



ARMY MEDICINE
 Serving To Heal...Honored To Serve



MERCURY

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TBI and THE PROFESSIONAL SOLDIER ATHLETE



Where are We Now? How Far Have We Come?

By **Valecia Dunbar**
 MEDCOM Public Affairs

On October 18, 1984, Congress passed a one-time joint resolution declaring October 1984 as “National Head Injury Awareness Month” and called on the President to issue a proclamation in observance of the month. President Ronald Reagan signed “Proclamation 5262- National Head Injury Awareness Month, 1984” on October 18, 1984.

Nearly 30 years later, Army Medicine is leading the way in early recognition and treatment of traumatic brain injuries through advanced research and innovation. Through public and private partnerships, Army Medicine is expanding its capacity to increase awareness of Traumatic Brain Injury (TBI) among Army leaders, Soldiers, Family members, Army Civilians and the American public; provide education on brain injury prevention, symptoms, diagnosis and treatment; and reduce the stigma for persons who seek care.

Today, Army Medicine is supporting the initiative for a 2013 presidential proclamation designating March 14, 2013 as Military Traumatic Brain Injury Awareness Day.

[See TBI P10](#)

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TSG INITIATIVES

Army Medicine 2020 Campaign Plan

Foreword - Serving to Heal: This strategy is a **call to action** that contains the vision, strategic imperatives and way ahead for Army Medicine from a healthcare system to a system for health. This framework will allow us to be global leaders in healthcare and in health. For more information, visit the Army Medicine home page at:

<http://www.armymedicine.mil/> and scroll down page to “Army Medicine...Hot Topics.”

Army Medicine Peer-Reviewed Publications

A monthly list of current research and information collected from peer-reviewed publications of interest to Army Medicine practitioners, providers, and professionals. To download your copy of the latest edition, visit:

<http://www.armymedicine.mil/news/pubs/AMPR.html>

Performance Triad

Army Medicine’s operational approach to improve Soldier and Family health and stamina focusing upon Activity, Nutrition, and Sleep Management (ANS). **Read more about the Performance Triad on Page 4.**

Technology & LIFESPACE

Learn about DoD Apps and other online resources at: www.t2health.org

TSG’s SUGGESTED PROFESSIONAL READING LIST

1. *The Unofficial Guide to Marketing Your Small Business* by M. Layton Turner
2. *We Were Soldiers Once and Young: Ia Drang* by LTG (ret) Harold Moore and Joseph Galloway
3. *Beyond Jabez* by Bruce Wilkerson
4. *Bible on Leadership* by Woolfe
5. *God is My CEO*

To download the full reading list go to the Balanced Scorecard (AKO Users) link on the Army Medicine home page. Scroll down to “Commander’s Thoughts/Prof Reading List” and click on the hyperlink.

TSG SPEAKS

INVESTING IN PATIENT CENTERED MEDICAL HOMES

Excerpts from Lt. Gen. Horoho’s Opening Remarks to the Performance Triad Conference held September 2012.

Together, we face a number of health challenges—both inside the military and in the civilian world. About 70 percent of the diseases we treat as health care practitioners are attributable to preventable causes. We know these are those diseases associated with diabetes and tobacco use. This is a troubling statistic as we grapple with the high cost of health care—and the seemingly obvious matter that if we were healthier our health care costs might be dramatically reduced.

The percentage of young adults who are eligible to enlist in the military is only about 25 percent, with obesity and other disqualifying health issues responsible for eliminating most of other 75 percent. Nearly two-thirds of Army Family members and Retirees are obese. We both know that we have a great deal of work to do to get our country healthy and keep our military ready.

As you know, the Army has a rich history of saving lives and combating diseases which threaten our Soldiers, our Families, and our American children. Army Medicine will still be saving lives and continuing to provide the best care; however, during the next few years we will be in transition to transform from a healthcare system to a system of health. I want to take a moment to share with you my thoughts on our strategy and transition to a System for Health.

To accomplish this goal of a system for health, we are investing heavily in patient-centered medical homes. We value highly the concept that health needs to be conducted as a partnership between our patients, their physician, and the nurse case manager. We understand the need to change the mindset of our patients; we need to make health care of value to patients in order for them to want to change their habits.

We are creating 36 wellness centers separate from our clinical care facilities. At our wellness centers, we have an increased opportunity to reach those individuals who have the lowest motivation to change behaviors that will lead to improved health. In addition, soldiers who are having difficulty achieving optimal physical fitness will benefit from the Army Wellness Centers. We want to focus on health rather than treating illness.

So what is Health?

Health for the Army means that we are fit, ready, and resilient.

In other words, it’s not enough to simply not be ill or injured, and in fact, that is often not an option for our wounded warriors—but rather to live to our highest potential.

Healthcare—to help meet our patient’s goal of health—meets a basic human need.

Access TSG’s full remarks at: <https://mitc.amedd.army.mil/sites/CMIO/STRATCOM/MediaDashboard/Speech%20Archive/Forms/AllItems.aspx?SortField=Modified&SortDir=Desc&View=%7b80C871B0%2dB182%2d48F4%2d9B78%2d5E5F3E36A8BB%7d>



Lt. Gen. Patricia D. Horoho

AMEDD GLOBAL

Saving Money in Fiscally Constrained Times

By Tammy Ford

Environmental Compliance Program Manager
G-9 Sustainment Division



At a time when the Army is looking for areas to cut operating costs, Army Medicine's "Greening the Operating Room" program is generating considerable savings by reducing waste streams. Within a military treatment facility, the operating room (OR) is one of the largest users of supplies and one of the largest producers of waste.

MEDCOM's Greening the OR program centers around reducing the amount of regulated medical waste (RMW) through proper segregation of waste, recycling OR plastics, wider use of reusable materials such as surgical gowns, and diverting single-use medical devices (SUDs) to collection for reprocessing by a U.S. Food & Drug Administration registered vendor.

Green OR savings at just one Army medical center reduced regulated medical waste sent for disposal by 151,546 pounds over three years and saved almost \$80,000. During this same period, 7,521 pounds of operating room plastics and 6,460 pounds of clean, used blue wrap were recycled. In only six months, reusable surgical packs yielded additional savings of \$7,900. Using these packs reduced the medical waste stream by 25,550 pounds and reduced the solid waste disposed by 6,330 pounds. Diverting SUDs from the RMW waste stream and purchasing reprocessed devices instead of new ones at one Army medical center yielded savings of \$463,903 in FY12.

The majority of OR waste is generated before the patient enters the room. Most nonhazardous OR waste can be recycled, including cardboard; clean, used blue wrap; and medical plastics, including overwraps, rigid trays, saline bottles, tissue sealing devices, staplers, and plasma wands. Replacing disposable surgical gowns, surgical towels, basins, and patient warming devices with reusable items reduces waste sent for disposal.

Pre-packaged surgical packs often contain items that are not used; eliminating unnecessary, unused items reduces the cost of the pack and the cost of disposing of these items. In reusable surgical packs, many disposable items are replaced with items that are approved for reprocessing through an FDA-registered vendor. Reusable surgical packs save money by reducing the amount of RMW and solid waste.

Collecting single-use medical devices (SUDs) for remanufacturing dramatically reduces the amount of RMW sent for disposal, while purchasing FDA-registered SUDs can provide additional cost savings – all without capital investment. The MEDCOM SUD policy signed on 6 August 2012 stipulates the following:

- MTFs may allow collection of SUDs for reprocessing by an FDA-approved vendor, but MTFs may not reprocess SUDs internally.
- A decision to use reprocessed SUDs must be made by the MTF Commander advised by a multidisciplinary group comprised of medical, nursing, patient safety, logistics, risk management, preventive medicine, central materiel services, and infection control.

The potential financial benefits of Greening the OR are significant. Significant savings are possible if Greening the OR strategies are adopted across the Military Health System. By supporting mission readiness through sustainability, MEDCOM is demonstrating that green medicine is not only practical and sustainable on a large scale but that it is also fiscally and socially beneficial to implement such practices.

MARCH AWARENESS

National Brain Injury Awareness Month

On October 18, 1984, Congress passed a one-time joint resolution declaring October 1984 as "National Head Injury Awareness Month" and called on the President to issue a proclamation in observance of the month. President Ronald Reagan signed "Proclamation 5262- National Head Injury Awareness Month, 1984" on October 18, 1984. Army Medicine continues to lead the way in early recognition and treatment of traumatic brain injuries through advanced research and innovation.

[See the full Article on P10](#)

Women's History, Army History, AMEDD History



"Women who stepped up were measured as citizens of the nation, not as women... This was a people's war, and everyone was in it."
— Col. Oveta Culp Hobby

[See the Article on P6](#)

Patient Safety Awareness Week, March 3-9, 2013

Patient Safety Awareness Week is an annual education and awareness campaign for health care safety led by the National Patient Safety Foundation (NPSF). Each year, health care organizations internationally take part in the event by prominently displaying the NPSF campaign logo and promotional materials within their organizations, creating awareness in the community, and utilizing NPSF educational resources among hospital staff and patients. The theme for Patient Safety Awareness Week 2013 is Patient Safety 7/365: 7 days of recognition, 365 days of commitment to safe care.

[See the Ad on P19](#)



Join the conversation and engage. Follow The Surgeon General on Twitter.

Surgeon General Defines End State of Performance Triad Roll Out



By Ann Bermudez
MEDCOM Public Affairs

Army Medicine senior leaders and industry stakeholders recently met with Lt. Gen. Patricia D. Horoho, the surgeon general and commanding general, U.S. Army Medical Command, to discuss the current Performance Triad pilot program and to gain a better vision of the way forward.

All three of the Performance Triad components, Activity, Nutrition, and Sleep (ANS), are key and essential to improving the health of our Soldiers, Civilians, and Families. The components of the triad have a significant impact on the readiness of the Force.

According to Horoho, even with the budget constraints, the Performance Triad is an organizational imperative that the Army must invest in to improve the readiness and resilience of the Army Family. It is generally agreed that a healthy mind and body are essential to individual and unit readiness.

The Performance Triad complements the Department of Defense's Operation Live Well, the Army's Ready & Resilient Campaign (R2C), and the Comprehensive Soldier and Family Fitness Program. Each of these programs encourages Soldiers and Families to be more proactive in developing healthy behaviors for life. Education plays a key role in socializing the Performance Triad across our sphere of influence and training packets are being developed for the phased roll out.

The Lifespace is where people make

decisions about their health related to Activity, Nutrition and Sleep. Army Medicine estimates that most patients visit a doctor one to five times a year, and each visit is about 20 minutes in length. Those 100 minutes are where Army Medicine can impact patient health. The other 525,500 minutes are when people are at work, or at home with their Families... or where health happens. It is in this Lifespace where the choices people make impact their lives and their health.

"This is our moment," said Horoho. "We have the right strategy, the right plan and senior leaders willing to support us. We have to give them a viable plan. When the Army embraces this and it is in our DNA, then and only then can we consider this program a success."

Another key part of the Performance Triad, according to Horoho, is to find innovative ways to incentivize health as it becomes part of the strategic shift moving from a healthcare system to a system



Lt. Gen. Patricia D. Horoho, the surgeon general and commanding general U.S. Army Medical Command makes comments to Col. Jeffrey Lawson, M.D., and the Command Initiative Group (CIG) during a briefing about the Performance Triad on Thursday. Respective subject matter experts (SMEs) on each performance pillar were represented at the briefing. In addition to the performance triad SMEs, there were several key stakeholders from industry to share best practices. (U.S. Army photo by Dwayne Rider)

for health. The Army and Army Medicine will continue to encourage members of the Army Family to incorporate health-promoting behaviors and decisions into their everyday lives. The success will be measured by the improvement in health and the reduction of disease and injury among Army team members.

This spring, Army Medicine will implement a Performance Triad pilot program at three installations: Joint Base Lewis-McChord, Wash.; Fort Hood, Texas; and Fort Bragg, N.C.

SECARMY ORDERS 'READY AND RESILIENT CAMPAIGN'

Secretary of the Army John McHugh signs a directive at Joint Base Lewis-McChord, Wash. McHugh is directing the development of a "Ready and Resilient" campaign to integrate and synchronize the multiple efforts and programs designed to improve the readiness and resilience of the Total Force -- Soldiers (active, Reserve and National Guard), Army Civilians, and their Families. The plan will be based upon building physical, emotional and psychological resilience in our Soldiers, families and civilians so they improve performance which ultimately prepares them to deal with the rigors and challenges of a demanding profession. (U.S. Army Photo by Spc. John G. Martinez)

For information visit: <http://www.army.mil/readyandresilient>



GLOBAL HEALTH DEFENSE

Army Surgeon General Dons Female Body Armor

By Army Medicine Public Affairs

It had been a complaint for years that body armor was not made for the female physique. That has now changed.

The armor that women had to wear in combat was ill-fitting, uncomfortable and restricted freedom of movement, which is a detriment in operational environments. The Women's Health Task Force informed by the voices of the women serving in Afghanistan identified concerns with the body armor in use at that time.

Through the deliberate efforts of the Army and Program Executive Office, or PEO Soldier, these issues are currently being addressed. This particular version of the new tactical vest has been designed with women specifically in mind.

Lt. Col. Frank Lozano, Soldier Protective Equipment product manager, Maj. Joel Dillon, assistant product manager of Soft Armor, PEO Soldier, and Deana Archambault, project engineer, reviewed and discussed the improvements of the new tactical vest with Army Surgeon General, Lt. Gen. Patricia Horoho in January.

Dressed in her ACUs, Horoho donned the new tactical vest.

"This is what security should feel like," Horoho said. "You should not have to think about it. It's just there. Historically the design for body armor for women was extrapolated from the anthropomorphic measurements of a standard male cohort. Not surprisingly, the fit was woefully inadequate and decremented agility in tactical environs."

Immediately after donning the vest, the surgeon general demonstrated her full range of motion in her shoulders and arms by rotating her arms in a wide arc.



Lt. Gen. Patricia Horoho, Army surgeon general, tries on the new tactical vest specifically designed for the female physique. While providing the same high-level ballistic protection, it has an improved quick release system, narrower shoulders, front ballistic plate insertion, more adjustability in the waist area, and a collar that can accommodate the regulation hair styles worn by women in the field. (U.S. Army photo by Glenda S. Smith)

since deployed to theater and are continuing to evaluate and provide feedback on the vests.

PEO Soldier is currently planning to have adequate female IOTVs produced to begin fielding deploying units in early fall 2013.

In December 2011, the surgeon general directed the establishment of a Women's Health Task Force to evaluate issues faced by female Soldiers, both while deployed and while stationed in the continental United States. This task force serves to amplify the collective voice of women in uniform.



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"This is amazing," she said.

Through a joint effort between Product Manager Soldier Protective Equipment, the U.S. Army Natick Soldier RD&E Center, or NSRDEC, Anthropometry Team and the Natick Design Pattern and Prototype Team, the protective vest has been fitted for today's female warrior.

While providing the same high-level ballistic protection, it has an improved quick release system, narrower shoulders, front ballistic plate insertion, more adjustability in the waist area, and a collar that can accommodate the regulation hair (bun) styles of female Soldiers.

PEO Soldier has manufactured 100 of the new female Improved Outer Tactical Vests, known as IOTVs, thus far. In August and September of 2012, the female IOTV was field tested by 19 Female Engagement Team, or FET, Soldiers at Fort Campbell, Ky. Vests were also fielded to FET team Soldiers in 1st Brigade, 3rd Infantry Division, at Fort Stewart, Ga., in November 2012.

