

ARMY MEDICINE

MERCURY

Volume 41, No. 1

OCTOBER 2013



THE TRANSFORMATION OF ARMY MEDICINE:
MEDCOM Celebrates 19 Years of Organizational Resilience



A worldwide publication telling the Army Medicine Story



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Commander

Lt. Gen. Patricia D. Horoho

Director of Communications

Col. Jerome L. Buller

Chief, MEDCOM Public Affairs Officer

Jaime Cavazos

Editor

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

TSG INITIATIVES

READY & RESILIENT

The Ready and Resilient Campaign integrates and synchronizes multiple efforts and programs to improve the readiness and resilience of the Army Family.

PERFORMANCE TRIAD AND LIFESPACE

Army Medicine's operational approach to improve Soldier and Family health and stamina focusing upon Activity, Nutrition and Sleep Management (ANS). Visit the Performance Triad webpage at: armymedicine.army.mil/PerformanceTriad/index.cfm

OPERATING COMPANY MODEL

The Operating Company (OCM) seeks consistency of experience across the enterprise by both patients and medical staff. It is the abstract representation of how an organization operates across process, organization, and technology domains in order to accomplish its function. The OCM reduces operational complexity and describes the way a 21st century organization does business today.

ARMY MEDICINE 2020 CAMPAIGN PLAN

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

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Office of Soldier's Counsel Now a Part of the MEDCOM Family

"... I have to admit, I was skeptical towards accepting help from a U.S. Army JAG on a Medical Evaluation Board as I had some concerns on having another Soldier represent me, but you have convinced me otherwise."

Words from a field-grade client to a Fort Meade, Md Soldier's MEB Counsel
September 2013

When I assumed command of the United States Army Medical Command (MEDCOM) on December 5, 2011, one of my very first commitments was to lead a major overhaul of the Integrated Disability Evaluation System (IDES) so as to ensure that our Soldiers going through the system receive uniform, timely and fair consideration under applicable laws, policies and directives.

The IDES is made up of various component offices with specific duties and responsibilities – each and every component office is critical to mission accomplishment. One of these offices is the Office of Soldier's Counsel (OSC). Within the OSC are Soldiers' Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) Counsel teams that are made up of military and DOD civilian attorneys and paralegals. These teams are certified as subject matter experts in military disability law.

The OSC plays a critical and unique role in the IDES process by providing mission capability unlike any other provider or stakeholder. Early intervention by legal advocates in the IDES process not only ensures consistent outcomes; it improves the individual Soldier's confidence and satisfaction in the process.

The OSC was launched in 2008 to safeguard rights of Soldiers throughout the IDES process with mobilized reservists meeting the manpower requirements in one-year active duty tours. The office, however, began facing several challenges from its inception. Some of these challenges included maintaining sufficient personnel at each location and obtaining policy and mission guidance. Timeliness was also a major cause of frustration for

were within three days of meeting the standard with an average processing time of 143 days and 65 percent of all Soldiers complete the MEB phase within the standard.

Today, thanks to the extraordinary commitment from the entire MEDCOM organization and unwavering support from TJAG, effective October 1, 2013, the OSC is now a separate Table of Distribution and Allowances DA organization under MEDCOM. Providing lawyer and paralegal advocates in the process truly gives our Soldiers 'due process' within the IDES — meaning that they can be assured of fundamental fairness and substantial justice as they transition through the IDES.

The OSC plays a critical and unique role in the IDES process by providing mission capability like no other provider or stakeholder. I therefore consider the stand-up of an adequately staffed and centrally managed OSC to be a great achievement for MEDCOM. It's all about MEDCOM ensuring due process under law for Soldiers and is part of an overall MEDCOM effort to instill trust in Army Medicine Medical Command and the Office of the Judge Advocate General, "two teams working together to support the Soldier."

Please join me in welcoming the Office of Soldiers' Counsel to the MEDCOM family.

Serving to Heal ... Honored to Serve

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

Lt. Gen. Patricia D. Horoho

Soldiers processing through the DES. This was the unacceptable reality when I assumed leadership of MEDCOM in 2011.

In order to address the legal challenges faced by Soldiers in the IDES, and with the support and approval of The Judge Advocate General (TJAG), I put measures in place to transform the OSC into a centrally managed capability with an appropriate number of legal counsel in support of the IDES mission. The OSC reform measures, in addition to similar efforts among all IDES service providers, have gone a long way in ensuring that Soldiers receive due process while being expeditiously processed through IDES. I was, therefore, proud to share with the House Committee on Appropriations on April 24, 2013 that for the first time since IDES was initiated, MEDCOM had met the standard for Active Component Medical Evaluation Board (MEB) phase with an average processing time of 96 days. The Reserve Component Soldiers



Horoho Receives Red Cross Humanitarian Award



U.S. Army Surgeon General Patricia D. Horoho (right), is pictured with Joanne Patton (left), daughter-in-law of Army Gen. George S. Patton Jr., and Jarrett Barrios, CEO of the Massachusetts Red Cross after receiving the Humanitarian Award from the American Red Cross of Massachusetts at a ceremony held in Boston last month. Horoho, the Army's first female surgeon general, was recognized for the role she played as a nurse at the Pentagon during 9/11 where she saved dozens of lives by administering medical aid at the point of injury. (Photo courtesy American Red Cross of Massachusetts)

AMEDD GLOBAL

First Team Brothers-In-Arms Provide Medical Outreach in Nigeria

By Stephenie Tatum, 1st TSC Public Affairs

Col. (Dr.) Niel Johnson, a family medicine physician and command surgeon, 1st Theater Sustainment Command (1st TSC), could have spent his yearly vacation performing with his barbershop quartet group this winter at Carnegie Hall in New York City.

Instead, he chose to join Capt. Tolulope Adeyemi, a medical logistics officer and deputy surgeon, 1st TSC, on a summer trip to Nigeria in West

Africa to provide free medical care for the people in Adeyemi's village of Ode-Remo and Zion Pepe community in the Ondo State of Nigeria. Not only is Adeyemi an officer in the U.S. Army, he is also a prince and royalty in the Yorubaland of Nigeria.

Adeyemi flew to Nigeria ahead of Johnson and met him when he arrived. After a 13-and-a-half hour flight and a seven-hour trip by car, Johnson



Col. (Dr.) Niel Johnson, command surgeon, 1st Theater Sustainment Command, speaks with local people during a hypertension and malaria prevention clinic in village of Ode-Remo and Zion Pepe community in the Ondo State of Nigeria. (Courtesy Photo)

and Adeyemi arrived in Zion Pepe Community, which is located along the Atlantic coastline on the southwestern tip of Ondo State.

“In my tribe, they call us ‘omoba nle okuu’ (Prince from a clan of Okuu), ‘oba ni ola’ (our King of tomorrow). One thing is that everything may go away from people, but your lineage entitlement can never go away,” said Adeyemi. “There is an adage in Yoruba land ‘If you do not know where you are going, at least know where you are coming from.’”

Adeyemi is a U.S. citizen but his parents and many members of his family are still in Nigeria where he grew up.

“I’ve always been impressed with his (Adeyemi) work ethic since I’ve known him. Very diligent, exhaustively complete and he never complains,” said Johnson, a Medford, N.J. native.

Adeyemi and Johnson have a lot in common. They are close in age, have been in the Army for years (Adeyemi was prior enlisted before becoming an officer), served in combat and are dedicated to their country and families. Forty-five years ago, a trip like this would not have been possible – because of one difference – the color of their skin.

Johnson and Adeyemi, in conjunction with a local industrialist, Raphael Danilola, and a local support staff, brought medical care to people who otherwise would not have had the opportunity to see a doctor or benefit from the hypertension screening and malaria prevention clinic.

The clinic is held every year in different villages but this year the patient turnout was unprecedented, Adeyemi said. When the screening time ended, he said more than 2,000 patients had been seen by the team and more than 1,000 people were still waiting.

Ondo State people speak a variant of the Yoruba language. Adeyemi and

a group of translators were able to translate for the patients who did not know the English language. The medical team quickly got to work checking patients’ blood pressure, cholesterol, blood sugar, and other minor medical conditions. Those who could not be treated were referred to other medical facilities outside the state.

Johnson said many of the patients were women and children. Except for malaria, the majority of the patients suffered from the same health issues that are of concern in the United States – hypertension, diabetes and cataracts, arthritis and others. Although the people appeared fit, did not smoke, and had natural well-balanced diets, there were many who required prescription medicine and would need to follow up with the village doctor.

Unaware that he would be seeing a large amount of patients with cataracts, Johnson did not bring ophthalmologic equipment. He quickly found a solution and was able to improvise with the bottom of a Coke bottle for magnification and a pinhole card to conduct visual acuity tests.

“I felt like a med student at times, performing aspects of my physical exams without any equipment,” said Dr. Johnson.

In addition to ophthalmology, another medical service Johnson and the team did not expect to address was fertility and Family planning. Many women were concerned that they were unable to conceive but did not know why. Johnson and Adeyemi educated the women using a fertility calendar drawn with charcoal explaining when the most fertile days would be for them.

“I didn’t get to deliver any babies while we were there, but I did diagnose two women as being pregnant who did not know before that they were,” said Johnson.

The patients at the clinic were not the only ones to benefit from Johnson and

Adeyemi’s trip.

Adeyemi said that a team of medical doctors thanked Dr. Johnson for the things that he taught them and that they would like to work with him again.

Although Johnson returned to the U.S. with an empty medical aid bag, he said he brought back more than he left with.

Swinging monkeys, 12-foot high termite mounds and livestock meandering on the roads were a few things Johnson saw during the trip. But the most eye-opening thing that he saw were the people who he said will forever be a treasured memory from his trip to Nigeria. People with nothing but a roof over their heads, clothes on their back, shoes made from water bottles and food on their table, but what they did have – they were ready to share.

“You don’t realize how blessed we are and how little material things matter,” said Johnson.

Reverend Orofin Leviticus, a patient at the clinic said in an interview with a local reporter, “This kind of program will go a long way to prevent sickness among our people. Many of us don’t know anything about this hypertension thing and with the enlightenment – we know now what to eat, what to do and how to control it. A lot of lives will be saved by this program. We thank God for the organizers.”

“When they asked me if I would return I answered them honestly and promised that I will definitely come back,” said Johnson. “I hope to visit more villages next time and bring more supplies and equipment. I expected to come back more appreciative but I am also inspired. I really did see people on the edge of the envelope and will never forget them.”

“I learned to embrace ‘Ma’a worrie,’ meaning ‘No worry,’” said Johnson.

Afghan National Army Commandos Receive Dental Training

By Sgt. Justin A. Moeller, 4th Brigade Combat Team Public Affairs (101st Airborne)

“Life starts in the mouth,” said Capt. Abby Raymond, brigade dentist for 4th Brigade Combat Team (4th BCT) “Currahee,” 101st Airborne Division (Air Assault). “If you don’t take care of your oral health it can have a systemic effect, it can affect your whole body, your job or your mission.”

In an effort to reduce that effect, Raymond, the brigade dentist for 4th BCT, 101st Abn. Div.; Capt. Shani Thompson, a dentist with the 528th Sustainment Brigade, U.S. Army Special Operations Command; and their dental assistants, provided training covering dental basics at Forward Operating Base Thunder, Afghanistan this summer.

The training was provided for the medics with the Afghan National Army’s (ANA) 2nd Commando Kandak, 203rd Corps, as well as the ANA Special Forces medics, and included classroom instruction, practical exercises and clinical exercises.

“We provided a didactic course on dental anatomy, oral hygiene instruction, how to perform a dental exam and how to do oral extractions,” said Thompson, a Miami, Fla. native. “They were very engaged in the classroom portion and especially excited with the clinical portion, where they actually got to extract teeth.”

Oral awareness is a new tool for the experienced commando medics who have not had much in the dental field.

“What they have (for dentistry) is very minimal so we had to keep that in mind as we taught them some basic skills,” said Raymond. “The instruments and equipment are very limited to them.” He had the commandos practice on teeth that he had pre-set in a plaster cast as a training aid, to give them a better idea on how to properly elevate a tooth and then extract it.

The plaster molds served as a perfect medium for practice, providing them with a realistic feel for how to use the instruments during an extraction before doing the real thing.

“We had them do practical exercises,” said Raymond. “They brought in live patients (for the exercise) and screened them to see which were the most severe cases.”

The live patients consisted of commandos of their own Kandak.

“We had fifteen commandos come in to act as the patients,” said Thompson. “The commando medics who were receiving the class performed exams on those Soldiers and were able to diagnose and figure out what dental treatment was needed. We then focused on those who needed extractions and allowed them (the commandos) to perform the extractions.”

