

ARMY MEDICINE

MERCURY

Volume 41, No. 12

SEP 2014



The Army Medicine **Healthcare Covenant**

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A worldwide publication telling the Army Medicine Story



ARMY MEDICINE

MERCURY

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DEPARTMENTS

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

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.

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TSG SPEAKS!

Recognizing Patriot Day, 9-11, and National Day of Service and Remembrance

September 11th, marks the thirteenth anniversary of the tragic terrorist attacks on our great nation.

The attacks in New York City, Pennsylvania, and Washington D.C. took the lives of almost 3,000 innocent men, women, and children. As we pay tribute all who lost their lives, we reaffirm our commitment to the ideas and ideals that united Americans in the aftermath of the attacks.

Through the twisted steel of the Twin Towers of the World Trade Center, the scarred walls of the Pentagon, and the smoky wreckage in a field in southwest Pennsylvania, the patriotism and resiliency of the American people shined brightly on that day in 2001.

As you may know, September 11th is very near and dear to my heart. I was



Lt. Gen. Patricia D. Horoho

working in the Pentagon on that tragic day in 2001...I still remember the selfless and courageous actions of those around

me. And I remember the rapid response taken to protect and care for the injured. It was, indeed, a Team effort...it is a day I will never ever forget.

As I near my fourth and final year as your surgeon general, I want to take this opportunity to tell you how extremely proud I am of the entire Army Medicine team. You never cease to amaze me with your tireless and relentless perseverance in providing compassionate care to our Soldiers, Retirees, and their Families.

On this solemn anniversary, let us all remember those we lost...let us reaffirm the values they stood for...and let us keep moving forward to protect and serve our great nation.

Serving to heal...honored to serve!

**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.

Tripler, PRMC Host Senior Capabilities Exchange



Tripler Army Medical Center (TAMC) and Pacific Regional Medical Command (PRMC) Commanding General, Brig. Gen. Dennis Doyle (center-left) and Command Sgt. Maj. Robert Luciano (center-right), PRMC and TAMC Senior Enlisted Advisor, hosted Senior Captain Sun Tao (center), People's Republic of China, People's Liberation Army (Navy), along with 60 medical staff during a medical capabilities exchange July 8, at TAMC following a U.S. envoy tour of the Peace Ark.

Defense Health Agency Makes Quick Progress, Official Says

By Terri Moon Cronk, *DOD News, Defense Media Activity*

As the Defense Health Agency approaches its one-year anniversary Oct. 1, it has already saved money and standardized healthcare in the Defense Department, Dr. Jonathan Woodson, the assistant secretary of defense for health affairs, said recently.

“The new medical agency was set up to establish common business processes and clinical practices for the Army, Navy and Air Force,” Woodson said.

As the cost of healthcare continues to rise, Woodson said, DOD must leverage efficiencies, technology, and standardization in order to continue to provide affordable, high-quality healthcare for service members and their families.

“It’s much more important that we have common business processes and common clinical practices that transcend the services,” said Woodson, adding that the cost of healthcare has grown significantly. In 2001, DOD’s overall Military Health System budget was about \$19 billion, he said, and by 2012 it grew to about \$54 billion.

“We need to be good stewards of the

taxpayers’ dollars, but we also we need to be good stewards within the broader Department of Defense Family, because every dollar we spend — necessarily so -- on protecting the health of service men and women and their families are dollars that can be applied to training, manning, equipping, and modernizing the force,” Woodson said. “So there’s got to be a balance.”

Further, Woodson says the DHA has already produced benefits in less than a year by saving money and producing clinical and business standardization.

“We expect [DHA] to be a fantastic contribution going forward into the future that will make the Military Health System stronger, better, and more relevant in the decades ahead,” said Woodson.

Service members and their families won’t notice much change, he said, although he called today’s military medicine more integrated with a joint approach to developing many healthcare programs and policies. Patients can count on more consistency, more depth in the programs, more availability of care, he added.

Military medicine today is about creating and maintaining the highest standards of care and making sure the department can resource all of its healthcare operations appropriately, Woodson said.

DHA will position the Military Health System to be more relevant and stronger in the future, and ensure resources are available to support a strong health care delivery system, Woodson said.

Calling the DHA’s collaboration between Army, Navy and Air Force medical departments “wonderful,” Woodson said new ways to do businesses together are discovered every day.

“I think there are some very important and wonderful things coming out of this new approach to enterprise management of the Military Health System,” he noted.

“The establishment of the Defense Health Agency was probably one of the most important transformative changes in the Military Health System in five decades,” Woodson said. “And it was due.”

Army Medicine Researcher Fighting Ebola on Front Lines

By David Vergun, AR News

Army researchers are working on developing vaccines for the deadly Ebola virus, as well as combating the spread of the virus and caring for those who are infected. The virus has recently killed more than 800 in Sierra Leone, Guinea and Liberia.

One of these researchers is Dr. Randal J. Schoepp, a diagnostics specialist and chief of the Applied Diagnostics Branch, U.S. Army Medical Research Institute of Infectious Diseases, known as USAMRIID.

Schoepp spoke by telephone from Monrovia, Liberia, with WAMU radio talk show host Kojo Nnamdi, recently, about efforts to fight the deadly Ebola outbreak in West Africa.

Colleagues at USAMRIID, along with researchers from Public Health Canada, helped develop the serum given recently to two U.S. medical workers, Dr. Kent Brantly and Nancy Writebol, who contracted the virus while working with patients infected by Ebola in West Africa, Schoepp said.

The serum is “basically a cocktail of three humanized, monoclonal antibodies produced in tobacco plants,” he said. Humanized, monoclonal antibodies are derived from animals whose protein sequences have been altered to more closely resemble those produced by humans.

Initially, the researchers looked at six antibodies. Three of the most promising were then down-selected, he said, and were tested on non-human primates at various concentrations and time periods throughout their infections.

The results of the studies showed that when these antibodies were administered in the final, most advanced stages of Ebola, the primates recovered. “That’s huge in our field,” he said.

If the two Americans recover, the next step for researchers is to develop clinical trials, he said, adding that it’s way too

early to make conclusions about the efficacy of the treatment.

Schoepp has been working in West Africa for a number of years on diagnostics for other viruses. In 2006, he conducted research on Lassa Fever in Sierra Leone. Like Ebola, it is a viral hemorrhagic fever, meaning that one of the symptoms is bleeding caused by damage to the vascular system.

Lassa differs from Ebola in that it predictably occurs in about the same time every year, he said, with about 500 to 700 cases.

But Schoepp found that of those cases, only 30 to 40 percent were Lassa. So he began to study the 60 to 70 percent that were not and found that they were closely related to the Zaire strain of Ebola.

Since Schoepp’s diagnostics research on the Zaire strain has been carried out for a number of years, he said he’s hopeful some of that will be useful in studying the West African Ebola.

Working in West Africa is particularly challenging, he explained.

“We have to bring almost everything with us,” he said. “When we arrived here in Liberia, we had to set up the entire laboratory, train the staff and then supervise them as they help fight the disease in their own country.”

Diagnostics, Schoepp’s specialty, is detective-like work.

The strategy involves using a molecular assays such as PCR, or Polymerase Chain Reaction, that looks for particular signatures in the genome of the virus, he explained.

Another approach, he said, involves the use of immunodiagnostics to detect either the virus or detect the antibodies in an infected person. He credits USAMRIID with testing some of the early antibodies IgM, or Immunoglobulin M, and the later antibodies IgG, or Immunoglobulin G, which appear after the Ebola virus attacks.



A technician sets up an assay for Ebola within a containment laboratory. Samples are handled in negative-pressure biological safety cabinets to provide an additional layer of protection. (U.S. Army photo by Dr. Randal J. Schoepp)

Researchers at USAMRIID are “trying to continue to improve on those assays to make them easier and more specific and sensitive,” he added.

One of the biggest hurdles to fighting the Ebola, he said is not medical, but rather cultural.

Most who contract Ebola get it when preparing the bodies of loved ones for burial.

“In Africa and other regions of the world it’s traditional to wash the body, to caress the body, to kiss the body,” he said.

In some of the more isolated societies, people even drink the blood of the dead as a way to honor them, he added.

So these practices “are leading to an increase in the number of infections we’re seeing,” he said. These cultural practices are “very delicate to deal with in West African societies. You have to tread very lightly and bring it to them in a way they’ll understand so they consider changing those practices. We haven’t made it to that point yet. That’s why we’re seeing this outbreak continue.”