Also, numerous vests have been provided to Special Operations Command for evaluation. Many of these FET Soldiers have

TSG MEETS WITH RIDE2RECOVERY(R2R) PRESIDENT AND FOUNDER

Lt. Gen. Patricia D. Horoho, the surgeon general and commanding general U.S. Army Medical Command met with John Wordin, president and founder of RIDE2RECOVERY (R2R), February 11, 2013, at the Pentagon. The discussion was about future warrior participation between AMEDD and R2R, which partners with the military and the VA Volunteer Service Office, to benefit mental and physical rehabilitation programs which feature cycling as the core activity. One part of TSG's Performance TRIAD is, activity. Physical activity improves health by reducing stress, strengthening the heart and lungs, increasing energy levels, maintaining a healthy body weight, and improving one's mood. (U.S. Army Photo by Dwayne Rider) Visit: <http://ride2recovery.com/>



WOMEN'S HISTORY MONTH FEATURE

AMEDD Women in Combat - Serving the Force, Protecting the Nation

By Lewis Barger

AMEDD Office of Medical History

On January 24, 2013, Secretary of Defense Leon Panetta terminated the Department of Defense policy excluding women from ground combat assignments. However, women have been serving in combat in the Army Medical Department (AMEDD) for nearly 100 years, and with the AMEDD for even longer as volunteers and contract nurses. During World War I, Beatrice MacDonald was the first of three nurses to receive the Distinguished Service Cross after she volunteered to accompany a surgical team reinforcing a British Casualty Clearing Station on the front lines. While serving in that capacity, MacDonald received shrapnel wounds to her face which resulted in the loss of her right eye. Undeterred, MacDonald resumed her original duties at Evacuation Hospital No. 2 following her convalescence and continued to serve there until January 1919.

IN RECENT CONFLICTS WOMEN IN AMEDD CORPS HAVE SERVED IN COMBAT...THIS LATEST ANNOUNCEMENT FROM THE PENTAGON ACKNOWLEDGES THE REALITY THAT WOMEN HAVE BEEN SERVING UNDER FIRE JUST LIKE MEN...

During World War II, Capt. Annie Mealer was serving on Corregidor as a chief nurse. As the Japanese closed in, she was one of the lucky few designated for evacuation before the inevitable capture of the fortress. However, shortly after she was directed to prepare, a fresh group of casualties was carried into the protection of the main tunnel.

"I looked at the litter as it passed. It was the little G.I. from the Topside switchboard...I went back to the operating room to find him badly wounded. As I sat there administering anesthesia to him, I reviewed the cases in the tunnel. They all needed help that only a nurse could give them. I sent word to my commanding officer that I would stay with them. Here in this tunnel choked with shell smoke and misery was a group of people that meant more to me than anything else."



SPECIAL EXHIBIT AT AMERICAN CEMETERY IN FRANCE RECOGNIZES WACs AND ARMY NURSE

Recently, the Army Women's Museum director visited the American Cemetery that overlooks Omaha Beach in Normandy France. She inquired about women buried in the Cemetery and was excited to find out that the names of five women were on a special hand-out given to visitors. Women's Army Corps (WACs) landed on Normandy Beach just a few weeks after the initial invasion. There is a special exhibit that includes Army Nurse Frances Slanger who arrived four days after the D-Day invasion and was killed in an enemy artillery attack that October. Elizabeth Richardson of the American Red Cross was killed in July 1945 and is buried here too. These photos are shared on the museum's Facebook page in hopes that Family or friends of these brave women will be comforted by knowing that their service

Capt. Mealer was captured along with the remainder of the garrison and spent nearly three years as a prisoner of war at Santo Tomas, along with the other women who had been captured in the islands.

One of those, Maj. Ruby Bradley, would remain in service after the war and find herself in combat again in Korea as chief nurse for the 171st Evacuation Hospital. At the end of November 1950, the 171st was ordered to evacuate its patients and withdraw from Pyongyang where it was located. The overall evacuation of Eighth Army from North Korea outpaced the 171st's ability to clear its area. Bradley was ordered to leave but remained with her patients until all were evacuated. As she boarded a plane to depart the area an enemy shell destroyed the ambulance she had been using to ferry patients to the airfield. Bradley demonstrated bravery under fire in two wars, and by the time she retired from the service in 1963 she had received 34 medals and citations for bravery and was reportedly the most decorated woman in the military.

In more recent conflicts women in other AMEDD Corps have served in combat as well and 10 were killed as a result of hostile action since 9-11. Nearly all women who serve in the AMEDD are noncombatants, like their male counterparts, but that distinction has not protected them from combat. This latest announcement from the Pentagon acknowledges the reality that women have been serving under fire just like men, and in the combat arms will provide women the parity that AMEDD women have earned during the last century.



Ruby Bradley, (sitting with her arm over the side rail and waving to the camera) during the liberation of the POW camp at Santo Tomas in the Philippines during World War II. (U.S. Army photo from the AMEDD archives)



U.S. ARMY WOMEN'S MUSEUM:

is honored and that they are remembered.

The U.S. Army Women's Museum serves as an educational institution, providing military history training and instruction to Soldiers, veterans and the civilian community. It is the only museum in the world dedicated to preserving and sharing the history of women in the U.S. Army, and the only museum of its kind in any of the U.S. Armed Forces. The museum collects, preserves, manages, interprets and exhibits these unique artifacts as a means to provide training and educational outreach. This is its mission.

Read more about the U.S. Army Women's Museum on the official website: <http://www.awm.lee.army.mil> or like us on Facebook at: <http://www.facebook.com/usarmywomensmuseum>

WOMEN'S HISTORY MONTH FEATURE

Over 40 Years of Providing Care: An Interview with Diane Haley Smith

By Andy Watson

AMEDD Center of History and Heritage

Diane Haley Smith has some interesting stories to tell. She has traveled the world and helped countless people by serving as a nurse in the Army and in the civilian world. In an oral history interview through the AMEDD Center of History and Heritage she describes some of her adventures.

"I had always wanted to be a nurse," she recalls. Her parents tried to encourage her into another direction by having her attend Colby Jr. College in New London, New Hampshire to become a medical secretary. After trying it for a year she continued to follow her dream and pursued her education at the Cooley Dickinson School of Nursing, graduating in 1955. Working through school as a part of the program, Diane provided care at Columbia Presbyterian Hospital in New York City, Northampton State Hospital, and Cooley Dickinson Hospital, Northampton, Massachusetts. In some instances she worked isolation wards that were filled with victims of the polio epidemic of 1953.

Graduating with both a degree and practical experience, Diane considered her future. "I was offered a position as an office nurse, but I thought at the time that was something I could do when I was 60," she laughs. Looking for a little more adventure, she chose the Army. Braving a snowstorm, she traveled by car and then train to her initial physical appointment. She was impressed by her positive treatment.

Diane Haley joined the Army on April 5, 1957 and was commissioned as a Second Lieutenant. Her first duty station was at Fort Sam Houston, Texas, where she attended the six-week AMEDD Officer Orientation Course. "There were 46 men and 13 women in the class. We (the women) had constant attention." Most of the course centered on classroom material, but there was also time spent in the field. All of the students went to the rifle range and qualified with the M-1 carbine.

After completing training at Fort Sam Houston, Diane was sent to Walter Reed Army Medical Center in Washington, DC. She approached her daunting duties

without hesitation, at first providing care in the neurosurgical ward and to quadriplegic and comatose patients. Later her tasks would change to Recovery Room Nurse, involving individualized care to active duty personnel, Family members, and dignitaries including Vice President Richard Nixon's daughters following their tonsillectomy surgeries.

Working at Walter Reed also provided some other adventures as well. One Sunday afternoon, in a rush to get to the dining facility before its closing, 2nd Lt. Haley hurried through the hospital's main hallway, turned a corner and found herself directly in the arms of President Dwight Eisenhower. Amused and surprised, he asked what caused her to be in such a hurry. Diane replied truthfully she was trying to make it in time for dinner. Pioneering work on open heart surgery was also being completed during Diane's tour at Walter Reed. While not involved in the operations, she and other staff members were able to view some of the procedures from special viewing areas.

In 1958, tensions and unrest in the Middle East prompted the deployment of American troops into Lebanon. As a part of the contingency plan for support of U.S. Forces, medical Soldiers would travel from Walter Reed through Germany and then to the Middle East. Diane remembers, "I was on alert to go to Lebanon. It was a tense time. We had more carbine training and vaccinations at Fort Meade." The alert expired and her medical section was not called upon for deployment.

"I thoroughly enjoyed my time at Walter Reed," Diane recalls. The work had its challenges, but it was rewarding and there were some benefits as well. Diane met her future husband while working in the same ward. Not long afterward, Sgt. Herbert O. Smith and 2nd Lt. Diane Haley were married in the Walter Reed Chapel. The officer and enlisted union had some fallout. After the wedding he was sent to Iceland for a year. Keep in mind the Army did not have a contingent in Iceland at the time. Working with the Air Force, Sgt. Smith enjoyed his year and remained in service after his tour. He later retired as a Command Sergeant Major.



Ms. Smith being promoted to 1st Lt. by Major General Leonard Heaton, then commander of Walter Reed Army Medical Center and later Surgeon General (1959-1969). (Courtesy Photo)

After being promoted to First Lieutenant by Maj. Gen. Leonard Heaton, the commander of Walter Reed Army Medical Center and later Surgeon General (1959-1969); Diane Smith considered her next journey. After fulfilling her obligation to the Army she left the military, the uniformed portion. Diane Smith continued to serve as a dedicated spouse traveling throughout the United States and overseas to numerous Army posts, while raising three daughters.

When possible, she continued to provide care as a nurse in different capacities. Constantly updating her skills as medical technology advanced, Diane Smith retired as an occupational health nurse in 1997. She said it was a good way to retire after previously serving as a recovery room, psychiatric, emergency room, geriatric, and private duty nurse.

A Tradition of Service

Diane's nephew, Raymond F. Chandler III, is the current Sergeant Major of the Army. She will not take credit for his enlistment, but states that he may have been influenced to join by other military members of the Family including several uncles who retired from the Army and a great uncle who served in the U.S. Marine Corps.

PERFORMANCE TRIAD



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ACTIVITY

NUTRITION

SLEEP

NUTRITION, THE CONNECTIVE LINK IN YOUR LIFESPACE

By **Valecia Dunbar**

MEDCOM Public Affairs

Nutrition is one of the three components which make up the Performance Triad. The focus of the Performance Triad is on three key areas that affect cognitive and physical performance in the Army: Activity, Nutrition, and Sleep. By improving Soldiers' knowledge, attitudes, and behaviors in these three areas, it is expected that performance and resilience will improve, thus improving Soldier and Unit Readiness.

Attention to these daily activities can positively affect the Lifespace - the time when beneficiaries are not seeing a health-care professional; the time when they make choices which impact their performance and health.

"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," says Army Surgeon General Lt. Gen. Patricia D. Horoho.

Now, more than ever, proper nutrition is an important piece of the Army's system for health. In the past, active military members have been considered immune to the U.S. obesity epidemic due to the physical training, periodic fitness testing and the requirements to comply with Army weight standards. However, data suggests that the number of overweight/obese military mem-

bers has increased in the past decade.

Good nutrition is more than just weight management. "Good nutrition is essential for peak cognitive and physical performance. Proper food choices and timing maximizes performance in the gym, during a combat mission, in the office, at home --- everywhere in the Lifespace. In addition, good nutrition is essential for long-term health and disease prevention. A healthy diet can reduce the risk of certain forms of cancer, stroke, diabetes, and heart disease (the number one killer in the U.S.)," says Col. Laurie E. Sweet, USAMEDCOM nutrition program manager and nutrition consultant to the Army Surgeon General.

March is National Nutrition Month®. This year's theme is: "Eat Right, Your Way, Every Day" and encourages personalized eating styles while recognizing factors that impact individual food choices. Incorporate these nutrition tips into your Lifespace to improve your nutritional fitness:

- Choose it your way: You don't have to give up your favorite foods. There are no bad foods, just some you should eat less often and many you should eat more often. The 2010 Dietary Guidelines for Americans recommend: 1) eating more foods such as fruits, vegetables, whole-grains, fat-free and low-fat dairy products, and seafood, 2) eating less foods with sodium (salt), saturated

and trans-fats, cholesterol, added sugars, and refined grains and, 3) balance calories with physical activity to manage weight.

- Plan it Your Way. Planning is important. If you wait until you are hungry, it's too easy to overeat and make unhealthy choices. Keep quick and easy healthy recipes, meals, or snacks on hand. Use the MyPlate icon to help you build a healthy diet. Before you eat, think about what goes

Data suggests that the number of overweight/obese military members has increased in the past decade. Now, more than ever, proper nutrition is an important piece of the Army's system for health.

on your plate or in your cup or bowl. Start the day off by right by eating breakfast every day. When dining out - Read the menu. Words to watch out for include fried, deep fried, crispy, smothered, creamy, breaded, battered and rich; they are always high in fat. Healthier words to look for include steamed, baked, broiled, boiled, and grilled. When eating in the Dining Facility, use "Go for Green" food labels and choose "Green" options frequently.

For personalized assistance on improving your diet - see a Registered Dietitian (RD). RDs are the food and nutrition experts who can translate the science of nutrition into practical solutions for healthy living. They are the nutrition experts and can help you make unique, positive lifestyle changes.

NUTRITION LINKS & RESOURCES

- ACADEMY OF NUTRITION AND DIETETICS [HTTP://WWW. EATRIGHT.ORG/](http://www.eatright.org/)
- OPERATION LIVE WELL [HTTP://WWW.DEFENSE.GOV/HOME/FEATURES/2012/0812_LIVE-WELL](http://www.defense.gov/home/features/2012/0812_live-well)
- HUMAN PERFORMANCE RESOURCE CENTER [HTTP://HPRC-ONLINE.ORG/](http://hprc-online.org/)
- PUBLIC HEALTH COMMAND [HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/HEALTHYLIVING/N/PAGES/DEFAULT.ASPX](http://phc.amedd.army.mil/topics/healthyliving/n/pages/default.aspx)
- USDA MY PLATE [HTTP://WWW.CHOOSEMYPLATE.GOV/](http://www.choosemyplate.gov/)
- UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES [HTTP://CHAMP.USUHS.MIL/CHNUTRITION.HTML](http://champ.usuhs.mil/chnutrition.html)
- DEPT OF VETERAN'S AFFAIRS [HTTP://WWW.PREVENTION.VA.GOV/](http://www.prevention.va.gov/)
- USFDA, PROTECTING/PROMPTING HEALTH [HTTP://WWW.FDA.GOV/FOOD/RESOURCESFORYOU/CONSUMERS/UCM077286.HTM](http://www.fda.gov/food/resourcesforyou/consumers/ucm077286.htm)

NATIONAL NUTRITION MONTH -

By Maj. Stephanie Meyer, DrPH, RD, LD
 AMEDDC&S Graduate Program in Nutrition

“Eat Right, Your Way, Every Day”

Every year in March dietitians work to raise awareness of what it means to eat a healthy diet. Each year the focus is different. This year the theme is, “Eat Right, Your Way, Every Day.” The intent is to focus on the fact that there is not a one-size-fits-all approach to healthy eating. We are all individuals, and each one of us has different eating patterns based on the foods we prefer, lifestyle, cultural and ethnic traditions, and health concerns. This March during National Nutrition Month, dietitians throughout the United States, and the world, are highlighting “Eat Right, Your Way, Every Day” in recognition of the diversity in our eating habits.

