

ARMY MEDICINE

MERCURY

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A worldwide publication telling the Army Medicine Story



CONTENTS

DEPARTMENTS

FEATURE



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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.

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). Visit the Performance Triad webpage at: armymedicine.army.mil/PerformanceTriad/index.cfm

OPERATING COMPANY MODEL

The Operating Company (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.

ARMY MEDICINE 2020 CAMPAIGN PLAN

The Army Medicine 2020 Campaign Plan (AM 2020 CP) operationalizes the vision of the United States Army Medical Command (MEDCOM) for 2020. It also establishes the framework through which the Army Medical Department (AMEDD) will achieve its 2020 end state. Download the Army Medicine Campaign Plan

SOCIAL MEDIA CENTER

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CSM Donna A. Brock

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Strategic Priorities for the Army

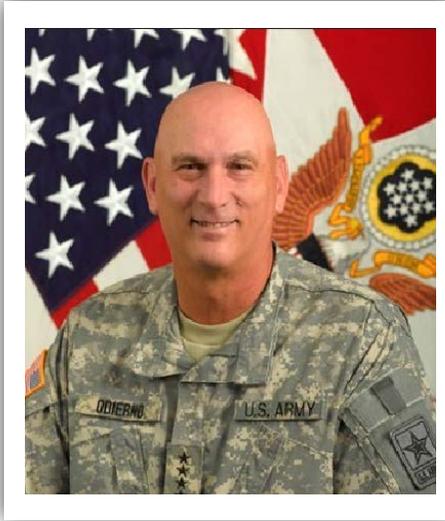
As your 38th Army chief of staff, I have visited with Soldiers serving around the world as well as at our installations across the United States.

At every location our Soldiers, Civilians, and Family members have inspired me with their passion, courage, and commitment to each other, to our Army, and to the nation.

Our Army serves in a period of dynamic uncertainty. International threats by both state and non-state actors to America's national interests and those of our Allies and partners are in the headlines every day. The unpredictability so prominent in the contemporary security environment will almost certainly remain a characteristic of the future.

In this challenging environment, it is essential that our Total Army -- Active Army, the Army National Guard, and the U.S. Army Reserve -- be ready to accomplish the range of military operations we are directed to perform.

Our leaders and the American public rightly place their confidence in our professional competence and character, and they expect us to succeed.



While we continue to support our Soldiers and Civilians who are in harm's way around the world, we are making changes to our institutions and processes to ensure that we are maximizing the limited resources available to the Army. To communicate my intent for how the Army must move forward, I am publishing here the following five priorities:

- Adaptive Army Leaders for a Complex World

- A Globally Responsive and Regionally Engaged Army
- A Ready and Modern Army
- Soldiers Committed to Our Army Profession
- The Premier All-Volunteer Army

These priorities are the basis for the objectives outlined in the upcoming 2014 Army Strategic Planning Guidance. That Strategic Guidance will provide the Total Army a definitive statement of our mission as we look ahead to build upon our hard-earned experiences of the previous decade of war and toward a future that poses distinct challenges of its own.

The attached document explains my priorities. I expect every member of the Total Army to know these and to implement decisions and actions in accordance with them. I look forward to discussing them with you further as I visit your duty locations.

Army Strong!

Raymond T. Odierno
General, 38th Chief of Staff
United States Army

Affordable Care Act Tricare Eligibility

To check your TRICARE eligibility in DEERS, call the Defense Manpower Data Center Support Office at 1-800-538-9552. For information on:

- The Health Insurance Marketplace, visit: healthcare.gov/ or call 1-800-318-2596.
- The Affordable Care Act, visit: <http://www.hhs.gov/healthcare/>
- TRICARE, visit: tricare.mil/ or call your TRICARE contractor.

On Tuesday, October 1, 2013, enrollment for healthcare coverage under the Affordable Care Act (ACA) opened. Unless exempted, all Americans must have Minimum Essential Coverage (MEC) in place by January 1, 2014 to fulfill the individual coverage mandate or may be required to pay a fee ("shared responsibility payment") for each month without health coverage.

For other than line of duty and direct care, TRICARE is considered MEC. For purchase care plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program) individuals must be paying plan premiums to have MEC.

More information is available at: tricare.mil/aca and through FAQs at www.tricare.mil/faqs, keyword search "MEC" and "ACA."



August 2013

IMPORTANT
Federal law requires that you have minimum essential coverage. You can meet this requirement by signing up for TRICARE[®] or by finding another option at www.healthcare.gov.

January 1, 2014
Minimum Essential Coverage Deadline

Minimum essential coverage must be in place by January 1, 2014. This is the type of health care coverage needed to meet the individual shared responsibility requirement under the Affordable Care Act. The TRICARE program is considered minimum essential coverage. However, if you do not have TRICARE or you're losing TRICARE coverage, you must have another form of minimum essential coverage.

WHAT DO I DO IF I DON'T HAVE HEALTH CARE COVERAGE?

If you're eligible for TRICARE, you can sign up! The TRICARE program is considered minimum essential coverage. To learn more about your TRICARE program options, visit www.tricare.mil.

If you're losing TRICARE or you are not eligible, you can find other health care coverage options at www.healthcare.gov.

Keep Your DEERS Information Up to Date
www.tricare.mil/deers

The Internal Revenue Service will use information from the Defense Enrollment Eligibility Reporting System (DEERS) to verify your coverage. It is important for sponsors to keep their information and their family members' information up to date in DEERS. It is also important to update DEERS when personal eligibility information changes (such as military career status and family status (e.g., marriage, divorce, birth, adoption)).

For more information, visit www.tricare.mil/aca or www.tricare.mil/contact.

TRICARE

TSG Addresses the AUSA Family Forum:

The Performance Triad – A Holistic Approach to Self-Care, Oct. 22, Washington, DC.

I'm going to ask that you give me just 24-hours.

This could be the first generation of children in the United States that lives less than its parents. There is a crisis in America; 9 out of 10 Americans, 9 out of 10 of us in this room, will die of a preventable illness -- heart disease, diabetes, stroke, cancer...

Most accept this as inevitable and not a matter of if, but when. But it's not when, it's if. The decisions we make every day determines if, not when, we will contract one of these life-threatening conditions. It is a choice, not a sentence and it's not something we have to accept.

Food alone does not fully explain the epidemic of lifestyle-induced disease in our culture. Our 24-hour lifestyle, lit by neon lights and fueled by caffeine, bears part of the blame. That's you and me. Too much coffee, too many sweets, too many pills, not enough sleep... Too much of the wrong foods and nowhere near enough activity. And it's not only us, but our spouses, children, coworkers, bosses, and just about everyone else around us. I've seen the enemy, and it is us.

A System for Health recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health and well-being happen outside our hospitals and clinics -- in the Lifespace.

In Army Medicine, we have a strategy. We call it Army Medicine 2020. Instead of pills and procedures, we have a prescription for health. We are moving



Lt. Gen. Patricia D. Horoho

from a healthcare system – a system focused on illness and injury – to a System for Health.

A System for Health recognizes that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health and well-being happen outside our hospitals and clinics -- in the Lifespace.

It's our time at work and school, our time at home with Family and

friends, and the third of our lives we spend sleeping. Within the concept of Lifespace, we have an initiative called the Performance Triad, a focus on eating

right, being active, and sleeping well.

I'm not going to go into detail here, but I do have my experts here in this room who will be here afterwards. Performance here doesn't mean maxing your PT test or winning the Army Ten-Miler next year.

Performance means being better spouses, better parents, better Soldiers, better friends, and better members of your community. Our prescription for a better today, and a better tomorrow, is a better you. But what makes this different is that for the first time we'll look at these interventions: activity, nutrition and sleep... through the unique lens of the brain -- both conscious and subconscious.

So, back to my challenge. I asked that you give yourself the next 24-hours. Starting now. Take a few simple steps to a better tomorrow. And here is my prescription for the rest of today. Thirty (30) minutes walking this afternoon or early this evening when you get home. And then start your day tomorrow with 30 minutes of brisk walking. Eat your calories, don't drink them. Avoid caffeine for the rest of today, but tomorrow morning it is fine. No flashing lights in your bedroom. Get to bed in time for seven hours of uninterrupted sleep.

Try to follow this prescription for the next 24-hours and then see how you feel. I would like to know. Tweet me at my handle – @LTGHoroho.

Take care of yourself. Take care of your body and your brain. Be healthy. Be well.

If you do that, you will live a better life.

Serving to Heal ... Honored to Serve

Lt. Gen. Patricia D. Horoho
43rd Surgeon General

See page 19 for continued TSG remarks at the AUSA



History of Veterans Day

World War I – known at the time as “The Great War” - officially ended when the Treaty of Versailles was signed on June 28, 1919, in the Palace of Versailles outside the town of Versailles, France. However, fighting ceased seven months earlier when an armistice, or temporary cessation of hostilities, between the Allied nations and Germany went into effect on the eleventh hour of the eleventh day of the eleventh month. For that reason, November 11, 1918, is generally regarded as the end of “the war to end all wars.”

In November 1919, President Wilson proclaimed November 11 as the first commemoration of Armistice Day with the following words: “To us in America, the reflections of Armistice Day will be filled with solemn pride in the heroism of those who died in the country’s service and with gratitude for the victory, both because of the thing from which it has freed us and because of the opportunity it has given America to show her sympathy with peace and justice in the councils of the nations...”

The original concept for the celebration was for a day observed with parades and public meetings and a brief suspension of business beginning at



11:00 a.m.

The United States Congress officially recognized the end of World War I when it passed a concurrent resolution on June 4, 1926.

Armistice Day was primarily a day set aside to honor veterans of World War I, but in 1954, after World War II had required the greatest mobilization of Soldiers, Sailors, Marines, and Airmen in the Nation’s history; after American forces had fought aggression in Korea, the 83rd Congress, at the urging of the veterans service organizations, amended the Act of 1938 by striking out the word

“Armistice” and inserting in its place the word “Veterans.” With the approval of this legislation (Public Law 380) on June 1, 1954, November 11th became a day to honor American Veterans of all wars.

The observance of Veterans Day to November 11 not only preserves the historical significance of the date, but helps focus attention on the important purpose of Veterans Day: A celebration to honor America’s Veterans for their patriotism, love of country, and willingness to serve and sacrifice for the common good.

TSG Veteran’s Day Message

On this Veterans Day, Command Sgt. Maj. Brock and I want to extend our personal gratitude to all Veterans past and present who have served our country and especially those who made the ultimate sacrifice. Since our nation’s founding, brave young Americans, as well as those seeking to become

Americans, have donned our nation’s uniforms and answered the call to serve and defend. Today, more than twenty-two million living Americans have distinguished themselves by their service in uniform. Their devotion to duty and sacrifice is the bedrock of our sovereignty as a nation, our values as a

people, our security as a democracy, and an example of hope to those in other lands. It is because of our Veterans that others can dream our dreams of “life, liberty, and the pursuit of happiness.” To all Veterans, we salute you. Army medicine is, serving to heal...honored to serve.

Special Farewell

TSG Bids Farewell to Congressman Bill Young

Team Army Medicine,

It is with heartfelt sadness that I share with you the news of the loss of a national hero and longtime supporter of Army Medicine. Last month, Congressman Charles William (Bill) Young passed away at The Walter Reed National Military Medical Center in the company of his Family. Our thoughts and prayers go out to his wife Beverly and their three children.

At the time of his death, Congressman Young was the longest-serving member of Congress from Florida, having first won election in 1970. A former Soldier in both the Army Reserve and the National Guard, he was recognized as one of the strongest supporters of the military in Congress. His personal efforts secured congressional funding that preserved MacDill Air Force Base, home to the

At the time of his death, Congressman Young was the longest-serving member of Congress from Florida, having first won election in 1970. A former Soldier in both the Army Reserve and the National Guard, he was recognized as one of the strongest supporters of the military in Congress.

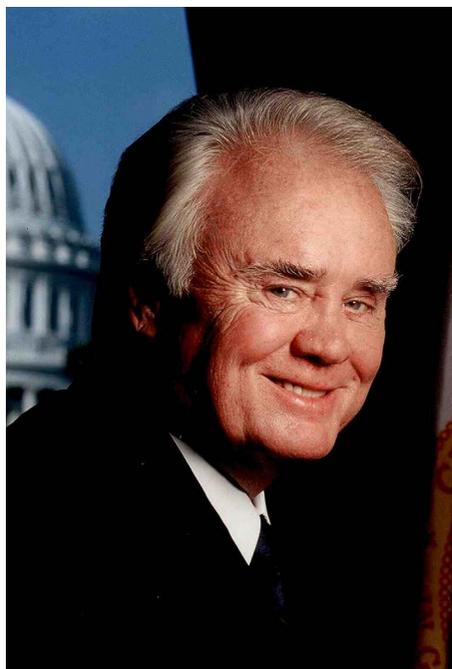
U.S. Central Command, and built one of the country's largest Veterans hospitals, the James A. Haley Veterans Hospital in Tampa.

Congressman Young's devotion to our Veterans and their Families was laudable. He and his wife Bev were staunch advocates of our Wounded Warriors with whom they frequently visited.

