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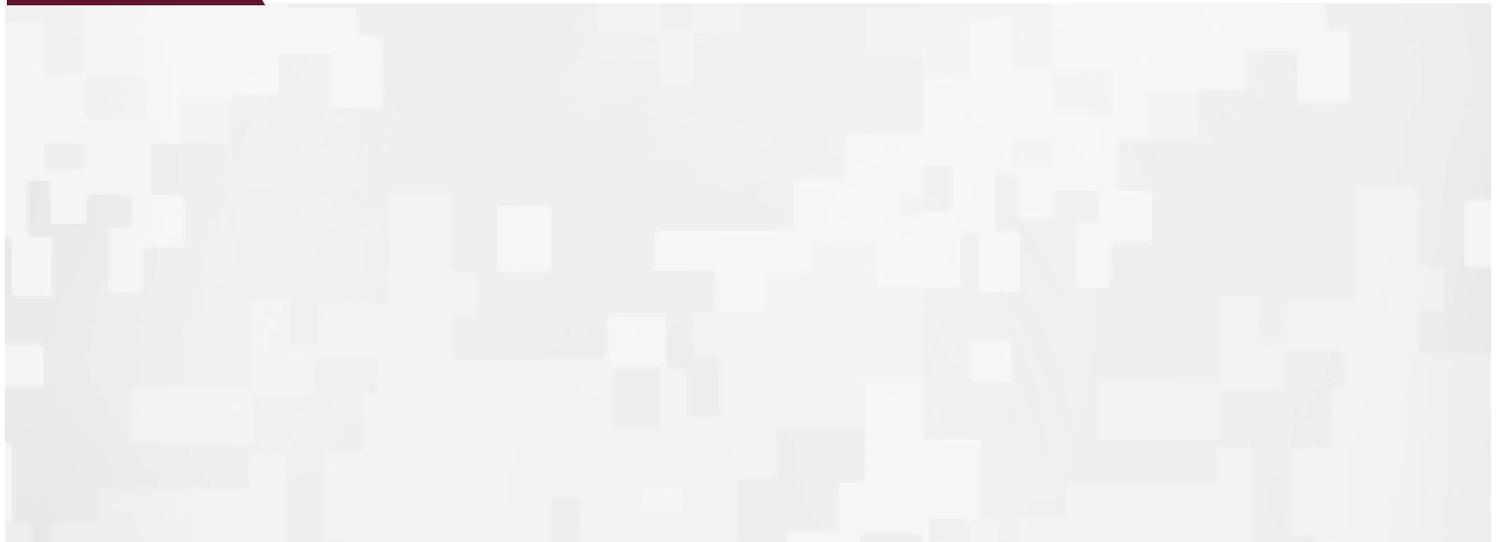
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TSG INITIATIVES

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 Commanding General, United States Army Medical Command (MEDCOM) for 2020. It also establishes the framework through which the Army Medical Department (AMEDD) will achieve its 2020 end state. Download the 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).

SOCIAL MEDIA CENTER

FOLLOW US ON

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

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SEE WHAT'S PLAYING ON

Army Medicine

EXPLORE OUR PHOTOS ON

Army Medicine

Team Focus During Fiscal Uncertainty Challenges and Opportunities

Excerpts of Lt. Gen. Horoho's Remarks at the Wolfpack Awards Ceremony. Held on March 26, 2013, at Blesse Auditorium, Army Medical Department Center & School, Fort Sam Houston



Lt. Gen. Patricia D. Horoho

I have been a participant in every Wolfpack Award, and the reason why is because it focuses on teamwork and it focuses on the value of what each member of the team brings. I think that epitomizes the strength of Army Medicine. And, it really isn't about what an individual does, it's about what, collectively, we do to move the organization forward for those that we're serving.

Mr. Stevens has really worked to ensure that our Civilian Corps is moving forward. We're building our strategic bench and ensuring that they're recognized the same way all of our other corps are being recognized. The next step, which was an easy step, was bringing our Civilians into the Regiment. I think that speaks volumes when we talk about the Total Team concept and that's attributed to your (Mr. Stevens) leadership. Thank you very much for your leadership.

These are very dynamic times. If we look at our 237-year history, we've gone

through some challenging times. We've downsized as a military after every single war. But, what I would say is the uniqueness of what we're doing right now presents challenges but also presents opportunities.

We've got a nation that has fiscal uncertainty and constraints. That has really introduced a new dynamic as we look at this. But, I can tell you Army Medicine has the right strategy for the future. And, what is so important for us, as we go into the months and years ahead, we've got to ensure we move forward as a Team.

When I talk about the Team, it's not just about the Team that's serving, but we've got to lock arms with our beneficiaries. We cannot have our beneficiaries leave our healthcare system this time. The whole reason for part of our uncertainty fiscally is the rising cost of healthcare...out in the civilian sector as well as what we're experiencing across the military healthcare system.

We spent \$53B dollars right now in military healthcare, 10 percent of DOD's budget and they're projecting that will go up to \$91B or \$92B by 2030. It's unsustainable, and so what we've got to make sure of is that we preserve the capability. We reshape how we need to be configured and what capabilities we need to have for the future -- for today's mission. But, that can continue to be a force to be reckoned with and we can continue to be the type of medical healthcare system that is recognized for the tremendous progress that we've seen over the last 12 years.

I just had the opportunity of visiting

with Sgt. Brendan Marrocco who was our very first quadruple amputee that survived his injuries on the battlefield in Iraq in 2009. So think about that, we had a Soldier who lost both arms, both legs, and in 72 hours, from Iraq, was medevaced back and was in Walter Reed Army Medical Center receiving care. There was a medic on the battlefield at the point of injury that saved that life. That started here. That started here in San Antonio with our medics going through AMEDD Center & School and getting that training. It started with all the training and all the logistical and administrative support of the entire healthcare team that was deployed on that battlefield. That is the center of gravity and we cannot forget that. And, so, he did not only survive his injuries, but about a month and half, going on two months ago, he was just the seventh recipient in the United States to receive bi-lateral arm transplants. Three weeks after his transplant surgery, he's throwing the ball. I am watching him throw the ball to his therapist and it was literally the distance between COL Cook (sitting 20 feet or so away) and myself. And, he threw it back and forth. And, when he was talking with me, he's moving his arm and he's moving his hand (motions brushing his hair) that had just been transplanted a couple of weeks ago.

Think about that. That's the capability that 12, 15, 20 years ago our AMEDD leaders asked a question, invested in research and ensured we had the right trained clinical personnel. We've got to continue doing the same thing today.

We've got to be asking, what are the questions we're trying to answer for the future; what are the capabilities Army Medicine needs to have for the future; and, we have to be able to continue looking forward so that we can take a look at today's environment, which has tremendous fiscal uncertainties -- where our budget pressures are real and it's impacting every single one of us.

Sequestration is something that is not just for today. The law that was passed is a 10-year impact with sequestration. It's a \$1.2 trillion dollar savings for the United States of America. And, the lawmakers are working hard to change that sequestration.

We've got to understand that how we do business today is not what's going to make us successful in the future. And, I would submit, if we looked back and talked to our past leaders across Army Medicine, they struggled with the same thing of saying how do we do business today to ensure Army Medicine remains strong. We've done this for 237 years and we're going to come out of this strong.

But, we're only going to come out of this strong if we do this as a team. And, I can't stress that enough, because when we make the changes that we need to as we move toward the Operating Company Model, the only thing that really means is that we look at where we need to put standards in, where we need to be accountable, and where do we need to standardize as appropriate. That's going to allow us cost savings that can then push back into our organization to use for our people functions and making sure we maintain the right talent on the team.

By just doing the one change we did with Annex O for the Integrated Disability Evaluation System (IDES) in six months we saved \$31M dollars. Think about that. We didn't change our business, all we did was got everybody rowing in the same direction and put standards in (place). And, we had more people going out of the disability system than going in. That's huge cost savings. We've got to look at how we have savings not just for healthcare but how do we save costs for DOD. The budget

pressures we have are budget pressures for the Department of Defense and we're part of that Department of Defense. So, we've got to be looking internally and externally when we're making some of these decisions.

When we're talking about moving from healthcare to health, it's not a play on words. Right now, we spend \$2B dollars a year on military healthcare on obesity-related or tobacco-related illnesses. Think about that, \$2B dollars. If we could just save in those areas, that's money that would not have to be cut from our regular budget. So we are focusing on improving on health and how do move towards health. Because I believe the Army Medicine Strategy can bend the cost curve.

We've got a strategy, that if we keep our focus on that strategy and we keep moving forward, I believe we can shape the environment in which we're in and we'll be able to come out of this stronger.

Serving to Heal...Honored to Serve!

Furlough Resources and Information

Team Army Medicine,

Recently, the Secretary of Defense directed all Department of Defense (DOD) agencies to prepare to furlough DOD civilians for up to 11 days. Accordingly, Army Medicine will begin furloughs on July 8, at the rate of one furlough day per week for most personnel. For now, we plan to continue furloughs through the end of FY 2013, unless our budgetary situation permits us to end furloughs early. As we navigate through these difficult times, Behavioral Health, Warrior Care, and IDES, along with our irrefutable commitment to quality care for Soldiers, Retirees, and Family Members, remain a priority throughout Army Medicine.

Command Sgt. Maj. Brock and I will continue to do all we can to minimize the impact these budgetary constraints might have on you and your Families. You are all dedicated professionals and vital members of the Army Medicine TEAM, and we thank you for your selfless service.

All information related to sequestration is accessible via the Army Medicine website (www.armymedicine.mil) or directly via AKO at: <https://www.us.army.mil/suite/page/682635>. This site will be regularly updated to ensure that you have the information you need when you need it.

Serving to Heal...Honored to Serve!

Lt. Gen. Patricia D. Horoho



Army Medicine's secure messaging service allows patients to communicate with healthcare providers online. Registered users can also refill prescriptions and discuss minor health issues from the comfort of their homes. (Photo by Rayna Holley, Madigan Public Affairs)

Introducing Army Medicine's Secure Messaging Service

Army Medicine beneficiaries can now conveniently communicate online with their primary care providers via secure messaging.

Army Medicine Secure Messaging Service (AMSMS), powered by RelayHealth, brings your healthcare team to you, wherever you are, any time of day. It allows you to communicate with your doctor through secure email about non-urgent healthcare matters, so your doctor or another care team member can respond during business hours.

Through AMSMS, you can contact your primary care clinic to:

- Ask questions and receive advice about non-urgent health concerns at your convenience.
- Request appointments and referrals, even when your doctor's office is closed, so your clinic can respond and/or schedule them during business hours.
- Renew medication prescriptions easily, request prescriptions be sent to your preferred pharmacy, and specify pick-up or mail-order delivery.
- Request laboratory and other test results, with an explanation from your doctor or other care team member attached, when

appropriate.

- Avoid unnecessary office visits and telephone calls.
- Access valuable, medically reviewed health education information about a full range of healthcare topics and access links to doctor-recommended information and sites.

Army Medicine Secure Messaging Service is a secure portal that is compliant with the Federal Health Insurance Portability and Accountability Act (HIPAA). Encryption technology and a stringent privacy policy protect patient personal information more securely than either the telephone or regular email. Patient information is only accessible by patients and their healthcare team.

AMSMS was launched to benefit patients through:

- Increased access to their medical care team.
- Faster, more successful communication.
- Asynchronous communication so provider and patient can communicate on different timelines when convenient.

- Encouraging active involvement in their own care as a patient safety strategy by providing educational materials about topics important to their overall health and care, and giving patients the ability to access and add to their personal health record.

