

MERCURY

Volume 42, No. 2

NOVEMBER 2014

SHOW *of* STRENGTH



2014

November is **WARRIOR CARE MONTH**



A worldwide publication telling the Army Medicine Story



ARMY MEDICINE

MERCURY

CONTENTS

DEPARTMENTS

FEATURE



Chairman of the Joint Chiefs of Staff Gen. Martin E. Dempsey raises the 2014 Warrior Games Commanders Cup with Adm. Harry B. Harris, commander of the Pacific Fleet, right, during a presentation for Warrior Games athletes on the Air Force Academy football field at halftime during the Navy - Air Force football game in Colorado Springs, Colo., Oct. 4, 2014. (Department of Defense photo by Photo E.J. Hersom)

Commander

Lt. Gen. Patricia D. Horoho

Director of Communications

Col. Jerome L. Buller

Chief, MEDCOM Public Affairs Officer

Jaime Cavazos

Editor

Dr. Valecia L. Dunbar, D.M.

Graphic Designers

Jennifer Donnelly

Rebecca Westfall

The MERCURY is an authorized publication for members of the U.S. Army Medical Department, published under the authority of AR 360-1. Contents are not necessarily official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army, or this command.

The MERCURY is published monthly by the Directorate of Communications, U.S. Army Medical Command, 2748 Worth Road Ste 11, Fort Sam Houston, TX 78234-6011.

Questions, comments or submissions for the MERCURY should be directed to the editor at 210-221-6722 (DSN 471-7), or by email;

The deadline is 25 days before the month of publication. Unless otherwise indicated, all photos are U.S. Army photos. The MERCURY submission and style guide can be accessed

MERCURY archives can be accessed

ARMY MEDICINE PRIORITIES

COMBAT CASUALTY CARE

Army Medicine personnel, services, and doctrine that save Service members' and DOD Civilians' lives and maintain their health in all operational environments.

READINESS AND HEALTH OF THE FORCE

Army Medicine personnel and services that maintain, restore, and improve the deployability, resiliency, and performance of Service members.

READY & DEPLOYABLE MEDICAL FORCE

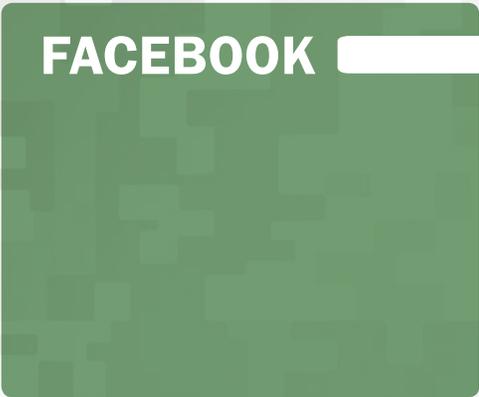
AMEDD personnel who are professionally developed and resilient, and with their units, are responsive in providing the highest level of healthcare in all operational environments.

HEALTH OF FAMILIES AND RETIREES

Army Medicine personnel and services that optimize the health and resiliency of Families and Retirees.

CONNECT WITH ARMY MEDICINE

CLICK ON A LINK BELOW AND JOIN THE CONVERSATION



TSG Speaks on the Results of the MHS Review

Team Army Medicine, Army Medicine acknowledges and appreciates the findings of the Military Health System Review briefed to the Secretary of Defense last month. The findings highlighted several of the initiatives we began to look at introspectively almost three years ago when we began the journey towards the Operating Company Model to standardize care across the enterprise. We've been conducting extensive assessments to balance military readiness manpower requirements, provider certification requirements, and healthcare demand.

Our ultimate goal is a System for Health in which Army Medicine can continue to provide the most efficient delivery of timely, safe, high-quality care in both deployed and garrison environments in a fiscally sustainable manner.

It's noteworthy that our medical treatment facilities compared very



Lt. Gen. Patricia D. Horoho

favorably with the best-of-the-best civilian hospitals in the United States, according to the panel of independent external experts. The review's findings are a snapshot in time and help to capture the culture of excellence we're striving to achieve as we work to provide a consistent

patient experience. The report provides no evidence of substantive deficiencies in the safety, quality and access to care we provide; however, it did identify some of our facilities as performance outliers. Let me be clear, this does not equate to poor performance.

Remember, many of you are the same healthcare providers who improved the survivability of our war wounded, ill and injured on the battlefields, and are the same ones providing care to beneficiaries in our MTFs today. I am consistently amazed and proud by the work, care and treatment provided daily to our beneficiaries. I charge each of you to continue to focus on decreasing variance and implementing transformative changes toward a High Reliability Organization.

Serving to Heal...Honored to Serve

Lt. Gen. Patricia Horoho, Army Surgeon General

**We Want
Your Feedback!**



Feedback is important to us. We at the MERCURY welcome any feedback on how we can improve.

If you enjoyed reading content or have story ideas, please forward comments and suggestions to our e-mail inbox at:

Your comments may be published in a future edition of the newsletter.

Secretary Hagel Releases DOD Report on Military Health System

By Ron Wolf, Army Medicine Public Affairs

On Oct. 1, Secretary of Defense Chuck Hagel released the final report on the Military Health System (MHS) Review at a press conference at the Pentagon. In addition to Hagel, the press conference included Deputy Secretary of Defense Robert Work; Dr. Laura Junor, principal deputy undersecretary of defense for personnel & readiness, and the three service surgeons general.

The report was prepared following a 90-day review ordered by Secretary Hagel to assess whether access to medical care met defined standards, quality of care was acceptable, and a culture of safety existed for safe and reliable care of beneficiaries across the Military Health System.

The report indicated that, in many areas, the MHS is comparable to the civilian sector. Average and comparable are not good enough, however, and Secretary of Defense Hagel said, “We can do better. We must hold the entire Military Health System to the same exacting standards that we demand of our combat missions.” He directed the DOD to provide action plans in the next 45 days for improvement in the areas of patient access, quality, and safety.

Key findings in the report noted that changes in governance structure of MHS have resulted in gains in collaboration between the services and the Defense Health Agency. The report noted, however, that there is no single set of metrics to evaluate access to care, quality, and safety. Without a common set of metrics, comparing system-wide data does not always allow transparent answers.

Access for patient care was generally good across the MHS. Access to non-emergency care averages less than 24 hours for most facilities. Access to specialty care is about 12 days, far under the standard of 28 days. Additional MHS measures are needed to accurately determine office

waiting times, and in some cases data for access to purchased care was unavailable but needed for comparisons.

Although the report indicated that the MHS stood on an equal footing with the private sector, it pointed out room for improvement. Quality of care showed variation across the MHS, with occasional pockets of excellence. In addition, the report noted, better mechanisms to collect patient feedback are needed. One reviewer of the report stated that the MHS reflects what is seen in the private sector--some areas of excellence and some areas that need improvement.

The culture of safety in the MHS is comparable to that in the civilian sector. However, a consultant to the report emphasized that leadership at all levels needs to show their commitment to safety, including thorough reporting of safety incidents, and healthcare workers at all levels must grasp the importance of their roles in promoting safety and reducing harm.

Lt. Gen. Patricia Horoho, Army surgeon general, was encouraged by information in the report. She stated in a message to her command, “It’s noteworthy that our medical treatment facilities compared very favorably with the best-of-the-best civilian hospitals in the United States, according to the panel of independent external experts.”

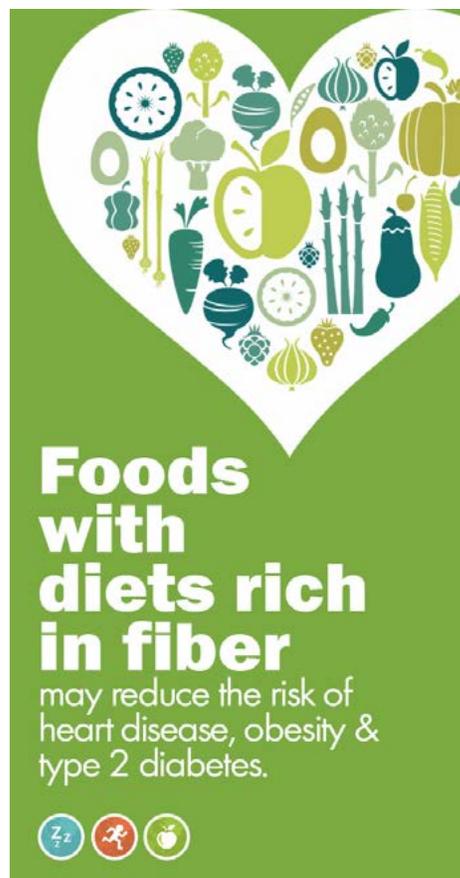
Recommendations from the report included taking immediate action to improve performance, establish clear goals to improve performance using standardized metrics, make decisions based on accurate data, make information transparent, develop common standards, and drive change through common goals under MHS governance.

“We have the finest military in the world,” said Secretary Hagel. “Our men and women in uniform -- and their

Families -- deserve the finest healthcare in the world.”

“We should be very, very proud of what we do every day,” Horoho said. “We do hard work, provide passionate care, and cutting edge research across the MEDCOM. This is a journey that embraces transparency and improvement. What’s at stake here is the confidence and trust in our system. So all of us must engage with all of our beneficiaries inside and outside of our commands. Our focus will be on standardization, process improvement, and transparency. We can and will create a culture of safety where it’s okay to speak up.”

For more information, visit: army.mil/article/135103/Secretary_Hagel_Releases_DOD_Report_on_Military_Health_System/





Technician sets up PCR assay for Ebola within containment laboratory. Samples are handled in a negative-pressure biological safety cabinet to provide an additional layer of protection. (U.S. Army photo by Randal Schoepp, USAMRIID)

USAMRIID Supports Ebola Virus Outbreak in West Africa

By Caree Vander Linden, USAMRIID PAO

From on-site laboratory support in Liberia, to training of key personnel, to accelerated research efforts on diagnostic, vaccine, and treatment approaches, the U.S. Army Medical Research Institute of Infectious Diseases is playing a significant role in assisting the Ebola virus outbreak response in West Africa.

