

ARMY MEDICINE

# MERCURY

MAY 2013



**May 11-16, 2013**  
**Colorado Springs, Colo.**



A worldwide publication telling the Army Medicine Story

VOL 40, No. 8





MAY 2013

# ACTIVITY

# AWARENESS MONTH

Stay Strong, Live Long & Commit to be Fit



Engage in **Activity**



Improve **Nutrition**



Get Quality **Sleep**



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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  
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CSM Donna A. Brock

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Army Medicine

**FURTHERING** Lt. Gen. Horoho's Remarks to the Society  
of Trauma Nurses on April 4, 2013

# PARTNERSHIPS

*It is only together that we will solve the High Stakes Challenges in Trauma Care and all the other challenges that will keep us ready and resilient as a Nation.*

- Lt. Gen. Patricia D. Horoho

As you know, I have a great deal of hands-on trauma experience. My skills and training as a trauma nurse were tested at the Pentagon during the 9/11 attacks.

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

Most of you face similar challenges every day; we have a bond forged by our experiences in the emergency rooms, trauma bays, and resuscitation units. We share a common passion of caring for Families and friends, and the instincts to react when chaos is unchecked.

Together, we face difficult challenges with behavioral health issues, a matter that you are recognizing with your theme, "Trauma Nurses Respond to Societal Violence." I applaud the society for shedding light on this important problem.

As Surgeon General, I play a prominent role in developing the policies and practices that combat behavioral health issues. Let me clearly state – we thoroughly examine ways to complete our military mission, while collaborating with our Civilian partners to address the regrettable ills of violence and behavioral health.

Army Medicine has many phenomenal partnerships in the private sector, including partnerships on trauma care; with our partners, we are one of the world's leading research organizations in regenerative medicine, burn care, and amputee care.

I hope to carry these partnerships further: tackling issues related to suicide, for example, but also our national epidemic of obesity, and our poor national practices relating to lack of activity, poor nutrition, and inadequate sleep.

Let me conclude by saying that I am convinced that nurses—all nurses, including trauma nurses—will play the most important role in healthcare in the coming decade. Nurses carry the message to our patients, as well as provide compassion and care. It is only together that we will solve the High Stakes Challenges in Trauma Care and all the other challenges that will keep us ready and resilient as a Nation.

I thank you for all you have contributed and for your hard work every day in healing and reducing pain. I thank you again for this honor today.

**In Army Medicine, we are Serving to Heal...Honored to Serve!**

# Army Medicine Realigns Medical Readiness Divisions

By Kirk Frady, MEDCOM Public Affairs

In an effort to better support the Army Force Generation (ARFORGEN) cycle and assist the Active and Reserve Components (AC/RC) in improving medical readiness throughout the ARFORGEN cycle, the Commanding General of Army Medical Command, Lt. Gen. Patricia D. Horoho, on July 8, 2012, directed the realignment of the regional medical readiness divisions within each of the Army's five regional medical commands (RMCs). The medical readiness division realignment will be a two-phased operation with a completion date of Oct. 1, 2015.

The mission of the Medical Readiness Branches will be to coordinate, synchronize and standardize health

dental conditions, which could limit their ability to carry out their duties and result in non-deployment. Medically ready Soldiers," he adds, "require less medical and dental support in theater which translates into fewer medical evacuations from theater which conserves available strength by minimizing unnecessary intra-theater travel and maximizing medical support for combat operations."

The two-phased realignment began in June 2012 and involved the realignment and renaming of the divisions as Regional Medical Command G-37, Medical Readiness Branch. The second phase will consist of the execution of the Regional Medical Command (RMC) G-37,

Medical Readiness Branch collocation and hiring plans.

When the dust settles, Western Regional Medical Command (WRMC) and Southern

Regional Medical Command (SRMC) G-3, Medical Readiness Branches will collocate with their respective RMC headquarters while Northern Regional Medical Command (NRMC) G-37, Medical Readiness Branch will remain with the NRMC headquarters at Fort Belvoir, VA.

"Ensuring the medical readiness of our forces has always been a challenge, especially among the Reserve/Guard components," said Bilynsky, "However, with the realignment of our medical readiness advisors with regional medical command staff, we will be better able to coordinate and influence mobilization and pre-deployment medical readiness to ensure all of our forces, regardless of component, are optimally prepared to perform their warfighting mission."

**With the realignment we will be better able to coordinate and influence mobilization and pre-deployment medical readiness to ensure all of our forces, regardless of component, are optimally prepared to perform their warfighting mission.**

service support for the ARFORGEN process and provide staff assistance for deployable and/or mobilized AC/RC units/personnel within their region. They will also monitor the health readiness status of deploying and mobilizing AC/RC units/personnel within the RMC area of responsibility. In addition, readiness branches will coordinate all medical readiness functions, to include medical readiness metrics, Soldier Readiness Processing (SRP) standardization for medical mobilization & demobilization, deployment health assessments, Medical Protection System (MEDPROS), and e-Profile.

"Medical readiness," says Col. Roman Bilynsky, Army Medical Command's G-37 chief Medical Readiness Division, "means that service members are free from health-related conditions, including

## MAY AWARENESS

### Women's Health Month

National Women's Health Week is a week-long health observance coordinated by the U.S. Department of Health and Human Services' Office on Women's Health. It brings together communities, businesses, government, health organizations, and other groups in an effort to promote women's health. Army Medicine values all of our patients throughout the year, but recognizes the magnitude and impact of Women's Health across the lifespan and thereby designates the entire month of May as Women's Health Month. Army Medicine empowers women to make their health a top priority and encourages them to take steps to improve their Lifespace and lower their risks of certain diseases.

### Better Hearing and Speech Month

*There is so much in life to hear...*

More than twenty-one million infants, children, and adults in America suffer from some degree of hearing loss in one or both ears. Such hearing impairments can go unsuspected until the sounds of daily life become faded or unrecognizable. Seek proper treatment from an audiologist, rather than accepting an impairment as an inevitable part of aging, or shying away from social interaction to avoid embarrassment.

### Mental Health Month "Pathways to Wellness"

For more than 60 years, Mental Health America and community health organizations around the country have led the observance of "May is Mental Health Month" by reaching millions of people through a unified effort to educate the public about the importance of whole-person health and wellness.

For 2013 Mental Health America's theme is Pathways to Wellness, which is a call to action for Americans to identify strategies that work for themselves individually to attain better overall health status.



MAY 2013

# SLEEP

# AWARENESS MONTH

As Important as Diet and Exercise



 Engage in **Activity**

 Improve **Nutrition**

 Get Quality **Sleep**



     
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# Army Researches Small Device to Reduce Female UTIs

By Task Force Medical Afghanistan Public Affairs

Research is underway to determine how one small device is specifically benefiting the health of military women serving in Afghanistan, and for future deployed environments.

This is the third in a series of studies conducted by Lt. Col. Nancy Steele, Ph.D., a women's health nurse practitioner, focusing on a simple palm-size plastic device with a potentially large impact.

"The Female Urinary Diversion Device is a self-care measure that may assist military women to acquire and maintain optimum health and functioning as viable members of a fit and ready force," said Steele.

"Austere conditions, such as conducting combat operations in a deployed environment, can present females with urinary challenges that

**Increasing access to the female urinary device should help reduce the risk of infection, especially among women at small, remote bases or on long convoys.**

- Lt. Gen. Patricia D. Horoho

are difficult, time consuming with full combat gear, and dangerous," she said.

The most common health risk for deployed military women is urinary tract infection, or UTI, according to Steele and other military researchers. UTI is often a result of reduced hydration and voluntarily holding urine for a prolonged time. Some women have taken these countermeasures in order avoid exposure to potential dangers or difficult situations.

But Female Urinary Diversion Devices, known as FUDDs, are changing that habit by allowing for

both "privacy and protection," said Capt. Kelly Hasselman, the female engagement team, or FET, commander for 1st Brigade, 1st Armored Division, in Kandahar, Afghanistan.

Steele, along with Maj. Romico Caughman, brigade nurse for 1st Bde., 1st Armored Div., are working together to implement an evidence-based project regarding the feasibility of the device. So far, Caughman's push to get the devices into the inventory for her female Soldiers seems to be welcome.

"This research and the support that it has gained could not come at a better time," said Caughman, referring to the expanding female roles she has witnessed in the military.

"I have been in the Army 18 years and I wish I had this 18 years ago," said Sgt. 1st Class Sevrine Banks, the FET company first sergeant.

The Soldiers of the FET presented some suggestions for improving the device, including a mesh carrying case, and offering options on how other gear might be redesigned to better accommodate for its use.

The addition of plate carriers has helped, said one Soldier, however, the Army's protective under and outer garments add a level of difficulty that might be improved with the addition of Velcro panels specific for women.

The research and the device has the support of the Army Surgeon General Lt. Gen. Patricia Horoho, who, in a 2012 Soldier's Magazine article, explained that increasing access to the female urinary device should help reduce the risk of infection, especially among women at small, remote bases or on long convoys.



Sgt. Jessica N. Burke, female engagement team member, 4th Battalion, 17th Infantry Regiment, 1st Brigade, 1st Armored Division, conducts a pre-combat inventory and inspection of her gear, including the green Female Urinary Diversion Device, in Afghanistan.

"The FUDD was first introduced to a small group of military women in 2009 in a research study regarding a health intervention to promote military females' hygiene in the deployed environment," said Steele, who helped lead that study and its two subsequent studies. The 2009 study looked at a sample of women deployed with 25th Infantry Division. The results prompted further research, which Steele continues in Afghanistan.

"The goal is to provide scientific support for the FUDD as a self-care measure with the potential to reduce the number of female urinary symptoms and UTIs," she said. The control group and the FUDD intervention groups are being studied in terms of urinary symptoms and infection reports.

Out in the field, the device is gaining some respect from its users.

"This should be a part of the initial issue," said Banks. Its durability means that with proper care the device can last for several years.

# FITBIR Database Moves TBI Research Forward

By **Melissa Miller**, USAMRMC Public Affairs



Traumatic brain injury (TBI), a problem that has existed presumably as long as human beings have walked the earth and bumped their heads, is known in the world today as “the silent epidemic.”

There are still so many questions to answer, which is wherein comes the Federal Interagency Traumatic Brain Injury Research database (FITBIR).

The FITBIR database is a collaborative effort by participating National Institutes of Health institutes and centers, and the U.S. Army Medical Research and Materiel Command to develop a biomedical information system and data repository for TBI research.

Each year, traumatic brain injuries contribute to a substantial number of not only permanent disabilities but also deaths, with recent data approximating around 1.7 million annual cases. TBI is a contributing factor to about one-third, or 30.5%, of all injury-related deaths in the U.S. In fact, traumatic injury such as that produced by household, industrial, and automobile accidents, is by far the leading cause of death from ages 1 to 44.