AMSMS isn't only benefiting patients. Doctors and their staffs don't have to play phone tag with patients when they don't want to leave a voicemail with lab results. Nurses can spend less time on the phone and more time with patients when they can answer questions or arrange appointments or referrals through secure email.

It's easy to get started and there's no cost to patients. The benefits include no more waiting on hold to talk to a healthcare professional, and no more phone tag when trying to schedule an appointment or ask a question. To learn more, talk to your primary care clinic about getting connected to Army Medicine Secure Messaging Service.

Maj. Gen. Nadja West Becomes the Army's First Active-Duty African-American Female Two-Star General

By Stephanie P. Abdullah, OTSG Public Affairs

Earlier this month Nadja West became not only Army Medicine's first African-American female two-star general, but the first in the active component of the Army. Commanding General of U.S. Central Command and former Vice-Chief of Staff of the Army Gen. Lloyd Austin III officiated at the rank pinning ceremony, which took place at the Women in Military Service for America Memorial in Arlington, Va.

"I was once an orphan with an uncertain future," said West. "Now I'm a major general in the United States Army."

West holds a Bachelor of Science in Engineering from the United States Military Academy at West Point and a Doctorate of Medicine from George Washington University School of Medicine. She currently serves as the Deputy Chief of Staff, G-1/4/6 for the United States Army Medical Command (MEDCOM). As such, she is responsible for all matters related to oversight and management of the personnel, logistics and IM/IT operations both in the National Capital Region and at Fort Sam Houston in San Antonio.

West hails from the Washington, DC, area and finished high school at the Academy of the Holy Names in Silver Spring, Md. She loved the sciences and working with people, and her engineering and medical degrees helped her do both. But, she said she isn't sure what she would have done had she not joined the Army.

"I'm not sure that [not joining the Army] was an option," West said from the surgeon general's office at the Pentagon.

West's father was a career Soldier and many of her siblings either served in the military as a career or for brief enlistments.

"I couldn't wait to sign up," she said. "I thought it was what you were supposed to do. I was tickled pink when I was accepted to West Point." West said that her father



Gen. Lloyd Austin and Maj. Gen. West's husband Col. Donald West changes out her one-star rank for her two-star rank. (Courtesy photo by Glenda Smith)

always said that people should serve this country because it's the best country in the world. "And it is," she said.

West is humbled to be making history as the first African-American female two-star general in the Army Medical Department.

"I never really thought about that part," she said. "My parents taught me to work hard and be the best I can be and things will work out. I'm just really honored."

West's dad joined the Army when it was segregated and "knows the sting of that," West said. Her mother was active in the civil rights movement.

"If anything at all, I hope I can be an inspiration to any one or any group that has not seen themselves in certain positions," said West, who had to balance her Army career with that of being a wife and mother. "We all want to see people who look like us doing certain things to give us inspiration. Hopefully, I can inspire someone to be able to say, 'I can do that.'"

"Brig. Gen. Nadja West's promotion to major general is a testament to her demonstrated leadership and professional excellence," said Lt. Gen. Patricia Horoho, the Army's current and first female surgeon general. "Since Nadja's promotion to colonel, I have observed her career and proudly share in her development as a

compassionate professional who represents the Army and Army Medicine with honor, style and gravitas," said Horoho.

"Nadja has achieved many milestones throughout her venerated medical, academic, and military careers, yet becoming a two-star general officer is momentous. General Colin Powell once said, 'A dream doesn't become reality through magic; it takes sweat, determination and hard work.' The amount of effort, sacrifice, and resolve necessary to achieve this promotion is a collective endeavor of Family strength," Horoho said from Afghanistan. "I wish Nadja, her husband, Col. Donald West and their lovely family all the best. Brig. Gen. West's promotion to major general highlights the enduring strength of the Army and Army Medicine," said Horoho.

Maj. Gen. West has served more than 30-years and has no plans on retiring anytime soon.

"I'll stay in [the Army] as long as I can make meaningful contributions," she said.

West has been tapped for duty on the Joint Staff as the Joint Staff Surgeon.

Note: In 2011, Maj. Gen. Marcia M. Anderson was the Army's first African-American female to achieve the rank of two-star general in the U.S. Army Reserve.

Army combating sexual assault using ‘team approach’

By David Vergun, DMA

In the third year of its campaign against sexual assault and harassment, the Army is focusing on cultural change, more effective training, and prosecutorial efforts that use a “team approach.”

Lt. Gen. Howard B. Bromberg, deputy chief of staff, Army G-1, fielded questions on sexual assault as well as a number of other concerns from members of the Senate Armed Services Committee, subcommittee on military personnel, which held an oversight hearing on personnel programs, April 24.

Thomas R. Lamont, assistant secretary of the Army for Manpower and Reserve Affairs, also testified, along with personnel chiefs from the other services.

It is admittedly difficult to gauge cultural shifts in willingness to report sexual abuse and harassment, Bromberg said, but the Army has tried to measure the changing climate with its own internal surveys.

He cited a survey at the beginning of the campaign that showed a 28 percent “propensity to report” sexual harassment or assault by female victims. A later report showed a 42 percent propensity -- a pretty significant increase.

Bromberg cautioned that the report is

more of a leading indicator than a scientific study. He added that there was a similar increase in propensity to report for the much smaller group of male victims.

Increases in reporting sexual assault and harassment do not necessarily have a direct correlation with an increase in the number of sexual assaults and harassment, Bromberg said.

Rather, he said, it is a greater willingness of victims to step forward. He attributed that to the higher degree of awareness, training and willingness of leaders in the chain of command to lend a more sympathetic ear to the problem.

The “team approach” against sexual assault, as Bromberg termed it, is now in full swing. Today, the Army has hired 829 full-time victim advocates and sexual response coordinators who are all trained and nationally certified. More than 9,000 others are working part-time.

Also hired were an additional 20 special prosecutors, 30 lab technicians and 10 advocates. Those advocates work with



U.S. Army Chief of Staff Gen. Ray Odierno has lunch with junior leaders during his visit to Wiesbaden, Germany, in April. (U.S. Army photo by Staff Sgt. Steve Cortez)

commanders to help them understand the problem better and assist in the implementation of processes and training to reduce sexual assaults and harassment, he said.

Lastly, training for Criminal Investigation Command agents has been increased.

The team approach, Bromberg said, uses both existing and newly hired personnel -- along with others, like paralegal and victim liaisons from staff judge advocate offices -- to work together to move cases forward and ensure justice is served.

to access the Chief of Staff of the Army, General Raymond Odierno, Sexual Assault and Harassment blog
For related links

Tri-Service surgeons general visit healthcare in Afghanistan



U.S. Army Lt. Gen. Patricia D. Horoho, the surgeon general of the U.S. Army, speaks with Soldiers assigned to the 8th Medical Logistics Company at Bagram Airfield in Parwan province, Afghanistan, in early 2013. (U.S. Army photo by Maj. Charles Patterson)



Surgeon Generals from the various U.S. Armed Forces speak with service members about health issues and medical services at Bagram Airfield in Parwan province, Afghanistan. (U.S. Army photo by Maj. Charles Patterson)



MEDCOM and “Ready Army” Program Prepare Families for Active Storm Season

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

The Atlantic hurricane season begins June 1, while the eastern Pacific hurricane season began May 15th. The U.S. hurricane season ends November 30th.

Seasonal hurricane forecasters have released early reports of an “above-average” hurricane season, with 18 named storms, 9 hurricanes and 4 major hurricanes predicted in 2013. According to the April 10 report from the Department of Atmospheric Science at Colorado State University, it only takes one hurricane to make landfall for an active season to begin, and citizens need to prepare for every season regardless of how much or little activity is predicted.

“The MEDCOM Emergency Management Office works diligently with Headquarters Army to insure Command personnel and their Families have the latest Army Emergency Management information to help them in increasing their readiness and resiliency when it comes to weathering hurricane and severe weather events,” said Jose P. Sosa, MEDCOM emergency manager.

As the 2013 storm season becomes more ominous, Ready Army is the Army’s proactive campaign to increase the resilience of the Army community and enhance the readiness of the force by informing Soldiers, their Families, Army Civilians and contractors of relevant hazards and encouraging them to Build a Kit, Make A Plan, and Be Informed.

“This office researches and mines other

federal agencies’ electronic libraries and data bases for timely and current literature that MEDCOM can leverage and publish for field emergency managers’ use,” said Sosa. “Army Medicine is poised to educate and prepare MEDCOM personnel and the community for potential emergencies that could have devastating effects on our homes and livelihood.”

Emergencies affect hundreds of people every year. One may hit your installation and community and affect you and your Family. When emergencies occur, military and civilian organizations respond, but it takes time to mobilize, and they focus on the most critical needs first.

Findings of a 2009 Personal Preparedness Survey conducted by the Citizen Corps, a program of the Federal Emergency Management Agency (FEMA), found that fewer than half of people surveyed (42%) had practiced a workplace evacuation drill, and only 14 percent had participated in a home evacuation drill. Additionally, of those in school or with children in school, only 23% had participated in a school evacuation drill. The numbers are much lower for shelter in place drills, reflecting 27, 10, and 14 percent respectively of individuals reporting.

Through outreach and education, Ready Army calls our Army community to action and aims to create a culture of preparedness that will save lives and strengthen the nation.

Ready Army seeks to inform the Army community of all hazards and to provide targeted preparedness information to Soldiers, their Families, Civilians and contractors worldwide.

The Centers for Disease Control and Prevention (CDC) Emergency Preparedness and Response website is CDC’s primary source of information and resources for preparing for and responding to public health emergencies. This site continues to keep the public informed about public health emergencies and provides the information needed to protect and save lives before, during and recovering from a natural disaster and severe weather events. This handout from MEDCOM Emergency Manager is a series of updates that will assist in preparing Medical Command and Subordinate Major Commands prepare U.S. Army Medical Command Soldiers, Families, Civilians and contractors for the upcoming 2013 Hurricane Season.

In some cases, the Secretary of Defense will direct all DOD-affiliated personnel in the affected area to report their accountability status as soon as possible. When this happens, if you have access to the Internet you are to report your status online through the Army Disaster Personnel Accountability and Assessment System (ADPAAS). ADPAAS provides a way for Army

personnel (Active Duty, Reservists, National Guard, Civilian employees, some contractors (e.g., OCONUS)) and their Families in the disaster-affected area to report their status. All Army sponsors and Family members should be listed in DEERS.

It also provides commanders a means to assess the impact of the disaster on Soldiers and their Families to provide assistance where needed. You may also report your situation through your chain of command or by using one of the established call centers or hotlines listed below.

Are you and your Family ready for an emergency? Failure to prepare can put yourself, your Family and your property in jeopardy! It's up to you. Prepare strong.

Emergency Preparedness Resources:

CDC public health emergency preparedness information for severe weather (hurricanes):

The following are excellent sites for more Hurricane Preparedness:

The Red Cross has put out an excellent Smartphone Hurricane APP. Here is the information to get access to APP: "From your mobile phone, call "*REDCROSS" (**73327677) and they will send you a link to download the hurricane tracking app to your iPhone or Android device or you can download them directly from the iTunes or Google Play app stores."**

Skin Cancer Prevention

Protection from ultraviolet (UV) radiation is important all year round, not just during the summer or at the beach. UV rays from the sun can reach you on cloudy and hazy days, as well as bright and sunny days. UV rays also reflect off of surfaces like water, cement, sand, and snow. Indoor tanning (using a tanning bed, booth, or sunlamp to get tan) exposes users to UV radiation.

The hours between 10 a.m. and 4 p.m. daylight savings time (9 a.m. to 3 p.m. standard time) are the most hazardous for UV exposure outdoors in the continental United States. UV rays from sunlight are the greatest during the late spring and early summer in North America.