“It was very, very interesting being able to see how a tooth is taken out,” said Sgt. 1st Class Gulstan Shinwari, commandant of the ANA’s 2nd

Commando Kandak, 203rd Corps. “What we learned today was a great experience. Hopefully, for all of our guys, they now know how to properly take a tooth out.”

Through this experience the ANA showed not only an eagerness to learn but enjoyment in their job, as well.

“I liked the training all around but the extraction was my favorite,” said Sgt. Shameem Kar Daki, a medic with the ANA’s 2nd Commando Kandak, 203rd Corps. “We are very happy that our American brothers helped us learn about how to care for the mouth.”

Ensuring proper care for the mouth, as well as spreading that knowledge, is what being an Army dentist is all about.

“It’s an honor to be the brigade dentist for the Currahees,” Raymond expressed. “And I feel fortunate that I had the opportunity to work with the ANA commandos and I hope to do so again in the future.”



U.S. Army Capt. Abby Raymond, brigade dentist for the 4th Brigade Combat Team, 101st Airborne Division (Air Assault), looks over the shoulder of a medic with the ANA’s 2nd Commando Kandak, 203rd Corps, as he performs an oral exam on a fellow Commando, during a basic dental class on at forward operating base Thunder, Afghanistan, July 22. (U.S. Army photo by Sgt. Justin A. Moeller, 4th Brigade Combat Team Public Affairs)

The Future...Delivered.

What is Nuclear Medicine and Molecular Imaging Week?

Each year, the Society of Nuclear Medicine and Molecular Imaging (SNMMI) and the Technologist Section (SNMMI-TS) join forces with the nuclear medicine and molecular imaging community to gain recognition and support for the field. Celebrated during the first full week of October, Nuclear Medicine Week encourages community members to take pride in their profession – recognizing their colleagues for their hard work and promoting nuclear medicine to the entire medical community as well as to the public.

Nuclear Medicine Week allows physicians, technologists, scientists,

and others involved in nuclear medicine and molecular imaging to take a proactive role in the advancement of the field. From advances in cancer diagnosis and treatment to recent breakthroughs in Alzheimer's and dementia research, nuclear medicine is improving lives—and it is up to us to educate others on these major healthcare innovations.

Why Nuclear Medicine and Molecular Imaging Week Matters . . .

More than ever, it is important that we educate others (patients, referring physicians, students, and even politicians) on the utility of nuclear medicine procedures and their benefits over other treatment and imaging modalities.

Nuclear Medicine and Molecular Imaging Week is also a time to express your appreciation to your colleagues and employees; and to display your support and dedication to the field.

The theme for Nuclear Medicine and Molecular Imaging Week varies from year to year, but the fuel is always the same: pride in what nuclear medicine and molecular imaging have brought to the healthcare environment over the years. **This year's theme: The Future... Delivered.**

Visit the Society of Nuclear Medicine and Molecular Imaging Web site at: interactive.snm.org/index.cfm?PageID=968

National Health Education Week (NHEW) 2013 will be held October 21-25

“The Role of Health Education Specialists in Implementing the Affordable Care Act.”

In response to sky rocketing healthcare costs, demand for improved health outcomes and increased access and quality of care, the Affordable Care Act (ACA) was signed into law on March 23, 2010. Within the ACA, new models of payer and system reform have been established. These include the Prevention and Public Health Fund (PPHF), Community Transformation Grants, Accountable Care Organizations (ACO) and Patient Centered Medical Homes (PCMH). These models represent potential opportunities for health

education and health promotion professionals to take on meaningful roles related to health promotion and prevention, chronic disease management and primary care.

Within the aforementioned roles, health education specialists and other health professionals have a unique set of skills, training and competencies necessary to complement other healthcare professionals, and become a fundamental part of the healthcare delivery team in promoting whole person orientation. For our profession not only to expand, but to also thrive,

it is vital that we seize this opportunity before the details of the ACA's implementation are finalized.

NHEW 2013 will not only promote our field to the appropriate stakeholders, but also serve as a tool to guide and prepare health education and health promotion professionals to advocate for our profession as essential to the ACA's success.

For more information contact the Society for Public Health Education (SOPHE): <http://www.sophe.org/NHEW.cfm>

SPOTLIGHT ON Maj. Gen. Brian C. Lein

In a ceremony at the Defense Health Headquarters on Sept. 13, in Falls Church, Va., Brig. Gen. Brian C. Lein was promoted to major general. His wife and the Army Surgeon General Lt. Gen. Patricia Horoho did the “pinning” honors. Lein’s parents and other Family members, as well as many of his West Point class of ‘84 alum attended the ceremony. His daughter attended via video teleconference. Lein, who currently serves as the deputy surgeon general and deputy

commanding general, U.S. Army Medical Command, will continue in that role. During the ceremony, Lt. Gen. Horoho remarked, “Great leaders don’t grow up thinking about being great leaders. They grow up thinking about being a great person. And that’s what we have here, in Brian.” Lein previously served as commander at the Evans Army Community Hospital and at the Landstuhl Regional Medical Center where most of the wars’ wounded are treated. As such,

he was instrumental in what became an internationally renowned trauma center. He also directly treated the wounded in Somalia during the actions that prompted the popular movie *Black Hawk Down*. Prior to returning to the MEDCOM, he served as the command surgeon, U.S. Army Forces Command. His awards and decorations include the Legion of Merit (two Oak Leaf Clusters), Bronze Star Medal and the Defense Meritorious Service Medal. (Photo by Joseph Palgutt)



Across the Battlefield and the Playing Field: Army Involved in National Partnership for Head Health

By OTSG Public Affairs

The National Football League (NFL), Under Armour, and General Electric (GE) on Sept. 4 launched Head Health Challenge II and with this partnership Army Medicine represented the Army as part of the continued effort with the NFL to empower Soldiers and athletes to ask for help if they've experienced a head injury.

The goal of the program, guided by healthcare experts, is to improve the safety of athletes, members of the military, and society overall. The Head Health Initiative is a four-year, \$60 million collaboration to speed diagnosis and improve treatment for mild traumatic brain injury (mTBI). Major League Baseball, Major League Lacrosse, and the National Women's Soccer League are also partners in the challenge.

Brig. Gen. Patrick Sargent, the Army surgeon general's deputy chief of staff and the Army's representative at Wednesday's event, spoke about the importance of the Army's collaboration with academia and industry relative to producing innovative research to better understand brain health and subsequent treatments. He noted that the NFL, Under Armour and GE continue to embrace the partnership with the Army in this vitally important endeavor.

Since August of 2012, the partnership between the Army and NFL has led to several events, including joint meetings at the Pentagon and U.S. Military Academy at West Point, N.Y. Leaders from both organizations have pushed for Soldiers and players to recognize the signs of Traumatic Brain Injury (TBI) and seek help as early as possible for correct diagnosis and treatment. The Army has invested over \$530 million to improve access to care, quality of care, research,

as well as screening and surveillance for Soldiers with TBI and provides a standardized, comprehensive program delivering a continuum of integrated care from point-of-injury to return to duty or transition from active duty. Since 2009, the Army has implemented its own mild TBI(mTBI)/concussive injury management strategy of "Educate, Train, Treat, and Track."

The Army Medical Department is transforming from a healthcare delivery system to a System For Health that focuses on health promotion and injury prevention through the Performance Triad: getting the right amounts of activity and sleep, and making healthy nutrition choices. The Performance Triad is a critical first step into the System For Health and is a key enabler of the Army's Ready and Resilient Campaign (R2C). The Army continues to call for a cultural shift that emboldens Soldiers, Family members and Army Civilians to speak up when in need and encourages them to support their comrades to do the same.

Sue Siegel, CEO of GE Business Innovations, said, "GE is investing to speed up the study of head health. Through this challenge, we hope to stimulate the broader ecosystem of scientists, engineers, entrepreneurs and innovators worldwide to bring their talents to this effort and accelerate the current understanding of brain trauma."

Siegel separately acknowledged that she was aware of the Army's Performance Triad initiative and that GE had implemented a wellness program modeled after the Performance Triad focus on Activity, Nutrition, and Sleep.

NFL Commissioner Roger Goodell said, "Our organizations share common

traits: pride and passion, dedication and determination, and an enduring belief in the power of team. On a personal level, there is mutual respect, appreciation and admiration between Soldiers and players. With this initiative, we are seeking to integrate the uncompromising devotion to win with a need to address traumatic brain injuries with the necessary care, consideration, and commitment to prevention that these injuries require."

Specific focus areas for Head Health Challenge II include:

- I. Potential to Improve the Prevention and Identification of Brain Injuries
- II. Monitoring and Identifying Injury
- III. Protection against Injury or its Consequences
- IV. Training

The winners of the challenges will be selected by a panel of judges from academia and research institutes that include leading experts in brain research and engineering solutions for training and protocols.



Brig. Gen. Patrick Sargent meets with the NFL Commissioner Robert Goodell. Goodell echoed Sargent's sentiments that it is important for teammates—athletes or Soldiers, to recognize when their buddy isn't functioning properly and be strong enough to tell someone. (U.S. Army photo by Stephanie P. Abdullah, OTSG Public Affairs)

Breast Cancer Awareness Month “Don’t Wait - Early Detection Pays Off”

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

Army Medicine joins Military Health System (MHS) and other health system partners in recognition of Breast Cancer Awareness Month to increase the overall awareness and sharing of information among Soldiers, family members, and beneficiaries on the importance of breast cancer screening as well as communicating how a healthy lifestyle, which includes eating nutritious foods and staying physically active, are to maintaining, restoring, and improving breast health.

The end state is an environment where Soldiers, family members and beneficiaries have a better understanding of the preventive measures they can take to reduce the risks of developing breast cancer by getting screened early and regularly.

Breast cancer is the second most common cancer (behind skin cancer) in females in the United States and the second most common cause of cancer death in women (behind lung cancer). Today, there are about 2.5 million breast cancer survivors living in the United States. An estimated 39,620 women are expected to die from the disease in 2013.

The good news is that death rates for breast cancer have steadily declined for women in the past 20 years likely due to progress in earlier detection, improved treatment of breast cancer, and possibly from the declining use of combination hormone replacement therapy.

The National Breast Cancer Awareness

Month (NBCAM) organization is comprised of several national public service organizations, professional medical associations, and government agencies working together to increase breast cancer awareness, share information and provide access to screening services. NBCAM began on a national level more than 25 years ago in order to promote mammography as the most effective weapon in the fight against breast cancer. A variety of events are organized in October to highlight NBCAM including walks, runs, and the pink illumination of landmarks.

The third week in October was established as “Male Breast Cancer Awareness Week” by several male breast cancer advocacy groups. According to the American Cancer Society (ACS), an estimated 232,340 new cases of breast cancer are expected to be diagnosed among women in the United States this year (2013); about 2,240 new cases are expected in men. Men are generally at low-risk for developing breast cancer; however, approximately 2,140 men are diagnosed with breast cancer each year.

Military Health System also recognizes October as Women’s Health Awareness Month. Women’s health is an important part of the overall wellness of the defense community. While women and men have many of the same health issues, women may be affected differently than men. In

addition, there are some conditions which are unique to women. Familiarity with women’s health issues, regular screenings and prevention are keys to maintaining good health.

If you are age 40 or older, join the millions of women who get mammograms on a regular basis. If you are a Family member, friend, or colleague, don’t wait to encourage the women in your life to get mammograms. Breast cancer is more likely to be cured if it is caught early. If all women adhered to guidelines for obtaining mammograms, the survivability rate from breast cancer would increase significantly. Early detection is key. The key to mammography screening is that it be done routinely – once is not enough.

Be proactive in your Lifespace - take charge of your own breast health by understanding recommended screening methods, making regular visits to your healthcare provider, and having routine mammograms. A healthy nutritious diet, along with regular exercise, both part of the Performance Triad, have been associated with a decreased risk of breast cancer.

LINKS/RESOURCES:

• cancer.org • nbcam.org • cancer.gov/cancertopics/types/breast

Military Health System Women’s Health page: health.mil/News_And_Multimedia/Special_Features/womenshealth.aspx

National Depression Education and Awareness Month: The Courage to Seek Help

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

October is National Depression Education and Awareness Month, and in observance of this month, on October 10, 2013, the Army will join several organizations and communities across America in recognition of “National Depression Screening Day” by leading efforts to inform the public about depression, its various signs and symptoms, the importance of eliminating stigma associated with seeking treatment, and providing information about the availability of free anonymous behavioral health screenings.

Army behavioral health is a top priority to support Soldiers and Families as they continue to serve the Nation. The Army encourages all Soldiers, Family Members, and Civilians who suffer from depression to get screened and seek the care they need. It takes courage to seek help, but as with any chronic illness, getting an early medical diagnosis and treatment may help reduce the intensity and duration of depression symptoms.