A serious public health problem in the U.S., TBI remains a surprisingly mysterious occurrence, with researchers and scientists only beginning to unravel the secrets of the human brain. The highly inconsistent reported cases of TBI involve a variety of causes, treatment, and development. As a result, objective diagnostics have proven especially challenging. Evidence continues to point to a link between head trauma and long-term, degenerative brain disease, with researchers becoming increasingly more determined to understand this puzzling injury.

FITBIR is designed to speed up comparative effectiveness research on brain injury treatment and diagnosis. The

database has already received funding at \$10 million for over four years. Future plans include using the database as a central storage area for new data input with the capability to link current databases to one another, allowing the valid comparison of results across multiple studies.

“FITBIR represents a whole new way of doing research,” said Dr. Douglas Gibson, deputy neurotrauma research coordinator for the Combat Casualty Care Research Program and one of three members of the FITBIR Informatics System Executive Committee.

Increasing sophistication in the fields of databases and informatics has produced technologies that make data sharing feasible.

“In the old days, scientists worked alone (the Mad Scientist in the basement model), but more and more, science has become a collaborative enterprise,” Gibson continued.

The Defense Health Program, through agreement with USAMRMC, is the lead Department of Defense component funding the FITBIR database.

Battlefield trauma is the overall focus of USAMRMC’s Combat Casualty Care Research Program. Col. Dallas Hack, director of the CCCRP, coordinates and leads cutting edge research focused on new techniques and new products designed to save lives and reduce mortality of troops wounded in the line of duty. Considered one of the invisible wounds of war, TBI is one of the signature injuries of troops in Afghanistan and Iraq.

“Only by combining efforts through initiatives such as the FITBIR database can we hope to make major progress in this field,” said Hack.

Beyond the military, TBI has become an increasingly recognized problem

in the sports arena as well. Contact sports like football can result in a wide array of injuries, so it is not surprising that participating organizations in this collaboration include the American College of Sports Medicine, the National Collegiate Athletic Association, and the National Football League.

“While athletes are especially prone to head injury, everyone is vulnerable through falls and accidents,” said Gibson, “and the aftereffects of a blow to the head can be subtle to detect, but devastating to the individual affected and to the individual’s friends and family.”

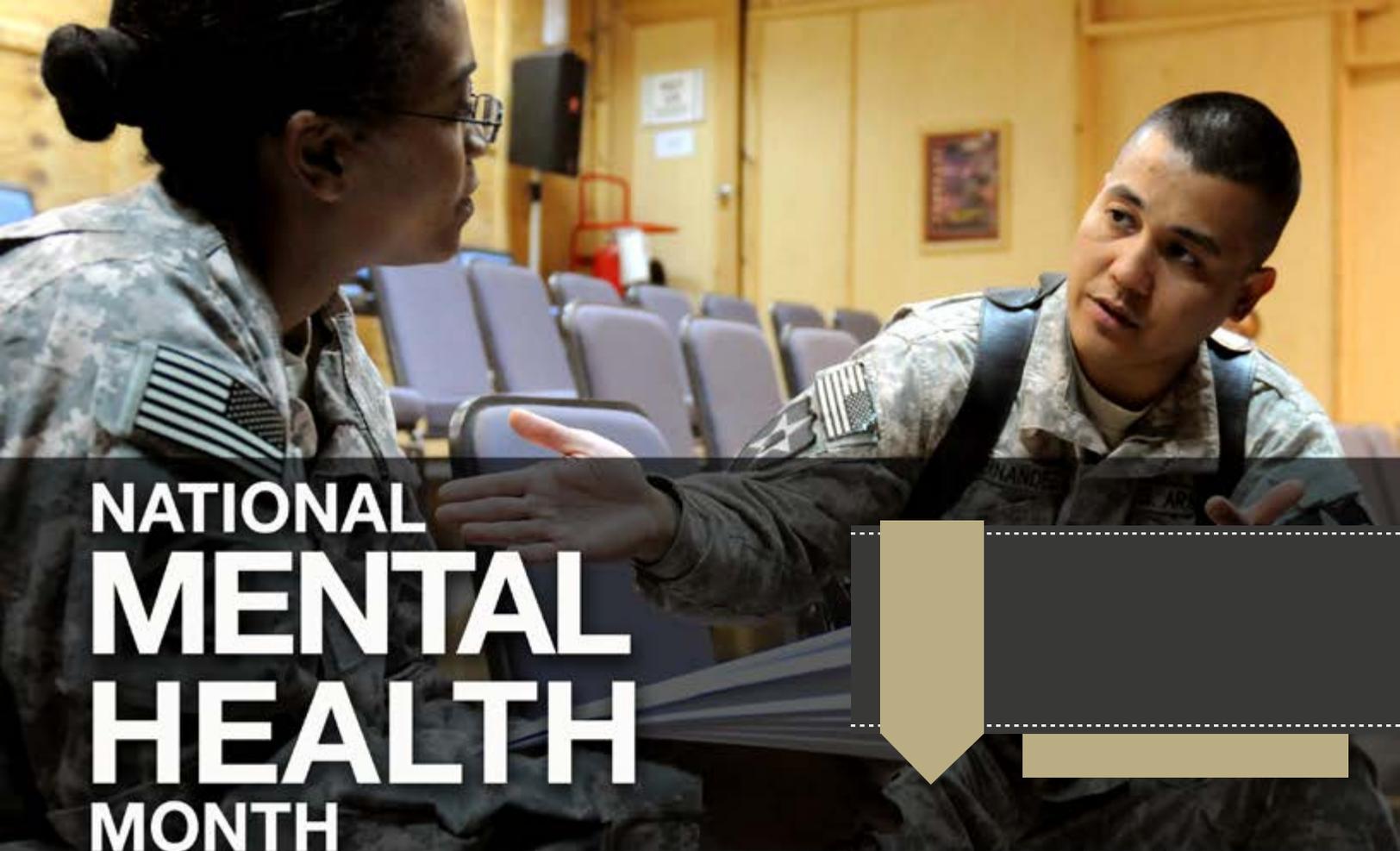
The NFL donated \$30 million in support of research on serious medical conditions prominent in athletes and relevant to the general population, making it the largest philanthropic gift the NFL has given in the league’s 92-year history. The NFL is now recognized as the founding donor to a new Sports and Health Research Program; a collaboration with institutes and centers at the NIH.

“Public awareness of the aftereffects of head injury has led to recognition that TBI is not only a major medical problem, but one that affects real people in a real way,” said Gibson.

“The hope for FITBIR is that it will facilitate development of solutions to the problems of TBI prevention, diagnosis and treatment. We would like to see FITBIR promote collaboration and data sharing that will lead to effective solutions,” he said.

FITBIR is a free, web-based resource for TBI researchers. It provides a set of ready-to-use tools such as case report forms and a library of common data elements that simplify development of research proposals and protocols that meet the needs of funding agencies.

**For more information on FITBIR, go to**  
**For information on Common Data Elements, visit**



# NATIONAL MENTAL HEALTH MONTH

MAY 2013

## BREAK the SILENCE



     
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# May is Better Hearing & Speech Month

By Kirk Frady, MEDCOM Public Affairs

According to the Department of Defense Hearing Center of Excellence, more than 350,000 service members have reported tinnitus (ringing in the ear/s) following redeployment from the Gulf War conflicts, and over 250,000 have reported hearing loss during the Iraq and Afghanistan Wars.

As Better Hearing and Speech Month is recognized nationally during the month of May, it is important to note that the military introduced audiology care. It resulted from a need to rehabilitate troops returning from World Wars I and II with hearing loss. The professions of speech pathology and audiology were closely associated during World War II due to the overlapping mission of providing services to hearing-impaired service members.

According to Lt. Col. Kristen Casto, audiology staff officer for the Office the Army Surgeon General, “In order to help Soldiers deal with hearing and speech problems, Army Medicine is currently engaged in a range of research initiatives to combat hearing loss and tinnitus.” She added, “Research is being conducted to evaluate the effectiveness of hearing protective devices and communication systems and to develop ways to maximize their benefits to Soldiers. Studies are also being conducted to identify early indicators of hearing loss, so that measures to prevent hearing loss and tinnitus can be implemented early.”

Dr. Josh Bernstein, research audiologist at Walter Reed National Military Medical Center (WRNMMC),

notes that, “Research is being conducted to understand how hearing loss and hearing protective devices affect a Soldier’s ability to communicate in noise as well as to performance in general.” The research team at WRNMMC is studying how tinnitus may affect communication and, if appropriate, treatment will improve communication ability. WRNMMC is also investigating the benefits of hearing aids and cochlear implants to service members.

While there is often a temporary component, noise-induced auditory injuries sustained in

## INFORMATION & RESOURCES ON HEARING & SPEECH LOSS

- DoD Hearing Center of Excellence:
- American Tinnitus Association:
- American Speech-Language-Hearing Association:
- American Academy of Audiology:
- National Hearing Conservation Association:
- Defense and Veterans Brain Injury Center:
- Brainline:



Capt. Angela Fulbright, Fort Hood Army hearing program deputy manager, monitors hearing test results Staff Sgt. Michael Waddell, a 1st Cav. Div. cavalry scout, who is preparing for his fourth deployment. All Soldiers are required to have hearing exams before deploying. (Photo by Brandy Gill, CRDAMC PAO)

the military are generally permanent, depending on the intensity of the noise and amount of exposure time to the noise. Auditory injury is an invisible condition that is often viewed as an unavoidable, acceptable consequence of military service, but service-related hearing loss is largely preventable. Most hearing protection, if worn properly during noise-hazardous conditions, is effective in preventing hearing loss.

In addition to on-duty hearing hazards, off-duty noise exposure can cause hearing loss as well. For example, loud music, motorcycles, lawn mowers, and power tools are examples of exposures that can potentially cause permanent hearing loss.

# The Road to the



By Valecia L. Dunbar D.M., MEDCOM Public Affairs

The Warrior Games showcases the resilient spirit of today's wounded, ill, and injured service members from all branches of the military. After overcoming significant physical and behavioral injuries, these men and women demonstrate the power of ability over disability and the spirit of competition.

Since 2010, nearly 200 wounded, ill, and injured service members and Veterans have competed annually at the Warrior Games, a unique partnership between the Department of Defense and U.S. Olympic Committee Paralympic Military Program. Athletes compete in sitting volleyball, wheelchair basketball, swimming, cycling, track & field, archery and competitive shooting. Gold, silver and bronze medals are awarded to the athletes or team members who place 1st, 2nd or 3rd in their events respectively.

Warrior Games is about more than winning medals -- it's about overcoming challenges to celebrate accomplishments. Each competing athlete tells a story of triumph, regardless of whether they stand on the podium.

## Warrior Game Trials

As part of the Army's Warrior Games selection process, the Warrior Transition Command hosted Warrior Games trials at Fort Bliss and El Paso, Texas, March 4-8, 2013, and at Fort Belvoir, Va., from Feb. 25 to March 1, 2013. The cycling, shooting, and swimming trials follow the archery, and track & field trials hosted by the Warrior Transition Command at Fort Belvoir, Va., from Feb. 25 to March 1.