Follow the dietary guidelines for health and wellness. Food choices should follow the MyPlate guidelines for a healthy diet (<http://www.choosemyplate.gov/>)

This year Soldiers may want to pay particular attention to the messages in this article. Why is this year so important? The Army Surgeon General, Lt. Gen. Patricia Horoho, has identified nutrition as one of the three components in the Performance Triad. The Performance Triad focuses on activity, nutrition, and sleep as the three focus areas necessary to maximize Soldiers’ health, and particularly to improve stamina. If you are a Family member, the Performance Triad components are just as important for you to maintain your health. Are you making the food and drink choices that fuel your body to perform at its best?

Before we move on, I want to answer this question: What is a dietitian? A dietitian is a nutrition expert who has received a college degree in nutrition, completed a hands-on training program to practice what was learned in college, and passed a nationally recognized credentialing exam, similar to what doctors are required to do. These individuals are called registered dietitians. A dietitian is different from a “nutritionist” because of the education, training and testing process required. “Nutritionists” may or may not have any nutrition related education. Your local medical treatment facility likely has one or more dietitians who can provide you nutrition advice and guidance if you have questions about your eating habits.

Now that we know what a dietitian is, let’s talk about the theme of “Eat Right, Your Way, Every Day.” Basic nutrition guidelines for adults and children over two years old and older are to eat a variety of foods, while making sure to balance the number of calories eaten with physical activity to avoid overweight and obesity. The guidelines do not say what the variety of foods should be. This is where the “Your Way” part of the message comes in.

To follow the dietary guidelines for health and wellness, food choices should follow the MyPlate guidelines for a healthy diet (<http://www.choosemyplate.gov/>). Your food choices may also be based on the need to lose weight, manage high blood pressure, or diabetes. The point is to eat a balanced diet, and to eat a variety of fruits, vegetables, grains (preferably whole grains), lean protein

sources, and low fat sources of calcium (dairy). The MyPlate website has a variety of tools and resources to help guide you on your way, including sample menus and recipes, a “SuperTracker” to help you evaluate your eating and physical activity habits, and healthy eating tips.



MARCH 2013

NATIONAL

NUTRITION MONTH

Eat Right, Your Way, Every Day



Engage in Activity

Improve Nutrition

Get Quality Sleep



f YouTube flickr
armymedicine.mil



The Performance Triad focuses on Activity, Nutrition, and Sleep (ANS) as the three focus areas necessary to maximize Soldiers’ health, and improve stamina. This is just as important for Family members.

Nutrition messages can sometimes be confusing. The MyPlate model takes some of the mystery out of what it means to eat a balanced, healthy diet. When you incorporate the fruits, vegetables, grains, lean protein sources, and low fat sources of calcium that fit within your eating preferences, you can “Eat Right, Your Way, Every Day!” You will also be one step closer to a healthier, stronger you!

NATIONAL BRAIN INJURY AWARENESS MONTH

TRAUMATIC BRAIN INJURY (TBI)

EXPANDING PARTNERSHIPS RAISING AWARENESS
ADVANCING RESEARCH **REMOVING THE STIGMA**

By **Valecia Dunbar**

MEDCOM Public Affairs

Army Medicine is committed to providing responsive, reliable, relevant, and quality healthcare for Soldiers, Family members and other beneficiaries with brain injuries through the provision of evidence-based care from the point of injury through rehabilitation and reintegration. Army Medicine incorporates state of the art science and technology to standardize the evaluation and treatment of brain injuries.

Army Medicine continues to educate Army Leaders, Soldiers, Family members and Civilians on the signs, symptoms, prevention methods, and available TBI education resources. Personnel are encouraged to seek care anytime they think they may have sustained a mild TBI (concussion) or other brain injury.

A key advancement in recent history is the Army's adoption of an "Educate, Train, Treat and Track" strategy in late 2009 and implementation of mild TBI/concussion protocols in June 2010.

Supportive measures such as Directive-Type Memorandum 09-033, for instance, stipulates that Soldiers have a minimum of 24 hours of downtime and get a medical clearance before returning to duty following a blast or vehicle incident. Additionally, providers receive extensive educational initiatives resulting in increased detection and initiation of early treatment, both of which are critical to maximizing the recovery of those with brain injuries.

However, problems persist with the stigma of brain injury. Army Medicine is working to reduce the stigma for Army personnel who seek a diagnosis or treatment for concussions or other possible brain injuries.

Army Medicine is now collaborating and leveraging its partnerships with key DoD and civilian organizations to improve its ability to diagnose, treat and care for those affected by TBI. Recently, Army Chief of Staff Gen. Ray Odierno and National Football League (NFL) Commissioner Roger Goodell met at the U.S. Military Academy to discuss TBI and sign a letter of agreement to continue working together to combat TBI. Improving awareness of TBI and advancing research are key initiatives of the partnership. The NFL and Army partnership works to break down the barriers to seeking help. NFL and Army proponents seek a cultural shift where professional athletes and Soldiers are no longer reluctant to ask for help.

Maj. Sarah Goldman, program director of Army Traumatic Brain Injury at the Office of the Surgeon General, Rehabilitation and Reintegration Division, emphasized that seeking help more often than not does not take a Soldier "out of the fight," she said to Army.mil reporter David Vergun. She said more than 13,000 service members sustained some form of concussion since 2010 and 95 percent were returned to duty.

Advancements in brain injury awareness, treatment, and care has not gone unnoticed. The proposed 2013 presidential proclamation acknowledges TBI as "a serious health risk for all service members, whether they are active duty, in the National Guard or in the Reserves, are training at a stateside base, riding a motorcycle, mountain climbing or playing sports." It further indicates the increased risk for sustaining traumatic brain injuries in both deployed

and non-deployed settings due to the nature of military training and lifestyle.

Once passed, Military Traumatic Brain Injury Awareness Day will recognize the impact of traumatic brain injury (TBI) as American service members continue to engage in training, operations, and deployment in more than 130 countries at more than 800 installations around the world to protect the security of the nation.

For a list of TBI resources please refer to page 28. The full article by David Vergun titled NFL, Army Partner to Combat TBI was published on August 31, 2012, at [army.mil](http://www.army.mil/article/86544/NFL_Army_both_work_to_combat_traumatic_brain_injury/) and may be accessed at http://www.army.mil/article/86544/NFL_Army_both_work_to_combat_traumatic_brain_injury/

**FOR A LIST OF BRAIN INJURY
AWARENESS AND TBI LINKS AND
RESOURCES SEE PAGE 28.**

SHARP Helps Victims, Aids in Prevention

By Nathan Pfau

Army Flier Staff Writer

Victims of sexual assaults sometimes find it difficult to find their voice and seek help, but the Army's Sexual Harassment/Assault Response and Prevention program offers those who have been victims of sex crimes a way to find that voice.

SHARP is designed to educate Soldiers on how to prevent sexual harassment and assault, as well as report it when it does happen, according to Sgt. 1st Class Lashonda Prince, installation sexual assault response coordinator at Fort Rucker, Ala.

"If a Soldier feels that he or she is being sexually harassed or assaulted, they should immediately report it," she said.

"It's a criminal act and sexual harassment can have serious effects on Soldiers."

Sexual harassment is defined as a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of sexual nature, according to the Army's policy on harassment.

The policy also states that any Soldier or civilian who encounters this type of harassment should report the incident through appropriate channels, and every leader must ensure that every incident is investigated immediately and thoroughly.

"As Army leaders, it is our duty to provide and maintain an environment of trust and respect for human dignity where workplace harassment, including sexual harassment, will not be tolerated," said the policy. "We must reaffirm a commitment to an environment of mutual respect, dignity and fair treatment."

Prince said that oftentimes these incidents go unreported because Soldiers are desensitized by these actions because they occur so often.

"There are a lot of times when Soldiers are unsure whether the behavior they are encountering is sexual harassment, but if they are unsure, they should contact me or their unit's SHARP officer right away and

simply ask," said Prince.

Prince can be contacted at 334-255-3750, and there is also the SHARP hotline that Soldiers can call at 334-470-6629, which is available 24 hours a day, seven days a week.

"The SHARP hotline offers support for victims in terms of making sure that their rights are protected," said Prince. "We will ensure that they have proper care as far as medical attention, counseling or protection against the offender. We will be with them every step of the way during the reporting procedure as an advocate."

Sexual harassment comes in different forms, according to Army Regulation 600-20, which include: verbal harassment, which includes telling of sexual jokes

and using sexually explicit profanity; nonverbal, which includes staring at someone, blowing kisses, winking or displaying sexually charged photos or pictures; and physical contact, which

includes inappropriate touching, patting, pinching and kissing.

The regulation states that all Soldiers and civilians have a responsibility to resolve acts of sexual harassment, and Prince agrees.

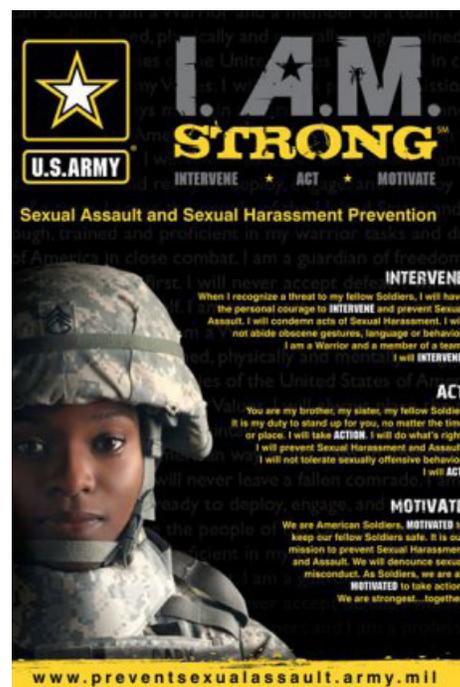
"A fellow Soldier should intervene to stop the incident without endangering themselves," she said. "They should report it to a supervisor, SARC, SHARP or victim advocate, staff judge advocate or call 911."

When reporting an incident, there are two ways that people can report sexual assault, said Prince -- restricted and unrestricted.

Restricted reporting allows for sexual assault victims to confidentially report an incident without disclosing the perpetrator. Those who decide to report an incident as restricted may still seek medical attention, but the assailant will remain unpunished and the victim cannot receive a military protective order.

Unrestricted reporting allows for the victim to receive medical treatment, counseling and an official investigation of the crime.

***"SOLDIERS CAN CALL THE
LOCAL SHARP HOTLINE AT
334-470-6629, WHICH IS
AVAILABLE 24 HOURS A DAY,
SEVEN DAYS A WEEK.***



"The Army's policy on sexual harassment and assault is a zero-tolerance policy," said Prince. "Those types of actions foster a hostile environment and interferes with the workplace, and victims should know that we encourage them to do unrestricted reporting because it is the only means to hold the offender liable for their actions."

**National Hotlines:
DoD Safe Helpline for
Sexual Assault
1- 877-995-5247.
The national sexual
assault hotline, RAINN
(Rape, Abuse, Incest
National Network)
1-800-656-HOPE
(4673).**

**SHARP is now on Facebook
LIKE us on Facebook and stay
engaged. Visit us at:**

http://www.facebook.com/permalink.php?story_fbid=337592679687168&id=469914659719245#!/pages/Sexual-HarassmentAssault-Response-Prevention-SHARP/469914659719245



AMEDDC&S News

Project Guardian - A Helping Hand

By Capt. Erica Viera
187th Medical Battalion

The Army Medical Department Center and School Leader Training Center developed Project Guardian to help Warriors currently assigned to the Brooke Army Medical Center Warrior Transition Battalion (WTB) with rehabilitation by inviting them to participate as cadre during field exercises and professional development courses.

The goal of the program is to integrate Warriors in Transition in the Leader Training Center as cadre in order to benefit from their tactical expertise and personal experiences across the medical care continuum. This is a voluntary program available to Warriors assigned to the WTB who can choose from a variety of assignments to work 20 hours per week as rehabilitation/reintegration to the military. Warriors in the rank of staff sergeant and above can qualify for this project after an interview with Leader Training Center personnel. The cadre provides them with a professional, stimulating and very upbeat environment where training, coaching, and counseling are just some of the daily priorities.

The project is a great tool to assist Soldiers who have been injured due to an accident, either during deployment or here at home, to reintegrate not just into the military but also back into their normal Family life. In addition to medical treatment, Warriors need psychological and emotional support to help them heal. Programs such as Project Guardian can provide them with that support by giving them the opportunity to contribute to a new mission. Students and Warriors can benefit from this project by learning from each other either by sharing experiences or just having a day in the field with fellow Soldiers out of the hospital environment.

While Warriors are attending to their medical and rehabilitation appointments, they have the opportunity to volunteer to work with different units applying their assigned Military Occupation Specialty. The Leader Training Center gives these Warriors the opportunity to be a part of shaping new Army Medical Department officers who are attending initial military training.

Basic Officer Leadership Course

(BOLC) is one of the courses offered by the Leadership Training Center. The course integrates thousands of new AMEDD officers into the military such as doctors, nurses, physical and occupational therapists, Medical Service Corps officers, and veterinarians. The curriculum includes basic Soldiering skills, military customs and courtesies, Army Physical Fitness Test (APFT), military medical operations, and tactics and leadership. In addition to classroom instruction, students train at Camp Bullis where they receive land navigation, weapons qualification, convoy operations, and IED training to prepare them for unit assignments and deployment after the completion of the course. Warriors have assisted in this training as part of the BOLC cadre, sharing their knowledge about various subjects and explaining their prior experience while deployed to Iraq and Afghanistan.

Some of the Warriors who have participated in this project are: Capt. Michael Pierce, 1st Lt. Michael Caspers, Sgt. 1st Class Robert Bruce, Staff Sgt. Lucia Estrada, Staff Sgt. Joshua Ives, Staff Sgt. Michael Thomas, Sgt. Kyle Neff, and Cpl. Jeremy Velez. According to Velez, who is a 13B (field artillery) currently assigned to WTB, this program has been extremely helpful as a part of reintegration. The fact that he is able to get out to the field or even to talk to the students about his experiences has given him a new purpose and has helped him to remain a Soldier and not just a patient.

Warrior Transition Battalion has two daily formations for accountability purposes, one at 5:30 a.m. and another at 5:00 p.m. The rest of the time is for appointments and treatment, which requires them to spend a lot of time in medical facilities. Velez stated that "it could become depressing and monotonous," especially for Soldiers who are assigned to infantry or field artillery units. He is very enthusiastic about the program and how it can help others in his same situation; he has been a big advocate at the WTB sharing his experience so far on how it has contributed to his reintegration.

Master Sgt. Brian Rice, Leader Training Center senior noncommissioned officer,

is a liaison between the Warrior Transition Battalion and Leader Training Center. He says the program is a great tool not just for the Warrior but also for the students, "it gives the students a better perspective of the Operational Army outside the Institutional Army." Most of the officer students are recent graduates from different commissioning sources and they have not been exposed to deployments or even dealing with Soldiers.