We remain grateful for his faithful service to our county both as an elder statesman and as a brother-in-arms. In sorrow, the entire Army Medicine Family mourns his loss.

Serving to Heal...Honored to Serve.

Lt. Gen. Patricia D. Horoho
43rd Surgeon General



Rep. Bill Young



Rep. Young greets Veterans during an Honor Flight Welcome Home ceremony at Tampa International Airport in August 2012.

Military Medical Advances in Combat Can Help Civilians at Home

By Brig Gen. Norvell Coots, Deputy Commanding General for Support and Assistant Surgeon General for Force Projection

About this time last year, I deployed to Afghanistan as the surgeon general for U.S. Forces Afghanistan and the medical advisor for the International Security Assistance Force Joint Command. I oversaw the healthcare of the U.S. forces there as well as the forces from the 50 NATO coalition nations.

I had the privilege to see firsthand the latest medical advances we have made in Afghanistan, that help us save more lives and return more service members to duty, and ultimately to their Families.

These improvements to our already incredible lifesaving practices have the potential to reach beyond our combat zones and into the streets of the United States. We have further medical advances on the horizon that give us great hope. The below activities are just a few examples of what we are doing now, and what we hope to do in the future.

Aeromedical evacuation

We have deployed the largest number of Army, Air Force and NATO coalition aeromedical evacuation units in the history of warfare. As a result, it takes us less than 60 minutes for a medical team to fly out to wounded service members in combat zones and bring them back to a trauma treatment facility.

We have recently added four major improvements to this already unheard-of level of performance, including training all flight medics to become fully qualified paramedics; administering blood transfusions in flight to replace lost blood before surgery; flying critical care nurses to the battlefield to treat wounded service members and accompany them en route to treatment; and creating our version of the British Medical Emergency Response Team -- three to four person medical teams that include

an ER physician to provide emergency treatment in flight.

These enhancements allow us to send the right capability for the right injury at the right time so we can save more lives.

Concussion Care Centers in Theater

Another advancement we have made to our medical care in Afghanistan is the creation of concussion care centers to treat mild traumatic brain injuries (mTBIs).

In the past, service members with concussions were evacuated to our medical center in Landstuhl, Germany. However, our understanding of brain injury and recovery has increased, prompting us to create 11 concussion care centers in Afghanistan, where service members can receive testing, meals, counseling, and perhaps most importantly, a quiet place to sleep and relax so that their brains can recover after a concussion. At least 96 percent of service members who are treated at these centers end up returning to duty.

Ketamine

Ketamine is a well-known anesthetic agent that markedly decreases the amount of morphine needed to control pain, and its amnestic properties erase the memory of the pain of a traumatic event. It is already used at some of our medical treatment facilities, but we are now developing a method for using it in theater. Soon, field medics will be able to give ketamine to trauma casualties using a specially designed applicator.

Researchers believe that one of the causes of post-traumatic stress disorder (PTSD) is a pain-induced imprint of the traumatic event; if we eliminate the pain and the memory of the event, perhaps we can prevent the development of PTSD.

Tranexamic Acid

Tranexamic acid is a medication that prevents or controls bleeding and has been used in surgery for several years. As with ketamine, we hope to be able to use this medication on the battlefield. It can significantly reduce bleeding if administered in the first three hours after an injury.

Freeze Dried Plasma

Developed by the United States during World War II, freeze dried plasma has since fallen out of use.

However, the French Armed Forces still uses it extensively. We see tremendous potential for this product and are conducting clinical trials of two dried plasma products under the auspices of the Food and Drug Administration (FDA) and the Army's Medical Research and Materiel Command (MRMC). Hopefully we will soon be able to add this to the life-saving medications currently available on our aircrafts and ambulances.

The transition from purely military use of these medical advances to civilian use happens even more quickly than ever nowadays. I believe that several of our military medical initiatives have the potential to save lives in our cities and towns just as they do in the dusty villages of Afghanistan.

I hope everyone recognizes the tremendous work that goes on daily in Afghanistan and around the world by the dedicated healthcare personnel of the Military Health System. I am honored to have had the opportunity to be a part of healthcare in Afghanistan and will continue to work on joint global initiatives to advance medical care in the military and beyond.

Three cheers, and as we say in the Army Medical Department, "Serving to Heal ... Honored to Serve!"

Army Surgeon General Delivers Prescription for Health at AUSA

By Craig Coleman, Northern Regional Medical Command

Attendees of the Association of the U.S. Army Exposition Military Family Forum II received special healthcare, and it came with no deductible or copay.

Small slips of white paper – prescriptions – were placed before each in a conference room in the Washington Convention Center. They read:

Activity:

30 minutes this afternoon.
30 minutes in the morning.

Nutrition:

Eat your calories, don't drink them.
No more caffeine until tomorrow a.m.

Sleep:

Remove electronics from the bedroom.
Get 7 uninterrupted hours.

The prescriptions were signed by Lt. Gen. Patricia D. Horoho, U.S. Army Surgeon General.

The three elements of the prescription for health make up the Performance Triad, Army Medicine's initiative on eating well, being active, and sleeping well.

Horoho attended several seminars and meetings at the three-day AUSA conference held Oct. 21-23. She took every opportunity to spread her wellness message to conference attendees, and through them, to the entire Army Family.

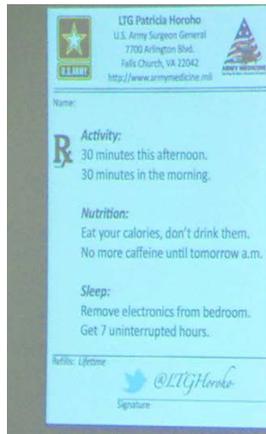
At the Family Forum II, where she was lead speaker, Horoho highlighted the shift of Army Medicine's focus from healthcare, the treatment of disease, to wellness, the preservation of health. The Surgeon General sees the transformation from a healthcare system to a System for Health as vital to the Army and the nation. And, she put her concern in personal terms.

"It would be tragic, if in the evening of our lives, as the shadows grow longer, we come to the realization that life could have been better, or that we didn't live up to our potential," Horoho said.

A healthy lifestyle, Horoho said, can lead to a better life with more engagement,

energy, and fulfillment.

She said that the three tenets of her prescription for health – activity, nutrition and sleep – are the keys to wellness and can avert what she called a crisis in America,



Lt. Gen. Patricia Horoho, the Army surgeon general, speaks at the Association of the U.S. Army (AUSA) Family Forum: The Performance Triad – A Holistic Approach to Self-Care. The forum explored holistic approaches to caring for one's self and Family. New and innovative programs from the Department of the Army and the Department of Defense were discussed. (Photo by Joseph Palgutt)

where, "Nine out of ten of us in this room will die of a preventable illness. Most of us accept this as inevitable, not a matter of if, but when," Horoho said. "But it's not when. It's if. The decisions we make every day determines if, not when we will contract one of these life-threatening conditions."

Horoho noted that only one in four Americans aged 17-24 are eligible for military service today due to medical, weight or legal issues. "This is a clear and present danger to our national security," she said.

The key to a healthy body is the mind, Horoho said, and that the three tenets of her prescription have a profound effect on the way the brain works, and, conversely, using the conscious mind to fight subconscious unhealthy impulses is essential. A lifestyle that has an adverse effect on health is, "a choice, not a sentence."

The surgeon general said lifestyle-induced disease is partly explained by our 24-hour

culture influenced by spouses, children, coworkers, bosses and just about everyone around us, "Lit by neon and fueled by caffeine, too many sweets, too many pills, not enough sleep and nowhere near enough



activity."

The subconscious mind influences humans to avoid activity unless it's necessary for survival as a way of storing more calories. This was necessary in the earliest eras of human development because food was scarce. Things have changed, and Horoho told her audience that the average American now spends 21 hours each day either sitting or lying down. Horoho said we need to drive that number down.

"We weren't built for this," Horoho said. "It's toxic, and it's a problem. I'm not knocking 30 minutes in the gym or PT, but that's simply not going to offset the adverse health consequences of prolonged sitting."

She recommends devices that monitor activity and sleep as a way of tracking your efforts to be healthier. Measuring activity can make it the transition to a more active lifestyle easier.

When it comes to poor nutrition, the subconscious mind is again often the

culprit.

“Your survival brain is primed for hunger, instilled long ago by evolutionary pressure,” Horoho said. “And your emotional brain craves comfort foods – foods we associate with positive experiences.”

The average American eats 150 pounds of refined sugar every year, according to Horoho, but she does not expect us to eliminate it, only not to drink it in beverages and energy drinks. “A good reason to think twice before adding sugar to your morning coffee or tea is that with your first taste it sets off a reaction that makes you crave even more sugar throughout the day.”

Horoho called sleep “the game changer.”

She said sleep is when learning happens, because that is when the mind consolidates information and experience. Sleep is also critical, Horoho said, because sleepy people make poor decisions. Twenty four hours without sleep or one week of sleeping less than six hours per night is equivalent cognitively to a blood alcohol content of .10 percent, Horoho said. “That’s not the person I want performing surgeries in our ORs. That’s not the person I want driving our children to school. Not the Soldier I want a security checkpoints deciding friend or foe.”

Horoho said one way to get more and better sleep is to minimize environmental factors that work against your ability to sleep well. She said we should have no blinking lights in our bedrooms, including anything that emits light or makes a noise. “Right now, the typical bedroom resembles a modern-day science laboratory.”

Follow her prescription, Horoho said, and your performance will improve. “Performance means being better spouses, better parents, better Soldiers, better friends and better members of your community.”

Rachel O’Hern of Fort Belvoir, Va., the Army spouse of a severely wounded warrior who has transitioned back to active duty, said the elements of the Performance Triad are important.

“Especially for me, as a caregiver when



Brig. Gen. Patrick Sargent, deputy chief of staff G-3/5/7 U.S. Army Medical Command, and Performance Triad program leads stand by a health and wellness presentation banner for the “Professional Soldier Athlete – Here it’s not a game.” The banner promotes a Plan for Activity, one of three components of the Performance Triad – Activity, Nutrition and Sleep. From left: Lt. Col. Scott Gregg - Activity Lead; Maj. Mark Mellott - Technology Lead; Brig. Gen. Patrick Sargent - Deputy Chief of Staff G-3/5/7 U.S. Army Medical Command; Lt. Col. (P) Tim Hudson -System for Health lead; Lt. Col. Anne Andrews - Nutrition Lead; Maj. Darryl Metcalf - Executive Officer (XO). (Photo by Joseph Palgutt)

my husband was injured,” O’Hern said. “A lot of those things are easy to fall by the wayside,” O’Hern said. “But you do see the results of that in your energy levels. Obviously, I was making some big decisions when my husband was an inpatient, so you want to be your best cognitive self.”

In a different presentation given in the AUSA’s Warrior Corner, Lt. Col. (P) Timothy Hudson, Army Medicine’s System for Health Lead, told a gathering of Army leaders that the Performance Triad is part of the larger system for health partnership among Soldiers, Families, leaders, health teams and communities to promote readiness, resilience and responsibility.

Hudson said the goal is to have the Performance Triad to become a way of life, like the Army Core Values. “[Army Values] were codified. They gave it feet and made it a part of the Army, incorporated into the daily life of the Army,” he said. “The Performance Triad has to become a part of the DNA of the Army. But, it takes time to change a culture.”

The Performance Triad initiative is nested under the Army’s Readiness and Resiliency Campaign, designed to improve the Army’s physical, mental and social well-being by strategically changing the culture.

Horoho address attendees of the AUSA’s Institute of Land Warfare Contemporary Military Forum as part of a panel discussion featuring Gen. John F. Campbell, vice chief of staff; Lt. Gen. Howard B. Bromberg, deputy chief of staff, G-1; Lt. Gen. Michael Feriter, assistant chief of staff for installation management and commanding general,

Installation Management Command; Lt. Col. (Ret.) Glenn Schiraldi, Ph.D., founder, Resilience Training International; Karen Reivich, Ph.D., co-director, Penn Resiliency Project; and moderator Lt. Gen. (Ret.) Eric Schoemaker, former surgeon general of the Army.

The surgeon general told the audience she is ensuring there is a system in place to take her message where Soldiers are. “We’re nesting what we’re doing in the medical community within what is taking place across our Army (Ready and Resilient Campaign). This is not a medical plan, it’s actually an Army plan,” Horoho said.

“We’re all focused on improving the readiness and resilience of our Soldiers and their Family members,” she continued.

Horoho listed the establishment of Patient Centered Medical Homes and Army Wellness Centers across the Army, alternative medicine and embedded behavioral health and physical therapy as parts of the readiness and resiliency campaign.

“It’s really looking at the capabilities of the programs we have out there, so that they are well synchronized on the ground, synchronized at the operational level, and then from a leadership level across all of our forums that we are synchronizing our policies, our programs and our resources so that we’re focused on improving readiness and resiliency.

The AUSA annual meeting and exposition is the premier professional development opportunity.