One Soldier who has set his sights on competing at the upcoming Warrior Games is Army Veteran Chad McDuffee, who was injured in 2006 when an improvised explosive device struck his vehicle in a province near Baghdad, Iraq.

"I couldn't see myself doing anything



Army Veteran Chad McDuffee, of Ballinger, Texas, throws the shot-put during the archery and sitting volleyball trials held at Fort Belvoir, Va., from Feb. 25 to March 1, 2013. McDuffee hopes to represent the Army in the archery and field events during the 2013 Warrior Games. (U.S. Army photo by Monica Wilson)

except sitting at home, but Warrior Games has given me the chance to really compete again," said McDuffee. After originally being misdiagnosed, McDuffee received a necessary surgery for his leg injury in 2011. Despite the injury, he found a new attitude in life.

"Again, I have something to work toward, and this has given me a new outlook," he explained.

"Before I found out about adaptive sports, I was kind of depressed," said McDuffee. "I've always been very competitive and wanted to beat everyone in everything, so when I was injured I thought all of that was over."

McDuffee, who retired as a staff sergeant after 11 years of service, carries a kettle bell named "Beyonce" to help strengthen his throwing arm during competitions.

If selected, McDuffee will compete in the sitting discus and sitting shot-put competitions.

"When I first learned about Warrior Games, I looked at last year's scores and

knew that's what I had to beat," McDuffee said. "With the help of Beyonce, I've practiced, and now I'm throwing better than the person who won gold last year."

## Warrior Games

The 2013 Warrior Games will be held at the U.S. Olympic Training Center and the Air Force Academy in Colorado Springs, Colo., on May 11-16, 2013. More than 200 wounded, ill, and injured service members and Veterans are expected to participate in 2013, comprising five U.S. teams representing the Air Force, Army, Navy and Coast Guard, Marine Corps and special operations forces, as well as one team from the United Kingdom. Teams will compete in archery, cycling, competitive shooting, sitting volleyball, wheelchair basketball, swimming, and track & field with hopes of being awarded a gold, silver, or bronze medal.

Additionally, the armed service that brings the most medals will receive the Chairman's Cup.

Athletes can also compete for the title of Ultimate Champion. This is a Pentathlon-style format designed to pit Warriors against each other in a variety of disciplines. Points are earned in each discipline, and the athlete collecting the most points is named Ultimate Champion.

Kevin Stone has worked with the U.S. Olympic Committee's Paralympic Military Program since 2005 and used his skills and expertise to train wounded, ill, and injured service members to use adaptive sports as a part of their rehabilitation. Today, two-time Paralympian and Army Veteran is doing what he loves best as the head coach for the Army archery team.

"I started my rehabilitation by using

# MAY 11-16

## Colorado Springs, Colorado



Staff Sgt. Meggan Youngblood, assigned to Community Based Warrior Transition Unit-Utah, practices sighting during archery practice at the 2013 Warrior Games Archery and Sitting Volleyball Trials held at Fort Belvoir, Va., in February 2013. (U.S. Army photo by Monica Wilson)

the adaptive sport of shooting and later crossed over to the sport of archery,” said Stone.

“It has been an honor to have been able to serve as an athlete, it’s even more of an honor to serve our athletes as a coach and mentor,” said Stone.

### Before and After Warrior Games

Training and accession clinics are important preparation programs for Warrior Games and beyond for those who go on to compete in the The U.S. Olympic Committee (USOC) Paralympic Military & Veteran Programs. These programs provide post-rehabilitation support and mentoring to American servicemen and women who’ve sustained physical injuries such as traumatic brain injury, spinal cord injury, amputation, visual impairment/blindness, and stroke. Veterans are introduced to adaptive sport techniques and opportunities through clinics and camps and are also connected with ongoing Paralympic sport programs in their hometowns.

“Overall, we have conducted more than 15 training and accession clinics to prepare our athletes for competition during the 2013 Warrior Games,” said Master Sgt. Jarrett Jongema, noncommissioned officer in charge,

Adaptive Sports & Reconditioning Branch, Warrior Transition Command.

“Army athletes have received the best training possible from some of the top subject matter experts in their sports,” said Jongema.

Stone has a record of success with focused training and competition in the sport of archery. He won his first bronze medal as part of the U.S. Paralympics’ historic team event at the 2004 Paralympics in Athens. At the 2008 Paralympic Games in Beijing, he set two U.S. records in the initial qualification rounds using the recurve bow.

The archery clinics were modeled as if they were training at an Olympic Center or before a National Championship tournament and music was used to relax the troops during practice and while scoring.

“The experienced troops did not miss a beat and the inexperienced troops were given separate and individual instruction before rejoining the main body,” said

Stone. “This practical immersion worked and was apparent in the scores they provided.”

“From the start, our athlete’s focused on shooting the best shots they possibly could regardless of their skill level. Some came in with the knowledge required, while others had to be taught,” said Stone.

Mcduffee is also looking to make history as a paralympic athlete. He plans to attend the 2013 U.S. Paralympics Endeavor Games in June and hopes to participate in the next Paralympics.

“I want nothing more than to wear the red, white, and blue and serve my country again,” he said.

For more information about the 2013 Warrior Games visit [WTC online](#)

Get up to date information at:

Meet your 2013 U.S. Army Team



**COVER PHOTO:** The Warrior Transition Command announced the Army team for the 2013 Warrior Games, April 3, 2013, in Alexandria, Va. Retired Capt. Melissa Stockwell, 2006 Beijing Paralympian, lit the cauldron during the opening of the 2012 Warrior Games at the U.S. Olympic Training Center, Colorado Springs, Colo., April 30, 2012. Stockwell, who lost her right leg in Iraq in 2004, and British Royal Marine Simon Maxwell, who suffered a similar loss as a result of an improvised explosive device in Afghanistan, were selected to be co-torch bearers for the 2012 Warrior Games. (U.S. Army photo by Staff Sgt. Emily Anderson)

**CONTENT PHOTO (from P3):** Sgt. Shane Fuller, Warrior Transition Unit, Europe, exchanges some jovial banter with opposing teammates during the 2013 Warrior Games archery and sitting volleyball trials held on Fort Belvoir, Va., Feb. 25-March 1. Fuller hopes to represent the Army in track, field, sitting volleyball and wheelchair basketball events during the 2013 Warrior Games. (U.S. Army photo by Monica Wilson)

# National NURSES WEEK

May 6-12, 2013

By Valecia L. Dunbar D.M., MEDCOM Public Affairs

National Nurses Week will be celebrated from May 6 - 12, and the theme for 2013 is *Delivering Quality and Innovation in Patient Care*.

Army Medicine asks that we join in celebrating the men and women who serve this country by caring for its citizens and recognize the dedication, contributions and selfless service of the more than 40,000 Army nurses who commit themselves to the care of our wounded, ill, and injured and their Families.

“Our mission to provide responsive, innovative, and evidence-based nursing care aligns with the theme of National Nurses Week, “Delivering Quality and Innovation in Patient Care,” said Maj. Gen. Jimmie Keenan, chief Army Nurse Corps and commanding general, U.S. Army Public Health Command. “We are integrated on the AMEDD team of healthcare professionals to support the TSG’s strategic initiative to move

to a System for Health to support the strength of our military and improve the health of our nation,” said Keenan.

The AMEDD “Nursing Strong” personnel continue to positively influence each and every patient encounter. In 2011, the Army Nurse Corps developed the Patient Caring Touch System (PCTS) to guide the delivery of nursing care throughout Army Medicine.

The system was designed to ensure that the patient (service member and/or their beneficiary as well as a military retiree and/or their beneficiary) is at the center in all nursing care delivery environments. The PCTS is illustrated by a maroon star and comprised of five core elements that provide the Army nursing triad (Army nurses, Soldier medics, and Department of Defense Civilians) with a foundation to implement evidence-based changes and routine daily patient care processes

throughout Army medicine.

As patient advocates, guided by their core values, Army Nurses demonstrate daily that patients come first.

“Nurses’ week is a great opportunity to reflect on the nursing profession and recognize the contributions of our Army Nursing Team. Our officer, Civilian, and enlisted service member’s dedication and commitment to care for America’s sons and daughters represents the best of the nursing profession,” said Keenan.

Efforts to recognize the role of nurses in our nation’s healthcare system began in 1982, when the American Nursing Association (ANA) Board of Directors formally acknowledged May 6, 1982 as “National Nurses Day.” In 1993 the ANA Board designated May 6 - 12, as lasting dates to observe National Nurses Week which culminates on the birthday of Florence Nightingale.

## Army Medicine’s Women’s Health TASK FORCE

# *Influencing the Lifespace*

In December 2011, Army Surgeon General Lt. Gen. Patricia D. Horoho directed the establishment of a Women’s Health Task Force to evaluate issues faced by female Soldiers. The Women’s Health Task Force (WHTF) has brought together a team of SMEs in a variety of disciplines from across the Army, sister services, and outside agencies to confront the toughest concerns of women serving. The WHTF is leaning forward to shape education, equipping and care for the next generation of women in the military.

Women made up 15.7 percent of the total Army fighting force in 2012 and 52% of (Army affiliated) eligible TRICARE beneficiaries. Army Medicine recognizes the magnitude and impact of women’s health and appreciates the unique challenges

of being a woman in the Army--whether Soldier, Family member, or Veteran. The health of these females plays a vital role in overall Army readiness. In order for women to be fully integrated and effective members of the team, we must ensure their unique health needs are being considered and met. We must also ensure female Soldiers and Family members are taking proactive measures to influence their Lifespace.

Army Medicine identifies the importance of Women’s Health across the lifespan and wants our female Soldiers, Veterans, and Family members to lead productive and healthy lives.

The WHTF is leveraged to inform a unified campaign across commands and services as we expand and advance the roles of women throughout the force.



MAY 2013

# WOMEN'S HEALTH MONTH



Engage in **Activity** 

Improve **Nutrition** 

Get Quality **Sleep** 



    [armymedicine.mil](http://armymedicine.mil)



# Medic Delivers Keynote Address at Armed Services YMCA Gala

Army active-duty, Reserve and Guard enlisted medics were among those from all services recently honored at the Armed Services YMCA's 7th Annual Angels of the Battlefield Gala in Washington, D.C.

Staff Sgt. (P) Craig Wayman, a medic with the United States Army Medical Research Institute for Infectious Diseases and MEDCOM's Non Commissioned Officer of the Year, gave the keynote address at the event. This ceremony highlights the individual medics and corpsmen from the 10 components of active-duty, Guard and Reserve branches that were on the frontlines saving lives and demonstrated extraordinary courage.

According to Wayman, "Medics are more than that, they are infantrymen, calrymen and artillerymen not only are they masters of their trade, they are masters of the trades they support," he said.

During his address, Wayman shared with the audience, his story about his first combat casualty during his time with Charlie Troop 4/9 Cavalry, 2nd Brigade Combat Team, 1st Cavalry Division.

On this particular day it was his platoon's mission to locate a suspected dead body and help the local Iraqi police secure it and collect evidence.