Depression is one of the most common but treatable behavioral health diagnoses. Oftentimes, the first step towards getting well is becoming aware of the significance of depression symptoms through screening. National Depression Screening Day informs military and civilian personnel and their Families about signs and symptoms of a range of behavioral health risks through anonymous in-person, online, and telephone self-assessments for depression, PTSD, generalized anxiety disorder, and bipolar disorder.

The World Health Organization reports that at least 350 million people live with depression. According to the Centers for Disease Control, one in ten U.S. adults report depression, and the Royal College of Psychiatrists suggests that one in five

people will become depressed at some point in their lives.

Symptoms of depression may include persistent sadness, difficulty concentrating, hopelessness, helplessness, fatigue, changes in appetite, insomnia, irritability, persistent aches and pains, and in some instances, thoughts of suicide. While most people feel sad or low at some time in their lives, it is time to seek help when these feelings persist and begin to interfere with everyday life which may be an indication of clinical depression, a serious medical condition that if left untreated, may continue for years and lead to other medical conditions.

Under the leadership of the Army Surgeon General’s Office, U.S. Army Medical Command (MEDCOM) providers take a holistic approach to behavioral health that gives Soldiers who seek behavioral health support the ability to recover and remain on active duty. A key initiative of this approach is the implementation of Embedded Behavioral Health (EBH) in units to better locate providers in places such as stationed or deployed environments where Soldiers have the most need. Last month, Army Medicine implemented its Performance Triad Pilot which focuses on improving Soldier and Family health through proper Activity, Nutrition and Sleep. The Performance Triad engages individuals in their Lifespace, the time they spend outside of a doctor’s care. It is a key component of the Army’s Ready & Resilient Campaign (R2C) Plan.

“We want to get behavioral healthcare out of brick and mortar and into the Soldier’s Lifespace,” said Lt. Gen. Patricia D. Horoho, Army surgeon general and commanding general U.S. Army Medical Command, in a report to the Behavioral Health Task Force earlier this year. “Soldiers are then more likely to seek

behavioral health and other wellness care.”

The 2012 National Defense Authorization Act (NDAA) mandates enhanced behavioral health screening of deploying service members. MEDCOM has been fielding a Behavioral Health System of Care under the umbrella of its Behavioral Health Service Line (BHSL) that is standardizing and optimizing clinical behavioral health efforts in support of the force. Under the BHSL, enhanced behavioral health screening is mandated across the Army. The Army conducts screening at five recognized touch points, exceeding requirements of NDAA by providing care throughout the deployment cycle to include an in-theater touch point and periodic annual screening.

“Army Medicine has taken necessary actions to ensure that behavioral health diagnosis and associated treatments have been standardized across our healthcare delivery platforms,” said Horoho.

The Army encourages commanders and leaders to coordinate events locally with military and civilian behavioral health providers to get the word out to Soldiers, Family Members, and Civilians that depression is treatable, and inform them of opportunities to be screened and referred for treatment by a primary care or behavioral health provider, if needed. Anonymous depression screenings are available online for Soldiers, Family Members and Army Civilians through the Department of Defense, Department of Veterans Affairs, and behavioral health agencies and resources in local communities.

It takes courage to seek help and the Army is committed to decreasing stigma associated with seeking help for depression by getting the word out that depression is

treatable, and that there are many resources available for Soldiers, Family Members, Army Civilians, Healthcare Providers, Beneficiaries, Retirees, and Veterans seeking behavioral healthcare. Even the most severe cases of depression are treatable and the earlier the treatment begins, the more effective it is and the greater the likelihood the recurrence of depression can be prevented.

Individuals suffering from depression and those suspecting that a Family Member or friend may have depression are urged

to contact their primary care physician or a behavioral health professional to get the needed care. The DOD offers anonymous behavioral health assessments for Soldiers, Family Members and Civilians 24 hours a day, seven days a week, online at www.militarymentalhealth.org.

Resources and Links:

- Army Behavioral Health: behavioralhealth.army.mil/
- Army Resilience Training: resilience.army.mil/
- Comprehensive Soldier Fitness: army.mil/csf/
- Real Warriors Campaign: realwarriors.net/
- Military OneSource: militaryonesource.com
- Veterans Affairs Mental Health Resources: mentalhealth.va.gov/
- Military Pathways: mentalhealthscreening.org/programs/military/
- Military OneSource: 1-800-324-9647

926th Medical Preps for Deployment

By Capt. Lyndsay Knoblock-Fast, 926th Medical Detachment (Preventative Medicine)

The small size of the 926th Medical Detachment (Preventive Medicine) stands in stark contrast to the magnitude of its mission. The 13-member unit provides sanitary inspections, epidemiological support, industrial hygiene, air, water, and soil sampling, and pest management for deployed units spread across large areas of operation. The 926th last deployed in support of Operation Enduring Freedom from 2010-2011 and will head to Afghanistan in support of Operation New Dawn this month.

The unit recently completed its week long culminating training exercise (CTE) Aug. 19-23 at McKenna Operations in Urban Terrain (MOUT) site in preparation for an upcoming deployment. The CTE involved observer and controllers from 44th Medical Brigade, 14th Combat Support Hospital (14th CSH), subject matter experts from Public Health Command Region South (PHC-S), Opposing Force role players from 3rd Squadron, 16th Cavalry Regiment, 3rd Battalion, 81st Armor Regiment, and IED support from the Maneuver Center of Excellence (MCoE) Counter IED Team.

“The 926th (training exercise) brought together the command, NCO and Soldier teams in a way not seen before by the unit. Through their determination, adaptability and teamwork, this trial by fire solidified them into a unit ready for combat operation” said Capt. Kristopher Appler, 14th CSH Observer/Controller.

“Our unit and Soldiers benefited greatly from assistance from the MCoE and 3rd ID. We couldn't have had such a great CTE without support of our contracted IED trainers, McKenna MOUT site personnel, and the awesome support of 3-16th Cavalry and 3-81st Armor. Having the Troopers alongside us really added an extra sense of realism to the CTE. I know our Soldiers picked their brains on mounted convoy TTPs and their weapons

systems. That was a great example of the MCoE's ‘One Force, One Fight’ motto,” said 926th Commander Maj. Scott Vial.

During the CTE, the 926th trained its mission essential tasks including: deploy and execute medical mission command; plan and execute Role III preventive medicine services; protect and defend; and unit supply, maintenance, and administrative activities. Soldiers demonstrated their tactical proficiencies (escalation of force, reacting to hostilities, MEDEVAC, casualty treatment, and counter IED) and technical skill sets (water sampling, pest management, occupational and environmental health assessments, and sanitary inspections) under realistic conditions. Throughout the CTE, the 926th showed that it is technically and tactically proficient in its Army warrior tasks and battle drills.

“The 926th Preventive Medicine Detachment performed their preventive medicine tasks in an outstanding manner,” said Capt. Travis Gilchrist from PHC-S. “In conjunction with their technical skills they were engaged tactically, as well. This increased the stress level of performing their preventive medicine mission.

However, this did not deter the 926th from correctly collecting samples

in the field. The 926th also showed great proficiency using the Deployed Occupational and Environmental Health Readiness System. This system records occupational and environmental health hazards encountered by our deployed Soldiers, Airmen, Sailors, and Marines. These efforts are critical to ensuring the long term health of our nation's war fighters and are a mission the 926th is more than capable of accomplishing.”

“This is by far the most realistic and challenging CTE that I've seen a PM detachment execute during my career,” said Vial.

This is a sentiment held by everyone who either had a hand in developing or supporting the 926th CTE.

“I really enjoyed the CTE. The command team did a great job and kept the team well informed,” said Spc. Amy Holecek, a technician for the 926th. “My team leader made me feel more proficient in the duties involved in my job. I really enjoyed the personnel from 44th MED BDE [brigade]... They told us what to expect when we arrived in theater. I learned what I was comfortable with and what I needed to work on prior to deploying,” said Holecek.



(Courtesy Photo) The 926th Medical Detachment (Preventive Medicine) recently conducted their Culminating Training Event at Fort Benning, Ga. The CTE was conducted to validate the 926th for their upcoming deployment to Afghanistan. The Soldiers pull security detail.

Fort Belvoir Opens First of Nine Brain Injury Centers

By Fort Belvoir Public Affairs

Since Sept. 11, 2001, more than 2.5 million U.S. troops have deployed to Iraq and Afghanistan, and hundreds of thousands of service members have been diagnosed with traumatic brain injuries.

Today those service members and thousands of others who have yet to receive a diagnosis have new hope, as the Intrepid Fallen Heroes Fund joined with military leaders to officially dedicate the new \$11 million “Intrepid Spirit” NICoE (National Intrepid Center of Excellence) Satellite Center. The center will provide crucial treatment of Traumatic Brain Injury (TBI) and Post Traumatic Stress (PTS) in returning service members.

“The NICoE System is an essential element of the Military Health System’s holistic approach to the recovery and transition of wounded, ill, and injured service members,” said Dr. Jonathan Woodson, assistant secretary of defense for health affairs and director, TRICARE management activity.

The center was funded and built by the Intrepid Fallen Heroes Fund through a \$100 million campaign to support returning Veterans with TBI and PTS. It is the first of nine Intrepid Spirit Centers nationwide to be completed and open for patients.

“Our military heroes answered the call to serve our nation in a time of need, now the rest of America must answer the call to serve them just the same,” said Arnold Fisher, honorary chairman of the Intrepid Fallen Heroes Fund.

“This center and the others that follow it will offer those troops and their Families new hope for recovery and new life.”

All the Intrepid Spirit Centers will be located at military bases and medical centers around the country to provide medical care for service members without

having to separate them from their units or leave their Families for extended periods of treatment. This proximity to Family and friends is expected to enhance their care and rehabilitation.

“This first NICoE Satellite Center is yet another tool we have to assist service members struggling with PTS and TBI,” said Richard Santulli, chairman of the Intrepid Fallen Heroes Fund. “It will allow us to help change the lives of thousands of returning service members and their Families, all while keeping them close to

and cost \$11 million to build. Upon completion, the Intrepid Spirit Centers will be gifted to the Defense Department for its use in diagnosing and treating returning service members.

“We are honored and thrilled that the National Intrepid Center of Excellence is now an important part of Fort Belvoir’s fabric and mission,” said Col. Gregory D. Gadson, garrison commander. “The work NICoE does to diagnose and treat traumatic brain injury and post-traumatic stress is critical, and we’re excited to have

The Intrepid Fallen Heroes Fund has provided over \$150 million in support for the Families of military personnel lost in service to our nation, and for severely wounded military personnel and Veterans. Fort Belvoir Community Hospital is a state-of-the-art, 120-bed facility and is one of the first military treatment facilities to use evidence-based design principles to better patient outcomes, decrease recovery times and to maximize provider and patient safety. Nature and its healing effects play a role in the hospital’s design.

home and the support system that is so vital to recovery.

“The invisible wounds of war have plagued our American heroes for far too long, and the Intrepid Fallen Heroes Fund is proud to play a role in making sure that every service member has access to the resources and care they need to fully recover,” he said.

Each center will be 25,000 sq. ft.

it join in our partnership with all the facilities of Fort Belvoir’s medical campus.

“The opening of the NICoE at Fort Belvoir adds a dramatic new dimension to the care and rehabilitation our Warriors deserve, and that they, their Families and the nation expect,” he said.

Col. Charles Callahan, commander of

Fort Belvoir Community Hospital. “At this new facility, wounded warriors develop a personalized comprehensive transition plan that includes individual goals in six dimensions of life: physical, career, social, spiritual, emotional and Family. In coordination with their physical therapists and medical providers, Wounded Warriors partner as a team and develop new ways to incorporate unique life elements into their treatment and recovery plans, said.

The NiCoE center “revolutionizes the care model” for TBI and PTS for both the Warrior and Family,” said Dr. Heechin Chae, director of the Fort Belvoir Intrepid Spirit Center. “Combined with our advanced research programs, this care model is fully integrated with our clinical programs to maximize the warrior’s functional ability and allows a productive return to military service and the community.”

The design and mission of the Satellite Centers are based on the original NiCoE, which opened in 2010 at the Walter Reed National Military Medical Center in

Bethesda, Md. Operated by the DOD, NiCoE is the most advanced facility of its kind and is the center of the Armed Forces’ efforts in researching, diagnosing and treating TBI, PTS and related injuries sustained by military personnel. Hundreds of U.S. service members have received some diagnosis or treatment from NiCoE in the last three years.