Rice sends a weekly report of the Warrior's performance to the Soldier's chain of command at the Warrior Transition Battalion; however, WTB's Soldiers can request an NCOER or OER from the Lt. Col. if they have served enough time under cadre supervision.

Project Guardian exemplifies the strength of the Army and the Army Medical Department. The Army is Soldiers and their Families. We will pick each other up when we fall, dust each other off, keeping our heads up with pride and drive on. Staff and faculty involved in this program include: Col. Karl Bolton, former Leader Training Center director, Lt. Col. Kristen Vondruska, chief, Leader Development Branch and the commissioned and noncommissioned officers assigned to Leader Training Center.

AMEDD CENTER AND SCHOOL NUTRITION SERIES

AMEDDC&S' Graduate School Nutrition Department supports the Performance Triad and National Nutrition Month. To access recent articles, click on the following links:

<http://www.army.mil/article/95358/>

<http://www.army.mil/article/95375/>

<http://www.army.mil/article/95376/>

<http://www.army.mil/article/95377/>

National Nutrition Month® is a nutrition education and information campaign created annually in March by the Academy of Nutrition and Dietetics to focus on the importance of making informed food choices and developing sound eating and physical activity habits. Visit <http://www.eatright.org/nmm/>

ERMC News

Medical Response Team Trains for Wounded Warrior Transport

By Stefan Alford
LRMC Public Affairs

A select group of healthcare professionals here are part of the only military team in the world that flies on short notice with a specialized piece of medical equipment to save Wounded Warriors' lives.

It's a huge responsibility, but the key to responding to emergencies that require a patient to receive Extra-Corporeal Membrane Oxygenation (ECMO) is simple according to Capt. Elizabeth Hoettels --training, and lots of it.

To that end, the ECMO team has changed the way they prepare, with a balanced emphasis on classroom training and hands-on simulation.

The ECMO procedure is used when a patient has a condition that prevents the lungs or heart from working properly. It involves a machine that will take over the work of these organs until the patient's body is able to heal enough to resume those functions.

"Previously, it's all been didactic training," explained Hoettels, an Intensive Care Unit and Critical Care Air Transport team (CCAT) nurse. "This was our first official simulation training."

That training took place last year and will now be provided on a quarterly basis, said Maj. Michelle Langdon, the lead nurse for the CCAT and the Acute Lung Response Team (ALRT) lead.

Langdon developed the objectives for the ECMO simulation, planned the scenarios, operated the SIM Man 3G (simulator mannequin), and evaluated the team's performance. She has the most experience, having worked with ECMO in the pediatric ICU at Wilford Hall Medical Center in San Antonio from 1999 – 2003. LRM was the first Department of Defense medical facil-

ity to use ECMO in adult patients when the program was initiated here in 2009.

"This procedure is for patients who are too sick to travel by standard CCAT teams," she said. "The pulmonary or cardiac demands of their illness or injury are beyond the capabilities of the equipment, supplies or training for CCAT."

That's when the ALRT is called to assist with a variety of ventilation therapies, to include ECMO if necessary. This allows the patient to be transported to LRM for the specialized care required.

"Without the treatment options offered by this team in the past, the patients stayed at the Role III hospitals (i.e., deployed hospitals in Afghanistan) until they either recovered enough to be transported by CCAT or passed away," explained Langdon. In 2012, the ALRT transported 16 Wounded Warriors from downrange, placing seven of those patients on ECMO for the flight. The majority of these patients obtained maximal recoveries, she said.

Also overseeing the recent simulation training were the ECMO Director, Lt. Col. (Dr.) David Zonies and ALRT noncommissioned officer in charge, Staff Sgt. Raquel Sullivan. They helped train two ECMO teams during each of the four-hour simulations. A team is made up of two providers (trauma surgeons and critical intensivists), two registered nurses and two respiratory therapists.

"They essentially trained for hands-on responses to worst-case scenarios, giving them the opportunity to troubleshoot situa-



From left: Lt. Col. (Dr.) Terence Lonergan and Capt. Patricia Williams have just completed priming the circuit on the ECMO equipment and are running it to ensure all air is out during their training. (U.S. Army photo by Phil A. Jones)

tions," said Hoettels.

"Every member must be able to respond immediately to any emergency or change in patient status that may threaten life – there is no time to 'wait' for help," added Langdon.

The simulation was a valuable tool in being able to work with the equipment, said Army Sgt. Matthew Carpenter, one of the team's lead respiratory therapists.

"My role was to set up the ventilator, make sure the patient's vitals remained stable and assist the doctor in cannulating (inserting a small tube) the patient for ECMO," he said. "This simulation training is important because it mimics real-life situations where things can go wrong. With the training, we can be better prepared on a real mission. Even though it's training, it's still experience."

The training paid dividends almost immediately, as just nine days later on Dec. 30 the team responded to a call and successfully placed an injured service member on ECMO for transport from Afghanistan back to LRM.

Vice President Visits LRM Wounded Warriors

To read more about the Vice President's visit to LRM visit our official website: <http://ermc.amedd.army.mil/landstuhl/index.cfm> or visit and like us on Facebook at: <http://www.facebook.com/LRMOfficialpage>

Specialist Michael Allison reads to his son Logan from a book given to him by Dr. Jill Biden during a Feb. 3, 2013, visit by the Second Lady and Vice President Joe Biden with staff and patients at Landstuhl Regional Medical Center, Germany. Looking on is Rhea Allison. (U.S. Army photo by Phil A. Jones)



MRMC News

Injured Dog Trainer Adopts Teammate



By Steven Galvan, Public Affairs Officer
U.S. Army Institute of Surgical Research

Before Azza, a trained bomb detection dog, could warn her handler, Tech. Sgt. Leonard Anderson, that they had walked up to some explosives, the improvised explosive device (IED) was remotely detonated. Anderson was hurled through the air landing several feet from the explosion with massive wounds to his legs, abdomen, arms, and hands and requiring a helicopter medical evacuation (medevac) to save his life. That was the first time that the inseparable bomb detection team was separated from each other in months.

Five-and-a-half months after the explosion that separated Anderson and Azza, they are back together—this time for good. On January 15, Anderson met Azza, an 8-year-old Belgian Malinois at the San Antonio International Airport to take her home.

“She is going to have run of the house,” he said. “She’s going to do everything and go everywhere with me. To my appointments, on boat trips, everywhere.”

Tech. Sgt. Ryan Goodrich, Anderson’s co-worker and good friend flew, with Azza from Eielson Air Force Base in Alaska where they are members of the 354th Security Forces Squadron known as the “Arctic Warriors.” Anderson submitted the necessary paperwork to adopt Azza the minute he found out that she had been deemed ready for retirement by the squadron commander.

“Working dogs are usually always adopted by their trainers,” he said.

Once Azza had been cleared to join Anderson, he purchased plane tickets for Goodrich and Azza to fly from Alaska to Texas.

“It’s worth every penny,” Anderson said. “Azza is with me where she belongs and we’re both very happy.”

Road to Recovery

These days, Anderson spends a lot of time at the Rehabilitation Center of the U.S. Army Institute of Surgical Research Burn Center located at the San Antonio Military Medical Center, Fort Sam Houston, Texas, where he has been a patient since early August 2012. Despite efforts to keep his hands intact, he lost two fingers and the thumb to each hand.

“You don’t realize that everything you

do is with your hands until you can’t use them,” he said.

Anderson’s physical therapy sessions are designed to strengthen the limited grip that he has on each hand. Soon he will start agility routines to build up his legs that he almost lost. His goal is to get back to the way he was before the explosion.

“I would like to stay active duty and finish my time,” he said. “But first and foremost, I want to be able to take care of my Family.”

Anderson and his wife have two children, both under three years old. His hands limit how much he can assist his wife with changing diapers and their overall care. “I want to be able to change the kids’ diapers and help with the kids as much as I can. It’s all about being able to take care of my Family.”

Taking care of his Family, staying on active duty, getting back to the gym, and playing softball is what motivates Anderson to get his life back as close to the way it used to be.

“I’m getting there,” he said. “Every little milestone is a big achievement.”

Anderson is willing to do whatever it takes to achieve his goals. He has opted to have his left hand amputated so that he can be fitted with a prosthetic and able to hold on to things.

“That’s the only way that I’ll be able to grip a bat,” he said. “If you can’t grip a bat, then you can’t play softball.”

When asked why he wants to stay active duty, Anderson said, “I love being in the military. I knew the dangers before I joined. I knew this could happen to me. It happened, and now I’m dealing with it.”

Day of the Explosion

Anderson said that he does not remember that day at all. He doesn’t remember waking up, getting ready for the day, going out on the mission—nothing. One thing for sure, Anderson and Azza were on an explosive-finding reconnaissance foot patrol mission that was captured on film. A crew from the television channel Animal Planet joined the team that morning to videotape the mission for a documentary due to air in February.

When the IED was detonated, Craig Constant, a former Marine and Operation



Tech. Sgt. Leonard Anderson and Azza reunite at the San Antonio International Airport. (U.S. Army photo by Steven Galvan)

Iraqi Freedom veteran, was recording the foot patrol. Constant’s initial reaction was to pick up the video camera and continue filming the aftermath of the blast. When he realized that Anderson had landed near him and the extent of his injuries, his military training kicked in and he applied tourniquets to the groin area of his legs.

“He saved my life,” said Anderson. “I could have bled to death because my legs were mangled and I was bleeding really bad.”

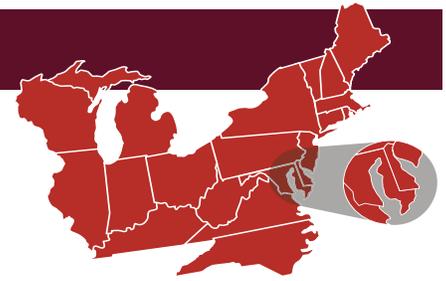
Anderson and Constant, who lives in Dallas, now have a life-long relationship. “We are good friends and we talk on the phone all the time.”

Azza and Anderson have a strong bond as well. While Constant was placing the tourniquets on his legs, Azza laid down next to him until he was medevaced. The inseparable team wouldn’t see each other for three months when Anderson was discharged from the Burn Center and was able to fly to Alaska.

“It was horrible for me to come back without her,” he said. “I wanted to bring her back with me, but I always knew that someday I’d bring her home for good because we belong together.”

NRMC News

Wounded Warriors Share Patient Side of Trauma Care at Panel



By Sharon Renee Taylor
WRNMMC Journal Staff Writer

Three Wounded Warriors shared the patient perspective of trauma care during a panel discussion held in January as part of a nine-day trauma symposium lecture series at Walter Reed National Military Medical Center (WRNMMC).

Army 1st Lt. Nathan Rimpf, Hospital Corpsman 3rd Class Max R. Rohn, and Hospital Corpsman 2nd Class Michael N. Wengloski spoke of their pain and recovery, and what they believed to be the most critical part of their trauma care.

Rimpf explained the most critical point in his care occurred between the time he was injured and his placement on an operating table at the first CSH [combat support hospital]. His medic, Sgt. Ryan Kidd, speedily applied tourniquets to control bleeding in both his legs after the lieutenant stepped on a bomb during combat patrol in the Ghazni Province of Afghanistan on July 8, 2012.

The infantry platoon leader credits Kidd with saving his life, along with those at Forward Operating Base Ghazni who rushed to the aid station to give the 12 units of battle buddy blood that was pumped into Rimpf during his first surgery. "At least 12 other Soldiers helped to save my life," he said.

Twelve hours after arriving at the first CSH and surgery, Rimpf was flown to Bagram, where he stayed for less than two days before a flight to Landstuhl, Germany and a three-day stay prior to returning to the states and being admitted to WRNMMC on July 13, 2012.

Rimpf, a double amputee - below the knee on the left, and "through the knee" on the right - said he endured "four major surgeries, but at least nine procedures." He

was discharged from Walter Reed Bethesda on Aug. 20, 2012 and remained as an outpatient recovering ever since.

Rimpf appreciated the opportunity to speak to healthcare providers at the lecture symposium. He said the evaluation of trauma care from the Vietnam War, the Gulf War and the current war has enabled them, "to see the prevalence of certain injuries and the cause of death," he explained. "They redefined everything down to what the individual Soldier carries to fix that."

Rohn sustained injuries to both legs, the right more severe than the left, on May 2, 2009 in Fallujah, Iraq. "It was just a bad day in May," he said. "We were caught in a complex ambush. The first

"THE MOST IMPORTANT PART IN MY CASE IS GOING FROM LIMB SALVAGE TO AN AMPUTATION. SINCE THE AMPUTATION, EVERYTHING TURNED AROUND."

vehicle was blocked off by a tractor trailer. I was in the third vehicle, and the third vehicle got hit by an RPG [rocket-propelled grenade] 3 grenade. We started taking contact from the left," explained the Sailor, who placed a tourniquet on his own leg.

He traveled to Al-Taqaddum Air Base (TQ), Iraq and later to Baghdad where he had his first surgery. Rohn said he spent three days in Balad and another in Landstuhl before arriving at Walter Reed Bethesda. With a total of 15 surgeries behind him, the Sailor said the most critical point of his



Army 1st Lt. Nathan Rimpf (left) shares his experience as Hospital Corpsman 3rd Class Max R. Rohn (center) and Hospital Corpsman 2nd Class Michael N. Wengloski wait their turn. The three Wounded Warriors shared the patient perspective of trauma care during a panel discussion as part of the nine-day trauma symposium lecture series at Walter Reed National Military Medical Center. (U.S. Army photo by Sharon Renee Taylor)

trauma care was amputation.

"I think the most important part in my case is going from limb salvage to an amputation," Rohn said. His right leg was amputated after a two-year effort to save it. "Since the amputation, everything turned around," he explained.

Since his amputation, Rohn participated in track and field events at the 2012 U.S. Paralympic Warrior Games last May, as well as swimming, wheelchair basketball, and volleyball. His future plans include attending Penn State University.

During Wengloski's first deployment to Afghanistan, a round fired in an Oct. 15, 2011 "horseshoe" ambush hit the Sailor's left arm. The bullet dislocated his elbow and the hospital corpsman sustained a fracture to his radius and ulna, in his arm. "Basically, it just shattered," explained Wengloski, who was able to apply his own tourniquet at the scene.

A medevac flight carried him to Camp Dwyer in the Helmand Province, where he

[See PATIENT P30](#)

Who are these Warriors?

The February 2013 edition of Mercury incorrectly identified the 794th Preventive Medicine Detachment, based out of Fort Devens, Mass., as NRMC personnel. The correct home region for the detachment is Task Force 14 Medical based out of Kandahar Airfield, Afghanistan.



PRMC News

TAMC Joins VA, Community in Mass Casualty Exercise

By Stephanie Rush
PRMC Public Affairs

Tripler Army Medical Center activated its mass casualty emergency operations plan after receiving word of an explosion in the kitchen at the Center for Aging.

The mock incident was part of the Veterans Affairs Pacific Islands Health Care System's (VA PIHCS) mass casualty exercise, which involved treating casualties on site and then evacuating them to Tripler's emergency room.

"Per the Joint Commission, the Center for Aging must conduct an evacuation exercise every 18 months," explained Steve Burton, emergency preparedness planning officer, VA PIHCS. "In addition, VA PIHCS must, just like TAMC, conduct two exercises a year."

Conducting joint exercises is nothing new for TAMC and VA PIHCS.