Ebola virus causes a severe, often fatal hemorrhagic disease in humans and nonhuman primates. Currently there are no licensed vaccines or drugs to fight the disease, and case fatality rates as high as 90 percent have been reported in past outbreaks. As of Oct. 15, the World Health Organization reported at least 8,997 cases

and 4,493 deaths in seven affected countries. These include Guinea, Liberia, Nigeria, Senegal, Sierra Leone and Spain, as well as the first-ever case of Ebola diagnosed in the United States. That patient, a man who had recently traveled from Liberia to this country, died Oct. 8.

The U.S. Department of Defense is supporting the U.S. Agency for International Development as part of a U.S. whole of government response effort to the Ebola virus outbreak, as announced by President Obama on Sept. 16. U.S. military personnel are deploying to West Africa in support of the effort, called Operation United Assistance. In addition to setting

up a regional staging base to facilitate transportation of equipment, supplies and personnel, the U.S. military is establishing additional treatment centers in Liberia and providing medical personnel to train health-care workers in the region.

At USAMRIID, the response effort spans the Institute's research and support divisions and there is no sign of the operational tempo slowing any time soon, according to Col. Erin P. Edgar, commander of the institute.

"This is definitely not business as usual," he said.

Late September, USAMRIID was asked



Ebola Virus Outbreak

to provide training to deploying U.S. forces, according to Lt. Col. Neal E. Woollen, who directs the Institute’s biosecurity program. Several personnel have volunteered to serve on mobile training teams that travel to deploying units to train and certify troops who will be working in Ebola-affected areas of West Africa. Training is focused on proper wearing of protective equipment, as well as decontamination procedures.

On-Site Laboratory Support

Since April 2014, USAMRIID and the National Institute of Allergy and Infectious Diseases-Integrated Research Facility have provided personnel, training, and diagnostic laboratory support to the Liberian Institute for Biomedical Research on a continuous rotational basis, according to Randal J. Schoepp, Ph.D., chief of USAMRIID’s Applied Diagnostics branch. He and several others helped to set up an Ebola virus testing laboratory in Liberia and trained local personnel to run diagnostic tests on suspected Ebola hemorrhagic fever clinical samples.

Schoepp said USAMRIID has been working on a collaborative project in West Africa since 2006. Because the team was working on disease identification and diagnostics in the region, he added, “We had people on hand who were already evaluating samples and volunteered to start testing right away when the current Ebola outbreak started.”

In addition to providing laboratory testing and training support for the current outbreak, USAMRIID has provided more than 10,000 Ebola assays to support laboratory capabilities in Liberia and Sierra Leone. The institute also supplied personal protective equipment to Metabiota Inc., a non-government organization involved in the testing.

Edgar called the project “a great example of medical diplomacy at work.”

“This collaboration allows USAMRIID to bring our expertise to bear in responding to an international health crisis,” he said. “In addition, it enables us to test the medical

diagnostics that we develop in a real-world setting where these diseases naturally occur.”

Diagnostic Tools

USAMRIID research led to the only laboratory test, or assay, currently authorized to diagnose Ebola in U.S. citizens, according to David A. Norwood, Ph.D., chief of USAMRIID’s Diagnostic Systems Division. The assay, which detects the Zaire strain of Ebola virus in patient samples, is called the Ebola Zaire Real-Time PCR Assay Test Kit. It was developed, manufactured and tested with help from the U.S. Army Medical Materiel Development Activity.

While the test has not been approved by the U.S. Food and Drug Administration, the FDA has authorized its use under an Emergency Use Authorization granted in August 2014. According to Norwood, the EUA provides a legal basis for the use of unapproved medical products, including diagnostics, in a declared emergency when there are no alternatives. The test is available at authorized DOD laboratories in the U.S. and overseas, as well as select CDC Laboratory Response Network (LRN) state public health labs throughout the country for testing U.S. citizens.

“This assay is also being used in West Africa for rapid diagnosis of host nation patients,” said Norwood. “So there is no disparity between the diagnostic capabilities that are being used in-country and those that are available for testing U.S. citizens. While the labeling and execution is somewhat different for regulatory purposes for testing U.S. citizens, the same capability is available for diagnostic testing for everyone.”

Issuance of the EUA was a collaborative effort among several agencies: Medical Countermeasure Systems, U.S. Army Medical Command; Health Affairs, Readiness Division, Health Care Operations Directorate; Joint Program Executive Office Critical Reagents Program; the DOD Clinical Laboratory Improvement Program

Office; and the recipient laboratories, including five DOD labs and 15 CDC-LRN state public health laboratories.

Drug and Vaccine Research

USAMRIID is leading the evaluation of several promising Ebola medical countermeasure candidates, including therapeutics and vaccines, according to scientific director Sina Bavari, Ph.D.

Bavari, an expert at building public-private partnerships, says the current outbreak offers researchers an opportunity to accelerate the development of medical products to prevent and treat the disease through collaboration with pharmaceutical companies and other government agencies.

Among the products being evaluated by USAMRIID are four potential therapies, including synthetically made, small-molecule drugs that have shown efficacy against a broad range of viral diseases, according to Bavari. One of these drugs, known as BCX4430, has been tested in animal models at USAMRIID; its parent company is in the process of filing an Investigational New Drug application with the FDA to begin Phase I clinical trials in humans.

Two other compounds of interest are oral favipiravir, dubbed T-705, which is already in Phase III clinical trials as a potential influenza treatment, and AL-8176, currently in Phase II clinical trials for Respiratory Syncytial Virus.

“If we can evaluate a drug that’s already in development for another use, and show that it has potential against Ebola virus, that saves us years of research and development,” Bavari explained.

The fourth therapeutic candidate being studied at USAMRIID is Z-Mapp, a “cocktail” of three antibodies, one of which was developed by USAMRIID. This drug made headlines when it was used to treat a handful of people infected during the current outbreak, including two American



Ebola Virus Outbreak

aid workers who contracted Ebola in Liberia and recovered at Emory University Hospital in Atlanta, Georgia.

Previous studies at USAMRIID with an earlier version of Z-Mapp showed that it could protect monkeys from Ebola even when administered five days after infection, according to John M. Dye, Ph.D., branch chief for viral immunology. He said additional studies of Z-Mapp in nonhuman primates will begin at USAMRIID later this month. Those efforts will help to determine dosing — the optimal amounts of antibody that can be safely administered and still provide protection.

In addition, there are a number of Ebola virus vaccine platforms in various stages of development, Dye said. Two that have been studied extensively at USAMRIID are the VLP (virus-like particle) and the VRP (virus replicon particle) vaccine approaches. Other vaccine approaches include those based on adenovirus (currently in Phase I clinical trials) as well as the rVSV (recombinant vesicular stomatitis virus) platform.

USAMRIID's Division of Medicine is providing medical monitor support to the Phase I clinical trial of the rVSV vaccine, scheduled to begin this month at the Walter Reed Army Institute of Research.

According to Bavari, USAMRIID is continuing to investigate potential treatments and vaccine candidates for Ebola, with several laboratory and nonhuman primate studies scheduled for the near future. The success of these research efforts will depend, in part, on future funding levels.

Rewarding Experience

It's not often that USAMRIID scientists get to take their expertise out of the laboratory and into a field setting. For Schoepp, the experience has been "rewarding," though he says he'll be ready to stay home for a while after completing his fourth trip to West Africa in just six months.

"What makes me really proud is that the

laboratory staff we trained [in West Africa] jumped right into the fray, and thanks to the training we provided, they didn't even blink," said Schoepp. "They started testing right away; they knew what to do."

While the scientists at the Liberian Institute for Biomedical Research put in long, hot hours wearing protective gear in the laboratory, their work environment is far from the only challenge they face, according to Schoepp. Diagnostics

personnel are under a great deal of pressure to run the tests accurately, because the results they provide to the healthcare team literally can mean the difference between life and death for a patient.

"It's critical to diagnose Ebola-infected individuals, of course, but it's also important to tell people they're not infected," he said. "Being able to give them an answer — so they can go home and not worry — that's pretty satisfying."



Dr. Randal Schoepp of USAMRIID inspects packing cases filled with laboratory supplies prior to departing for Liberia Sept. 25 to support Ebola virus diagnostic efforts. (U.S. Army photo by William Discher, USAMRIID)

Army Wins Chairman's Cup at Warrior Games

By ARNEWS



Winning a total of 71 medals, the Army team took home the prestigious Chairman's Cup Oct. 4, from the 5th annual Warrior Games in Colorado Springs, Colorado.

The Chairman's Cup is awarded to the top overall service branch at the Warrior Games and it's a prize that the Marine Corps had claimed for the first four years of the games.

This year, the Army team of 40 wounded, ill and injured Soldiers and veterans earned 17 more medals than the Marines, who finished with a total of 54. Army athletes took home 23 gold medals, 27 silver and 21 bronze in seven adaptive sports.

Army's medal run began Sept. 29, with two gold and two silver medals in cycling. Then on Tuesday, Army surged into the lead with 27 medals in the swimming competition. Active-duty 1st Lt. Kelly Elmlinger took three of Army's seven golds, placing 1st in the three classes she entered: women's 50-meter freestyle, 100-meter freestyle and the 50-meter backstroke.

Teammate Army Reserve Sgt. Kawaiola Nahale grabbed gold in the 50-meter breaststroke and three silvers in the 50-meter backstroke, 50-meter and 100-meter freestyle.

In the men's competition, medically Retired Maj. Raymond O'Donnell captured golds in the 50-meter freestyle and the 50-meter backstroke. He also snatched up three silvers in the 100-meter freestyle, 50-meter backstroke and the 50-meter breast stroke. Combat medic Master Sgt. Rhodeen Galloway brought home one gold, two silvers and a bronze medal.

