audiological evaluation and discuss amplification options.

“We are proud of this program as it greatly benefits our Retiree community,” Crook said. “We are currently serving Retirees from all over the United States from as far as Colorado, Ohio, New York, Pennsylvania and Nevada.”

Looking Back at the 2013

By Brigadier General David J. Bishop



As we reflect on the Army's 238th Birthday we celebrated last month, what a great time to also acknowledge the Army's performance at the 2013 Warrior Games, held in Colorado Springs, CO. Each of the Soldier-athletes inspired everyone in attendance and set an example of resilience for all Warrior Transition Unit Soldiers and cadre with their physical strength, athletic prowess, and sportsmanship. Their dedicated training paid off, as Team Army came just short of the Chairman's Cup, finishing second to the Marine Corps in the overall medal count.

Team Army beat its 2012 medal count by 18...33 Gold, 26 Silver, 22 Bronze (81 medals compared to 63 in 2012). I am confident that Team Army's example will motivate each of the other services to up their game in the future. With continued emphasis in the value of adaptive reconditioning and adaptive sports across the Warrior Care and Transition Program, including the exceptional training and selection camps the Army conducted over the past year, I also believe that Team Army athletes will continue to improve and win the Chairman's Cup in 2014.

Adaptive reconditioning empowers Soldiers

Adaptive reconditioning programs are about much more than just Warrior Games—losing limbs, being severely burned, suffering a traumatic brain injury, experiencing post traumatic stress are all life-changing events with real impact on the wounded, ill or injured Soldiers we support. Often, however, the state-of-the-art medical innovations that help save lives and help put Soldiers back together are not enough when it comes to coming to grips with these profound changes. As part of the Army's ongoing commitment to take care of its men and women in uniform, adaptive reconditioning at the WTUs emphasizes how much wounded, ill or injured Soldiers can still accomplish



Army Spc. Elizabeth Wasil kept a strong lead during a track event at the 2013 Warrior Games May 14. (US Army photo by Sgt. Victor J. Ayala, 210th Mobile Public Affairs Detachment)

and the Army's commitment to empowering them to move forward with their lives. The confidence they gain from mastering a recumbent bike or learning to play wheelchair basketball extends to their physical, social, spiritual, Family, emotional, and career goals.

I want to recognize a great NCO, Master Sgt. Jarrett Jongema, who managed the Army team selection and the 17 clinics. This fantastic leader was severely wounded by a suicide bomber in Iraq. His exceptional service represents the very core of the Army spirit, and he is a prime example of why we have the Continuation on Active Duty (COAD) program. His orders were just extended for two years, and I look forward to continuing to serve with him.

At Warrior Games, in the clinics leading up to Warrior Games, and in talking with Warrior Transition Unit Commanders and Soldiers, I often hear a frequent and recurring theme: participating in adaptive reconditioning activities, athletics, and the life-coaching experiences of the

Army: 81

Gold (33), Silver (26), Bronze (22)

Marines: 92

Gold (34), Silver (33) Bronze (25)

Navy/Coast Guard: 23

Gold (8), Silver (5) Bronze (10)

Air Force: 30

Gold (3), Silver (10), Bronze (17)

SOCOM: 16

Gold (5), Silver (6), Bronze (5)

U.K.: 22

Gold (5), Silver (8), Bronze (9)

Total Medal Count - 264



The Army Wheelchair Basketball team defeated the Marines to win gold on May 15, 2013 at the Air Force Academy.

Comprehensive Soldier Fitness program gives Soldiers the nudge they need to get back into living. These activities play a vital role in allowing Soldiers to unleash their unlimited potential and focus on something more than their injuries. I encourage all WTU Soldiers to work with their Triad of Care and multidisciplinary teams to explore how adaptive reconditioning can enhance their own recovery plans.

Read more about Team Army's performance on the WTC blog:

Army Medicine General Officer “Brings Humanity to the Battlefield”

By Stephanie P. Abdullah, Office of the Surgeon General Public Affairs

FALLS CHURCH, Va. – When then Col. Patrick D. Sargent learned he'd been selected for promotion to brigadier general, he said he thought—“Wow, the Army has a sense of humor.”

“I'm so pleased the Army has a sense of humor.” said the Panama City, Fla., native.

Sargent pinned on his first star on the Army's 238th birthday, June 14, in a packed house at the Women in Military Service Memorial at the Arlington National Cemetery. Lt. Gen. Patricia D. Horoho, the Army Surgeon General and Commanding General of U.S. Army Medical Command (MEDCOM) spoke at the ceremony and helped with the “pinning” honors.

“Today's ceremony is one in which we recognize excellence, but is also about Family,” said Horoho. “No general officer can reach that rank without committed support from Family,” she said.

Sargent's Family was out in full support including his wife Sherry, daughter Samantha, his mother and even his grandmother and a host of other Family members and loved ones.

“I wouldn't be here without them,” said Sargent who has been married for most of his military career. “My grandparents on both sides of my Family served as role models for hard work,” he said. “They always championed education. I came from humble beginnings and they always wanted us to have a better quality of life than they did. They saw education as the key to that,” said Sargent.

Sargent took heed—earning an MA in Human Resources Development from Webster University, an MS in National Security from the National Defense University, and his BA in Political Science from Florida State University where he pledged Kappa Alpha Psi, a Greek fraternity.

His participation in Kappa Alpha Psi

helped guide him throughout his life and military career, he said. “Kappa Alpha Psi is an organization that enhances the lives of and mentors young African American men,” he said. “The brotherhood played a significant role in my life and my commitment to achieve. They taught me about the importance of achievement in every field of human endeavor.”

Were it not for Sargent's fraternal affiliation, his life would have for sure gone down a different path. Sargent was in his school's Air Force Senior ROTC, with a dream and goal of becoming an Air Force pilot, which he'd only become if he finished at the top of his ROTC class. Because of distractions related to Kappa Alpha Psi, Sargent fell short of qualifying for to be an Air Force pilot. However, he was in luck. The Army ROTC was right next door.

“I walked in and said, I wanna join the Army and I wanna fly,” said Sargent. He joined the Army, however, it would be two years before Sargent by “chance” received a message that contained information about how he could branch transfer into the Medical Services Corps and become a pilot.

“I'm glad he wasn't paying attention in Air Force ROTC,” joked Horoho. “Cuz he would have ended up an Air Force general officer,” said Horoho.

In the Army, Sargent flew, commanded and has made it—28 years later to flag officer status. He's now one of less than 200 Army active component one star generals. Sargent is only one of three African American Army Medical Department general officers currently serving on active duty Maj. Gen. Nadja West and Brig. Gen. Norvell Coots are the other two. In his nearly three decade long career he's had the opportunity to-- in his words, “bring humanity to the battlefield” at many levels. He served in combat as a captain as a company



Col. Patrick D. Sargent was recently promoted to the rank of Brigadier General replacing Brig. Gen. Cho as the Deputy Chief of Staff for Operations, U.S. Army Medical Command. Pictured from left to right are - Lt. Gen. Patricia Horoho, Brig. Gen. Patrick Sargent and Sherry Sargent.

commander, a battalion commander as a lieutenant colonel, and a brigade commander as a colonel. He counts his 15-months in Iraq in 2007-2008 as his most memorable. He served as the commander of the Medical Task Force and was in charge of all medical care in Iraq during his command.

“Those 15-months were phenomenal,” said Sargent. “We were saving lives, he said. The feeling of evacuating Soldiers when there has been an IED attack, and getting them on to higher levels of medical care is amazing. We maintained a low death rate and a high return to duty rate. We brought humanity to the battlefield.”

There were times that a wounded detainee would be in a hospital bed right next to a wounded American Soldier.

“I didn't know who the detainees were, or what they did or where,” said Sargent. “I just knew we had to provide the best medical care possible and we did. One day one of the detainees thanked me for providing him with great medical care. That's bringing humanity to the battlefield,” said Sargent.

Col. Rivers Johnson, Public Affairs Officer at United States Cyber

Command, served with Sargent in Iraq. “When I experienced his work ethic I knew he was on his way to bigger and better things,” said Johnson. If you know him, you knew he was destined for this. It was just a matter of time,” Rivers said.

Sargent currently serves as Special Assistant to the Army Surgeon General, providing oversight for Army Medicine’s Performance Triad Initiative of Activity, Nutrition, and Sleep, which is a key enabler for the Army’s Ready and Resilient program. In July he will head up MEDCOM’s G-3/5/7.

The Performance Triad will continue to be one of the programs within his purview.

“This time I’ve spent as Special Assistant has really helped me develop an intimate appreciation for Lt. Gen. Horoho’s priorities,” said Sargent. “The Performance Triad is designed not only to help the Army improve Soldier readiness, but Family Readiness as well and influence a fundamental culture shift from healthcare to health,” Sargent said. I’m happy to be playing even a small role in keeping Soldiers and Families healthy

and hopefully influencing a nation of healthier people in the process.”

As an African American Soldier, Sargent said he knows he stands on the shoulders of many who came before him who had much harder times than he did such as Tuskegee Airmen and Buffalo Soldiers. He says he is up for his future challenges.

“Being a Soldier in the Medical Services Corps has been fulfilling, rewarding, and gratifying and I’ll serve for as long as the Army will have me.”

CPAD alignment creates increased synergy healthcare

By Dr. Sara Pastoor, Army Medicine

The U.S. Army Medical Command (MEDCOM) recently began an ambitious reorganization initiative designed to transform the Army Medical Department (AMEDD) into an operating company. This transformation reduces unwarranted variance and produces a common operating picture across the AMEDD in order to improve the experience of care, reduce healthcare spending, and transform from a healthcare system to a system for health.

One important change as a result of this reorganization is the restructuring, renaming, and realignment of the Quality Management Division at MEDCOM. Previously, Quality Management Division (QMD) was aligned under Health Policy and Services. QMD now has been strategically positioned under the Deputy Commanding General for Operations, as the Clinical Performance Assurance Directorate (CPAD). This new directorate, unlike most functions in MEDCOM, shares its direct reporting chain with the Regional Medical Commands. This organizational alignment will create

synergy between quality management and related services with the execution arm of the AMEDD: the Military Treatment Facilities.

The new CPAD is under the leadership of Col. Karen Grace and now contains three main functional areas: Risk Management, AMEDD Library Services, and Quality Management. The Quality Management Branch includes Patient Safety, Joint Commission and Process Improvement, Evidence Based Practice, Credentials and Privileging (includes Adverse Actions), and the USAR Liaison Office. This multifaceted directorate is the AMEDD authority on numerous policies, procedures, and standards impacting every facet of the complex AMEDD healthcare delivery system. The addition of AMEDD Library Services to the Directorate helps tie industry references and resources to clinical quality, along with the Evidence Based Practice Office.

Grace, an Army Nurse Corps officer, has been the director of CPAD since June of 2012 and has a diverse background in the quality

and patient safety arena. She says she is excited about the opportunity to better integrate clinical performance assurance into the Army healthcare delivery system.

“Quality has been too silo’d, but quality is driven by clinicians and our clinicians practice quality every day,” said Grace. “Not everyone understands what it takes to make quality happen. Quality takes investment at all levels of the organization in order to root it in our culture.”

The CPAD directly supports the Operating Company Model, proliferating evidence-based standardization which enhances quality and patient safety, and measuring performance to ensure accountability. CPAD also supports the Surgeon General’s 2020 Campaign Plan through the Partnership for Patients initiative, which incorporates 10 sub-initiatives designed to improve outcomes through standard, evidence-based processes in hospital care.

For more information about the CPAD, visit

First Active Component American of Korean Descent Promoted to Brigadier General

"It is not in the stars to hold our destiny but in ourselves," said Shakespeare.

FALLS CHURCH, Va. – Brig. Gen. John M. Cho, surrounded by Family and friends received his first star on June 21, 2013, at Fort Myer, Virginia. He has become the first Active Component American Soldier of Korean descent to achieve the rank of Brigadier General.

Cho recognizes those that have helped him along the way, pointing out mentors, peers, friends and Family. Family is important and his destiny seems to have been influenced by a Family history that spans several generations.