Maj. Gen. West Honored by Essence Magazine

Army Medicine's Maj. Gen. Nadja West was recently honored with the Essence and Southern Company Armed Forces Medical Advocate Award during its Evening of Excellence event held in Washington, D.C. Earlier this year, West, who currently serves as the joint surgeon on the Joint Staff, became the active Army's first African American female

two-star general. "I was once an orphan with an uncertain future," West said during her acceptance speech. A D.C. area Family adopted West when she was an infant. "I'm honored to be able to serve my country and its Warriors and am sincerely humbled by this recognition," she said.



(From left) Other Honorees included World War II veteran Dr. Jesse J. Lewis Sr., founder of the Birmingham Times Newspaper who received the Lifetime Achievement Award and became a lover of photography in the Army; the View's Sherri Shepherd who received the Civil Advocate Award for her work with diabetes and her immense support of the military and veterans; Maj. Gen. Nadja West who received the Armed Forces Medical Advocate Award; and former intelligence Soldier Sophia Marnell, owner and president of Alexton Incorporated who received the Technology Innovation Award for her work in the tech community.



Maj. Gen. Nadja West is greeted by actress and author Victoria Rowell during Evening of Excellence awards event held in Washington, DC. West is the recipient of the Essence and Southern Company Armed Forces Medical Advocate Award. (U.S. Army photo by Stephanie P. Abdullah)

National Radiologic Technology Week

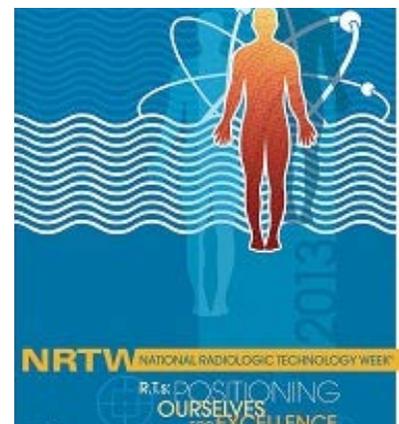
November 3-9, 2013

National Radiologic Technology Week® is celebrated annually to recognize the vital work of R.T.s across the nation. The celebration takes place each November to commemorate the anniversary of the x-ray's discovery by Wilhelm Conrad Roentgen on Nov. 8, 1895.

The week-long celebration calls attention to the important role medical imaging

and radiation therapy professionals play in patient care and healthcare safety. This year's theme is "R.T.s: Positioning Ourselves for Excellence."

For more information visit: <http://www.asrt.org/events-and-conferences/national-radiologic-technology-week>



First ‘Thought-Controlled’ Bionic Leg Funded Through Army Medicine Research

By Ellen Crown, Deputy Public Affairs Officer, USAMRMC

Researchers unveiled the world’s first thought-controlled bionic leg funded through the U.S. Army Medical Research and Materiel Command’s (USAMRMC) Telemedicine and Advanced Technology Research Center (TATRC) and developed by researchers at the Rehabilitation Institute of Chicago (RIC) Center for Bionic Medicine.

The New England Journal of Medicine highlighted the project that marked a milestone for prosthetics. Until now, this type of technology was only available for arms. While the bionic legs aren’t for sale yet, researchers are hoping they may be available commercially in as little as five years.

“More than 1,600 service members returning from Iraq and Afghanistan have sustained amputations,” said Col. John Scherer, director of USAMRMC’s Clinical and Rehabilitative Medicine Program. “Our goal is to help these men and women participate fully in life.”

Scherer added that may mean returning to active-duty or gainful employment in the civilian sector.

“This research is an important step to make the choice theirs, rather than the injury being a deciding factor,” said Scherer. “While we want to keep as many of these individuals on active duty as possible, we recognize that some of them must move on to civilian lives due to the severity of their injuries.”

In fact, this technology can apply to civilian leg amputees as well. According to the National Limb Loss Information Center, there may be more than 1 million amputees in the U.S.

One such civilian amputee is 32-year-old Zac Vawter, who served as RIC’s “test pilot” for the project’s first bionic leg. Vawter is a software engineer who lives in Seattle with his wife and two

children. In 2009 he lost his leg in a motorcycle accident.

Vawter first underwent a cutting-edge procedure called “Targeted Muscle Reinnervation” developed by RIC and Northwestern University. Surgeons redirected nerves from Vawter’s damaged muscle in his amputated limb to healthy muscle above his knee.

Then Vawter started learning how to use the thought-controlled bionic leg. The leg is controlled using a computer chip that is similar to those in modern smart phones. As muscles contract, they generate signals that are detected by sensors and analyzed by the computer chip. A specially-designed computer program analyzes these signals and data from sensors in the leg. It instantaneously decodes the type of movement Vawter is trying to perform and then sends those commands to the leg. Using muscle signals in addition to robotic sensors makes the system safer and more intuitive, according to researchers.

Using the bionic leg, Vawter can walk up ramps and stairs, and transition between these activities without stopping. He was also able to use his thoughts to change the position of his lower leg while sitting down, something that cannot be done with current motorized leg prosthetics.

“This new bionic leg features incredibly intelligent engineering,” said Levi Hargrove, PhD, the lead scientist at RIC’s Center for Bionic Medicine. “It learns and performs activities unprecedented for any leg amputee, including seamless transitions between sitting, walking, ascending and descending stairs and ramps, and repositioning the leg while seated.”

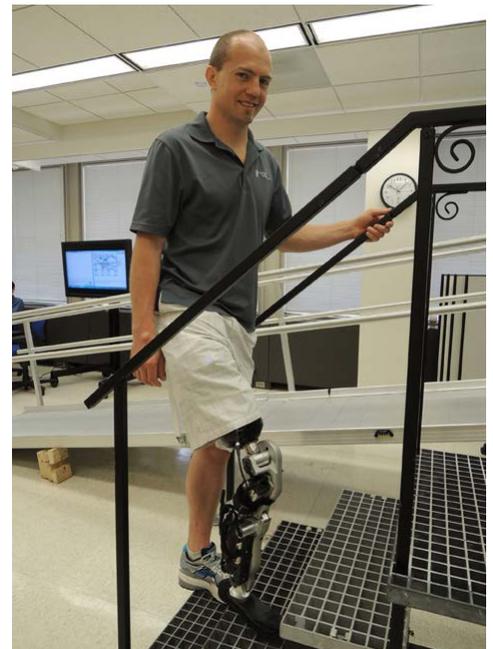
Vawter’s bionic leg is a prototype. When he is not working with the

research team, Vawter uses a regular prosthetic.

“The bionic leg is a big improvement compared to my regular prosthetic leg,” said Vawter in a statement. “The bionic leg responds quickly and more appropriately, allowing me to interact with my environment in a way that is similar to how I moved before my amputation.”

The bionic leg may also help prevent falls. Vawter’s robotic leg had an error rate of about 12 percent. This was reduced to less than 2 percent with the bionic leg, according to researchers.

Vawter added, “This is a huge milestone for me and for all leg amputees.”



Zac Vawter, a lower-limb amputee, served as the “test pilot” for the world’s first thought-controlled bionic leg which was unveiled by researchers Sept. 25. The bionic leg was funded through the U.S. Army Medical Research and Materiel Command’s (USAMRMC) Telemedicine and Advanced Technology Research Center (TATRC) and developed by researchers at the Rehabilitation Institute of Chicago (RIC) Center for Bionic Medicine. (Photo courtesy of RIC).

20 Years of Army Research Yields Hope for Malaria Vaccine

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

Reports of the successful trials that could lead to the world's first malaria vaccine led the headlines of international news outlets in October. Hidden within the story line is the critical role of researchers at the Walter Reed Army Institute of Research (WRAIR) who have worked steadfastly for more than 20 years to help bring the vaccine to reality.

“Congratulations are due to the many former and current WRAIR investigators who have helped to develop and test this vaccine over the last 20 years,” said Col. Robert Paris, director of the U.S. Military Malaria Research Program at the WRAIR.

Results on the RTS,S phase III vaccine trial being conducted in Africa were presented at the 6th Multilateral Initiative on Malaria Pan-African Conference, Oct. 8 by Dr. Lucas Otieno, principal investigator at U.S. Army Medical Research Unit-Kenya (USAMRU-K). Dr. Otieno has been involved in “The Walter Reed Project” trials since 2005 and works from the campus of the Kenya Medical Research Institute (KEMRI) in Nairobi, Kenya.

The phase III study involved more than 15,000 children across 11 sites in seven African countries. The results demonstrated a 46 percent reduction in clinical malaria episodes among infants and children vaccinated at 5 to 17 months of age and 27 percent among infants vaccinated at 6 to 12 weeks.

According to the World Health Organization (WHO), malaria infected around 219 million people in 2010 and killed around 660,000 of them. Young children in Africa are most affected, with a child dying every minute from malaria.

Malaria is a mosquito-borne parasitic disease that kills hundreds of thousands of people each year. Although initial results indicate positive outcomes over the short term, results over the long term suggest

the effectiveness of the vaccine decreases over time. Ongoing research will explore whether a booster dose can increase protection over the long term (after 18 months) as well as other tools, such as the use of bed nets, to reduce risk.

The successful trials give hope that a malaria vaccine will be available by 2015, the same year in which Glaxo Smith Kline announced it will seek licensure with the European Medicines Agency, the European model of the U.S. Food and Drug Administration.

The USAMRU-K Department of Emerging Infectious Diseases (DEID) is the Kenyan arm of the U.S. Department of Defense Global Emerging Infectious Surveillance and Response System (DOD-GEIS), a core component of the Armed Forces Health Surveillance Center (AFHSC). USAMRU-K is located in Nairobi, Kenya on the campus of the Kenya Medical Research Institute (KEMRI) and is one of five U.S. DOD overseas research laboratories. Being part of the global DOD GEIS partnership, USAMRU-K DEID, promotes and facilitates national and international preparedness for emerging infections to protect the health of the public at large and US-DOD personnel.

For additional information visit:
Walter Reed Army Institute of Research:

<http://www.wrair.army.mil>

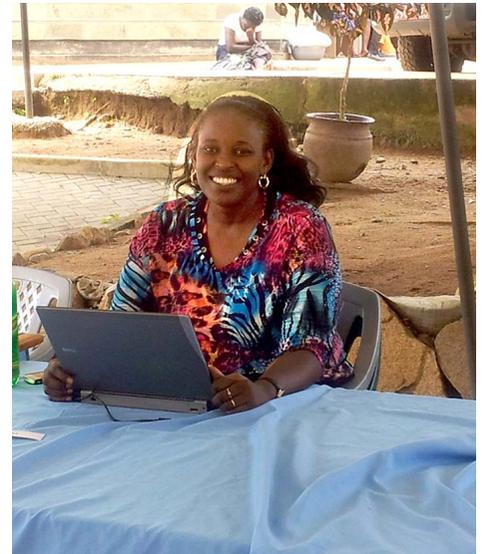
USAMRU Kenya: <http://www.usamrukenya.org/>

USAMRU-K DEID: <http://www.usamrukenya-deid.org/>

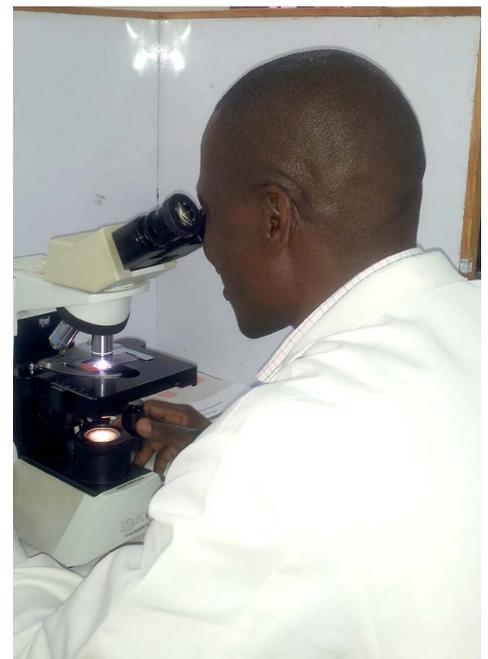
Malaria Vaccine Initiative (MVI) Path: <http://www.malariavaccine.org/about-overview.php>

Army Medicine: <http://armymedicine.mil/Pages/Home.aspx>

Medical Research and Materiel Command: <https://mrmc.amedd.army.mil/>



Stacey Gondi, a researcher at USAMRU-Kenya and lead CRC for the RTS,S Phase 3 trial prepares to review data from participants of malaria trials conducted by Walter Reed Army Institute of Research. (Courtesy photo)



Jack Ogony, a laboratory technician at USAMRU-Kenya, reads a malaria blood film as part of research efforts by Walter Reed Army Institute of Research to discover the world's first malaria vaccine. (Courtesy Photo)

Military Medicine Plays Key Role in National Disaster Exercise

By Maria Gallegos and Elaine Sanchez, BAMC Public Affairs

Tornadoes ripped across Oklahoma earlier this week, sending nearly 400 patients with a number of trauma injuries to San Antonio for medical care.