According to Sgt. 1st Class Samuel Bethea, future operations and plans non-commissioned officer, Pacific Regional Medical Command, Tripler and VA PIHCS collaborate on numerous exercises during the year to include large joint operations such as RIMPAC and Makani Pahili, Hawaii's annual hurricane exercise.

"It is important to conduct collaborative exercises to see what each organization can bring to the incident and how you can help each other improve and to better communicate," Bethea said. "The TAMC participants learned how the Veterans Affairs conducts business."

Combining resources and assisting other agencies with vital services to include



Mock patients, played by University of Hawaii-Manoa nursing students await transportation from the Center for Aging to Tripler Army Medical Center's emergency room. Veterans Affairs and TAMC hosted a mass casualty exercise to test their readiness to appropriately respond to any all-hazard emergency or disaster. (U.S. Army photo by Spc. Jonathan Nguyen, Tripler Army Medical Center Gastroenterology Clinic)

transportation, communication, manpower and healthcare is crucial to responding to an emergency or disaster effectively.

"TAMC provided a significant amount of support to the (Center of Aging)," Burton said. "The exercise validated our ability to design and evaluate a realistic disaster scenario that would in fact require a tremendous amount of joint response resources."

Tripler's emergency room and the VA PIHCS weren't the only players in the exercise.

Also participating were Navy Region Hawaii's Federal Fire Department, the City and County of Honolulu's Emergency Medical Services, local nursing students, and Tripler's Provost Marshal's Office.

One of the two mandated exercises for Tripler and VA PIHCS must involve community partners and simulated casualties.

The 12 casualties the scenario called for were played by University of Hawaii-Manoa nursing students. Their injuries ranged in severity and those who were injured had to be treated on the ground

and then evacuated with the assistance of first responders to include firefighters and emergency medical technicians.

Before the exercise kicked off, moultage artists used clay, putty and paint to apply wounds and simulate injuries that would be sustained in an explosion.

Even though the wounds are simulated, first responders and healthcare workers are able to better identify and treat injuries and respond to training scenarios appropriately when they look as realistic as possible.

"Although conducting exercises is a regulatory requirement, (conducting them hand-in-hand with our) community partners helps validate and improve our organizational and community emergency operations planning and response capabilities," Burton said. "Our staff gains valuable, realistic experience and confidence. It ensures the readiness of (everyone involved) to appropriately respond to any all-hazard emergency or disaster in order to save the lives of our staff, patients and visitors."

NFL STARS VISIT HAWAII'S WOUNDED WARRIORS, PURPLE HEART RECIPIENTS

Schofield Barracks, Hawaii - Six NFL players on island for the upcoming Pro Bowl game attended a Wounded Warrior luncheon to speak with Soldiers, pose for photographs, and sign memorabilia. Charles Tillman (Chicago Bears), Victor Cruz (New York Giants), Marshawn Lynch (Seattle Seahawks), Jason Witten (Dallas Cowboys), Doug Martin (Tampa Bay Buccaneers) and Julio Jones (Atlanta Falcons) met with Purple Heart recipients and combat-wounded Soldiers from the Warrior Transition Battalion and the 25th Infantry Division's 2nd Brigade Combat Team, 3rd Brigade Combat Team, and 25th Combat Aviation Brigade. Standing with the players are Lt. Col. Stanley Garcia (left), commander, Warrior Transition Battalion, and Command Sgt. Maj. Joshua Amano (right), senior enlisted advisor, WTB. (U.S. Army photo by Stephanie Rush, PRMC Public Affairs)



SRMC News

BACH Dietician and Local Massage Students Encourage Activity, Nutrition, Sleep and Relaxation

By Laura Boyd

Blanchfield ACH Public Affairs

Blanchfield Army Community Hospital (BACH) dietician and local massage school students offered 54 patients and staff an opportunity to learn more about the valuable health benefits of activity, nutrition, sleep and relaxation during Patient Recognition Month as they participated in a Wellness class and received free 10-minute massages.

BACH Dietician Capt. Christina Deehl told patients to avoid “fad” diets and to be careful about taking supplements.

“It’s important for doctors to know about any supplements taken to ensure they do not negatively interact with medications,” said Deehl.

Deehl encouraged exercise and lifestyle changes when relating to overall wellness and weight management. She told patients to eat a variety of the different food groups.

“You want to make sure you are getting enough fruits and vegetables every day. Try to stay away from the processed foods and lighten up on fat and sugar products, and really eat the fresh foods as much as possible,” she said.

Deborah Roget attended the Wellness Class and learned that a lot of supplements on the market are not actually good for you.

“You really need to look at the labels,” Roget said. She also is taking some valuable advice home. “Make sure you have a balanced diet and look at portion sizes and you have to have some type of exercise. A little exercise is better than none at all.”

Roget believes that much of the American population is unhealthy and was glad that the Wellness Class was offered to patients in honor of Patient Recognition Month.

“A lot of people do things because they don’t have the knowledge and knowledge is power. So if you give them the knowledge, you will be able to use it to get healthy,”

said Roget.

Later that afternoon, 40 patients and staff were treated to a 10-minute “Wellness Massage” in honor of Patient Recognition Month.

“It made me feel great and it helped take away tension in my lower back,” said Pfc. James Watkins.

Casey Rockwell performed the massage on Watkins and many others for nearly two hours. She graduates April 4, 2013, and obviously loves her new career path.

Rockwell said that the benefit from massages ranges from general relaxation, to lowering blood pressure, to realigning the way the muscle fibers lie.

“People in general need to be touched. It’s a proven fact that they heal better, they work harder and have a better quality of life with a therapeutic touch in their life,” said Rockwell.

Rockwell donated her time because the military is special to her.

“AVOID “FAD” DIETS AND TO BE CAREFUL ABOUT TAKING SUPPLEMENTS...A LOT OF SUPPLEMENTS ON THE MARKET ARE NOT ACTUALLY GOOD FOR YOU.”

“I’ve got military friends, and everybody from the spouses to the Civilians support our troops by working at the hospital,” she said.

Patient Recognition Month’s theme this year, “Patients – The Heart of Army Medicine,” continued to be celebrated during the month of February. Soldiers, Retirees and Families attended a Love Your Heart Health Fair held at the Fort Campbell Sportsman’s Lodge. The next day, everyone was encouraged to participate in the first Eagle Challenge Fitness Tour with the “Love Your Heart Run” organized by BACH, the 86th Combat Support Hospital and Morale Welfare and Recreation.



Pfc. James Watkins receives a much needed massage from massage therapy student Casey Rockwell who performed “Wellness Massages” for BACH patients in honor of Patient Recognition Month. Rockwell received appreciation for volunteering her time to help patients relieve tension. (U.S. Army photo by Teresa Ratliff, BACH staff)

The 1-Mile walk/fun run, and a 5K and 10 mile competitive runs began at Fort Campbell’s Camp Hinch. Information on upcoming annual events and other activities can be found by visiting the Fort Campbell morale, welfare, and recreation website at: <http://fortcampbellmwr.com/ECFT/>.

February’s Patient Recognition Month activities support the Army surgeon general’s Performance Triad initiative that focuses on enhancing the lifespan of our patients by educating patients on improving their health through activity, nutrition and sleep. What is Lifespace?

Lt. Gen. Patricia D. Horoho describes lifespace as: “Lifespace is when we make decisions on activity, nutrition and sleep (ANS). The surgeon general explains, “We estimate that most patients visit a doctor one to five times a year, and each visit is about 20 minutes in length. Those 100 minutes are the most we can impact patient health. The other 525,500 minutes in our lives are when we’re at work, or at home with our Families. It’s in this lifespace where the choices we make impact our lives and our health.”



USAPHC News

Installation, Deployable Unit Health Aided by USAPHC Health Promotion Officers

By Lyn Kukral

U.S. Army Public Health Command PAO

Army installations offer numerous programs designed to help Soldiers. To name just a few, there are programs to manage finances, get legal advice, readjust after deployment, or reduce (whether it's weight, alcohol consumption or tobacco use that needs reducing).

Installation commanders increasingly recognize that Soldiers and Families often need help to get help. To make help more accessible, commanders are using their Community Health Promotion Councils, or CHPCs, to ensure that installation services are "integrated and synchronized," in the words of Kym Ocasio, program manager for U.S. Army Public Health Command's health promotion officer initiative.

USAPHC is designated by regulation as the Army's subject-matter expert for health promotion. To fulfill that responsibility at installations, USAPHC's health promotion officers facilitate the work of CHPCs. As well, health promotion officers link CHPC members and services to deployable units through Brigade Health Promotion Teams, BHPTs.

Ocasio and the health promotion officers in her program fulfill these dual functions by pulling together mission, medical and garrison health and wellness assets to holistically manage issues like work-related difficulties, marital and Family problems, substance abuse, and suicide risk.

"Holistically' means that all the installation's health and wellness assets work together to make health promotion, risk reduction, and suicide prevention services easily available and mutually supportive," Ocasio explained.

The "integration" of health and wellness services reduces stovepipes and duplication of effort among installation service providers. In other words, CHPC members each know what the others are doing to address an issue through information-sharing and referral.

"Through the vehicle of the CHPC, service providers pull together to create a healthy environment for the individual or the unit," Ocasio said. "They make sure smooth handoffs occur among members, and that everyone involved knows the goal and is working toward it."

Wendy Lakso, health promotion officer at Fort Hood, Texas, agrees that CHPC members working collaboratively at her installation have fostered communication and effectiveness among commands and service providers.

"Through the council, leaders at all levels to include service providers have been able to speak candidly about processes, policies and practices that may be

COMMUNITY HEALTH PROMOTION COUNCILS, OR CHPCs, ENSURE THAT INSTALLATION SERVICES ARE "INTEGRATED AND SYNCHRONIZED," TO MAKE HELP MORE ACCESSIBLE.

beneficial or might need adjustment," she said. "The Fort Hood council has been able to recommend policy changes and streamline processes to be more effective while creating a stronger link between service providers and commanders."

USAPHC health promotion officers like Lakso also ensure that health and wellness are addressed in installation management plans and have specified goals and objectives. This is what Ocasio calls "synchronization."

"Synchronization is having a strategic plan for the Community Health Promotion



Col. Charles Kibben, 13th Sustainment Command (Expeditionary) rear detachment commander, leads the discussion during the 13th ESC's Health Promotion Forum. Unit-level meetings contribute to the overall Community Health Promotion Council process by making timely assessments and creating or implementing programs that foster resiliency and empower Soldiers and Families. (U.S. Army photo by Sgt. Steven Schneider, 13th ESC Public Affairs)

Council that aligns with the installation plan and is linked to the commander's priorities," she explained.

Currently, there are 10 USAPHC-hired and -trained health promotion officers at Forces Command installations in the continental U.S. as well as seven in Germany.

In addition to their CHPC role, these health promotion officers also serve as liaisons for health promotion and risk reduction to Brigade Health Promotion Teams. These teams provide continuity in health promotion and risk reduction when the brigade deploys from its home installation.

"The health promotion officer liaison role helps align brigade needs with garrison and medical service providers and convey the interests of the brigade Soldiers and Families to the council," Ocasio explained. "The HPO supports the Brigade Health Promotion Team, which is designed to provide early detection of risk through systematic surveillance, and implement timely and targeted responses to brigade needs."

At Fort Hood, commanders like Col. David Hill, 36th Engineer Brigade, appreciate the two-way communication role that

[See USAPHC P27](#)

WRMC News

SecArmy Reviews New Tools to Improve Behavioral Health

By Joseph Jimenez
Joint Base Lewis-McChord

Secretary of the Army John McHugh stepped into a high-tech world of psychology at Joint Base Lewis-McChord.

His introduction to the Defense Department's National Center for Telehealth and Technology, or T2, began with a description of the center's role in the integration of technology and psychology by executive director, Dr. Greg Gahm. They discussed the advances accomplished by the center's psychologists and technologists in mobile health products and services, telehealth research, and innovative technology applications since the center was established at Joint Base Lewis-McChord in 2008.

"I appreciate the work T2 has done. Their initiatives are great tools to complement the health and wellness of our technologically savvy Soldiers of today," McHugh said.

Dr. Robert Ciulla, Mobile Health program director, gave Secretary McHugh an overview of smart phone applications and websites for service members and their Families. The overview included a demonstration of the T2 Mood Tracker app, the first one released in 2010. With nearly every Soldier now carrying a smart phone, the apps are a free and convenient way to get psychological help anonymously, wherever and whenever needed.

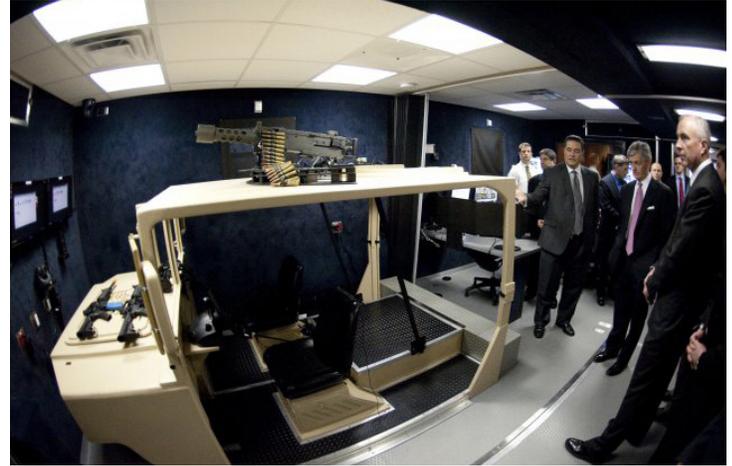
From individual mobile health tools to system-wide policy development, the Secretary was briefed on T2's role creating the strategic telehealth plan for the entire Mili-

tary Health System by Dr. Jamie Adler, Telehealth program director. Examples of how telehealth technology could improve healthcare were demonstrated to the Secretary with prototype vehicles designed by T2 to bring services to remote locations through the use of video teleconferencing.

The Secretary toured the Relocatable Telehealth Vehicle, or RTEC, a 40-foot shipping container remodeled into offices, and the Mobile Telehealth Vehicle, or MTeV, an expandable truck, capable of operating on its own power, with individual offices that can connect providers and patients through a satellite internet connection.

"Access to behavior healthcare is a critical challenge we face. Leveraging this technology helps enhance our ability to bring care to our Soldiers," McHugh said.

The Secretary walked through the DOD's only behavioral usability lab and the mobile technology lab, a 50-foot expandable trailer with electronic simulation equipment. Dr. Don Workman, Emerging Technologies program director, briefed him on the partnership between the Technology



Secretary of the Army John McHugh examines the Humvee combat simulator being developed for understanding behavioral responses to combat, at Joint Base Lewis-McChord, Wash., Feb. 6, 2013. The simulator is in the mobile laboratory of Telehealth and Technology, or T2, Technology Enhancement Center, the only usability lab for evaluating behavioral health technology products in the DOD. (U.S. Army Photo by Spc. John G. Martinez)

Enhancement Center and the volunteers from the Army's I Corps, who help test and refine applications and products developed by T2.

Secretary McHugh had a personal briefing on the only website created for military children coping with the frequent relocations, transitions, and deployment of their parents. Dr. Kelly Blasko, the psychologist who led the development of MilitaryKidsConnect.org, demonstrated the newest features of the website focused on helping children understand the difficult topics of grief, loss and post-traumatic stress.