Each NiCoE Satellite Center will incorporate:

- **Intake/Clinic area: psychiatric testing, chiropractic treatment, acupuncture, neuro psych testing rooms and exam rooms.**
- **Physical Therapy: open gym layout with physical therapy equipment including adjustable mat tables, parallel bars, treadmills, alter-G gait trainer, and other therapy items.**
- **Sleep Lab: one sleep room, equipped with a sleep system and ambient therapy music, and a control room with a computer monitoring system.**
- **Central Park: a unique and multi-**

purpose environment to support physical therapy and family activities, with features including a therapeutic labyrinth for meditation and focusing exercises and a natural setting with trees, shrubs, and water elements.

- **Family Room: providing a reprieve space for patients and family to spend time together and take a break from the clinical treatment regime.**

The Intrepid Fallen Heroes is also currently engaged in a social media campaign, #MakeItVisible, which encourages all Americans to lend support to the NiCoE Satellite Center Effort, and to learn about the invisible wounds of war, specifically Traumatic Brain Injury and Post Traumatic Stress. Visit www.makeitvisible.org for more information.



Leaders from the Department of Defense, Fort Belvoir, and Intrepid Fallen Heroes Fund cut the ribbon to the National Intrepid Center of Excellence Wednesday. Funded and conceived by the Intrepid Fallen Heroes Fund, the Belvoir hospital NiCoE satellite is 25,000 square feet and will serve about 600 service members each year and about 150 appointments per day. (Department of Defense photo by Marc Barnes)

National Prescription Drug Take-Back Day

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

The Drug Enforcement Administration (DEA) has scheduled another National Prescription Drug Take-Back Day which will take place on Saturday, October 26, 2013, from 10:00 a.m. to 2:00 p.m. This is a great opportunity for those who missed the previous events, or who have subsequently accumulated unwanted, unused prescription drugs, to safely dispose of those medications.

In the six previous Take-Back events, DEA in conjunction with state, local, and tribal law enforcement partners have collected and removed from circulation more than 2 million pounds (1,018 tons) of prescription medications.

The Army has been participating in the event since its inception and is making an impact. “We are very pleased that our CONUS garrisons, to include Alaska and Hawaii, have participated in the last five take-back days which have been very successful. We have collected over 13,000 pounds of unused and expired prescription medications for proper disposal since April 30, 2011,” said Linda

Martinez, chief of prevention services, U.S. Army Installation Management Command (IMCOM) Army Substance Abuse Program at Fort Sam Houston, Texas.

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposal, while also educating the general public about the potential for abuse of these medications.

Take Back Your MEDS:
takebackyourmeds.org/

U.S. Department of Justice Drug Enforcement Agency: deaddiversion.usdoj.gov/drug_disposal/takeback/

U.S. Department of Justice Drug Enforcement Administration
Office of Diversion Control

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Drug Disposal Information > National Take-Back Initiative

Got Drugs?

NATIONAL TAKE-BACK INITIATIVE

October 26, 2013
10AM to 2PM

The National Prescription Drug Take-Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

Please check back on October 1, 2013 to locate collection sites near you.

Law Enforcement Agencies Only:

For law enforcement agencies that wish to host a collection site please call the POC in your area.

[Drug Disposal Information](#)
[News Releases](#)

EMERGENCY Disaster Relief

Heroic efforts by Fort Carson MEDEVAC Company Saves Lives in Colorado Floods

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

Three Army Medicine MEDEVAC crews from Fort Carson, Colo., deployed to flood areas last month to assist in evacuation and rescue efforts. They joined members of the Colorado and Wyoming National Guard, Federal Emergency Management Agency (FEMA), and other local emergency response teams in support of flood evacuation operations. According to Lance Blyth, U.S. Northern Command historian, the military response to the Colorado floods, dubbed “Operation Centennial Raging Waters,” is likely to be the biggest rotary-wing airlift mission since Hurricane Katrina.

Operating out of Boulder Municipal airport (KBDU), the MEDEVAC crews equipped with three Black Hawk and four Chinook helicopters flew upwards of 9.5 hours each on a single evacuation day before running out of daylight and crew endurance. Over five days, flight crews from 2nd Battalion, 4th Aviation Regiment (2-4 GSAB) completed several rounds of nonstop evacuations and had rescued/evacuated 1028 civilians and flown over 150 total flight hours. A total of 338 Family pets were also evacuated.

Charlie Company Archangels flew over 75 flight hours and conducted 43 hoist missions, most of which included five or more lifts per mission in order to clear evacuation sites of all personnel, pets, and baggage. A total of 3,054 people were



Staff Sgt. Jose Pantoja, medic, hoists an evacuee to safety as part of Colorado flood evacuation operations. Army Medicine MEDEVAC crews from 2nd Battalion, 4th Aviation Regiment (2-4 GSAB) stationed out of Fort Carson, Colo., rescued/evacuated 1028 civilians and flew more than 150 total flight hours over five days of operations. (U.S. Army photo by Sgt. Jonathan Thibault, 4th CAB Public Affairs)

evacuated by military personnel as of mid September. At the time, authorities were reporting more than 1,000 individuals were still unaccounted for, which increased concern that flight crews would start seeing patients by the time the mission was complete.

“Thus far, none of the evacuees were the result of injuries directly related to the flooding; however, there were many who had chronic injuries or illnesses that required attention, especially among the elderly,” said Maj. Seth O. Swartz, MEDEVAC commander, 2-4 GSAB (General Support Aviation Battalion), and native of Kalamazoo, Michigan.

At the time, Swartz was en route to check on his crews and get a better sense of the scope and duration of what he could expect in the days ahead.

“The mission was limited to daytime operations only, due to the combination of weather through the weekend and the challenges inherent in flying and conducting hoist extractions in mountainous terrain,” said Swartz. This was coupled with challenges associated with mountain search and rescue where

there is no one on the ground in these isolated areas to identify their locations or call the crews in for help.

The rain began in early September and within a few days had picked up tempo, dropping as much as 9-10 inches in parts of the state known as the Front Range which is the most populous area in the instate region. It is the home of such famous cities as Denver, Aurora and Boulder as well as the smaller municipalities in the hills.

According to Fort Carson public affairs, total force support from the 4th Combat Aviation Brigade to assist civilians affected by the Colorado floods included 77 pilots, fuel handlers, and maintenance personnel. Equipment included seven helicopters of which three are hoist capable. Additionally, the 43rd Sustainment Brigade moved 33,350 gallons of fuel to support operations in Boulder.

To view more photos: 2nd Battalion, 4th Aviation Regiment: [facebook.com/24GSAB](https://www.facebook.com/24GSAB)

The Dustoff Association Facebook Page: [facebook.com/TheDustoffAssociation](https://www.facebook.com/TheDustoffAssociation)

Dustoff Association website: [dustoff.org/Videos/videos.htm](https://www.dustoff.org/Videos/videos.htm)



Staff Sgt. Neil Schmidt, medic, and Sgt. Zachary Quinn, crew chief, hoist a cat to safety aboard a MEDEVAC helicopter. Army Medicine MEDEVAC crews from 2nd Battalion, 4th Aviation Regiment (2-4 GSAB) stationed out of Fort Carson, Colo., rescued/evacuated 1028 civilians and flew more than 150 total flight hours over five days of Colorado flood evacuation operations. (U.S. Army photo by Sgt. Jonathan Thibault, 4th CAB Public Affairs)

View rare, raw footage of Air crews from 4th Combat Aviation Brigade, 4th Infantry Division, Fort Carson, Colo., assisting with rescue and recovery operations due to massive flooding near Boulder, Colo., in support of the Colorado National Guard at: [dvidshub.net/video/301371/colorado-floods-2013#UjXggi#ixzz2fHCCF0zE](https://www.dvidshub.net/video/301371/colorado-floods-2013#UjXggi#ixzz2fHCCF0zE)

Denali Medics to the Rescue on Parks Highway

By Staff Sgt. Mark Shrewsbury, 4th Brigade Combat Team, 25th Infantry Division Public Affairs

Spartan medics assigned to the Headquarters Troop, 1st Squadron (Airborne), 40th Cavalry Regiment, gave emergency medical aid to an Alaskan man on Sept. 8. The unit had been traveling in a convoy en route to Donnelly Training Area, near Fort Greely, Alaska, when the occupants of its lead vehicle came into view of a late model Toyota Tundra that had rolled over.

“On the way up to training, we received radio notification from a vehicle ahead of us in the convoy that there had been a motor vehicle accident,” said Sgt. 1st Class Ryan Wahler, a U.S. Army medic and native of Fort Knox, Ky., assigned to HHT, 1-40th CAV. “At the time, I didn’t know that it was a civilian until we actually got up to where the accident happened.”

Wahler said when they received the call, all they were told was that there was a person with a laceration to their head.

He discovered that the man had significant injuries to the head. He immediately directed another U.S. Army medic, Spc. Randy D. Sickles, a native of Harrod, Ohio, to get the medical equipment needed to provide emergency treatment to the man.

“Sgt. 1st Class Wahler acted very quickly and without any sign of uncertainty or delay,” said Sickles. “He began evaluating the casualty and telling me what he needed without missing a beat.”

After immobilizing his neck and strapping him onto a spine board, Wahler and Sickles provided emergency medical care at the scene of the accident, while civilian emergency medical personnel drove to the site. The medic team then moved the man into their field litter ambulance and out of the wet and cold climate. Working as a team, the pair

began the steps to provide oxygen to their patient.

“The man was not alert to what was really going on,” Wahler said. “Any time I asked him questions, he didn’t really have an answer for me. I could tell him something, like a color, and he wouldn’t remember what color I told him a few seconds later.”

The two medics provided medical aid to the best of their abilities for nearly half an

hour before an ambulance appeared on the scene. Once help arrived, they explained everything they had done for the man in detail . . . an action that is required of any medical professional transferring a patient into another physician’s care.

The Spartan paratroopers of the 1-40th CAV set out once more after the ambulance rushed away but not without hopes and prayers that the man would recover and be up and around soon.



U.S. Army Sgt. 1st Class Ryan Wahler (far right), a senior medic with Headquarters Troop, 1st Squadron (Airborne), 40th Cavalry Regiment, hailing from Fort Knox, Ky., gives emergency medical aid, along with fellow paratroopers and emergency personnel, to an accident victim Sept. 8, 2013. The military convoy Wahler was en route to Donnelly Training Area near Fort Greely, Alaska when they discovered a Toyota Tundra which had rolled over during a motor vehicle accident. (U.S. Army photo by U.S. Army Sgt. 1st Class Miguel A. Baltazar)

Squad Leaders Take Lead as Performance Triad Launches

By David Vergun, ARNEWS

The first pilot course for the Army's Performance Triad began with some squad leaders beginning their training at Joint Base Lewis-McChord, Wash., Sept. 9.

Performance Triad focuses on improving Soldiers' health through proper Activity, Nutrition, and Sleep. It is a key component of the Army's Ready & Resilient Campaign Plan, according to the Army's surgeon general.

The goal of Performance Triad is "to increase Soldiers' health literacy, because I believe that if people's knowledge is increased, they'll make the right decisions that will optimize their performance and their ability to perform their mission," said Lt. Gen. Patricia D. Horoho, Army surgeon general and commanding general U.S. Army Medical Command, during an interview three days before the launch of the pilot.

Eleven squad leaders from 3rd Squadron, 38th Cavalry Regiment, 7th Infantry Division, are receiving two weeks of training from health and medical professionals. Following their training, they will be responsible for imparting their knowledge and mentoring their Soldiers over the course of 24 weeks.

Data analysis and program evaluation follows the 24-week period, according to Barbara Ryan, a registered nurse with the Army surgeon general's office and the lead for Performance Triad training, education and communications.

Two other pilots are planned using the same schedule and instruction: one at Fort Bliss, Texas, involving Soldiers of 4th Battalion, 6th Infantry, beginning Sept. 30; and the other at Fort Bragg,

N.C., with Soldiers of the 189th Combat Sustainment Support Battalion, starting Oct. 28. U.S. Army Forces Command selected all of the battalions participating.

Once all the data and feedback are collected and reviewed, consolidated program recommendations for Army-wide implementation of Performance Triad will be delivered to the Army chief of staff and vice chief of staff in the fourth quarter of fiscal year 2014, according to Ryan.

SQUAD-CENTRIC FOCUS

The approach to the training is that small-unit leaders will be responsible for motivating their Soldiers with the Performance Triad health information. This empowers the squad leader in the overall health and wellness of their Soldiers. It is critical for the squad leaders and Soldiers to be supported by the chain-of-command to be successful, but it is not a top-driven program, Ryan said.

"The squad leader is the one who knows their Soldiers best," said Horoho. "They can have the most impact on their Soldiers' mental, physical, emotional and spiritual health.