"Being able to come here today

and represent the Army in swimming meant a lot to me, it shows how far I've progressed. I've come full circle since having much of my body rebuilt," said O'Donnell, whose pelvis and hips were shattered and his spinal cord damaged when he was thrown from his Humvee while serving as an advisor in Afghanistan.

"These Warrior Games are an incredible platform for us to go out there and compete with our brothers and sisters from the other branches of the service," O'Donnell said.

On Wednesday, Army earned the first team medals with gold in archery and a bronze in sitting volleyball. Army archers also took four individual medals.

Then on Thursday, Army athletes took 30 medals in track and field. Army swept the women's 1,500-meter run with Katie Kuiper earning gold, Samatha Goldstein silver and Anne Oravec bronze. Army also swept the women's shot put with Monica Southall taking gold, Kadina Baldwin silver and Jessica Brennan bronze.

Army's Michael Smith earned four golds; he won the 100-meter dash, 200-meter competition and 400-meter dash. He also captured the men's discus-throw gold with a final of 28.52 meters. Army's Kelly Elmlinger also tied for a silver in the mixed 100-meter dash with a 20.84-second run, seconds ahead of some of the men.

On Friday, the Army took four medals in shooting and a silver in wheelchair basketball, where the Marines finally bested the Army, 43-30.

"Over the past five years, the Warrior Games have been a celebration of overcoming great adversity and a

representation of the strength and the heart of all American service members," said Col. Chris Toner, commander of the U.S. Army Warrior Transition Command and assistant surgeon general for Warrior Care and Transition.

"Army athletes showed true commitment and dedication to their sport. They exemplify our warrior ethos of never giving up, and I am left forever impacted by the champion performance of all of the athletes over the past week of competition. Congratulations to each of you on your victories and winning this year's Chairman's Cup."

The Chairman's Cup was presented to Army team captain Frank Barroquero by Chairman of the Joint Chiefs of Staff Gen. Martin Dempsey prior to the Air Force-Navy football game Saturday at the Air Force Academy's Falcon Stadium in Colorado Springs.

The overall medal count for the 2014 Warrior Games:

- Army: 71 medals
- Marine Corps: 54 medals
- Air Force: 48 medals
- Navy/Coast Guard: 28 medals
- Special Operations Command: 22 medals

(A news release from the Warrior Transition Command contributed significantly to this article, as did an earlier report from ARNEWS correspondent J.D. Leipold. For more ARNEWS stories, visit www.army.mil/ARNEWS, or Facebook at www.facebook.com/ArmyNewsService, or Twitter [@ArmyNewsService](https://twitter.com/ArmyNewsService).)

USU Helps Warfighters Become Doctors

By Health.mil staff



A new program that prepares enlisted service members for medical school is turning their dreams of becoming doctors into reality.

Ten students, five each from the Air Force and the Army, started classes Aug. 25 in the Enlisted to Medical Degree Preparatory Program, which is administered by the F. Edward Hébert School of Medicine at the Uniformed Services University (USU) of the Health Sciences in Bethesda, Maryland. The 24-month program includes full-time medical school preparatory coursework at the George Mason University's campus in Manassas, Virginia, as well as faculty and peer mentoring at the Uniformed Services University.

Students qualify for medical school

"With [this program], we will be able to even better recognize the talent that exists within our enlisted – the professional backbone of the military – and provide them an opportunity to continue their aspirations to become physician-leaders in the rapidly evolving Military Health System," Lt. Col. Aaron Saguil, M.D., associate dean for admissions and recruitment at USU's Hébert School of Medicine, said in a statement.

Students who complete the program successfully will qualify to apply to most U.S. medical schools, including the Uniformed Services University.

More than half of the students in the inaugural class have worked as military medics or technicians, but some have no experience in medicine.

Giving back 'in a bigger way'

Air Force Tech. Sgt. Lindsay Slimski is one of those with no medical background. "I have an air traffic control background

and my degree is in aeronautics – so nowhere near anything medical, although it has always been a dream of mine to be a doctor," said Slimski, who was last stationed at Joint Base Pearl Harbor-Hickam in Hawaii. "You kind of stick with what your career field is. So as soon as the requirements (for the program) came out, I jumped on it and applied."

Slimski said she is particularly interested in radiology. Others are interested in emergency medicine, although that may change. Army Sgt. 1st Class Steve Radloff said that he may end up specializing in a different area once he starts medical school.

"You never know what will pique your interest while you're going through it, or what opportunities you will be afforded," said Radloff.

Army Staff Sgt. Alex Blereau, a flight medic who has deployed to Afghanistan, agreed that it is too early to say for sure whether he will pursue a career in emergency medicine.

"I'm very blessed to have this opportunity to further my education and give back to the Army in a bigger way, as a military physician," he said.

Like winning the lottery

Some of the students in the new program were contemplating giving up their military careers in order to pursue their dreams of becoming doctors when they heard about the program.

Air Force Tech. Sgt. Charles "Jeremy" Mears, a medical technician who has deployed to Iraq, said he considered leaving the Air Force to attend medical school and then re-enlisting.

"But when I found the program, it was the golden ticket, it was like winning the lottery," he said.

Army Sgt. 1st Class Josh Richter, a soldier, was also at a crossroads in his career and seeking a change: "I was at the stage where I needed to separate from the military in order to do it, because pursuing medicine while you're on active duty is challenging," he said.

The program was a great way to translate his passion for fitness and optimizing the health of service members into a career as a doctor, said Air Force Tech. Sgt. Kenny Johnson.

"That I could go straight into being a physician without any break in service was awesome," said Johnson, a medical laboratory technician who is interested in endocrinology.

'An opportunity I thought was gone'

Staff Sgt. Matt Little had been an emergency medical technician before he joined the Air Force, where he worked in contracting.

"My career had headed into an entirely different direction," Little said. "It was an opportunity that I thought was gone at this point in my life ... You don't think about going to med school at 30."

Now Little is returning to his true passion – helping others: "My whole goal in joining the military was to get back to emergency medicine and to be a paramedic firefighter once I got out. So this is just miles ahead of that, but still along the same public-service, taking-care-of-people path."

Sgt. Steve Capen, a military medic who studied biochemistry before joining the Army four years ago, said he views the program as a way to push himself to the next level. "I felt like I was capable of doing more," he said. "I just want to challenge myself, increase my skill set and

Warfighters Become Doctors

do as much as I can to help people.”

After studying criminal justice in college with a view to a career in law enforcement, Staff Sgt. Joe Merfeld, said he considered nursing. Then he joined the Air Force five and a half years ago, where he worked as a manpower analyst.

When a supervisor suggested Merfeld apply to the program, both of them were initially stumped as to what it actually entailed.

“He thought it was a nursing or physician’s assistant program,” Merfeld recalled. “Neither of us thought that there was a physician program out there that would send an enlisted person to premed for two years and then give them the opportunity to be a doctor. When we actually researched what it was, it was kind of mind-blowing that it was this amazing opportunity.”

Even now, the reality of it all is still sinking in, said Merfeld, who would like to go into family or emergency medicine.

“It’s kind of like that ‘pinch me, is this still real?’ kind of feeling,” he said.

Really good program

Sgt. 1st Class Jesus Villarreal has served in the Army for more than 13 years, including three deployments to Iraq and one tour of duty in Afghanistan that ended in April, when he returned to his wife and three daughters where he was last stationed in Vilsack, Germany.

“I’ve always wanted to be a physician,” he said. “It’s always been a dream of mine.”

So the Army scout and drill sergeant, whose only previous medical training was a month-long course as an emergency medical technician in 2003, applied to the Interservice Physician Assistant Program, only to find out that he had served for too long – four months past the 13-year cutoff, to be precise – to get accepted. He said he assumed he would not have another opportunity to receive medical training through the military.

On July 14, he heard about the new USU program, just two days before applications were due. He received an email asking who in his platoon might be eligible to apply.

“I started reading the email and thought ‘hey, this is a really good program, and I’m the only one who’s eligible,’” he said. He submitted his application packet, was accepted into the program, and moved back home with his Family.

“Both my wife and I felt it was such a blessing, we were so happy that I actually got accepted,” said Villarreal, who is interested in becoming a cardiologist or neurologist.

Villarreal holds a master’s degree in criminal justice, which has also informed his interest in the inner workings of the human brain.

“I like to get into the criminal mind and figure out what caused people to commit crimes,” he said, one reason he’s considering neurology as a specialty.

Thanks to the new Enlisted to Medical Degree Preparatory Program, he said, he will be able to do that.

Follow the program on Facebook:
<https://www.facebook.com/USUEMDP2>



Calling for “Communities of Care” to Support Military Children

By Mike O’Toole, Army Medicine

When it comes to caring for children of military Families who may also be suffering from the effects of their parents’ service-related conditions, “what we need to do is treat them at the front line,” says Col. Rebecca Porter. A clinical psychologist and former chief of behavioral health for the Office of the Surgeon General, Porter was among the professionals on “The Future of Our Military Children” panel at the Association of the United States Army’s (AUSA) annual meeting on Oct. 15.

Porter, now commander of the Dunham Army Health Clinic at Carlisle Barracks, Pa., studied Army doctrine from as far back as World War One in treating what has evolved from shell shock back then to combat fatigue to what’s known as PTSD now. She determined that: “far from saying our children are all suffering from PTSD, we drew from that doctrine to say what we need to do is treat them at the front line, intervene at the front line.”

What evolved is embodied in the acronym PIE – “Proximity, so you treat them at the front line; Immediacy, you treat them immediately; Expectancy – treat them with the expectation that they’ll get better, and rejoin their Families and their friends and be productive.”

The best opportunities can be realized in children’s communities – “in their schools, in their churches, in any local community activity they have, and with their Families,” said Porter. The most important aspect of this challenge, she noted, is that these communities are not necessary individually but are “interwoven.” In the light of any upcoming budget constraints concerned professionals and others, Porter asserts, need to “figure out how to provide this supportive network for children in a way that we have as few gaps as possible, but still provide the undergirding of support that these children need.”