Brig. Gen. Cho is the son of Shin Hyung Cho who served as a Republic of Korea lieutenant fighting in the Korean War from 1950 -- 1953. It was a grueling ground and air war that involved South Korea, North Korea, the United States, the United Kingdom, the Soviet Union, China, and members of the United Nations, killing over 2.5 million Soldiers and Civilians.

Cho's father, Lt. Cho, lost his mother and sister in the war. Like many others he came to the United States for opportunity and a fresh start after the trauma of war. Now, years later upon witnessing his son's promotion he remarked, "We waited a long time for this..." and adds with a Father's pride, "...my son will do a wonderful job."

"I joined the Army because my parents instilled a great sense of loyalty and appreciation for all that the United States did in support of the people of the Republic of Korea -- especially during the Korean War," said Brig. Gen. Cho. He compares his parents' values to those of the Army. "My father always said, '...someone always has it tougher than you -- so you need to take care of others.'"

Cho explained that joining the Army was an "easy decision" which led him to apply to the United States Military Academy at West Point. "It was a way of 'giving back' and providing a service to a community that has done so much for me

and my Family."

Graduating from high school at age 16 he had to wait one year before joining up, so he studied at UCLA before joining the Class of 1984.

Lt. Gen. Patricia D. Horoho, the Army surgeon general and commanding general of U.S. Army Medical Command (MEDCOM) assisted with the "pinning" honors. Friends or relatives are given the honor of removing the old rank and pinning on the new in order to signify the new start and new responsibilities the Soldier takes on. Cho's wife and children participated in the "pinning."

Lt. Gen. Horoho said, "Cho has the 'right' balance of character to include competence, compassion, credibility, courage and selfless service."

Cho is currently serving as the deputy chief of staff for Operations (G-3/5/7), U.S. Army Medical Command and soon to be the commanding general for the Europe Regional Medical Command and the Command Surgeon for U.S. Army Europe and Seventh Army in Germany. His proudest accomplishment was to be the chief of surgical services for the most forward deployed level III Hospital -- the 212th MASH -- during the initial phase of Operation Iraqi Freedom in 2003. The resuscitative and life-saving surgery performed on Soldiers that were on the front line not 15 minutes before -- reinforced the importance of the mission. Years later when he commanded the Landstuhl Regional Medical Center, he felt a similar sense of pride in being part of a team that received, triaged, and further treated all Wounded Warriors that returned from the theaters of operations.

"Today's ceremony is one in which we recognize excellence, but it is also about Family," said Horoho. No general officer can reach that rank without committed support from Family," she said.

Cho certainly agrees with the



Pictured from left to right are - BG John Cho, LTG Patricia Horoho, Mrs. Cho, Kum Cho (mother), Cadet son, Shin Cho (father), daughter, brother and son. (Courtesy photo)

importance of Family. The Cho Family was out in full support including his wife of 27 years, Kathy, and their three children.

"Giving back" does not rest with one son. There is a tradition many times over, as with many Families, to take up what another started. Cho thanked his brother and son for going into the "Family business."

The eldest son, an Army Cadet has completed his first year at West Point, and will soon attend Air Assault School. "My father has great passion and was my parent, mentor and friend," he said.

Also in attendance was his brother, an Army Major and another West Point graduate, deployed with the 173rd Airborne Brigade Combat Team and recipient of the Bronze Star. He is currently a Flight Surgeon and Research Physician at the U.S. Army Aeromedical Research Lab located at Fort Rucker, AL. "I am so excited for my brother -- he was my role model and inspiration...the Army is all about teamwork, dignity and respect," said Maj. Cho.

Cho's parents, Mr. and Mrs. Shin and Kum Cho also attended. Shin Cho is a grandfather of a growing Family. At one time he was Lieutenant Shin Hyung Cho, who survived three years of war to see a son fulfill a destiny spelled out 'not in the stars,' but in the values of his growing Family.

Shifty supplements: dangers of dietary aids

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

With summer here, everyone is looking to get that perfect beach body. For many of us, reaching that goal means hitting the gym, eating better, and eventually fitting into the bikini or trunks gathering dust in the closet.

While those goals to become more physically fit are admirable, service members should be cautious about adding supplementation to their workout regimen.

Certain commercial supplements are not allowed for use by service members due to health concerns. Members should understand what to look out for to avoid the consequences, and more importantly the risks, of taking a banned supplement.

“People ask me all the time about what supplements to take or not to take,” said Tony Arroyo, Health and Wellness Center exercise physiologist. “I tell them all the same thing - just try to avoid them.”

Arroyo suggested avoiding supplements because the Food and Drug Administration is not the authority determining the risks of these products. Instead of being FDA-approved, supplement manufacturers alone are responsible for ensuring supplement safety. While they do need approval from the FDA in order to introduce a new ingredient into a supplement, manufacturers do not need clearance to utilize the pre-approved ingredients in any combination they see fit.

Unfortunately, it seems a supplement will only be banned after a tragedy occurs as a result of the unknown effects of “new and improved” formulas.

In 2011, two Soldiers from Fort Bliss, Texas, died of heart failure during physical training. Doctors later determined that use of dimethylamylamine, or DMAA, was a factor in their deaths. In July 2012, another Soldier died during physical fitness training. His death was also

linked to DMAA usage.

While people rarely die from supplementation, service members can still face consequences if they test positive for a banned ingredient. Since it is up to the commander’s discretion, members can face a Letter of Reprimand or even courts-martial, according to the Langley legal office.

Trying to determine each and every banned supplement by their ingredients is risky, so service members should be wary of any kind of supplementation and should avoid them outright, said Arroyo.

If service members do choose to use supplements, Arroyo urged them to follow the instructions for the products.

“A lot of people like to believe more is better when it comes to supplementation,” said Arroyo. “If you want to avoid injury, however, it is important to read the labels and follow them to the letter.”

Arroyo also cautioned against replacing traditional, proven methods of health improvement with supplementation that promises to help users reach their goals quicker with less work.

“With all of the information out there on supplementation, not to mention people’s personal opinions, researching the effects of supplementation can be confusing,” said Arroyo. “Most of the time, service members just throw away their money when it comes to supplementation.”

If a member decides to consumer supplements, however, Arroyo stressed the importance of a good diet while utilizing supplementation in order to maintain a healthy lifestyle.

“Anything you find in a supplement can be found in the foods we eat every day,” said Arroyo. “Supplementation means just that; a supplement to your diet.”

Although there are some unknowns



concerning supplementation in our diets, there is one fact that is indisputable - where they are purchased doesn’t make a difference to their legitimacy.

“Many people believe buying supplements on base means the supplement is safe to use and approved by the military,” said Arroyo. “That isn’t always the case.”

Companies who sell these products on base do not fall under any military organization, and while they often try to comply with military interests, they do not have to forbid selling certain supplements, said Arroyo.

Army and Air Force Exchange Services and GNC have pulled some supplements off shelves. However, for customers who do not purchase supplements from either retailer, a list of the banned supplements and ingredients can be found here.

Looking good in the summer often means staying fit and eating healthy, and supplements might seem to help while working towards a perfect physique. However, fitness is a year-round effort, so stay vigilant about supplementation in order to spend summer at the beach, not the commander’s office.



RESPECT-MIL assessments provide help for Soldiers with behavioral health needs

By Capt. Rebecca Newton, Acting MEDDAC Public Affairs Officer, Ft. Drum

Do you feel tense, frustrated and angry all the time? Are you feeling a loss of control or agitated, but you don't know why? Do you have problems sleeping or staying asleep, or do you sleep too much? If so, help is available.

The Army has had a program in place since 2007 to assist Soldiers and address behavioral health needs.

Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil) is a treatment model designed by the U.S. Department of Defense's Deployment Health Clinical Center to screen, access and treat active-duty Soldiers for depression and post traumatic stress disorder. This program has been modeled after a program that was proven effective in treating Civilian patients with depression.

Some Soldiers are not sure if they are experiencing symptoms that warrant treatment, or they are not sure how to get treatment. RESPECT-Mil is an Army-wide program that helps take the guesswork out of defining the problem and helps the Soldier to receive care as soon as possible.

On Fort Drum, RESPECT-Mil has a screening process in place at Conner Troop Medical Clinic, Guthrie Family Practice Clinic and Aviation Consolidated Air Station. All active-duty service members receive a screening form on each visit to a medical provider.

There are many emotions that people may experience day to day. It is normal to feel down or blue sometimes. Feeling alone or not being able to have feelings for the ones you love can be a sign that there is something amiss. However, it's important to recognize when anger or isolation is interfering with your ability to do your work, take care of things at home, or get along with colleagues. Sometimes, all it takes is a spouse or parent saying you are not acting like yourself.

Changes in weight (up or down), sleep

problems (too much or too little), loss of interest in things you used to enjoy are symptoms that you should discuss with your primary care manager. RESPECT-Mil assessments will help you determine if you need care.

The great thing is RESPECT-Mil allows Soldiers to start treatment in their regular medical clinic right away. All primary care managers on Fort Drum have specialized training in treating behavioral health symptoms and using RESPECT-Mil for the follow-up that these treatments require.

There is no shame in asking for help. The Army's effort to "Break the Silence" is the Army theme for the Behavioral Health Awareness Month in May. Col. Don West of Northern Regional Medical Command issued a statement May 2 outlining the access to care the Army has implemented in the NRMCM, which encourages service members to show a sign of strength by seeking help when it is needed.

RESPECT-Mil is one of many programs the Army has to help service members.

Will my unit or command be notified of my treatment?

Some service members are concerned that their command will be informed that they have a behavioral health diagnosis and that this will become common knowledge among the troops.

The Health Insurance Portability and Accountability Act, a federal law, protects individuals' personal health information.

The command will only be informed if a Soldier is started on a medication that would delay deployment or interfere with flight status. Commanders are not told exactly what diagnosis has been made or what medication has been prescribed. The command cannot call and ask for a Soldier's medical record.

There is one exception: if a Soldier is verbalizing or demonstrating that he or she has suicidal or homicidal thoughts or actions, the command will be instructed

to escort the individual to Wilcox Clinic on Fort Drum or an emergency room for a safety evaluation. They will not be told exactly why this request is being made. From this safety exam, the command will be informed only if there is ongoing concern for the patient's safety or the safety of others.

What if I need help right now?

If the symptoms you are experiencing make you feel unsafe -- as though you want to hurt yourself or others -- this is a sign of a serious medical condition.

Overwhelming thoughts or dreams of harming oneself are frightening, and if you let someone know, they can get you help and keep you safe. Sometimes a battle buddy or Family Member you trust can help; sometimes just calling a friend is helpful. Do not feel embarrassed or alone. Your friends, Family and battle buddies will be happy to assist you, but you have to let them know.

You can always walk into the Behavioral Health Clinic on Fort Drum from 7:30 a.m. to 3:30 p.m. Monday through Friday, go to the front desk, and tell them you would like to speak to someone. You will be assessed and helped by a provider that day.

After regular hours or on weekends, you can walk into any emergency room and ask for help.

There are phone numbers you can call anytime, day or night, anywhere in the United States:

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

Wounded Soldier and Family Hotline
1-800-SUICIDE (784-2433)

Military One Source
1-800-448-3000

BAMC medical team impacts lives in Honduras

By Elaine Sanchez, Brooke Army Medical Center Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas – A medical team from Brooke Army Medical Center made a lasting impact in Honduras recently during a two-week urology medical readiness training exercise (MEDRETE).

A team of BAMC doctors, nurses, technicians, residents and anesthesiologists screened 200 Honduran patients and performed 84 surgeries – the majority pediatric and adult reconstructive procedures.

With three operating rooms and a larger team, this urology MEDRETE was the largest one BAMC has conducted in Tegucigalpa so far, noted Maj. (Dr.) Steven Hudak, a BAMC staff urologist and specialist in traumatic, reconstructive, and prosthetic genitourinary surgery. This was due, in part, to a helping hand from a medical team with Madigan Army Medical Center in Tacoma, Wash., he explained. With their assistance, they were able to add a third OR and take on new procedures.

While the BAMC team handled the pediatric and adult male reconstruction procedures, Hudak explained, the Madigan team treated women with incontinence and other debilitating issues.