"Before the convoy even stopped, I was on the ground moving toward the casualty," Wayman said. "As all medics, I wanted to help this hurting person. As I approached him I realized this was a child, no older than 12."

Wayman's training immediately kicked in and, after moving to a safer area, started to treat the boy's wounds. Wayman and his platoon soon realized that the boy needed to be taken to the hospital. The platoon handed the boy



Staff Sgt. (P) Craig Wayman, a medic with the United States Army Medical Research Institute for Infectious Diseases and MEDCOM's Non Commissioned Officer of the Year, gave the keynote address at the Armed Services YMCA 7th Annual Angels of the Battlefield Gala in Washington, D.C. (Courtesy Photo)

off to the local hospital staff and the experience weighed heavily on Wayman. He left not knowing how the boy was doing.

A few days later, Wayman's company executive officer told him the boy he had treated survived and gave him a coin.

"I carry that coin today," Wayman said. "It serves as a reminder to me that Medics can do great things and are always ready to save lives."

"In my career I have received awards and medals for things I have done or accomplished," Wayman said. "But on that day I received my highest award. It is not worn on my chest; it is not on my ERB, but on my heart. It is knowing that on that day God gave me the wisdom and steady hand to save the life of that child, as if I were an angel of the battlefield."



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## BOOKMARK

Borden Institute Releases:  
**History of Army Medical Department's Education, Training and Force Design "Brain Trust"**

Since 1920, the Army Medical Department Center and School and its precursor, the Medical Field Service School, has provided the professional military medical education foundation for every healthcare associated Soldier preparing to deploy to areas of conflicts, assist with humanitarian relief operations, or treat Soldiers and their Families at home. It is the brain trust responsible for not only developing the doctrine and organizations to provide healthcare to America's Warriors, but one with a command mission to "envision, design, and train a premier medical force for decisive action in support of our Nation," as stated by retired Major General David Rubenstein, former commander of the Army Medical Department and School. This is the first pictorial and chronological history of the multi-faceted and dynamic "schoolhouse" of Army Medicine. This history book is now available for online order or PDF download from the Borden Institute website: [www.cs.amedd.army.mil/borden](http://www.cs.amedd.army.mil/borden).

Envision, Design, Train: A Pictorial History of the Army Medical Department Center and School, newly released by the Borden Institute, is an engaging organizational history built on a multitude of fascinating tidbits of information and images obtained from the organization's Annual Historical Reports, After Action Reports, scrapbooks, newspapers, journals, and museum collections. It chronicles 90 years of history.

Borden Institute's publications may be ordered free of charge by eligible personnel. Anyone may download PDF versions free of charge. [www.cs.amedd.army.mil/borden](http://www.cs.amedd.army.mil/borden).

## ACTIVITY Awareness Month

“Stay Strong, Live Long & Commit to be Fit!” is the theme for Activity Awareness Month. The purpose of the month-long promotion is to increase the overall awareness among Soldiers, Family members and beneficiaries on how important exercise and activity is to their overall health and well-being. It also advances Army Medicine’s Performance Triad initiative which includes Activity, Nutrition and Sleep which supports the Army’s Ready and Resilience Campaign Plan.

The strength of the Army is its Soldier – personal performance directly impacts a unit’s readiness. Musculoskeletal injury was the number one leading cause for medical evacuations during 2002-2010 and the second leading cause of hospitalizations, resulting in 10 million limited duty days per year.

Regular exercise and physical activity can lead to long-term health benefits, reduce ones risk for many chronic diseases - such as depression, diabetes, heart disease, high blood pressure, obesity, stroke and some forms of cancer. And, it helps reduce healthcare costs.



Engage in **Activity**

## SLEEP Awareness Month

The purpose of Sleep Awareness Month is to increase Soldiers’ and beneficiaries’ overall awareness of the importance of sleep and good sleep habits, and to enhance their knowledge regarding TSG’s Lifespace initiative and how sleep, as one of three components of the Performance Triad (Activity, Nutrition and Sleep) is a critical element toward the Army’s system for health.

Sleep disorders and sleep deprivation affect an estimated 70 million Americans annually and may increase your risk for stroke, obesity, cardiovascular disease, diabetes and other health conditions. The study of sleep, sleep disorders, and their treatment is essential for the Army to remain a ready and resilient fighting force.

For Soldiers and the Army Family, quality sleep is a major component for optimal mental performance and is essential for health promotion, wellness and disease prevention. Inadequate sleep may be an indicator of health-related issues such as post-traumatic stress, depression, chronic pain and may put you at risk for accidents or cause you to make mission critical errors due to impaired judgment, decision-making and concentration.



Get Quality **Sleep**

# CONNECT WITH ARMY MEDICINE

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# Pathways to Wellness - Breaking the Silence

By Valecia L. Dunbar D.M., MEDCOM Public Affairs

Congress designated the month of May as National Mental Health Awareness Month and Army Medicine is an important part of the partnership to spread the word about why pathways to wellness are so important.

Pathways to Wellness calls attention to strategies and approaches that help all Americans achieve wellness and good mental and overall health.

Each year, the Army leans forward with various organizations, community groups, Families and individuals across the country in this public campaign to raise awareness, promote prevention, early detection and treatment for behavioral health (BH) diagnosis such as depression, post-traumatic stress disorder (PTSD) and a host of other BH diagnosis impacting Soldiers, Families, Veterans and Civilians. This year the Army's theme is "Breaking the Silence." The Army is determined to decrease the stigma and get help to those who need it, by promoting dialogue between leaders, Soldiers, Families, Civilians and the community.

According to Mental Health America (MHA), wellness is more than an absence of disease. It involves complete general, mental and social well-being. The fact is our overall well-being is tied to the balance that exists between our emotional, physical, spiritual and mental health. Mental health is an essential component of overall health and well-being.

The June 2012 Medical Surveillance Report, suggests that recent wars may have contributed to the increase in BH diagnosis of active service members. In 2011 mental disorders accounted for more hospitalizations of U.S. service members than any other diagnostic category. During the years of 2000 through 2011, 936,283 active component service members

**The U.S. Army Medical Department is committed to strengthening the BH and overall resilience of Soldiers, Families and Civilians by providing new assessment tools, resilience training, and promoting leader-led discussions that empower the Army Family to conduct self assessments and support others to intervene...**

across services were diagnosed with at least one mental disorder. The Army database indicates that 8% of the Soldiers deployed between 2001 and 2011 received a BH diagnosis of PTSD. While not all deployed Soldiers receive BH diagnosis, many experience symptoms that could benefit from BH treatment.

Today, Army Medicine is actively implementing recommendations of the Behavioral Health Task Force's Corrective Action Plan (CAP) to implement both short-term solutions and long-term, systemic changes that will make care and treatment of Soldiers and Family members more effective.

The Army is moving out energetically to establish innovative, evidence-based BH systems to meet the increased demands from prolonged combat operations. Recent initiatives include the establishment of annual BH screening for all Soldiers and tele-behavioral health services which now are operating in 51 countries/territories across 19 time zones.

The Army is moving into a new era of BH support through the standardization of new healthcare systems that will revolutionize Army BH. One such program is Embedded Behavioral Health which is an early intervention and treatment model that provides multidisciplinary community behavioral healthcare to Soldiers in close proximity to their unit area and in ready coordination with unit leaders.

"We want to get behavioral healthcare

out of brick and mortar and into the Soldier's Lifespace," said Lt. Gen. Patricia D. Horoho, Army surgeon general. "Soldiers are then more likely to seek behavioral health and other wellness care."

Utilization of this model has shown statistically significant reductions in: (1) inpatient psych admissions (2) off-post referrals, (3) high risk behaviors and (4) number of non-deployables.

The U.S. Army Medical Department is committed to strengthening BH and overall resilience of Soldiers, Families and Civilians by providing new assessment tools, resilience training, and promoting leader-led discussions that empower the Army Family to conduct self assessments and support others to intervene by understanding risk factors, protective measures, warning signs, and by taking appropriate intervention actions when needed.

During National Mental Health Awareness Month the Army takes this opportunity to further provide education on BH diagnosis and symptoms and get the word out about the array of BH services, programs and new initiatives available to support Soldiers, Families and Civilians in garrison and operational environments who may benefit from seeking help for BH problems.

In 2011 the Army implemented the Behavioral Health System of Care (BHSOC) Campaign Plan. The

BHSOC is being implemented under the Army's Behavioral Health Service Line (BHSL). This initiative is nested under the Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention. The BHSOC is intended to further standardize and optimize the rich spectrum of BH policies and procedures across the U.S. Army Medical Command to better identify, prevent, treat and track BH issues that affect Soldiers and Families during every phase of Army operations. The Army provides BH services in all garrison and operational environments.

Under the BHSL, the Army supports 31 enterprise BH programs supporting Soldiers and Families who have experienced multiple deployments and other demands of military life. PTSD is only one diagnosis in a range of possible stress-related responses that an individual may experience as a result of exposure to potentially traumatic events. The Army provides support for all BH conditions.

MHA states that fully embracing the concept of wellness not only improves health in the mind, body and spirit, but also maximizes one's potential to lead a

full and productive life. Using strategies that promote resiliency and strengthen mental health and prevent mental health and substance abuse conditions lead to improved general health and a healthier society: greater academic achievement by our children, a more productive economy, and Families that stay together.

"Army Medicine is a learning organization and as such we are continually changing the landscape to improve the outcomes for our patients," said Horoho.

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## WOMEN'S Health Month

# Improving the Lifespace of Women

By Valecia L. Dunbar D.M., MEDCOM Public Affairs

National Women's Health Month (May 2013) is as an opportunity to educate and increase awareness throughout the Army about the wide range of Women's Health programs and initiatives aimed at improving the Lifespace of female Soldiers, spouses and other beneficiaries.

The objective is to educate female Soldiers, Family members and other beneficiaries about the resources and programs available in Army Medicine that promote Women's Health and encourage them to make their health a top priority.

As an Army Family, we all play a role in women's health. Women often put the needs of their spouses, children, and others before their own. We must work as individuals, Families, and as an Army community to support the crucial need for women to make their physical, mental, emotional and spiritual health a priority by taking proactive measures that influence their Lifespace -- increasing their Activity, monitoring their Nutrition, and getting plenty of Sleep.

### Resources for Women

Army Medicine offers and promotes key regular check-ups and preventive

screenings to aid in avoiding the onset of disease and health issues before they start.

Army Medicine is developing a Women's Health Service Line, which will manage the unique needs of women's health as a population by building the fundamentals of sound, gender-based programs and policies. The service line will recognize and adopt best practices that will focus on women's health management in order that care to women is coordinated, collaborative, and patient focused. The development and structure for care delivery will be appropriate for all female beneficiaries and tailored to also address unique, gender specific needs of female service members.