Such communities can be found at all levels, Porter pointed out: “local, state,

national, Boy’s Clubs, Girl’s Clubs.” She encouraged those who seek to be involved to “bloom where you’re planted.”



Col. Rebecca Porter participates in “The Future of Our Military Children Panel” at the AUSA Annual Meeting and Exposition, Washington DC, October 15. U.S. Army photo by Marlon J. Martin, Army Medicine.

Enhance your health with sleep, activity, and nutrition.





She did it and you can too!

By Tereasa Wade, Public Affairs Officer, Kenner Army Health Clinic

Connie Johnson had been struggling with her weight.

Connie tried various diets, everything from Weight Watchers to Richard Simmons to diet pills the full gamut but they never worked for her. Sure, she might shed a pound or two, but those diet plans didn't turn out to be sustainable for her.

After seeing an article that Kenner Army Health Clinic had a new dietitian on staff, Connie decided to give it a try. That's when she saw results.

"I'm so much healthier now, thanks to Kathy Viau, Kenner dietitian," said Connie. "I have learned so many tricks to eating healthy," she said.

"I used to eat fast food before I met Kathy, and I still do on occasion, I just make healthier choices now and make sure to eat less if I know I'll be eating at a restaurant," said Mrs. Johnson who has lost a total of 50 pounds since November 2013.

Viau had Johnson cut back her daily calorie intake to approximately 1,500

calories and incorporating more fruits and vegetables into her diet. Viau also encouraged Mrs. Johnson to try different cooking methods such as steaming. Johnson's favorite treat: strawberries, banana slices, and pineapple with a dollop of fat-free Cool Whip. "People think I am crazy, but I don't miss ice cream at all," said Mrs. Johnson.

Diet coupled with exercise is a winning combination and one that is highly recommended. "I exercise a lot now, usually an hour a day on my stationary bike," said Johnson, "I make it a priority," she said.

The Kenner Army Health Clinic Dietitian offers a walking group that meets daily from 11:45-12:45.

Another important factor that helped Mrs. Johnson was knowing she had to be accountable, weighing in every week or couple of weeks. "Having lost 50 pounds is great! Shopping is much more fun, buying clothes is easier and a much more enjoyable experience. I feel so much more energetic. And it's always nice when

people notice, and comment on my weight loss," said Mrs. Johnson.

"From the start, Connie did it right," said Ms. Viau. "She tracked her calorie intake, allowed herself special treats, but still 'counted' those calories and began an exercise program. It was actually great fun for me to witness Connie's look of amazement as she weighed in week after week and would exclaim 'I lost! I can't believe I'm finally losing weight and sticking with it!' Even on weeks when the scale didn't budge, I would tell her to just 'Trust the Process,' said Viau.

Ms. Viau sums up losing weight very simply. She states, "it is all about eating less calories, not less food. And that is best achieved filling your plate with mostly real, whole food. Eating less animal, more plants, and staying within that calorie level that will support weight loss."

To learn more about the Kenner Army Health Clinic healthy lifestyle initiative, please visit: http://www.army.mil/article/134501/She_did_it_and_you_can_too/



It's All About Health.



JBSA Run for Life 5K and Health Expo

As part of Suicide Awareness Month, more than 1,100 military and civilian community members and nearly 250 volunteers from civilian organizations, the Medical Education Training Center, Brooke Army Medical Center, and Army Medical Command Headquarters, showed the strength of JBSA's Health Promotion Council by turning out Sept. 22 for the Joint-Base San Antonio (JBSA) Run for Life 5K and Health Expo.



From left: Maj. Gen. Jimmie O. Keenan, immediate past commander, Southern Regional Medical Command, and current MEDCOM deputy commanding general (operations); Brig. Gen. Robert Labrutta, commander, Joint-Base San Antonio (JBSA); and Mayor Ivy Taylor, mayor of San Antonio; represent the strength of JBSA's Health Promotion Council by turning out Sept. 22 for the Joint-Base San Antonio Run for Life 5K and Health Expo. (Courtesy photo)



Sgt. 1st Class Joseph P. Hagan, senior platoon sergeant, Foxtrot Company, 232d Medical Battalion, receives second place overall at the finish of the Joint-Base San Antonio (JBSA) Run for Life 5K and Health Expo, Sept. 22.

It's All About Health.



Great Turn out for Retiree Appreciation Day Health Fair

By Courtney Cox, BACH Public Affairs Intern

Retired military service men and women and their Families were able to take advantage of the annual Fort Campbell Retiree Appreciation Day Sept. 27. Blanchfield Army Community Hospital's (BACH) medical team hosted a health fair where the Retirees were able to receive free vaccines, a variety of health screenings and information about health benefits that are available to them.

The fair was a huge success with more than 500 Retirees attending this year's appreciation day, most of them took advantage of BACH's health fair. A total of 477 vaccines were administered to 280 Retirees. BACH's medical team administered 234 influenza vaccines, 123 tetanus/diphtheria and pneumonia (Tdap), 70 shingles, and 50 pneumonia.

In addition to vaccinations, Retirees received population health screenings to include vitals, height, weight and educational information. BACH's specialty services also offered a great service to Retirees. More than 100 visual screenings were performed. Orthopedic services provided five X-ray exams and displayed educational materials. Physical and occupational therapy assisted more

than 100 Retirees with techniques to perform proper exercises and day-to-day functions. Many Retirees ended their day with healthy brunch menu options at BACH's dining facility.

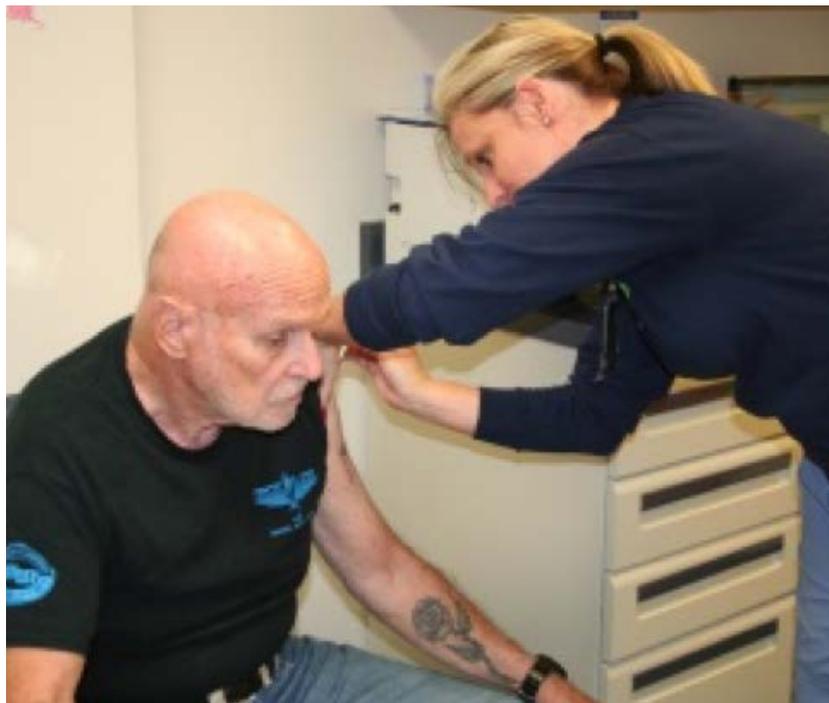
volunteering for this year's Retiree health fair.

"I've administered vaccines at this event in the past and it's just a good day. Everybody is so appreciative and it's just a good service to offer. My husband is retired and it is something I feel strongly about supporting," said Lunnemann.

No doubt the Retirees are appreciative of the opportunity as well. Retiree Joseph Oliver said that he has attended every year and that he will continue to come as long as it is available. "We look for the new information about what is available to us both here at BACH as well as Fort Campbell. Today has been excellent...better than years before. It is just a great source of information," said Oliver.

This year's turn out speaks for itself. The health fair is the perfect

opportunity for Retirees to come receive free health care services and information and enable current employees and service members to show their appreciation to individuals who have served in the past.



Blanchfield Army Community Hospital's Air Assault Family Medical Home head nurse Rebecca Lunnemann provides Retiree Richard Luntz with recommended immunizations Sept. 27 during BACH's Retiree Health Fair.

BACH employees volunteered their Saturday to provide Retirees with this annual opportunity. It's not difficult to get hospital employees to volunteer to support the day.

Rebecca Lunnemann, head nurse in BACH's Air Assault Family Medical Home, didn't think twice about

It's All About Health.



NOVEMBER EVENTS

November is Warrior Care Month

This year, we pay tribute to our Warriors' "Show of Strength" by honoring our heroic wounded, ill and injured Soldiers, their Families as well as the Cadre who care for them and support them.

Since 2007, more than 62,000 Soldiers have recovered at our Warrior Transition Units or WTUs, and nearly half those Soldiers have returned to the Force. Our successful Warrior Care and Transition Program ensures a holistic recovery by working closely with each Soldier to set physical, social, spiritual, emotional, Family and career goals. Each Soldier also works with a multidisciplinary team of medical and non-medical professionals who are there for them each step of the way throughout the entire recovery and transition process.

These brave Soldiers and their Families represent the true resilience of our Army in the face of incredible challenges. To learn more about Warrior Care Month and the Warrior Care and Transition Program, visit WTC.army.mil. Army Strong.

Army Medicine is, Serving to Heal...Honored to Serve!

Our Nation Celebrates Veterans Day

As our Nation celebrates Veterans Day on November 11, we take this opportunity to recognize all Veterans who serve today and the generations who came before them. Our Veterans have placed themselves in harm's way and served under difficult circumstances, often making the ultimate sacrifice to keep our Nation free. We owe these great men and women our deepest gratitude and continued unwavering support. Please join us as we salute these courageous champions of American Freedom.