CDC recommends easy options for protection from UV radiation—

- Seek shade, especially during midday hours.
- Wear clothing to protect exposed skin.
- Wear a hat with a wide brim to shade the face, head, ears, and neck.
- Wear sunglasses that wrap around and block as close to 100% of both UVA and UVB rays as possible.
- Use sunscreen with sun protective factor (SPF) 15 or higher, and both UVA and UVB protection.
- Avoid indoor tanning.

Shade

You can reduce your risk of skin damage and skin cancer by seeking shade under an umbrella, tree, or other shelter before you need relief from the sun. Your best bet to protect your skin is to use sunscreen or wear protective clothing when you're outside—even when you're in the shade.

Clothing

Loose-fitting long-sleeved shirts and long pants made from tightly woven fabric offer the best protection from the sun's UV rays. A wet T-shirt offers much less UV protection than a dry one.

Darker colors may offer more protection than lighter colors.

If wearing this type of clothing isn't practical, at least try to wear a T-shirt or a beach cover-up. Keep in mind that a typical T-shirt has an SPF rating lower than 15, so use other types of protection as well.

Hats

For the most protection, wear a hat with a brim all the way around that shades your face, ears, and the back of your neck. A tightly woven fabric, such as canvas, works best to protect your skin from UV rays. Avoid straw hats with holes that let sunlight through. A darker hat may offer more UV protection.

If you wear a baseball cap, you should also protect your ears and the back of your neck by wearing clothing that covers those areas, using sunscreen with at least SPF 15, or by staying in the shade.

Sunglasses

Sunglasses protect your eyes from UV rays and reduce the risk of cataracts. They also protect the tender skin around your eyes from sun exposure.

Sunglasses that block both UVA and UVB rays offer the best protection. Most sunglasses sold in the United States, regardless of cost, meet this standard. Wrap-around sunglasses work best because they block UV rays from sneaking in from the side.

Sunscreen

The sun's UV rays can damage your skin in as little as 15 minutes. Put on sunscreen before you go outside, even on slightly cloudy or cool days. Don't forget to put a thick layer on all parts of exposed skin. Get help for hard-to-reach places like your back.

The United States Food and Drug Administration has announced significant changes to sunscreen product

labels that will help consumers decide how to buy and use sunscreen, and allow them to protect themselves and their families from sun-induced damage more effectively.

How sunscreen works. Most sun protection products work by absorbing, reflecting, or scattering sunlight. They contain chemicals that interact with the skin to protect it from UV rays. All products do not have the same ingredients; if your skin reacts badly to one product, try another one or call a doctor.

SPF. Sunscreens are assigned a sun protection factor (SPF) number that rates their effectiveness in blocking UV rays. Higher numbers indicate more protection. You should use a sunscreen with at least SPF 15.

Reapplication. Sunscreen wears off. Put it on again if you stay out in the sun for more than two hours, and after you swim or do things that make you sweat.

Expiration date. Check the sunscreen's expiration date. Sunscreen without an expiration date has a shelf life of no more than three years, but its shelf life is shorter if it has been exposed to high temperatures.

Cosmetics. Some make-up and lip balms contain some of the same chemicals used in sunscreens. If they do not have at least SPF 15, don't use them by themselves.

Avoid Indoor Tanning

Using a tanning bed, booth, or sunlamp to get tan is called "indoor tanning." Indoor tanning has been linked with skin cancers including melanoma (the deadliest type of skin cancer), squamous cell carcinoma, and cancers of the eye (ocular melanoma).

For more information visit the Centers for Disease Control and Prevention webpage

When Thunder Roars, Go Indoors!

Lightning Safety Awareness Week: June 23-29, 2013



Texas leads the contiguous U.S. in cloud-to-ground lightning strikes in 2012 and the highest on average over the past 15 years.

When the sound of thunder is heard, individuals are recommended to stop activities, seek shelter immediately in a substantial building or a hard-topped metal vehicle, and wait 30 minutes after the thunder storm to resume activities.

Summer is the peak season for one of the nation's deadliest weather phenomena— lightning. But don't be fooled, lightning strikes year round. In the United States, an average of 54 people is reported killed each year by lightning. To date, there has been one lightning death in 2013.

From 1997 to 2012, the state of Texas had on average the most "Cloud-to-Ground" lightning flashes than

any other contiguous state, with the National Lightning Detection Network (NLDN) reporting 2,594,142 flashes in 2012 compared to 901,381 flashes in Florida and 899,598 recorded in Louisiana which had the 2nd and 3rd highest records respectively.

Hundreds of people are permanently injured each year. People struck by lightning suffer from a variety of long-term, debilitating symptoms, including memory loss, attention deficits, sleep disorders, chronic pain, numbness, dizziness, stiffness in joints, irritability, fatigue, weakness, muscle spasms, depression, and more.

Lightning is a serious danger. Through the National Weather Service's

(NWS) Lightning Safety website, the National Oceanic and Atmospheric Administration (NOAA) provides information to educate citizens about lightning risks and how to protect yourself, your loved ones, and your belongings. The goal of the website is to safeguard U.S. residents from lightning. As a start, visit <http://www.lightningsafety.noaa.gov/> and get an overview of Lightning Safety or view NWS' comprehensive page of handouts, brochures, links and more.

Download the Lightning Safety Brochure, Lightning Safety for You and Your Family

The Surgical Legacies of Hawkeye Pierce

By Lewis Flint, MD, FACS

The title of the story I want to tell today is “The Surgical Legacies of Hawkeye Pierce.” Hawkeye Pierce is the dedicated master surgeon, fun-loving romantic, acerbic observer of the foibles of his associates, and successful football team leader invented by Richard Hooker in his book, *M*A*S*H*.¹ Richard Hooker was my pseudonym adopted by Richard Hornberger, a surgeon and alumnus of the Cornell Medical School. All of you know that the book later became a successful motion picture and a long-running television series. Dr. Oris Apel published a real-life account of a mobile Army surgical hospital (MASH) surgeon in his book *MASH: An Army Surgeon in Korea*.

Hooker’s book joins a long line of darkly humorous works about war experiences, including the cartoons of Bill Mauldin and novels by such authors as Heller and Vonnegut.⁴ Recent additions to this lineage include an important comic novel about the war in Iraq entitled *Fobbit* by David Abrams.⁵

I became interested in the legend of Hawkeye Pierce when reading the obituary for Dr. Keirn Reemstma after his death in 2001.⁶ The obituary stated that Dr. Reemstma had been the surgeon that Hooker had used as the model for Hawkeye. Of interest is the fact that I knew of at least 3 other surgeons who had been identified as the model for Hawkeye. One of them was a former member of the Southern Surgical Association and a valued friend, Dr. Alvin Bronwell. It is unlikely that there was a single model for Hawkeye. In fact, in the author’s foreword he states that Hawkeye was a composite of personalities he had encountered in Korea and was not modeled after a single surgeon.

The Southern Surgical Association has a history of supporting military surgeons during and after wars. In his Presidential Address in 1917, William

D. Haggard reflected on the patriotism of military medical personnel. Dr. Haggard reminded the audience that the first American killed in World War I was a surgeon who was part of the staff of the Washington University Medical Unit in France. During and after World War I and World War II, members of my Southern Surgical Association conducted clinics at military hospitals that were close to the annual meeting sites. At the meetings held in 1915, 1916, 1917, 1942, 1943, and 1945, brief symposia consisting of presentations by military surgeons provided perspective on the contributions of wartime surgery and medicine to overall medical progress. In this address, I will review some of the many contributions of military surgeons, members of the Southern Surgical Association, who served in Korea and Vietnam. I will also emphasize lessons learned from combat medical care in more recent wars in Iraq and Afghanistan.

In Helen Clapesattel’s book, *The Doctors Mayo*,⁷ there is this quote: “The only victor in war is medicine.” The quote is unfortunately unattributed, so it is not known which of the Mayo brothers made the statement. The quote succinctly expresses the ongoing progress in medicine and surgery that is accelerated by wartime discoveries. The two Mayo brothers were members of the Southern Surgical Association, and our association continues to benefit from the scholarship of Mayo surgeons.

Continuing the recognition of surgical progress that accompanies armed conflict, in his 1917 Presidential Address, Dr. Haggard offered this quote from Dr. George Crile, a member of the Southern Surgical Association: “more progress has been made in the surgery of the chest and abdomen, in the treatment of wounds, of infections, of hemorrhage and exhaustion; more knowledge has been accumulated

of splints, of apparatus and of every applicable mechanism in the three brief years of war than in the past generation.”

Surgery and surgical patients have benefited from lessons learned in each successive war, but in every war challenging medical conditions affecting veterans have remained unsolved at the end of the conflict. These challenges have become even more important as the current wars approach their conclusions.

Dr. Basil Pruitt⁸ in his 2005 Presidential Address to the Southern Surgical Association, presented a comprehensive scholarly review of the advances in surgery that have resulted from lessons learned in wartime. I will not attempt to repeat that work. Instead, I am going to focus on the following topics: changes in military and civilian surgical practice that occurred because of lessons learned during the Korean War, the Vietnam War, and the recent wars in Iraq and Afghanistan. I will also emphasize the changes in skills, personality, and life view that occur in surgeons who are privileged to care for the wounded and, finally, I will emphasize four contemporary medical challenges that cause continuing suffering for our military personnel. In closing, I will suggest ways that civilian trauma systems and trauma surgeons can join with our military colleagues to improve outcomes for all of our patients, but especially military veterans. The opinions of members of the Southern Surgical Association along with citations in the literature will document the improvements in surgical practice.

Permission to republish portions of this article has been obtained from the author, Dr. Lewis Flint. The article was presented at the annual meeting of the Southern Surgical Association, December 2012.

America's Leading Veterinary Medical Team Celebrates 97 years of service

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

The U.S. Army Veterinary Corps was formally established by an Act of Congress on June 3, 1916. However, recognition of the need for veterinary expertise had been evolving since 1776 when General Washington directed that a “regiment of horse with a farrier” be raised.

For more than 97 years, the Veterinary Corps has led the way in the development of nationally recognized education and training programs as well as innovative programs that focus on research and development, animal disease and injury prevention, veterinary pathology, and public health.

Today, the Veterinary Corps' role is characterized by the global impact of a highly skilled, adaptive and empowered Veterinary Team supporting full-spectrum operations for the Department of Defense to protect the health of Soldiers, Families, and beneficiaries by ensuring a safe, protected food supply in addition to playing a key role in not only animal care, but also in Veterinary Preventive Medicine, Laboratory Animal Medicine, Comparative Medicine, and Veterinary Pathology. Members of the Veterinary Corps are essential team members of Army Medicine, providing medical care to family pets and government-owned animals such as Military Working Dogs.

Veterinary Corps members have served in every major conflict and humanitarian mission since the Corps' inception in 1916. Army veterinarian's work in developing nations helps curtail diseases among livestock and other domestic animals to enhance health and productivity.