PATIENT SAFETY AWARENESS WEEK, 7/365 "Patient Safety 7/365"

7 Days of Recognition. 365 Days Committed to Safe Care.

Patient Safety 7/365, highlights the need for everyone to understand the importance of focusing on patient safety all year round and also to recognize the range of work being done to improve health safety worldwide during the seven days of the campaign. Patient Safety 7/365 reminds us that providing safe patient care requires a constant effort, 365 days a year. The theme for Patient Safety Awareness Week 2013 is Patient Safety 7/365: 7 days of recognition, 365 days of commitment to safe care. This is a week to recognize the advancements that have been made in the patient safety arena, while acknowledging the challenges that remain—and committing to work on them, every day. For more information, visit the National Patient Safety Foundation (NPSF) Web page at: <http://www.npsf.org/events-forums/patient-safety-awareness-week/>

61-Year-Old Joins the Army, Hopes to Follow in Father's Footsteps

By Laura Boyd

Blanchfield Army Community Hospital Public Affairs

After retiring from a radiology private practice, Richard Theodore "Ted" Mull begins yet another career this year.

The 61-year-old has rejoined the Army and is heading off to the Officer Basic Leadership Course this month at Fort Sam Houston, Texas.

The seasoned radiologist who now has commissioned as a Lt. Col. in the Army will now be faced with living and working under "field" conditions which includes setting up and working in a field hospital. He will be training approximately 25 miles south of Fort Sam Houston at Camp Bullis and exposed to weapons training, day and night land navigation, communications training, basic first-aid training, evacuation of casualties, and Nuclear Biologic and Chemical training under strenuous conditions that are difficult for today's young Soldiers.

These harsh and yet strenuous conditions are not stopping Mull from pursuing his goal. He's ready to face the challenge. "The last time I received Army medical officer training was 30 years ago." Mull suspects that the officer training program is longer and more formal which may be interpreted as more physically demanding. "I have lost a few steps over the years but if I can just pass the current version of BOLC, then my Family and I are on our way to serve in Korea," Mull said.

He recalls what it is like to be standing in 'military boots' when he served as a resident active duty radiologist at Walter Reed Army Medical Center immediately after graduating from Medical College of Georgia in Augusta. Following his residency at Walter Reed, Mull returned back to Augusta, Ga., where he served about two more years as a staff radiologist at Eisenhower Army Medical Center at Fort Gordon.

This time, Mull is leaving from Blanchfield Army Community Hospital at Fort Campbell, Ky. where patriotism seems to be contagious.

"I caught a bad case of "gung ho" from the local young Soldiers and volunteered to join them on active duty with the U.S. Army Medical Corps last year. I was finally accepted as a Lt. Col. in the U.S. Army Reserves," said Mull.

One might ask how a 61-year-old can join the Army today. It seems a bit complicated. Presuming that Mull is able to pass OBLC, he and his Family go next to a duty assignment in Korea where he will turn 62 years old during his first month overseas. Mull was allowed to join because he already had nearly five years of prior service in the Army. The Army occasionally grants age waivers, and often allows veterans who re-enlist or are re-commissioned to subtract prior active duty time from their current calendar age, if the math enables them to fall below the maximum entry age. A more popular Army program is available exclusively to older non-veterans, which is called Officer Accession Pilot Program



Radiologist Dr. Richard Mull puts a patient at ease at Blanchfield Army Community Hospital in Fort Campbell, Ky. After turning 61, Mull joined the U.S. Army Reserves as a Lt. Col. and hopes to deploy to Afghanistan. He said that he caught a case of "gung ho" from the Soldiers he met while working as a radiologist at Blanchfield Army Community Hospital. (U.S. Army Photo by Fred Holly, Blanchfield Army Community Hospital PAO)

(OAPP), which extends the Opportunity to Serve to Practicing Physicians. The Army's OAPP permits reduction of the minimal Military Service Obligation (MSO) period to two years for experienced and qualified healthcare professionals in the age range of 43 to 60 years old, who are seeking initial appointment as an Officer in the Army Medical Corps.

Mull has led an interesting adult career. Soon after college, he served as a nuclear engineer for the Atomic Energy Convention, manufacturing plutonium at the Savannah River Plant near Augusta, Ga. where radioactive fissionable material was produced for use in atomic bombs. He would drive past the Medical College of Georgia in Augusta, Ga. every day on his way to work but one day he decided to stop in and talk with the admission officer.

Choosing the radiology field was a simple decision for Mull. "I was an engineer and a physicist - so radiology seemed to fit."

After he completed his schooling, Mull felt the best residency available was Walter Reed but had to join the Army to get the residency of his choosing.

"Now after practicing in the civilian sector for 23 years in private practice, I'm rejoining now to pay back the career I got out from the Army."

Mull's career as a physician in private practice included 13 years as a partner in a five-man group near his childhood home town in North Carolina and for eight years as a partner in an eight-man group in southern West Virginia, along the border of Virginia and West Virginia.

According to Mull moving from private practice and returning to the government was familiar territory, "It is a matter of retiring and finding a new challenge. I remember how excited I was to put on those Army boots the first time and now, much later, I'm finally getting the chance to put them back on."

Another bonus for Mull in returning to work for the Army as a civilian and an active duty radiologist is the possibility of an additional retirement income. An extra retirement income stream might prove useful to the long-term support his two late surprises in life - an eight year-old son and a six-year old daughter. Mull

Recognitions

Ranger Combat Medic named USASOC Medic of the Year

By Tracy A. Bailey

75th Ranger Regiment Public Affairs

“Never shall I fail my comrades...”

- Ranger Creed

The Ranger Creed is something that every Ranger lives by, however when a Ranger is wounded in combat, a Ranger Combat Medic has the life of his fellow Ranger literally in his hands.

This year’s U.S. Army Special Operations Command Medic of the Year takes this part of the Ranger Creed to a whole new level.

For his mentoring skills, tactical knowledge and casualty management proficiency, Staff Sgt. Christopher Hutchison, Company Senior Medic, Company A, 1st Battalion, 75th Ranger Regiment, has been named U.S. Army Special Operations Command Medic of the Year.

This is the fourth year in a row that a Combat Medic from the 75th Ranger Regiment has been awarded this prestigious honor.

“It is so surreal. I don’t think I did anything at all to deserve this award,” said Hutchison. “It’s humbling to even be considered for such a significant award.”

Hutchison has provided medical coverage on more than 275 combat missions and has demonstrated excellence on every single one of them, according to his nomination letter.

“Hutch has always been assertive with training and his combat medic skills,” said

Capt. Andrew Fisher, battalion physician assistant, 1st Battalion, 75th Ranger Regiment. “He takes the extra time to ensure his subordinate medics are trained to the best of their ability.”

During a recent combat deployment to Afghanistan, Hutchison was on the objective when an Afghan Soldier, suffered a gunshot wound to the chest. Hutchison was the second medic to arrive and quickly took the lead.

“Staff Sgt. Hutchison directed the application of occlusive dressings and a saline lock, provided instructions to set up a litter and hypothermia prevention dressings, provided adequate pain management and turned over all required medical documentation before loading him onto a rotary wing casualty evacuation platform,” said Fisher.

“I was just doing my job,” said Hutchison. “I was on target with junior medics and they are so well trained that I didn’t have to micro manage the care they were providing.”

After evacuating the Afghan Soldier, Hutchison encountered one local national who was wounded and very seriously wounded with gunshot wounds to the chest and pelvis.

“After quickly assessing and treating the patient for life-threatening wounds, Staff Sgt. Hutchison recognized the need for additional treatment and resuscitation,” said Fisher. “He recognized the patient was bleeding internally, and treated him with



Staff Sgt. Christopher Hutchison, 1st Battalion, 75th Ranger Regiment

one dose of Traexamic Acid and the patient responded immediately to the lifesaving measure.”

Hutchison was the first combat medic to administer TXA, which is a clotting agent that until recently had been authorized for use in the pre-hospital environment by special operation forces medics.

“The patient was evacuated to the nearest medical treatment facility, where he underwent multiple surgeries and made a complete recovery,” said Fisher. “Staff Sgt. Hutchison received accolades from the medical providers for his assertive and accurate treatments.”

Ranger combat medics are first and foremost, Rangers first as Hutchison demonstrated during a combat mission in Kandahar Providence, Afghanistan.

After a combat engagement which involved an aerial gun run with an AC-130 Gunship, a small element from the Ranger platoon was tasked with the clearance of the known enemy fighting position. Hutchi-

[See RANGER P28](#)

Tripler Officer Named Social Worker of the Year

Col. Derrick Arincorayan (right), social work consultant to the Army’s surgeon general and chief, Department of Social Work, TAMC, presents Maj. Veronica Almeida with the Social Worker of the Year award, during a departmental meeting, at Tripler Army Medical Center, Feb. 7. Almeida was the co-recipient of the award for the year 2012. (U. S. Army Photo by Stephanie Rush, Pacific Regional Medical Command Public Affairs) Read more about Almeida and the Social Worker of the Year award at www.army.mil/article/94148/



Technology & Research

Medical Team Achieves Cutting-Edge Patient Transfer

By Elaine Sanchez*Brooke Army Medical Center Public Affairs*

Marking a first for military medical care in the United States, an Army and Air Force team successfully transported a critically ill woman on a form of heart-lung bypass from San Antonio Military Medical Center to New York City last month.

This mission marked the military's first stateside transport of an adult patient on extracorporeal membrane oxygenation, or ECMO, noted Air Force Lt. Col. (Dr.) Jeremy Cannon, Brooke Army Medical Center's trauma chief. ECMO is a heart-lung bypass system that offers a lifesaving capability for patients who aren't doing well on a ventilator, he explained.

While the technology has been used to aid ill infants and pediatric patients for about 30 years, it's only recently been shown to have lifesaving capabilities for adults, Cannon noted.

This case involved a woman in her early 30s with cystic fibrosis. She had de-



veloped viral and bacterial pneumonia that made her "incredibly ill to the point where she could no longer be safely managed on a ventilator," the doctor recalled.

U.S. Army Capt. Michael Campbell, an Institute of Surgical Research burn flight team member at San Antonio Military Medical Center, tends to a patient receiving treatment with an extracorporeal membrane oxygenation system on a C-17 Globemaster III, Jan. 16 at Joint Base San Antonio-Lackland, Texas. ECMO is a heart-lung bypass system that circulates blood through an external artificial lung and sends it back into the patient's bloodstream. (U.S. Air Force photo by Staff Sgt. Kevin Iinuma)

veloped viral and bacterial pneumonia that made her "incredibly ill to the point where she could no longer be safely managed on a ventilator," the doctor recalled.

After stabilizing this young mother of two and wife of an active-duty Army recruiter on ECMO, the trauma chief called on the Institute of Surgical Research Burn Flight Team and the hospital's ECMO team, as well as the 59th Medical Wing's Critical Care Air Transport Team to evacuate her to a center with expertise in using ECMO as a bridge to a lung transplant. This mission creatively brought together a group of Army and Air Force physicians, nurses and respiratory specialists for this critical patient, Cannon said.

Joined by a transplant surgeon and a perfusionist from Columbia University, the team transported the patient via ambulance from the Burn Center to the Kelly Field flight line, where they boarded a C-17 en route to the John F. Kennedy International Airport. Once in New York, an ambulance transported the patient to the New York-Presbyterian Hospital.

"Since her transport now just over two weeks ago, she has made a remarkable recovery to the point where she may be able to come off of ECMO soon and is able to respond to her husband who is still at her bedside," Cannon said.

Nearly two years of hard work and preparation paid off that night, the doctor said, noting the patient "definitely wouldn't have made it without ECMO."

This patient is the third adult to be placed on ECMO at SAMMC. The first patient, also a young mother, was on this therapy for 23 days while her lungs healed from an autoimmune reaction. She's now back home with her Family and doing well, Cannon said.

Cannon said he has high hopes for BAMC's ECMO program, particularly for Wounded Warriors critically injured in theater. He'd like to see ECMO patients transported directly from the battlefield to SAMMC where they can receive state-of-the-art trauma and ECMO care. "The idea would be to rendezvous in Germany and bring patients back to SAMMC for ongoing care even while on ECMO," he said.



Members of the 59th Medical Wing Aeromedical Staging Facility transfer a patient being treated with an extracorporeal membrane oxygenation system into a C-17 Globemaster III, Jan. 16 at Joint Base San Antonio-Lackland, Texas. ECMO is a heart-lung bypass system that circulates blood through an external artificial lung and sends it back into the patient's bloodstream. (U.S. Air Force photo by Staff Sgt. Kevin Iinuma)

The doctor's vision is for BAMC, and San Antonio, to become DoD's Extracorporeal Life Support epicenter -- for beneficiaries and combat wounded.

"It's an amazing capability, and we're just tapping into the tip of the iceberg," he added. "ECMO offers us untold potential to intervene in situations that would have been deemed hopeless a few years ago."

This most recent case is a perfect example, he said. "It's just incredibly heartening when all the time and effort and energy and thought put into it pays off in huge ways."

Speaking on behalf of the entire team that accomplished this mission, Cannon noted that the feeling of reward after a positive outcome is "hard to describe."

Technology & Research

Mouth Device in Clinical Trials as Possible Treatment for TBI

By Ellen Crown

Deputy Public Affairs Officer, U.S. Army Medical Research and Materiel Command

The tongue is an amazing organ.

Thousands of nerve fibers in it help us eat, drink and swallow. Without them, we would not taste. The tongue helps us speak. Quietly, its surface defends our bodies from germs.

Yet for everything the tongue can do, perhaps one of its most exciting roles is to serve as a direct “gateway” to the brain through thousands of nerve endings.

Now researchers at the U.S. Army Medical Research and Materiel Command in collaboration with the University of Wisconsin-Madison and NeuroHabilitation Corporation are leveraging the power of those tiny nerves. They are aiming to restore lost physical and mental function for service members and civilians who suffered traumatic brain injury or stroke, or who have Parkinson’s or multiple sclerosis.

The treatment involves sending specially-patterned nerve impulses to a patient’s brain through an electrode-covered oral device called a PoNST™, a battery-operated appliance placed on the tongue. The 20-30 minute stimulation therapy, called cranial nerve non-invasive neuromodulation is accompanied with a custom set of physical, occupational, and cognitive exercises, based on the patient’s deficits. The idea is to improve the brain’s organizational ability and allow the patient to regain neural control.

NeuroHabilitation Corporation is funding the commercial development of the device, and has more than just financial investments in PoNST™. The company was created with support by Montel Williams, a celebrity and military veteran who was diagnosed with multiple sclerosis in 1999. Williams was originally introduced to the research through an American Way magazine an attendant gave to him while he was on an American Airlines flight. The magazine included an article about work being done at the University of Wisconsin-Madison. Shortly after reading the article, Williams joined a study at the University of Wisconsin-Madison’s Tactile Com-

munication & Neurorehabilitation Lab, which is in the Department of Biomedical Engineering.

“The third day there I said we need this in the mouths of our Soldiers,” recalled Williams, stating that he has always kept his ties with the military after serving in the Marine Corps and graduating from the Naval Academy.

The PoNST™ prototype and associated therapeutic use were developed by University of Wisconsin-Madison scientists Yuri Danilov, Ph.D., Mitchell Tyler, M.S., P.E., and Kurt Kaczmarek, Ph.D. Their research is driven by the principle that brain function is not hardwired or fixed, but can be reorganized in response to new experiences, sensory input and functional demands. This area of research is called neuroplasticity and is a promising and rapidly growing area of brain research.