National Family Caregivers Month: Because Caregivers Matter

By Kathy Greenlee, Administrator, Administration for Community Living and Assistant Secretary for Aging, HHS (2012 Blog Post)



What began as a celebration of family caregivers during the week of Thanksgiving in 1997 has grown into a month-long acknowledgement and celebration of family caregivers—those extraordinary people who make such a difference in the lives of their loved ones. Family caregivers provide more long-term care in our country than any other group, by far.

Family caregivers' roles vary greatly, ranging from transportation, meal preparation and housekeeping to more complex help, such as medication management, wound care, and financial planning. What's more, family caregivers are often the single constant in lives fraught with rapid change and uncertainty. Their commitment may be the only thing preventing the long-term institutional placement of medically fragile people. Supporting family caregivers is essential.

The Administration for Community Living (ACL) is proud to support the innovative Lifespan Respite Care Program, which provides states the opportunity to improve access to respite services for family caregivers, no matter the age of the person they are caring for.

State-based Lifespan Respite Care Programs are coordinated systems of accessible, community-based services for family caregivers of people with special needs, no matter their age.

For the past 12 years, the Administration on Aging, now part of ACL, has funded states to provide support to caregivers of people who are 70 years and older through the National Family Caregiver Support Program (NFCSP).

NFCSP supports state programs that include:

- Information and referral to programs in local communities,
- Help finding respite care so a caregiver can take care of personal business or just take a break,
- High-quality advice and training, to learn how to be an even better caregiver, and
- Support groups to discover they are not alone in the challenges they face—and even find a safe place to share a joke and a shoulder to cry on.

For more information on Caregiving, visit the following site:

<http://www.caregiveraction.org/>

For more information on healthy aging, visit the following sites:

<http://www.cdc.gov/aging/>

<http://nihseniorhealth.gov/category/healthyaging.html>

<http://www.ncoa.org/improve-health/center-for-healthy-aging/>

Military Family Appreciation Month

Each year the President signs a proclamation declaring November Military Family Month. Last year President Obama said that our nation owes "each day of security and freedom that we enjoy to the members of our Armed Forces and their Families. Behind our brave service men and women, there are Family members and loved ones who share in their sacrifice and provide unending support."

This annual proclamation marks the beginning of a month-long celebration of the Military Family in which the Department of Defense and the nation

It's All About Health.



NOVEMBER EVENTS

will honor the commitment and sacrifices made by the Families of the nation's servicemembers.

Throughout the month of November, military Families serving around the world are honored through a variety of observances and recognized for their commitment and the many contributions they make every day in support of the military and our nation. Efforts to recognize the sacrifices of the military Family by Active, Guard, and Reserve leaders are being joined and supported by DoD organizations to include the Army Air Force Exchange Service, Defense Commissary Agency, and others.

Community leaders, businesses, and military bases and posts are teaming up to recognize military Families through special events such as: open houses, fun runs, family fun nights, and community dinners; discounts at MWR facilities, local business and sporting events; and special recognitions during community activities throughout the month of November.

Contact your local Morale, Welfare, and Recreation (MWR) or Family Services offices to learn more about events scheduled in your area.

November is National Lung Cancer Awareness Month

Lung Cancer is a tragic disease that takes a terrible toll on those with the disease, as well as their loved ones. Lung cancer is the leading cancer killer in both men and women in the United States. In fact, more people die from lung cancer than any other type of cancer. The American Lung Association has long been the leader in the fight against lung cancer and is taking new steps to help both patients and their families.

Meeting the Need:

The Lung Association has begun a nationwide lung cancer initiative to address the needs of patients and their families. We've found that one of their most important needs is comprehensive information and education about the disease, including treatment options. To close this gap, we are developing a robust set of information services for people at any stage of their disease. You can begin to learn more about lung cancer here.

Fighting the Stigma:

We also recognize that lung cancer carries a stigma related to the perception that all people with lung cancer are or were smokers and that they brought it on themselves. While the leading risk factor for lung cancer is smoking, the American Lung Association emphasizes that patients must not be blamed for their disease. The stigma associated with smoking and cancer becomes a major barrier to addressing the needs of persons diagnosed with lung cancer and their caregivers. This unnecessary stigma impacts how lung cancer is viewed by patients, their family members and caregivers, health providers, and the public in general. The bottom line is that no one deserves lung cancer – and we must defeat the stigma to defeat the disease.

For more information visit: <http://www.lung.org/about-us/our-impact/top-stories/november-is-national-lung-1.html>



American Diabetes Month®

The vision of the American Diabetes Association is a life free of diabetes and all of its burdens. Raising awareness of this ever-growing disease is one of the main efforts behind the mission of the Association. American Diabetes Month® (ADM) is an important element in this effort, with programs designed to focus the nation's attention on the issues surrounding diabetes and the many people who are impacted by the disease.

Here are just a few of the recent statistics on diabetes:

- Nearly 30 million children and adults in the United States have diabetes.
- Another 86 million Americans have prediabetes and are at risk for developing type 2 diabetes.
- The American Diabetes Association estimates that the total national cost of diagnosed diabetes in the United States is \$245 billion.

American Diabetes Month takes place each November and is a time to come together as a community to Stop Diabetes®!

America Gets Cooking to Stop Diabetes® is an initiative designed to inspire people to live a more active and healthier lifestyle, empowering all Americans to cook nutritious and delicious food, and be more active.

Join us this November— visit us online each week and get tips on staying healthy throughout the holiday season, learn how to host a special, food-themed event and vote for your favorite recipes to help create the perfect holiday meal!

For more information visit: <http://www.diabetes.org/in-my-community/american-diabetes-month.html>

The Great American Smokeout

The American Cancer Society marks the Great American Smokeout on the third Thursday of November each year by encouraging smokers to use the date to make a plan to quit, or to plan in advance and quit smoking that day. By quitting — even for one day — smokers will be taking an important step towards a healthier life — one that can lead to reducing cancer risk.

Tobacco use remains the single largest preventable cause of disease and premature death in the US, yet about 42 million Americans still smoke cigarettes — a bit under 1 in every 5 adults. As of 2012, there were also 13.4 million cigar smokers in the US, and 2.3 million who smoke tobacco in pipes — other dangerous and addictive forms of tobacco.

For information about quitting, visit: <http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/index>

It's All About Health.



●●● Have Medical Questions?

Call the *TRICARE Nurse Advice Line*

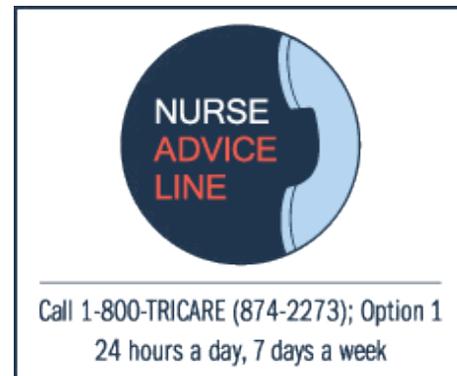
Sometimes it is difficult to know if and when to seek medical help for acute health problems, so having professional help at a moment's notice is invaluable. The Military Health System's (MHS) new Nurse Advice Line (NAL) for TRICARE beneficiaries does just that. Beginning late April, TRICARE beneficiaries in the continental United States, Alaska and Hawaii can call the NAL toll-free twenty-four hours a day, seven days a week.

The NAL is a team of registered nurses who are available to answer a variety of urgent healthcare questions. They can help you decide whether self-care is the best option, or if it is better to see a healthcare provider. There will always be a live-person on the line to address beneficiary concerns.

The NAL offers a variety of solutions for all TRICARE beneficiaries. For pediatric issues, the NAL will route the beneficiary to a pediatric nurse. If follow-up is necessary or requested, the NAL will call the beneficiary back to check the child's

status a few hours later. The NAL will make same-day appointments with the beneficiary's primary care manager (PCM) for TRICARE Prime beneficiaries who are enrolled to Military Treatment Facilities (MTFs). If a same day appointment is not available, the NAL will re-direct the beneficiary to the closest urgent care center, and advise the PCM that an urgent care referral is needed so the patient does not have to worry about paying any point of service co-pays. All other TRICARE beneficiaries who are not enrolled to a MTF will receive professional health advice about their urgent health concern and when to seek urgent care.

When calling the NAL, a customer service representative will verify the beneficiary's eligibility through the Defense Enrollment and Eligibility Reporting System (DEERS). Beneficiaries with an acute health care concern or question will be connected with a registered nurse that will ask the beneficiary a series of very



standard questions to determine the next steps and allow the NAL nurse to provide the best advice possible.

Beneficiaries can still call their PCM or clinic, but the NAL is another option for beneficiaries to access the care they need and want in a timely fashion. To access the NAL, once it launches, dial 1-800-TRICARE (874-2273); Option 1.



WARM-UPS ARE IMPORTANT

A focused & tailored warm-up can increase your performance & decrease the risk of injury.



It's All About Health.



MEDCOM's Health Promotion Team: Building Community Partnerships Through the Performance Triad

By Dr. Valecia Dunbar, Army Medicine Public Affairs

Health promotion is a key factor in the delivery of healthcare. The recent Joint-Base San Antonio (JBSA) Run for Life 5K and Health Expo is a success story of how Army Medical Command's (MEDCOM) Health Promotion Team continuously works to build community health partnerships that help raise awareness of critical health issues.

The Brigade Health Promotion Team working group located at Fort Sam Houston, Texas, is charged with developing community-centered programs and events to inform the public of the issues affecting the behavioral health, physical health, spiritual health, and environmental health of the Army community. MEDCOM's Health Promotion Team is an integral part of the JBSA working group charged with ensuring the Army surgeon general's Performance Triad is an important part of the messaging to engage the public on the three pillars of the Performance Triad (Sleep, Activity, and Nutrition) which make up the LifeSpace, and represent the time engaged in healthy activities when outside of a doctor's care.