The trip was worthwhile on a number of levels, noted Lt. Col. (Dr.) Thomas Novak, MEDRETE mission commander and a pediatric urologist at BAMC.

“Staff surgeons are able to provide care in an austere environment in a focused time period with a high volume of patients, which sharpens their skills,” said Novak, who has served on four Honduran MEDRETEs. This exposure to a variety of complex cases also benefits residents, anesthesiologists, surgical technicians and the support

staff, he added.

These sharpened skills have a direct impact on BAMC patients, said Novak, citing Wounded Warriors as an example. By treating a host of complex post-trauma cases in Honduras, providers are able to better treat similar cases here, particularly service members wounded downrange.

“We benefit every bit as much as the host nation,” he said.

The team also provides surgical skills training to Honduran doctors and residents, in some cases, year round. Novak has been an ongoing mentor to Dr. Enrique Tome, a Honduran pediatric surgeon who provides pediatric urology care for a good portion of the country.

“We communicate regularly about the ongoing follow up of patients we have cared for together and new patients that he is seeing in his day to day practice,” Novak said. “The patient follow-up is crucial for my own development as a surgeon and promotes the sense of trust that our involvement extends beyond the time that we are actually in country.”

From the patient standpoint, the team is treating conditions that have left Hondurans – many with tubes emanating – debilitated and unable to support their Families, Hudak said. “Many are young men, the only breadwinner for their Family,” he said. “Being able to fix them for life in many cases is very satisfying for us. It makes a huge impact on their quality of life.”

The challenge is turning people away on screening day, Hudak noted. With



Army Lt. Col. (Dr.) Thomas Novak, a pediatric urologist with Brooke Army Medical Center, and Air Force Capt. Uzoamaka Nwoye, a urology resident, perform pediatric urology surgery during a two-week medical readiness training exercise in Tegucigalpa, Honduras. Novak served as mission commander for the exercise. (Courtesy Photo)

limited time and resources, the team can only take on a certain number of cases.

“You wish you could do more but we exhaust everything we have for those two weeks,” he said. “At some point, we run out of time to operate and resources.”

Still, Hondurans are grateful, whether they’ve seen that week or asked to come back the following year, Novak said. “Their gratitude is humbling,” he said. “They really make the trip worthwhile.”

Capt. Jennifer Husbands, the mission’s executive officer and BAMC’s D Company commander, said the MEDRETE was a life-changing experience. She recalled hearing about one patient, a child, who expressed his sincere gratitude for his doctor.

The doctor was “like an angel coming from the sky to make me better,” the child said in Spanish.

“That was really, really touching,” Husbands said.

Volunteer continues legacy of service

By Heather Clark, Ft. Campbell Courier

FORT CAMPBELL, Ky. -- At Blanchfield Army Community Hospital, Tuesday and Friday afternoons are pretty good.

It is on these days that the unmistakable aroma of fresh popcorn permeates the hallways near the Patient and Family Medical Resource Center, where a rolling popcorn stand has sat for years.

Throughout the day, patrons and staff alike carry away treats in neat paper bags, always giving thanks to the man responsible for the entire popcorn operation -- the man most refer to as "Mr. Wally."

Rufus W. Mendenhall has been a part of the Blanchfield Family for nearly 27 years, working in patient records and as a patient resource clerk. Nowhere in his job description will one find the words "popcorn chef" -- it's just one of the many things he does, behind the scenes, to help boost the spirits of any person who crosses his path.

"He always made sure he had a bag put aside for special people, even the nighttime cleaning team," recalls Maria McConville, former co-worker of Mendenhall and wife of Maj. Gen. James C. McConville.

"Mr. Wally has an admirable sense of purpose that others his age do not have. He loves to connect with all people, and serving others is his passion."

"He just has a passion for giving and helping others," said Mina Dugger, director of Patient and Family-Centered Care at Blanchfield, who has worked with Mendenhall since 2009. "I was in awe -- am still in awe -- of his level of giving."

"I've always enjoyed helping people," said Mendenhall. "It's a good way of life and I was brought up with that."

It was in East Tennessee, between Knoxville and the Smoky Mountains, where he learned the values of hard work and the intangible rewards obtained from



Photos of himself as a young Soldier reside on the desk of Rufus W. Mendenhall, aka "Mr. Wally." Mendenhall, a veteran of both Korea and Vietnam, began his civil service career at Blanchfield Army Community Hospital following 30 years in the Army. Though retired from his civil position in April after nearly 27 years, he continues to hold the same position, as a Red Cross volunteer, in the Patient and Family Medical Resource Center. (Photo by Heather Clark)

helping others. Facing adversity would be one of the first things he would learn when his Family lost their farm during the Great Depression.

"I was just a toddler, but I remember," said Mendenhall.

"They came in and took our house...set everything out in the yard, nailed up the doors and we had no place to go."

When his father became a sharecropper, Mendenhall and his siblings filled the hours between the end of the school day and bedtime cultivating tobacco, harvesting sugar cane for molasses and anything else that needed to be done.

"We didn't have time to get into trouble," Mendenhall laughed. "My father didn't let you miss a day, but we survived it."

After his football dreams were quashed by the head coach at the University of Tennessee because he "wasn't big enough," Mendenhall trekked north to Toledo, Ohio, where his brother got him a factory job at General Motors, operating a machine that dropped washers onto

transmission yokes -- seemed simple enough.

Two-hours into his first shift, he learned just how unforgiving factory equipment can be.

"That thing took off, and washers were going everywhere," Mendenhall said. "It was throwing them out just like shrapnel."

That was the end of his short-lived factory career. Mendenhall quickly sought less hazardous employment.

"The next morning at 7, I was on the steps of the courthouse, waiting on the recruiter," he said.

Mendenhall began his Army career in October of 1951 and took to life in the military like a duck to water, making his way up to command sergeant major. Between duty-stations that took him from Alaska to Georgia and points between, he served one combat deployment in Korea, three to Vietnam -- the last of which placed him in the A

MEDCOM IN THE COMMUNITY

Shau Valley for the Battle of Fire Support Base Ripcord.

In 1981, Mendenhall was reluctantly returned to the civilian world.

“I would have stayed,” he said. “I talked to three generals to see if they could help me. But I had to go because 30 years was the max.”

Mendenhall began his civil service career at Blanchfield with the plan of opening his own business after a five-year stint at the hospital. The draw of working with Soldiers and Families kept him firmly planted.

“I like it here, and I’m content with what I do,” he said. “It’s rewarding.”

Always one to do more than is expected of him, Mendenhall has become known as a man of excessive compassion -- giving rides to patients needing a way back to Clarksville, giving a few dollars so someone can have some food at the cafeteria and doing his best to make

himself available whenever possible.

“When he was a paid employee, Mr. Wally would come in to accrue leave time just so he could donate it to people who were on the donated leave list,” said Dugger.

“I was brought up to help people,” Mendenhall said. “If you have a neighbor that’s having problems, it’s your responsibility. I think it’s a good life -- a good way to do it.”

Mendenhall officially retired from his civil service position in April, though few people would ever know it. Today, he can be found right where he’s always been -- doing the exact same job, only as a Red Cross volunteer.

Mendenhall has led a busy life -- one he says he’d live exactly the same if given the chance to do again. As a Soldier, he accomplished his goal of taking a rifle company into combat. His fruitful military life is one that is marred with a

single, solitary regret -- he never got to have a crew cut.

“I saw Burt Lancaster with that nice flat top and thought ‘Boy, if I could ever do that, it’d be the greatest thing in the world,’” he said. “But I could never get my hair to stand up, and that used to aggravate me to death.”

The wavy hair that sits on Mendenhall’s head is exactly the same as that in the photograph on his desk of himself as a young Soldier, albeit a few shades lighter. And like the young CSM who boosted morale by preventing an NVA Soldier from flying the North Vietnamese flag over FSB Ripcord, he remains dedicated to being a constant ally to the Army Family.

“My job satisfaction comes from helping people,” said Mendenhall. “I wouldn’t want a job where, when I went home at night, I felt like I cheated or wronged somebody. The Army is a good life. It ain’t all a bed of roses...but it’s a good life.”

Stay current: update DEERS today

By TRICARE

As summer approaches many service members and their Families are gearing up for permanent change of station moves, and Retirees may be heading north after spending the winter in warmer climates. An important part of any move for TRICARE beneficiaries -- active, reserve and retired -- is updating their Defense Enrollment Eligibility Reporting System (DEERS) information to make sure their healthcare follows them to their new address.

This means making sure that all personal information - phone numbers, postal and email addresses -- is up to date. Also, just like when moving, sponsors who experience any of the following life events must update their DEERS records as soon as possible:

- Activation
- Deactivation
- Separation or retirement
- Becoming Medicare eligible

Making changes to DEERS information is easy and can be done online at milConnect (www.dmdc.osd.mil/milconnect), by fax or mail, or in person at the nearest uniformed services identification card office. For more information on how to update DEERS information, go to www.tricare.mil/DEERS.

Other life events that affect DEERS eligibility and require an update to beneficiary information are:

- Marriage or divorce
- Birth or adoption of a child
- Medicare eligibility or loss of eligibility
- Change in a student’s enrollment status

Survivors whose sponsors have died are responsible for making DEERS updates.

Many DEERS updates require supporting documentation: marriage licenses, birth or death certificates, Medicare cards or DD-214 discharge forms. Be sure to bring copies of all paperwork that might be needed when updating DEERS information. For questions about TRICARE eligibility, please visit www.tricare.mil/DEERS.



Lt. Gen. Patricia D. Horoho (center), U.S. Army Surgeon General and commanding general of the U.S. Army Medical Command, stands with participants of her Performance Triad Workshop held at Fort Detrick, Md., May 30, 2013.

Leveraging technology to increase Soldier health, awareness

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

The Surgeon General of the U.S. Army, Lt. Gen. Patricia D. Horoho, has a plan – and it’s a healthy one. Although she hopes her initiative will one day help to advance the fitness and well-being of our nation’s warfighters, she believes it may eventually transcend the military milieu and help improve the health of millions of Americans.

“When I look at the nation and I look at the rising cost of healthcare, and how unhealthy we’ve become as a nation, I believe that if we can really focus on Activity, Nutrition, and Sleep, and take healthcare outside of the scenario and really push health, I think we can improve the health of not only our military, we can improve the health of our nation,” said Horoho to participants of her Performance Triad Workshop, held at Fort Detrick, Md. recently.

Organized and sponsored by the Telemedicine and Advanced Technology Research Center of the U.S. Army Medical

Research and Materiel Command, the two-day workshop brought together thought leaders from government, industry and academia in the fields of health, technology and behavior to discuss the primary topic of leveraging technology to create and sustain changes in health.

“The Performance Triad [Activity, Nutrition, and Sleep] is the]surgeon general’s number one priority,” said Lt. Col. Deydre Teyhen, TATRC deputy director, “and it involves enhancing Activity, Nutrition, and Sleep in order to optimize the performance of our Soldiers.”

TATRC has held two workshop sessions at Fort Detrick, in April and May of this year, to support Horoho’s vision.

“The goal of these workshops was to determine how to best use technology to overcome those barriers to make lifestyle changes easier,” said Teyhen.

One suggestion was the use of a personal readiness device. These PRDs are wristbands that synchronize with smart

phones and personal computers to track Activity, Nutrition, and Sleep, and can also offer healthy choices for food intake. The device actually helps to make counting calories a fun activity, and Teyhen said the buy-in from Soldiers has been very positive.

“We’ve actually tested this program with the Old Guard Soldiers at Fort Myer (Va.), and they love it,” she said. “They said it is new and novel, and they are very excited about it.”

The team at TATRC plays an important role in the initiative to investigate and recommend technology-based solutions to meet the surgeon general’s goal of achieving readiness and resilience throughout the military. It has been exploring two interrelated areas: technology, and incentives to promote change. With regard to this program, “technology” involves the use of device-

PERFORMANCE TRIAD

or software-based solutions to promote healthy exercise, nutrition and sleep; “incentives to promote change” focuses on strategies from public health, gaming, social media, and other areas that may help to build and reinforce [good] habits. By utilizing these two avenues, the researchers hope to develop methods by which individuals may create and sustain positive changes in personal health practices, which should translate to healthier lifestyles.