Fortunately, these injuries were simulated, and the patients were volunteers participating in the San Antonio Mass Casualty Exercise Event (SAMCEE), coordinated by the Southwest Texas Regional Advisory Council. SAMCEE is a regional disaster scenario designed to test the ability of area hospitals to respond to a mass casualty event, and to see how efficiently patients can be transported, treated, and tracked via the National Disaster Medical System.

“Emergency departments are always prepared to deal with the most critical patients every single day, but they may not be prepared to deal with (as many as) three dozen patients all at once,” said Eric Epley, executive director of Southwest Texas Regional Advisory Council (STRAC).

The exercise brought Army, Air Force and a host of city, state and federal agencies together to orchestrate the movement of casualties into San Antonio, then out to local hospitals. Participants included Brooke Army Medical Center (BAMC), 59th Medical Wing, 502nd Air Base Wing, 433rd Airlift Wing, Texas State Guard, STRAC, nearly 30 Bexar County hospitals, San Antonio Fire Department, and Emergency Medical Services.

“The exercise postures all of us to be prepared and ready to support a patient reception area for our neighboring states within the FEMA Region 6 area,” explained Lt. Col. Chuck Williams, coordinator of the Federal Coordinating Center San Antonio.

BAMC plays a key role in this support, Williams noted. The Department of Defense has established the BAMC



Participants in the San Antonio Mass Casualty Exercise Event, prepare to offload patients from a C-130 aircraft on the flight line at Port San Antonio. (U.S. Air Force photo by Staff Sgt. Jerilyn Quintanilla)

hospital commander as the DOD lead for the city’s federal coordinating center. “Our responsibility is to make sure we’re working with community, state and federal agencies to help prepare and fulfill our mission,” he said.

The San Antonio Shrine Auditorium served as the simulated disaster site, and Hangar 1610 on Port San Antonio served as the main hub for patient processing and transportation to area hospitals according to injury and bed availability.

Of the nearly 400 patients, 36 were sent to San Antonio Military Medical Center, where they were triaged and treated.

Meanwhile, BAMC leaders gathered in the Emergency Operations Center to monitor the situation and to ensure effective communications with other key

military and civilian personnel.

“There was a great deal of effort, communication and overall engagement by the entire facility, and we’re very confident we would be able to respond to an actual emergency,” said Col. (Dr.) Evan Renz, BAMC’s incident commander and deputy for acute care. “The staff and personnel who volunteered to assist today was overwhelming, and the exercise went faster and more smoothly than we even expected.”

Williams also deemed the exercise a success. “Regardless of uniforms and agency, we all worked together as a team,” he said. “We were successful because everyone pulled together to form one unified group working to ensure the best care for our patients.”

Eat, Move, Sleep: Incorporating Performance Triad Offers Optimal Performance

By Julia Yubeta, William Beaumont Army Medical Center

Eat, Move, Sleep! Not the name for a movie sequel, but rather three basic concepts that serve as cornerstones of a pilot program launched by the Office of the Surgeon General and Army Medicine.

The program is called the Performance Triad. The three components represent the Performance Triad consisting of physical activity, nutrition and sleep. Each is important on its own, but when all three are addressed simultaneously, optimal performance can be achieved.

The entire nation is concerned with rising healthcare costs. Preventive medical measures are recognized as a necessity in order to move from a system of healthcare (disease model) to one that impacts behavior choices and health in the “Lifespace.” The Lifespace is where health really happens -- where we sleep, how active we are, and what fuel we are putting in our bodies.

The Performance Triad, according to Army Medicine, seeks to create a system of behaviors that will support Soldier performance and overall unit readiness and effect a lifestyle of healthy behaviors for Soldiers and their Families.

“We are very fortunate that Fort Bliss was selected as one of the pilot sites for this program,” said Lt. Col. Elizabeth Miller, chief, department of preventive medicine and Performance Triad champion. “All Soldiers in 4th Battalion, 6th Infantry Regiment, 4th Brigade Combat Team, will be trained in these three areas -- activity, nutrition and sleep -- thus improving Soldier and unit readiness and develop the Soldier-athlete.”

Outlined below are the three critical components and how they will facilitate good health, prevent disease, and promote wellness and disease prevention.

Physical activity (Move): Regular

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

Nutrition (Eat): Over the last 30 years, obesity in the U.S. has more than doubled among adults and more than tripled among children and adolescents. Statistics for Army Family members parallels national rates. Obesity is a major public health concern for Army Families due to its association with an increased risk for chronic health conditions such as hypertension, diabetes, heart disease, stroke, arthritis and some forms of cancer. Army children who are overweight are at greater risk for becoming obese adults with significant health concerns.

Sleep: Chronic poor sleep has serious short- and long-term consequences -- from impairing daily readiness through reduced alertness and concentration to increasing risk for obesity, cardiovascular disease, and depression. Fatigue and drowsiness from poor sleep can cause fatal accidents.

“Success of the sleep health component of the Performance Triad is dependent upon leaders who live and promote healthy sleep -- seven to nine hours per day,” said Miller. “This will require a culture change. You are not better if you stumble through the day on five hours a sleep - it’s not safe.”

She added that if healthy activity, nutrition and sleep behaviors are embedded into the Army culture by engaging Army Family members, the Army could lead the nation in achieving and maintaining healthy weights and improve overall health.

“Think of the impact on American society,” said Miller. “Healthy Soldiers, Family members and Department of the Army Civilians will lead the way to better sleep behaviors, fitness and overall health.”



As part of the Army's Ready and Resilient Campaign efforts, Army Medicine is advocating a culture shift by encouraging every Professional Soldier to develop a mindset that drives them to optimize their own health in order to improve their performance and resiliency. Pictured above, combat-ready Spc. Kevin Jackson, with 4th Squadron, 9th Cavalry Regiment, 2nd Armored Brigade Combat Team, 1st Cavalry Division, pulls security during a reconnaissance mission in a village south of Forward Operating Base Fenty, Nangarhar Province, Afghanistan. (Courtesy photo)



Joint Base Lewis-McChord was the first Army installation to host the Performance Triad Pilot Program designed to educate Soldiers on living a healthier lifestyle through proper activity, nutrition, and sleep. The week's focus was eating for performance and striving to eat eight servings of fruits and vegetables per day. (U.S. Army photo by Sgt. Ryan Hallock)

'Think of your body as a Porsche'

By Sgt. Ryan Hallock, 20th Public Affairs Detachment

Nutrition, the three-syllable word folks who avoid three healthy meals a day hate hearing. Do not fear all you cheeseburger-eating munchaholics because the Army is introducing the Performance Triad to educate Soldiers on living a healthy lifestyle.

Joint Base Lewis-McChord team leaders are educating their Soldiers about eating for performance. The goal is to fuel the body using the correct nutrients and also strive to eat eight servings of fruits and vegetables per day.

"Eating for performance will increase energy and endurance and also shorten

recovery time between activities," said Maj. Suzanne Akuley, senior nutrition consultant, Madigan Army Medical Center. "This is best achieved by consuming nutritionally-balanced meals while ensuring adequate hydration."

Equally important to balancing meals is nutrient timing. Fueling the body at the correct times will optimize performance. The Performance Triad Leader's Guide and Planner, used by the 3rd Squadron, 38th Cavalry Regiment, 201st Battlefield Surveillance Brigade, explains the physiology of fueling the body.

The body needs fats, proteins and carbohydrates to produce energy and recover. Carbohydrates are not the enemy. They are your fueling friends, necessary to fuel the body and provide energy during physical readiness training. Carbohydrates (carbs) are classified as simple or complex. Simple carbs are sugary, processed foods and complex carbohydrates are fruits, vegetables, and whole grains.

Each gram of carbohydrate ingested contains four calories of energy, which the body then burns during physical

PERFORMANCE TRIAD

activity. One pound is equivalent to 3,500 calories and fat contains nine calories per gram so foods that contain most of their calories from fat should be used sparingly and are labeled red in dining facilities.

Before

The Leader's Guide and Planner advises starting strong prior to a workout instead of starting on an empty stomach. Eat a breakfast with carbohydrates, both complex and simple, before morning physical training to keep from falling out of a unit formation run. More than likely it's your diet and not your "untied" shoe keeping you from maintaining the standard.

"Nutrient timing for performance is key to fueling your body with the right nutrients, at the right time, for maximum training results," said Akuley. "Just like you would plan your workouts, it is equally important to have a strategy for eating and hydrating before, during and after physical training."

During

If you're a real go-getter and feel like getting some of that sweet PT for longer than 60-minutes, refuel every 20 minutes after the initial hour with some carbohydrates such as fruit or a sports drink. It's also important to continue to drink water.

After

Think of your muscles as a raw chunk of steak. Now think about two bloodhounds savagely chewing at opposite ends of the steak, pulling it in their respective direction. This is basically what happens to muscles during any type of resistance training. The muscle fibers are tearing, which is why refueling is necessary to build them up stronger than before.

Post activity nutrition is considered the most critical of the nutrition phases due to significant depletion of stored fuels – glycogen and amino acids – and the damage caused to muscle fibers, said Akuley.

There is a 30- to 60-minute window after working out to get the protein and carbohydrate necessary for recovery. Missing this window can lead to muscle fatigue and longer recovery times.

Protein in food is broken down into amino acids, which build and repair all tissues in the body, including muscle. The 10 essential amino acids, those the human body cannot produce, come from sources such as meat, dairy, and eggs.

Protein sources include lean beef, chicken and turkey, fish, eggs, peanut butter, beans, milk, and yogurt. After strenuous activity, whey protein is beneficial for muscle recovery because it is fast absorbing.

"Think of your body as a Porsche," said Akuley. "Ensure you fuel your Porsche with premium."

Eat right and get results: the Performance Triad provides Soldiers with nutrition tips to change a soft body into a hard body.

Comprehensive Soldier and Family Fitness (CSF2)

The CSF2 quarterly newsletter featuring the Surgeon General and the Performance Triad is now available!

<http://csf2.army.mil/downloads/CSF2Newsletter-Issue5.pdf>

Check out the "Senior Leader Spotlight" by Lt. Gen. Horoho, as well as articles submitted by Army Materiel Command (AMC) and Army National Guard. And, there's lots of good information about what's happening with CSF2.

Comprehensive Soldier and Family Fitness is a key component of the Army's Ready and Resilient Campaign, and is committed to developing an Army culture of total fitness and increased psychological health. CSF2 is the primary program that supports the campaign's main effort, to build and maintain resilient Soldiers and ready units.

For more information on CSF2, visit the website at: <http://csf2.army.mil/>





Army Honors Wounded, Ill and Injured Soldiers During Warrior Care Month

Focuses on Building Readiness and Resilience

Warrior Transition Command Communication Directorate

This November, the Army honors wounded, ill and injured Soldiers and their Families by commemorating Warrior Care Month. This year's theme is "Warrior Care – Building a Ready and Resilient Force."

"Caring for wounded, ill or injured Soldiers and their Families is a sacred obligation and an enduring mission,"

said Brig. Gen. David A. Bishop, assistant surgeon General for Warrior Care and commander of the Warrior Transition Command. "Each of these Soldiers contributes to the strength of our Army, and we've built a robust program that gives each one the dedicated time and place to heal and transition."

Across the Army during November events will be held honoring these men and women and highlighting their experiences in Warrior Transition Units with a focus on their resilience and the contributions they make to the readiness of the force.

Since 2007, the Army Warrior Care and Transition Program (WCTP) has



Retired Army Capt. Samuel Brown shakes hands with Maj. Gen. Robert "Abe" Abrams, 3rd Infantry Division and Regional Command (South) commanding general, upon arrival at Kandahar Airfield, Afghanistan, for Operation Proper Exit, Dec. 6, 2012. Operation Proper Exit brings severely wounded service members back to the theater where they sustained their injuries to provide a firsthand progress update on the continuing mission and to help in the healing process. Brown is from Dallas, Texas. (U.S. Army photo by Sgt. Ashley Curtis)



provided the best possible support to each Soldier and Family throughout the recovery and transition process. This scalable, comprehensive program supports a ready and resilient force through:

- 29 Warrior Transition Units (WTUs) and 9 Community-Based Warrior Transition Units (CBWTUs) currently serving more than 7,500 Soldiers
- Personalized Comprehensive Transition Plans (CTPs) for each WTU Soldier, with short- and long-term goals for each of six domains of life (physical, social, emotional, spiritual, Family, and career)
- A professional cadre spanning all aspects of medical and non-medical care
- The Army Wounded Warrior Program (AW2), which provides personal support to the most severely wounded, ill or injured Soldiers and their Families, even into Veteran status

- Establishing adaptive sports and reconditioning programs at WTUs to enable Soldiers to build self-confidence and see how much they can still accomplish
- Developing a Career and Employment Readiness program that enables Soldiers to return to school, obtain civilian certifications, or participate in internships to gain civilian work experience
- Returning more than 26,000 Soldiers (47%) of all WTU Soldiers to duty
- Supporting more than 56,000 Soldiers through WTUs in the last six years

Along with the other military services the Army will kick-off the observance with social media events the week of Oct. 28; and on Nov. 21 the third annual joint service sitting volleyball competition will be held in the Pentagon Athletic Center. More information on events at WTUs around the country is available on the WTC website at <http://www.wtc.army>.

www.wtc.army.