"The Performance Triad is a key component of the Army surgeon general's vision towards a System For Health that focuses on wellness and prevention," said Col. Clinton Schreckhise, deputy chief of staff, U.S. Army Medical Command. "This was our first event of this type, and we were able to communicate the

Army Surgeon General's key messages to a significant part of community. We're looking forward to this becoming an annual opportunity for Soldiers and Families to receive a whole-community health and lifestyle experience delivered through the Office of the Army Surgeon General and the Army Health Promotion Program."

As part of Suicide Awareness Month, more than 1,100 community members and nearly 250 volunteers from civilian organizations, the Medical Education Training Center, Brooke Army Medical Center, and Army Medical Command Headquarters, showed the strength of JBSA's Health Promotion Council by turning out for one of the largest suicide awareness and prevention events held across three San Antonio military installations -- Randolph Air Force Base, Lackland Air Force Base, and Joint-Base Fort Sam Houston. The event helped to increase suicide awareness throughout the City of San Antonio and provide support for those touched by suicide by bringing together community and Family support services to benefit the Health of our Warriors and Families.

The Risk Reduction and Preventative Joint Base Installation Action Council (RAPJBIAC) Fitness Working Group partnered with the Mayor's Fitness Council, Behavioral Health Work Group, the Suicide Awareness Work Group, San Antonio's city-wide fitness and wellness

adventure - an initiative of the Mayor's Fitness Council, and the City of San Antonio's FitPass (passport to a healthier you) program that gives activity points participants of city-sponsored activities or events.

Army Health Promotion Operations are delivered at the community level through Community Health Promotion Councils who are charged with full integration and execution of the Army Health Promotion program and the Ready and Resilient Campaign (R2C). The mission of Health Promotion Operations is to identify redundancies and voids of programs and services by evaluating population needs; assessing existing programs; coordinating targeted interventions to enhance the quality of life for all Soldiers, Family members, Retirees, and Civilians.

For more information visit:

U.S. Army Public Health Command Health Promotion Operations: <http://phc.amedd.army.mil/organization/institute/dhpw/Pages/HealthPromotionOperation.aspx>

Ready and Resilient Campaign (R2C): <http://phc.amedd.army.mil/topics/healthyliving/hpr/Pages/ReadyandResilientCampaign.aspx>

Performance Triad: <http://phc.amedd.army.mil/topics/healthyliving/perftriad/Pages/default.aspx>

Suicide Awareness: <http://ht.ly/BqrSE>



SYSTEM FOR HEALTH.

Astronaut Brings Spaceflight Mementos Back to BAMC Warriors

By Maria Gallegos, BAMC Public Affairs

Army Sgt. 1st Class Wade Mitcheltree accepts the Brooke Medical Center (BAMC) T-shirt and certificate from Chris Cassidy, NASA astronaut and Navy captain, at the Center for Intrepid Sept. 22. Cassidy also brought back a Purple Heart medal, unit patch, and a BAMC medallion flown in space. Visiting for the third time, Cassidy, brought back mementos that flew on board the Space Station to its recipients at the Center for the Intrepid. The items returned included a unit patch, a Purple Heart medal, a BAMC T-shirt, and a BAMC medallion. He first visited BAMC in March 2012 and then made his second visit via teleconference from the Space Station in May 2013 while he was orbiting 260 miles above Earth at a speed of 17,000 miles an hour. For more visit: army.mil/article/134519/



Community Behavioral Health Training Series

The Community Behavioral Health Training Series, held at the Japanese Cultural Center in Honolulu, Hawaii on Sept. 23, is a training event for community behavioral healthcare providers to learn about the unique aspects of military culture which will aid in their treatment of TRICARE beneficiaries. Photographed are Momi Au-Keliikoa (left), conference coordinator and Col. Carroll Diebold (right), chief, Department of Behavioral Health, Tripler Army Medical Center (TAMC) who provided training during the event to better equip community-based providers in caring for patients working through service-unique issues.





SYSTEM FOR HEALTH.

Operation Your Life Counts

By 1st Lt. Chelsea Mummert and 1st Lt. Amelia Wilson,
BAMC FSH Occupational Therapy Clinic

Brooke Army Medical Center's (BAMC) Operation Your Life Counts awareness campaign kicked-off its event Sept. 24-26. BAMC's occupational therapists organized and implemented the campaign to help bring suicide prevention awareness through the provision of resources and inspiration to service members and their Families. (Left) 1st Lt. Chelsea Mummert and 1st Lt. Amelia Wilson set up for Operation Your Life Counts campaign at San Antonio Military Medical Center Sept. 24. Orange construction cones were decorated with encouraging messages from behavioral health patients and occupational therapists and then displayed throughout BAMC to bring awareness to the suicide prevention mission. For more information visit: jbsa.af.mil/news/story.asp?id=123424562



MOVE OUT WITH THE PERFORMANCE TRIAD

Sleep, Activity and Nutrition



AMEDD Center and School Announces 2014 CSM Jack L. Clark, Jr. Army Best Medic Competition

By Army Medicine Public Affairs

Sixty-eight Soldiers from across the Army will compete in a grueling, continuous 72-hour two-Soldier team competition that will test competitor's physical and cognitive abilities at Camp Bullis from November 5-7, in order to earn the title of the Army's Best Medic Team.

The Command Sgt. Maj. Jack L. Clark Jr. Army Best Medic Competition originally evolved from the Expert Field Medical Badge Challenge and is dedicated to the 13th Command Sergeant Major of the U.S. Army Medical Command. This year's competition will be the 20th year the U.S. Army Medical Command has sought to identify the Army's best medics.

Clark was one of the most respected leaders and noncommissioned officers in the history of the command who understood the important role of medics in the Army and the trust Soldiers and leaders of units in combat must have in the Army Medical Department.

The first day of the competition begins with a physical fitness challenge, a rope bridge crossing with patient, an obstacle course followed by the M-16 rifle qualification range and M-9 stress shoot. Day one events end with a challenging night land navigation course designed to test the team's ability to locate predetermine locations in the Camp Bullis training area.

The obstacle course will test the team's agility and physical strength. The M-9 stress shoot replicates a combat situation where every shot counts.

The rope bridge will test each team's cognitive thinking and agility.

The second day of the competition begins with day land navigation where the requirements are the same as night land navigation. Upon completion of the day land navigation event, the teams will execute an urban assault course followed by military operations in urban terrain, a 12-mile foot march and concludes with the combat medic lanes.

Clark was one of the most respected leaders and Noncommissioned Officers in the history of the command who understood the important role of medics in the Army and the trust Soldiers and leaders of units in combat must have in the Army Medical Department.

Competitors will tackle the urban assault lane using simulated munitions. The Soldiers will be required to engage the enemy while treating casualties and defending themselves. The 12-mile foot march will test the competitor's physical strength and endurance.

The combat medic lanes test competitors' ability to perform combat casualty care in close quarters as well as their ability to evacuate wounded to a Medical Evacuation (MEDEVAC) aircraft. The teams will be required to gain fire superiority, stabilize their casualty and move them to evacuation.

Events on the third day will include a night medic lane where the teams will be tested on their ability to provide medical treatment. The final event will be a timed buddy run, testing the fortitude and endurance of the competitors.

The awards ceremony hosted by Maj. Gen. Jimmie O. Keenan, deputy commander, Operations, U.S. Army Medical Command will be held at 2 p.m. on Friday, Nov 7. Keenan

will present awards to the top three finishing teams and recognize all the teams for their participation and accomplishments during the 72-hour competition.

A showcase of Army Medicine capabilities in the field will be displayed and demonstrated prior to the beginning of the awards ceremony. For competition updates check the <https://www.facebook.com/ArmyBestMedicCompetition>.

For more information about the 2014 Army Best Medic Competition, see us.army.mil/suite/folder/43022070.

Army Reserve Soldiers Responsible for Mission on Fort Leonard Wood

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

There's a critical element to the Armed Services Blood Program's mission, and it is run by an oil rig worker, a retail store manager, an emergency room nurse and 16 other people with a hodgepodge of skills and abilities. Gathering as a team for no more than one year at a time, they seamlessly and efficiently man a military organization like none other in the Department of Defense.

Welcome to the Fort Leonard Wood Blood Donor Center – the only blood collection center in the DOD that's manned solely by Army reservists. They collect blood for the ASBP, the official blood collection agency for the U.S. military.

Reservists from all over the U.S. have called the Missouri post home since the donor center opened its doors in 2004. After 9/11 launched the U.S. into war, service members found themselves in harm's way, fighting to rid the world of the threat. As war goes, the need for blood proved paramount and the ASBP donned the demand.

Historical records indicate that the program's long-term recommendation called for optimizing military blood donor center locations around the U.S. This meant consolidating, eliminating or setting up new donor centers on installations that have a sufficient military blood donor populations to meet the tremendous demand for blood.

As a result, the Army shut down several blood donor centers and moved them to training and doctrine command installations. Fort Leonard Wood was selected as one of two new Army satellite blood donor centers; Fort Benning, Ga., was the other. The

Fort Leonard Wood Blood Donor Center was staffed by reservists from the 7227th Medical Support Unit in Columbia, Mo. The Fort Benning staff came from active-duty Soldiers and civilian staff transferred from the donor center at Fort Knox, Ky. which closed.

"Our training bases are strategic donor assets that must be harnessed for the ASBP, which ultimately benefits all service members and their Families," said Col. Steve Beardsley, former Army Blood Program director.

With a staff of 10 Soldiers, the Fort Leonard Wood Blood Donor Center stood up in 2004. Due to Food and Drug Administration blood manufacturing requirements, it operated as a satellite collection center for the Robertson Blood Center at Fort Hood, Texas. It still operates under that license today with administrative control for personnel actions and supplies falling under the General Leonard Wood Army Community Hospital here.