During the recent workshop session, participants considered a holistic picture of the health of the individual (i.e. Soldier, Family member, veteran), Army and Department of Defense, and the nation, to identify leading practices, research gaps, and the need to explore potential technology solutions that may influence real and sustained change in the health of all.

Brig. Gen. (P) Joseph Carvalho Jr., USAMRMC and Fort Detrick commander, addressed the participants on day one of the workshop session, and within his message, he offered a challenge to the group.

“What innovations can you bring to the

table to help the surgeon general move forward in establishing a program that will encourage people to partner with us in this initiative – which will help make them healthier in the long run?” asked Carvalho. “We’re going to look at all the great ideas that you have ... whether it’s small business, university, or large industry – we’re going to look at it.”

“You have complete buy-in from the military on this,” he continued. “We must move from a healthcare system to a system of health.”

The overarching goal of this program is to encourage both the military and civilian population to move about more during their daily routine. Throughout today’s work environment, the use of personal computers at almost every workstation has made many employees stagnant.

“Our current workspace, whether you’re in the field or in garrison, requires a lot more sitting than it used to,” said Teyhen. “And we’re now finding that sitting [too often] is very harmful. So this initiative is meant to bring awareness to the harmful effects of [prolonged] sitting, in addition to the benefits of more routine physical

activity.”

Teyhen said that although routine physical activity is important for good health, a proper amount of quality sleep each day is also critical. Without appropriate sleep, people may make poor decisions that affect more than just themselves.

“It’s not only about ‘I will’ but also ‘I won’t,’” said Teyhen. “You have to maintain that healthy balance [of Activity, Nutrition, and Sleep] to make the right choices.”

Teyhen and the TATRC team believe they are on the right track in supporting the Surgeon General’s initiative, and the next step will be to conduct the proper research to realize Horoho’s vision of a much healthier military – and civilian – population.

“I believe that if we have our line leaders supporting this movement towards health, then it won’t be a medical program, it will be embedded in the DNA of our Army, and that’s how it will be long-lasting,” said Horoho.

Watch what’s playing now on 

Heroism is being an embodiment of an ideal

Sgt. James Beverly

“Webster’s Dictionary defines the word ‘hero’ as: “a person who, in the opinion of others, has heroic qualities or has performed a heroic act and is regarded as a model or ideal.”

Many disputes have been waged over the definition of a modern hero. Many have denied that the common service member is worthy of this title, while many have praised these very same individuals as the standard by which the title is set. With today being Memorial Day, I thought I’d take a personal look at this debate and weigh in on how I feel about it.

I do not see myself as a hero. I did nothing specifically valorous or heroic on either of my deployments. Situations in which I was tested, required to act, and engage in any sort of battle or pursuit, did not strike me as extraordinary or exemplary. I did my job, I did it as well as I could, and I came home. I was not directly responsible for any great acts of heroism, no lives were saved because of my direct actions, and I was not, fortunately, responsible for directly ending the lives of any adversaries.

Why, then, do so many people consider me, and the many like me who have enlisted, a hero?

I have made the claims that I do not feel heroic. I have said plainly that I am not a man of valor. I have a great desire to hold that status, a great love for those who have held it before me, and a great reverence for the stalwart, unwavering devotion to duty and country that these men and women who I feel have earned the title embody. I have said this clearly, and have been told I am wrong. I have been told that simply by enlisting, I’ve earned the title. But how?

Signing a piece of paper? That was heroic?

Making a commitment, was that valorous? I didn’t see it.

Not until I looked more deeply at that definition; at the final few words.

“...is regarded as a model or idea.” I was blown away when I actually allowed myself to see and understand these words.

Regarded as a model or ideal.

I immediately understood that heroism isn’t wading into a firefight. Heroism isn’t always pulling people out of a burning building. Heroism isn’t always single-handedly taking down Alan Rickman and his skyscraper full of hostage-taking, thieving terrorists barefoot. Heroism is being an embodiment of an ideal. Heroism is standing for something, having the courage to stand for something, that others may shy or balk from.

Every service member, Army, Air Force, Marines, Navy, Coast Guard, etc., has made that decision. Every policeman, every firefighter, every medical professional, everyone that has decided to dedicate their life to the betterment of society, for the protection of their way of life, and to the service of their fellow man, THIS is the embodiment of an ideal. This ideal is selfless service. This ideal is courage. This ideal is loyalty and duty.

So how do I finally accept the title of hero, how may I finally believe that in some small part, a decision I made has allowed me to obtain a status I have revered since childhood. Am I a special forces operator risking my life to keep terrorism at bay, across the world, away from my loved ones? No. They are the heroes that have earned that title for their courageous and valorous

deeds. Am I a firefighter who bravely kicks in the door to a burning building, races into the flames, unaware of how structurally sound the building is, or whether it could collapse at any moment, simply to rescue the terrified children inside? No. Those are heroes who have earned the title for bravery and selflessness in deeds.

But I stood for an ideal. I stood up, I signed a line. I made a commitment. I have lived that commitment for almost 11 years. I will continue to live that commitment as long as I am able. I stand as a model for those ideals. I do what many people will not.

Maybe I might just be a hero.

On a day where we honor those before us, it’s easy to focus so much on the past, and the groundwork they’ve laid for us, that we forget those that continue that tradition. What would their sacrifice be worth if we didn’t honor it with service? With continuing the dedication and honor they gave their lives to preserve?

Do not forget the fallen. Do not fail to understand the sacrifice they’ve made, but also do not go forward without honoring it. Thank a Soldier. Thank an Airman. Thank a Sailor and a Marine. Thank them for being models of an ideal. Thank them for carrying the banner their fallen predecessors have passed on. Honor the memory of those who have passed by honoring the service of those who continue to.

And then, we can all rightly feel like heroes.”



Col.(P) Barbara Holcomb was recently promoted to Brigadier General June 6 at Joint Base San Antonio- Fort Sam Houston. Brig. Gen. Holcomb will now serve as the U.S. Army Forces Command Surgeon. Holcomb most recently served as the commander of Landstuhl Regional Medical Center. This is the first time in Army Medicine history that Army Nurse Corps general officers are serving at the three-star, two-star, and one-star ranks simultaneously. (Photo by Fran Trachta)

Join the Arms Race, Donate Blood

By Jessica Pellegrini, Armed Services Blood Program

Falls Church, Va. — The days of relaxing in the summer sun have finally begun, and the Armed Services Blood Program encourages you to join the ASBP “arms” race and donate blood. Every arm is needed this summer, and we take all types.

“Our summer campaign this year is a service-specific campaign,” said Julie Oliveri, ASBP Communications and Marketing director. “In this way, we hope to ensure our military Family is ‘armed’ with the blood products needed for those who are ill or injured.”

Starting July 1 and ending Sept. 30, the campaign will be deployed at 12 ASBP blood donor centers on the following Army installations: Fort Benning; Fort Hood; Fort Bliss; Landstuhl Regional Medical Center; Fort Leonard Wood; Pentagon; Fort Bragg; Fort Lewis; Tripler Army Medical Center; Fort Gordon; Fort Sam Houston; and Fort Belvoir.

“A single whole blood donation to the military blood program has the potential to save up to three lives,” said Air Force Col. Richard H. McBride, ASBP director. “That can make a huge difference, especially since donations tend to decrease during the summer.”

McBride added that donations sometimes slow down this time of year because the military blood program’s eligible donors are on vacation. Although donors get their well-deserved summer time off, the need for blood donations is ongoing.

Donating blood to the ASBP takes less an hour of your time. Start by finding your local blood donor center: www.militaryblood.dod.mil/Donors/where_to_give.aspx#, then go to <https://www.militarydonor.com/index.cfm> to schedule your appointment online. First time users will need to create a profile.

“I know we are all busy preparing ourselves and our Families for summer vacations, but I hope that we can all find

time in our schedules to stop by and donate a few drops of lifesaving blood,” said Marine Chief Warrant Officer 2 Jesse G. Porter, pay officer-in-charge of the command support branch of the Intra-Governmental Payment and Collection Systems for the Headquarters and Support Battalion at Marine Corps Base Camp Pendleton, Calif.

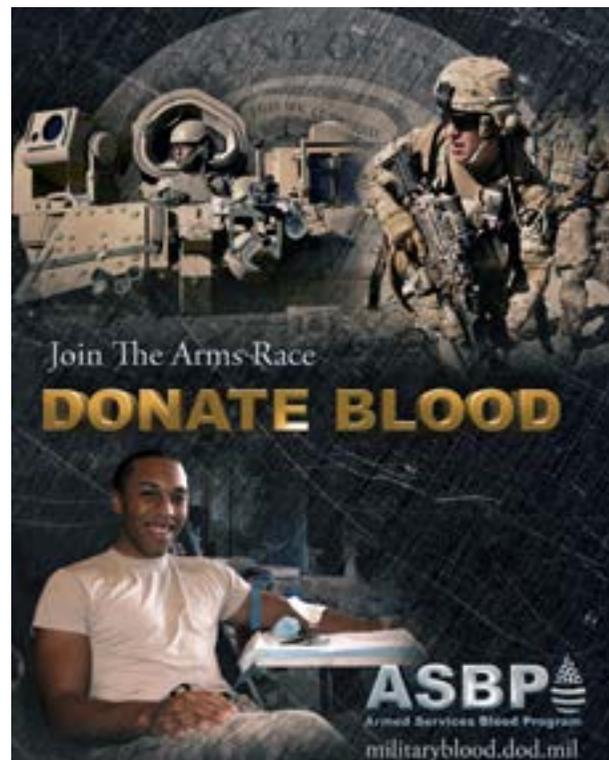
Once your appointment is made, all you have to do is kick back, relax and let the staff members at the blood donor center take over. Not long after, your donation will be on its way toward saving lives.

“As a kid, I would sometimes go with my dad when he would donate blood,” said Rose Lori Briggs, an avid blood donor at the Robertson Blood Center at Fort Hood, Texas. “I would watch as the blood filled the bag, amazed that it would go on to save a stranger’s life. I donate to carry on my father’s dedication to the value of this selfless act.”

Briggs is a year-round donor and like her father, she said she doesn’t let summer schedules get in the way of saving lives.

“(My father) donated every eight weeks despite the busy summer season or vacations, and I try to do the same,” Briggs said. “Luckily, the ASBP makes it easy to fit donating into my schedule with walk-in appointments.”

Blood collected by the ASBP is collected by the military, for the military. This means that all blood, platelet and plasma donations collected by the military blood program directly support ill or injured service members, veterans and their Families worldwide. Some of



the donated units are used in military hospitals here in the U.S. and overseas, as well as far forward to deployed service members.

“While I was growing up, my father was a great example. He went out of his way to find blood donor centers and frequently donated,” Porter said. “Ultimately, whether donating blood is a civic duty — such as voting — or a nice thing to do, by simply enduring a minor needle stick, a life can potentially be saved. That fact is motivation!”

“Donating blood to the military blood program is a great, easy way to make a difference this summer,” McBride said. “Join our arms race. Donate blood.”

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

AROUND ARMY MEDICINE

(U.S. Army photo by Ben Sherman)



Fort Sill stands up Army Wellness Center

Fort Sill, Okla.

Jared Harper, health educator at the Fort Sill Army Wellness Center checks the seal on the Bod-Pod while Maj. Nicole Tarpley, Army Garrison Fort Sill, waits for the test to begin. The device determines body density and composition. Access the full article [HERE](#).

(U.S. Army Photo by Carrie Bernard)

Madigan offers school based health clinics in the local community

Joint Base Lewis-McChord, WA.

The military child faces many challenges such as frequent moves, changing schools and the deployments of loved ones. To help alleviate some of the burden on the military child, Madigan Army Medical Center has expanded its pediatric and adolescent services to the local community through the school based health clinic. Madigan is the first Army Medical Center to offer the clinics in the local community.