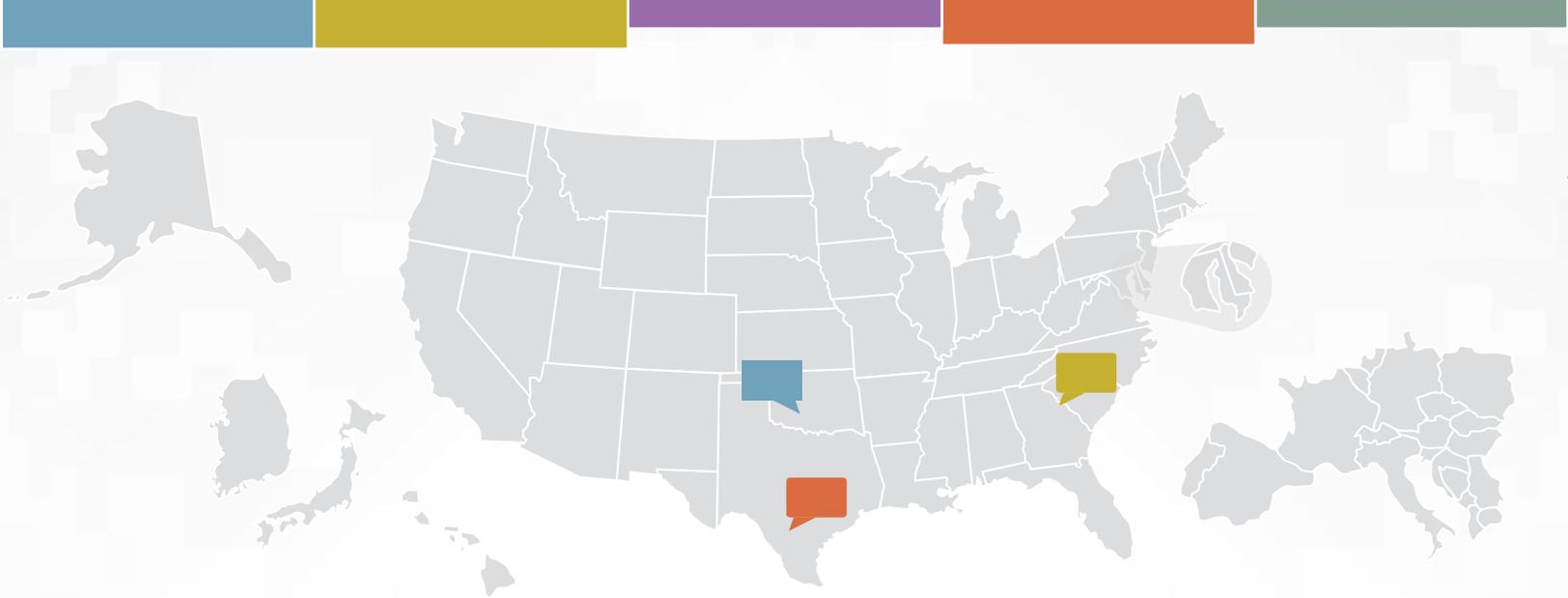
### Resources for Women in Combat

The AMEDD welcomes the increasing range of opportunities available for women in combat roles and has a long history of working to provide superb predeployment readiness and deployment/post deployment healthcare for female service members. The recent GAO report, released in Jan 2013, concluded that the DOD is addressing the healthcare needs of deployed servicewomen.

Female service members play many key roles during deployment and focus on female Soldier readiness remains a critical priority. Predeployment Soldier counseling includes a focus on Family planning, hygiene, menstrual cycle control options and information about urinary devices and urinary tract infections. The U.S. Army Public Health Command (PHC) is developing a Warrior Readiness Guide that discusses common female conditions and preventive practices. PHC also offers a Women's Health Portal which provides women's health preventive practices and self-care.

Army Medicine is committed to preserving the health and viability of our females and is actively engaging these issues in order to ensure the highest standards in healthcare for all beneficiaries regardless of gender.

Throughout May, MEDCOM facilities and MTFs will participate in presentations and briefings, at health fairs, town hall meetings, and community events to raise awareness about Women's Health issues.



# AROUND ARMY MEDICINE

(U.S. Army photo by Ben Sherman)



## REYNOLDS ARMY COMMUNITY HOSPITAL

### Fort Sill, Okla.

Kimberly Gray, LPN, talks with Dr. David Anderson, Family practice physician about the secure messaging system recently implemented at Reynolds Army Community Hospital. The system sets up a secure link on the patient's computer which enables doctors and nurses to communicate with their patients. Anderson said patients can send private messages to healthcare providers, make appointments, request medication refills or receive test results at any time. [Access the full article](#)

(U.S. Army Photo by Erin Longacre)

## ARMED SERVICES BLOOD PROGRAM

### Fort Gordon, Ga.

Army Staff Sgt. Gabor Nap poses with his Family at a recent blood drive held in his honor at Fort Gordon, Ga. Pictured (from left): Nap's fiancée Katalin Lauth and his parents, Kathy and Harvey McLendon. [Access the full article](#)



## BROOKE ARMY MEDICAL CENTER

### San Antonio, Texas

Sgt. Maj. of the Army Raymond Chandler talks to Army Spc. Zacharia Gore in the ISR burn unit April 16. Army Chief of Staff Gen. Raymond Odierno, his wife Linda and Gore's wife Susan were also present during the visit. Odierno and Chandler met with several wounded service members and staff during their visit to the medical center.

The top senior Army military officials and their spouses visited with Wounded Warriors and staff at Brooke Army Medical Center. While leaders were briefed on MEDCOM scope and structure, their wives visited the Neonatal Intensive Care unit. All went to meet with Wounded Warriors in the U.S. Army Institute of Surgical Research Burn Center and the Center for the Intrepid. Odierno met with several injured Warriors and their Families in the ISR. He thanked them for their service, and ensured they were receiving the best medical care. Additionally, Lt. Col. Donald Gajewski, CFI director, showcased a new innovation called the Intrepid Dynamic Exoskeletal Orthosis, also known as the IDEO.



## International Student Office

By Esther Garcia, AMEDDC&S Public Affairs Office

If you have never visited the International Military Student Office, located on the first floor of the Army Medical Department Center and School (AMEDDC&S), it actually resembles a small museum. The office is decorated with various artifacts on display from more than 80 countries.

Students from countries such as Algeria, Armenia, Germany, Egypt, Mongolia, Denmark, Italy, Korea, Lebanon, Norway, Slovenia, Singapore, Sweden, the Philippines, Canada, Georgia, Hungary, just to name a few, pass through these doors to attend a variety of medical courses at the AMEDDC&S.

The artifacts are small gifts from the students presented to the office as a thank you for their hospitality while attending medical training.

The State Department decides which

countries participate in the training under the DOS/DOD Security Assistance Training Program.

A revolving door, the daily population is 30 to 60 students attending multiple courses. The longest course is the Captains Career Course.

Oscar Ramos-Rivera, director, International Military Student Office, said, “We currently have over 70 courses that are made available to the international community, from initial entry training to postgraduate courses or short courses. We recently opened the Baylor Health Administration Program which is a master’s degree program.”

Students, whether officers or enlisted, attend courses such as the Healthcare Specialist Course, Basic Officer Leader Course, the Medical Logistics Course, or the Biomedical Equipment

Maintenance Technician Course, to name just a few.

Rivera said if the candidate meets the affiliation requirements, then we can accept them in the program.

Rivera said veterinary courses are very popular courses with international countries, particularly countries with big armies who have their own farms for animals and produce. “We have veterinary doctors attend the enlisted course for food inspectors,” Rivera added.

Students attend formal and observer training here at AMEDDC&S and at the Medical Education and Training Campus. Training offered includes the U.S. Army School of Aviation Medicine; the Noncommissioned Officer Academy; and the Defense Medical Readiness Training Institute. Non-English speaking students also attend the Defense Language School at Lackland Air Force Base hosted by the Air Force. The State Department requires a certain score in the English language. Enlisted personnel must score 70 percent and officers 80 percent.

Rivera said, “For the most part we use simulation training and limit some things to observation, but the student must meet all the same requirements as their American counterpart in order to graduate. We have a policy letter from the Office of The Surgeon General (OTSG) that regulates the scope of practice that international students and exchange officers can engage while here.”

Most foreign students wear more than one hat in their respective Armies, so after attending medical training here, they might move to Fort Benning for airborne training, or Fort Bragg to



Blanca Wheeler (center), International Military Student Office, visits with Staff Sgt. Jiewen Louis Chen (right front) from Singapore, Sgt. Devis Lando (right back) and Sgt. Luca Formisano (left), both from Italy. After completing the Healthcare Specialist Course, the students will have follow on training at Fort Bragg. The staff of IMSO frequently becomes a second family to the students, advising them on which stores to shop, the best restaurants to eat, and inviting to them to barbecues and other social outings. (U.S. Army photo by Esther Garcia)



## Congratulations to the First Baby of Spring 2013 at LRMC



Leah Barber (left), Red Cross station manager; Col. Kathy Prue-Owens (far right), LRMC deputy commander for Nursing; and Brittany Kelly (second from right), Red Cross field office coordinator; present a Red Cross gift basket to Susie York and Staff Sgt. Eric York in honor of their son Ely as the First Baby of Spring 2013 at Landstuhl Regional Medical Center. (U.S. Army photo by Phil A. Jones)

For more information and news from Landstuhl Regional Medical Center, please click on the following link:

## Watch what's playing now on YouTube

by CSM Donna Brock

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

When you recognize something isn't right, make the call.

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



# Burn Center Holds Remembrance Ceremony

By Steven Galvan, USAISR Public Affairs

On March 6, 2003, Lance Cpl. Ian Lennon, a motor transportation Marine with the 5th Marine Regiment in Kuwait, was burned in an explosion while fueling a tanker. The next day, Lennon, with burns over 33 percent of his body, was transported and admitted to the U.S. Army Institute of Surgical Research Burn Center at Fort Sam Houston, Texas. Since that day and for the next 10 years, the Burn Center has cared for 1,147 other Wounded Warriors who sustained severe burns and/or associated injuries, most directly in support of Operations Iraqi and Enduring Freedom (OIF/OEF).

Ten years to the day, March 7, 2013, the Burn Center staff members and more than 100 burn survivors gathered at the San Antonio Military Medical Center auditorium for a special ceremony of remembrance and recognition to honor all who served, in remembrance of those who died, and in recognition of those who survived OIF/OEF injuries.

“Seventy of these brave Americans subsequently died of their wounds,” said Burn Center Director, Col. (Dr.) Evan Renz. “In some cases, they died during subsequent tours of duty in Iraq and Afghanistan.”

To honor the 70 fallen Warriors, Burn Center senior enlisted noncommissioned officers from different departments read off their names as photographs of the fallen were projected onto a screen on stage.

“We just paid respect to some of the country’s greatest men and women,” said Renz, explaining the special bond formed among the staff, patients and Families. “We know them and more importantly we all love them. We will always love them, and that’s what makes this place [Burn Center] so special because this place doesn’t run on funding, it doesn’t run on schedules—it runs on love. It runs on love for our Soldiers and our fellow Americans in uniform, which is then passed on for the greater good of our community.”