The 7227th's staff put "needle to arm" in April 2005 and mobilized Army Reserve staff members have continued the mission ever since. So far in 2014, the Fort Leonard Wood Blood Donor Center has processed more than 4,200 donors and collected more than 3,500 units of blood in 152 drives. Since one unit of blood has the potential to save up to three lives, the Fort Leonard Wood Blood Donor Center has made blood and blood products available to more than 7,000 ill or injured service members worldwide.

"I couldn't be more proud of the job our staff does every day," said Maj. James Burke, Fort Leonard Wood Blood Donor Center officer-in-charge.

"We have a very important mission — one with lives hanging in the balance — and it takes talented and dedicated people to get us where we need to be. Our Reserve Soldiers prove their compassion and dedication to their fellow service members and each donor at every drive."

Sgt. Emil Neitzke, a "roughneck" on oil rigs in his civilian life, is one of those Reserve staff members. He's worked on hundreds of oil rigs between Texas and West Virginia while serving in the Reserves the past four years. He had three years active service before that and said he enjoys working at the donor center because it helps his fellow brothers and sisters in arms.

"This is one way I can help serve my country and give back to those who fight to project us," Neitzke said. "I think donating blood is something everyone should do; it's easy and doesn't take a lot of time. Plus, just think about how you'd feel if it were you or your family who needed blood someday?"

Staff Sgt. Margaret Strecker is a Fort Leonard Wood Blood Donor Center medical lab technician who has been in the Reserves for 11 ½ years. She's pulling duty in Missouri while her husband and four children remain at their home in Iowa. In her civilian life, she's a certified nursing assistant, retail store manager and mother but chooses to work with the ASBP because it saves lives.

"I've had several friends and family who have needed blood so I know firsthand how important donors can be," Strecker said. "I just wanted to be a part of the ASBP and give back to other service members. Donating blood is



Army Reserve Soldiers

selfless service personified.”

9/11 changed the U.S. military – its mission and the way it relies on Reserve forces. Col. Ricardo Javier, Maneuver Support Center of Excellence assistant chief of staff for reserve affairs, can attest to that. He recently visited the Fort Leonard Wood Blood Donor Center and said he was impressed by what he saw.

“I’ve been in the Reserves since 1982

and have seen the transformation that has taken place,” he said. “Since the Global War on Terrorism started and the Reserve forces began playing a greater role in the nation’s defense, the active component has started treating us as equals. The reason for that is clear when you come into the Fort Leonard Wood Blood Donor Center. Judging by the professionalism, pride and dedication displayed, you’d never

know it was run solely by Reserve Soldiers unless someone told you. It’s great to see how much the Reserves have become equally trained and more respected that in days past.”

So as you think of this out-of-the-way post in the Missouri hills, remember Soldiers with a hodgepodge of skills and abilities. They might only be together as a team for one year, but it’s a team like none other in the DOD.



November is

Military Family Appreciation Month



Herr Volkmar Werler Signs Memorandum of Understanding During Ceremony



Herr Volkmar Werler from the German Center of Expertise for Construction Management signs a Memorandum of Understanding (MOU) during a ceremony Oct. 17 at Europe Regional Medical Command headquarters in Sembach, Germany. The MOU allows U.S. Army health physicists to inspect U.S. medical radiological equipment to conform with German laws, where in the past host nation contractors would need to be hired to perform those same inspections. Also signing

were, from left, Frau Dr. Roswitha Eisbach, Ministry of Economics, Climate Protection, Energy and Regional Planning Rhineland-Pfalz; Col. James Boles, Public Health Command Region-Europe commander; and Brig. Gen. Norvell Coots, commanding general, Europe Regional Medical Command. (U.S. Army photo by Ed Drohan)



NRMC's Best Medic Competition



Spc. James Ersando simulates treating a wounded Soldier during the Northern Regional Medical Command Best Medic competition at Fort Bragg, North Carolina, October 7. Ersando, a medic at Womack Army Community Hospital, Fort Bragg, was one of seven Soldiers vying for the honor of representing the Northern Regional Medical Command during the Army Best Medic competition in November. He will represent NRMC along with Spc. Katy Potokar, Ireland Army Community Hospital.

MEET Forest

Forest is a 1-year old Border Collie/Terrier mix. He is very active and can play for hours every day. His playful demeanor keeps both him and his owner busy throughout the day.

Reach your activity goals!
It's okay to start slowly. Small changes in activity can add up quickly over time.



U.S. ARMY

LEARN MORE ABOUT THE PERFORMANCE TRIAD: **SLEEP**, **ACTIVITY**, AND **NUTRITION**
AT [HTTP://ARMYMEDICINE.MIL](http://armymedicine.mil)



Five Inducted into Sergeant Audie Murphy Club (SAMC)

By Spc. Paxton Busch, Pacific Regional Medical Command

Tripler Army Medical Center (TAMC) conducted a ceremony to induct five new noncommissioned officers into the Sergeant Audie Murphy Club (SAMC) and award the two newest Order of Military Medical Merit (O2M3) recipients on October 8.

The Order of Military Medical Merit is a unique, private organization founded by the commanding general of the U.S. Army Health Services Command in April 1982, to recognize excellence and promote fellowship and esprit de corps among Army Medical Department personnel.

Membership in the Order denotes distinguished service, which is recognized by the senior leadership of the Army Medical Department.

The Sergeant Audie Murphy Club is a private U.S. Army organization for enlisted noncommissioned officers (NCO) only.

Those NCO's whose leadership achievements and performance merit special recognition may possibly earn the reward of membership.

Members must exemplify leadership characterized by personal concern for the needs, training, development, and welfare of Soldiers and concern for Families of Soldiers.



Brig. Gen. Dennis Doyle (far left), Pacific Regional Medical Command (PRMC) Commander, and Command Sgt. Maj. Robert Luciano (far right), PRMC Command Sergeant Major applaud the five newest inductees into the Sergeant Audie Murphy Club (SAMC) at a ceremony held at Tripler Army Medical Center (TAMC) on Oct. 8. The newest inductees (center from left to right) are: Sgt. 1st Class Erick Espinosa, Pacific Regional Dental Command, Sgt. 1st Class Kevin Edmondson, Alpha Company, TAMC, Staff Sgt. Kurt Krause, Bravo Company, TAMC, Staff Sgt. Shiralis Canales, Schofield Barracks Health Clinic (SBHC), and Sgt. Justin Runyan, SBHC. (U.S. Army photo by Spc. Paxton Busch/Pacific Regional Medical Command)



203 Soldiers Train and 44 Qualify for Expert Field Medical Badge at Fort Campbell

By Laura Boyd, Blanchfield Army Community Hospital Public Affairs

The Expert Field Medical Badge provides Army Medical Department an opportunity to train and improve medical skills, demonstrate their efficiency while also competing to earn the coveted badge.

According to 86th Combat Support Hospital commander Col. Ned Bailey, “The Expert Field Medical Badge is a tremendous opportunity for Soldiers in the Army Medical Department whether they are in a FORCOM unit or a TRADOC unit to come out and improve their medical skill, demonstrate their proficiency and if they meet the standard, they earn the coveted expert field medical badge. But for me as a commander, it’s just a tremendous training opportunity.”

Two hundred and three Soldiers assigned to the 101st Airborne Division and Fort Campbell, Blanchfield Army Community Hospital, the Southern Regional Medical Command, 160th Special Forces and the 86th Combat Support Hospital trained for the Expert Field Medical Badge Sept. 14 – 17 at Fort Campbell. Forty-four Soldiers earned the badge Oct. 3 as they ended in a 12-mile grueling road march in less than three hours just before the graduation ceremony was held for the individuals crossing the finish line.

Preparing for the event, each Soldier went through a series of lanes where they were trained to standard and enhanced the skills that they already had. Then they went back through the lanes a second time and were tested on the reviewed skills. Tests during this school included a road march, lanes, land navigation and a written exam.

According to BACH Soldier and EFMB graduate Private 1st Class John Murphy, “There was a lot to learn and memorize every day.”

Murphy compared the training



Blanchfield Army Community Hospital dietician Capt. Jeffery Heileson comes across the finish line of a 12-mile road march in less than three hours after two weeks of intense training and testing, earning him and 43 others the Expert Field Medical Badge. (U.S. Army photo by Pfc. Marlena Weers)

portion of EFMB to Advanced Individual Training but stated that each task was modified to EFMB.

“Key points deferred (between AIT and EFMB), challenging people to see how much we can pay attention to detail,” said Murphy. “It goes hand-in-hand with being a Soldier to execute when needed.”

At the EFMB Graduation, Col. George N. Appenzeller told the forty-four Soldiers earning the badge that he remembered 18 years ago standing where they were, thinking, “I wish that guy would be quiet so I can go home, get these boots off and take a shower.”

With a short ceremony in mind, Appenzeller left badge earners with a couple of thoughts.

“First, Congratulations, this is a big deal. You have set yourself apart from your peers,” Appenzeller told EFMB graduates.

“You set a goal and with your skill and mental and physical toughness you achieved it, but what really sets you apart is your will and desire to achieve.”

Registered dietician deputy chief of BACH’s Nutrition Care Capt. Jeffery Heileson, “Although I’m not a medic, I wanted to go through this training. It solidifies much of the training I received early in my Army career and helps validate the training I received.”

With earning the badge, Appenzeller told graduates that more would be expected of them.

“You are the expert and are going to be the Soldier others go to when they need to get things done...because you can make it happen.”

Appenzeller congratulated Soldiers again, “You have done an outstanding job, but don’t rest of your laurels. Set your sights on that next goal and you will achieve it.”

Murphy was happy he went through the grueling process, “It’s a good badge to have and tough to get so it looks good if you have it.”

Heileson agreed with Murphy, “I’m glad I went through the training. It’s a prestigious badge to have and held by a select number of Army Soldiers.”



USAPHC lab Capabilities Enhanced to Improve Health Protection

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

U.S. Army Public Health Command laboratories around the world will soon have additional molecular diagnostic equipment that strengthens their biosurveillance capabilities.