“We’re striving to provide the patient centered medical home in the school based environment. There are less barriers with a school based clinic. Students spend less time away from school as they would at the hospital clinic, and parents don’t have to leave work to take their child to the doctor,” says Lt. Col. (Dr.) Keith Lemmon, Chief of adolescent medicine at Madigan. Because of its close proximity to JBLM, the Steilacoom Historical School District was chosen as the ideal location for the pilot program, with Steilacoom High and Pioneer Middle in DuPont, WA being the first in the district to offer school based health clinics to dependents of service members.



(U.S. Army photo by Darrell Jesonis)



USAMRICD opens new lactation rooms for its nursing mothers

Aberdeen Proving Ground, Md.

In May, the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD), at Aberdeen Proving Ground, Md., officially opened its Wellness Center for Nursing Mothers. Renovations to create the center were the result of questions, during a January sensing session between the commander and female staff members, about lactation rooms in the replacement facility under construction; these quickly led to a discussion of currently available facilities. “It became clear,” said Col. Bruce Schoneboom, USAMRICD’s commander, “that the space we had was not appropriate, nor did it really meet the intention of the Patient Protection and Affordable Care Act (ACA).” The Wellness Center is located in the institute’s main building. Two small rooms were enclosed in an area adjoining one of the women’s restrooms, thereby providing an available source of water for washing breast shields, bottles, and other items. New faucets and new shelves were installed in the restroom to better accommodate washing these items. Each lactation room was fitted with new lighting, an electrical outlet, a countertop and a chair. Doors on the rooms lock to give the occupant privacy.



No time for fiddle-faddle at FADL

By Lori Newman, Joint Base San Antonio-Fort Sam Houston News Leader

The team at the Department of Defense Food Analysis and Diagnostic Laboratory, or FADL, at Joint Base San Antonio-Fort Sam Houston takes their job very seriously. They don't have a lot of time for fiddle-faddle, unless it's one of the many food samples being tested.

The FADL is one of three primary public health laboratories in the U.S. Army Public Health Command arsenal. It is the leading DOD laboratory for food safety testing and zoonotic disease diagnosis and surveillance.

Food Safety and Technical Support

"The food safety and technical support section is our interface with the rest of the world," said FADL director Lt. Col. Scott Hanna. "They are responsible for customer support and customer service."

This section receives all the samples, processes them into the system and sends them to the appropriate area for testing. Once testing is complete, they compile a report and send it back to the requester.

Microbiology and Food Chemistry

The food analysis portion of the FADL consists of two key sections – microbiology and food chemistry.

The microbiology section looks for bacteria or fungi in food products, including bottled water, which may cause disease or illness. Examples of these bacteria include Salmonella, E. coli and Listeria.

The food chemistry section looks for metals such as lead and other toxins, like pesticides, that may be in food.

These sections help ensure the safety, fitness for consumption and contractual compliance of foods and bottled water to protect service members and their Families, as well as Civilians, who live or work on military installations.

This is done through microbiological, chemical and toxicological testing of



Microbiologist Kelli Montanez prepares to test a sample by measuring out buffer. A small quantity of food sample will be added to the buffer and mixed well to begin the testing process at the Department of Defense Food Analysis and Diagnostic Laboratory, or FADL, at Joint Base San Antonio-Fort Sam Houston.

foods and products such as dairy, meat and fish products; prepared sandwiches and salads; operational rations; canned and packaged foods; fresh fruits and vegetables; animal feeds; cosmetics and vitamins.

"Our mission has changed over the years," Hanna said.

"We have always helped ensure that the military food supply was safe and wholesome, but in the past we also did a lot of quality assurance. This included things like making sure two percent milk actually contained two percent fat. Now we focus much more on making sure the food folks eat is safe and healthy."

As part of its destination monitoring program, the USAPHC headquarters at Aberdeen Proving Ground, Md., provides Army veterinary food inspectors a list of food products each quarter that may have a higher potential

risk of contamination. From that list, the veterinary food inspectors all over the world go to commissaries and dining facilities and collect samples for testing. The samples are sent to the FADL for analysis.

"We average about 4,000 food samples per year. A little over half those samples come from the destination monitoring program," Hanna said.

"A sample of any food product that might be sold to the military has a chance to come through our laboratory at some point to be tested."

Recently, a veterinary food inspector in New York pulled sliced apples from a food vendor and sent them to the FADL for testing.

Initial tests showed the apples were potentially contaminated with Listeria. The microbiology section did confirmatory testing and sent the results



to the Food and Drug Administration along with a sample.

The FDA confirmed the findings.

“It was about two-weeks from the time we detected the Listeria in the sample to the time it made the news that there was a nation-wide recall on sliced apple products sold at fast food restaurants and several grocery store chains across the country,” said Maj. Karl Hochstein, deputy director at the FADL.

“The finding by that one veterinary food inspector in the field resulted in a national recall,” Hochstein said.

After the 2010 oil spill in the Gulf of Mexico, the FADL participated in developing a process to determine how to test seafood to see if it had been contaminated and if it was safe to eat.

“Our personnel were involved in a series of meetings and teleconferences as part of a food safety network to develop a protocol for testing the seafood,” Hochstein said. “Samples were then submitted to us from all along the gulf coast region.”

The chemistry section screened all the samples to determine if there was any contamination from either the oil or the chemicals used to disperse the oil.

“We tested a fair number of samples, probably a couple hundred, representative of all different kinds of seafood from that area. Nothing that we tested was contaminated with either oil or the dispersants,” he explained.

The FADL will also test food samples if people get sick after eating at a restaurant or dining facility on a military installation; or if a customer reports a foreign object or other problem in their food.

Diagnosics

The diagnostics section analyzes more than 8,500 human, animal and insect specimens each year for diagnosis and surveillance of diseases of public health significance. The primary focus is on zoonotic diseases, which are diseases

that can be transmitted from animals to humans.

“This section has really expanded, previously they did almost entirely rabies testing,” Hanna said. “Now they test for many zoonotic diseases, such as leptospirosis, Leishmania, Chagas disease and West Nile virus.”

One of this section’s main missions is to support the health and combat readiness of military working dogs worldwide and the international travel of pets of military Families.

“The FAVN (Fluorescent Antibody Virus Neutralization) test is needed for pets and military working dogs that travel to many overseas areas,” Hanna said. “It ensures that the animal’s rabies vaccine is effective before that animal goes into an area that is free of the disease.”

The FADL also assists the state of Texas with its feral animal rabies control program and supports San Antonio Military Medical Center with laboratory testing for diseases such as rabies and leptospirosis.

“We conduct mosquito and bird testing for the West Nile virus on military installations throughout the PHC-South region,” Hanna explained. “We were the first to detect the virus in the San Antonio area in 2012.”

The laboratory also assists U.S. Army South in evaluating and building laboratory capacity in partner nations throughout the U.S. Southern Command area of responsibility.

“Teams go to places in Central and South America to determine what potential diseases are there and what sort of testing capabilities the host nations have, so we can make sure our troops are protected,” Hochstein said.

“We also participate in research projects, both in evaluating new technologies and test methods, and in conducting disease surveillance,” Hanna said.

Cholinesterase Reference Laboratory

The CRL provides testing for individuals involved with chemical weapons response and those working to eliminate old military stockpiles.

“The lab helps ensure that healthcare providers know if anyone has been accidentally exposed to chemical agents before they become ill,” Hanna said.

In addition to testing more than 8,000 samples per year at the FADL, the CRL team helps oversee this testing at several satellite labs throughout the country.

Quality Assurance

“Our laboratory is an accredited testing laboratory,” Hochstein said.

The quality assurance section ensures the FADL maintains its accreditation. They monitor all aspects of lab operations, making sure the testing is valid and accurate.

The American Association for Laboratory Accreditation is the agency that provides the accreditation.

“A2LA works off the ISO/IEC 17025 quality standards, which is a set of guidelines we as a laboratory need to follow. All of our plans, procedures and tests are done in accordance with this testing standard,” Hochstein said.

“The goal of this standard is to ensure the traceability for any sample we test. So any of our customers can be assured the testing we provide is the most accurate possible.”

“The accreditation is also important because it allows our test results to be both legally defensible and accepted by other government agencies,” Hanna said.

The FADL works closely with FDA and U.S. Department of Agriculture, sharing results on food borne pathogens so those food items can be quickly removed from the U.S. market if necessary. The laboratory is also part of the Food Emergency Response Network, the National Animal Health Laboratory Network and the Defense Laboratory Network.



Dual ceremony marks arrival of new LRMC commander, Command Sgt. Major

By Chuck Roberts, Landstuhl Regional Medical Center Public Affairs

LANDSTUHL REGIONAL MEDICAL CENTER, Germany – In a dual ceremony, Col. Judith Lee assumed command of Landstuhl Regional Medical Center while Command Sgt. Major Timothy Sprunger assumed his role as the new LRMC Command Sergeant Major.

The recent change of command and change of responsibility ceremonies also honored the services of outgoing Commander Col. (P) Barbara Holcomb and Command Sgt. Major Michael Gragg.

During her remarks, Holcomb told Lee and Sprunger that she and Gragg were “passing the baton to you a little reluctantly, only because this is the best job in the Army. You are inheriting a fabulous team who will give its best every day. I know you will take care of them. Best wishes to you as you embark on your journey.”

Gragg told the hospital staff that it was “truly an honor and a privilege to have stood shoulder to shoulder among them ... We are Landstuhl. There is power in that name and there is power in you as an organization.” Gragg said the experience has affected like all those who have preceded him at LRMC. “Landstuhl changes people. I have changed and I have changed for the better because of you.”

Assuming command of the largest U.S. hospital outside the United States was not something Lee said she foresaw in her future when she joined the Army in 1986. The new commander said it was a “true honor and privilege” to have been selected to command Landstuhl. “I will serve you 110 percent and I will continue with



Col. Judith Lee accepts the Landstuhl Regional Medical Center colors from Col. (Dr.) Jeffrey Clark signifying Lee as the new LRMC commander during a May 29 change of command ceremony. Clark is the Commanding General for Europe Regional Medical Command and the U.S. Army Europe Command Surgeon. (U.S. Army Photo/Phil A. Jones)

the mission and vision here.”

Holcomb moves on to become the command surgeon for U.S. Army Forces Command at Fort Bragg, N.C., whose mission is to prepare conventional forces to provide a sustained flow of trained and ready land power to Combatant Commanders in defense of the nation at home and abroad.

Gragg will be the command sergeant major for the 32nd Medical Brigade at Fort Sam Houston, Texas, whose mission is to provide command, logistical and operational support to

safely and effectively train and qualify technically and tactically skilled warrior medics and leaders who embody the warrior ethos and live the Army values.

LRMC is the largest American hospital outside of the United States. LRMC provides primary care, tertiary care, hospitalization and treatment for approximately 218,000 U.S. military personnel and their Families within European Command. LRMC is also the evacuation and treatment center for all injured U.S. service members and Civilians serving in Afghanistan and Iraq.



Lt. Gen. Patricia D. Horoho, U.S. Army surgeon general and commanding general of the U.S. Army Medical Command, talks with Alan Harner from the Medical Support Systems team at Fort Detrick, Md., about a Mini-Special Medical Emergency Evacuation Device, or SMEED, that allows medics and surgeons to provide point of injury surgeries. (Photo by Adam Wyatt, TATRC)

Army Surgeon General visits USAMRMC, hosts town hall

By Ellen Crown, U.S. Army Medical Research and Materiel Command Public Affairs

FORT DETRICK, Md. -- Army Surgeon General and U.S. Army Medical Commander Lt. Gen. Patricia Horoho visited the U.S. Army Medical Research and Materiel Command at Fort Detrick, Md. recently.

Horoho met with program experts in medical research and development, acquisition, and medical logistics management. She toured displays showcasing the the U.S. Army Medical Research and Materiel Command's, or USAMRMC, mission as a unique requirements-driven, full life cycle command that manages research, technology, development, acquisition, procurement and logistics, leveraging partnerships with industry, academia,

and non-profit organizations.