“It was an incredibly emotional event. I cried through the whole slide show,” said Burn Center physician assistant Kelley Thompson, who helped organize the event.

Thompson assisted during several of the missions to Landstuhl Regional Medical Center in Germany, to transport patients injured in Afghanistan and Iraq back to San Antonio. “I had a lot to do with most of these patients from the time we picked them up in Germany to caring for them here. So to be with many of them at their bedside with their Families and then to see them up there, it was tough.”

During his remarks, Renz also acknowledged the accomplishments of the burn survivors during the last 10 years. “It’s impossible to list them all. You have basically broken all the rules,” he said to the burn survivors. “I thought I had heard all the possible adaptive behaviors to deal with severe life-long injuries, but everyday I’m hearing of a new one. I absolutely believe that it is the key to your resiliency.”

While not having appeared on a national dance show like J. R. Martinez or being a stand-up comedian like Bobby Henline, Lennon shares similar circumstances with Martinez and Henline. All three spent about a year or more recovering in the Burn Center from burns sustained in support of OIF/OEF. They all lead productive lives despite their scars and disfigurements. Lennon now works for a nonprofit organization dedicated to honoring and empowering Wounded Warriors—many of them burn patients. “It’s overwhelming to be here, knowing there are lots of guys who are still around,” said Lennon.



Senior noncommissioned officers at the U.S. Army Institute of Surgical Research Burn Center read off the names of fallen Warriors during a ceremony of remembrance and recognition held in March at the San Antonio Military Medical Center at Fort Sam Houston.



## McAHC Orthopedic Surgeons Care for Military ‘Family’

By Airman 1st Class R. Alex Durbin, 633rd Air Base Wing Public Affairs

The rhythmic beeps from the Electrocardiogram machine reverberated off the high ceilings as medical professionals worked diligently. The surgeon moved the laparoscopic scope and shaver skillfully, focusing intently on the images displayed on the high-definition screen.

Less than 20 minutes later, the orthopedic surgeon removed the tools from the patient’s knee and stitched the two small incisions closed. The patient’s torn meniscus had been repaired.

This new beginning would not have been possible without the skilled orthopedic surgeons at Fort Eustis’ McDonald Army Health Center (McAHC).

Orthopedics is the branch of medicine focused on conditions involving the musculoskeletal system.

Orthopedic surgeons use both surgical and nonsurgical means to treat musculoskeletal trauma, sports-related injuries, degenerative diseases, infections, tumors and congenital disorders.

According to the American Academy of Orthopedic Surgeons, one in seven Americans suffer from an orthopedic impairment, making orthopedic complaints the top reason patients seek medical care.

The orthopedic center is a referral based, sub-specialty clinic that boasts three orthopedic surgeons and two physician assistants that provide years of knowledge and experience. The clinic treats roughly 100 patients daily and performs 15 surgeries weekly, focusing on personalized, in-depth care.

“Military medicine allows us to give

our patients exactly what they need,” said Dr. (Maj.) Todd Feathers, McAHC orthopedic surgeon. “Our doctors do what is best for the patient, not what’s best for the bottom line.”

A new operating room is set to open April 26, and will increase the amount of surgeries each department will be able to offer. The new OR will be equipped with the latest technology to provide complete, comprehensive care.

“The new operating room will be an important addition to our institution,” said Dr. (Maj.) Rasel Rana, Orthopedic Clinic chief. “It will allow us to accommodate and treat more complex and chronic cases, ultimately expediting overall patient care.”

With a young, active population, the orthopedic surgeons are well-equipped to treat sports-related injuries, but they strive to care for all patients that can take advantage of their services.

“Not everyone knows we’re here,” Rana said. “Our job is to take care of our service members and get them back to their mission, but we’re here for all Warriors, past and present.”

To ensure their skills stay up to par, the doctors at the clinic plan to “take call,” or perform procedures, at local Civilian treatment facilities to work with cases they do not often see at McAHC.

“It’s an exciting time for us; it’s amazing to be part of a growing hospital,” said Rana. “We are committed to use our new capabilities to care for our patients just like they’re our Family.”



U.S. Army Dr. (Maj.) Rasel Rana, McDonald Army Health Center chief of orthopedic surgery, inserts a surgical tool into the patient’s knee during a procedure in the McAHC operating room at Fort Eustis, Va., March 13, 2013. According to the American Academy of Orthopedic Surgeons, one in seven Americans suffer from an orthopedic impairment, making orthopedic complaints the top reason patients seek medical care. (U.S. Army photo by Airman 1st Class R. Alex Durbin)

# BAACH, The First Military Healthcare Facility in Korea to Achieve NCQA

By Harvey Hall, BAACH, USAMEDDAC-Korea

Brian Allgood Army Community Hospital received the highest level-3 recognition for its' Patient-Centered Medical Home from the National Committee for Quality Assurance on February 14, 2013.

The Patient-Centered Medical Home (PCMH) is a model of care emphasizing care coordination and communication to transform primary care into "the way healthcare should be." Research shows that medical homes can lead to higher quality and lower costs, and improve patients' and providers' reported experiences of care. The PCMH identifies practices that embolden partnerships between individual patients and their healthcare team--Primary Care Managers, nurses and medics, instead of treating patient care as the sum of several episodic office visits. Each patient care is managed by a PCM-led care team, who provide the entire patient healthcare and coordinates treatments across the healthcare system. Medical home PCMs demonstrate the benchmarks of patient-centered care, including expanded hours, nurse-triage advice line and secure messaging (RelayHealth).

"The PCMH raises the bar in defining high-quality care by emphasizing access-to-care, quality-of-care and continuity with a PCM-led healthcare team," said BAACH Department of Medicine Chief, Col. Yong Cha.

"PCMH recognition demonstrates that the Primary Care Clinic has the resources, systems and tools to provide our patients with the right care at the right time," said the Primary Care Clinic Chief, Lt. Col. Cornelius Tyler.

To gain recognition, which is valid



Brian Allgood Army Community Hospital (BAACH) is the first military healthcare facility in Korea to receive the highest level-3 recognition from the National Committee for Quality Assurance (NCQA) for its Patient-Centered Medical Home (PCMH). 65TH Medical Brigade/MEDDAC-Korea strives to bring the best health system for all beneficiaries in the Republic of Korea. (Courtesy Photo)

for three years, the Primary Care Clinic demonstrated the ability to meet the program's key elements that met criteria of the medical home characteristics. The standards are aligned with the joint principles of the PCMH established with the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics and the American Osteopathic Association.

The BAACH Primary Care Clinic met key program components in the following areas:

- Written standards for patient access and continuity of care;
- Use of patient feedback surveys;
- Appropriate use of charting tools to track patients and organize clinical information;
- Responsive care with an emphasis on preventive care for the individual patient and for the entire patient population;

- Adaptation to patient's cultural and linguistic needs;
  - Use of information technology for prescriptions, test and referral tracking and coordination with other healthcare providers;
  - Use of evidence-based guidelines to treat chronic conditions; and
  - Measurement and reporting of clinical and service performance;
- "The NCQA PCMH process has been a tremendous team display and filled with ongoing staff training, collaboration and integration of services. Thus, the PCMH model of patient-centered care ensures our most valued customers--our patients--receive the benefits that they deserve and have come to expect," said Tyler.

BAACH is the first military healthcare facility in Korea to receive this recognition from NCQA. 65th Medical Brigade/MEDDAC-Korea strives to bring the best health system for all beneficiaries in the Republic of Korea. We are, "Partners In Your Health."

Pacific Medics is the name of the newsletter launched in March to service Soldiers, Families, Civilians and Retirees, based in Korea. This monthly publication of 65th Medical Brigade/MEDDAC-Korea news is a resource designed to inform beneficiaries of current medical activities, events, and services available in the area. This newsletter is for beneficiaries and welcomes feedback, input and suggestions on how the 65th Medical Brigade/MEDDAC-Korea newsletter can make improvements to reach its target audience. Access your copy of the first edition



## Renovated BACH Clinic offers Patient-Centered Care

By Michele Vowell, Fort Campbell Courier

One step off the elevator onto the third floor of Blanchfield Army Community Hospital's "A" Building, a patient may feel transported to a tropical beach with views of sand, ocean and aquatic animals.

Such soothing scenes encompass BACH's newly renovated Women's Health Clinic, which opened its doors March 4.

The \$8.4 million renovation of the 28,000-square-foot space started in February 2012. Women's Health Clinic staff members collaborated early with the Columbia, Md., design team to incorporate a patient-centered design, according to a BACH release.

When determining the facility design, the staff took its patients into consideration.

"We spent a lot of time trying to figure out the right way to do this," said Lt. Col. (Dr.) Marshall Malinowski, chief of the Department of Women's Health at BACH.

All patients receive enhanced continuity of care with three group practice provider teams, comprised of midwives, nurse practitioners and doctors. There are also registered nurses, licensed practical nurses, medical assistants and clerks on staff.

"[Patients] know that they are going to get care from that provider group with the focus being one provider who is going



Lt. Col. (Dr.) Marshall Malinowski, chief of the Department of Women's Health at Blanchfield Army Community Hospital, points out different aspects of a procedure room at the newly-renovated Women's Health Clinic. The clinic is located on the third floor in the "A" Building. (Photo by Michele Vowell)

to take care of them most of the time," Malinowski said. "...In the long run it will be safer for the patient because they have that continuity. Hopefully, we're going to find patient satisfaction has improved because of this..."

Provider teams work out of shared group practice rooms, to encourage each to communicate more effectively regarding their patients' care.

"What we are trying to do is enhance the communication amongst our providers on a daily basis around those patients," he said. "You can do collaborative care that way without having to change their primary OB provider."

The clinic now offers 36 exam rooms – 12 per group practice – a dedicated procedure room and a dedicated blood draw room.

"We try to do as many [lab tests] up here as possible," said Tawni Price, head nurse at the clinic. "It's convenient [for] the patient."

Obstetric patients also benefit from the breast feeding room, 3-D ultrasound room, large areas set aside for education and the group appointment space offered through a Centering Pregnancy Program, according to a BACH release.

The Centering Pregnancy Program is a group model of prenatal care. Patients start together as a group around 16 to 18 weeks of their pregnancy. Patients spend two hours each visit with a provider and then enter a group appointment. The clinic has received two March of Dimes grants, with the vision of Col. Robin O'Dell, to help with this program.

Malinowski said the benefits of the Centering Pregnancy Program seem to be improved birth weights, reduction in acute visits, decrease in pre-term labor rates and improvement in breast feeding rates.

In addition to the expanded medical services, the clinic's décor is also patient-



(L to R): President of Linc Government Services Les Cunningham; Chief of the Women's Health Clinic Lt. Col. Marshall Malinowski; Family members Staff Sgt. Steven Katie and Roman Merna; Blanchfield Army Community Hospital commander Col. Paul R. Cordts; Women's Health Clinic Nurse Renee Solivan; and U. S. Army Corps of Engineer resident engineer Miller Moore cut the ceremonial ribbon during the Women's Health Clinic Ribbon cutting ceremony, officially opening the new \$8.4 million renovated clinic. (U.S. Army photo by Laura Boyd, BACH Public Affairs)

friendly, bringing an ocean-front feel to the exam rooms and waiting area. A digital aquarium in the lobby provides relaxing images, while presenting key information in a bulletin board format.