Japanese Encephalitis Virus Threat in Asia

By Military Vaccine Agency-Vaccine Healthcare Centers Network

Mosquitoes all over the globe carry and spread some of the most debilitating diseases known to man, and do so in a manner that's often difficult to predict with any kind of certainty.

These vector-borne diseases can cause serious illness or can be fatal. Some of these diseases, such as Japanese encephalitis (JE), have the potential to cause extensive brain damage, which may result in seizures, paralysis, weakness, neurologic, or psychiatric problems. JE has no specific treatment if contracted.

"Our DOD beneficiaries tend to be an active population. Our children play outside and many of our adults spend a lot of time outdoors exploring the countryside in areas where the risk for JE is high," said Army Col. Margaret Yacovone, director of the Military Vaccine Agency-Vaccine Healthcare Centers Network (MILVAX-VHCN). "So, it is important to take measures to adequately protect against the disease threat."

Protection from these illnesses starts with personal protective measures such as insect repellent or limiting outdoor activities at dusk and dawn. However, the best method of protection – a vaccine – is available for JE, and is the most effective

preventive measure for the near 360,000 U.S. military and civilian personnel, and their Families, working and living in endemic countries in Asia.

The JE vaccine is recommended by the Centers for Disease Control and Prevention (CDC) for people who stay longer than 30 days in endemic areas of Asia and the western Pacific during mosquito season. It should also be considered for short-term travelers to endemic areas during the JE virus transmission season. It is licensed by the Food and Drug Administration for use in people aged 2 months and older.

"We are concerned that some of our beneficiaries are unaware of the threat of JE. While the risk of infection from routine travel may be low, people who relocate to endemic areas are at the same risk as the local residents," Yacovone said. "All beneficiaries transferring to these areas should be adequately vaccinated against JE according to CDC recommendations."

Navy Capt. Christopher Armstrong, deputy director of Clinical Services for MILVAX-VHCN, stressed that JE, while not seen in the U.S., is already clearly documented as a public health concern and is a routine childhood vaccination in

several major Asian countries.

Japanese encephalitis is usually transmitted from June through October. While the risk of developing serious symptoms is low, the fatality rate once symptoms present is 20 to 30 percent. Another 30 to 50 percent of people who survive the disease can develop neurological and psychological problems, which "are unpredictable and cannot be repaired," Yacovone said.

Up to 50 people per 100,000 who are infected with JE will develop clinical disease, according to the CDC.

"The disease, if it develops, will result in crippling disability, if not death," said Armstrong said. "Getting vaccinated is a small price to pay to avoid that."

For more information on Japanese encephalitis vaccine, you can contact MILVAX-VHCN at 877-GETVACC (438-8222) or DoDvaccines@mail.mil. If you want to consult with a licensed healthcare provider regarding patient-specific immunization issues, please contact the DOD Vaccine Clinical Call Center at 866-210-6469 or <https://askvhc.amedd.army.mil>.

National Childhood Obesity Awareness Month

One in three children in the United States is overweight or obese. Childhood obesity puts kids at risk for health problems that were once seen only in adults, like type 2 diabetes, high blood pressure, and heart disease.

The good news is childhood obesity can be prevented. Communities, health professionals, and families can work together to create opportunities for kids to eat healthier and move more.

Make a difference for kids: Spread the word about strategies for preventing childhood obesity and encourage communities, organizations, families, and individuals to get involved.

How can National Childhood Obesity Awareness Month make a difference?

We can all use this month to raise awareness about the obesity epidemic and show people how they can take steps toward a solution.

Here are just a few ideas:

Encourage families to make small changes, like keeping fresh fruit within reach or going on a family walk after dinner.

Motivate teachers and administrators to make schools healthier. Help them provide healthy food options and daily physical activities for students.

Ask doctors and nurses to be leaders

in their communities by supporting programs to prevent childhood obesity.

How can I help spread the word?

We've made it easier for you to make a difference. This toolkit is full of ideas to help you take action today. For example:

Add information about obesity prevention to your newsletter.

Tweet about National Childhood Obesity Awareness Month.

Host a community event where families can be active while learning about local health resources.

Become a partner of "We Can!," a national movement to help children ages 8 to 13 stay at a healthy weight.

Keenan Delivers Keynote, Army-Baylor Leaders Recognized During AUPHA Convening

By Association of University Programs in Health Administration (AUPHA) Exchange

The Army-Baylor University Graduate Program in Health and Business Administration (MHA\MBA) located at JBSA Fort Sam Houston, Texas, conducted annual end of year activities in June.

The Army-Baylor Class of 2014 culminated the didactic phase by completing Comprehensive Oral Examinations. The evening following the day of Comprehensive Oral Examinations was highlight by a first-class celebratory reception sponsored by the Army-Baylor Alumni Association at the Grand Hyatt Regency in downtown San Antonio that served to congratulate the Class of 2014 students completing the didactic phase and welcome the incoming Class of 2015.

More than 200 students, faculty, alumni, and Family members attended the

event. The members of the Army-Baylor Class of 2014 will be serving one-year administrative residencies at more than 50 sites around the country including each of the Top 5 “U.S. News Best Hospitals” in America -- Massachusetts General, Johns Hopkins, Mayo Clinic, Cleveland Clinic, and UCLA Medical Center.

The academic year both officially ended and began on June 18 during the Opening and Closing Ceremony. The ceremony marked the highest enrollment (didactic and residency phases) of students, 108 total, within the program in more than 30 years. Maj. Gen. Jimmie Keenan, commander of the Army’s Southern Region Medical Command and chief, Army Nurse Corps, provided the keynote address.

Major Michael Franz was recognized by

both his classmates and the faculty with both the Peter T. Shaul Peer Award and the Army-Baylor Alumni Award. Faculty recognition included Lt. Col. Forest Kim, Ph.D., Instructor of the Year; Maj. Joe Topinka, JD, Distinguished Faculty Service; and Maj. Fred Weigel, Ph.D., Researcher of the Year.

The final point of program news is Lt. Col. Lee Bewley, Ph.D., who presented a paper, “To Infinity and Beyond! Your Program as a Catalyst for Best Practice Exchange” at the 2013 Annual AUPHA Meeting. The paper was jointly developed by Lt. Col. Forest Kim, Ph.D.; Lt. Col. Brad Beauvais, Ph.D.; and Dr. Bewley.

For more information on the Army-Baylor MHA/MBA program visit: baylor.edu/graduate/mha/index.php?id=69062

USAMRIID: Biodefense Solutions to Protect our Nation

By USAMRIID Public Affairs

Since its inception in 1969, USAMRIID has spearheaded research to develop medical solutions — vaccines, drugs, diagnostics, and information — to protect our military service members from biological threats. Our specialized capabilities include Biosafety Level 3 and Level 4 laboratories, world-class expertise in the generation of biological aerosols for testing candidate vaccines and therapeutics, and fully accredited animal research facilities.

The outstanding national reputation of USAMRIID has been built over the years by numerous scientists and technical staff working to protect both military personnel and civilians from the threat of infectious diseases. We participate in support of emerging

disease investigations, working alongside colleagues from the Centers for Disease Control and Prevention and the World Health Organization. As a reference laboratory for the Department of Defense, we set the standard for identification of biological agents. Our customers in the Army and the Department of Defense know us as a “tech base” organization that has produced some 20 candidate medical products over the past decade. Still others recognize the impressive scientific credentials of our workforce, which represents some of the top infectious disease and biological defense experts in the Nation—indeed, in the world.

As the United States continues a new era of civilian biodefense research, it is also clear that USAMRIID plays a critical role

in the status of our country’s preparedness for biological terrorism and biological warfare. While our primary mission is to protect the warfighter, our research benefits civilians as well.

USAMRIID is looking forward to continued collaborations with industry partners and with other federal agencies—including the Department of Health and Human Services and the Department of Homeland Security—to develop medical countermeasures that will protect all of our citizens, both military and civilian. I’m excited about our future and confident that together, we can accomplish great things.

Welcome to USAMRIID—the birthplace of medical biodefense. For more information: usamriid.army.mil/

Honoring Gold Star Mothers, September 28

The Gold Star tradition has been in our country for nearly a century as a reminder of the men and women who have sacrificed their lives in the service of our nation. During World War I, service flags were displayed in homes, businesses, schools and churches bearing a blue star for each military service member. A gold star was stitched over the blue one when one of the members of the military had given their life for our nation. From this simple expression of community solidarity, the Gold Star Mother's – an organization comprised of mothers who have lost a son or daughter in service during a time of national conflict – was born.