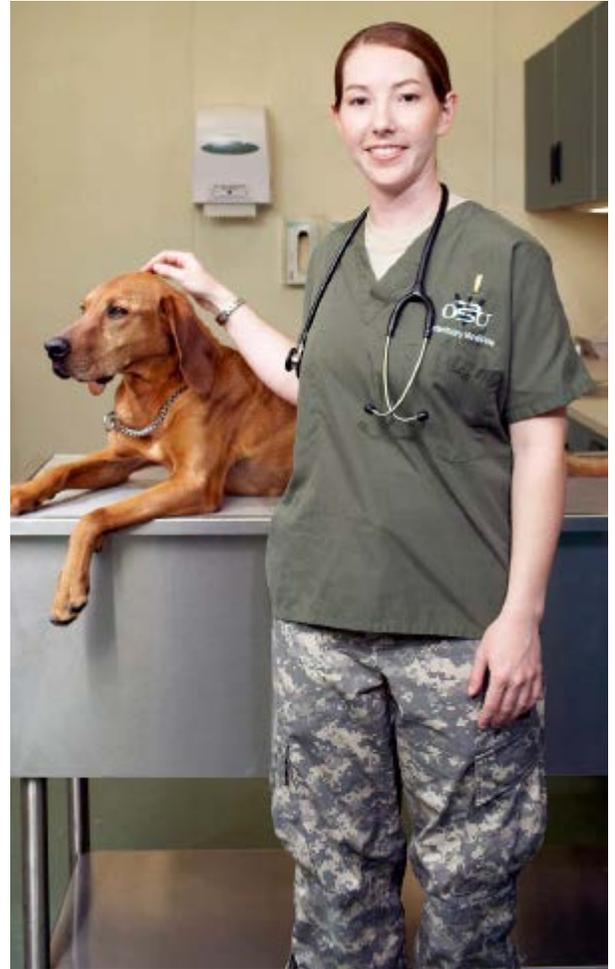
Veterinary Corps participation in all of our nation's conflicts since

World War I has been an essential element in the maintenance of the health and well-being of both animals and Soldiers. The highly technical education obtained by veterinarians has continued to prepare them for their changing mission requirements for the past ninety-seven years.

The U.S. Army Veterinary Corps continues to significantly impact current operations. Veterinary unit commanders and their personnel are critical in effecting remarkably low food borne illness rates. This is, in great measure, a result of veterinary inspection of subsistence in the United States as well as the approval of safe food sources around the world. Army veterinarians ensure the health of military working dogs and assist with host-nation related animal emergencies. Veterinary staff advisors also play key roles regarding issues involving chemical and biological defense.

At home, military veterinary supervision of operational ration assembly plants, supply and distribution points, ports of debarkation, and other types of subsistence operations are critical to ensuring safe, wholesome food for our Soldiers, Sailors, Airmen, Marines, and their family members.

The large segment of the Veterinary Corps involved in Medical Research and Development missions contributes



immeasurably to the overall military effort. Vaccine, antitoxin, and antidote development, directed toward the protection of military personnel, has been and will continue to be, heavily reliant on military veterinary expertise.

Today marks 97 years of historic achievements for which Veterinary Corps members, the DOD, and civilians can be tremendously proud. Accomplishing its broad functions of food safety and defense, animal care, veterinary public health, and research and development; the Veterinary Corps continues to be essential to military forces.



America's Army: Service to the Nation, Strength for the Future

"We're here to help you stay strong. Army strong. That's a commitment I'm making to you... For a decade, you have served under the dark cloud of war. You've endured great loss, and good men and women have given their last full measure of devotion. But we Americans are strong, and we are resilient, and we have resolve. And now, we can see a light – the light of a new day on the horizon. And that's because of you."

—President Obama address at Fort Bliss, TX, August 21, 2012

Two-hundred and thirty-eight years ago, our Nation's leaders established the Continental Army, beginning a rich heritage of successfully defending this great country and her citizens. America's greatest generations are built on the strength of America's strongest citizens – U.S. Soldiers. Today, we celebrate the continued honor, loyalty and bravery of our Soldiers in this noble calling.

As we celebrate our Army's birthday, we are reminded of our Active and Reserve Component Soldiers still serving in Afghanistan, we're reminded of our National Guard Soldiers conducting operations in support of our homeland and we're reminded of our Veterans past and present who served under the same flag.

As we celebrate with the American public, the Army emphasizes key campaigns focusing on a Ready and Resilient force, Soldier for Life, and The Army Profession to communicate our ongoing efforts to service to the nation and enable future strength.

The Ready and Resilient campaign leverages lessons learned over the last 12 years of war and incorporates resilience in an effort to improve individual, family and unit readiness. This will shape the way the Army recruits, trains, cares for and transitions its Soldiers and Civilians, while supporting Families. Ready and Resilient provides unity of effort across the Total Army to refine policies, prioritizes resources, effectively synchronizes and optimizes programs and services, focus training, and strengthen the Army Profession.

The Soldier for Life mindset is a holistic approach to the military life cycle career of a Soldier. The U.S. Army takes care of teammates by ensuring Soldiers start strong, serve strong, and reintegrate strong so they remain Army Strong serving their communities after they leave the Army. The U.S. Army's strategic imperative of sustaining the All-Volunteer Army is directly affected by how well the Veterans reintegrate back into the communities.

The Army is committed to ensuring lifelong success for our Soldiers and their families by connecting them with opportunities for employment, education and healthcare post military service. The Army continuously refines its Army Career and Alumni Program that provides Soldiers a host of transition services, counsel, and training onsite and online.

During Calendar Year 2013, the United States Army launched the "America's Army – Our Profession" program to enhance the education and training of Army professionals. This will prepare Army leaders to be regionally engaged and globally responsible. This program will generate an inspirational and aspirational dialog for Soldiers and civilians to reaffirm their understanding of themselves as professionals, recommit to a culture of service, and serve in accordance with the Army Ethic and culture. The Army Profession—where Military Expertise, Honorable Service, Esprit de Corps and Stewardship are all built on a foundation of Trust—strengthens the force through periods of transition,

reinforces our identity, and provides the critical foundation for the Army of 2020.

The Nation's freedom rests in the hands of our Soldiers, Families and Civilians who defend "The Stars and Stripes." Their dedication makes them the strength of our Army. 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.

Our Army celebrates over two centuries of defending freedom, our flag and democracy around the world. To all those who serve both at home and abroad, to their families who continue to endure, and to the civilians who support them, "Happy 238th Birthday."

The Army will celebrate its 238th birthday from Armed Forces Day (May 18) through to Independence Day (July 4).

For information on
Ready and Resilient

For information on
Soldier for Life

For information on
The Army Profession

From the Frontline of War to a Transforming System for Health, MSC Leading the way!

By Col. Tom Delk, MS, MS, Corps Specific Branch Proponent Officer (CSBPO) and Col. Thirsa Martinez, MS, Office of Medical Service Corps

“The Medical Service Corps (MSC) is leading the effort to transform Army Medicine from a healthcare system to a system for health through our strategic plan,” says Brig. Gen. Dennis D. Doyle. “Our leaders are coaching the workforce about the importance of making wise health choices within their livespace and by ensuring an appropriate balance of Activity, Nutrition, and Sleep.”

The Corps is moving towards resetting and restructuring its forces to prepare for future opportunities globally. As the trusted Corps, our mission is to provide uniquely qualified administrators, clinical, and scientific leaders to best enable Army Medicine. Our Healthcare Administration leaders have the requisite knowledge and skills to build and distribute the expertise necessary to enable high performance through an operating company concept. This year’s MSC theme is “From the Frontline of War to a Transforming System for Health, MSC Leading the way!”

As Col. David Parramore, the Army Medicine chief technology officer, says, “We change lives!”

“We invest in advanced technology and implement solutions earning the

distinction ‘Most Wired,’ that measures the level of information technology utilized in our hospitals and clinics for our beneficiaries. Likewise, as we transition out of hostilities and face increased budgetary uncertainties, our patient administrators and medical logisticians will continue to support current efforts while developing innovative solutions to meet the operating company model by standardizing patient transfer protocols and streamlining logistics procurement processes,” said Parramore. He added, “Our medical evacuation system is working to improve strategic oversight and management of Army aeromedical evacuation with a 1-hour response time for intra-theater movement of patients. Our officers educate, train, and inspire the Corps of Cadets at U.S. Military Academy, where they instruct them on the relevance of science in solving real-world problems. Our scientists lead world-class research programs that develop products to prevent, protect, and heal the warfighter from infectious diseases.”

Capt. Robert Brodnick, a biochemist and his team at Tripler Army Medical

Center, successfully executed cutting-edge technology to develop a novel diagnostic blood test for mild traumatic brain injury. Research psychologists are studying the transformation on community stakeholder well-being, attitudes, and organizational factors that will provide health guidelines and recommendations for future generations.

Today our troops have ready-to-wear Army Combat Uniforms (ACU) infused with permethrin that provides vector-borne disease protection. Our audiologists and optometrists worked with Special Operations Forces in developing battlefield hearing and eye protection, and our pharmacists are providing pharmaceutical care and other patient safety initiatives.

In conclusion, the MSC is up to the challenge in keeping with the tenets of the Military Health System Quadruple Aim by working together, achieving success, focusing on patient satisfaction experience, redesigning clinical workflows, and developing team solutions to achieve the Army Medicine 2020 Campaign Plan goals and objectives.



IMCOM Becomes Member of the National Interagency Confederation for Biological Research

Lt. Gen. Patricia D. Horoho, U.S. Army Surgeon General and Commanding General, U.S. Army Medical Command signs a new amendment of the National Interagency Confederation for Biological Research with Dr. Daniel M. Gerstein, Deputy Under Secretary for Science & Technology, Department of Homeland Security, during a meeting at Fort Detrick, Md. May 30. Per this amendment, the U.S. Army Installation Management Command becomes a member of the NICBR. Witnessing the signing is Col. Steven P. Middlecamp, U.S. Army Garrison Fort Detrick commander. (Photo by Jeffrey Soares, USAMRMC public affairs)

Keep safe during 101 critical days of summer

Summer poses additional accident prevention challenges due to people being more active and taking advantage of the nice weather. Each June, the National Safety Council encourages organizations to get involved and participate in National Safety Month. NSM is an annual observance to educate and influence behaviors around leading causes of preventable injuries and deaths.

Historically, there are distinct increases in off-duty fatalities for the Army during the 101 Critical Days of Summer (Memorial Day through Labor Day).

Trends have shown that during the summer, motorcycle, automobile and all-terrain vehicle fatalities and injuries peak. Failure to wear seat belts or motorcycle protective equipment such as helmets, speeding, and impaired/inattentive driving continue to cause fatalities and injuries command-wide with the root cause being lack of discipline.

Leaders must reinforce the importance of safety across their organizations, remain vigilant and recognize the primary threats to our Soldiers, Family members, DA Civilians and Contractors. Repetitive motion injuries such as carpal tunnel syndrome, continue to rise as more people utilize computers and other multi-media devices. Slips, trips and fall accidents result in more emergency room visits than any other injury, yet are among the most preventable. Motor vehicle crashes are the number one cause of work-related deaths and also kill more teens than the next three leading causes of death combined.

This year's theme from the National Safety Council, "Safety Starts with

Me," was inspired by the pillar of Leadership and Employee Engagement from the Journey to Safety Excellence. The following are the focus of this year's National Safety Month (June):

Week 1: Preventing Slips, Trips and Falls

Week 2: Employee Wellness

Week 3: Emergency Preparedness

Week 4: Ergonomics

Tips for a Safe Summer:

- Sun exposure - Wear sunscreen with an SPF of 15 or higher whenever you spend time in the sun, and reapply as needed. Some sun screens fade with sweat.
- Heat stroke - To avoid life-threatening heat stroke (a core body temperature above 104°F), avoid strenuous activities during high temperatures. Conduct activities during cooler evening hours. Drink plenty of water or sports drinks for hydration.
- Diving injuries - Severe spinal injuries can occur if people dive and hit their head on the bottom of a pool, lake or other bodies of water. Don't dive if you don't know the depth of the water. Be aware that even if you know the depth in a river or lake, these depths can change over time. In addition, there can be debris such as trees and rocks under the waterline.
- Swimming - Swim only in designated swimming areas, areas patrolled by lifeguards or other rescue personnel and never swim alone.
- Insect repellents - Wear repellents, especially when hiking or camping,



to prevent Lyme disease (spread by ticks) and West Nile virus (spread by mosquitoes).