"[Digital bulletin boards are] much more appealing. It looks more professional and it brings us to the 21st century," Malinowski said.

Black and white photos of patients and doctors, taken by Public Affairs Officer Fred Holly, adorn the main hallway walls, adding more visual appeal to the clinic.

Offering patients a comfortable and positive healthcare experience is the ultimate goal of the clinic, staff members agree.

"Everyone cares about the patient. They really do," Malinowski said. "It's not a job to them."

"I think they get the best ever care here," said Price, who worked as a nurse in non-military hospitals for more than 10 years. "They have providers 24/7... The care that all these providers give, and the time that they spend with the patient, is far above anything you get in the Civilian world."



## Active Communities Promote Healthy People

By Jane Gervasoni, USAPHC Public Affairs

A military installation is a microcosm of the Civilian community outside the gates. It is where Soldiers and sometimes even Civilian workers and their Families live, work, eat, sleep and play. As Army Medicine looks at keeping installation populations healthy through the Performance Triad of physical Activity, Nutrition and Sleep, health promotion experts are looking at how installations influence healthy activities.

Installation and garrison commanders can contribute to the health of people who work and live on their installations. They do this through planning and development of physical environments and selection of services that enhance population health, according to experts at U.S. Army Public Health Command.

For example, planning for walking paths, bike lanes and on-post eateries that offer healthy foods all enhance the installation population's opportunities for making healthy choices. As well, Army policies and regulations that govern installation environments must support the goal of sustaining and building good population health.

"Our ability to act healthy and eat healthy is outside of ourselves. It is affected by what is constructed around us, and all of that is controlled by policy, regulation and education," said Joanne Hsu, program evaluator in the USAPHC Public Health Assessment Program. "Many people play a key role in making our environment what it is and modifying it to be a healthier place."

A number of leading organizations in health and nutrition, including the World Health Organization, the International Obesity Task Force, the U.S. National Academies of Science's Institute of Medicine, and the Centers for Disease Control and Prevention, "have identified environmental and

policy interventions as the most promising strategies for creating population-wide improvements in eating, physical activity and weight status," according to research in technical publications, she said.

Understanding this vision led to the creation of the CACHE—Creating Active Communities and Healthy Environments—toolkit that will assess the physical environment to see how well it promotes physical activity and nutrition. The CACHE includes modules on both the Military Nutrition Environment Assessment Tool, or m-NEAT, and the Promoting Active Communities tools as well as easy to use implementation materials.

Together these modules in the CACHE provide installation leadership with targeted, actionable information for improving the physical environment.

The m-Neat asks questions about availability, placement and pricing of healthy options in a variety of facilities that prepare and/or sell food.

"The m-NEAT enables DOD communities to measure how well they support and promote a healthy eating environment," said Lt. Col. Sandra Keelin, registered dietitian with the USAPHC Health Promotion and Wellness Portfolio.

"The first step in improving a military community's support of healthy eating is the completion of the m-NEAT assessment. This assessment gathers information about the nutrition environment of a community and assists in the development of a local plan to improve the environment," Keelin explained. "However, this is only a partial solution to problems like obesity and other physical health issues."

The team took this partial solution and built the next piece of the CACHE.

"We took the m-NEAT and added a complementary tool that could assess the physical environment. The tool is called Promoting Active Communities or PAC," said Amy Cowell, PHAP program evaluator. "The idea of the PAC was to involve many people on the installation including the master planner, the Morale, Welfare and Recreation Program staff, the Community Health Promotion Council and the installation commander in looking at the big picture.

"Since we work at Aberdeen Proving Ground (Md.), it was the first test run of the CACHE," explained Cowell. "It was different than how we would pilot it elsewhere since we were both the developers and the testers. With critical feedback from others involved we were able to reevaluate and quickly make necessary changes."

Working with Robert Melascaglia, APG master planner, Cowell and Hsu looked at the physical environment of the installation. They were looking at bike lanes, sidewalks, exercise and recreational facilities, distances to eating locations and shopping, roads and all environmental aspects.

"I began looking at the post in a whole new way," Melascaglia said. "When you begin to look at how the installation environment affects health, you are adding a new dimension to installation planning in trying to build walkable communities."

"We also looked at recreation facilities and opportunities for free programs and plans for transporting workers," explained Cowell. "This all became part of our toolkit."

The health promotion team quickly realized that there could be a variety of installation environments.



# Soldiers Learn to Write, Act, Direct

By Spc. Aaron Breitbarth, Task Force Phoenix, Warrior Transition Battalion

Hollywood and television alumni, along with other experts, educated six Warrior Transition Battalion Soldiers in the first run of The Red Badge Project held in August at Joint Base Lewis-McChord.

Taught by experts in their fields, the RBP is a non-judged, non-graded, month-long storytelling school; the students graduated from the pilot session on Aug. 30. The RBP does more than just expose the participating Soldiers to writing or photography or acting or directing. The school's co-founder, Tom Skerritt, believes that storytelling can better almost every facet of a person's life, and he said he created this program with the goal of boosting Soldiers' self-esteem and self-realization.

The project came to be after Skerritt—recently in the film “Ted” and an Air Force Veteran with a 50-year acting career—asked his neighbor, Evan Bailey, if the Army could benefit from a program similar to The Film School of Seattle; Skerritt also founded that school, and said that a majority of its students described it as “positively life changing.”

Bailey, a former Army captain who

deployed to both Iraq and Afghanistan, saw in his military experience a lack of physical letters being written, which unintentionally chronicle Soldiers' experiences. He said he likes the idea of encouraging Soldiers to write so that their stories are not lost. Skerritt also said that, “You are the only one who sees life the way you see it.”

Bailey, the program's cofounder and project coordinator, acted as a liaison between the WTB and the RBP. He connected with Behavioral Health Chief Ellen Bloom to start the RBP program here.

“I'll never turn down a good opportunity for Soldiers to heal,” is Bloom's philosophy. She said that many Soldiers “dread being asked ‘What happened?’” regarding their military experiences. That is why she sees storytelling as a therapeutic aid; she said if people get better at telling a story “you have control over what you say and how you say it,” and by listening to others' stories, “it helps normalize the experience.” Bloom stressed that there is no pressure for Soldiers to share their personal stories in the RBP, though.

Character development specialist Warren Etheredge, who worked with the military for the first time in the RBP, praised the work ethic of the Soldiers involved: “I think it was a matter of people undertaking work as a mission.”

Etheredge, who has more than two decades' experience in teaching, writing, directing and hosting television and theater, said that anyone can write if they possess the right qualities: “There are two things a writer needs ... one of them is the ability and desire to always ask the question ‘why,’ and the other one is the willingness to share their truth, which is their experience in the world ... if you have those two things, you'll be able to write, no question.” Etheredge, who sees a direct correlation between understanding characters and understanding one's self, punctuated his class thesis with this statement, “The pressure in my class ... is to be honest, to be truthful.”

All the teachers said that the curriculum advanced nearly flawlessly. Each week, students learned about different aspects of storytelling to include writing, acting, directing and character development, with photography worked in one day a week.

Instructor Brian McDonald, a writer, director and Pixar story consultant, taught classes about improvisation and the architecture of story construction (to include Sprezzatura, or “studied carelessness”). He also showed that storytelling transcends common mediums, and said it is “about conflict, about how to survive.”

The RBP is scheduled to have two more sessions this fall and maybe more in 2013. To sign up visit the social work clinic.



Actor Tom Skerritt teaches storytelling to Soldiers as a part of The Red Badge Project held in August at Joint Base Lewis-McChord, Wa. (Courtesy photo by Johnny Bivera)

# U.S. Army MEDCOM

## TRICARE Offers New Prescription Coverage to Help Kick Tobacco



TRICARE beneficiaries living in the United States now have a new weapon in their fight to kick the tobacco habit. Tobacco cessation medications are now covered through the TRICARE Pharmacy Home Delivery program. The medications are available to beneficiaries with a prescription who are 18 years or older, but not eligible for Medicare.

Though a limited number of cessation medications have previously been available in military hospitals and clinics, beneficiaries trying to kick the habit can now get a wide range of gums, pills, lozenges, patches or nasal sprays delivered free through safe, convenient TRICARE Pharmacy Home Delivery. For more on using home delivery go to [www.tricare.mil/homedelivery](http://www.tricare.mil/homedelivery).

Those same medications should also be available soon, also at no cost, through most military clinics and hospitals. As always, patients with a prescription should check ahead for availability of medications and to see if their military facility requires participation in a cessation program or class.

“This is an important step in moving from healthcare to health through a comprehensive TRICARE tobacco cessation program,” said Dr. Jonathan

Woodson, Assistant Secretary of Defense for Health Affairs and director of TRICARE Management Activity. “When troops smoke, it diminishes their ability to participate in physical activity and, of course, increases the chance of respiratory disease.”

Tobacco cessation is one of the primary targets for the new Operation Live Well campaign which also addresses weight management and other substance abuse issues. “We must dedicate time and effort to building a fit and ready force and making sure that our beneficiaries, even after they retire, live long and healthy lives,” said Woodson.

TRICARE officials estimated in 2007 that treatment of tobacco-related diseases cost the Department of Defense (DOD) at least \$500 million. Although a health behavior survey of active duty service members in 2008 showed a small decline in self-reported tobacco use, at about 31 percent, smoking in the military typically exceeds the overall U.S. average for adults. That U.S. average was estimated at 19 percent in 2010 by the Centers for Disease Control and Prevention.

TRICARE already offers face-to-face counseling benefits and live “coaching” assistance through toll free numbers in all

three U.S. TRICARE Regions. An award-winning DOD quit tobacco website at [www.Ucanquit2.org](http://www.Ucanquit2.org) offers a multitude of quit resources including a 24/7 live chat feature. The site is also available to military Veterans through collaboration with the Department of Veterans Affairs.

A Code of Federal Regulations final rule, effective March 29, 2013, authorizes TRICARE to implement a more comprehensive program that includes the smoking cessation medications as well as quit tobacco counseling via a toll free phone line. The quit line will take time to put in place, but the prescription medications are now available through TRICARE Pharmacy Home Delivery for eligible beneficiaries living in the U.S.

There is an annual limit of two quit attempts under the new program. A third quit attempt may be covered per year with physician justification and preauthorization. For more on covered medications and the TRICARE cessation program go to

For more on Operation Live Well go to

**ROAD TO THE 2013 WARRIOR GAMES**  
The Warrior Games showcases the resilient spirit of today's wounded, ill, or injured service members from all branches of the military. After overcoming significant physical and behavioral injuries, these men and women demonstrate the power of ability over disability and the spirit of competition.