In addition to Performance Triad training, squad leaders will receive a guidebook that can fit into their pockets, "Performance Triad: A Leader's Guide and Planner." The guidebook not only explains the importance of Activity, Nutrition and Sleep for performance, it also provides tips for how squad leaders can get their Soldiers motivated and on board with the training. It also includes a calendar and activity log, goals, and links to useful videos and websites.

Soldiers receiving training from their

squad leaders will also get a guidebook: "Soldier's Guide: Tools for the Tactical Athlete." It contains similar information, minus the leadership tips portion.

"We wanted to make the books and the training as user-friendly as possible and make it appealing to a younger demographic, which most of these Soldiers are," said Ryan. She added that all of the training materials and instruction are "steeped in research," meaning that all of the latest medical and performance findings are incorporated.

To help Soldiers measure their performance and hoped-for improvements, all will be issued a "personal readiness device." The personal readiness device measures activity, nutrition, and sleep and provides real-time feedback to the user through data that can be viewed daily, weekly, or monthly to track progress over time. The data is uploaded and stored to the user's account via Blue-tooth connection between the device and the user's personal computer or Smartphone.

Government computers currently allow access to the user's data via the Internet, however this access does not require software to be loaded on a government computer. Non-networked laptops with a wireless card will be provided at each company in the pilot battalion and Soldiers will upload their data by walking by the non-networked laptop on a weekly basis. These computers can be used to check their personal readiness device data and charge their personal readiness devices and do not compromise the DOD network, officials said.

"The team at Telemedicine and Advanced Technology Research Center

PERFORMANCE TRIAD

led the effort and a market analysis was completed. Twenty-five commercial off-the-shelf devices were reviewed on 57 variables of interest. The only device on the market that met the minimum criteria holistically for the pilot was the Fitbit Flex,” Ryan said

LONG-TERM EFFECTIVENESS

Once the pilots are completed and assuming Army-wide implementation at a future date, effectiveness of Performance Triad will be measured in a number of ways, Ryan said, including the Global Assessment Tool, a survey taken by all Soldiers at regular intervals.

She said there will also be a seven-year longitudinal study in which Soldiers can volunteer to participate.

U.S. Army Training and Doctrine Command will get involved at some point in the packaging and delivery requirements when the program is approved and ready to be rolled out Army-

wide.

The effectiveness of Performance Triad is critical to Army mission success for a variety of reasons, Ryan said, citing some sobering statistics:

“Last year, 2,300 Soldiers were discharged due to being overweight, at a cost of \$61 million. Soldiers with musculoskeletal injuries make up 45 percent of the medically not-ready force. And, Soldiers who get five hours of sleep or less lose 20 percent of their cognitive performance.”

Soldiers can take some easy and simple steps to lower their risk for injuries and illnesses and to elevate their performance, Ryan said, citing examples such as walking around more during the day, eating more fruits and vegetables, and getting adequate sleep if the mission allows.

Horoho stressed that the Performance Triad will be an Army initiative, not an Army Medicine initiative.

The surgeon general said she hopes



that eventually all “Soldiers will see (The Performance Triad) as embedded in the DNA of our Army” -- similar to what the “Profession of Arms” and “Army Ethos” is.

“Over the last 12 years, we’ve learned that you need to train not just our Soldiers but their Families as well, and ensure that they’re healthy mentally, physically, emotionally, and spiritually,” Horoho continued. “By improving health, I absolutely believe we’re improving the readiness of the force.”

Watch what’s playing now on YouTube

Mr. Gregg Stevens, AMEDD Civilian Corps Chief, tells a story about feeding the good wolf and positivism.

Lt. Gen. Patricia Horoho, Army Surgeon General and Commanding General U.S. Army Medical Command discusses moving towards a System for Health and the Performance Triad.

Evaluation helps Wounded Warriors

The Functional Capacity Evaluation assesses the capacity of service members for specific work-related tasks.

Performance Triad Aims at Peak Performance

By Sgt. Ryan Hallock, 20th Public Affairs Detachment

The Performance Triad Pilot program focuses on Activity, Nutrition, and Sleep in effort to enhance a Soldier's performance and overall health.

The Army is getting back to the basics with the Performance Triad Pilot program to ensure Soldiers get the education they need to stay healthy while optimizing performance.

The new program, which started Sept. 9 on Joint Base Lewis-McChord (JBLM), addresses the three key components to prevent injury and maximize performance in the Army. Optimal performance is achieved when Activity, Nutrition, and Sleep are addressed simultaneously.

"Your health is determined by the choices you make," said Col. John O'Brien, chief of operational medicine and deployment health, Madigan Army Medical Center. "Many reasons people have chronic diseases are because of poor health decisions."

More than 2,300 Soldiers were discharged last year for being overweight, degrading their units' readiness. The Performance Triad Pilot Program takes a proactive approach to health by implementing the fundamentals through squad leaders.

Soldiers with the 3rd Squadron, 38th Cavalry Regiment, and 201st Battlefield Surveillance Brigade were the first to test the program in September. Squad leaders will use guidebooks to conduct a 26-week program on Army physical readiness training, nutrition for performance and proper sleep habits.

Squad leaders will educate their Soldiers on weekly topics like extreme conditioning programs, dietary supplements, deployments and field nutrition, and sleep tactics for sustained operations.

"The commanders will see better readiness," O'Brien said. "They'll see fewer Soldiers ... chaptered out of the



The Performance Triad Pilot program focuses on Activity, Nutrition, and Sleep in effort to enhance a Soldier's performance and overall health.

Army for being overweight. They'll see fewer Soldiers develop diseases like diabetes, high blood pressure, and things that may make it so they can't deploy."

Unit master fitness trainers will teach the key components of the Performance Triad Pilot Program.

Getting proper activity is only the beginning. To promote health-conscious food selections, the Army has introduced its "Go For Green" program in its dining facilities. It's a food identification labeling system that educates Soldiers on the nutritional value of dining facility food items.

The Performance Triad stresses a strong relationship between nutrition and quality of life and rest to recharge the body.

Soldiers need seven to nine hours of sleep per 24-hour period, but on average get less than six, according to U.S. Army

Medical Command statistics.

"I went to Ranger School and we didn't sleep at all," O'Brien said. "You can function and you can do it, but at what cost?"

Soldiers who only get four hours of sleep per 24-hour period for five to six consecutive days have an equivalent of a blood alcohol level of 0.09.

During the program, 3-38 Cav. Soldiers will wear Fitbit Flex Wireless Activity and Sleep Wristbands, which digitally monitor their daily activity and sleep.

Fort Bliss and Fort Bragg are next in line after JBLM to undergo the Performance Triad Pilot Program. By April 2014, the results of the three tests will be reviewed by the chief of staff of the Army before the program goes Army-wide.



THE TRANSFORMATION OF ARMY MEDICINE: MEDCOM Celebrates 19 Years of Organizational Resilience

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

On October 2, 1994, The United States Army Medical Command (MEDCOM) was established as part of efforts to reorganize and restructure Army Medicine. This came with the decommissioning of Health Services Command (HSC) after 21 years at a ceremony at Fort Sam Houston, Texas. Health Services Command (HSC) came into being in April 1973 under the command and control of Maj. Gen. Spurgeon H. Neel Jr.

MEDCOM is one of 11 Direct Reporting Units (DRUs) in the Army. It manages a \$13.8 billion budget and provides medical care for more than 3.94 million beneficiaries worldwide including active-duty service members, Retirees, and their Family members. The command also oversees graduate medical education, health professional education, and medical research and innovation.

MEDCOM has achieved significant milestones over the past 19 years of its establishment. Its most recent milestones include the appointment of Lt. Gen. Patricia D. Horoho as the Army's 43rd surgeon general. Horoho became the first woman and first nurse to command the Army's largest medical organization. As MEDCOM commander, Horoho joins a long lineage of past Army surgeons general, going back to 1775. She also commands the third-largest healthcare system in the United States, behind the Department of Veterans Affairs, and Hospital Corporation of America. The surgeon general (TSG) manages fixed hospitals and subordinate commands and agencies representing more than 480 facilities and 29 executive agencies, many of which lead groundbreaking research efforts. She also oversees 140,000 military and civilian employees.

Adaptation, transformation, and resilience have been the overarching messages of Horoho and MEDCOM's emerging footprint characterized by a history shaped by more than a decade of war.

"Over the past decade, Army Medicine has led the joint health effort in the most austere environments," Horoho said on the day of her appointment. "As part of the most decisive and capable land force in the world, we stand ready to adapt."

Under the current MEDCOM structure, TSG is also "dual-hatted" as the commanding general of MEDCOM. The surgeon general serves as the medical expert on the Army staff, advising the secretary of the Army, Army chief of staff and other Army leaders, and providing guidance to field units. This dual-hatted role unites in one leader's hands the duty to develop policy and budgets as TSG and the power to execute them as the MEDCOM commander.

MEDCOM's capabilities are distinguished under Horoho's tenure by four key initiatives that address the transformation of Army Medicine from a healthcare system to a System For Health.

In a call to action, that clarified and set in place a common operating picture for the Army-wide movement toward a System For Health, Horoho provided an overview of MEDCOM's current financial challenges and declining health status of our Soldiers, our Families, and the nation at large. "I really believe that this is a threat to our national security," said Horoho.

Horoho addressed the need for everyone to recognize their critical part in shaping Army Medicine's future. "That future begins today," said Horoho via teleconference to leaders and practitioners

during the Stand-Up for Health Training Day held in August.

Horoho's vision for a future MEDCOM is detailed in the Army Medicine 2020 Campaign Plan which operationalizes the vision and strategic imperatives to ensure that the Army leads the nation in health. The Campaign Plan establishes the framework through which the Army Medical Department (AMEDD) will achieve its 2020 end state and is synchronized with the Army's Ready and Resilient Campaign (R2C) Plan. The AMEDD 2020 Campaign Plan focuses on outcomes - to improve readiness, save lives, and advance health in support of the Total Force.

"Everyone in Army Medicine has an active role in changing, not only the way Army Medicine is organized and operates, but also in how we interact with our patients and our beneficiaries and how we influence health," said Horoho.

The Ready and Resilient Campaign integrates and synchronizes multiple efforts and programs to improve the readiness and resilience of the Army Family. Ready and Resilient creates a holistic, collaborative, and coherent enterprise to increase individual and unit readiness and resilience. Ready and Resilient builds upon physical, emotional, and psychological resilience in our Soldiers, Families, and Civilians so they improve performance to deal with the rigors and challenges of a demanding profession.

Army Medicine's Performance Triad is nested under the Army's Ready and Resilient Campaign. The Performance Triad is Army Medicine's key initiative to improve Soldier, Civilian, and Family health and stamina focusing



upon Activity, Nutrition, and Sleep Management (ANS) during the time when patients are outside of a doctor's care. This is referred to as the 525,500 minutes of the year where we live our lives, or the Lifespace.

"Each healthcare encounter is an average of 20 minutes, approximately 5 times per year. Therefore, the average annual amount of time with each patient is 100 minutes; this represents a very small fraction of one's life. We want to partner with our patients regarding the other 525,500 minutes of the year where they live their lives," said Horoho.

The last component of Army Medicine's transformation is the Operating Company (OCM) model which is a business framework that seeks consistency of experience across the enterprise by both patients and medical staff. It is the abstract representation of how an organization operates across process, organization, and technology domains in order to accomplish its function. The OCM reduces operational complexity and describes the way a 21st century organization does business today.

Army Medicine's transformation is part of a larger initiative with a mission to change how military medicine does business. Led by Air Force Maj. Gen. Douglas J. Robb, the Defense Health Agency (DHA) will stand up on October 1, as part of Military Health System's (MHS) move towards streamlining processes, reducing complex operations, and achieving actual cost reductions with an end state of improving care to beneficiaries of military medicine. This includes Army Medicine beneficiaries.

This global restructuring of the MHS does not alter MEDCOM's mission to provide responsive and reliable health services. Nor does it alter the mission to improve readiness and advance the wellness of Soldiers and their Families. However, the implementation of DHA is

an attempt to reduce operating costs by consolidating services. It is to bring under one command those "high-profile and high-cost" systems such as Information Technology, Medical Logistics, Resource Management, Contracting, and TRICARE Health Plan that quite logically should be the same no matter if you are in the Army, Navy, Air Force, or Marines.

The establishment of the DHA is slated as "...the biggest structural organizational change" in Military Health System history, said acting Tricare Deputy Director Allen Middleton.