Horoho also attended a board meeting for the National Interagency Confederation for Biological Research, or NICBR. The USAMRMC is a partner agency of the NICBR, which also includes the National Institute of Allergy and Infectious Diseases; the National Cancer Institute; the U.S. Department of Agriculture; the Agricultural Research Service; the Department of Homeland Security; the Centers for Disease Control and Prevention; the Naval Medical Research Center; and the U.S. Food and Drug Administration.

At an afternoon staff town hall meeting, Horoho addressed employee

concerns about sequestration and its impact on the Army budget. She took the opportunity to talk to staff about Civilian administrative furloughs. Horoho said that leadership worked very hard to avert furloughs entirely.

"None of us wanted to take this out on the backs of our Civilian workforce," she said.

Horoho added that now is the time to prioritize, as we manage with limited resources.

She emphasized, "We don't expect you to do more with less."



Kimbrough personnel enhance communication and teamwork skills during patient safety exercise

By Lisa R. Rhodes, Staff Writer Ft. Meade

Sixteen members of Kimbrough Ambulatory Center's surgical team underwent three days of extensive training in patient safety recently.

The medical personnel were trained in Team Strategies and Tools to Enhance Performance and Patient Safety, an evidence-based teamwork system designed for healthcare professionals to enhance communication and teamwork skills.

The program was developed by the DOD's Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality, according to the TeamSTEPPS website.

Kimbrough, which was accredited by the Joint Commission in April, volunteered to undergo the training and was selected as one of the first Army medical facilities in the U.S. Army Northern Regional Medical Command to do so.

Phyllis Toor, the TeamSTEPPS program manager and a nurse consultant with MEDCOM, said Kimbrough was selected because of the medical facility's exemplary patient safety program.

Toor, along with three TeamSTEPP master trainers from Fort Sill, Okla., led the three-day training that emphasized techniques to enhance patient safety in the operating room.

The goal of TeamSTEPPS is to develop "team strategies and tools to enhance performance and patient safety and develop high-performing Army medical facilities," Toor said.

Navy Cmdr. (Dr.) George Nanos, chief of surgery and a hand surgeon, and Lt. Col. Rebecca Preza, chief

of perioperative services, as well as nurses, anesthesiologists and operating room technicians received the training. The staff members are now certified master trainers for TeamSTEPPS and can teach colleagues the principles of the program.

Loma Lohn, MEDDAC patient safety manager and a master TeamSTEPPS trainer, has trained about 90 percent of Kimbrough's staff in the TS curriculum.

Lohn said Kimbrough volunteered for the Surgical Services Simulation Training partly because the facility's operating room staff required training in order to implement the TS specialized electronic debriefing tool, which is new to their area of expertise. This tool was developed in order for staff to quickly identify issues that need attention as well as identifying trends over time. The tool is just one aspect of TS that facilitates communication across the team by allowing each team member to provide input.

The TeamSTEPPS curriculum is made up of four teachable skills: leadership, situation monitoring, mutual support and communication.

According to the program's website, TeamSTEPPS aims to produce effective medical teams by teaching healthcare professionals how to use information, people and resources to achieve the best clinical outcomes for patients; how to increase team awareness and clarify team roles and responsibilities; how to resolve conflicts and improve information sharing; and how to eliminate barriers to quality and safety.

Col. Danny B.N. Jaghab, commander, U.S. Army Medical Department, Fort Meade, and with Kimbrough, observed the second day of training when the medical teams were acting out scenarios in the operating room.

"I wanted to see how receptive the staff would be to the training," he said, "and I was most pleased to see their total engagement and responsiveness to the processes."

Jaghab said that overall, the three-day training was "very practical and valuable with a primary focus on better communication for optimal patient safety."

The next step, said Toor, is for the surgical team to create an implementation and sustainability plan for TeamSTEPP, which will outline how the training will be utilized over the next six months to a year.

The plan will be presented to Jaghab for his review and approval.

"I would like to see [TeamSTEPPS] implemented throughout our other medical treatment facilities within the MEDDAC with team champions who meet regularly to discuss the progress of the implementation," Jaghab said. "I would also like patients through our Patient Family Advisory Committee to engage in the process to improve communication between providers and patients."

The PFAC has already received training by Lohn, who is planning to develop a TS program for patients.



Staff members at Tripler Army Medical Center's Radiation Oncology Service demonstrate new equipment. (Photo by Sgt. Margaret Jordan)

New weapons in the war on cancer

By Maj. Timothy Wagner, Tripler Army Medical Center, Chief, Radiation Oncology Service

HONOLULU – The Tripler Army Medical Center Radiation Oncology Service is excited to announce the arrival of two new technologies that are helping to revolutionize cancer treatment. The first treatment advance is Stereotactic Body Radiation Therapy (SBRT). SBRT is a state-of-the-art treatment technique that uses precisely targeted external beam radiation to maximize radiation dose to the tumor while minimizing radiation exposure to the surrounding normal tissues. In diseases such as early-stage, non-small

cell lung cancer, treatment with SBRT has been shown to be a highly effective and safe alternative to surgery for patients who cannot safely undergo a major operation because of other medical conditions. SBRT has been utilized to successfully treat several patients with a variety of cancers with excellent results.

The TAMC Radiation Oncology Service also recently launched its High-Dose Rate brachytherapy program. HDR is another highly effective way to maximize radiation

dose to the cancer, while minimizing radiation exposure to the surrounding healthy tissue. HDR brachytherapy allows for very precise radiation treatment for cancer and is usually completed within minutes. HDR has shown promise in a variety of cancers including many gynecologic malignancies, sarcomas, and skin cancer.



A new way of unit ministry outreach

By Maria Gallegos, Brooke Army Medical Center Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, TEXAS—Brooke Army Medical Center Warrior Transition Battalion chaplain has established a new outreach program in unit ministry to better connect with staff, Wounded Warriors and their Families.

The program is intended to enhance communication between the chaplain and the WTB community in a fun, relaxed environment. This helps build relationship, resilience, and spiritual fitness in a setting that is outside of the traditional norm.

Army Chaplain (Capt.) Bryant Casteel, who started the program, said that reaching out in a place where they feel more relaxed and comfortable gives him, the Warriors and their Families a better opportunity to build fellowship and reconnect.

The events include bowling, karaoke, Bible study, popcorn day, and off-site barbeques. Through these events, Casteel weekly reaches more than 200 people, which includes staff, Wounded Warriors and Families.

“I started this program a year and half ago and saw how receptive our Warriors and Families are at these gatherings,” Casteel said. “I’m not usually in my uniform at these events, so the environment is very informal-- providing a fun, relaxed atmosphere for us to get to know each other, building positive fellowship and encouragement.”

Col. Brian Almquist, WTB commander, views the new program as “a new way of outreach – a new way of unit ministry.” The program is different from the traditional method of ministry in that the chaplain reaches out into the community and takes a proactive approach in going to locations where the Warriors and their Families are comfortable and familiar to conduct

Unit Ministry Team (UMT) events. The connection builds trust and relationships, that in-turn help recognize the high risk concerns before it escalates to the next level.

“We had at least half-dozen cases where the chaplain connection has proven to intervene in someone with suicidal thoughts or helping marriages that were going downhill -- because of the established relationship with the chaplain – he (Casteel) gets involved and get those people into counseling,” Almquist said.

The established relationship with the chaplain also helps the Families of the Wounded Warriors. The new roles of being a primary caretaker for an injured spouse can be an overwhelming experience for many spouses or Family members.

Michelle Melancon, a Wounded Warrior spouse, believed she had everything under control and did not feel as though she needed to talk to someone about her concerns -- until she met Chaplain Casteel in a barbeque almost a year ago.

“I have never been a military spouse that was really involved in FRG (Family Readiness Group), or interested in getting involved with any groups – I had a negative attitude about it ... but really it’s because I had not met the chaplain yet,” said Melancon.

“After meeting and sitting down with him – I’ve realized I needed to talk to someone a long time before that – I’ve let it go too long. ...he truly cares and for the very first time, I felt I can trust him and told him what was going on ... three minutes led to three hours,” said Melancon, who is now actively involved with the program and prepares baked goods weekly for different events.

“Getting involved really helped me



Retired Army Lt. Col. Dexter Saddler, a wounded warrior, poses with Chaplain (Capt.) Bryant Casteel during an event held at the Warrior and Family Support Center. The new outreach program includes bowling, karaoke, Bible study, popcorn day, monthly Chaplain’s luncheons and off-site barbeques. Through these events, Casteel weekly reaches more than 200 people, which includes staff, Wounded Warriors and Families.

get through my tough times. I’m a lot happier now.”

The program is a huge success to the WTB ministry and other unit commands on Fort Sam Houston are taking notice of the new change.

“The success of our UMT programs is getting a lot of recognition, the ARNORTH chaplain came down to see how we are reaching all these Soldiers and Families,” Almquist said. “The program has grown because of Chaplain Casteel’s involvement at these events. He truly cares about people and they are taking notice of that care.”

“Chaplain Casteel is very humble of his accomplishments; however, because of his dedication and his willingness to go the extra mile for the people he reaches everyday – he truly is an amazing individual. He has made and continues to make a difference for the Soldiers and Families in the WTB and the community.”



Maj. Gen. Keenan assumes command of SRMC

By Lindan Moya and Erin Perez, *Southern Regional Medical Command Public Affairs*

JOINT BASE SAN ANTONIO
- FORT SAM HOUSTON, TEXAS--
Maj. Gen. M. Ted Wong relinquished command of Southern Regional Medical Command to Maj. Gen. Jimmie O. Keenan during a change of command ceremony at the MacArthur parade field, June 6.

SRMC is the Army's largest medical region, with 11 military treatment facilities across 11 states, plus the Commonwealth of Puerto Rico and the Virgin Islands, caring for 503,116 beneficiaries with a total of 23,284 staff members.

During his two-year tenure as the SRMC commanding general, Wong, a Southern California native, also served as the commanding general of Brooke Army Medical Center for 18-months. He was hand-picked by the Army Surgeon General, Lt. Gen. Patricia D. Horoho, commanding general of the U.S. Army Medical Command, to lead the transformation of BAMC through the Army's portion of the Base Realignment and Closure process, seamlessly integrating with Wilford Hall Medical Center, the largest Air Force military treatment facility located on Lackland Air Force Base. Simultaneously, Wong served as the San Antonio Military Health System deputy director, and he worked very closely with SAMHS Director Air Force Maj. Gen. Byron C. Hepburn to continue to deliver high-quality care to San Antonio area military members and their families.

In addition to the many titles and responsibilities Wong held during his time at SRMC, he also served, and is currently serving, as the U.S. Army Dental Corps Chief. Later this month, Wong will assume command as the commanding general of the Northern



Lt. Gen. Patricia D. Horoho, Army Surgeon General and U.S. Army Medical Command commanding general (right), passes the Southern Regional Medical Command guidon to Maj. Gen. Jimmie O. Keenan, incoming SRMC commanding general (left), while Command Sgt. Maj. Marshall L. Huffman and outgoing Commanding General Maj. Gen. M. Ted Wong look on during the SRMC change of command held on June 6. The passing of the guidon is an Army tradition that signifies the selfless commitment of the upcoming commander to uphold the traditions, values and Soldiers that the guidon represents. (U.S. Army photo by Erin Perez, SRMC Directorate of Communications)

Regional Medical Command, in Fort Belvoir, Va.

Incoming Commanding General Keenan entered the Army as a nurse corps officer, receiving her commission through the Reserve Officer Training Corps at Henderson State University in Arkansas. She holds a Master of Science in Nursing Administration from the Medical College of Georgia and a Masters Degree in Strategic Studies from the U.S. Army War College. She has also served as a Congressional Fellow for former Sen. Kay Bailey Hutchison, (R-TX) and is currently the chief of the U.S. Army Nurse Corps. Keenan was the commanding general for U.S. Army Public Health Command prior to her selection as commanding general of

SRMC.

Keenan also assumes the duties of the deputy director of SAMHS, and in September will take over as the director, replacing Hepburn. Keenan will be the first Army general officer to hold the position of director of SAMHS, overseeing all of the military medical treatment facilities across the San Antonio metropolitan area to include Wilford Hall.

At the end of her remarks, Keenan addressed the SRMC military treatment facility commanders and staff, and emphasized their mission to take care of America's sons and daughters, no matter the challenges that lay ahead.