We are fortunate in our country to have courageous men and women who willingly serve a cause that is greater than themselves. This dedication to duty, honor and country by generation after generation has made our nation what it is today. Organizations like the Gold Star Mothers who support the Families of the Fallen send the critical message that our Fallen will never be forgotten. These women are an inspiration to all Americans because of their courage, resiliency, and grace in the face of incalculable sorrow.

The U.S. Army joins all Americans in



Army officials hope the Gold Star Pin awareness campaign will elevate awareness of the sacrifice the pins represent.

support of the 2014 Gold Star Mother's Day on Sunday, September 28. This day is dedicated to women who have been forever changed by the sacrifice their children made to lay down their own lives to defend the values and ideals that define us as Americans.

Memorial events will be held at Arlington National Cemetery, the Vietnam Veterans Memorial the tomb of the Unknowns as well in local communities all over the United States. Please take time on this day to remember those who

have given their lives in the service of our country and the loved ones they have left behind.

On behalf of a grateful nation, we salute America's Gold Star Mothers. They are, and always will be, members of our great Army Family. The U.S. Army along with our nation, recognizes their courage, and we renew our commitment to support them as we honor the legacy of the Fallen, our Soldiers, their children.

Gold Star Survivors website: <http://www.army.mil/goldstar/>

National Suicide Prevention Week & World Suicide Prevention Day

The International Association for Suicide Prevention (IASP), in collaboration with the World Health Organization (WHO) and the World Federation for Mental Health, is hosting World Suicide Prevention Day on September 10, 2014. This year's theme is "Suicide Prevention: One World Connected," and will focus on raising awareness that suicide is a major preventable cause of premature death on a global level. Governments need to develop policy frameworks for national suicide prevention strategies. At the local level, policy statements and research outcomes need to be translated into prevention programs and activities in communities.

The International Association for Suicide Prevention (IASP) was founded in Vienna, Austria in 1960 as a working fellowship of researchers, clinicians, practitioners, volunteers, and organizations of many kinds. IASP wishes to contribute to suicide prevention through the resources of its members and in collaboration with other major organizations in the field of prevention. AAS is proud to be a member and supporter of IASP.

The World Health Organization (WHO) is a United Nations health agency founded in April 1948. Its primary objective is to help all people attain highest possible level of health

(physical, mental and social well-being). This organization carries out this objective through advocacy, education, research medical and technological development as well as the implementation of health standards and norms (who.int/en/).

The World Federation for Mental Health's mission is to promote the highest possible level of mental health in all aspects (biological, medical, educational and social) for all people and nations. Their goals are to heighten public awareness, promote mental health, prevent mental disorders and improve the care and treatment of those with mental disorders.

Stress Management and the Performance Triad

By Maj. Richard Sonnier, General Leonard Wood Army Community Hospital

Mankind continuously strives for something better, as evidenced by the variety of self-help manuals on the market today.

Experts profess to know how to manage our lives better. They advise better eating habits, provide new ways to achieve more exercise, lower our cholesterol levels, and increase our productivity.

There are even self-help books on how to maintain a stress-free life.

But is it realistic--or even beneficial--to strive for a life free of stress?

In comparing life to mechanical architecture, we find that most structures are designed with stress in mind. For example, the more stress put on a weight-bearing bridge, the stronger it actually becomes.

So, while attempting to eliminate stress from one's life may not be realistic or even healthy, we can expect improvement in coping with life's stressors if we apply Performance Triad principles.

The Army's comprehensive plan to strengthen our readiness and increase resilience is called the Performance Triad. The triad promotes getting quality sleep, engaging in activity, and improving nutrition.

Sleep...

Applying any of three pillars of the Performance Triad can result in stress management, but quality sleep is especially

important to mental fitness.

Achieving adequate sleep is an immediate intervention that can yield optimal mental function.

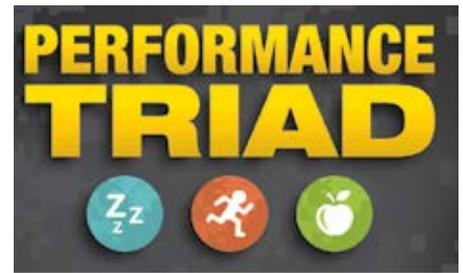
Recent studies have shown that military personnel who do not achieve adequate sleep are at higher risk for being overly aggressive and showing poor judgment, which is not conducive to maximal functioning.

A person needs 6-8 hours of sleep every night in order to be optimally functional, according to a recent study led by Dr. Vincent Mysliwiec, MD, of Madigan Army Medical Center in Tacoma, Washington.

For many people, a major source of stress is the inability to concentrate on tasks, especially for those engaged in college classes and continuing education for their jobs.

Adequate sleep actually helps us to learn by preparing our brain for initial formation of memories, according to a recent article published by The National Institute of Health.

Adequate sleep obtained after learning is essential to help save and cement the new information into healthy memories to be used later, according to the article. It further states that people who engage in "all-nighters" to study for tests, etc., actually harm their ability to recall information and learn new material.



The lack of sleep has been shown to affect the part of the brain called the hippocampus, which is instrumental in forming new memories.

So, obtaining adequate sleep not only helps us function well physically, but it also contributes to our mental health wellness.

The bottom line is that following Performance Triad guidance can lead to a better quality of life.

When life is busy and demanding, stress cannot be avoided, so we might as well become optimally fit to handle life's stress.

We care about your total health and well-being at Army Medicine and here at General Leonard Wood Army Community Hospital — that's why we do what we do.

If you're having difficulties with sleep, make an appointment with your Primary Care Manager (PCM) today by using TRICARE Online's "Calendar View," or by using "Secure Messaging" at app.relayhealth.com.

For more healthy tips to achieve stress fitness, visit phc.amedd.army.mil/topics/healthyliving/sleep/Pages/default.aspx

(Editor's note: Maj. Richard Sonnier is a psychiatric nurse practitioner at General Leonard Wood Army Community Hospital)





Jennifer Caywood, M.S. adjusts Col. Beverly Beavers' mask which is used to measure oxygen and determine caloric needs.

Busy Army War College Students Fit Wellness into their Careers

By U.S. Army War College Public Affairs

At this point in their careers and lives, Army War College students are confronting factors that impact overall health, such as stress, age, and a rigorous academic program, making the Army Wellness Center here a welcome benefit for distance and resident students alike.

Distance education students have taken advantage of the many services offered by the Army Wellness Center which offer programs and information on the three pillars of the Army surgeon general's Performance Triad – Sleep, Activity, and Nutrition. During the first resident course for the Distance Class of 2015, the center's staff evaluated 122 students in only six days, according to Jennifer Caywood, director of the Carlisle Barracks Wellness Center. And about a third of the Distance Education students who graduated July 25 found their way to AWC assessments – many of them checking their personal wellness progress since last summer's initial assessment during their first resident phase.

The two-week resident phases provide a

change of pace for the Distance Education students who complete the senior service college across a challenging two-year program. Each distance education class consists predominantly of Army Reserve and Army National Guard officers who are balancing a civilian career, Family, and military duty that almost always demands more than just two days a month and two weeks a year. These individuals have little time to allocate to all these priorities, and that is what makes the services offered by the Army Wellness Center crucial to them and to the resident students as they advance as senior leaders in the military.

The Army Wellness Center at Carlisle Barracks has been operating nearly two years now with approximately 5,887 individuals seeking testing and advice on how to keep fit physically. It offers easily accessible prevention programs to encourage and sustain healthy lifestyles, manage stress, and improve the overall well-being of all those eligible: Active duty, Army Reserve, National Guard, Family

members, and DOD Civilians.

Caywood explained that the Wellness Center uses several methods to evaluate overall health and fitness. It provides a metabolic assessment which uses an oxygen measurement to determine an individual's caloric needs. The Bod Pod measures body composition through air displacement, producing a much more accurate estimation of body fat than the widely-used tape test. The physical fitness assessment uses a treadmill or ergometer, a type of stationary bicycle to measure cardio-respiratory fitness and endurance. Musculoskeletal strength and flexibility tests are also part of this evaluation.

"I wish I had taken the time to get an evaluation during the first resident course since the program has such a good reputation," said Lt. Col. Rob Powell, a class of 2014 student who decided to get evaluated this year. Being the commander of the North Capital Region Information Operations Battalion and completing the

Students Fit Wellness into Careers

Army War College through the distance education program means that Powell and many students like him are physically and mentally stretched every day which makes keeping fit a challenge, he observed.