# Technology & Research

## BHT hosts 'Innovation Day' for San Antonio

By Steven Galvan, USAISR Public Affairs Officer

The U.S. Army Institute of Surgical Research (ISR) at Joint Base San Antonio, Fort Sam Houston, Texas, along with the Navy Medical Research Unit-San Antonio (NAMRU-SA) and the Air Force Dental Evaluation and Consultation Service (DECS), combined known as the Battlefield Health and Trauma Research Institute (BHT), hosted an Innovation Day March 7. More than 60 leaders from San Antonio, to include academia, biotechnology entrepreneurs, and city leaders, attended. The event was designed to promote awareness of the tri-service combat casualty care research programs in order to facilitate aligned and synergistic endeavors between these three commands and Civilian entities.

“Our goal for this event was to make local community leaders aware of the invaluable work that the three

military research laboratories conduct to serve combat-wounded,” said ISR Commander, Col. (Dr.) Michael A. Weber. “It was also a great opportunity for us to promote new collaborations between the military and other entities within the community.”

“This was our first effort to engage stakeholders in the San Antonio community to better coordinate our efforts in ways that are mutually beneficial,” said ISR Combat Casualty Care Research Director, David G. Baer, Ph.D. “We received great feedback both from the military participants and the visitors.”

The attendees were able to see firsthand some of the research conducted at the BHT and interact with researchers.

“I walked away with a deeper appreciation for the hidden gem at Fort Sam Houston and gained inroads

to collaborate with our military peers,” said Associate Professor Brent M. Nowak, Ph.D., director of Robotics and Intelligent Machines Laboratory, Mechanical Engineering Department at the University of Texas at San Antonio. “If I were looking for a single word [to describe the event], it would be eye-opening.”

“Many in our own community did not realize the extent, quality and importance of the work going on here in San Antonio,” said Baer. “The event was a great success.”

David Spencer, the chief financial officer for Pryor Medical, Inc., agreed with Baer. “This day was a great start for the local community to better understand and support the BHT mission in support of the Wounded Warrior,” said Spencer. “The MDs, PhDs and other researchers are a nationally unique capability and represent a huge business opportunity for San Antonio.”

The ISR is a subordinate research command of the U.S. Army Medical Research and Materiel Command (USAMRMC) at Fort Detrick, Md. USAMRMC 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 and extramurally.



Maj. Paul Colthirst from the U.S. Army Dental and Trauma Research Detachment at the U.S. Army Institute of Surgical Research at Fort Sam Houston explains research being conducted at the detachment to “Innovation Day” guests. (U.S. Army photo by Steven Galvan)



# Technology & Research

## Resilience Mobile App for Military Healthcare Providers

By Joe Jimenez, [PublicAffairs@t2health.org](mailto:PublicAffairs@t2health.org)

**The National Center for Telehealth and Technology, located at Joint Base Lewis-McChord, Wash., serves as the primary Department of Defense office for cutting-edge approaches in applying technology to psychological health.**

Military healthcare providers now have a mobile application to help keep them productive and emotionally healthy as they cope with burnout and compassion fatigue.

The Provider Resilience app, from the Defense Department's National Center for Telehealth and Technology also known as T2, is the first mobile application for healthcare professionals to build resilience for the stress in their lives.

"Dedicated clinicians often put their patients first, and their own needs second," said Dr. Robert Ciulla, psychologist and director of T2's mobile health program. "The app was designed to fit easily into the busy lives of healthcare workers and remind them to be mindful of their own emotional health."

The app opens with a dashboard that shows a "rest and relaxation" clock, a resilience rating and update buttons that provide easy access to the four main areas affecting the resilience rating: R&R clock, Burnout assessment, Professional Quality of Life Assessment, and resiliency "builders and killers." The ProQOL scale, developed at Idaho State University, allows users to rate their secondary trauma.

The personal resilience rating is a combination of the ProQOL assessment, vacation clock, burnout scale and a customizable list of questions that contribute to building or reducing resilience.

A burnout scale lets users rate themselves on their feelings of being happy, trapped, satisfied, preoccupied, connected, worn out, caring, on edge,

valuable and traumatized.

The app's toolbox encourages users to reduce stress with restful breaks with educational videos, inspirational cards, patient testimonials and stretching exercises.

The Provider Resilience app's website is at

The app is free and available for Android and Apple mobile devices.

The National Center for Telehealth

and Technology, located at Joint Base Lewis-McChord, Wash., serves as the primary Department of Defense office for cutting-edge approaches in applying technology to psychological health. T2 is a component center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. More information about T2 is available at

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### *HEALTHY PEOPLE continued from P27*

Many of the issues identified from the results of the CACHE on APG are worked as part of the Community Health Promotion Council, said Wendy LaRoche, the APG health promotion officer. So the CACHE is already proving to be a valuable local asset, but it also needed to benefit other installations.

“As we looked at APG we had to change things in the toolkit to fit different situations that would be found at other installations. We had to build the CACHE toolkit so that it could be used to evaluate all installations,” Hsu said.

After using APG as a model for the toolkit, the team is planning the next step, piloting the toolkit at a variety of installations.

The team plans additional evaluation and development of the tool, and they hope to create a management database to make it easier for people to access the tool kit and input data that can be evaluated.

“This would give those who are implementing the tool close to real-time feedback on their data; the ability to find out how they scored relative to other sites; and help in developing strength, weaknesses, opportunities and

threat analyses,” explained Cowell. “This is what we hope to accomplish.”

Now, Excel spread sheets are filled out and sent back to USAPHC.

“This is good, but the rapid feedback to an interactive system would be easier and more convenient,” said Cowell.

Laura Mitvalsky, USAPHC’s Health Promotion and Wellness Portfolio director, is working closely with the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy to work towards the end goal of using the CACHE as the baseline tool for the Healthy Base Initiative that will assess installations for all services, with nine Installations to start. This initiative will kick off in 2013. The plan is to have a Web-based tool where installations can submit their CACHE results for an overall score.

As envisioned, the CACHE will provide the ability at a command level to give feedback to military communities using the toolkit. Commanders and their health promotion councils can see how they compare to other installations in building healthy communities.

“In addition, we will be able to compare ourselves to Civilian communities and tell how the Army is doing,” Cowell said. “And we will also be able to offer evidence-based

recommendations to installations who ask for assistance.”

Change will not be easy. Regulations and policy govern many aspects of installation planning, and these may have to be reviewed or changed to allow an optimum environment for health.

“The opportunities for affecting health through the CACHE are available,” said Keelin. “We hope to encourage leadership to make changes that will contribute to a healthy environment for our military communities.”

Mitvalsky says the next step is to develop a module for the CACHE that addresses how to create a tobacco-free environment. The Army surgeon general is spearheading this goal by saying she wants all medical treatment facility campuses tobacco-free by April 2013.

Incorporating a tobacco-free module will enhance the ability of the CACHE toolkit to help installation commanders contribute to the health of their workforces and residents by pointing the way to better choices.

“We need to create an environment where healthy change can take place and the healthy choice is the easy choice,” Mitvalsky said.

The CACHE will provide the information to show how they are doing in reaching this goal.

*INT. STUDENTS continued from P21*

spend one year with Special Forces or to other schools to attend non-medical training.

The program is a long-term investment for the U.S. “Many of the young officers I met in the 70s or 80s are now senior officers and/or Civilians working in support of the American coalition. It is a way to promote a great way of life.

Working with foreign students came naturally for Rivera. During his military career, he was the military advisor in Latin America, spent one year in Saudi Arabia, worked with NATO, and was in the Middle East during the first Gulf War.

In 1972 he was involved with humanitarian efforts and deployed with teams to other countries which led to his position as a security assistance training officer. Rivera speaks Spanish, Portuguese, and some German, so

he sometimes acts as an unofficial interpreter for the students.

A key program in the International Student Office is the Field Studies Program.

The director of the Field Studies Program is a position mandated by Congress.

Ervin Talley wears two hats. He is the program manager for the Field Studies Program and is the deputy for the Director.

“We get the students to see our democratic system; our penal, judicial, and political systems. I take them to see a protest in progress, if available, and note that they won’t be shot here,” said Talley.

Talley explained that students can visit a choice of historic locations. For example, those attending the Captains Career Course have a chance to visit Washington D.C. Students also visit the capitol in Austin, and other Texas cities such as Dallas and Houston. “I have

specific areas that I am allowed for them to visit such as museums,” said Talley.

“Students also visit the San Antonio jail to get a glimpse of our penal system.”

International training is funded by Foreign Military Sales (FMS) and International Military Education Training (IMET). Under FMS the participating country pays for training. Under IMET, or congressionally appropriated funds, the United States State Department pays for, or augments, training costs. The Security Cooperation Officer from the requesting country U.S. Embassy is responsible for administering the applicable program for the U.S. Ambassador and coordinates with the host country military.

“It is almost like Congress is saying, we want you to bring them over and teach them our democracy...with emphasis in human rights. Hopefully, we taught them something right,” said Talley.

*USAMRICD continued from P33*

command leadership. Murrow has helped to shape Army surety regulations and policies, made important improvements to safety practices at the USAMRICD, as well as within the APG Garrison, and been a conscientious steward of AMEDD resources. As a result of her initiatives, the USAMRICD’s chemical surety program has become the prototype for the entire chemical biological radiation nuclear explosive community.

Billie Jo Benjamin has also served the AMEDD for many years, beginning in 1983 as a clerk-stenographer in USAMRICD’s Resources Management Branch. She is the former chief of USAMRICD’s Business Operations Office (S8). She consistently demonstrated dedication to not only the AMEDD chemical defense mission but also USAMRICD employees. Selected for the Women’s Executive Leadership (WEL) Program, Benjamin

contributed to several initiatives while serving developmental assignments at the U.S. Army Medical Research and Materiel Command (USAMRMC), most significantly developing tools that improved financial management and efficiency. Her success in these assignments led to an Army technology staff officer for medical research position in the Office of the Assistant Secretary of the Army (Research, Development, and Acquisition).

Throughout his 16-year career, Master Sgt. Carlos Wright has demonstrated tremendous leadership skills in training and preparing young Soldiers for their service and deployment. As a drill sergeant at E Company, 187th Medical Battalion, Fort Sam Houston, Texas, he worked tirelessly to ensure that committed and highly trained Soldiers graduated from the AMEDD Center & School. As the NCOIC of Operations and Security at the Walter Reed Army Institute of Research, he prepared 26

Soldiers for deployment in support of AMEDD missions to Iraq, Afghanistan, and the Horn of Africa. Wright also coordinated visits from international and national delegations to ensure support for continued collaborative research efforts between foreign services and the AMEDD. In his current position as senior enlisted advisor at the USAMRICD, Wright fostered an agreement with the Kirk Health Clinic to develop and implement the Medical Proficiency Training Program, the institute’s first ever program for medical laboratory technicians in a research laboratory. The program ensures that Soldiers will be proficiently trained and qualified to support future AMEDD missions and the Army Surgeon General’s sustainment initiative. For membership information for the 02M3, visit the website at:



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