USAPHC personnel assess air quality in Kuwait

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

A team of nine individuals from multiple portfolios across the U.S. Army Public Health Command recently completed a mission in a deployed environment more than 6,000 miles away from home.

The team deployed to Shuaiba Port, Kuwait, earlier this year to complete routine maintenance of the Mobile Ambient Air Monitoring Station, a USAPHC air monitoring system that identifies the level of such contaminants as sulfur dioxide, nitrogen oxide, ozone, and carbon monoxide.

“The Shuaiba Port area is similar to industrial areas and petroleum refineries you’ll see in the United States,” said Abby Ross, an environmental scientist in the Health Risk Management Portfolio at Aberdeen Proving Ground, Md., who also served as the team’s leader. “Military personnel have historically and understandably been concerned about what they see there and what they’re being exposed to.”

The U.S. military uses the port to transport heavy equipment in and out of the theater of operations. The U.S. military operates at five other locations in Kuwait.

The MAAMS provides USAPHC and Army Central Command personnel with a comprehensive, long-term record of the general air quality in the area. These records are accessible to medical professionals if information about environmental exposures is needed.

In addition to conducting maintenance and inspection of the MAAMS, USAPHC team members also conducted an occupational exposure survey of Army personnel working at Shuaiba Port to assess their exposures to airborne contaminants.

“We asked Soldiers at the site to wear

special cards throughout their work day,” said Ross. “These cards are capable of monitoring their exposure to various contaminants in the air.”

She said this need for an occupational exposure survey began in September, in response to concerns of the Soldiers working there.

The mission in Kuwait required a diverse skill set from people throughout the USAPHC.

“Our team consisted of physical scientists, an engineering technician, several industrial hygienists, and Army environmental science and engineering officers,” said Ross.

John Cambre, an industrial hygienist who works in the Occupational Health Sciences Portfolio at APG, said he enjoyed the opportunity to support and work with the Soldiers to provide the expertise needed for the mission.

“The occupational exposure survey required trained industrial hygiene professionals with field experience to accurately assess and characterize the Soldiers’ work environment to determine the types of chemical/physical agents present that could adversely affect their health,” said Cambre. “The expertise we provided included the ability to characterize surrounding industrial operations, select the required sampling equipment and media, and implement a comprehensive industrial hygiene surveillance plan.”

USAPHC personnel who participated in the mission said the opportunity was quite beneficial.

“Every day we communicate with and provide occupational and environmental



Jennifer Mancini, an industrial hygienist from USAPHC, Aberdeen Proving Ground, Md., and Capt. Ayub Odera, an environmental science and engineering officer at Public Health Command Region North, read and record results from a personal monitoring card.

health surveillance support to our military personnel deployed all over the world,” said Ross. “The mission to Kuwait was quite rewarding, however, because it allowed us to see conditions first-hand, and to personally interact with the troops we’re supporting.”

Capt. Ayub Odera, an environmental science and engineering officer at Public Health Command Region–North, Fort Meade, Md., echoed Ross’s sentiments.

“The most enjoyable aspect of this mission was the feeling that the interface between the technical knowledge and the Soldiers’ jobs mattered,” said Odera. “We were able to apply our knowledge to try and find practical solutions to Soldiers’ environmental exposures thousands of miles away from home. Camaraderie within the team kept us going.”

Other team members from the USAPHC who took part in the mission included Maj. Garrett Hines, Shawn Hueth, Capt. Judy Kirnon, Jennifer Mancini, Terry Meade and Mark Pippen.

Protect yourselves from tick bites this season

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

Civilian furloughs are not the only side effect of sequestration.

Individuals living and working on Installation Management Command installations may notice that the grass is a little higher than normal in some areas.

Army operation and maintenance accounts have been reduced and as a result, mowing operations have also been reduced at many posts.

What represents a lessened workload for public works employees creates abundant employment for some on-post residents--the ones with eight legs and the potential to cause serious human and animal disease.

Ticks can thrive in long grasses, according to Ellen Stromdahl, an entomologist at the U.S. Army Public Health Command who manages DOD's Human Tick Test Kit Program.

Although most ticks are not infected with human diseases, some ticks in the United States can carry such diseases as Lyme disease, ehrlichiosis, Rocky Mountain spotted fever, and viral diseases.

Infected ticks have to attach to a person and remain on that individual for a long period of time (one to three days) in order to transmit most diseases, Stromdahl said.

One of the first things people can do to prevent a tick bite is to recognize tick habitat, and avoid it.

"Ticks stay in, or on the edge of, shady, brushy areas," said Stromdahl. "You can find them in tall grass--especially in wooded areas. They need layered shade and moist air."

Stromdahl also recommends the use of insect repellent to prevent tick bites.

"For maximum protection, use DEET repellent on your skin, and permethrin repellent on your clothing,"

said Stromdahl. "Permethrin-treated clothing is the best defense against tick bites. When ticks touch the treated fabric, they try to get away as quickly as possible. If they stay on the treated fabric, they die."

Permethrin clothing spray can be found in hunting sections of stores, and permethrin-treated clothing is available from major outdoor clothing suppliers.

Another step to preventing tick bites involves checking belongings.

"If you have been in tick habitat, leave your shoes outside and don't leave your clothes near your bed," said Stromdahl. "You'll be giving ticks the whole night to find you. Ticks may survive on clothes in the washing machine, but a hot cycle in the dryer will kill ticks."

Stromdahl also recommends bathing or showering as soon as possible after coming indoors to wash off and more easily find ticks that are crawling on the body.

Army preventive medicine experts say that prompt removal of a tick is one way to reduce risk of disease transmission.

"When patients locate an engorged tick on them, they should not panic and should take their time to remove the tick properly," said Staff Sgt. Arvey Jones, the non-commissioned officer in charge of the preventive medicine section of the Kirk Army Clinic, Aberdeen Proving Ground, Md. "If you remove attached ticks promptly, you can prevent tick-borne disease."

In order to remove a tick, Stromdahl recommends certain guidelines.

"Remove the tick with tweezers," said Stromdahl. "Do not burn it or use soap, gasoline, Vaseline or other chemicals. Once the tick is removed, thoroughly cleanse the bite with alcohol and apply



antibiotic ointment to the bite."

Most tick bites cause irritation and itching immediately, but Stromdahl said this does not indicate disease transmission.

Finally, Stromdahl says ticks that have been removed from people should be saved for identification and testing. Military personnel and Department of Defense Civilians should place the tick in a jar or ziplock bag, and take it to the local military treatment facility. The MTF will forward the tick to the U.S. Army Public Health Command at Aberdeen Proving Ground.

The USAPHC will identify the ticks and then perform disease testing of the tick through the DOD Human Tick Test Kit Program. The results of identification will be reported to the submitting MTF upon receipt of the tick, and test results (negative and positive) will be reported within a week.

Retiree thanks IACH for second chance

By Tywana Sparks, Irwin Army Community Hospital Public Affairs

Leo Kelly, a native of Billings, Mont., had a new beginning when he came back to life May 14 in the emergency room at Irwin Army Community Hospital.

The events that took place that day will remain with the 60 year-old U.S. Army Retiree and will be a day he said he will never forget.

It began that morning while working at Fort Riley, Kelly said, when he experienced pain in his neck and arm.

“I was on my way to another building, and I told myself, if it continues I’ll stop at the (emergency room) and find out what’s wrong,” Kelly said.

At around 1 p.m., Kelly walked into the ER clutching his chest and displaying classic warning signs he was having a heart attack.

“I was immediately taken to a trauma room by a staff member to be checked out. I walked into the room and was asked to remove my shirt and lay on the table. It took me less than a minute to do so,” he said. “That was the last thing I remember until I came to on the table with a room full of hospital staff feverishly, but efficiently working to stabilize me.”

Paramedic Susan Wharton was on triage when the Code Blue was announced indicating that a cardiac arrest requiring CPR was in progress.

“He basically died immediately after he was asked to lie down,” Wharton said.

After Kelly received a shock of electricity, Wharton jumped on the table and administered CPR for two minutes.

“It was just a perfect situation,” she said. “He was in the right place at the right time. If he hadn’t stopped at the hospital, he could have had a heart attack while driving or even in the parking lot. It was amazing after receiving two minutes of CPR Mr. Kelly

woke up talking to the staff.”

Kelly said he could remember being in a significant amount of pain.

“I was in excruciating pain and thought I was going to die, not knowing I already did,” he said. “But thanks to the quick response and expertise of the staff working on me, they were able to revive me by performing CPR and using the paddles of life successfully. Once stabilized, I was transported to Mercy Hospital in Manhattan and had to have a stint placed in the main artery to my heart, which was 90 percent blocked and a smaller artery ballooned.”

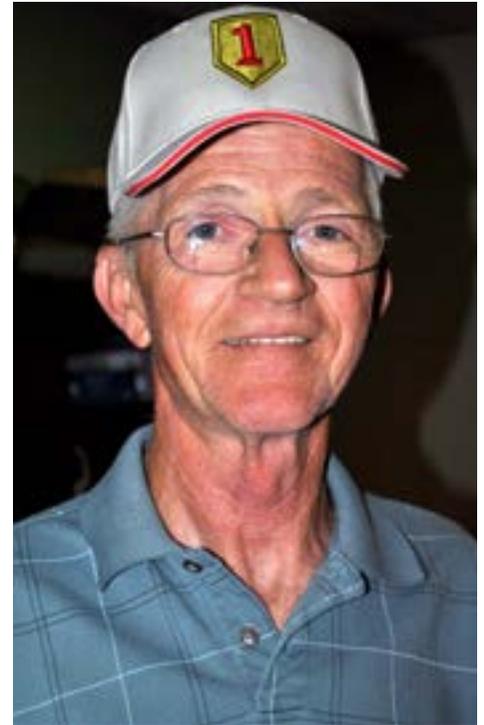
Thirty-seven minutes passed from the time Kelly walked into the ER at IACH, to the time he was transported to Mercy Hospital by ambulance. After spending three days in the intensive care unit, Kelly was released from the hospital.

A week later, Kelly walked into IACH to thank IACH leadership for a job well done.

“(IACH) staff not only gave me a second chance at life that day on May 14, 2013, but on May 31, 2012, they effectively used those same skills on my wife in the ER. She is also alive today with great thanks to the expert staff members, military and Civilians of IACH. Neither my wife, Joyce, nor I will ever forget what this hospital has given us, which is a second chance at life.”

Kelly not only credits the ER for a job well done, he also credits his primary care doctor for the care he received in the aftermath of his trauma.

“Dr. Michael Lawrence is taking great care in assuring that I receive everything I need to assist in my speedy recovery,” Kelly said. “He is one of the best doctors I have ever had in my lifetime, both past and present. IACH is fortunate to have him and his staff working in this hospital.”



Leo Kelly

Kelly went on to explain people often hear so much negativity in the world today, and it’s always good to hear a positive message and thank those who made it possible.

“I’m not easily impressed, easily,” he said. “But between this hospital’s emergency staff and Dr. Lawrence, I am nothing short of impressed. Their professionalism, dedication, and expertise in what they do on a daily basis says it all. From what I’ve seen and experienced here, I’m glad we decided to settle here after retirement from the U.S. Army.”

Para-swimmer Soldier exemplifies resilience, trains for Paralympics

By Tim Hippias, Army News Service

Paralympic swimming hopeful Spc. Elizabeth Wasil doubles as a model of resilience and a poster Soldier for the Army Strong Bands campaign.

Wasil bounced back from triple surgery for bilateral hip injuries by plunging into a pool and learning to swim competitively. She quickly stroked her way into the U.S. Army World Class Athlete Program, or WCAP, which provides Soldiers an opportunity to train full-time for Olympic sports.

Now she's competing against some of the best para-athlete swimmers in the world with visions of earning a spot on Team USA for the 2016 Paralympic Games in Rio de Janeiro, Brazil.

Wasil won five gold medals in less than two hours, April 14, at the 2013 Texas Regional Games at Trinity University. She took the 100-meter freestyle in 1 minute, 12.54 seconds and also won the 100-meter breaststroke (1:26.87), 50-meter freestyle (34.00), 100-meter individual medley (1:12.39) and 100-meter backstroke (1:28.84).