WTC is a major subordinate command under the U.S. Army Medical Command (MEDCOM). WTC's mission is to develop, coordinate and integrate the Army's Warrior Care and Transition Program (WCTP) for wounded, ill and injured Soldiers, Veterans and their Families. For more information on WTC, visit the new WTC website, www.WTC.army.mil, follow on Twitter at <http://twitter.com/armyWTC> or join Facebook at <http://facebook.com/armyWTC>.



Ed Rykard (left), chief of tactical gaming for the Joint Multinational Simulations Center, or JMSC, trains Staff Sgt. Ely Chagoya (right) on gaming simulations administration. Chagoya is the first participant of the Career and Education Readiness partnership between the JMSC and the Warrior Transition Battalion-Europe, Bravo Company. The Career and Education Readiness program aims to partner Warrior Transition Unit soldiers who are separating or re-classing with civilian and military employers to build or strengthen the Soldiers' skill sets in preparation for transition.



First Lt. Rafael Chicologo, 1st Battalion, 30th Field Artillery, takes off his prosthetic leg during a field exercise. He became an amputee in Kandahar province, Afghanistan in 2011, but doesn't let the loss of his leg stop him from serving as a leader on active duty. (U.S. Army photo by Marie Berbera)



Promote Your Parenting!



PARENTING
For Service Members and Veterans

MilitaryParenting.org is a new online course, developed by the Departments of Defense and Veterans Affairs, that provides military parents with the tools they need to strengthen their existing parenting skills and reconnect with their families. Many of the techniques in the course are specifically tailored to address the unique challenges of military life.

According to a 2011 Defense Department demographic report, more than 44 percent of military members have families. Sixty-seven percent of those families have children younger than 12 years old.

This, self-paced course contains the following six interactive modules:

- 1 Back into the Family
- 2 Promoting Positive Parent-Child Communications
- 3 Helping Your Child with Difficult Emotions & Behaviors
- 4 Positive Approach to Discipline
- 5 Managing Stress & Emotions as a Parent
- 6 Parenting with Emotional & Physical Challenges

The course provides users with a curriculum developed by leading behavioral health experts. The course modules help parents deal with both everyday problems and family issues that are unique to the military lifestyle, such as returning from deployment and PTSD. The modules also feature stories from actual veteran/military families and interactive activities. All parents will potentially be able to use this course to teach their children lifelong skills and values. Registration is not required to take the course, and no personal information is ever requested or stored by the website.

MilitaryParenting.org is a stand-alone course, but it is not intended to replace professional healthcare. The website does offer guidance for seeking professional help, and it may be used with in-person counseling.

The website is a collaborative effort of the Department of Defense National Center for Telehealth and Technology and the Department of Veterans Affairs Mental Health Informatics Section. The site was developed as part of the Integrated Mental Health Strategy, a joint initiative of the two departments.

For more information about militaryparenting.org, contact the National Center for Telehealth and Technology Public Affairs Office at publicaffairs@t2health.org.

Visit www.militaryparenting.org and start the course today!



militaryparenting.org

Army Medicine Offers Personnel Support: 365, 24/7



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

Army Medicine personnel, both military and Civilian, are members of a federal personnel system that offers a range of work-life support programs that are available 365 days of the year, 24 hours a day, and is accessible worldwide. The purpose of FOH is to improve the health, safety, and productivity of federal employees.

One such program is Federal Occupational Health (FOH), a non-appropriated agency within the U.S. Department of Health and Human Services (HHS) that provides occupational health and wellness services exclusively to federal employees.

Army Medicine employees are entitled to services offered by FOH's Work/Life program which is offered to you and your Family members at no cost, and you can use the services as often as you like by calling 1-877-WL4-NOAA (1-877-954-6622), (TTY 800-873-1322), or logging in online at www.WorkLife4You.com.

During challenging times that may affect the work-life balance of federal employees, such as the recent government shutdown, the program is available to provide services to those in need of support.

You've got a lot going on. Fortunately, you have access to FOH's Work/Life Program, a benefit designed to help you and your loved ones better manage daily responsibilities and life events, including:

- Adult Care & Aging
- Child Care & Parenting
- Education
- Financial & Legal concerns
- Health & Wellness
- Prenatal Care & Adoption
- Relocation and personal support for urgent, everyday issues

For individuals in need of stress

counseling, the Employee Assistance Program (EAP) is available to provide support. FOH4you is a free, 24-hour confidential counseling and referral service that can help you and your Family successfully deal with life's challenges. They are available via phone at 1-800-222-0364, or online at www.foh4you.com.

FOH4You provides valuable information, educational materials, resources, and self-assessments on key behavioral health topics, including depression, anxiety, relationship issues, alcohol abuse, and health and wellness, to help you live healthy and work well.

For additional information, visit the FOH website at: <http://www.foh.hhs.gov/default.asp>

OTHER RESOURCES AND INFORMATION SPECIFIC TO FURLOUGHS & SEQUESTRATION

Office of Personnel Management (OPM):

<http://www.opm.gov/policy-data-oversight/pay-leave/furloughguidance?url=Shutdown-Furlough>

Civilian Personnel Office (CPO): Guidance for the 2014 lapse in appropriations: <http://cpol.army.mil/library/general/2013sequestration/FY14Lapse.html>

Department of Defense (DOD):

Financial planning during civilian furlough: <http://www.whs.mil/HRD/Furlough/FinancialPlanning.cfm>

ADDITIONAL RESOURCES SPECIFIC TO SOLDIERS AND RETIRED CIVILIANS

Army Emergency Relief <http://www.aerhq.org/dnn563/>

Army Emergency Relief is available to Soldiers - active & retired - and their Family members when there is a valid need, and Civilians who are medically or years-of-service retired. The contact information for AER on Joint Base San Antonio (JBSA) is www.fortsammwr.com/Family/AER

Army Emergency Relief
1304 Stanley Rd. Bldg.131
Fort Sam Houston TX, 78234
210-221-1612
210-221-0994

AER locations in Virginia can be accessed at the following link: http://www.aerhq.org/dnn563/Default.aspx?&gv482__gvac=2&tabid=120&gv482__gvff0=Virginia&gv482__gvff0=22

All AER programs can be found at www.aerhq.org or just call 210-221-1612.

Additionally, <http://www.jbsa.af.mil/library/jbsafssandmwr/> has AER program guidance.

AROUND ARMY MEDICINE



Fort Carson Pikes Peak Challenge

Fort Carson, Colo.

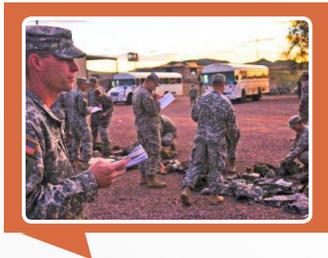
More than 200 Soldiers, Civilians and their Family members took part in the Fort Carson Medical Department's 8th Annual Pikes Peak Challenge Sept. 29. As part of the unit's wellness program hospital employees and their Families took on the 14,110-foot challenge and made it to the top of the peak. There were many paths that could be taken on the challenge, from taking the Pikes Peak Cog Railway to the top or midway point, to hiking Barr Trail. Five brave hikers even camped the night before at Barr Camp.

(U.S. Army photo by Cpl. Hwisu Ryu, 65th Medical Brigade Public Affairs)

Staff Ride to Incheon Republic of Korea

Soldiers of the 65th Medical Brigade conduct a Staff Ride to Incheon, Republic of Korea. Incheon is a famous site where Gen. Douglas MacArthur conducted the Operation Chromite on Sept. 15, 1950 to overtake communist North Korea and reclaim Seoul. It was one of the many key turning points of the Korean War.

(U.S. Army photo by Sgt. Grady Jones, 3rd Brigade Combat Team, 4th Infantry Division Public Affairs)



EFMB Tests Fort Carson's Healthcare Best

By Sgt. Grady Jones

3rd Armored Brigade Combat Team Public Affairs

Fort Carson, Colo. Simulated artillery and gunfire echoed through Camp Red Devil on Fort Carson as Soldiers playing the role of casualties cried for help while being loaded on to air ambulances by medics competing for the Expert Field Medical Badge, Sept. 7-18. In the end, seven healthcare specialists earned the prestigious badge out of the 185 who participated in the course. "It's the mark of the elite," said Lt. Col. Brian Spangler, EFMB test

board chairman and executive officer, 10th Combat Support Hospital. "You have to be sharp mentally and physically." The EMFB is the Army healthcare profession's equivalent to the Expert Infantryman Badge and once earned, becomes a permanent decoration on the Soldier's uniform. Some consider it to be the toughest badge to earn in the Army. The following Soldiers graduated the course:

Pfc. Jordan Parker, Headquarters and Headquarters Company, 3rd STB, 3rd ABCT; Pfc. Joshua Frerichs, Headquarters and Headquarters Troop, 4th Squadron, 10th Cavalry Regiment, 3rd ABCT; Spc. Thomas Mellone, Headquarters and Headquarters Company, 2nd Battalion, 8th Infantry Regiment, 2nd Armored Brigade Combat Team. Sgt. Toby Barnes, Headquarters and Headquarters Battery, 3rd Battalion, 29th Field Artillery Regiment, 3rd ABCT; 2nd Lt. Gregory Knobel, Headquarters and Headquarters Company, 2nd Battalion 12th Infantry Regiment, 4th Infantry Brigade Combat Team. Capt. Brittany McAllister, Company A, 10th CSH; Capt. Molly Byrnes, Headquarters and Headquarters Detachment, 56th Multifunctional Medical Battalion, 62nd Medical Brigade, Joint Base Lewis-McChord, Wash.



AMEDD Museum adds H-19 helicopter to collection

By Phillip Reidinger, AMEDDC&S Public Affairs Office

The Army Medical Department Museum received a new addition to the Maj. Gen. Spurgeon Neel Pergola in the form of a H-19 helicopter affectionately named “Matilda,” during a recent dedication ceremony.

The aircraft was restored and donated by John D. and Michael R. McWilliam in honor of their father, Col. Robert McWilliam, a DUSTOFF solo pilot and a 30-year Army aviator.

“Matilda” arrived in pieces from Keller, Texas, and was assembled Sept. 21 at the AMEDD Museum.

McWilliam began his career as a solo pilot in 1955 at Landstuhl, Germany, flying the H-13. He transitioned to the H-19 which he also flew at Fort Sam Houston, Texas.

McWilliam transitioned to the UH-1 “Huey,” which he flew during two tours in Vietnam as a medical evacuation pilot, also known by the

call sign “DUSTOFF.”

His first tour from 1962 to 1963 was with the 57th Medical Detachment in Nha Trang. During his second tour, he served as commanding officer of the 54th Medical detachment in Chu Lai from 1967 to 1968.

Developed by Sikorsky as the model S-55, the aircraft was known to Army and Air Force aviators as the H-19.

To the Navy and the Coast Guard, it was the HO4S and to the Marine Corps, it was known as the HRS.

A true utility helicopter, it was a workhorse used for troop transport, medical evacuation, air sea rescue, and cargo aircraft. If the cargo was too bulky to fit inside the cargo compartment, it could be moved externally by using the cargo hook located under the fuselage and in line with the main rotor shaft.

According to an article by Army

Medical Command historian retired Army Col. Robert Driscoll titled “U.S. Army Medical Helicopters in the Korean War,” the H-19 was routinely used to transport cargo and also contributed to medical evacuation during the last two months of the conflict.

Originally, the helicopter was used to transport patients between hospitals in rear areas. Much larger than the H-13 helicopter, the H-19 could carry six litter patients internally versus the two external litters on the H-13.

Driscoll notes that the helicopter, employed by the 6th and 13th Transportation Companies, was the primary transport of former prisoners of war during Operation Little Switch and Operation Big Switch, transporting a total of 5,674 former prisoners during 1,173 sorties.



The H-19 helicopter, affectionately named “Matilda,” arrived in pieces from Keller, Texas, and was assembled Sept. 21 at the Army Medical Department Museum. (Courtesy photo).



Army Physical Therapy – A Proud History and Integral Force in Neuromusculoskeletal Care and Readiness

By Capt. Paul Mochmer, Office of the Chief, SP Corps

The long and proud tradition of physical therapy in the United States was born out of necessity to meet the needs of American service members injured during World War I. The Army Medical Department recognized the need for a formalized physical therapy course of instruction in the early 1920s. This fall, the Army celebrates over 90 years of formal military physical therapy education and rehabilitative care for Department of Defense beneficiaries.

Army Physical Therapists were commissioned in 1942 and have served in every theater of operation since World War II. The roles and assignments for Army Physical Therapists have greatly expanded over the past 70 years. In Vietnam, physical therapists served in a physician extender role to assist with the evaluation and treatment of neuromusculoskeletal conditions. Additionally, Army Physical Therapists were first assigned to Army Ranger Battalions in 2000, Special Operations Groups in 2003, and more recently with Brigade Combat Teams in 2006. Physical therapists serving in these roles have made significant contributions to operational readiness by providing an integrative approach of direct access, early intervention, and injury prevention and human performance optimization.