- Transportation - Children and adults should wear helmets when riding bicycles, motorcycles, skateboards or all-terrain vehicles (ATVs). The most effective way to prevent head injuries is to wear a properly fitting helmet.
- Lawn mowers - Never carry additional riders on a riding mower, unless it is specifically designed for passengers. For riding and push-type mowers, always wear sturdy shoes (not sandals), long pants and safety glasses.
- Barbecue and burns – NEVER light a grill using gasoline! Always watch children and pets when grilling outdoors and never bring a grill inside if the weather turns bad. When lighting fireworks, keep flames and fireworks away from you. The safest thing is to not use fireworks at all.
- Alcohol-Summer festivals, sporting events and other activities often include alcohol.
- To prevent injury to yourself or others, be a responsible drinker and always make sure you have a designated driver. Many boating accidents are also related to alcohol use.
- Bee stings - Cover soda cans and food to prevent attracting bees.
- Playground safety - Check equipment for adequate fall zones and protrusions prior to allowing children to play.



Army Sgt. Christopher Haley works out at the Center for the Intrepid, Brooke Army Medical Center's rehabilitation facility. Haley lost his leg and damaged the other when a roadside bomb exploded in Afghanistan in September 2011. (U.S. Army photo by Robert T. Shields)

Wounded Soldiers Share Journey to Inspire Boston Victims

By Elaine Sanchez, Brooke Army Medical Center Public Affairs

Wounded Soldiers recovering at Brook Army Medical Center (BAMC) have a message they'd like to pass on to the Boston bombing victims: You're not alone.

They can relate to the devastating aftermath of an explosion and the emotional and physical pain of lost limbs. And they know firsthand the courage and strength required to heal after blast injuries like those at the Boston Marathon.

Still, they have a message of hope to deliver.

"Keep your head up and don't quit," Army Sgt. Christopher Haley said.

Haley lost his leg and damaged the other when a roadside bomb exploded in Afghanistan in September 2011. He remembers the moments after -- the

shock and disbelief and the quick ride to Kandahar. The doctors induced a coma, and when he woke up in Bagram, he took one look at his legs and cried.

"I thought it was all a terrible dream," he said. "When I realized it actually happened ... that was rough."

Haley was flown to San Antonio Military Medical Center to recover. A few weeks later, an amputee walked into his hospital room and delivered something he'd been lacking in recent days -- hope.

"I thought to myself, 'If he can do it, there's no reason I can't,'" he said. "And, I realized my life wasn't over; I still have a lot of potential."

This is the exact message he'd like to convey to the Boston bombing victims. "I can't imagine what you're going

through," he said. "But plenty of people want to see you succeed. I want to see you succeed."

Army Sgt. Jordan Sisco said he was shocked and horrified when he saw the Boston bombings on the news. The incident in Afghanistan that robbed him of his legs and his left thumb last summer was still fresh in his mind.

"I have an idea of what the Boston victims are going through," he said. "I don't know, but I have an idea."

Like Haley, Sisco vividly recalls the moment the blast hit. He was leading his squad on a surveillance mission near the site where his best friend had been injured just hours earlier. He jumped into a ditch and landed on a bomb.



Army Sgt. Jordan Sisco acclimates to a surfboard during a surfing trip in April to Santa Cruz, Calif., sponsored by Operation Surf. A surfer when he was growing up, Sisco rediscovered his passion for the sport recently after losing his legs and his left thumb last summer when he stepped on a homemade bomb in Afghanistan. He called the surfing trip “pure bliss.” (Courtesy photo by Rod Brodman)

Time stopped at that moment, he said.

The explosion lifted him into the air “like a tornado,” and a dark wall of sand surrounded him. He landed on his face and his first thought was a calm one, “I’m OK. I’m alive.”

Moments later the “unbearable” pain set in, and he began to pray. “God, let me see my Mom one more time.” While on the chopper being rushed to care, he last remembers reaching out to hold the hand of a female medic. When he next woke up he was in the hospital and the first person he saw was his Mom.

While glad to be alive, those early days of recovery were dark ones. “When I woke up in the hospital and discovered I had no legs ... I was devastated. I didn’t think there would be a girl out there for me.”

And if there was, Sisco worried about being able to support and protect a wife and Family.

“It took a lot to get me out of that,” he said. “That was a very dark period for me.”

Sisco slowly pulled out of his depression by leaning on his Family, friends and caregivers at the Center for the Intrepid, Brooke Army Medical Center’s outpatient rehabilitation center here. Talking about his situation helped, he said. “It’s good to talk and hang out with people,” he said. When alone, he rediscovered his love of movies and classic rock.

Sisco began setting goals for himself – new prosthetics, walking again -- and recently decided to again take up surfing, a sport he fell in love with while growing up along the coast of California. He was nervous and scared at first, but when he got on the board and caught the first wave, he popped up and rode inland. “It was absolutely amazing,” he said. “Pure bliss.”

While he’s overcome one challenge after another, his biggest accomplishment, Sisco said, is never giving up.

“There were so many times when I felt like life was over,” he said. “But it’s

not the end of the road yet.

“Many people have gone on from here to live happy and healthy lives after a horrible injury,” he added. “If I can do it, if the people in front of me can do it, I know the Boston victims can too.”

Haley has found healing in talking about his experiences and taking up sports such as running and wheelchair basketball. He began to run, not because he enjoys it, he said, but because he can.

Today, the Soldier’s new goal is finding that one thing he can’t do. “I haven’t found it yet,” he said with a smile.

Haley said he has every confidence that the Boston victims will move forward from this difficult time.

“They didn’t deserve it,” he said. “But the one thing they can do now is come out on top.”

[Access the full article](#)

Lyster patient sheds half his body fat through exercise, healthy eating

By Katherine Rosario, Lyster Army Health Clinic Public Affairs

When Randy Welch retired from the Army, he took a break from exercising and soon found his trim figure expanding.

At his heaviest, Welch weighed in at 240 pounds and carried more than 30 percent body fat.

When he took a job as an instructor pilot he had a hard time passing his flight physical.

“It didn’t take long for me to gain weight and it became more and more difficult to pass a flight physical,” he said. “Each year the doctors would advise me to exercise, but I didn’t take them seriously.”

His solution was to take a pill to fix his health problems, which included onset diabetes and hypertension.

“Each year I got a new medicine or an

increase in dosage to attempt to keep my numbers under control so I could pass my flight physical,” Welch said.

Two years ago, he decided to make a lifestyle change and started exercising again and watching his food intake.

Welch’s motivation to regain a healthy lifestyle reflects the Army surgeon general’s Performance Triad components – Activity, Nutrition and Sleep (ANS). When all three of Lt. Gen. Patricia Horoho’s system for health aligns, Army Medicine beneficiaries are able to build and sustain health.

“I started by counting calories on my smart phone,” he said, adding he also found a space to add in exercise and calories burned. “If I walked I could eat more calories, so I started walking every day.”

His competitive spirit led him to walk faster each day until he was able to jog.

“After a couple weeks I found myself jogging and soon was running 3.2 miles,” he said.

“Then I decided I would try to beat my time once a week and did this for 90 days.”

Welch never missed a day and saw the pounds come flying off.

In less than six months, he lost more than 15 percent body fat and dropped 65 pounds.

At a friend’s suggestion, he entered a 5K race. Today he has run many 5K and 10K races, 12 half marathons, one marathon and a 200-mile relay race. He currently weighs 175 pounds and has less than 15 percent body fat.

“I’m completely off some prescribed medication and have significantly reduced dosage of another,” he said. “My numbers resemble those of a young man!”

His provider, Elizabeth Johnson-Bailey, has noticed improvement in his blood pressure as well.

“When I first saw his chart, I thought I picked up the wrong one because I was holding information for a man who weighed more than 200 pounds with all sorts of health issues,” she said.

When Welch told her that he accomplished his weight loss through diet and exercise, she said she was amazed.

“Very few people are determined enough to lose weight the healthy way, but he did it and is keeping the weight off,” she said.

Welch just completed his 13th marathon and plans to keep running.

“I feel great,” he said. “I now consider myself a runner!”



Photo Credit: Katherine I. Rosario (Army Medicine) A before and after picture of Randy Welch is a reminder to him of what health eating and exercising can do for his body. Since starting his exercise regiment, his blood pressure has improved and he no longer struggles with onset diabetes and hypertension.

Work group promotes healthy behaviors

By Ann Bermudez, Army Medicine Public Affairs

Most organizations hire, promote, and retain people for the “software” in their minds, all that intelligence, wisdom and genius that resides between the ears. However, that software will simply lie dormant unless it’s properly powered up by Activity, Nutrition and Sleep (ANS).

Lt. Col. Christine Edwards, deputy program manager dietetics, discussed “Food For Thought -- Fueling the Strategic Leader” to staff members participating in the volunteer ‘Fit to Win’ work group at the U.S. Army Medical Command Headquarters, Joint Base San Antonio, TX, May 8. Edwards focused on inspiring and motivating strategic leaders to ‘power up’ and sustain their cognitive sharpness through proper nutrition, i.e., eating every 4-5 hours and to make half of your plate fruits and vegetables.

According to Edwards, the right fuel, in the right amount, at the right time improves: health to sustain performance, decision making and risk management,

strength to perform, and mental endurance and focus.

“When you eat right, sleep, and stay active, you will find it easier to lose body fat, which ultimately reduces your risk for chronic disease,” Edwards said. You will find it easier to maintain a more steady level of energy and focus for cognitive tasks. You will feel stronger and more capable, less prone to soreness and fatigue.”

The Performance Triad is the Surgeon General’s initiative and vision to improve the health of Soldiers and Civilians to optimize performance and improve resilience through changes in behaviors and attitudes related to ANS. MEDCOM has put together a volunteer program for all headquarters staff to help and support those striving to improve their health and reach their goals. The group meets periodically to provide pertinent information, serves as a support group for those involved, brings SMEs to meetings to discuss ways to improve, and shares



Lt. Col. Christine Edwards, deputy program manager dietetics, talks to staff members at the U.S. Army Medical Command Headquarters about healthy eating in order to increase performance through the Performance Triad’s components of Activity, Nutrition and Sleep.

what has not worked for individuals.

Lt. Gen. Patricia Horoho attended the presentation and was proud of the grassroots effort to get staff members thinking about health.

“We have to celebrate all of the small successes because we are worth investing in,” she said. Horoho encourages others to consider Performance Triad initiatives at their own locations.

Watch what’s playing now on 



(Left to Right) 2nd Lt. Sarah Matthews, Spc. Christopher Abernathy, Staff Sgt. Michael Hatfield, Sgt. Alan Hensley and Sgt. Jessie Hurst, holding Star, smile for the camera after being presented with Certificates of Achievement for donating a gallon of blood during a recognition ceremony held April 4 at the Robertson Blood Center at Fort Hood, Texas. (Photo by Catherine Tharpe)

A Tradition of Saving Lives

By Catherine Tharpe, Armed Services Blood Program Blood Donor Recruiter, Fort Hood, Texas

The 1st Cavalry Division Horse Detachment is known for their historical ties, beautiful horses, exclusive status, and their mounted drill and weapons demonstration. What many do not know is that the troopers assigned to the Horse Detachment are also devoted blood donors to the Armed Services Blood Program (ASBP). Among their other duties, donating blood has become one of their newest traditions.