Preliminary data from University of Wisconsin showed CN-NiNM to have great potential for a wide variety of neurological issues. Remarkably, the therapy doesn’t only slow functional loss, but also has the potential to restore lost function. That’s why researchers are saying that it “breaks the rules.”

“When we talk about a brain changing itself, this is what we mean,” said Danilov.

Because of its possible application for service members, especially those returning from combat with blast-related traumatic brain injuries, the USAMRMC signed a Cooperative Research and Development Agreement with NeuroHabilitation Corporation (founded by Williams and his colleagues, including the University of Wisconsin scientists) that allows the Army to further evaluate the device.

“This exciting agreement leverages a unique private-public partnership,” said Col. Dallas Hack, director of the USAMRMC Combat Casualty Care Research Program. “By collaborating with University of Wisconsin-Madison and NeuroHabilitation

RESEARCHERS ARE SAYING THE DEVICE “BREAKS THE RULES.” THE THERAPY DOESN’T ONLY SLOW FUNCTIONAL LOSS, BUT MAY POTENTIALLY RESTORE LOST FUNCTION.



The PoNST(tm) device is an electrode-covered appliance user’s place on the tongue. The 20-30 minute stimulation therapy, called cranial nerve non-invasive neuromodulation, is accompanied with a custom set of physical, occupational, and cognitive exercises based on the patient’s deficits. (Photo by Ellen Crown, USAMRMC Public Affairs)

Corporation, we maximize our resources to explore a potential real-world treatment for injured service members and civilians with a variety of health conditions.”

Testing will include a collaborative study with researchers and clinicians at the Blanchfield Army Community Hospital in Fort Campbell, Ky., due to start this month as the result of a year-long coordination effort led by Capt. Ian Dews, deputy director of CCCRP. The hospital is home to the Warrior Resiliency and Recovery Center, which is dedicated to the treatment of Soldiers with physical and neuropsychological problems due to service-related trauma.

Additional patient testing will be conducted at other Veteran facilities and civilian medical institutions. Concurrently, the USAMRMC, in collaboration with its subcommands the U.S. Army Medical Materiel Agency and the U.S. Army Medical Materiel Development Activity, will conduct environmental testing, such as temperature and humidity limitations for the device, to better understand potential constraints. At the conclusion, the USAMRMC hopes to seek U.S. Food and Drug Administration clearance for PoNST™.

ARMY MEDICAL ENLISTED CORPS CELEBRATES

By Kirk Frady
MEDCOM Public Affairs

The Army Medical Enlisted Corps celebrates 126 years of faithful service to the Army and our nation on March 1. Today, there are more than 36,000 enlisted medical Soldiers serving proudly in 17 different Military Occupational Specialties (MOS's) at home and abroad.

“As Army Medicine transforms to a system for Health, our medics stay on top of the latest and greatest innovations to help our force stay healthy and Army Strong,” said Command Sgt. Maj. Donna Brock, U.S. Army Medical Command & senior enlisted advisor to The Surgeon General.

“Army medical enlisted Soldiers are at the tip of the spear when it comes to providing patient-centered care and play a major role in helping the Army Surgeon General transform Army Medicine from a healthcare system to a system for health,” said Brock.

America's Army – Our Profession

As part of the CY13 “America's Army – Our Profession” campaign, Army enlisted medical Soldiers will reaffirm their understanding of themselves as Army professionals, to recommit to a culture of service, and identify with the Army ethic and culture.

While the Army Medical Enlisted Corps was formally established as the Hospital Corps on March 1, 1887, their history dates back to the Revolutionary War.

At the outbreak of the war, medical support was hampered not only by the limited availability of trained medical personnel, but the lack of adequate medicine and equipment. Insufficient care of the wounded and lack of treatment and prevention of the diseases that ravaged the Army caused Washington to address the issue of medical care with Congress.

Finally, on July 27, 1775, Congress authorized the establishment of a Medical Service. This date is known as the Anniversary of the Army Medical Department. This important step made provisions for a Director General and Chief Physician (Surgeon General), four surgeons, one apothecary, 20 surgeon's mates, one clerk and two storekeepers. It also provided one nurse to every 10 sick, and laborers as needed.

Today's Medical Enlisted Soldier

Today's enlisted medical Soldiers are some of the most skilled and technically proficient Soldiers on today's battlefield. The advanced medical training they receive during advanced individual training and follow-on schools allows them to not only save the lives of their fellow Soldiers on the battlefield, but the lives of non-combatants as well.

As a result of their specialized training, recent medical innovations and rapid response times of Army Medevac helicopters (Dustoff), the survival rate on today's battlefield is one of the highest in the history of Army Medicine – 98%.

Today's Army medics are now required to pass the civilian National Registry of Emergency Medical Technicians (EMT)-Basic examination, the entry-level civilian certification. “Whiskey

126 Years of Faithful Service

“Congratulations to our enlisted medical Soldiers as we celebrate 126 years of faithful service. Without hesitation, our enlisted corps provide quality medical care to our injured, ill and wounded in times of need. They are always there when our nation calls. Ready to respond at a moment's notice, 365 days a year.

They are the backbone of Army Medicine.”

- Command Sgt. Maj. Donna Brock



U.S. Army flight medic Sgt. Tyrone Jordan attached to Dustoff Task Force Shadow of the 101st Combat Aviation Brigade carries Marine Lance Cpl. David Hawkins to a MEDEVAC helicopter after he was wounded by a blast from an IED near Marja, Afghanistan. (Scott Olson/Getty Images)

training” then follows, where medics are taught the principles and techniques of Tactical Combat Casualty Care (TCCC). These skills are then assessed at the end of their four months of training in a sophisticated 16-day field experience that incorporates mounted and dismounted patrolling, urban operations, and forward operating base and aid station operations.

Initial entry medic training is now, for the first time, under the supervision of emergency medicine physicians with subspecialty training in EMS. This enables the latest pre-hospital medical innovations, training techniques, and research to be rapidly incorporated into medic training. Army medics are better trained in providing point-of-injury battlefield care today than at any time in history.

Not only do enlisted medical Soldiers save lives, many have paid the ultimate sacrifice for their country. As of September 2011, 163 combat medics have given their lives during operations Iraqi Freedom and Enduring Freedom. Since the Civil War, a total of 52 Soldiers have earned the Medal of Honor while serving with the U. S. Army Medical Department.

DENTAL CORPS CELEBRATES 102ND ANNIVERSARY

Dental Corps Theme for 2013: "Go First Class"

By **Valecia Dunbar**

MEDCOM Public Affairs

On March 3, 2013, the Army Dental Corps celebrates 102 years of tradition and service to our Army. The theme for this year's anniversary - "Go First Class"- reinforces the Army's emphasis of strength to our nation, and the need to maintain the organizational stamina, individually and collectively.

The most important mission of the Dental Corps is to prevent dental casualties during deployment by ensuring dental readiness and the health of the force. In addition to identifying and treating oral disease, the Dental Corps is also the Soldier's trusted agent for oral health. It creates this capacity by maintaining individual and unit-level dental readiness and advocating initiatives for dental wellness, and monitoring access to care in the military and private sector care settings. Additionally, dentists provide nutritional counseling and screen patients for harmful habits, which may lead to chronic diseases later in life. This aligns with The Surgeon General's effort of Improving Stamina through the Performance Triad of Activity, Nutrition and Sleep.

"Army Dentistry is playing a key role in full partnership with The Surgeon General's emphasis on the performance triad," says Col. Art Scott, corps specific branch proponent officer (CSBPO) and consultant to the surgeon general for general dentistry Office of the Chief, U.S. Army Dental Corps. "A prime example is DENCOM's new "Go First Class" initiative, which will streamline a Soldier's path to readiness and wellness by providing prevention-focused exam and oral prophylaxis treatment at the initial appointment, and restorative care at the earliest feasible opportunity. Improved individual dental health is a strong indicator of improved

overall health, and such initiatives at the corporate level will translate to better readiness and wellness across the Army," said Scott.

Army Dentistry's focus on medical innovation is leading the way to new advancements in dental care. In consortium with The Army Institute of Surgical Research (AISR) at Ft. Sam Houston, Army dentistry is conducting groundbreaking research; chewing gum that fights the bacteria that cause dental plaque and cavities, a flowable bone regenerative material that forms a matrix for replacing hard tissue lost in the jawbones, and a futuristic facial mask that facilitates regeneration of bone, skin and neurovascular components of the face.

There are numerous groundbreaking initiatives that will continue to steer dental readiness to unprecedented levels. First Term Dental Readiness (FTDR) extends readiness care of Initial Entry Soldiers; Reserve Component Dental Demobilization Reset (RC-DDR) provides exam-readiness care of demobilizing RC Soldiers, and the Army Selected Reserve Dental Readiness System (ASDRS) for annual exam-readiness care of the RC. Maturation of the Dental Command's (DENCOM's) Corporate Dental System (CDS), a web-based, electronic dental recording/reporting/scheduling software suite, coupled with digital radiography, postures the Army Dental Corps for continued success while promoting Tri-Service diplomacy and collaboration as the Military Health System transitions to an integrated Electronic Health Record.

The Dental Corps continues to provide quality, compassionate and state-of-the-art dental care and proudly stands with the entire Army Medical Department as we move toward a system for health supporting The Army Surgeon General's AMEDD 2020 Strategy.



ARMY DENTISTRY'S FOCUS ON MEDICAL INNOVATION IS LEADING THE WAY TO NEW ADVANCEMENTS IN DENTAL CARE.

AMEDD Regimental Affiliation Day for Civilians

By **Robert Ampula**
AMEDD Regiment

The U.S. Army Regimental System was established in 1981 to "enhance combat effectiveness through a framework that provides the opportunity for affiliation, develops loyalty and commitment, fosters an extended sense of belonging, improves unit esprit, and institutionalizes the war fighting ethos."

The U.S. Army Medical Department Regiment was activated on July 28, 1986, during ceremonies at Fort Sam Houston, Texas, and has since affiliated all AMEDD Soldiers with the AMEDD Regiment, a regiment whose tradition of caring is distinguished by more than 230 years of proud and faithful service to Soldiers, the United

States Army, and the United States of America. All initial entry training Military Occupational Specialty producing courses and the Officer Basic Course formally affiliate Soldiers during their rites of passage or graduation ceremonies. Governed by AR 600-82, the Regimental system allows civilians to elect affiliation providing the Regimental Commander opens affiliation to them.

The Surgeon General approved affiliation of AMEDD civilians in February 2011 to include eligibility for recognition as Distinguished Members of the Regiment (DMOR), and Honorary Members of the Regiment (HMOR) for their spouses. While AMEDD civilians are automatically part of the AMEDD Civilian Corps, employees may elect to affiliate with

"WE STRONGLY ENCOURAGE OUR CIVILIANS TO BECOME MEMBERS OF THE AMEDD REGIMENT."

the Regiment. This affiliation is strictly ceremonial and will not affect assignments. As AMEDD Civilians continue to take on positions of increased responsibility and greater leadership roles, affiliation with the AMEDD Regiment supports the AMEDD Civilian Corps vision and mission, and

[See AMEDD P28](#)

HAPPY ANNIVERSARY AMEDD CIVILIAN CORPS



On March 26, 2013, the Army Medical Department (AMEDD) celebrates the 17th anniversary or birthday of the AMEDD Civilian Corps. This date marks the official establishment of the Corps even though the Corps was unofficially recognized many years earlier. This is the 3rd year that current Corps Chief Charles G. (Gregg) Stevens, has joined Corps members to celebrate. Stevens, a member of the Senior Executive Service (SES), is the Deputy to the Commanding General of the AMEDD Center and School and was appointed as the 4th Chief of the AMEDD Civilian Corps in November 2009.

There have been some exciting events and changes for the Corps since our last birthday. The Corps Chief selected the first Civilian Corps Board of Advisors and these 12 members from across the Command met in Oct/Nov 2012 to form this historic advisory board and begin work on shaping the future of the Civilian Corps. The starting point during this first meeting began with updating the Civilian Corps Balanced Scorecard (BSC) to better align with the new AMEDD BSC and the Army Medicine 2020 Campaign Plan (AM 2020 CP) lines of effort.

In support of the AM 2020 CP, Civilian Corps efforts to “Create Capacity” include: education opportunities, funding for education/training/development, developmental opportunities, standardized job descriptions. To “Improve Stamina” the Corps began focusing on health and wellness initiatives and reinforcing the promotion of resiliency throughout the workforce. The Corps Chief added information about health and wellness in all Corps communications, including Corps Chief messages, visits, Town Hall Meetings, and also distributes business card size “Health Cards” with links to online information about Activity, Nutrition, Sleep Management, and Behavioral Health. As part of the efforts to “Enhance Diplomacy,” the Corps Chief also distributes information about civilian awards and recognition including cards with comparisons of honorary awards for Civilians with the equivalent military award. The Corps Chief and staff also col-

KEY MESSAGES

- The mission of the AMEDD Civilian Corps is to revolutionize the current culture to build an integrated and enduring professional Team serving Army Medicine.
- Civil Service employees comprise 65 percent of the MEDCOM workforce, representing over 400,000 years of federal service in 265 different specialties.
- Civilians are integral members of the Army Medicine Team and provide leadership, continuity, and stability.
- The AMEDD Civilian Corps leverages its partnerships with key DoD and Army organizations to enhance collaboration and communication of strategic objectives.
- AMEDD Civilian employees are a distinguished Team of passionate professionals recognized for quality, innovation, and customer service in support of Army Medicine.
- Civilian Workforce Development is critical to develop functional capabilities and build the leadership skills of our civilian workforce to respond to ever-increasing mission demands and provides opportunities to enrich and further strengthen our Team.
- The Army completed one initiative in FY2011 as part of the Civilian Workforce Transformation that resulted in membership for 100% of Army civilians in a formal career program and establishment of eight new Career Programs, to include Career Program 53 (CP53) for medical specialties.
- Civilian Workforce Development is a priority focus area for the Civilian Corps Chief, The Surgeon General, and the Department of Army leadership.
- The Army Medical Department Civilian Corps has a long record of service to Army Medicine. Working alongside uniformed service members, civilians play a vital role in Army Medicine every day.

laborated closely with HQDA G1 and G3 staff on the Civilian Workforce Transformation effort. This included the development of competency models and a leader development framework to implement the strategic leadership imperatives designed to build our future leaders in the Army Profession. These initiatives helped pave the way for our focus on Leadership in 2013.

The first annual Wolf Pack of the Year award was presented in September to the Public Health Rabies Response Team, exemplifying great teamwork and camaraderie between the military and civilian members of our Army Medicine Team. Quarterly winning teams are selected to compete for the annual award.

The year 2012 was also the first year for central funding for training of civilians in Career Program 53 (CP53) which includes Civilians in medical occupations. MEDCOM and our CP53 Civilians benefited from over \$1 million in training dollars from Department of Army. Civilians in non-medical occupations were also able to take advantage of central funds from CP51 for Administrative professionals and support staff.

Three civilians worked on special strategic projects for the Corps in the last year which included looking into awards

and recognition, social media options for the Corps, and leveraging different generations in the workplace. The employees selected to conduct these studies brought fresh perspectives and ideas and at the same time learned about the workings of the Corps office, the objectives of the Corps, and became ambassadors of sorts about the Corps at their home organizations.