Currently, Army Civilians, officers, and enlisted members provide physical therapy care to over 5,000 beneficiaries across the globe and in diverse settings on a daily basis. This care includes evidence-based



West Point cadet athletes are screened for injury risk using the Functional Movement Screening (FMS) assessment (Photo courtesy of Keller Army Community Hospital).

neuromusculoskeletal evaluation and treatment of acute and chronic injuries, functional and disability assessment, injury prevention screening, health promotion activities, and intensive rehabilitative care for post surgical and polytrauma patients. Physical therapy is essential to our current transformation to a System For Health. As we call upon our beneficiaries to increase activity, physical therapy will serve a vital role in maintaining, restoring, and

improving the health of our service members and their Families.

The U.S. Army-Baylor University Doctoral Program in Physical Therapy is one of the oldest and most recognized programs in the nation. The program is currently ranked 5th in the nation from over 200 nationally accredited programs. For additional information regarding a career in physical therapy and for information on the program, please visit: <http://www.baylor.edu/graduate/pt/>

Drill Sergeant Teaches Importance of Blood Donations

By Carl Norman, ASBP Donor Recruiter, Fort Leonard Wood, Mo.



Army Staff Sgt. Adam Baker is a drill sergeant assigned to Delta Company, 2nd Battalion, 10th Infantry Regiment at Fort Leonard Wood, Mo. His friends and fellow soldiers have had some close calls on deployments to Iraq which has made him a staunch supporter of the Armed Services Blood Program.

On any given day Staff Sgt. Adam Baker, a drill sergeant with Delta Company, 2nd Battalion, 10th Infantry Regiment, can be heard barking out orders to “move it” out to formation, how to wear the uniform and a number of other tasks soon-to-be Soldiers need to know. His job is to turn civilians into Soldiers — but he doesn’t only mold young men and women into competent warriors, he also turns them into staunch Armed Services Blood Program supporters, just like him.

Throughout his 11-year career, Baker has deployed to Iraq three times.

Although he has never been injured seriously enough to need blood, he has seen three Soldiers fairly close to him who were less fortunate.

“I was a team leader on one of my Iraq deployments and we were on patrol when an explosively-foreign penetrator hit one of our vehicles,” said Baker. “A good friend of mine was in that vehicle. He wound up losing his left thumb and both of his legs at the knee.”

Baker said one of his Soldiers was also on that patrol. He had shrapnel wounds to his left leg, face and both hands; however, none were life-

threatening.

“I don’t know how much blood they needed, but I know it was a lot,” said Baker. “I’m truly thankful people had donated to save my friend and fellow Soldier.”

Baker also recalls his former squad leader who was injured on a separate deployment in Afghanistan when a rocket-propelled grenade struck his vehicle.

“The blast hit him in the face,” said Baker. “He was questionable and on life support for a while, but he survived.”



“In the past few years, he’s needed several reconstructive surgeries; one of them was just recently completed,” Baker said. “He’s needed blood for all of them, so his need for blood didn’t stop on the battlefield.”

According to Baker, all three of these Soldiers survived their injuries and today are working and doing fine.

“Donating blood is very important to me; it’s saved my friends’ lives,” Baker said, adding that he donates every chance he gets. “You can’t give a better gift to someone than life, and that’s what donating blood does.”

For those people sitting on the fence, deciding whether to donate or not, Baker said there shouldn’t be any question about what should be done.

“If people hadn’t donated blood, my friend and former squad leader would not be here right now,” he said. “They lost a lot of blood when they were injured and in follow-on surgeries. The

only way they survived was through people’s generous blood donations.

“I believe there’s nothing better you can do for a sick or injured person than to give blood. Just think about it. If the situation were reversed, if it had been you or your loved one injured in those attacks in Iraq, you’d want people to donate for you. So, be thankful that it wasn’t and donate blood to those who aren’t as fortunate.”

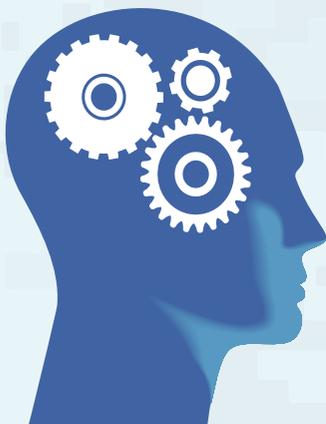
The Armed Services Blood Program is a tri-service program with more than 20 blood donor centers worldwide, supplying blood and blood products for more than 1.3 million service members, Retirees and their Families. Because blood has a very limited shelf life, it must be collected regularly to make it available for everything from routine military medical treatment facility operations to contingency situations.

“When you donate blood to the Armed Services Blood Program, you’re

saving service members’ lives like Staff Sgt. Baker’s friend and former squad leader,” said Capt. Paul Ambrose, officer-in-charge of the Fort Leonard Wood Blood Donor Center. “This sort of thing happens every day. The military medical community is just like the civilian community where people get injured and fall victim to illness and need blood to recover. Every hour of every day, someone, somewhere needs blood and it’s the ASBP’s job is to get them that blood.”

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

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U.S., Afghan Dentists Sketch Out Partnership at Police Clinic 4th Brigade Combat Team, 10th Mountain Division Public Affairs

By Sgt. Margaret Taylor, 4th Brigade Combat Team, 10th Mountain Division Public Affairs

The new dental team at Forward Operating Base Fenty saw firsthand in late August how their Afghan counterparts operate at the Afghan Border Police (ABP) Zone 1 clinic, Jalalabad, Nangarhar Province, Afghanistan.

The clinic, located at the ABP regional headquarters, serves the medical and dental needs of Afghan police officers in Zone 1. This area is comprised of eastern Afghanistan's Nangarhar, Kunar and Nuristan provinces that lie along the Afghanistan and Pakistan border.

This was the second time U.S. Army Capt. Akeele Johnson, a dentist with 4th Brigade Combat Team, 10th Mountain Division, Task Force Patriot, and her team met with the Afghan dentists, but their first visit to the ABP clinic in Jalalabad.

Senior Capt. Abdul Hadi, the ABP dentist, gave his counterparts a tour of the facilities and explained some of his treatment techniques.

Johnson, of New Iberia, La., said she was impressed.

"They know a lot," she said. "I think we just have more technological advances in dentistry compared with them."

For instance, Hadi said he uses amalgam to fill teeth. Amalgam is a silver-colored substance once widely used in fillings. It has since been replaced in most countries by alternative tooth-colored compounds, called composites.

The use of composites requires special equipment, such as a curing light.

While Hadi has some of the equipment needed to use composites, he said he hoped Johnson could teach him how to

operate it better.

Unfortunately, the curing light was being repaired at the time of the visit, so Hadi instead showed Johnson the "quick-and-dirty" method he uses to mix amalgam: by hand.

Johnson said she hopes in the coming months that she can leave Hadi and his team with useful reference tools to preserve the knowledge they share. In particular, she said she wants to create a guide that will enable the Afghans to address any situation, no matter the circumstances.

"My goal is to make them a dental how-to binder," she said. "If a patient comes in with this, you do this."

U.S. Army Pfc. Michael Roberts, a dental technician with Company

C, Brigade Special Troops Battalion, 4th BCT, 10th Mountain Division, accompanied Johnson to the clinic and said his objectives are similar to hers.

However, Roberts, of St. Thomas, Virgin Islands, said he would like to focus on teaching safe hygiene practices.

"What I'd like to share with them the most," said Roberts, "is making sure they're cleaning everything and [storing] it in the right environment."

As with composites, this comes down to having the right equipment and knowing how to use it, but Roberts said he is confident this will be easy to pass along.

After all, Hadi and his team are able partners.



U.S. Army Pfc. Michael Roberts, left, a dental technician with Charlie Company, and Capt. Akeele Johnson, the brigade dentist, both with 4th Brigade Combat Team, 10th Mountain Division, watch while Senior Capt. Abdul Hadi, a dentist with the Afghan Border Police (ABP), demonstrates a dental technique during an advisory visit at the clinic at ABP Zone 1 headquarters, Jalalabad, Nangarhar province, Afghanistan, Aug. 29, 2013. The clinic sees to the medical and dental needs of Afghan police officers in Zone 1, comprised of eastern Afghanistan's Nangarhar, Nuristan and Kunar provinces. (U.S. Army National Guard photo by Sgt. Margaret Taylor/Released)

ERDC Improves Readiness, Wellness

By Europe Regional Medical Command

The Europe Regional Dental Command (ERDC) is raising the bar for U.S. Army Europe Soldier wellness and readiness by providing prevention-focused dental care designed to achieve the highest dental readiness rating while using fewer appointments.

U.S. Army Dental Command and the ERDC are introducing the Go First Class program for USAREUR Soldiers in the KMC.

The Go First Class initiative shifts the focus to the highest level of oral wellness — Category 1 — and does so more efficiently by bringing routine oral care procedures including exams, cleanings, tooth varnishing, and simple fillings into a single appointment.

“Go First Class is centered on dental wellness, directly supporting the (Army) surgeon general’s goal of transforming

from a healthcare system to a System for Health,” said Col. Michael Doran, ERDC commander.

By addressing issues such as prevention, wellness, and readiness, Go First Class aligns directly with the Army Medicine 2020 campaign.

Soldiers will need fewer dental visits which will translate into more time with their units in the KMC.

Bundled appointment services combined with scheduled appointments, enable dental teams to treat more patients and increase overall satisfaction for every patient that visits dental facilities in the KMC.

Dental facilities within the Landstuhl Dental Activity footprint are Baumholder, Kleber, Pulaski, Landstuhl, and Wiesbaden dental clinics. Other dental facilities participating in the



program are Livorno, Vicenza, NATO, SHAPE and Stuttgart’s Patch Barracks dental clinics.

“The Go First Class initiative along with new information systems we have implemented put clinics in the Europe Regional Dental Command on the cutting edge of the latest dental technologies, promoting a robust Military Health System focused on the wellness of our Soldiers,” Doran said.

A new resource for military parents launched this week. The site, <http://www.militaryparenting.org/> is a free, online course that gives a “boot camp” approach to the basics of parenting.

The interactive course modules help parents deal with everyday problems and Family issues that are unique to the military lifestyle. Videos of military and Veteran Families sharing their stories throughout the course add a unique first-person perspective.

A media kit is available at: <http://www.t2health.org/mediakit/militaryparenting>. This kit provides posters and other material you can print out and post throughout your facility.

MILITARY PARENTING





Burn Center Patient Returns as Chief of OT

By Steven Galvan, USAISR Public Affairs

It is a common catchphrase among the staff at the U.S. Army Institute of Surgical Research (USAISR) Burn Center: “Once an ISR Burn Center patient, always an ISR Burn Center patient.” That’s because the majority of burn patients will require surgical procedures and rehabilitation months, even years, after being discharged as inpatients. Those procedures and rehab, if elected by the patient, will be conducted at the Burn Center located at the San Antonio Military Medical Center at Joint Base San Antonio, Fort Sam Houston, Texas.

A patient who was discharged from the Burn Center 16 years ago returned this summer; but this time instead of needing a surgical procedure or rehab, he has returned to work with military and civilian burn patients.

Maj. Erik S. Johnson took charge of the Burn Center’s Occupational Therapy section in July. The last time he was in the rehab area in 1997, he was a patient. Now he gets to fulfill a goal that he has had since earning a master’s degree in occupational therapy in 2005—to work with USAISR Burn Center patients.

“I’ve been trying to get back to the

Burn Center since,” he said.

Johnson stated that as a patient, he was impressed with the care and compassion that he received from the rehab staff, and he knew immediately that he wanted to change careers. With several skin grafts and months of rehab, he was able to overcome his injuries and scars to pursue his passion — baseball.

“I thought I would never play baseball or sports again,” he said.

Stationed in Wurzburg, Germany, as a veterinarian technician (91T) animal care specialist, Johnson was



Maj. Erik Johnson, Chief of Occupational Therapy, U.S. Army Institute of Surgical Research (USAISR) Burn Center, Fort Sam Houston, San Antonio, TX



admitted to the Burn Center as a private in August 1997 with 25 percent of his body burned. His arms, legs and face were burned after his car's front tire had a blowout, causing him to lose control and strike a traffic sign on the side of the road that punctured the gas tank engulfing it in flames as it rolled over several times.

"When the car stopped rolling over, we were upside down and both side windows were crushed. There was no way to get out," said Johnson. "I knew for sure that I was going to die. As a Christian, I had made peace with God and was in a peaceful state-of-mind and ready to die. Then I saw that I was able to escape through the back window."

Johnson was able to break away from his seatbelt and get away from the inferno while hearing the passenger, his first sergeant, struggle to unfasten his seatbelt. As fate would have it, three American Soldiers on temporary duty assignment (TDY) from San Antonio were driving behind him and were able to pull over and assist with getting the first sergeant out of the blazing car.

After spending a week in an induced coma at two separate German burn centers, Johnson and his first sergeant were medically evacuated to San Antonio by the USAISR Burn Flight Team. During the flight to the states, the first sergeant had some medical complications causing an emergency stop at Andrews Air Force Base in Washington, D.C., and was rushed to Walter Reed General Hospital, where he died a few days later.