With several half-marathons completed, competing in her first marathon is one of many goals active Army Col. Beverly Beavers, also a second year distance education student, has set for herself. She serves full-time as the information technology strategic sourcing analyst for the Component Acquisition Executive at the Defense Health Agency, and can attest to both the busy schedule of training for a marathon and completing the Army War College via the distance learning course.

“I took part in the evaluation last year when I was here for the first resident course and I am looking forward to finding out how my fitness level has changed since then,” said Beavers.

The day before graduation, Caywood and her staff provided participants with their results during a briefing that also reviewed tips for improving and maintaining health.

“There are approximately 1640 calories in the typical bucket of movie popcorn with butter,” said Tiffany Waardenburg, a registered dietician and health educator.

Even without butter, she told the students that amount of popcorn was still about 1,160 calories.

“Individuals need to be cognizant of the amount of calories they are consuming. Healthy weight management is all about being calibrated with your body, meaning if we do not know where we stand from a caloric perspective achieving our weight-loss/maintenance goals can become a challenge,” said Caywood. Using apps on smartphones that track calories can offer a turn-key solution to identifying over-or-under eating, she said.

The changes that occurred between the 2013 and 2014 testing for distance students were all positive. All participants improved their Body Mass Index, body fat percentage, and maximum oxygen volume, according to Molly Lautenheiser, a board-certified exercise physiologist with the Wellness Center.

“People need to move more. We spend more than eight hours sitting behind a computer at work,” said Caywood. Planned exercise should incorporate at least 150 minutes of physical activity per week for a healthy heart or at least 250 minutes a week for weight loss, she said.

Using a heart rate monitor during exercise will give an individual an idea of

heart rate intensity when training, which will help to train smarter rather than harder. It will also help an individual to train in a safe and progressive manner, said Lautenheiser. She explained that the Army Wellness Center is to help individuals fine tune goals to help reach success.

“I am pleased that my overall results improved since my assessment last year, the program really does help you set goals that can be achieved,” said Beavers.

The Wellness Center also offers stress management education using biofeedback along with stress relief techniques, positive coping skills and learning good sleep habits which are all important parts of resiliency. Active duty, reserve, National Guard, family members and DOD civilians can take advantage of the AWC’s services. The assessment starts by completing an online health assessment review at <https://www.sft.army.mil/AWC/> and then calling 717-245-4004 to make an appointment.

Representatives from the Wellness Center are available during in-processing to schedule students for appointments. For more information on the Wellness Center at Carlisle Barracks visit: <http://dunham.narmc.amedd.army.mil/armywellnesscenter/default.aspx>

ACAP Changes Name - Soldier for Life - Transition Assistance Program

The Army Career and Alumni Program (ACAP) name has been changed to SOLDIER FOR LIFE - TRANSITION ASSISTANCE PROGRAM (SFL-TAP) and now has a new logo. SFL-TAP provides transition and job assistance services on major installations. All Soldiers deserve the best possible start in the civilian world when the time comes to leave the Army, and SFL-TAP provides the knowledge and skills to smooth the way. For more information visit <https://www.acap.army.mil/program.aspx>



TRANSITION ASSISTANCE PROGRAM

Start Strong • Serve Strong • Reintegrate Strong • Remain Strong

It's All About Health.



●●● Northern Regional Medical Command Committed to Quality Care

By Gigail Cureton, Northern Regional Medical Command

Brig. Gen. Robert D. Tenhet and Command Sgt. Maj. Benjamin H.S. Scott Jr., sign the Army Medicine Healthcare Covenant during a Northern Regional Medical Command employee town hall meeting July 30. The covenant signing ceremony is a symbolic recognition and visible reminder of the region's commitment to ensuring the medical readiness of our force, providing

exceptional patient care, promoting health and preventing disease, and focusing on quality.

The employee town hall was the second since Tenhet assumed command of the region on May 5. In addition to the signing of the healthcare covenant, NRMC Soldiers and Civilians were recognized for their individual achievement in support the Army Medicine mission.



Brig. Gen. Robert D. Tenhet and Command Sgt. Maj. Benjamin H.S. Scott Jr., sign the Army Medicine Healthcare Covenant during a Northern Regional Medical Command employee town hall meeting July 30 at Fort Belvoir. (U.S. Army photo by Gail Cureton/Released)

Clean Out Your Medicine Cabinet: September 27 is National Prescription Drug Take-Back Day

TRICARE beneficiaries have a safe and easy way to dispose of expired prescription drugs. The Drug Enforcement Agency's (DEA's) National Prescription Drug Take-back Day is September 27. Sites will be open from 10 a.m. to 2 p.m. for people to bring excess prescription drugs that otherwise could be abused or contaminate the environment.

A 2011 national survey on drug use found that Americans are twice as likely to

regularly abuse prescription drugs as they are to regularly use cocaine, hallucinogens, heroin and inhalants combined. The same study found more than 70 percent of people abusing prescription pain relievers got them through friends or relatives, often without their knowledge.

During DEA's take-back day in October 2013, Americans disposed of more than 647,211 pounds of prescription drugs. The preceding seven take-back days have

collected more than 3.4 million pounds of unused medication.

Prescription and over-the-counter "solid dosage" drugs-tablets and capsules-are accepted, but intravenous solutions, injectable medications and needles are not. Illegal substances such as marijuana or methamphetamine are accepted.

To find a collection site click "Locate Collection Sites" at www.deadiversion.usdoj.gov/drug_disposal/takeback.

●●● Suicide Prevention Week, September 7-13

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: Reduce factors that increase risk (i.e. risk factors) and increase factors that promote resilience (i.e. protective factors). Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

As our nation recognizes suicide prevention week September 7 thru 13, we call on each of you to act...get involved and stay involved.

Last year, one hundred and twenty five active duty Soldiers committed suicide. While that is a decrease from 2012... even one is still too high. In an effort to eliminate suicides, we ask that you get to know your Soldiers...make an effort to meet their families. Take a personal interest in their lives. And most important, listen to your Soldiers.

We need your help in reducing high

risk behaviors and decreasing the stigma associated with seeking help. Each of us must do our part for a more ready and resilient force.

As a team, we can ensure our soldiers and their families will continue to be mentally, physically and emotionally prepared to handle the stressors placed upon them by more than twelve years of combat.

Our Soldiers and their families deserve nothing less than our full and unwavering support and that is what we intend to give them. Army Medicine is. Serving to heal. Honored to serve.

It's All About Health.



September is Fruits and Veggies—More Matters Month

“Fruits and Veggies—More Matters” is here to help you focus your attention on eating MORE fruits and vegetables! This is the perfect time to pledge to do something. Add one more. Try something new. Educate yourself. Teach the kids. Try a new recipe.

More than 90 percent of both adults and children do not eat the amount of fruits and vegetables recommended by the latest Dietary Guidelines for Americans and the MyPlate nutrition guide. But just remember two (2) things: fill half your plate with fruits & veggies at every eating

occasion (including snack time) AND all forms...fresh, frozen, canned, dried, and 100% juice can count toward your daily intake!

America's More Matters Pledge to Fight Obesity

The obesity rate in American children has tripled over the past 30 years, and their expected lifespan is now less than their parents! There are things you can do at home...and at school...to help change this!

The Centers for Disease Control and Prevention (CDC) is the nation's top

source of health information and is the lead government agency and primary health authority behind the Fruits & Veggies—More Matters health initiative. Visit the CDC site for more good information on how fruits and vegetables affect health, and more tips on getting them into your daily diet. Download these free resources from the CDC at: <http://www.fruitsandveggiesmorematters.org/our-collaboration-with-cdc-fruit-and-vegetable-health-initiative>

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SYSTEM FOR HEALTH.



Schofield Barracks Warrior Transition Battalion

Soldiers from the Schofield Barracks Warrior Transition Battalion received last minute instruction before starting their paddling workout on July 29, at the Ke’Ehi Lagoon as part of the Adaptive Reconditioning Program. Pictured from left to right are: Coach Manny Realin (volunteer), Sgt. Kawaiola Nahale, Staff Sgt. Manuel Chavez-Martinez, Sgt. 1st Class Alika Naluai, Sgt. Joshua Rabago. Photo Credit: Capt. John Wolf

Summer camp continues lessons learned at school

By Jeff Troth, Medical Department Activity Public Affairs

From time to time we all need a little help. That was one lesson 20 children learned during Fort Carson’s School Behavioral Health Summer Camp.