If you haven't read it before, now is a great time to read the award-winning AMEDD Civilian Corps History posted on our website under “About Us.” You can also check out the author and his award on our Corps photos page. Another reason that March 26, 2013, is a special date is because it is designated as AMEDD Regimental Affiliation Day for Civilians. Thousands of Civilian Corps members are expected to affiliate with the AMEDD Regiment. While membership in the Civilian Corps is automatic, Civilians must choose to belong to the Regiment. Read more on P25.

Read the award-winning AMEDD Civilian Corps History posted on the AMEDD Civilian Corps website at: <https://ameddciviliancorps.amedd.army.mil/>

Dunham Medics and Staff Share Expertise with Scouts

By Col. Dave Dworak
U.S. Army War College

Medics and staff from Dunham Army Health Clinic donated personal time on Saturday, Jan. 12, to help 18 Boy Scouts learn first aid skills to help them earn the First Aid Merit Badge. Scouts must earn this badge to achieve Eagle Scout.

This is the second year that Dunham has volunteered to help the Scouts.

Greg Cantwell, Scoutmaster of Troop 173, noted that the level of support from Dunham Soldiers was tremendous. "By the end of the day the medics knew each of the boys by name, establishing a strong interpersonal connection," said Cantwell. "The healthcare professionals here on the installation really motivated the scouts to learn more about first aid."

Dunham staff trained the Scouts on assessing symptoms, first-aid procedures and possible prevention measures. Scouts also learned how to treat broken bones, severe cuts, heart attacks, and patient transportation methods.

Lt. Col. Patrick Morrow, USAWC student, said he was impressed with the training. "When my son Joe left the house on Saturday morning for the first aid class, he said he felt like he was going to school on a Saturday," said Morrow. "He came back very positive about the experience, said he learned a lot and enjoyed himself."

To earn the merit badge, Scouts must demonstrate competence across 25 requirements. Scouts from Carlisle Barracks Troop 173 and Troop 146 from Wellsville, Pa., participated in the training.



Sgt. 1st Class Lawrence Romero, Dunham Clinic NCOIC, shows Boy Scouts how to tie an improvised tourniquet during merit badge training at Dunham Army Health Clinic, Jan. 12. (U.S. Army photo by Col. Dave Dworak)

For more news from Northern Regional Medical Command, go to: www.nrmc.amedd.army.mil or visit our Army.mil homepage at www.army.mil/nrmc and share on Twitter, Facebook and Pinterest. <http://www.facebook.com/ArmyNRMCM>

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health promotion officers fill.

"Our corps health promotion officer as advised us on ways to integrate installation and Army-level resources into our health promotion efforts at the brigade and battalion," Hill said. "Wendy is in touch with the unique challenges of my brigade, and I suspect that is true of brigades across Fort Hood. Because of her knowledge and perspective, I feel confident that in her role as advisor to the III Corps commander and as a liaison outside the corps, she is able to articulate our specific challenges to policymakers and advocate for resources that best fit our needs."

Lakso credits Fort Hood commanders with a sustained commitment to collaboration that has allowed their units to anticipate and address issues before they become major.

"Creating the structure for health promotion at the corps level has made an impact in bringing prevention activities to the forefront ... for leaders across our installation," Lakso said. "[These] activities with the CHPC, brigades and agency leaders have initiated a different way of doing business. We've moved from taking care of an individual or population after incidents to a proactive approach to holistic health and wellness. We're identifying potential risky behavior trends and looking at ways to implement programs to address those behaviors before they escalate."

In addition to the roles of informing, advocating and facilitating collaboration, HPOs like Lakso focus command attention on Soldier health and resilience across commands.

"The most important benefit of Fort Hood's HPO from my perspective is how well she helps me to see and understand the health and discipline of my brigade through the visualization tools she develops that

indicate wellness trends relative to other units at the installation," according to Col. Mark Simerly, commander, 4th Sustainment Brigade, 13th Expeditionary Support Command.

As well, Simerly said, health promotion officers pull in the many resources available on an installation to provide a more complete picture of individual commands.

"By bringing together the diverse service providers into a single forum, the HPO creates a robust network of feedback and sensors that enables commanders to make informed assessments about units and individuals, and better decisions regarding command climate," he said.

"The bottom line is, we receive a great return on investment from the HPO concept here at Fort Hood."



ARMY MEDICINE
Serving To Heal...Honored To Serve

AMEDD continued from P25

helps to strengthen the culture of trust to build a more cohesive, integrated Army Medicine Team.

In an effort to help perpetuate the history and traditions of the Army Medical Department Regiment and enhance unit morale and esprit, Lt. Gen. Patricia D. Horoho, MEDCOM commanding general and The Surgeon General, further recognized and supported the AMEDD Regimental Program for Civilian employees in Army Medicine, culminating with AMEDD Civilian Regimental Affiliation Day on 26 March 2013.

Commanders determine the number of AMEDD civilians in their organizations who wish to affiliate with the AMEDD Regiment and send a memorandum via email to the AMEDD Regiment at usarmy.jbsa.medcom-ameddcs.list.amedd--regiment@mail.mil to request affiliation certificates for their Civilians. The memorandum should include the number of civilians who elect affiliation, the point of contact, the mailing address where the certificates should be mailed, and an attachment with the names of the employees to be affiliated.

For more information, you can contact the AMEDD Regiment at the email address above or by phone at 210-221-8455, DSN 471.

Charles G.(Gregg) Stevens, AMEDD Civilian Corps chief, said, "We strongly encourage our Civilians to become members of the AMEDD Regiment. Membership in the Regiment alongside our AMEDD Soldiers will improve camaraderie and be another sign of the strength of our Army Medicine Team that results from the diverse capabilities the different members can bring to the mission."



BRAIN INJURY AWARENESS LINKS AND RESOURCES

- *Defense and Veterans Brain Injury Center (DVBIC) - <http://www.dvbic.org/>*
- *Brainline.org – <http://www.brainline.org/>*
- *Afterdeployment.org – <http://www.afterdeployment.org/web/guest>*
- *Defense Centers of Excellence for Psychological Health and TBI www.dcoe.health.mil*
- *Real Warriors Campaign - <http://www.realwarriors.net/>*
- *Army Wounded Warrior Program (AW2) – <http://wtc.army.mil/aw2/index.html>*
- *Army Behavioral Health – <http://www.behavioralhealth.army.mil/>*
- *TRICARE – <http://www.tricare.mil/>*
- *U. S. Department of Veterans Affairs – <http://www.va.gov/>*
- *DoD Disabled Veterans – <http://www.dodvets.com>*

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son was traveling behind the lead team as they were engaged by multiple enemy combatants from fortified positions.

"We were surprised that after the gunship engagement, the enemy was still alive and maneuvering on us," said Hutchison. "We were pinned down for just a few minutes until we reengaged the enemy combatants."

Hutchison identified the lead team was fixed by enemy fire and ran, under fire, to the team's right flank. He was within 15 meters of an enemy machine gun position, and rounds were impacting all around him. Hutchison repeatedly exposed himself to machine gun fire in order to suppress the enemy position with small arms and fragmentation grenades.

"His decisive action allowed the remainder of the team to prepare for a flanking maneuver," said Fisher. "His clear and accurate reporting to the Squad Leader on the enemy positions, painted a concise picture on the composition and disposition

of the enemy on the ridgeline."

When the decision was made to fall back to allow for another aerial gun run, Hutchison increased his fire suppression and maneuvered to cover the remainder of the squad's withdrawal. Throughout the movement down the mountain, Hutchison provided covering fire as the squad moved from position to position.

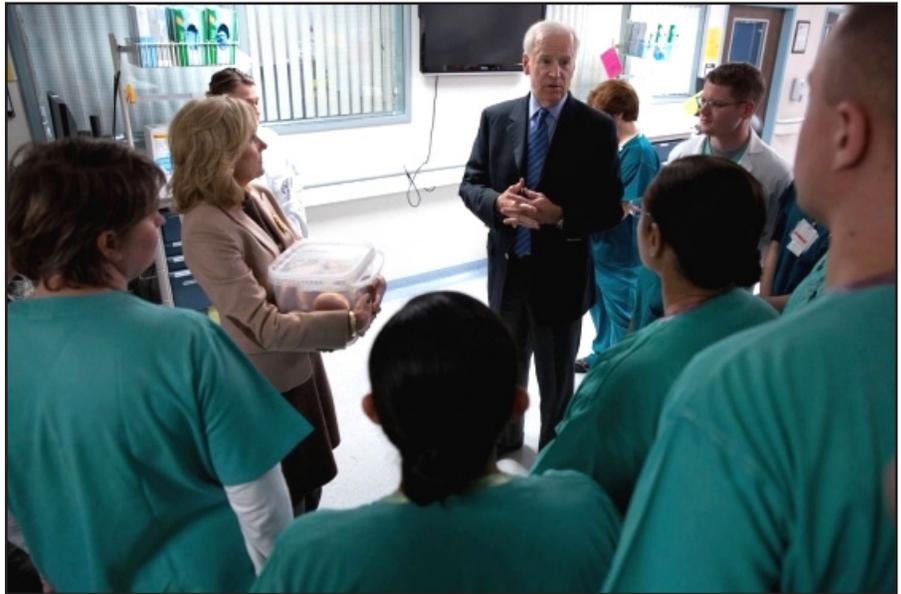
"You don't think," said Hutchison. "You react to the battle drill – the guy was shooting at us from 15 feet away and you absolutely rely on your training; straight up Infantry Ranger tactics."

Once out of small arms range, Hutchison moved throughout the Platoon's positions, ensuring no Rangers were wounded by enemy fire; for these actions, he was awarded the Joint Service Commendation Medal for Valor.

"Staff Sgt. Hutchison is a devoted and extraordinary Ranger Medic," said Fisher. "He possesses all the moral qualities and maturity needed to excel both personally and professionally. He is an immeasurable asset to our organization and his moral compass and discipline are beyond reproach."

AROUND ARMY MEDICINE

1. LANDSTUHL REGIONAL MEDICAL CENTER, Germany – Specialist Michael Allison froze when Vice President Joe Biden and his wife Dr. Jill Biden entered his hospital room on Feb. 3. “I never really met anybody that important, so to meet someone like that, I was kind of star struck for a second. I was thinking, ‘I can’t believe the Vice President is here shaking my hand,’” said Spec. Allison, a combat engineer recovering from a gunshot wound received during a firefight in Afghanistan. But the 25-year-old Ohio, native was also visited by Dr. Ashton B. Carter, deputy Secretary of Defense. The Vice President’s visit also included visits with two soldiers from the Republic of Georgia, one of 54 coalition countries whose service members have been treated at LRMC for injuries sustained serving alongside U.S. forces in Afghanistan and Iraq. (U.S. Army Photo/Phil A. Jones)



2. BROOKE ARMY MEDICAL CENTER, Fort Sam Houston, Texas - Wounded Warriors Take Recovery to Ice . Wounded Warriors Army Sgt. Dorian Leon, No. 18 (left, blue jersey), and retired Marine Cpl. Luke McDermott, No. 6, prepare to face off against members of the Colorado Avalanche on Feb. 8, during the San Antonio Rampage Sled Hockey Tournament at the Ice and Golf Center at Northwoods in San Antonio. Leon and McDermott are members of the San Antonio Rampage Sled Hockey team. (U.S. Army Photo by Robert Shields) To access the full story visit: http://www.army.mil/article/96334/Wounded_Warriors_Take_Recovery_to_Ice/

1



3. BLANCHFIELD ARMY COMMUNITY HOSPITAL, Fort Campbell, Ky. - Blanchfield Army Community Hospital commander Col. Paul R. Cordts solicits the help from 5-year-old Justin Okoro to cut the cake during the kick-off to Patient Recognition Month at the hospital, at Fort Campbell, Ky. (U.S. Army Photo by Laura Boyd, Army Medicine) To access the full story visit: <http://www.army.mil/media/280909/>

2



3

View more Army Medicine photos on Flickr at: www.flickr.com/photos/Armymedicine

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spent a day after his first surgery. Wengloski eventually headed to Landstuhl for two more surgeries. He said eight days later he was flown to Joint Base Andrews, Md., and admitted as an inpatient at Walter Reed Bethesda for a week before he was discharged on convalescence leave to receive occupational therapy for 30 days at a civilian clinic near his Connecticut home. He returned to WRNMMC in December 2012, where he has remained for outpatient recovery except for a brief inpatient stay.

Wengloski said doctors have performed 11 surgeries since his injury. He explained the single most critical element of his trauma care was the continuity of

care he received at WRNMMC.

The Sailor explained Navy Cmdr. George Nanos, a hand specialist, has provided care to him since his first inpatient admission, including the latest surgery more than two weeks ago. "Other than those first surgeries in Germany, it's been him the whole way," Wengloski said.

Army Lt. Col. Joy Napper, department chief, Health Education and Training, explained why it was important to include patients in the symposium series of classes and lectures designed to enable healthcare providers to continue enhancing patient care through staff and faculty development.

"When we were planning this we wanted to include them so that we can get a transparent look at our skill set and how we can improve," said Napper, who explained

it was reaffirming for trainers to hear they were training providers on the right procedures.

Army 1st Lt. Caitlyn McGowan, a registered nurse on the 4-Center ward, said the patient experience panel helped confirm what she does as a nurse every day.

"I work with Wounded Warriors during their inpatient stay. It's always nice to hear what they thought of the process when they come back to the unit and we see how they're doing--that they're walking, [and] they're more mobile," McGowan said.

"You see these guys and they're in a certain place when they get to you," she said. "Everyday little things, accomplishments, are really huge," she explained. You might not see it every day - subtle things - but then they come back, Wow!"

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says that he and his family are excited about moving to the next phase of their lives and about giving his children a travel experience in Korea that not very many U.S. children are able to experience.

Although Mull is happy about another challenge and is excited about returning to the Army, he would like to do a tour of duty in the same geographic area where his father, Garland Theodore Mull, served during World War II. His father, a combat medic, was stationed with the U.S. Army's 181st General Hospital for four years in Karachi & North Malir, Pakistan (then, India) - which is located near an active U.S. Army base at Kandahar, Afghanistan.

After graduating OBLC, Mull has requested a deployment to Afghanistan as soon as possible in order to return to the region his father spoke about for so many years. He said that his current leadership will not make any promises because of the extreme physical demands a combat deployment might place on an older physician, but they finally agreed to place him as a "second-string alternate" on their deployment list.

"My father died about two years ago at 92 years of age and used to talk a lot about his own deployment to that part of the world." Mull still holds on to one of his dad's letters to his mother, Eleanor, that a local North Carolina newspaper reporter published in 1944. "My father knew a

great deal about the local language and customs, and even now I still get excited when I recall the adventure stories I heard at his knee. These are the kind of adventures you can never forget."

Chief of Blanchfield Army Community Hospital's Radiology Department Maj. Paul Shogan said, "It is with amazing courage that Dr. Richard T. Mull, M.D. has decided to re-join the U.S. Army Medical Corps as a Diagnostic Radiologist at his current age. Dr. Mull completed his Diagnostic Radiology Residency at Walter Reed Army Medical Center in the late 1980s and in the interim has practiced in various clinical settings. The Soldiers under Dr. Mull's care will benefit from his wealth of knowledge, dedication and desire to serve."

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