Being a part of the Horse Detachment is not an easy feat to accomplish. Between 40 and 50 service members may try out at a time, but only one or two individuals will make the cut. They travel the country representing the U.S. Army and the 1st Cavalry Division, preserving history and honoring tradition. Everyone plays a part in making the stables self-sufficient. From stall-mucking, fence making, to making the saddles, horse shoes, and leather boots by hand — the Horse Detachment carries out their busy schedule with pride.

Yet despite their busy training schedules and travels around the world, the Soldiers take a break from their

duties every 56 days and make their way to the Robertson Blood Center at Fort Hood, Texas, to donate blood and give back to their brothers and sisters in arms.

No one can recall exactly when the detachment's tradition of donating blood started, because even when the service members change, the blood drives continue. Balancing their schedule keeps Staff Sgt. Michael Hatfield, their training noncommissioned officer and interim first sergeant, on his toes to find an open part of a day for their soldiers to give back. However, he does it with great success. On April 4, the Robertson Blood Center had the honor to recognize five of their members as one-gallon donors.

Spc. Christopher Abernathy, Sgt. 1st Class Donald Davis, Staff Sgt. Michael Hatfield, and Sgts. Alan Hensley and Jessie Hurst were recognized by 2nd Lt. Sarah Matthews with a Certificate of Achievement signed by the hospital command sergeant major.

"Thank you to our gallon donors!" said Matthews, prior to the start of the detachment's blood drive. "Without the dedicated efforts from repeated donors like the Horse Detachment, we could

not accomplish our mission. Thank you for saving lives."

Donna Smith was on hand to support the members of the unit she has informally adopted and of which she is also a member. Smith drives approximately four hours round trip with delicious eats and her sidekick, Star, a dachshund who loves to see the troopers from the Horse Detachment. She takes pictures, offers support, and loves each of them like they were her own.

Reaching a gallon or more with blood donations takes time and dedication, as well as a great memory to recall the next time an individual is eligible to donate again. The Robertson Blood Center is thankful to have become a part of a tradition for the members of the 1st Cavalry Division Horse Detachment — a military unit that knows the importance of giving back and saving lives.

To find out more about the ASBP or to make an appointment please visit us online



2nd Lt. Sarah Johnson (standing on the track), a first-year student from the Medical Corps Health Professions Scholarship Program (HPSP) at the University of Vermont College of Medicine, anxiously awaits to sing the national anthem while listening to Congressman Joe Kennedy discuss congress' commitment to the invisible wounds of war before a crowd gathered at Fenway Park for the annual "Run-Walk to Home Base" charity event to support Iraq and Afghanistan Veterans and Families.

Army Medicine! Boston Strong!

By Capt. Adam Davies, Boston Medical Recruiting Company, U.S. Army Recruiting Command

On the morning of this year's Boston Marathon, Soldiers from the U.S. Army Medical Recruiting Brigade greeted runners while out promoting Army Medicine at the start line in Hopkinton, MA. When the bombings occurred 26.2 miles away in Boston, many of the first responders included Soldiers from other ranks within Army Medicine.

Physicians and nurses from the 804th Medical Brigade responded to save dozens of lives. Col. Joseph Blansfield, an emergency room nurse, was on scene and took care of patients at the Boston Medical Center, where he works full-time. Lt. Col. David King, a general surgeon, finished the Marathon just minutes prior to the blasts and immediately went to the operating room on his full-time service at Massachusetts General Hospital.

On 4 May 2013 – just three weeks after the bombings and in a display of strength and resiliency – Soldiers from

both brigades came together again. This time they participated in the Red Sox Foundation and Massachusetts General Hospital (MGH) Home Base Program's annual "Run-Walk to Home Base." The Home Base Program provides clinical care, education, and research to help Iraq and Afghanistan Veterans and Families heal from the "invisible wounds" of war – post-traumatic stress and traumatic brain injury.

A Forward Surgical Team was established inside Fenway Park's concourses with 804th surgeons and nurses on hand. 2nd Lt. Sarah Johnson, a first year Medical Corps Health Professions Scholarship Program (HPSP) student at the University of Vermont, sang a moving rendition of the National Anthem. The Medical Recruiting Brigade fielded a team to run the 9K race. Members from both brigades lined the final stretch of the race. Col. Karrie

Fristoe, commander of the Medical Recruiting Brigade, engaged senior leaders from the community – to include the Red Sox Foundation and MGH – and was able to congratulate military heroes as they crossed the same home plate made famous by so many legendary baseball heroes.

Army Medicine has a very proud tradition in Boston. It's official origin can actually be traced to the Revolutionary War when the Continental Congress designated a home just outside Harvard Square as the first Army Medical Headquarters.

It could be argued that nowhere else in the Army Medical Department can the refrain "The Strength to Heal" be more true than in Boston. Regardless – while the rest of the Army knows Army Medicine as Army Strong, at least in New England, Army Medicine is Boston Strong!

AROUND ARMY MEDICINE

McRaven Calls Wounded Warriors, Caregivers ‘Inspiring’

By Elaine Sanchez, Brooke Army Medical Center Public Affairs



Center for the Intrepid prosthetist Ryan Blanck shows Navy Adm. William H. McRaven, commander of U.S. Special Operations Command, a leg brace he invented for wounded service members, at the CFI in San Antonio. The brace, called the Intrepid Dynamic Exoskeletal Orthosis, or IDEO, offers service members who suffered lower leg injuries greater mobility, including the ability to run. (U.S. Army photo by Robert T. Shields)

Brooke Army Medical Center’s staff and facilities are “just phenomenal,” the commander of U.S. Special Operations Command said during his tour of San Antonio Military Medical Center April 15.

On his first visit here as SOCOM commander, Navy Adm. William H. McRaven visited with wounded service members, their families and staff at BAMC’s inpatient facility, and the Center for the Intrepid, BAMC’s state-of-the-art rehabilitation center.

“I’ve traveled all around the world and I never cease to be amazed, cease to be inspired by these young kids and their families, and frankly the doctors and caregivers who support them,” he said.

In the hospital, the admiral donned scrubs to visit with injured warriors in the Institute of Surgical Research Burn Center and an inpatient ward, lingering by bedsides to chat with their parents and wives.

In the CFI, McRaven watched intently as Marine Cpl. Ivan Sears, a double-leg amputee, virtually shot at an enemy using arm movements via a video game system while standing on his prostheses. In the aquatic room, Army Staff Sgt. Michael McCallum and Pfc. Chris Haley, both amputees, showed off their surfing moves, including barrel rolls, in the wave pool.

McRaven also spoke with patients who benefited from a leg brace called the Intrepid Dynamic Exoskeletal Orthosis, or IDEO. The IDEO, created by CFI prosthetist Ryan Blanck, offers service members who suffered lower leg injuries greater mobility, including the ability to run. While there, the admiral, who grew up in San Antonio, joked about sports teams with fellow Texan Army Capt. Larkin O’Hern, a triple amputee.

After his tour, McRaven praised the wounded warriors’ courage, while also noting the contributions of their caregivers.

“The staff and volunteers [are] absolutely magnificent,” he said. Seeing them at work, he added, “makes you proud to be an American.”

Fort Hood Soldiers salute Ride 2 Recovery cyclists

Fort Hood Warrior Transition Brigade Soldiers from 1st Battalion, B Company greet WTB Soldiers, Sgt. 1st Class Corey Edwards and Sgt. Jacob Ellingson, during the annual Ride 2 Recovery Texas Challenge. The six-day, 350-mile bike ride rolled through Fort Hood April 11. Edwards is a wounded warrior assigned to B Company, and Ellingson is assigned to A Company. The purpose of the cycle challenge is to support wounded, ill, and injured Soldiers during their rehabilitation and recovery. More than 160 wounded warriors, veterans and supporters participated in the 2013 challenge, which began in San Antonio April 8 and ended in Arlington April 13. (U.S. Army photo by Gloria Montgomery, Warrior Transition Brigade, Fort Hood)





BORDEN INSTITUTE WINS TWO PUBLISHING AWARDS FROM WASHINGTON BOOK PUBLISHERS

By Timothy K. Jones, AMEDDC&S

The Borden Institute, Army Medical Department Center and School (AMEDDC&S), publishes the Textbooks of Military Medicine. The Borden Institute has won two publishing awards from the Washington Book Publishers 2013 competition. The Textbook of Military Medicine, Military Quantitative Physiology: Problems and Concepts in Military Operational Medicine, won first place in its category: Typographic Text, Small to Medium-Size Not For Profit publishing organizations. Combat

Casualty Care, Lessons Learned from OEF and OIF won third place in its category: Typographic Jacket, Small to Medium-Size Not For Profit publishing organizations. The award ceremony took place in Washington DC in May. These nationally prominent awards confirm Borden Institute's excellence in capturing military medical lessons learned and the subsequent dissemination of military medical knowledge. The Borden Institute has now won a total of thirteen national-level awards and its publications are used in numerous

medical residency programs and by other advanced medical learning organizations. These publications are available for online order or PDF download from the Borden Institute Website



MRMC



USAMRMC's Work Contributes to Army Earning "Top Innovator" Title

By Ellen Crown, USAMRMC Deputy PAO

The U.S. Army was recognized as one of the Top 100 Global Innovators on Thomson Reuters' second annual innovators list.

In their report, Reuters highlighted several projects of the U.S. Army Medical Research and Materiel Command, which has developed unique innovations such as:

- Progress towards a Malaria vaccine, Ebola drug, and dengue fever therapy

- Development and fielding of truncal tourniquet
- Completion and implementation of an Adenovirus vaccine

"This recognition is shared with the members of our Army science and technology community who perform research relevant for the Army and our important mission, and provide the innovation that contributes to a strong national security posture," said Heidi Shyu, the assistant Secretary of

the Army for Acquisition, Logistics and Technology, who accepted the award on behalf of the service during a small ceremony at the Pentagon in April. "Nearly 12,000 scientists and engineers perform their work daily knowing that it will benefit our Soldiers by providing them with the best technology available to successfully accomplish their mission."



Military medicine benefits all

By Bernard S. Little, WRNMMC Journal staff writer

Six months after losing his left leg below the knee to a roadside bomb in Afghanistan, Army Spc. Calvin Todd is smiling, holding his 7-month-old son, Angus (“Gus”), during a break in the Soldier’s rehabilitation in Walter Reed National Military Medical Center’s Military Advanced Training Center.

“I’m almost back to new,” says Todd, 26, who also plays sled hockey and runs eight-minute miles.

Army Staff Sgt. Travis Mills, 26, is one of only five quadruple amputees from the wars in Iraq and Afghanistan to survive his injuries. Critically injured on April 10, 2012 by an improvised explosive device while on patrol during his third tour of duty in Afghanistan, Mills is walking again and able to hold his 18-month-old daughter, Chloe. He also snowboards, swims, water-skis, and rides a bicycle. “Everything you do is adapted,” said the Soldier, who describes his life now as “a new normal.”

“I’m very fortunate the research that has been done has benefitted me through



Spc. Calvin Todd holds his 7-month-old son, Angus (“Gus”), during a break in the Soldier’s rehabilitation in Walter Reed National Military Medical Center’s Military Advanced Training Center in April. Todd said his son is an inspiration for him to keep pushing himself in his rehabilitation six months after losing his left leg below the knee to a roadside bomb in Afghanistan. (Photo by Bernard S. Little)

my injuries,” Mills said. “I know that if I would have got hurt like I did 10 years ago, I probably wouldn’t have made it off the battlefield,” he added.

Since 2001, there have been approximately 1,600 service members that have sustained major limb amputations as a result of the wars in Iraq and Afghanistan; roughly 300 remain on active duty and more than 50 have returned to combat operations, according to Army Capt. Bradley Ritland, chief of the physical therapy amputee section at Walter Reed Bethesda.