It is fitting that MEDCOM's anniversary coincides with the establishment of DHA and the beginning of an alignment of services to maximize customer care across the enterprise. As MEDCOM celebrates the occasion of its 19th anniversary, we reflect on 238 years of service to our nation and recall the tremendous challenges Army Medicine has successfully faced by remaining adaptable, ready, and resilient.

"What we have done well [over the past 238 years] is that we have seized the opportunities that those challenges present and today is no different," said Horoho. "This is a call to action."

ABOUT ARMY MEDICAL

DEPARTMENT: *Army Medicine provides responsive services and influences health to improve readiness, save lives, and advance wellness in support of the Force, military Families, and all those entrusted to its care. Army Medicine is a seamless chain of care stretching back to fixed hospitals in Europe and the U.S., where Soldiers and others receive state-of-the-art care. The Army surgeon general wears a dual hat as the commanding general of the U.S. Army Medical Command (MEDCOM). The MEDCOM manages a \$13 billion budget and cares for nearly 4-million beneficiaries—Soldiers, active-duty members of all services, Retirees and their Family members. In*

addition to veterinary support provided to all Services, Army medical personnel are engaged in many joint-service efforts. The Army's Office of The Surgeon General oversees joint field operating activities for the secretary of defense, and medical units participate in many multi-service deployments and exercises.

Links:

Ready & Resilient:

army.mil/readyandresilient

Performance Triad & Lifespace:

armymedicine.army.mil/

[PerformanceTriad/index.cfm](http://armymedicine.army.mil/PerformanceTriad/index.cfm)

Military Health System Stakeholders'

Report:

[http://health.mil/Libraries/Documents_](http://health.mil/Libraries/Documents_Word_PDF_PPT_etc/2012_MHS_Stakeholders_Report-120207.pdf)

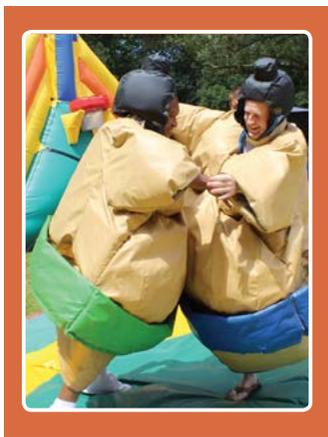
[Word_PDF_PPT_etc/2012_MHS_](http://health.mil/Libraries/Documents_Word_PDF_PPT_etc/2012_MHS_Stakeholders_Report-120207.pdf)

[Stakeholders_Report-120207.pdf](http://health.mil/Libraries/Documents_Word_PDF_PPT_etc/2012_MHS_Stakeholders_Report-120207.pdf)

Snapshot of a day in Army Medicine:

- 41,986 clinic visits
- 374 patients admitted
- 1,214 patient beds occupied
- 26,600 dental procedures
- 5,879 immunizations
- 64 births
- 12,494 radiology procedures
- 54,048 outpatient pharmacy prescriptions
- 50,420 laboratory procedures
- 1,961 veterinary outpatient visits
- \$23.2 million worth of food inspected

AROUND ARMY MEDICINE



Sumo Wrestling Chesterfield, VA

Sgt. Maj. R.D.W. Crosby, Kenner Army Health Clinic, sergeant major and Col. Thomas S. Bundt, clinic commander take to the mat as sumo wrestlers during the clinic's Organization Day at Point of Rocks Park in Chesterfield, Va. (U.S. Army photo by Kimberly K. Fritz)

Change of Command

Madigan Army Medical Center, Joint Base Lewis McChord, Wash. — Madigan Army Medical Center welcomed a new commander during a change of command ceremony last month at Watkins Field on Joint Base Lewis-McChord, Wash.

Col. Ramona Fiorey took command during the event from Col. Dallas Homas, the commander of Madigan since 2011; Maj. Gen. Richard Thomas, Western Regional Medical Command commanding general, served as the reviewing officer for the ceremony.

Fiorey comes to Madigan after serving as the chief of staff for Walter Reed National Military Medical Center, Bethesda, Maryland. A unique aspect of the troops assembled for the change of command was the addition of a civilian unit to the formation. That unit represented the nearly 70 percent of Madigan's employees who are civilians. Also assembled on the parade field were Madigan Soldiers from Troop Battalion, the Warrior Transition Battalion, and the California Medical Detachment, from Monterey, Calif. Fiorey became the 38th commander of Madigan and spoke of her focus as CEO and appreciation for all in attendance.

"I am humbled to have the opportunity to command this great hospital and to serve at Joint Base Lewis-McChord," she said. "I pledge my best to ensure that our beneficiaries receive the very best healthcare possible. They deserve nothing less."





Largest DoD Dining Facility Named for Combat Medic

By Esther Garcia, AMEDDC&S Public Affairs Office

The Department of Defense’s largest dining facility officially became known as the Slagel Dining Facility during a dedication ceremony at Joint Base San Antonio-Fort Sam Houston in Aug. The facility is named in honor of Sgt. 1st Class Wayne E. Slagel, a combat medic who served in World War II, the Korean War, and the Vietnam War.

“It is important that we take time today to remember this true hero,” said Maj. Gen. Steve Jones, Army Medical Department Center and School (AMEDDC&S) commanding general and host for the ceremony. “Not only for the fact that he is one of only two individuals who have earned the Combat Medical Badge during three different conflicts, or that he has been awarded the Bronze Star Medal with V device for valor and four oak leaf clusters, along with the Purple Heart and numerous other awards.”

Slagel earned his first Combat Medical Badge and Bronze Star for Valor while serving in the Philippines on the island of Mindanao during World War II.

When war broke out in Korea he was assigned to the 27th infantry Regiment, the famed Wolfhounds. He joined them for the tough fight on Heartbreak Ridge when he frequently accompanied his platoon on five-to seven-man patrols beyond the front lines. He often found himself treating wounded comrades under heavy fire and was again awarded the Bronze Star and Combat Medical Badge.

With the end of the Korean War in 1953, Slagel remained in Seoul retiring 10 years later. He was recognized for outstanding work in entomology and was named an honorary colonel in the

Korean National Police Force.

In June 1967, Slagel volunteered to return to active duty and serve in Vietnam because of a shortage in experienced medics. He frequently accompanied medical civic action teams out to treat villagers outside the base.

In 1968, a heavy mortar and rocket attack marked the start of the Tet Offensive, one of the largest military campaigns of the Vietnam War.

Leaving his bunker to treat those injured in the initial attack, Slagel was wounded in the hand, leg and knee by mortar fragments. He continued treating casualties and made his way down to the battalion aid station which he knew would be overwhelmed.

Only after he finished there did he allow himself to be treated. For his service in Vietnam, Slagel was awarded the Purple Heart and his third award of the Combat Medic Badge.

“We should remember him for his long and distinguished career marked by sacrifice and selfless service to our

nation,” Jones said.

Attendees toured the dining facility following the unveiling of the plaque.

The Slagel Dining Facility is the largest dining facility in the Department of Defense. It is approximately 60,000 square feet over two floors and is built to serve 4,800 personnel in 90 minutes. It provides three meals daily to thousands of Soldiers, Sailors, and Airmen attending medical training at the Medical Education and Training Campus.

“There were two things my father loved, the Army and eating, so this is the perfect facility to be named after him,” said Princess Slagel-Bucshon, who attended the ceremony with her brother, David.

A previous Army Medical Department dining facility, Building 1377, was named after Slagel on April 2, 1999. This dining facility was closed and demolished in 2013 and its services were transferred to the new dining facility.



Maj. Gen. Steve Jones (left), U.S. Army Medical Department Center and School commanding general, is joined by David Slagel, Princess Slagel-Bucshon, and Noncommissioned Officer Academy Commandant Command Sgt. Maj. Christopher Walls, as they unveil the plaque designating Dining Facility No. 3 as the Sgt. 1st Class Wayne Slagel Dining Facility during a dedication ceremony Aug 8. The plaque hangs at the entrance of the dining facility.



Book Discusses the Scientific, Medical, Military, and Philanthropic Accomplishments of Surgeon General George Miller Sternberg

Borden Institute Releases in the Interest of Truth: The Life and Science of Surgeon General George Miller Sternberg by Stephen C. Craig, U.S. Army (RET), Assistant Professor, Medical History, Uniformed Services University of the Health Sciences

This publication chronicles the life of Brigadier General George Miller Sternberg, who served as the 18th surgeon general of the US Army from May 30, 1893, to June 8, 1902. He was combat tested in the American Civil War and the campaigns against the Native Americans on the frontier. His lifelong interest in infectious disease defined him as one of the premier medical scientists of his day and as “America’s first bacteriologist.” As surgeon general, he established the Army Medical School, led the Army

Medical Department through the Spanish American War, and appointed the Yellow Fever Commission. According to retired Lt. Gen. Eric B. Schoomaker, M.D., Ph.D. and former United States Army surgeon general, “The words and deeds of George Miller Sternberg are a powerful historical example of Army Medical Department (AMEDD) strategic leadership and provide an exceptional study for contemporary and future military medical leaders.” This textbook is now available for

online order or PDF download from the Borden Institute Website: www.cs.amedd.army.mil/borden.

Copies of Borden Institute publications may be ordered free of charge by eligible personnel. Anyone may download PDF versions free of charge. cs.amedd.army.mil/borden



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Dental and Trauma Research Detachment (DTRD) Wins Silver Award for Excellence in Research at the MCSRS 2013 Annual Meeting

By Lt. Col. Jeff Marks, U.S. Army Dental Command

On August 15, 2013, the United States Army Dental and Trauma Research Detachment (USADTRD), Department of Oral Epidemiology dental researchers consisting of Col. Phillip DeNicolo, Maj. Paul Colthirst and Dr. John Simecek, of the Naval Medical Research Unit in San Antonio, Texas, received the Silver Award for excellence in research at the annual Military Health Systems Research Symposium (MHSRS 2013) in Fort Lauderdale, Florida.

“This award signifies the importance of research in the area of dental trauma,” said DeNicolo. “Work in this area increases military readiness and potentially reduces pain and suffering both in garrison and on the battlefield. We are very proud of this recognition and look forward to developing

predictive dental trauma models in the near future.” Colthirst also stated that “approximately 280 posters were presented at this year’s MHSRS meeting, and for anything dental trauma related to have earned second place is truly a great accomplishment.”

The title of the poster was: “Incidence and Risk Factors of Dental Disease and Non-Battle Injury among U.S. Army Components in OIF and OEF.” The Center for AMEDD Strategic Studies was instrumental in the statistical analysis and interpretation of the results.

For additional information on dental trauma and how oral health is affected while deployed, you can review the following peer-reviewed book chapter papers.

Dela Cruz, G, Colthirst, Paul.

Oral Health Effects of Combat Stress. The Textbooks of Military Medicine. Washington, DC: Department of the Army, Office of The Surgeon General, Borden Institute; 2011: 259-272.

Colthirst, P; DeNicolo, P, Simecek, Berg, R. *Operational Cost Analysis of Dental Emergencies for Deployed U.S. Army Personnel During Operation Iraqi Freedom. Military Medicine, April 2013,178, Number 4, pp. 427-431(5). March 2013*

Colthirst, P; DeNicolo, P, Simecek, J, Will, B. *Use of Dental Disease Non-battle Injury Encounter Module to Assess the Emergency Rate on an Army Military Installation within Garrison. Military Medicine, 177, 9:1100, 2012*



Col. Phillip DeNicolo (left), Maj. Paul Colthirst (center) and Dr. John Simecek in front of their Silver Award poster presentation.



Col. (Dr.) Philip DeNicolo, left, accepts an Award for Excellence (Silver Award in the poster presentation) August 15 by Col. (Dr.) Dallas Hack, Director of the Combat Casualty Care at U.S. Army Medical Research and Materiel Command.

LRMC Receives MEDCOM Award for ‘Things That Didn’t Happen’

By Chuck Roberts, Landstuhl Regional Medical Center Public Affairs

If you're looking for unsafe excitement, it is best to stay away from Landstuhl Regional Medical Center, Germany. During 2012, no one died or suffered a permanent disability, there were no occupational illnesses or serious cases of property damage, and the number of injuries that did occur dropped from 94 to 76 compared with the previous year.

To the average patient or employee, such safety goes largely unnoticed. To the Army surgeon general, however, the accomplishment loomed large enough to bestow the MEDCOM Exceptional Organizational Safety Award to LRMC and the small army of people it takes to make bad things not happen.

“Today is a great day,” said Col. John Collins, the commander for Europe Regional Medical Command who made the Aug. 26, 2013, award presentation on behalf of Lt. Gen. Patricia D. Horoho, the surgeon general and commanding general U.S. Army Medical Command.