The two-week camp, for students from Fort Carson’s elementary and middle schools, was designed with the children’s needs in mind.

“Every activity we do at the camp is therapeutic in some way,” said Jacqueline Delano, PhD, the deputy chief for the School Behavioral Health program. “It may look like the kids are just having fun, but there is actually thought behind each activity.”

The camp’s art therapy classes included a Me Scrapbook Collage and an Interactive Art and Cool Science day to show the children that things aren’t always what they seem. To keep them moving there was recreational therapy with soccer to teach teamwork, and judo for impulse control. The camp concluded with equine therapy at Turkey Creek to help with showing compassion.

“Every day is a different theme,” said Delano. “We do a lot of social skills building, a lot of teamwork and team building. We have one day of getting to know people and making friends.”



During the post’s School Behavioral Health Summer Camp, campers climb the 40-foot wall at the Fort Carson Outdoor Recreation Complex. (U.S. Army photo by Jeff Troth)



AMEDD Museum Celebrates 25 Year Anniversary

By Phil Reidinger, AMEDD C&S Public Affairs

Friends of the Army Medical Department Museum and members of the AMEDD Museum Foundation gathered at the museum on July 25 to celebrate the 25th anniversary of the dedication of the first buildings constructed in 1989.

The event also celebrated the contributions of a founding member and treasurer emeritus of the AMEDD Museum Foundation, retired Brig. Gen. Charles Elia who began serving on the foundation board of directors as the chairman of the building and grounds committee.

The AMEDD Museum Foundation staffed by volunteers donating thousands of hours raises the funds to plan, design and complete the construction. Once the construction is completed the new facilities are donated by the foundation to the US Army. The foundation has raised more than \$10 million for construction and continues to raise funds to support future building, maintenance, artifact purchase and restoration and educational programs. Additional construction, in five phases, was completed in 1989, 2001, 2006 and 2013.

The museum occupies 45,000 square feet and includes two large exhibit halls, an auditorium, gift shop, research library, and an artifact conservation repository. Outdoor exhibits include a 1950 era railroad ambulance car, a military ambulance pavilion an aeromedical evacuation pavilion and a Medal of Honor Walk with amphitheater.

The original U.S. Army Medical Department Museum was founded as a research facility in Washington D.C. known today as the National Museum of Health and Medicine of the Armed Forces Institute of Pathology.

In 1920 the AMEDD Museum was re-established at Carlisle Barracks in Pennsylvania with the Medical Field Service School. In 1946 the museum was transferred to Fort Sam Houston with the relocation of the Medical Field Service School to the post. The museum received official designation as the Army Medical Department Museum in 1955.

Despite official status, many museum artifacts were located throughout the United States because the existing Fort Sam Houston museum facility lacked sufficient space to exhibit, maintain, and restore the artifacts. Because of

this, a group of retired military officers and NCOs established the AMEDD Museum Foundation in 1978 to begin the work of funding and planning construction for the museum, since funding for construction of military museums is not provided by the Federal Government.

The AMEDD Museum now exhibits more than 4,000 historic medical artifacts dating from the time of the Continental Army and the American Revolution to today's medical support of military operations around the world.



From left: Retired Army Brig. Gen. Charles V.L. Elia, founding member and treasurer emeritus of the Army Medical Department Museum Foundation, David Windsor, museum volunteer of the year, and retired Army Brig. Gen. Daniel Perugini, chairman of the board, AMEDD Museum Foundation, cut the cake commemorating the 25th Anniversary of the AMEDD Museum during a celebration held at the museum on July 25. (U.S. Army photo by Phil Reidinger)

Our Story, Part I: Who We Are

By Jessica Pellegrini, ASBP Staff Writer

What exactly is the Armed Services Blood Program? Who do we support? Where does a blood donation to the ASBP go? All of these questions and more are answered in a series we are calling “Our Story.” Over the course of three articles, we explain exactly who we are, what we do and how we help save lives of Soldiers, Sailors, Airmen, Marines and their Families worldwide. So let’s dive right in with Part I: Who we are.

Who is the Armed Services Blood Program? The ASBP is the sole provider of blood and blood products to the U.S. armed forces — during both peace and war, whenever and wherever it’s needed. As a tri-service organization representing all three branches of service – Army, Navy and Air Force, the ASBP has many components working together to collect, process, store, transport and transfuse blood worldwide.

“We are the only blood distribution system that gets blood to the battlefields and to the frontlines,” said Navy Capt. Roland Fahie, ASBP director. “But we don’t just support blood needs on the battlefield. We support blood needs when we aren’t at war, we provide blood to military hospitals in the U.S. and we even provide blood globally as part of humanitarian missions.”

Prior to the founding of the ASBP, the military did not have a unified transfusion program. Blood and blood products were collected from military personnel exclusively during wartime. However, World War II changed the way the military thought about getting blood to troops in theater.

According to Army Brig. Gen. Douglas Kendrick in his book, *Blood Program in World War II*, it was during



this time that the delivery of blood to the theater of operations underwent one of its chief advances. As casualties began to mount, demand overtook supply in the European theater. As allied troops pushed deeper into France and further from supply lines, a method had to be devised to get blood products to the frontlines. By 1944, the American military began to build up its airlift capabilities and blood was high on the list of items to be transported.

“During the interim between the wars, needs for whole blood in Army hospitals were met within the hospitals. There were no plans, militarily or otherwise, to stockpile reserves of plasma for a national emergency,” Kendrick wrote. “Indeed, had such a disaster occurred, there would have been no program to put into effect. The whole blood program would have died between the wars except for the stimulus provided by the activities of the American Red Cross.”

In 1952, President Harry Truman established the ASBP. After the Korean War, the ASBP took over collecting, processing, and transporting blood products for the military community

from the American Red Cross and other civilian or local organizations. Since 1962, the ASBP has been a fully-operational, distinct blood program.

According to *The ASBP, More than 60 Years of Giving*, the Vietnam War was the first major wartime engagement for the military blood program. During this time, the ASBP made significant technological advances and proved that an established military blood program could reduce the burden of using combat troops as donors, supply all blood required through military member donations, distribute all blood types according to the technical level of the transfusing medical unit, and anticipate future needs by developing a supply program from the rearward areas in advance of increased demands.

The program was so successful, that nearly 1.8 million units of blood were collected by the ASBP in support of troops in Vietnam. Army Maj. Gen. Spurgeon Neel wrote in *Medical Support of the U.S. Army in Vietnam 1965-1970* that for the first time, every unit of whole blood used to support the war was voluntarily



Who We Are

donated by military personnel, their dependents, and Civilians employed at military installations. Nearly 1.5 million volunteers gave blood to the military. However, even when blood requirements exceeded 38,000 units a month, civilian organizations collections were not adversely affected by the increased military requirements, Neel wrote.

The military blood program still works closely with civilian organizations in times of need — such as the Red Cross, America’s Blood Centers, Blood Centers of America and other local hospital organizations. However, the ASBP is not affiliated with any civilian

organizations and blood cannot be donated to the ASBP through another blood collection agency.

“When civilian agencies collect blood on a military installation, an agreement is made to ensure that for every certain number of units collected, a certain number of credits are set aside to be used by the ASBP upon request, and vice versa,” Fahie said. “Sharing donors is part of how we all work together to save lives.”

Like civilian agencies, the ASBP is governed by strict Food and Drug Administration guidelines to maintain safety and quality of blood products. The military blood program also follows

procedures, recommendations, and guidelines developed by the AABB.

“The safety of troops, donors and patients is our top priority,” Fahie said. “Our mission is to save lives, so we have a vast system of moving parts working together to ensure that blood and blood products are safe and available whenever they are needed.”

The ASBP has a rich history that can be traced back to the World War II era. Throughout it all, the military blood program has been responsible for transfusing millions of blood units to ill or injured service members, Veterans and their Families worldwide.



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Health is personal and each of us defines it in our own way. Health is more than the absence of illness; achieving better health means taking a proactive approach to your well-being. This includes quality sleep, regular activity, and good nutrition. Combined, these elements make up the Army Performance Triad and can apply to everyone!

Army Medicine in Europe Soldiers Represent MEDCOM in Warrior of the Year Competition

By Ed Drohan, *Europe Regional Medical Command Public Affairs*

Two Army Medicine in Europe Soldiers will represent U.S. Army Medical Command (MEDCOM) in the 2014 Army Warrior of the Year competition in October at Fort Lee, Va.