Johnson made it to the Burn Center, where his first surgical procedure was a skin graft performed by then Capt. (Dr.) Leopoldo Cancio, now a colonel at the Burn Center. For the next five days after the surgery, Johnson laid in a crucifix position to allow the skin grafts and donor sites to begin the

healing process. The daily painful, but necessary physical therapy would follow for the next several months. It was during this time that his therapist made a big impact on him. That's when he realized that this is what he wanted to do because of its importance to burn patients' rehab.

"You have to start early rigorous rehab to train those skin grafts in order to get range of motion, function, and prevent scar contracture," he said.

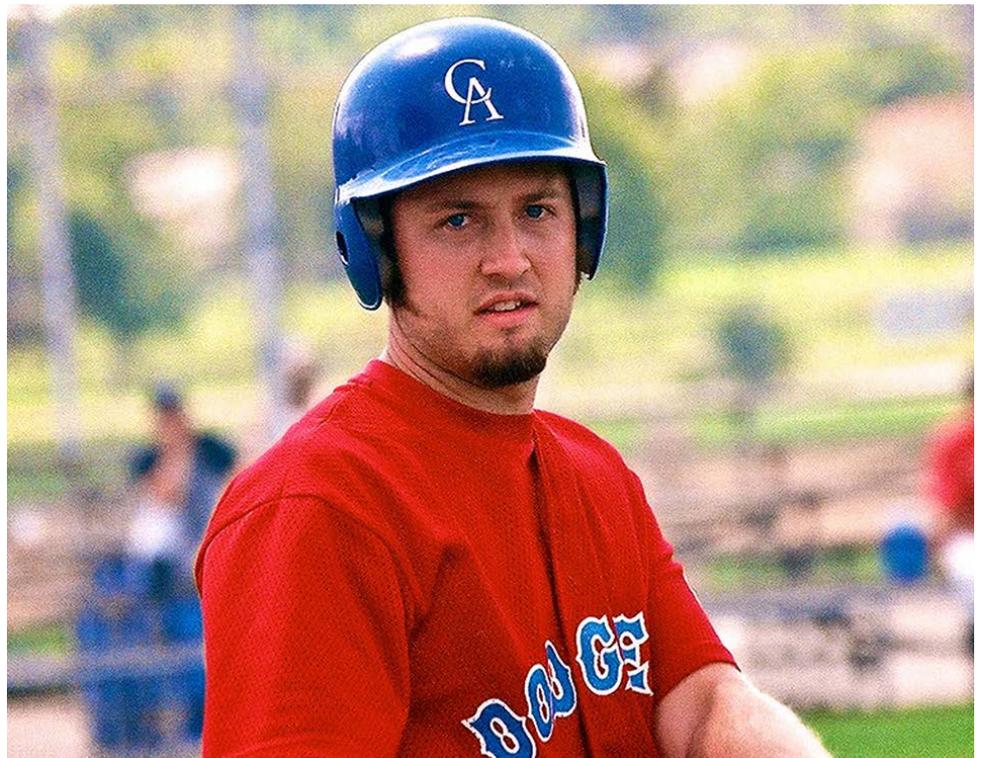
The rehab paid off for him. In March 1998, seven months after the accident, Johnson tried out for, and was selected to play for a semi-professional team at Lackland Air Force Base. In 2000, Johnson not only played in the semi-pro world series, but he also applied for and was accepted to the Green to Gold program which is designed to offer enlisted Soldiers the opportunity to earn a college degree and a commission

in the Army. For the next five years, Johnson continued playing semi-pro baseball while attending school in Arkansas.

After an internship at Walter Reed National Military Medical Center, tours at Fort Gordon, Ga. and Las Vegas, Nev., and a 13-month deployment to Afghanistan, Johnson is back at the Burn Center.

Johnson believes that his personal experience in burn rehab can make a difference in patients who are going through what he did years ago.

"The most important thing is that you have to get to personally know that patient," said Johnson. "You have to know what's important to them and what they want to be able to do. I want to be a positive influence and help them get to where they want to be."



Maj. Erik Johnson, a Burn Center patient in 1997, recently reported to be the chief of Occupational Therapy section. In 2003, Erik Johnson played semi-professional baseball for the Central Arkansas Dodgers.

Wounded, Injured and Ill Soldiers Pedal 164 Miles, Build Bonds, Heal

By NRMC Public Affairs

More than 40 wounded, injured, and ill Soldiers and their supporters from Fort Campbell and Fort Knox, Ky., Warrior Transition Battalions (WTBs) and their supporters participated in the first Bluegrass Rendezvous Bike Ride Sept. 24 and 25.

The therapeutic and challenging ride between the two installations was designed to help strengthen the bonds between the Soldiers while giving them a challenge they could meet and overcome with the help of their fellow riders.

As riders completed the last leg of the 164-mile trip, members of Fort Campbell and the surrounding communities came out to cheer them along. Groups of people stood along Trenton Road, Tiny Town Road, Fort Campbell Boulevard and throughout the installation to wave and cheer. Staff members from the 101st Airborne Division Headquarters building also stood along Indiana Avenue, saluting and encouraging the riders.

Staff Sgt. John Quarles, who has deployed multiple times, said that he felt emotional when he saw people who don't even know him cheering along the route. Quarles said that it reminded him of coming home from a deployment. "It felt really good to see everyone out to support us," he said.

WTB staff and Soldiers, as well as the 101st Airborne Division Band, welcomed the returning riders with a finish-line celebration. Every rider received a medal, a goodie bag from Morale, Welfare and Recreation, pizza provided by the United Service Organizations (USO) and the knowledge that they overcame a major challenge.

Sgt. Bryan Flanery, who was recognized as Fort Campbell's most valuable rider,

said that successfully completing the ride felt awesome. "It's a feeling of accomplishment that has been missing for a long time," Flanery said.

Healing power of biking

"Cycling can be adapted for anyone, regardless of physical ability. That's what makes this program so special," said WTB physical therapist Rebecca Murphy, one of the event coordinators.

The WTB Adaptive Reconditioning Program offers upright, recumbent and hand cycles to ensure each Soldier can make adaptations as needed and still enjoy the sport.

One of the main goals in the WTB Adaptive Reconditioning Program is to expose Soldiers to a variety of sports and activities that can be adapted to their current abilities.

"We hope that at least one will strike their fancy and that they will stick with it once they leave here," said Murphy.

Spc. Jose Vernimmen embodies that goal. Vernimmen, who rode a recumbent bicycle to accommodate a back injury, said that he can no longer run and began cycling a couple of months ago because

he needed to find an exercise that he could perform.

"Physically, I feel a lot better because I bike every day, said Vernimmen. "When you feel better physically, you start to feel better mentally as well. You know, active body, active mind."

Bicycle riding offers many benefits to Soldiers as they work through their healing process, Murphy explained. Aside from the obvious health benefits of physical activity, Murphy said Soldiers can experience positive social interaction with other riders as well as relieve stress.

"It is like meditation on two wheels," she said, explaining how cycling offers more than just physical benefits. "You are not thinking about the bills you have to pay, the direction your life is going, your relationship, your worries - all you can think about is pedaling. Your mind clears and it is beautiful."

The idea for the bike ride and partnership was born in Fort Carson, Colo. at the Warrior Games, an Olympic-style event for wounded, injured and ill military and Veterans to compete.



Police escort cyclists down Indiana Avenue at Fort Campbell, Ky., Sept. 26, 2013 at the close of the inaugural Bluegrass Rendezvous Bike Ride. More than 40 wounded, injured and ill Soldiers from Fort Campbell and Fort Knox, Ky. pedaled 164 miles between the two military installations over two days. (U.S. Army photo by Sgt. Joseph Rhoades, Fort Campbell Warrior Transition Battalion/Released)



HHC, 65th Medical Brigade Soldiers Visit Local Orphanage

By Cpl. Hwisu Ryu, HHC, 65th Medical Brigade Public Affairs

Soldiers and KATUSAs of the HHC 65th Medical Brigade, Korea, took part in the voluntary activities at the Nam San-won orphanage located in Chung-Gu, Seoul on September 13. Nam San-won orphanage was originally founded during the Korean War by the ROK military and police in 1952. Most of the facilities were built with the help of the U.S. Army.

The U.S. Army and Nam Sanwon orphanage have continued to strengthen their relationship ever since.

Volunteers cleaned the newly built house for the hygiene of children despite the rainy weather. They vacuumed and mopped the floor as well as removed molds and mildew from window frames.

After the cleaning, children came



Soldiers and KATUSAs of HHC 65th Medical Brigade, Korea volunteer at a local orphanage

in and were surprised by the visitors. They were initially a little shy by the

new faces but soon forgot and played cheerfully. They enjoyed hide-and seek and sliding on a mini indoor slide.

“The smiles on their face made it all worthwhile.” Said Pvt. Tabitha Carey, a HHC, 65th Medical Brigade Soldier. “It was really rewarding to watch children play in the house where we worked hard to clean. They had a wonderful time and I will definitely come again to see them.”

Korean Augmentation to the United States Army Soldiers, also known as KATUSAs, are conscripted citizens who, by obligation, put their lives on pause to serve their country. During their military service with the U.S. Army, KATUSAs have the opportunity to volunteer, excel and lead in areas that are foreign to civilians and Korean Soldiers.

MEDDAC-Japan breaks ground on new complex

By Candateshia Pafford, U.S. Army Garrison Japan Public Affairs

As the temperature rose under the sweltering morning sun, Aug. 9, it was all smiles for those attending the U.S. Army Medical Command Japan’s groundbreaking ceremony.

The ceremony marked the start of a major renovation project of the Brig. Gen. Crawford F. Sams U.S. Army Health Clinic, U.S. Army Dental Activity Japan Health Clinic at Camp Zama and the construction of a new preventive health facility.

Guest speaker Brig. Gen. Dennis D. Doyle, Pacific Regional Medical Command commander, said the \$26 million project is for the military members, their Families and Camp Zama community.

“This project is concrete proof of the Army’s commitment to take care of its

Soldiers, employees and their Family members,” said Col. Vivian Hutson, MEDDAC-J commander.

Hutson said that even in times of

lean budgets and draw-down, the health and well-being of their patients remains one of the Army’s highest priorities.



U.S. Army Medical Command-Japan held a groundbreaking ceremony in August to signal the start of their major health clinic’s renovations on Camp Zama, Japan. The senior representatives for the ceremony included (from left) Maj. Gen. James C. Boozer Sr., U.S. Army Japan and I Corps (Forward) commanding general; Brig. Gen. Dennis D. Doyle, PRMC commanding general; Col. Vivian T. Hutson, MEDDAC-J commander; Col. Gregory Silver, U.S. Army Dental Activity-Japan commander; Col. John Hurley, U.S. Army Corps of Engineers-Japan District commander; Katsuyoshi Okawa, Obayashi Corporation executive officer; and David Yin, Directorate of Public Works chief. (Candateshia Pafford, U.S. Army Garrison Japan Public Affairs)



Defense Health Agency, eMSM Brings Changes to Military Medicine

By SRMC Directorate of Communications

Maj. Gen. Jimmie Keenan became the first market manager of the San Antonio enhanced multi-service market, effective Oct. 1. The market is also known as the San Antonio Military Health System (SAMHS). Earlier this year, the deputy secretary of defense directed the establishment of a Defense Health Agency to assume shared functions, services, and activities of the Military Health System.

As the market manager, Keenan has direct authority to create and sustain a high-quality health system, manage the allocation of the budget for the market, direct the adoption of common clinical and business functions, optimize readiness to deploy medically ready forces, and direct the movement of workload and workforce among San Antonio military treatment facilities. The results of these changes will help lower the cost associated with military healthcare by sharing resources and improving access to care.

“We are delighted with the increases in effectiveness and efficiencies we’ve gained thus far under the SAMHS umbrella. We look forward to making even larger strides improving the quality of care and increasing the number of patients we care for as we move into the new enhanced multi-service market,” said Col. Kyle Campbell, commander of Brooke Army Medical Center.

A pain clinic consolidation began on Oct. 1, wherein the Wilford Hall Ambulatory Surgical Center Pain Clinic integrated with the San Antonio Military Medical Center’s (SAMMCs) Department of Pain Management and worked in the new Interdisciplinary Pain Management Center. This will allow economies of scale and save costs related to running two separate clinics. In addition to

improving patient care, it will greatly improve the academic experience of the San Antonio Uniformed Services Health Education Consortium resident and fellow physicians.

Patient Transfer Service is a success story that is starting to be implemented, with 21 patients transferred in September and each one of those transfers saving thousands of dollars in network care costs. Labor and delivery is the really big success story on the inpatient side. The relocation/consolidation of all labor and delivery, postpartum, and Neonatal Intensive Care Unit inpatient services at SAMMC has resulted in a busy and efficient ward (occupancy rate fluctuates between 65 percent to more than 80 percent) with the highest patient satisfaction scores of any inpatient labor and delivery service in the Department of Defense.