“We’ve got to celebrate these times when we have victories like this,” Collins said. “Getting the MEDCOM Exceptional Organizational Safety Award is a huge deal, and I think long overdue for this great organization. LRMC embodies excellence in so many ways. This is just another demonstration of that excellence by a team of highly competent, skilled, dedicated and motivated people.”

In leading the LRMC pursuit of safety, Collins singled out LRMC Safety Manager Harry Raith, describing him as a “tremendous professional” and “incredible part of this institution for a long time who has helped keep us safe.”

Collins as well lauded Henny Moll as a valuable “quiet professional” in her behind-the-scenes role as the LRMC safety specialist.

Although he works in the LRMC Safety Office, Raith said the award is truly shared by the small army of LRMC professionals it takes to keep the largest U.S. hospitals outside the United States so safe, to include: facility management, quality assurance, maintenance contractors, housekeeping, security, occupational health, industrial hygiene, works council, emergency

management, medical maintenance, HAZMAT, preventive medicine, company commanders and first sergeants, infection prevention and control, fire marshal, and additional duty safety NCOs at Army health clinics in Belgium, Germany and Italy.

“Safety is about attitude,” said Raith. “LRMC has been fortunate to have team members with the right attitude to create a safe environment. As a patient, you have the right to enter a medical treatment facility that is clean and safe.”



Receiving the MEDCOM Exceptional Organizational Safety Award are (from left) Harry Raith; Henny Moll; Command Sgt. Maj. Timothy Sprunger; Col. Judith Lee; Col. John Collins, and Sgt. Maj. Brian Stauffer. (U.S. Army Photo/Phil A. Jones)

The Power of Three: The USMMDA Medical Prototype Development Laboratory

By Jeffrey Soares, USAMRMC Public Affairs

When the U.S. Army Medical Materiel Development Activity is asked to find a solution to a problem that affects the nation's war fighters, it calls upon the talent and resources of its team at the Medical Development Prototype Laboratory located on the grounds of Fort Detrick, Md. As a subcommand of the U.S. Army Medical Research and Materiel Command (USAMRMC), USAMMDA shares in the USAMRMC's mission to create, develop, deliver and sustain medical capabilities for the war fighter – to protect and preserve the lives of our men and women in uniform.

From concept to creation, using some of the most sophisticated and technologically advanced equipment available today – from a laser engraver to 3-D printer, from a 50,000 psi water jet cutting system, to woodworking and sheet metal machines – this group of experienced engineers and engineering technicians at the MPDL not only know how to get the job done, they actually get the job done – on time, every time.

And surprisingly, this team consists of only three dedicated men.

“USAMMDA's MPDL has a uniquely direct and important impact on the medical materiel field,” said Mark Brown, a mechanical engineer who serves as shop supervisor. “Typically, our services are called upon when something is needed very quickly, such as an out-of-theater



Team with flag: The team at the USAMMDA Medical Development Prototype Laboratory is continually on the ready to help create, develop, and produce items needed for the nation's war fighters. Left to right, Jay Bartlett, engineering technician; Mark Brown, mechanical engineer and shop supervisor; and Mark Easterday, engineering technician. Together, the three-man team brings nearly 115 years of combined research and development experience to the MPDL, located at Fort Detrick, Md. (U.S. Army photo by Jeffrey Soares, USAMRMC Public Affairs)

request. That is when our capability, experience, flexibility, and support throughout the MRMC are critical.”

Together with Jay Bartlett and Mark Easterday, the lab's two engineering technicians, this highly knowledgeable group brings nearly 115 years of combined research and development experience to the MPDL.

Slicing, this is exactly what goes on many days in the shop. It's all about ultra-precise measurements down to the thickness of a strand of

human hair, because if a cut is off even the width of that which cannot be seen with the naked eye, two pieces made to fit together will not – and this doesn't help anyone solve any problems.

“Basically, our team works together to design, develop drawing packages, and quickly prototype far-forward medical equipment in support of the USAMRMC's mission,” said Brown. “We're able to prototype and do small production runs of medical devices



in different scales and out of various materials. We also use our capabilities to harden commercial off-the-shelf items for use in the field.”

Core capabilities of the MPDL include 3-D computer-aided design and manufacturing, prototype development and fabrication, precision sheet metal forming, welding, chemical coating, cleaning and finishing, and technical data package development. And the lab uses all of these resources to achieve its full potential when called upon – all with the safety, health, and welfare of the warfighter in mind.

While Brown and his team typically are tasked by the Army for their projects, recently they have been developing a very critical bracket for the U.S. Air Force.

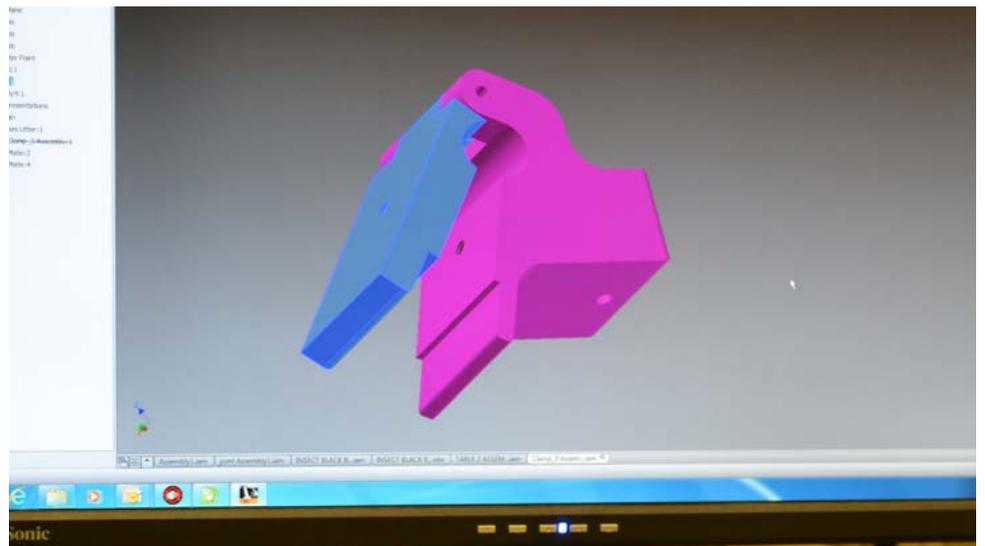
“Currently, we are working on an Air Force project that involves mounting a device to a Stokes litter basket that will prevent it from rotating uncontrollably during helicopter hoisting and rescue,” said Brown. “Under certain conditions...the litter basket can begin to spin wildly, endangering the lives of both the casualty and the assisting medic. This device we’ve created uses the rotor back wash and a gyroscope to maintain a steady-state condition.”

This bracket is just one of many items Brown and his men have created over the past few years. Other projects they have completed include full-scale mock-ups of various military medical vehicles, field operating tables and sinks, an X-ray machine, shelters, entomology devices (for sand fly and mosquito-repellent testing), and a non-contact respiratory monitor. Many of these items have been patented or have U.S. patents pending.

To sum it up in a nutshell, it’s all about impact – the impact this team has on saving lives and securing the welfare of those men and women



Brown with litter: USAMMDA MPDL supervisor Mark Brown discusses the potential uses of a bracket device his team created for a Stokes litter basket that will prevent it from rotating uncontrollably during helicopter hoisting and rescue. (U.S. Army photo by Jeffrey Soares, USAMRMC Public Affairs)



3D printer piece: From concept to creation, the MDPL team uses sophisticated graphics software to turn an image on the screen into a 3D printer mock-up (right on desk), and finally into a working hardline prototype piece (left on desk). (U.S. Army photo by Jeffrey Soares, USAMRMC Public Affairs)

defending our country, because these war fighters are the focus and the recipients of the MPDL’s work each and every day.

“Without a doubt, the best thing about my job is that it gives me the

opportunity to work with my team to design and fabricate materiel solutions in support of those who have dedicated their lives to defending our freedoms,” said Brown. “This is my greatest professional reward and motivation.”



Pediatric Clinic Shares Benefits of Patient-Centered Care Model

By Dr. Janet West-Brown Wilkerson, *Pediatric Clinic Chief*

Perhaps you've noticed the large pictures of horses and zebras that adorn the walls of the Wilkerson Pediatric Clinic, or you may have seen nurses in zebra-print scrubs.

There is a reason for all the hoopla over these four-legged creatures. The Pediatric Clinic now operates under a Patient Centered Medical Home (PCMH) model of care, which offers a more personalized experience for beneficiaries. Families using the clinic will be assigned to a single team that will be responsible for their children's specific healthcare needs. The medical home team will provide treatment, coordinate referrals, follow up with specialists, establish care plans for children with chronic illness and more. The PCMH approach to healthcare embraces several successful principles. At the core of these concepts is the idea that each patient has a personal and ongoing relationship with a provider.

This provider leads a team of individuals who collectively take responsibility for your child's care. In this approach, care is holistic and focused on each patient's special health concerns. Family dynamics, culture and community are considered an important part of each patient's identity and, thus, play a key role in the delivery of healthcare.

At this point, you're probably wondering how the zebras and horses play into this process. Well, the clinic uses those animals as a memory guide. If your assigned primary care manager (PCM) is Dr. Eduardo Sinaguinan, Julia Patsell or Allison Rank, then you are on the Zebra Team. If your PCM is Dr. Janet West-Brown, Dr. Zenen Limbo-Perez or Elke Zschaebitz, then you are on the Horse Team.

For appointments, parents will still call the Kenner Army Health Clinic appointment line, (866) 533-5242, or they can

schedule the required medical services through TRICARE Online.

However, when concerns or issues arise, they can call the clinic directly to speak with the assigned provider team that will address any questions or concerns. Parents can also call the nurse line. Another option is enrollment in Relay Health, a program that allows beneficiaries to communicate with a healthcare team by secure email.

The Pediatric Clinic also conducts Self Care and Clinic Orientation sessions on the first Thursday of each month, 6-7 p.m. in the Preventive Medicine Classroom on the 2nd floor of KAHC. Attendees receive a card that allows direct access to common over-the-counter medications from the pharmacy without a prescription. To learn more about the Pediatric Clinic or the Self Care Class, call (804) 734-9125.



The Performance Triad - Tripler's Nutrition Care Division Engages in Healthy Activity

By Sondra Brown, Tripler AMC Public Affairs

In support of the launch of the surgeon general's Performance Triad, Tripler Army Medical Center's (TAMC) Nutrition Care Division completed the annual Spartan Race in August as their team, "The Mighty Masticators," participated in a healthy activity event. The Performance Triad embodies three components: Activity, Nutrition and Sleep.

The 11-person team trained for nearly four weeks in preparation for the grueling multi-course, 5k mud run, and according to Maj. Jennifer Rodriguez, Medical Nutrition Therapy Branch chief, they started as a team and finished as a team in less than two hours.

"We wouldn't have gotten through without the team," said Rodriguez. The team noted Mighty Masticator, Sgt. Jaret Smith, supply support, was particularly helpful in assisting team

members climb over 8-foot walls, and even helped other race participants. "The key is having someone tall on your team," said Capt. Joetta Khan, Production & Service Branch chief. She noted how Smith scaled the walls with ease and still had energy to burn at the end of the race. "You would see his fingers grip the top of the wall, and then his whole body was over," said Khan.

Smith, however, said the best part of the race was his fashion choice – neon green shorts, and watching team member Spc. Nicholas Bain, a nutrition care specialist, do a front flip into a pool of mud. "We're bruised, battered and broken," said Smith.

The Mighty Masticators endured barbed wire, uphill runs, tire flips and rope climbs – all while covered head-to-toe in mud. "Just when you thought you were as muddy as you

could possibly get, they sent you through a mud pit," said Khan.

Aside from a couple minor injuries, team members are left with bumps, bruises and their mud-tinged team shirts to remind them of the event. The Mighty Masticators plan to compete in next year's race, which is classified as a "Super" Spartan Race and includes at least 20 obstacles throughout an eight mile run.

"We know what we need to work on now," said Rodriguez in regards to training for next year's event. Training will include rope climbs, pull-ups, upper body work and squats, among other cross-training exercises. Training will take place daily on the back lawn of Tripler at 4 p.m. Anyone looking for a tough workout is welcome to join The Mighty Masticators.



Tripler's Mighty Masticators complete the 2013 Spartan Race Hawaii, starting and finishing as a team. (left to right, top to bottom) - Brian Rittermann, Sgt. Jaret Smith, Sgt. Matthew King, 1st Lt. Karla Bell, Sgt. 1st Class Alicia Sandoval, Capt. Joetta Khan, Maj. Rodriguez, Capt. Mary Staudter, Capt. Zach Staudter, Sgt. Adrian Gonzalez, Andrew Rodriguez, Spc. Nicholas Bain



Maj. Jennifer Rodriguez, Medical Nutrition Therapy Branch chief, Tripler Nutrition Care Division, negotiates a very slippery wall during the Spartan Race.