“War is a catalyst for positive medical change,” said Army Col. (Dr.) Chester “Trip” Buckenmaier, head of the Defense and Veterans Center of Integrative Pain Management. He added this positive medical change has not only benefitted warriors injured on the battlefield, but society at large, and pointed to first responders at the Boston Marathon explosions, who knew to use tourniquets to help save lives.

More than 260 people were injured after two bombs went off April 15 near the finish of the Boston Marathon, resulting in amputations for at least 14 victims.

Todd and Mills agreed that while those victims face challenges, both emotionally and physically, there is hope. “Stay positive and set attainable goals,” Todd said, “the sky’s the limit.” He aims to compete in a triathlon, and run a road race and a half-marathon or a marathon before the end of the year.

According to Todd, the first couple of months are tough. “It’s not going to happen overnight, but you have to work at it. You’re still the same person,” he said.

Dr. Harold Wain, chief of the psychiatry consultation liaison service at Walter Reed Bethesda, explained all troops returning from deployment in combat zones receive

a mental health assessment, and added amputees must learn to accept themselves just as wounded warriors do. “In order for them to have a [positive] recovery, they need to have a good perspective of who they are, they need to feel good about themselves, and they need to accept who they are. They are still whole, and can still function,” said Wain.

David Beachler, lead prosthetist at Walter Reed Bethesda, explained the latest innovation in prosthetics at Walter Reed Bethesda include powered knees, hands and ankles which allow amputees to walk better, run, pick up and grasp objects, type, and perform numerous other daily activities.

“Service members have survived extraordinary blasts injuries and thrived and there’s no reason to think the victims of the Boston Marathon explosions will not do the same,” said Retired Army Colonel, Dr. Paul Pasquina, chair of physical medicine and rehabilitation at Walter Reed Bethesda and the Uniformed Services University.

“We’ve learned a lot in terms of taking care of individuals who have sustained injuries from a blast,” Pasquina said. “Typically from a blast, you have visible wounds and you have invisible wounds, and it’s very important to address all of those.” This is done by an integrated, interdisciplinary team of surgeons, physicians, nurses, rehab specialists, behavioral health specialists, peer visitors, and the family of the wounded, he added.

Mills said it is just a matter of “continuing to move forward and realizing it will get better.”

Todd agreed.

“When you get out of bed and start moving, it’s going to come back to you quick, and there’s a lot you can do,” Todd said. “You can do anything you want to do, you just got to work for it.”

Tripler Army Medical Center (TAMC) celebrates the grand opening of its single Family room Neonatal Intensive Care Unit (NICU)

By Harvey Hall, BAACH, USAMEDDAC-Korea

Tripler Army Medical Center (TAMC) celebrated the grand opening of its single Family room Neonatal Intensive Care Unit (NICU), which opened in Feb.

The NICU, which has been under renovation for more than two years, was the result of more than 10 years of planning.

“(Today) is a big milestone for not only Army Medicine, but certainly for the Tripler ohana as we open phase two of this single Family room NICU,” said Brig. Gen. Dennis Doyle, commander, Pacific Regional Medical Command and TAMC, in his opening remarks. “I appreciate all of you coming here to mark this really significant day.”

The NICU is now equipped with 19 single Family rooms with 22 beds, including three rooms dedicated to caring for twins. It is the first single Family room NICU not only within the state of Hawaii, but also the Department of Defense.

A “soft” opening was celebrated April 3, 2012, when the first phase of renovation was completed. The construction was done in two phases in order to keep the NICU operational.

“We wanted this NICU to have the latest design elements and the best state-of-the-art technology that was available to make it the safest NICU for patient care,” said Col. (Dr.) Sarah Lentz-Kapua, assistant chief, Department of Pediatrics, TAMC.

In part, what makes Tripler’s NICU unique is the noise reduction/sound proofing that has been installed in the ceiling and floor. Because most of the babies in a NICU would,



Dr. (Maj.) Joseph Hudak (left), chief, Neonatal Intensive Care Medicine, Tripler Army Medical Center, explains some of the new features of TAMC’s single family room neonatal intensive care unit, to Brig. Gen. Dennis Doyle, commander, Pacific Regional Medical Command and TAMC. After two years of construction, the NICU celebrated its grand opening Feb. 14. (U.S. Army photo by Soraya Robello, Tripler Army Medical Center Public Affairs)

under ideal conditions, still be in mother’s womb, sound levels are kept to neonatal standards. With dimmer light capabilities and a device to monitor sound level, the rooms provide the optimal environment for babies’ hearing, growth and overall development.

“The most precious patients we have are those newborns and the most precious of the precious are those ones who really need the extra care that Dr. Lentz-Kapua and her whole team provide for up here,” Doyle said.

Another key element allowing for private rooms for baby and parents is the technology that allows nurses to

monitor rooms from other locations on the ward.

“The monitor and nurse call system are really the cornerstone of safety for our precious little patients,” Lentz-Kapua said. “All the rooms are configured similarly to make it easier and safer to move from room to room and provide care. The care team and the Families really find that the new environment is much quieter and a more calming place for patient care.”

Adaptive sports aid Soldier's recovery

By Maria Gallegos, Brooke Army Medical Center Public Affairs

When service members deploy, their mentality is to stay focused with determination and courage to succeed in their given mission. However, when they are injured in combat – to stay focused is not about the mission, it's about getting back confidence that is sometimes lost.

Sgt. Ryan McIntosh was an avid athlete who was heavily involved with sports throughout high school. He competed in track and played football – even semi-professional football.

After high school, McIntosh joined the Army in 2010 as an infantryman and deployed to Afghanistan shortly after he graduated from basic training in Colorado earlier that year.

Everything was going well as planned until one day, unexpectedly, his life changed forever.

Just two months into deployment, he was out on a routine orchard-clearing foot patrol when he stepped on a pressure plate land mine – ultimately resulting in amputation to his right leg below the knee.

He has been treated at Brooke Army Medical Center (BAMC) since the

incident and is rehabilitating at the Center for the Intrepid.

At first, McIntosh was not sure about jumping back into sports due to his injuries, but with friends' persistence, he gave sitting volleyball a try. Ever since then, he has been participating in most, if not all adaptive sports for wounded warriors.

"From the beginning I wanted to get back on my feet as quickly as I could," said McIntosh. "I'd always been an athlete, -- it was a passion of mine. When I got hurt, I lost track of it -- thinking I'm not able to do what I used to do because I got hurt.

"After two months into my recovery I reluctantly gave sitting volleyball a try," he continued. "I was hooked ... that transition into finding every sport that I could possibly play, and then I started the wheelchair basketball that led me to running track."

McIntosh continued to get involved with different sports and came to realize that every time he participated, he felt like he "is the same person, before the injury."

"I felt that I was still competitive ... I was still athletic ... that didn't change because I lost my leg. It just propelled me to work harder to do what I wanted to do," McIntosh said.

That endurance and stigma led him to compete in the 2012 Army Warrior Games. He took home the gold medal in wheelchair basketball, silver medals in two track events, and a bronze medal in swimming.

"I was honored and excited to be given the opportunity to compete among the top athletes across the country," said McIntosh.

Even though he was considered unfit for duty after his medical evaluation board, he remains on active duty on the Continuation on Active Duty, or COAD, a program that provides an opportunity for wounded warriors to continue to serve in the Army on active duty or on active reserve.

"I know I can't do the job I used to do but I can still help the Army," he said.

McIntosh is now the Adaptive Sports noncommissioned officer in charge with BAMC Warrior Transition Battalion.

In this position, he helps Soldiers get back to sports and stay physically fit at all levels - from competition training to reconditioning Soldiers to learning new ways of playing sports with their children.

"I have the passion for what I do because I see what it did for me. I recovered because when I was hurt I was in a state that I thought I couldn't do anything ... but once I got into sports ... it helped me mentally, physically and emotionally to just get back into the lifestyle before I got hurt," said McIntosh. "I'm helping others to have an open mind and not let their injuries get in the way to get back to normal."

McIntosh competed in swimming, track, field, sitting volleyball and wheelchair basketball at the 2013 Warrior Games at Colorado Springs, Colo., in May. He won the silver medal in track and field.

Studies show disabled veterans who participate in adaptive sports have less stress, reduced dependency on pain and depression medication, and higher achievement in education and employment.



Courtesy Photo

Sgt. Ryan McIntosh gets ready to compete in the track competition during the 2012 Army Warrior Games in Colorado. He took home the gold medal in wheelchair basketball, silver medals in two track events, and a bronze medal in swimming.

Army Wellness Center Fitness Tracker: Using technology to sustain good health

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

Army Wellness Center (AWC) clients are better able to track their health and wellness with the assistance of a new tool that is available at AWCs.

The Army Wellness Center Fitness Tracker is a Web-based application that collects and stores data for use by clients and AWC staff. Wayne Combs, an AWC project officer with a doctorate in nursing science, said the AWC Fitness Tracker will empower clients to track and sustain their efforts in meeting their fitness and wellness goals.

Combs, who assists in implementing new AWC's and provides oversight for existing AWC's, said the AWC Fitness Tracker is very user-friendly.

Before visiting the AWC, a client can access the AWC Fitness Tracker using a Common Access Card or secure password. The individual then completes a questionnaire that asks about aspects of personal health. Such topics as a person's Activity, Nutrition and Sleep (ANS) patterns, tobacco use, alcohol use and stress levels are addressed in the questionnaire. After the person completes the survey, a summary of responses and a "wellness" score are provided. Based on a client's responses, AWC staff can tailor services to meet the client's needs and desires. All results from testing and services provided are also stored permanently in the AWC Fitness Tracker.

"The software provides feedback to clients to help them reach and maintain their fitness and wellness goals," said Combs.

Additionally, the AWC Fitness Tracker allows the individual to see

how their results compare to other people similar to them.

"It's a barometer that allows a person to see if their results are below average, average or above average when compared to people of the same age and gender across the United States," said Combs.

"No matter where Soldiers and their Families go, the AWC Fitness Tracker will follow from duty station to duty station," said Combs. "It provides continuity in maintaining fitness and wellness."

Another benefit of the AWC Fitness Tracker is that it has been designed in collaboration with the Army's Comprehensive Soldier Fitness Program. This program aims to increase the physical and psychological health, resilience and enhanced performance of Soldiers and Retirees, their Families and Army civilians.

Combs said the AWC Fitness Tracker provides an additional benefit for the Army because it provides a springboard for education, prevention and referral to services at the AWC and other facilities. He also said the AWC Fitness Tracker provides a way for AWCs to evaluate their effectiveness.

"In the past, the Army did not have a reliable way of evaluating the impact of services that AWCs provide," said Combs.

The AWC Fitness Tracker will help in evaluating whether they make a difference to the fitness and wellness of AWC users.

"We can look at individuals' records



when they arrive at the AWC, and then follow their results and behavior over time," said Combs. "We will be able to tell if they have made and sustained healthy behavior changes, and if AWC services are having a positive impact on their fitness and wellness."

The AWC program is a U.S. Army Medical Command initiative that is managed by the U.S. Army Public Health Command. The purpose of the program is to support Patient-Centered Medical Home as the health education arm for the healthcare team to enhance and sustain healthy lifestyles through standardized primary prevention programs and services.

AWC's are a key element in the Army surgeon general's long-term strategy of refocusing Army medicine from a healthcare system to a system for health by emphasizing primary prevention, which means stopping diseases and chronic conditions before they start. AWC core programs include a health assessment review, physical fitness, healthy nutrition, stress management, general wellness education, and tobacco education.