Wilford Hall Ambulatory Surgical Center has saved more than \$1.7 million in just five months by converting name brand to generic prescriptions, and roughly \$300,000 will be saved annually by expanding the prescription formulary. Many expensive prescriptions typically filled in the community are being filled through military treatment facilities and pharmacies at a 40 percent cost savings.

Providing more robust healthcare allows the Defense Department to provide the high quality care at a lower cost. The new Intensive Outpatient Mental Health Care program at Wilford Hall will save nearly \$500,000 worth of high-level mental healthcare that would have been outsourced.

Centralized scheduling for all military treatment facilities has proven to be much more efficient, saving time, costs, and manpower. This is yet another



logistical improvement that while being a cost-saving measure, is also providing better access to care for patients. Central scheduling for radiology averted referral of over 600 MRI examinations to the downtown network by filling all available appointments across the health system and decreasing backlogs – which equated to roughly \$1 million in savings in the first month alone.

“Over the past two years we have shown how an integrated team can provide world-class care while continually achieving major cost savings,” said Maj. Gen. Byron Hepburn, 59th Medical Wing commander and deputy director of the SAMHS. “Enhanced authority in the SAMHS will allow us to take the quality of care delivered in San Antonio to even higher levels of excellence.”

The San Antonio market is unique to the Military Health System as its private sector costs are less than the direct care costs. What this means is that compared to other areas, more TRICARE beneficiaries have chosen to use military treatment facilities, as opposed to getting their care elsewhere. This is a trend Keenan says must continue, as it demonstrates that military medicine is fully capable of providing cost-effective care.

Air quality tested for EPA standards

By Jane Gervasoni, U.S. Army Public Health Command



Dawn Bremer, an engineering technician with the U.S. Army Public Health Command Air Quality Surveillance Program, sets up equipment to perform particulate matter sampling. Ensuring that appropriate emissions standards are met minimizes the impact on the local environment and helps protect the health of humans and wildlife (Photo Credit: Graham Snodgrass, U.S. Army Public Health Command).

“It’s a dirty job and it isn’t glamorous,” explained Tim Hilyard, “but we are the only ones in DOD who can do it.”

Hilyard, a physical scientist with the U.S. Army Public Health Command Air Quality Surveillance (AQS) Program, has spent all of his time in the last 12 years checking the air quality produced by Army incinerators. These special incinerators are designed to destroy “off-spec and out-of-date” small-caliber munitions.

“Small-caliber rounds and small explosive devices such as grenades that do not meet the military’s exacting standards could be dangerous for Soldiers to use,” said Hilyard. “But disposing of them produces other challenges.”

The Army has specially-designed incinerators to dispose of these

materials, eliminating the explosive hazard and allowing the remaining metal parts, including brass, to be recycled.

“The USAPHC has tested the effluent from smokestacks at Army incinerators for more than 30 years,” according to Brian Jones, AQS Program manager, who started his career as an Army environmental science officer at the then-Army Environmental Hygiene Agency, the predecessor of the USAPHC.

Sampling methods have not changed a lot, but the equipment required to test the samples has evolved.

“Each stack has ports or openings where we insert probes attached to our air-monitoring equipment, and samples of the effluent are sucked out of the stack,” said Hilyard. “We use these air samples to determine if the emissions

meet Environmental Protection Agency and local state standards.”

Ensuring that appropriate emissions standards are met minimizes the impact on the local environment and helps protect the health of humans and wildlife.

“Some of the samples we take are sent back to the USAPHC laboratory to check for metals and volatile organic compounds. Other samples can be examined by a technician in one of our mobile labs on-site,” Hilyard explained. “Quick evaluations allow our customers to monitor their operations and help them improve operations.”

Protecting the environment is important, but so is the safety of those scientists who do the sampling.

“We wear hard hats, steel-toed shoes, and both chemical and/or heat resistant gloves when sampling,” said Hilyard. “We are 10 feet or more up the stack and usually protected by metal safety rails and shielding.”

Unexpected safety issues still occur.

“Once when we were sampling in the Utah desert, the heat from the stack had attracted a rattlesnake that we almost stepped on,” laughed Adam McCann, who serves as a technician for the program. “In another location, a siren sounded, and everyone left the incinerator building. We found out later that the siren was a warning about a tornado that touched down close to us.”

Even with all the challenges, complete surveys are required every 2-½ years, and changes in the incinerator functions may require more frequent testing.

“This testing is never routine,” said Hilyard, “but our work helps the Army meet environmental standards and protect human health.”

Army Medical Command Works to Improve Patient Communications - System for Health

By John Brooks, General Leonard Wood Army Community Hospital Public Affairs

Communication is hard, so the Army Medical Command is softening things up to meet today's challenges and focus priorities.

Army Medicine's new System for Health is an overhaul of the old Army healthcare system. It provides new system components for more effective communications.

This new Patient-Centered Medical Home (PCMH) System for Health takes extensive advantage of unique communications opportunities between patients and staff.

PCMH is team-based. The system facilitates and encourages opportunities for communication between team members. The provider, nurses, nursing assistants, pharmacists, behavioral health personnel, administrative personnel, and the patient, all work together to meet the patient's needs.

"The team, working together and communicating, helps patients get complete care," said Col. Elizabeth Hersch, deputy commander for clinical services at General Leonard Wood Army Community Hospital.

"Communication is completely central to customer service," Hersch said.

"What I've found, when there have been concerns that have been raised to me, is that it's been about communication," said Hersch. "And so, through communication, Army Medicine has definitely improved its customer service."

PCMH provides improved communications through technology.

Patients and their PCMH team members can reach out to each other through the Internet using a secure

messaging system.

"You can talk to your whole team online to ask questions, schedule appointments, get your refills," said Hersch.

"Today's new PCMH System for Health is really focused on the patient, what the patient needs and wants, and what education we can give them," said Hersch. "Today, it's one-stop shopping, as opposed to having to make separate appointments for different problems in the past."

Patient-centered, team-based medicine focuses on customer service.

"It's a warm handoff," Hersch said.

Patients are customers. They lead the charge in their own healthcare. And the PCMH patient-centered, team-based system allows both patient and staff to initiate and complete the circle of communication in new and effective ways.

"PCMH allows our staff, many of whom are former or retired military, or are healthcare team members, who care deeply about our military and their Families, to reach out in a more friendly and familiar way," said Hersch.

"Staff members can now care for those they serve in more personal ways -- helping and guiding patients. This is how staff members originally imagined themselves performing the duties in their particular field of healthcare," said Hersch.

"Whether you're a patient or a staff member, PCMH encourages team interaction," said Hersch. "Good customer service is all about the communication." For more PCMH information, please go to armymedicine.mil/pages/PCMH.aspx



General Leonard Wood Army Community Hospital, Fort Leonard Wood, Mo., incorporates the team-based approach of Patient-Centered Medical Homes and a System for Health to provide more effective patient-staff communications.

Connect to TRICARE in a Mobile World

We live in an increasingly mobile world, with more and more people possessing technology that allows them to use the Internet on the go. Beneficiaries can access their TRICARE benefits and benefit information on their mobile devices through a variety of mobile applications and mobile-optimized sites.

The first mobile tool people should know about is the mobile version of TRICARE.mil, accessible on mobile devices including tablets and smart phones. Simply type www.tricare.mil into a mobile device's browser to get benefit and contact information. Beneficiaries can download educational materials, view episodes of TRICARE TV, listen to podcasts, read TRICARE news, find contact information for different regions and plans, submit benefit questions and access costs, plans, referrals and information specific to their plan.

Each of the TRICARE regional contractors also has their own mobile site or app. Health Net, the North Region contractor, operates www.hnfs.com/go/

www.hnfs.com/go/ mobile, which allows beneficiaries to locate TRICARE-authorized providers and access resources including contact information and information about benefits, claims and eligibility. The South Region contractor, Humana Military, has a mobile site at m.humana-military.com. Humana Military Mobile offers links to a provider locator, a search tool for urgent care centers and eligibility and plan information.

In the West Region, United Health Military & Veterans has a mobile app for mobile devices called "OptimizeMe." This app encourages healthy lifestyles by letting users challenge other users to health and fitness goals on their smart phones. OptimizeMe lets users track their own progress and post the results to Facebook. Beneficiaries can download OptimizeMe from iTunes or the Google Play store.

The TRICARE pharmacy contractor Express Scripts, Inc. (ESI) offers both a mobile site, www.express-scripts.com/mobile, and an app called Express Rx. These allow beneficiaries to get benefit

information, start home delivery of their prescriptions, check order status, order prescription refills and find a nearby network pharmacy. They even have information about drugs and potential side effects. Beneficiaries must register with ESI before using the mobile site by going to www.express-scripts.com/activate.

The Defense Manpower Data Center (DMDC) also offers a mobile version of the milConnect website, http://www.tricare.mil/ContactUs/CallUs/DEERS.aspx?sc_database=web. This site allows beneficiaries to locate identification card-issuing facilities, find contact information for TRICARE regional contractors and review frequently asked questions.

These mobile options make it easier than ever to get the information and access beneficiaries need to take control of their healthcare options. If beneficiaries can't get the information they need from one of these mobile options, they can always call TRICARE or their contractor. Visit www.tricare.mil/callus for a list of contact numbers.

More Effective Flu Vaccine Free to Healthcare Civilians

Each year, flu season affects millions of people. Flu season usually begins in October, so now is a great time to protect yourself and your Family by getting vaccinated.

The flu shot is easy to get and inexpensive – often free – for TRICARE beneficiaries, and this year the flu vaccine offers even more protection.

The influenza vaccine at Military Medical Treatment Facilities (MTFs) is for all DOD beneficiaries and MTF healthcare Civilian personnel at no charge.

Non-medical Civilian staffs who work on the installation (non-medical staffs) must use their regular medical services to obtain the vaccine. If they

are TRICARE eligible, they can get the vaccine from the MTF. Otherwise they must use their medical insurance to cover the vaccine.

Until now, seasonal flu vaccines have only protected against three strains of flu - two strains of influenza A, which usually causes more cases and more severe illness, and one of influenza B, which is less common but also circulates in multiple forms.

The new vaccines include protection against a second strain of influenza B, which experts expect will prevent the vast majority of type B infections.

TRICARE covers both the flu shot and flu mist. Beneficiaries may be able get their flu vaccine from a military

treatment facility, hospital, or from a pharmacist at one of the 45,000 network pharmacies that administer vaccines to TRICARE beneficiaries.

Related Sites:

- U.S. Army Medical Command's Website: www.armymedicine.army.mil
- TRICARE: www.tricare.mil
- TRICARE Express Scripts Pharmacy: www.express-scripts.com/tricarepharmacy
- TRICARE Flu Resources: www.tricare.mil/flu
- Influenza Treatment and Prevention: www.cdc.gov/flu

Technology & Research

Army Funds Research on Family Stress during Deployments

By Ellen Crown, Deputy Public Affairs Officer, USAMRMC

The Department of Defense's Defense Health Program is funding research to examine the impact of military deployments on spouses and children.

Dr. Deborah Beidel, Professor of Psychology and Medical Education at the University of Central Florida, presented the study entitled, "When Parents Go to War: Psychological Adjustments Among the Families of Deployed OEF/OIF Service Members," at the 2013 Military Health System Research Symposium Aug. 14 in Fort Lauderdale, Fla.

"We know [when parents deploy] that we see increases in fear and decreases in academic performance [among military children]," Beidel explained, during her presentation. "But what is statistically significant and what is clinically significant? When is intervention necessary? No one says."

Beidel said they are looking at objective measures of stress, such as participants' sleep schedules and saliva samples to measure cortisol. The study will also include diagnostic interviews and self-assessment tools, such as participant self-

reporting and spouse reports.

The study, which started in January 2013, is now recruiting participants and plans to have 450 active duty and reserve families at three sites including Orlando, Fla., Houston, Texas, and Honolulu, Hawaii.

The project will be completed in collaboration with the Military Operational Medicine Research Program, which manages an extensive portfolio of research aimed at developing effective countermeasures against stressors to maximize health, performance and well-being throughout the deployment cycle. Beidel said that depending on what the study results show, follow-on work could focus on tools to build service member and Family resilience.

"With unique factors including multiple and prolonged deployments, Families need tools to cope with stress," said Beidel. "By helping the Family cope better, we ensure the service member can focus on the mission."

MHSRS is the DOD's premier scientific meeting addressing the unique

medical needs of the warfighter. This conference combines the former Advanced Technology Applications for Combat Casualty Care Conference, the Air Force Medical Service Medical Research Symposium, and the Navy Medicine Research Conference.



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Tech Brief: Operation Supplement (OPSS)



The OPSS app for iPhone and Android is available! This is a great tool for leaders.

iPhone: <https://itunes.apple.com/WebObjects/MZStore.woa/wa/viewSoftware?id=712551704&mt=8>

Android <https://play.google.com/store/apps/details?id=trc.opss&hl=en>

For a wealth of information to protect your health, visit the OPSS website: <http://hprc-online.org/dietary-supplements/opss>



Serving To Heal...Honored To Serve