Public health threats including vector-borne diseases such as malaria and West Nile virus are widespread. The increased ability to rapidly identify these and other public health threats will be available using this new equipment.

The equipment also will standardize the ability of the six laboratories USAPHC operates to analyze and interpret data related to disease activity and threats to human and animal health.

In turn, making disease and vector identification easier, faster and more accurate significantly expands Soldier protection from public health threats.

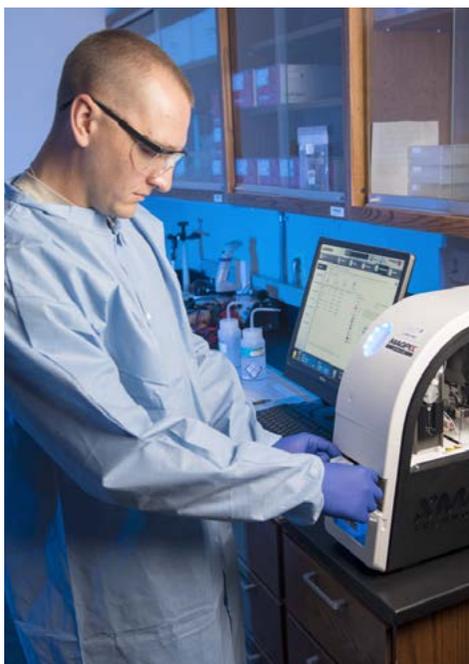
Equipping USAPHC laboratories with this cutting-edge diagnostic equipment results from a partnership with the Joint Program Executive Office for Chemical and Biological Defense at Aberdeen Proving Ground, Maryland.

“The two JPEO-CBD programs providing equipment, maintenance and training of personnel are the Joint United States Forces Korea Portal and Integrated Threat Recognition, known as JUPITR, and the Global Biosurveillance Technology Initiative,” explained Maj. Michael Desena, USAPHC liaison with the JPEO-CBD. “This collaborative approach advances cooperation initiatives between the medical and chem-bio communities.”

“All six USAPHC laboratories, as well as a new environmental testing facility being established on the Korean peninsula, will receive the state-of-the-art laboratory testing equipment,” said

Lt. Col. Kelly Halverson, USAPHC Laboratory Services Portfolio director. “All the laboratories will now have the same analytical capabilities, ensuring consistent and comparable laboratory results no matter which laboratory performs the analysis.”

“The need for biosurveillance and diagnostic laboratory capabilities in the Korean peninsula led to this partnership. It will provide the ability to generate and share public health information and conduct real-time U.S. and Republic of Korea collaboration,” Desena added.



Spc. Michael Murphy of the U.S. Army Public Health Command prepares a next-generation genetic detection instrument that can analyze a tick or mosquito sample for up to 50 different pathogen targets such as Lyme disease and malaria at once. (U.S. Army Public Health Command photo by Graham Snodgrass)

The partnership with the JPEO-CBD has other benefits as well.

“Training on the equipment for

USAPHC personnel, as well as maintenance of the equipment, will be provided by JPEO-CBD,” according to Desena. “Laboratory personnel will be equipped to work in any of the laboratories around the world performing analyses with state-of-the-art equipment.”

“The new equipment will enhance information sharing around the globe,” said Halverson. “It will also allow us to support new customers.

“This equipment will allow us to test environmental, occupational health and public health threats ... with a high degree of accuracy,” said Halverson. “Our scientists will be able to validate their results using more than one type of equipment and if necessary, further studies can be performed by laboratories in the U.S.”

The USAPHC has additional capabilities that will benefit overseas laboratories and their personnel.

“The Army Public Health Command, as a partner in the biosurveillance effort, also provides training and certification on international shipping and transport of samples through its Environmental Health Engineering Portfolio in addition to laboratory analyses,” explained Halverson. “This is a collaborative effort that delivers the best possible services to protect our Soldiers and Army Civilians worldwide.”

This biosurveillance capability adds to the global network of military laboratories in which the USAPHC and the Department of Defense will have the ability to collect, ship, receive, analyze and report on environmental and public health samples from around the globe, said Halverson.

Madigan Soldiers win Regional Top Medic Team Competition

By Flavia Hulsey, Western Regional Medical Command

Ruck, train and workout -- that was the prescription for success for a team of medics from Madigan Army Medical Center who were named the Western Regional Medical Command's Top Medic Team in a ceremony Sept. 11.

Sergeant 1st Class Omar Bond and Staff Sgt. Alexander Folsom took top honors after competing in live training and Soldier skills tests Sept. 8 to 10 against eight other teams from across the Western Region.

"It's awesome. We put in a lot of training before the competition. We did a lot of rucking and preparing for medical lanes. It really paid off," said Bond.

Bond, who focuses on medical training in his role as Madigan's Consolidated Education Division NCOIC, said he and teammate Folsom relied on each other's strengths during the competition.

"My biggest takeaway is, one: Trust your battle buddy; and the second one would be just keep striving to be the best. Push yourself in every moment you get. Don't let anybody tell you that you can't do something," Bond said.

Folsom, a Madigan Urology Clinic NCOIC, also said training made the difference for the team.

"You put in the work and then you win. It feels good to justify your skills," Folsom said, adding he enjoyed the friendly competition. "You get to network with other Soldiers -- you get to be with your peers, compete against them in a friendly way."

The medics were tested in the Army Physical Fitness Test, marksmanship qualification, day and night land navigation, combat medic lanes, urban orienteering and a forced road march in what Western Regional Medical Command's Command Sgt. Maj. Marshall Huffman called a "trying week."



Sgt. 1st Class Omar Bond, left, and Staff Sgt. Alexander Folsom, right, both from Madigan Army Medical Center, pose for a photo after being named the Western Regional Medical Command Top Medic Team in a ceremony Sept. 11 at Joint Base Lewis-McChord, Washington. The team was among 18 medics from Army units around the Western Region who took part in the competition Sept. 8-10 at Joint Base Lewis-McChord, Washington. (U.S. Army photo by Jeremy OBryan, Western Regional Medical Command)

"To be a leader, we have to push Soldiers to their breaking point. Did you reach your breaking point this week? No, you didn't -- Because you dug a little deeper," Huffman said to the finishers. "You showed that you can go a little bit further."

Maj. Gen. Thomas R. Tempel, Jr., Western Regional Medical Command acting commanding general, also acknowledged the candidate's hard work.

"You take care of Soldiers. They can go out into the fight because they know you're going to be there for them if something happens," Tempel said. "Soldiers know the best care is available -- and you all are delivering it."

"You all are the best of the best," he added. "Now everyone wants to be on your team. So bring them up to your level while continuing to improve yourself."

Bond and Folsom will represent the Western Region at an Army-wide medical competition in November at Joint Base San Antonio, Texas.

"I know they'll fare well," said Madigan Army Medical Center Command Sgt. Maj. Andrew Rhoades who described the team as "top notch."

"Both of these are stellar NCOs, and I knew from the get-go that we had some ringers when they stepped up for this because both Staff Sgt. Folsom and Sgt. 1st Class Bond lead from the front and lead by example," Rhoades said.

The runners up were Sgt. 1st Class Trevor Krueger and Spc. Ranly Ford from General Leonard Wood Army Community Hospital at Fort Leonard Wood, Missouri. The medic team would represent the region in the event Bond and Folsom are unavailable.

As for Bond and Folsom, it's back to duty -- and training. Folsom's training tips for future top medic candidates? "Ruck, (tactical casualty care) practice, ruck, workout and ruck."

Warrior Care Month: Show of Strength

By Lauren Fletcher, Warrior Transition Command Public Affairs

“Show of Strength”—three simple, yet powerful words, referring to the inherent determination and resilience of wounded, ill and injured Soldiers and Veterans, as well as those who support them.

Since 2008, the military service Wounded Warrior programs have observed Warrior Care Month (WCM) during the month of November. As WCM unrolls, the U.S Army Warrior Transition Command (WTC) also commemorates its fifth Anniversary, which serves as a time to honor the triumphs of Soldiers and the Cadre who support them in the Warrior Care and Transition Program (WCTP). This year’s Warrior Care Month uses four weekly sub-themes to educate Army audiences on the value of the WCTP and the strength of the Soldiers we support.

- Show Your Strength through Recovery (October 27-November 1, 2014) – Warrior Transition Units (WTUs) provide wounded, ill and injured Soldiers the dedicated time and place to heal. Soldiers benefit from a team of medical and non-medical professionals who collaborate on each Soldier’s recovery and transition plan to ensure the best possible care.
- Show Your Strength through Reconditioning (November 2-8, 2014) – Adaptive reconditioning competitive sports and non-sports activities optimize the physical, cognitive and emotional well-being of Soldiers. Participation in adaptive sports and activities significantly enhances the recovery and transition of Soldiers. WTU

Cadre work to incorporate adaptive reconditioning into each WTU Soldier’s recovery plan.

- Show Your Strength through Reintegration (November 9-15, 2014) – Soldiers in a WTU establish short and long-term career goals as part of their Comprehensive Transition Plan (CTP). Career and Education Readiness (CER) activities are incorporated into each WTU Soldier’s transition, whether the Soldier is transitioning back to the force or to civilian life. More than 77% of eligible Soldiers participate in CER activities.
- Show Your Strength through Remaining Strong (November 16-30, 2014) – Soldiers and their Families remain resilient and focused as they move through the recovery, rehabilitation and reintegration process. WTUs empower Soldiers by setting them up for success. Since 2007, more than 28,900 Soldiers have returned to the force after recovering at WTUs.



For more information on Warrior Care Month, WTUs and WTC, visit http://www.wtc.army.mil/wtc/warrior_care_month_2014.html. Keep up with Warrior Care Month events through WTC’s social media (Facebook: www.facebook.com/ArmyWTC and Twitter: <https://twitter.com/armyWTC>).



Serving To Heal...Honored To Serve