Staff Sgt. Victor Munoz with Public Health Command Region-Europe (PHCR-E) and Spc. Joseph Andersen with Europe Regional Dental Command each progressed through their local and command competitions to earn the right to represent MEDCOM at the Army level. Winners of the Army competition are named the Soldier and Noncommissioned Officer of the Year.

Warrior of the Year competitors face off on tasks that include physical fitness tests, written essays, warrior tasks, battle drills, and board interviews. While the MEDCOM competitors said they were out to take the top prize, they also explained that their competition to this point has already been tough.

“The competition was definitely challenging and all of the competitors were giving it their all,” Munoz, a food inspection specialist assigned to PHCR-E Inorganic Chemistry Division, said of the MEDCOM competition. “It was difficult.”

Andersen, a dental specialist with the Katterbach, Germany, Dental Clinic, explained the toughest aspect of the journey to date hasn't necessarily been the competitions themselves.

“Staying focused would probably be the biggest challenge,” Andersen said. “It's been a long journey with a lot of physical and mental training all while still being expected to do my daily job and spend quality time with my family.

I just got back from (Warrior Leader Course) and I'm going to (the Expert Field Medical Badge competition), so there are a lot of things crammed in there.”

Despite the challenges, both said they were excited about going up against their peers from other commands in the Army-level competition.

“It is an absolute honor to be the NCO who represents the entire Medical Command at the Army level,” Munoz said.

For Andersen, it was even more personal.

“To me it means that I have done my best and accomplished more than I ever imagined,” he said. “Representing my command is a privilege that I take seriously. I'm not sure if a dental Soldier has ever competed at this level but I'm ready to show the rest of the competition that we're coming to win.”



Staff Sgt. Victor Munoz with Public Health Command Region-Europe gestures that all is well following his completion of the 12-mile road march during the 2014 Army Medical Command Best Warrior Competition held at Camp Bullis, Texas, May 9. Munoz progressed through his local and command competitions to earn the right to represent MEDCOM at the Army-level competitions that commence in October at Fort Lee, Va. Warrior of the Year competitors face off on tasks that include physical fitness tests, written essays, warrior tasks, battle drills, and board interviews. Winners of the Army competition are named the Soldier and Noncommissioned Officer of the Year.



Spc. Joseph Andersen of Europe Regional Dental Command gives a thumbs up during the warrior skills portion of the 2014 Army Medical Command Best Warrior Competition held at Camp Bullis, Texas, May 9. Andersen progressed through his local and command competitions to earn the right to represent MEDCOM at the Army-level competitions that commence in October at Fort Lee, Va. Warrior of the Year competitors face off on tasks that include physical fitness tests, written essays, warrior tasks, battle drills, and board interviews. Winners of the Army competition are named the Soldier and Noncommissioned Officer of the Year.



West Point Cadet Learns Combat Casualty Care

By Steven Galvan, USAISR Public Affairs Officer

As upcoming future U.S. Army commissioned officers, West Point cadets are educated and rigorously trained through drills designed to shape them into topnotch leaders. Cadets like third-year Sergeant Matthew P. Altamirano is becoming a leader of character who will someday inspire and motivate the Soldiers he will be in charge of. The long hours of drills, physical training and education will serve the cadet well when he graduates from the academy. But the knowledge and experience that he has gained does not only come from within the boundaries of West Point. Every summer the cadets spend a few weeks to get some “real Army” experience throughout Army commands around the world.

This year the U.S. Army Institute of Surgical Research (ISR) at Joint Base San Antonio-Fort Sam Houston, Texas, hosted Altamirano where he got some hands-on experience in combat casualty care research—specifically on tourniquets. Altamirano spent his time at the ISR under the mentorship of retired Col., Dr. John F. Kragh, an orthopedic surgeon/ tourniquet researcher and a 1985 West Point graduate. Kragh said that the experience and exposure that cadets get during the summer is invaluable in many ways.

“West Point is great at training cadets on Army stuff,” he said. “They have to go out and experience firsthand what is available for them once they leave the academy so that they can determine what career path they want to follow.”

When Altamirano graduates from West Point he will have earned a bachelor’s degree in mechanical engineering. He agrees with Kragh and said the experience he has gained at the ISR has given him a new perspective on



West Point cadet Sgt. Matthew P. Altamirano was at the U.S. Army Institute of Surgical Research (ISR) for more than three weeks learning about combat casualty research and how tourniquets play a role in saving Wounded Warriors on the battlefield. (U.S. Army photo by Steven Galvan)

what career path he’d like to follow.

“I’ve learned a lot about tourniquets and the research process,” said Altamirano. “I had no idea how important combat casualty care research is and how it’s all conducted for the combat wounded. I am now considering the medical corps when I’m active duty.”

The New Mexico native said he decided to attend West Point to serve his country and follow his dad’s footsteps.

“It’s exciting to think that when I graduate I will be leading Soldiers,” he

said. “My family is very proud of me.”

Altamirano left the ISR in late July to commence his junior year at West Point. He said he was grateful for the experience and training that he received while at the ISR. After spending about three weeks learning about tourniquets and how they work, he feels confident that he will know how to apply one if ever needed in the future.

“I had very little exposure to tourniquets before coming here,” said Altamirano. “It’s good to know how to apply them and how they work. It has been an awesome experience.”

Community Care Unit comes to Fort Bragg

By Northern Regional Medical Command Public Affairs

In a restructuring of the Army's warrior transition units, a Community Care Unit has been stood up at Fort Bragg.

The CCU will assist injured or terminally ill Soldiers with care management needs, said Capt. Amanda Miller, S-3, Warrior Transition Battalion.

Soldiers receive services that include medical/dental screenings, legal counseling, personnel records review, and Army Career and Alumni Program guidance.

"I love it. They've done more for me in one day than a year and a half in a community-based warrior transition unit," said Spc. James Hamrick, who arrived at the CCU compound July 13.

James, a military police officer who was diagnosed with multiple sclerosis in 2011, and his wife, Shanté, along with their son, Zachariah, 8 months, traveled from their Charleston, West Virginia, home to the CCU to obtain services.

James said the CCU staff established a means for Shanté to receive payment for taking care of him. It's something she had not previously received. Additionally, CCU staff gave the Family information to apply for a house through a Veterans' Affairs loan, said James.

"I love it — the love and respect

... you can really feel it," Shanté said. "We couldn't ask for a better group of Soldiers to look after us."



1st Lt. Cindy Petithomme, executive officer of Community Care Unit, plays with Zachariah Hamrick, 8 months old, a Fort Bragg Family member, July 18, at the CCU facility on Normandy Drive. CCU will provide a central location for the care of Wounded Warriors. (U.S. Army photo by Tina Ray/Paraglide)

Staff Sgt. Moses Scarberry, another military police officer, and his wife, Bethany, also traveled from West Virginia to the CCU. Like Hamrick, Scarberry said he appreciates being able to have all his care needs met in one place.

"It means a lot to be able to get everything taken care of at one base. It's much easier when everything is centrally located," said Scarberry.

"All my care is taken care of by

doctors at home who work with the same doctors here (at Fort Bragg) and send them my records," he explained.

The convenience of having everything cared for centrally also means that he and his wife will probably not have to travel back to Fort Bragg for another three months, Scarberry said.

The idea is to get the CCU operational and to consistently access what needs to be done to make it better, said 1st Lt. Cindy Petithomme, CCU executive officer.

"It's a work in progress, but our main focus was to see what we can offer the Soldier and, from there, we can build off it," she said.

Part of the process of building is having Soldiers fill out an after action review to provide feedback to the CCU, explained Petithomme.

In the meantime, service members and their Families will take advantage of the resources and services currently offered through the CCU.

"It's a big accommodation for a lot of people — it's a lot easier than traveling all over the place," said Sgt. Evan Slater, assigned to the CCU because of shoulder and hip injuries and traveled to Fort Bragg from Winston-Salem, North Carolina.

"You can't fail when somebody gives you the tools to survive and guides your hand while you do it," Slater said.

**MOVE OUT WITH THE
PERFORMANCE TRIAD**
Sleep, Activity and Nutrition

Telemedicine: Tripler Shares 'PATH' with Navy Medicine to Better Patient Care

By Spc. Paxton Busch, Pacific Regional Medical Command (PRMC)

Tripler Army Medical Center (TAMC) and Pacific Regional Medical Command (PRMC) share telemedicine technology with Navy Medical East (NME) to enhance patient care.

Tripler Army Medical Center developed the Pacific Asynchronous TeleHealth (PATH) system to provide virtual specialty physician support to areas within the Western Pacific region including Japan, South Korea, and Guam where access to medical and surgical specialists is limited.