"I want to be that one to beat," Wasil said. "It's amazing to be in WCAP. We have great strength and conditioning coaches, like Capt. [Jason] Barber. His mindset is push me until I can't take it anymore, and I like that because a lot of people like to back off para-athletes.

"I figure I better push myself as hard as I can, and we'll find out what I can and can't do," she added with a big grin.

Wasil since competed in her second Warrior Games in Colorado Springs, Colo., where she is stationed at Fort



U.S. Army World Class Athlete Paralympic Program swimmer Spc. Elizabeth Wasil earns one of her five gold medals, April 14, 2013, at the 2013 Texas Regional Games at Trinity University in San Antonio. (Photo by Tim Hippias)

Carson. Earlier this spring, she set a national record (3:14:14) for her division (SB9) in the long course 200-meter breaststroke at the 2013 U.S. Paralympics Spring Swimming Nationals in Minneapolis.

"In Minneapolis, I was seeded as third, 14th, 12th -- I wasn't very promising in my events," Wasil said. "But then I raced them and I placed first in all of them. I had quite a bit of competition at that one. It was the first time I had a full heat of people in my same classification, so it was pretty intimidating, but it was an absolutely

wonderful experience."

Wasil already exceeded her short-range goal of returning to duty. She was serving as a medic in Katterbach, Germany, when she was injured.

"I have bilateral hip injuries that I sustained while I was in Iraq," Wasil said of the incident that is still being investigated. "I was there for five months in 2009 and 2010."

Wasil was evacuated and treated at Army Medical Center in Landstuhl, Germany, and Brooke Army Medical

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Center at Fort Sam Houston, Texas. Three surgeries later, she has embraced new challenges with a vengeance.

“I showed up at the pool to swim one Saturday morning, and Master Sgt. Rhoden Galloway was there,” she recalled. “He asked me if I would like to learn how to swim because I didn’t know what I was doing, and I said ‘yes.’ His wife, Shayna, started working with me, and within about a month they taught me the four basic strokes. And then I started trying out for the Warrior Games team.”

Before departing for the 2012 Warrior Games in Colorado Springs, Wasil competed at the Texas Regional Games in San Antonio, where she got classified as a para-athlete.

“Had my first competition and I fell in love with it,” she said. “I had good, patient coaches.”

Wasil soon thereafter met below-the-knee amputee Sgt. Jerrod Fields,

a track and field Paralympic hopeful in the U.S. Army World Class Athlete Program, at the 2012 Warrior Games.

“He asked me if I had any interest in pursuing swimming full-time, and I laughed at him and I said, ‘Yeah, OK,’” she recalled. “And he said, ‘No, really, we have a program.’ And that’s when I found out about WCAP. I started entering every competition I could find within the U.S. to try to make a standard time to get into WCAP.”

Wasil needed only five meets to swim WCAP qualification marks in the 100-meter breaststroke and 50-meter freestyle. Had she not participated in the Warrior Games, she would not be training for a spot in the 2016 Paralympic Games.

“They didn’t know that I was classifiable, so I didn’t swim against the physical-injury category,” Wasil explained. “I swam open and I still

medaled gold, silver and bronze against able-body females. That’s when I thought: ‘Maybe I can do this.’”

Throughout her recovery, Wasil yearned to return to duty.

“I kind of had a point to prove,” she said. “I really wanted to be found fit for duty. Once I started winning, and once I started doing well in the water, people started taking me more serious that I really could get to a place to where I could be a medic again.

“One of the greatest things that came out of this was July 3 of 2012, after 2 ½ years, I was finally found fit for duty to be a medic again, which is what I love. And then WCAP picked me up, so it’s been an amazing year to go from such a low place to being injured and being worried about even staying near the military to being in such a central focus of it and getting to meet so many amazing athletes.”

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Technology & Research

Virtual reality robotic warm-up improves task performance

By MAMC Public Affairs

MADIGAN ARMY MEDICAL CENTER, Seattle/Tacoma, Wash. — A new study reveals a brief three to five minute virtual reality simulator warm-up improves robotic surgery skills and reduces errors on a surgical robot in both inexperienced and experienced surgeons in urology, general surgery, and gynecology.

“These findings encourage us to explore if warm-up improves a surgeon’s performance in the operating room on patients because the benefits could lead to reduced patient complications,” said Dr. Thomas Lendvai, the study’s principal investigator and lead author, and University of Washington associate professor of Urology and Seattle Children’s Robotic Surgery Center co-director. “Pre-op warm-up might become a required step in the WHO [World Health Organization surgical safety] checklist.”

To provide a representation of both civilian academic and military sector training programs, the study involved 51 residents and experienced minimally invasive surgery faculty from both University of Washington Medical Center and Madigan Army Medical Center.

Results of the two-center trial show task time, path length and cognitive errors were reduced in the warm-up group compared with the control group for similar tasks. Global technical errors in intracorporeal suturing were reduced after the dissimilar virtual reality task. When surgeons were stratified by previous robotic and laparoscopic clinical experience, the more experienced surgeons demonstrated significant improvements from warm-up in task time and economy of motion.

“There were two surprising aspects of the results to me,” said Lt. Col. (Dr.) Timothy Brand, a co-investigator in

the study, and Madigan Army Medical Center’s Robotic Steering Committee chair and Urology Residency Program director. “One is that the effect of warm-up on surgeon performance is profound with roughly a ten percent improvement in performance. The second is the benefit to warm-up is greatest in experienced surgeons. This was a brief warm-up session and not a training session, so I think of it like polishing silver. If you have a shiny piece of silver with a little tarnish, a short time of polishing will bring it right back to a glistening piece of metal.”

According to the authors, this is the first time there is Level 1 evidence from a randomized controlled trial that demonstrates a short warm-up in a virtual reality environment with a simulation device translates to a marked improvement in surgeon performance on the robotic surgical platform.



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Course prepares medical personnel in forensic evidence collection

By Maj. Brian Bolton, 150th Medical Detachment

CAMP HUMPHREYS -- When sexual assault occurs, victims deserve swift, competent, and compassionate care. Through various Army initiatives, including Sexual Harassment/Assault Response and Prevention (SHARP), and the "I. A.M. STRONG" campaign, the ability to treat and support victims, as well as identify and bring justice, has been improved.

Recently the 65th Medical Brigade sponsored a two week inter-service course, conducted for standardized forensics collecting. Successful collection of evidence is important to successfully serve justice for this crime. Just as critical is performing sexual assault forensic exams in a timely, sensitive, dignified, and victim-centered manner.

"The Sexual Assault Medical Forensics Examiners course was conducted to train an adequate number of medical professionals for the peninsula," said Kandice Ray, a MEDCOM SHARP nurse administrator visiting from Fort Sam Houston, Texas. "This was the first of three training classes scheduled for this calendar year on the Korean peninsula."

Capt. Kelly Meister, the Area III Public Health Nurse and Sexual Assault coordinator for the peninsula, said "We are building a SAMFE program on this peninsula to ensure a core of highly trained medical professionals to assist victims. Our goal is to build an Army Best Practice model program here on the peninsula."

Sexual assault can result in physical trauma and significant mental anguish and suffering for victims. Victims may be reluctant, however, to report the assault to law enforcement, or to seek medical attention for a variety of reasons unique to each assault. The Army provides multiple reporting



Capt. Mylinh Bruhn, the brigade nurse assigned to Company C, 302nd Brigade Support Battalion, 1st Armored Brigade Combat Team, 2nd Infantry Division, collects forensic materials during a recent Sexual Assault Medical Forensics Examiners course held at Camp Humphreys in May. (Photo by Maj. Brian Bolton)

alternatives for victims, based on the request of the individual.

Restricted reporting is an option for a victim to confidentially disclose the crime. Only specifically identified individuals are aware of the facts and the victim receives medical treatment and counseling without triggering the official investigative process. Unrestricted reporting, which is reported through the normal chain of command, law enforcement or to the SARC, is also an option.

"Victim-centered care is paramount to the success of the exam process and this is a key component of the course," said Meister. She said that "participants gained valuable training from the course, and the legal day was fascinating. Capt. Jessica Duffy led a mock court martial, with many students gaining experience to become

certified expert witnesses and cross examination by defense counsel."

The course trained all students to one standard on the forensic collection of evidence using standardized kits. Commercial evidence kits, at a minimum include checklists, forms, and materials for collecting and preserving all evidence. Evidence that may be collected includes clothing, foreign materials on the body, hair (samples and combings), swabs and smears, multiple body fluid samples swabs for DNA analysis and comparison, and toxicology testing samples to name but a few.

The final event of the course required students to pass a rigorous competency -- collecting evidence with the commercial forensic kit. Several days of familiarization and training were dedicated to the process.

Army Initiates Collaborative Effort with NFL on IDing and Preventing TBI, PTSD

By David Vergun, Army News Service

WASHINGTON – Over the last 12 years, many Soldiers have returned from Iraq and Afghanistan with wounds, some visible and some not, a leader in Army Medicine said here June 22.

“The invisible wounds -- post-traumatic stress disorder and traumatic brain injury -- are just as damaging as the visible ones. They impact the Families as well as the Soldiers,” said Brig. Gen. (Dr.) John M. Cho, deputy chief of staff for operations with Army Medical Command.

An Iraq War veteran himself, Cho spoke outside the U.S. Capitol as part of National Post-Traumatic Stress Disorder Day. This year’s theme was “Visible Honor for Invisible Wounds.”

Post-traumatic stress disorder, known as PTSD, and traumatic brain injury, or TBI, are not just military-specific issues, Cho said. “They deserve a national discussion.”

A big part of that discussion, he said, needs to focus on reducing the stigma associated with mental health issues.

Besides a national discussion, Cho said, agencies both inside and outside the military need to come together to learn more about identifying and treating PTSD and TBI, as well as preventing it in the first place.

Cho said a PTSD diagnosis is particularly challenging, as “you can’t simply get a lab test or take an X-ray to find it.”

As part of its collaborative effort, the Army is participating in a \$60 million research study for TBI, sponsored by the National Football League, General Electric and athletic apparel manufacturer Under Armour, he said.

Also, \$700 million has been allocated toward both PTSD and TBI as the result of a White House executive order



Army Brig. Gen. (Dr.) John M. Cho, Army Medical Command deputy chief of staff for operations, addresses the issues of post-traumatic stress disorder and traumatic brain injury during an awareness event on Capitol Hill in Washington, D.C., June 22, 2013. U.S. Army photo by David Vergun

for a renewed effort in collaboration with the Veterans Affairs Department and other organizations.

Additionally, the Army has set up seven “restorative centers” in Afghanistan, where TBI can be identified and treated, often allowing Soldiers to stay in theater as they improve, he said.

The general explained that PTSD often, but not always, occurs with TBI, and that relationship, too, is being researched. “We’re nowhere near where we want to be, however, when it comes to researching PTSD and TBI,” he acknowledged. “A lot more needs to be done.”

Cho said PTSD affected him personally when his brother, who also is a U.S. Military Academy graduate, returned from Afghanistan suffering from PTSD. He sought treatment and is better now, he said, adding that his brother is telling his story to other Soldiers in an effort to get them to seek care.

“We know treatment helps,” Cho said. “We can help them get better, and

they can continue to serve in our Army with honor and distinction.”

As a result of his brother’s experience, Cho said, he’s a big believer in group therapy, particularly cognitive processing psychotherapy.

Army Chief of Staff Gen. Ray Odierno, unable to attend the day’s event, wrote in a letter for the attendees: “PTSD is a combat injury. Veterans suffering from PTSD deserve the same dignity and respect as our fellow wounded warriors.

“With the continued support and encouragement of organizations like Honor for ALL, the Army and this nation have made enormous strides in treating this injury, removing the stigma and instilling dignity in our recovering veterans,” Odierno’s letter continued. “But more work must be done!”

Honor for ALL, a nonprofit organization sponsoring the event, is dedicated to eliminating the stigma of PTSD and supports research into finding the causes and treatment of the disorder.



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