EFMB Candidates finish strong

By Staff Sgt. Mark Miranda, 5th Mobile Public Affairs Detachment

Thirty-three candidates have been awarded the Expert Field Medical Badge (EFMB) after participating in weeks of qualifying tests and drills held in April at Joint Base Lewis-McChord, Wash. Candidates from as far away as Joint Base Richardson-Elmendorf, Alaska, and Fort Drum, N.Y., were among 246 candidates that attempted to earn the most sought-after peacetime skill badge in the Army Medical Department. The 33 candidates qualified on the last day following the completion of a 12-mile road march.

Each of these Soldiers endured tests of individual physical fitness, mental toughness and their abilities to perform to standards of excellence in a wide range of critical medical and Soldier skills.

“About 13% of the candidates made it through to the end, which is above the Army average of around 11 or 12 percent,” said Maj. Gen. Jeffrey Buchanan, deputy commanding general, I Corps. “It’s a really significant accomplishment, and I had the opportunity to observe some of the great training these Soldiers did in preparation.”

The candidates were tested on medical, communication, evacuation and combat skills. Those who qualified also successfully completed a written examination, and day and night land navigation courses.

“This is a tough test. When I think of the medical corps, the Army value that comes to mind is selfless service,” Buchanan said. “It’s about making sacrifices for the good of others, doing what’s right for the team and medics epitomize that value.”

At Memorial Field, Buchanan pinned the successful Soldiers with their EFMBs during an awards ceremony.

Established in 1965, the EFMB is a prestigious Department of the Army-level special skill award for the recognition of exceptional competence and outstanding performance by Army medical personnel.

“My first sergeant strongly encouraged me to go for this, so I gave it my best and I’m glad I did,” said Spc. Mark Becker, a healthcare specialist currently assigned to 10th Combat Support Hospital, Fort Carson, Colo., who has been in the Army for five years. “I didn’t know I could finish a 12-mile ruck march; but I’ve discovered I can do that along with everything else I’ve done. It makes moving to my next unit soon less intimidating.”

Becker’s next assignment will be at Tripler Army Medical Center, Hawaii.

For the road march, participants carried a specified packing list in their ruck sacks weighing approximately 35 lbs., and had to complete the 12-mile route within three hours.

“The march was the most intimidating piece, because I’ve had a few problems with my back and I hadn’t trained up as much as I would’ve liked to, and I wasn’t sure that I was going to make it,” Becker said. With this accomplishment, Becker said he gained enough points to be considered for promotion.

A few of the candidates were relieved to succeed this time after previous attempts. Some were seeking to challenge themselves.

Sgt. Andrew Lester, a combat medic assigned to 56th Multifunctional Medical Battalion, 62nd Medical Bde. is a native of Brownville, N.Y., and was I Corps’ 2012 Soldier of the Year.

“For me, that first combat medic lane that we went through was the toughest to complete,” Lester said. “It was just so detail-oriented, that you could forget one tiny little thing, something like a pulse check...and you’ve failed that task right away. It was those tiny little things that added up and got a lot of people out of qualifying.”

“I was confident after the written exam, but I found out I barely made the cut. It



Pfc. Joseph Peterson, 10th Combat Support Hospital, Fort Carson, Colo., finishes a 12-mile road march as part of Expert Field Medical Badge qualification held in April. Of the 246 medical Soldiers from across the U.S. who attempted to earn the EFMB, 33 candidates including Peterson qualified on the last day. (Photo by Staff Sgt. Mark Miranda, 5th Mobile Public Affairs Detachment)

means a lot to me to have earned this, and on my first attempt,” Lester said.

Many levels of experience were represented during the EFMB qualification weeks.

“The toughest part about all this is that I’ve only been in the Army nine months, so coming here was intimidating. I had to become an expert really quickly,” said Pfc. Christopher Anderson, a combat medic assigned to 1st Battalion, 32nd Infantry Regiment, Fort Drum, N.Y.

“I needed the help from the cadre during train-up week. They really knew how to help us review as they were experts themselves,” Anderson said. “Personally, to have accomplished this means a lot as my unit back home is proud of me. Having gone through this experience, it’s an opportunity now for me to give back.”

Any Soldier who has a medical military occupation or medically-related position within Army Medicine are eligible to earn and wear the EFMB.

“The EFMB is the most sought-after peacetime skill badge in the Army Medical Department,” Buchanan said. “It is a portrait of excellence.”

U.S. Army MEDCOM

VA's New Hotline Dedicated to Serving Women Veterans

As part of VA's goal to implement improvements to its healthcare for women Veterans, TRICARE recently launched its new Women Veterans hotline—1-855-VA-WOMEN (829-6636)—an incoming call center that receives and responds to questions from women Veterans, their Families, and caregivers across the nation about available VA services and resources.

Over the past decade, the number of women using VA healthcare has more than doubled, from nearly 160,000 to more than 360,000 in 2012. Women now make up 15 percent of active duty and 18 percent of Guard/Reserves service members. Based on the upward trend of women in all branches of service, the number of women Veterans and female VA users is expected to double again in the next decade.

While the number of women VA users continues to grow, women comprise only six percent of VA's total patient population. We have found that women Veterans underutilize VA care, largely due to a lack of knowledge about VA benefits and available services. In response, we established an outbound Call Center in 2010 to contact women Veterans and encourage them to try VA care. This service has been expanded, and telephone agents now receive incoming calls and inquiries about VA care and other services for women.

"The Women Veterans Call Center is aimed at increasing women Veterans' knowledge of all VA services and benefits that they deserve," said Krista Stephenson, an Army Veteran and our current director of the Women Veterans Call Center.

All our telephone agents have received training regarding services that the VA provides for women Veterans. They are informed about eligibility, benefits, healthcare and other services, and can route calls within VA when



On Thursday, March 21 2013, the VA Central Office Federal Women's Program, the Center for Women Veterans, and the Women's Health Services office presented a Women's History Month Roundtable entitled "Women Veterans Make History." Dr. Betty Moseley Brown hosted the event at VACO's G. V. "Sonny" Montgomery Veterans Conference Center, Room 230. This year's Women's History Month National Theme is "Women Inspiring Innovation Through Imagination: Celebrating Women in Science, Technology, Engineering, and Mathematics," and the focus for VA's upcoming roundtable event will be "Women Veterans Make History." (Photo by Robert Turtill)

needed. These trained VA employees can also respond to crisis situations such as suicidal behavior, homelessness, sexual trauma, and domestic violence. 1-855-VA-WOMEN (1-855-829-6636) provides a single avenue for women Veterans to get the help they need.

"They just have the one number to call and our telephone agents will be able to direct them appropriately and to provide them the information that they need," said Stephenson. "We also have established agreements for warm handoffs to VA programs such as the Veterans Crisis Line and the Caregiver Support Line. We are also working collaboratively with other VA Departments for those Veterans who have questions regarding VA benefits and health eligibility."

In cases where the Call Center transfer callers to other VA offices, our telephone agents are instructed to follow-up within 30 days to ensure that women Veterans received the services they need.

This is just one way that we ensure our beneficiaries do not fall through the cracks.

We hope to meet the unique needs of women Veterans by delivering the highest quality of healthcare to each woman, while offering privacy, dignity, and sensitivity to gender-specific needs. VA provides a full continuum of care, including comprehensive primary care, mental health services, as well as emergency and specialty care. In addition, VA provides gynecology services, maternity care, caregiver support, crisis support and help for homeless Veterans. With one phone call, women Veterans can discover all the VA has to offer.

September 30, 2012: The population of women Veterans in the United States and Puerto Rico numbered 2,248,579.

Technology & Research

USAISR Burn Center Receives FDA Clearance for Burn Resuscitation Technology

By Steven Galvan, USAISR Public Affairs Officer

For the first time in its 70-year history, the U.S. Army Institute of Surgical Research (USAISR) at Joint Base San Antonio-Fort Sam Houston received 510(k) clearance from the U.S. Food and Drug Administration (FDA) for a medical device developed at the USAISR. The clearance for the Burn Navigator or Burn Resuscitation Decision Support System-Mobile (BRDSS-M) was announced by the FDA Director of Preparedness/Operations and Medical Countermeasures at the Center for Devices and Radiological Health Dr. Suzanne Schwartz during the 2013 American Burn Association 45th Annual Meeting at Palm Springs, Calif., held in April.

“This technology is the first of its kind algorithm-based decision assist system for use in managing fluid resuscitation of the severely burned patient,” said Schwartz. “We consider this a milestone, but even more than that, a peek into what the future has in store for burn trauma management.”

USAISR Research Task Area Program Manager for Comprehensive Intensive Care Research Jose Salinas, Ph.D, helped develop the BRDSS algorithm which generates recommendations of fluid intake for burn patients. It was designed to assist in avoiding problems related to over- or under-resuscitating by medical care providers who do not routinely care for burn patients. The original BRDSS technology was developed for use at the USAISR Burn Center Intensive Care Unit (BICU) about seven years ago. According to Salina, it has been invaluable with assisting medical providers with resuscitation management

and has been shown to improve patient outcomes.

“If you give a patient too much or too little fluid, the results can be fatal,” explained Salinas, describing the complex care necessary for burn patients who are often dehydrated and require precise rehydration.

Maria Serio-Melvin, MSN, USAISR clinical program coordinator for computer decision support systems and co-chair of the integrated product team that is fielding the system, added that there are a lot of competing priorities when caring for burn patients.

“Our goal is that this device will help keep medical providers on track with one of the most important things that they need to do—hourly fluid titration based on urine output,” said Serio-Melvin.

The Burn Navigator is designed to be used in a deployed setting by non-burn experienced nurses and doctors. The software is in a mobile tablet that meets military specifications.

“An additional benefit of the system is that it’s not only a decision support system; it’s also a graphical interface of the trends of how the patient is doing,” said Salinas. “So even without the decision support part of it, medical providers can look at the display and see how the patient is progressing and use that to help better manage the burn patients.”

The Burn Navigator is expected to be used soon by the Army at deployed Combat Support Hospitals (CSHs), which support overseas contingency



Tom Evans from the U.S. Army Acquisition Support Center presents Dawn L. Rosarius, Civilian Deputy, Principal Assistant for Acquisition, USAMRMC, with her official charter as the new Acquisition Career Management Advocate for the U.S. Army Medical Command. (Photo courtesy of USAMRMC)

operations in Iraq and Afghanistan.

The Burn Navigator technology was licensed to Arcos Medical, Inc. of Houston, which worked with the USAISR to submit the FDA 510(k) application with funding from the U.S. Army Medical Research and Materiel Command (USAMRMC) at Fort Detrick, Md. The USAISR is a subordinate research command of USAMRMC, which is a major command in the Army that leads efforts in support of the full life cycle of medical supplies and equipment, to include research, development, acquisition, and sustainment. The research part of the mission is executed through its laboratory commands like the USAISR and extramurally.

Companies such as Arcos, Inc. produce commercial devices, including the Burn Navigator, for use by the Army and at civilian burn centers throughout the world.



Technology & Research

Military Health System Healthcare Innovations Program Award

The Military Health System (MHS) Healthcare Innovations Program (HIP) introduces new ideas, methods or devices that achieve mission performance gains. The primary focus of the program is to share innovations that improve quality of care and access to care; increase satisfaction of patients and staff; and decrease healthcare delivery

costs. The HIP program shares innovative, successful initiatives with senior leaders as potential MHS-wide solutions. The HIP program recently requested abstract/poster presentations to compete for an award in the categories of Experience of Care, Per Capita Cost, Population Health, and Readiness. MEDCOM's Sustainability program submission

titled "Greening the MEDCOM Operating Room" was selected to receive the Per Capita Cost award for savings achieved thru efforts such as proper segregation of waste, recycling non-infectious waste, reprocessing single-use medical devices and integrating reusable surgical packs. All abstracts and presentations may be viewed

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