The PATH system is a web-based, secure telemedicine platform hosted at TAMC since 2004 that enables remote providers to submit patient demographics, clinical data, and supplementary multimedia to TAMC, the only DOD tertiary care facility

in the Pacific Region, where they will be screened by physician managers and forwarded to the appropriate specialists.

PATH also manages all patient movement to TAMC for complex diagnosis and treatment.

In June 2014, the PATH Team partnered with Naval Medical Center Portsmouth (NMCP) to establish their own virtual specialty consultation system, called Health Experts onLine at Portsmouth (HELP). Hosted at TAMC, the HELP system will connect physicians within NME to the specialty experts at NMCP.

The NME region spans 10 time zones, making real-time teleconsultation impractical. According to Cmdr. Andrew Lin, the

HELP director, "The HELP system allows input of the medical history and physical symptoms of the patient, the medications they are on and the consult question. Providers can also upload media files, like pictures, X-rays, or sound files. Once the consult is added to the system, it comes to a consult manager at NMCP who decides which specialty expert can best assist and then the specialist suggests a course of treatment based on the case presented."

TAMC PATH Director, Lt. Col. C. Becket Mahnke, says both PATH and HELP are simple and inexpensive technologies that work well for providers in different time zones seeking consultation on non-emergency cases.

"I think it will be important for Navy Medicine East. We've found that two-thirds of the clinical questions in PATH can be answered quickly and without that face-to-face visit with the specialist," stated Mahnke, adding that 97% of consults are answered within a week.

According to Mahnke, PATH also has a track record for cutting costs and is hopeful that the Navy sees the same success. A review of 1,000 Pediatric Tele-consultations conducted in 2011 showed an annual cost reduction of \$200,000 by preventing unnecessary air evacuations and face-to-face consultations.

This year, Lt. Col. Mahnke received the General Maxwell R. Thurman Award for Excellence in Telemedicine and Advanced Medical Technology for his achievements with the PATH system and advancement of Telemedicine/Telehealth.



Lt. Col. Christopher Mahnke, Director of Path, Tripler Army Medical Center demonstrates how to navigate through the Pacific Asynchronous TeleHealth (PATH) system that is used to communicate between providers of the Western Pacific Region on July 9, 2014 at Tripler Army Medical Center, Hawaii. (U.S. Army photo by Spc. Paxton Busch/Pacific Regional Medical Command)



Col. David Bitterman showcases his Army pride as he embraces the Performance Triad and uses his bicycle to commute back and forth to work. (U.S. Army photo by Erin Perez)

Can you change your life? You can.

By Col. David A. Bitterman, Southern Regional Medical Command Chief of Staff

I've been told I have a great Performance Triad story. Well, I don't know about that, but what I do know is that I've been taking control of my life, and I am feeling much better physically, emotionally, and mentally.

I've been in the Army for 29 years, and while I have always maintained my weight and physical fitness well within the Army standard, it has gotten harder and harder as I've gotten older. Like many of you, I have had fairly stressful jobs in Army Medicine, but the very reason for this stress is why I continue to Soldier. I believe in Army Medicine, our Senior Leaders, and what we are doing in service to our Nation. That values system doesn't change the stress, it only provides a reason for it. So, I was stressed at work, gaining weight, and I didn't like how I felt every morning when I got up from bed.

Last fall I decided to take control of my own life. If I couldn't control the

stressors in my life and the impact it was having at home and work, then I knew I needed to make a tough decision and transition from our Army. That is a painful decision, and I wasn't ready to make it.

Although I have been an avid runner in the past, I have traded running for bicycling over the years. Cycling is a great lifetime sport, but it can be a real challenge to cycle after daylight hours and on some of our busy San Antonio streets.

So, I started walking. My wife and I have always been walkers, particularly after a series of knee injuries I have suffered while in the Army. Every day, without fail, I would hit the streets around my home and walk three to four miles, and I would walk even more on the weekends. I bought a Fitbit Force that tracks the number of steps, stairs climbed, and calories burned, I used it every day. I would get

reminders and "rewards" on my iPhone, telling me "you only have 1,543 steps to go to 10,000" or "Congratulations!" when I met my daily goals.

However, it wasn't enough, and I was still dissatisfied with what I saw in the mirror every morning. Although I am fifty years old, in my head I'm still in my twenties... Well, maybe thirty. The spare tire I was starting to acquire around my mid-section wasn't how I saw myself. I needed to take control.

Back to cycling ... was it really too hard to fit into my schedule? I spent days poring over different routes and considering my ability to commute to work on my bike. Showers at work? Check. Secure parking? Check. Safe route? Check. Lights on bike? Check. I was set.

The day after we rolled our clocks forward for daylight savings time, I

Change Your Life

rolled out of the garage and down the street on my bike that was lit up like a Christmas tree. The 26-mile round trip was both exhilarating and exhausting. I arrived at work with a sense of achievement, and then work at my stand-up desk all day with tired legs. After a couple of weeks, my legs weren't tired anymore, and I had more energy at work. As time went on, I found that I was eagerly anticipating the ride home more than ever, as it gave me the opportunity to think, decompress, and de-stress. That was incredibly valuable to me.

I started to lose weight. Before I knew it, I had lost 10 pounds, then 15, then 20. People commented on how healthy I looked. I ate up the encouragement. What I didn't eat was the cookies, cake, doughnuts and other comfort food that always seemed to be part of the workplace. Over time, I began to see more vegetables, fruit and healthy snacks instead, thanks to my understanding co-workers.

I may sound like the poster child for the Performance Triad, but the truth is, this is a journey. I know I am

not perfect. At one point, I had lost 25 pounds from my "heaviest weight ever," and I have since gained back five pounds. The difference is I am more aware, and I am determined to maintain my weight. I continue to ride my bike to work three to four times a week. I would try for more, but there always seems to be a day or two that I have to drive to work early or leave for a meeting across town. I have had to deal with rain, flat tires, emergencies and one really late night when I rode home at 10:30 p.m., but I haven't stopped. This is a lifestyle change; it is a good habit that I've adopted. It is a journey, very literally, from my home to work and back again, every day, and to better physical and emotional health. Stress at work hasn't stopped, but I know that every night I can get on the bike and decompress for an hour on my ride home, and that is everything.

What about sleep? "Sure, he wrote about activity and nutrition, but what about his sleep habits?" That one is easy. Five years ago I was diagnosed with sleep apnea, and I am the most compliant patient ever when it

comes to use of my CPAP machine (Continuous Positive Airway Pressure). I roll into bed at 9:30 p.m. almost every night, and nearly always get seven hours or more of good sleep every night. "Eight is great," and I get that, and more, on the weekends. It takes self-discipline, but you can do it, too.

Can you change your life? You can. Your outlet may not be bicycling, and your work hours and family commitments may challenge you, but it is all about making a decision to take control of your own life, and sticking with it. It's about rounding up your family on the weekends and visiting Enchanted Rock State Park, or walking the Mission Reach Trail, or playing soccer with your kids instead of watching them play. It's about walking past that doughnut, and instead eating the small, healthy snack that you brought from home.

I feel better, I'm told I look better, and I want to keep getting better, in every way. You can too, and you can start today.

Partnerships Enhance Public Health

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

“Many of our military Families as well as our Army Civilian Families live outside the installation gates,” explained Maj. Gen. Dean G. Sienko, USAPHC commander. “By partnering with local public health organizations we can build relationships with academic communities, sister public health organizations and others that will benefit our unique populations as well as our local communities.”

“My visits to the Johns Hopkins University Bloomberg School of Public Health, the U.S. Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials and other organizations demonstrate our commitment to synchronize Army public health into the efforts of other public health agencies,” Sienko said.

The mission of the USAPHC is to promote health and prevent disease, injury and disability of Soldiers and military Retirees, their Families and Department of the Army Civilians. Many other organizations, such as local health departments and the CDC have similar missions but focus on different populations.

“These organizations are engaged in public health activities that have implications for our command,” explained Sienko. “We have goals on a global scale that are shared with these sister organizations.”

Epidemiology, disease surveillance, injury prevention and environmental and occupational health are just a few of the areas common to organizations that focus on public health.

“Other public health organizations could benefit from our knowledge in these areas as well. In this way, health lessons learned from our military personnel can be shared with other organizations,” said Sienko.

Partnering with other public health organizations also fits into the Army surgeon general’s “System for Health” initiative, which focuses on shifting Army medicine to preventing disease and injury.