BACH Prepares to Provide Flu Vaccine, Mid-October

By Blanchfield Army Community PAO

Blanchfield Army Community Hospital's (BACH) preventive medicine team expects Fort Campbell to receive this year's influenza vaccine in mid-to-late October. Once the vaccine arrives, preventive medicine staff members will offer the vaccine in multiple venues.

"The majority of this year's shipment of influenza vaccine is expected to arrive in mid-to-late October. After the vaccine arrives, we expect to make it available to patients. Every year the shipment arrival times vary, but we still anticipate being able to offer the vaccine before flu season picks up this year," said BACH Chief of Preventive Medicine Capt. Samuel Peik.

Active duty Soldiers preparing to deploy will receive the first vaccines that arrive. As soon as the vaccine becomes available for patients, BACH will make announcements to the community through social media, the BACH website, local media outlets and Army Secure Messaging through Relay Health. Once announced, patients enrolled to BACH medical homes, including Byrd Soldier and Family Medical Home, LaPointe Soldier Medical Home and Screaming Eagle Medical Home, will be able to receive the vaccine during scheduled appointments. Patients assigned to BACH may also receive the vaccine without an appointment during walk-in hours within their assigned medical home.

For the first time in Fort Campbell history, BACH's preventive medicine team also plans to offer the influenza vaccine to all TRICARE beneficiaries with a military ID card during two public events at the Post Exchange and the Commissary. The influenza vaccine will be offered one day at each location during late-October. BACH

will announce details about both events in the coming weeks. In addition, BACH's Preventive Medicine team will work in conjunction with staff throughout Fort Campbell Schools to offer the vaccine to students during the school day.

Patients assigned to a network primary care provider (off post) should ask to receive the flu vaccine from their assigned primary care manager (PCM). If their assigned healthcare provider does not offer the flu vaccine as a TRICARE-

covered benefit, patients may receive the influenza vaccine with no co-payment at participating retail network pharmacies. To find a participating pharmacy, visit: express-scripts.com/TRICARE/pharmacy or call 1-877-363-1303.

As a standard safety precaution, people can also avoid getting or spreading the flu virus by washing their hands regularly and covering their cough or sneeze with a tissue or their sleeve, instead of into their hands.



Scientific Team Collects Fish to Test for Human Health Risk

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

The hunters glide silently through the warm Pacific waters of Kwajalein Atoll and spear fish that can provide a key to the health of the local environment. Their goal is to determine if consumption of Kwajalein Atoll fish poses an unacceptable health risk to local fishermen.

The hunters are Dr. Lisa Ruth, aquatic biologist, and environmental engineers Ellyce Bushong and Jennifer Cearfoss, all from the U.S. Army Public Health Command (USAPHC) Water Resources Program at Aberdeen Proving Ground, Md.

The U.S. Army Kwajalein Atoll, or USAKA, is a coral reef formation located in the Republic of the Marshall Islands more than 2,000 miles southwest of Hawaii. USAKA consists of more than 100 islets, 11 of which currently serve as a test and evaluation range for ballistic missiles. The USAPHC has conducted surveys and provided environmental consultative services to USAKA for more than 25 years.

In this most recent study, several hundred fish were collected during a multi-week field investigation to assess the accumulation of potential contaminants that might affect the local population.

“A type of spear called a Hawaiian sling was used to collect the target fish species, which ranged from extremely



(From L to R): Divers Ellyce Bushong, Jennifer Cearfoss and Lisa Ruth, of the USAPHC Water Resources Program, prepare to enter the water for a day of sample collection. (U.S. Army Public Health Command photo)

small angelfish to much larger grouper and parrot fish,” explained Ruth, lead project officer.

“We all agree having the opportunity to conduct field work on a project like this is a pleasant change from our more traditional engineering projects that often take place in less scenic locations,” said Bushong.

But there were still rules to be followed in this underwater office.

“We worked in collaboration with a U.S. Fish and Wildlife Service diver not only to collect the fish, but to conduct biological surveys of the coral reef communities at each islet. This enabled us to deploy two separate teams of divers each time we entered the water,” said Cearfoss, dive safety officer.

“Guidelines from the Institutional Animal Care and Use Committee directed the way we treat the fish. We worked with Lt. Col. Dawn Fitzhugh, USAPHC veterinarian, to develop humane methods,” said Ruth.

“Our divers collected tissue samples from 60 different fish species to determine if the fish could be safely consumed by local Marshallese people,” explained William Fifty, USAPHC water resources program manager.

“Contamination in the harbor area from industrial processes, such as sandblasting ships and the use of pesticides, have raised concerns about the consumption of fish from the local area,” Ruth added.

“Previous studies indicated that the excellent marine water quality is impaired only in the immediate vicinity of industrial activities near the harbor and local landfill,” said Fifty.

“This project is a prime example of how the three pillars of public health—humans, animals, and environment—interact and are dependent upon each

other,” explained Lt. Col. William Bettin, director of the Environmental Health Engineering Portfolio at the USAPHC. “Decades of industrial activities have affected the marine environment, including the fish and mollusks consumed by human and animal populations. This project demonstrates the importance of public health.”

This study also brought together many of the important players in the federal environmental community.

“We work with the Environmental Protection Agency, the U.S. Fish and Wildlife Service, the U.S. Army Corps of Engineers, and the National Oceanic and Atmospheric Administration, as well as the Republic of the Marshall Islands, to ensure the best possible science is used to protect people and the marine environment,” explained Cearfoss.

“Ultimately, as members of the scientific dive team, we play an important role in public health,” said Ruth. “Of course we enjoy diving and our project locations, but the most rewarding part is knowing that our work ensures the safety and health of the local population.”

Once fish and other samples have been collected, they are sent to the USAPHC laboratory and additional contract laboratories for analysis.

Although the final evaluation will take some time to complete, it will include laboratory data, biological surveys of the study area, and a human health risk assessment,” said Ruth. “The final report will also make recommendations for future actions, if they are needed, to ensure safety of the Marshallese people and others who live and work in this paradise.”



Exercise Observer Controller, Staff Sgt. Keisha Vigil, takes notes on how Munson Army Health Center staff treat and prepare a casualty for transport during the armed intruder/active shooter exercise at the main facility Aug. 14. (U.S. Army photo by Tisha Entwistle)

MAHC Staff Practices Active-Shooter Response

By Tisha Entwistle, Munson Army Health Center

Munson Army Health Center (MAHC) staff practiced responding to an armed intruder and active shooter during an exercise held at the facility Aug. 14.

Chief of Operations Maj. Jessica Milloy said the exercise was planned so staff could train on the proper response to an armed intruder/active shooter as well as practice treatment, packaging and transporting of casualties and patient tracking.

During the exercise, the simulated intruder entered the facility wearing a ballistics vest and carrying a handgun. Before any shots were fired, staff had the

opportunity to react to the role-player.

MAHC observer/controllers followed the role-player and handed cards out to staff letting them know if they were a simulated casualty and how bad their injuries were. As they reacted, other staff members were able to respond.

Milloy said the scenario was made to be as realistic as possible with the staff and patients knowing about the exercise before it began.

“I think this was a great way to introduce this to the staff so they could practice their response,” Milloy said. “We can talk about our response, but for them to actually do it, the training value

is immeasurable.”

Milloy said this is the first exercise like this in recent history so it was planned to be a low scale event only occurring within and around the facility. Milloy said she and other staff members are working with the Directorates of Emergency Services and Plans, Training and Mobilization to plan a larger scale event in the future.

“It is critical for us to make time available to actually train our staff so that they can protect themselves and our patients,” said Milloy. “We are more prepared today because of the training event that we had.”

TSG Approves Army Medicine Program Management Office

By Susan Davis, Program Management Office, U.S. Army Medical Command

In August 2013, the Army surgeon general (TSG) approved a charter for the Army Medical Department Transformation Directorate (ATD) to create a program management office (PMO) to support enterprise-wide efforts to transform Army Medicine into an operating company (OC) comparable to successful private sector healthcare enterprises.

The office will provide capabilities for senior leaders to oversee and manage portfolios and programs to affect large-scale transformation efforts, projects, and initiatives. PMO support will also integrate with the campaign assessment and performance management processes of the Army Medicine 2020 Campaign Plan to structure and manage this significant and complex initiative.

“One of the major goals is to simplify, streamline, and minimize administrative burdens of leading and developing projects,” said Carey Klug, director,

ATD. “The PMO will coach and support project teams throughout the project life-cycle, provide integration across projects, standardized approaches to programs and portfolios, and train and mentor project leads to facilitate project success.”

The primary focus of the office is to ensure that robust, fully resourced, and synchronized project and program management methodologies are developed and approved to implement the System for Health to successfully achieve Army Medicine’s strategic plans and objectives. Senior leaders will have improved visibility and engagement for transformation processes resulting from centralized accountability, clearly defined and measurable outcomes, coordinated and synchronized implementation plans, identified resource needs along with realistic implementation timelines, and continuous process improvement.

The PMO will provide industry standard Project Portfolio Management

(PPM) to support Army Medicine program and project leads and teams.

Standardized processes, procedures, project management tools, templates, and publications are currently under development. All documents, including templates and leading practices, are maintained on the PMO SharePoint site for use by all project teams.

The PMO achieved initial operating capability on October 1, 2013, and is supporting OC initiatives in Performance Management, Telephone Appointing, Pharmacy Best Practice assessments, and a new project for a workforce shaping process. The PMO will achieve full operating capability (FOC) on April 1, 2014, and provide PPM for Office of The Surgeon General/Army Medical Command (OTSG/MEDCOM) projects.

Following implementation at the headquarters level, this approach to program and project management will be applied throughout the enterprise.

The Operating Company (OC) is an organizational methodology that will enable Army Medicine to move toward a System For Health. The OC framework is designed around integrated, standard processes across the organization; performance metrics and decision making that are clearly defined for these processes, thereby driving accountability; and a high focus and priority given to process quality, repeatability, and standards to drive a better, more consistent patient experience while also containing costs.

The OC framework, with its five critical components, will drive consistency, clarity and accountability across the Lines of Effort (LOEs). The OC translates strategy into operational capabilities, and as a result provides the foundation for execution.

These components are: 1. Process Structure, 2. Organizational Structure, 3. Governance and Decision-making, 4. Performance Metrics and Accountability, and 5. Culture.

Technology & Research

Military Personnel Suffer from Competing Sleep Disorders



By Carrie Bernard, Madigan Public Affairs

A new medical study reveals a high rate of service members with recent combat deployments may suffer from two sleep disorders occurring together.

“Based on our study, the most frequent diagnosis in recently returned military personnel with sleep disturbances is both insomnia and obstructive sleep apnea taking place together,” said Lt. Col. (Dr.) Vincent Mysliwicz, the study’s principal investigator and lead author, and Madigan sleep medicine chief. “In fact, this disorder was the most frequent diagnosis among a little more than 38 percent of participants.”

Additionally, study participants diagnosed with both insomnia and obstructive sleep apnea were also shown to more likely have post-traumatic stress disorder and depression, said Mysliwicz.

The cross-sectional study included 110 service members from the U.S. Army and Air Force. In order to qualify, volunteers could not have previous evaluations for sleep disturbances and were required to have returned from a deployment within 18-months.

According to the study, all participants underwent a sleep medicine evaluation and a diagnostic, attended polysomnography, a comprehensive recording of biophysiological changes that occurred while they slept. Clinical data regarding combat experiences, possible traumatic brain injury (TBI), psychological health, and pain was also collected.

“Although there were limits to our methods, to my knowledge this is the first study to comprehensively assess sleep disorders and service-related diagnoses

in military personnel,” said Mysliwicz. “While insomnia and obstructive sleep apnea can occur together, we did not expect this to be the most frequent diagnosis.”

This information is important because, according to the study, the diagnosis, which in itself can be difficult to treat, may explain the refractory nature of many other service-related diagnoses.

“Only through a comprehensive sleep medicine evaluation and sleep study can military personnel receive an accurate diagnosis for sleep issues,” said Mysliwicz. “I strongly encourage providers to refer military personnel with PTSD and

depression for a sleep medicine evaluation; treatment of sleep disorders can improve not only sleep, but potentially an associated behavioral medicine diagnosis.”

More studies are required to determine an optimal treatment plan for both active duty military personnel and Veterans who have this complicated sleep disorder, he said.

The full study appears online and in print this month in CHEST Journal, the official publication of the American College of Chest Physicians. Subscribers can access the study at: journal.publications.chestnet.org/article.aspx?articleid=1687333





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