The USAPHC is the Army medicine organization with the capability to drive that transformation.

“As the premier military public health organization, it is important that we find opportunities to share knowledge and work together to develop fresh approaches to public health concerns,” according to Sienko. “These partnerships will help us showcase our expertise and our abilities.”



Maj. Gen. Dean G. Sienko, commander, U.S. Army Public Health Command, and Dr. Thomas Frieden, director, U.S. Centers for Disease Control and Prevention, Atlanta, discuss opportunities for collaboration. (Courtesy photo by Charles Lyon)

Sienko offered one example for collaboration with military and civilian public health teams.

“In the military, we have a population that can be studied--we can look at young recruits just entering basic training. About 18 percent of these recruits used tobacco products when they came into the military,” he said. “During their two to three months of basic training, they can’t use tobacco products. So how do we encourage them to continue this pattern after basic training is over?”

One route to answering that question is to draw on the experience of other public health experts.

“By collaborating with the CDC, which has many of the same tobacco prevention goals, we may be able to help Soldiers stay away from tobacco once they finish basic training,” he said. “This is just one possible tangible benefit of partnerships.”

Sienko believes there are other benefits for the Army Public Health Command and for its public health partners.

“Our recent memorandum of understanding signed with the Johns Hopkins University recognizes their unique resources within the university and its Bloomberg School of Public Health,” said Sienko. “We are looking forward to peer-to-peer collaboration and learning opportunities as well as the possibility of recruiting interns and students to enhance our workforce.”

Plans continue to build on existing relationships and forge new ones.

“Because Soldiers, their families and Army civilians usually live off post, our collaborations with local health departments, academia and others will help us to reach out to our populations where they live, as well as where they work,” Sienko pointed out. “Our efforts will enhance opportunities to stay healthy and to share health related information.”

Opportunities to include local health department officials as members of Army Community Health Promotion Councils also will enhance services available to the military population as well as encouraging collaboration with local communities to keep them informed in the event of public health emergencies, he added.

Breast Imaging Services Offer One-of-a-Kind Care Setting

By Suzanne Ovel, Madigan Army Medical Center Public Affairs

Apprehension, fear, or nervousness can greet many women as they walk through the doors of a mammography clinic.

That experience is just what Maj. David Semerad and his team hopes to soften by providing exceptional care by seasoned technicians.

“We just pay attention to some of those little details that make the patient experience more positive,” said Semerad, Madigan Army Medical Center’s chief of Breast Imaging Service.

Just one of three facilities in the Department of Defense to be named a Center of Excellence, the Breast Imaging Service here takes patient safety, quality and satisfaction very seriously, he said.

“We’re not just strong in mammography; we’re strong in breast ultrasound, we’re strong in breast ultrasound guided biopsy, and we’re strong in what’s called stereotactic biopsy of the breast,” he said, explaining that a stereotactic biopsy uses a computer to take measurements of very small areas of the breast. They can also perform breast MRIs to help identify all tumors that a patient may have before surgery, or to better screen patients with an elevated lifetime risk of developing breast cancer.

“We can be thought of as sort of a hub or a one-stop shop for breast questions of any kind,” said Semerad.

The feature that truly sets Madigan’s Breast Imaging Service apart, though, is their clinical component, he said.

“We are one of kind here at Madigan... nobody else has a clinical arm to its radiology operation, and that’s what we have,” said Semerad, noting that their nurse practitioners have women’s health backgrounds and essentially do everything a woman needs that does not technically fall into the radiology field but is radiology-related.

“That partnership is one of the huge things that make us stand apart,” he said.

Their clinic also takes special care of those few women who do need biopsies.

“Something that we do really well here at Madigan is we really make the biopsy experience a positive experience for our patients, and I feel like we’re able to do this better than anybody else in the area,” Semerad said.

If a patient is identified as needing a biopsy, the nurse practitioners will schedule the procedure within two weeks, offer the patient education counseling on what to expect, and evaluate if the patient needs any special accommodations. Afterwards, those same nurse practitioners will notify the patient of her biopsy results.

“They’ve already met this patient because they’ve done the education class; they’ve helped answer their questions, so that bond is really special,” said Semerad.

While statistically most biopsies get negative results, the clinic is prepared to become the epicenter of a patients’ care if they do get positive biopsies, he said.

“At that point, we are the hub of everything that’s breast-related for that patient. We are essentially directing referrals to the Breast Cancer Pathway... and we’re also going to see that patient back year after year after year,” Semerad said. The Breast Cancer Pathway is Madigan’s multi-disciplinary team which works with patients after they’ve been diagnosed with breast cancer. Patients with breast cancer are also entered into the clinic’s high-risk population, where they are followed closely as those who experience breast cancer once are at risk for having it again.

“We also are the tip of the spear regarding the hospital’s survivorship program. Our nurse practitioners

in radiology are actually leading the way helping the hospital formulate its first cancer survivorship program, and we’re going to use breast cancer as our pilot,” Semerad said, explaining that survivorship is everything that is entailed in that woman’s future healthcare after living through cancer, to include



“Madigan Army Medical Center’s Breast Imaging Services is one of three Centers of Excellence in the Department of Defense, and is unique in offering a more comprehensive patient care experience to its mammogram services through the section’s clinical component.” (U.S. Army photo by John Liston)

peer support and follow-up care and screenings.

Semerad stressed the importance of women scheduling mammograms as a regular part of their preventative healthcare.

“I think screening mammograms offers women the chance to fight cancer in the event that it does happen. It offers them a fighting chance, a chance at early diagnosis, and every woman in this country has that right,” he said.

Warrior Transition Command Educates Leaders

By Lauren Fletcher, *Warrior Transition Command Public Affairs*

Warrior Transition Unit (WTU) leaders — in particular commanders, chiefs of staff and command sergeants major — gathered for the Warrior Care and Transition Program (WCTP) Leader's Training Summit August 4 thru 7 at Fort Belvoir, Virginia.

“The Army is committed to the mission of serving our wounded, ill, and injured Soldiers,” said Warrior Transition Command (WTC) Commander Col. Chris Toner. “The leaders working directly with these Soldiers, their Families and Caregivers epitomize Army values through their dedication to supporting those who have served their nation.”

Hosted by WTC, the WCTP Leader's Training Summit sought to standardize

execution of the WCTP and improve operations across WTUs, Community-Based Warrior Transition Units (CBWTUs), and Community Care Units (CCUs). As part of a routine force restructuring, the nine CBWTUs will close by September 30, when the 13 CCUs will be fully operational at 11 installations, still allowing assigned Soldiers to recover at home with the support of their Families and communities.

WTUs provide personal support to Soldiers who require at least six months of complex medical case management as they reintegrate back into the force or transition from the Army. Depending on their medical situation, Soldiers may be assigned to a CBWTU

or CCU, allowing them to recover closer to home.

Each day of the WCTP Leader's Training Summit focused on developing solutions for ongoing program challenges, while allowing for the exchange of ideas among leaders.

“It's great seeing a lot of the fellow sergeant majors and commanders that are here. I've seen them previously, but we're so dispersed. It's nice to come together and share stories and best practices,” said Command Sgt. Maj. Dennis Lawrence from the Fort Carson, Colorado, Warrior Transition Battalion.

Leaders explored a variety of topics, including force management, WTU entry and exit criteria, the Comprehensive Transition Plan (CTP), career and education readiness, adaptive reconditioning, and how to use the WTC digital tools to better support Soldiers.

“There are always going to be a lot of questions, and that's where I think we get our best conversations going,” said Command Sgt. Maj. David Magnuson of the Fort Gordon, Georgia, Warrior Transition Battalion.

The WCTP Leader's Training Summit wrapped up with an overview of the many integral WTC processes.

“Just hearing the things that are going on in other units, I don't feel as alone anymore because we're all going through the same thing,” said Capt. Robert Monzon, commander of the WTU at Joint Base Elmendorf-Richardson, Alaska. “We have the same issues we're trying to resolve. We're all here for the Soldiers.”

To learn more about WTC and WTUs, visit www.WTC.army.mil.



Col. Jean Jones, Warrior Transition Command chief of staff, reviews training material with Capt. Jonathan Harvey, commander of the Warrior Transition Unit at Fort Wainwright, Alaska, using one of the kiosks available during the Warrior Care and Transition Program (WCTP) Leader's Training Summit. (U.S. Army photo by LuAnn Georgia, WTC Communications Division)

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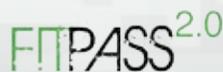
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