

# MERCURY

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*AMERICAN HEART MONTH*



A worldwide publication telling the Army Medicine Story



# MERCURY

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# ARMY MEDICINE PRIORITIES

## COMBAT CASUALTY CARE

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

## READINESS AND HEALTH OF THE FORCE

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

## READY & DEPLOYABLE MEDICAL FORCE

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

## HEALTH OF FAMILIES AND RETIREES

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

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## Army Medicine's Transformation to an HRO



**Lt. Gen. Patricia D. Horoho**

Lt. Gen. Patricia Horoho, the Army surgeon general, leads discussion on becoming a high-reliability organization (HRO). The HRO summit at Fort Belvoir invited more than 160 officer and enlisted leaders to discuss leadership issues, patient safety, and robust performance improvement as part of developing a roadmap for Army Medicine to become an HRO (U.S. Army photo by Marlon Martin, Army Medicine) Read more about the summit on pg. 22.

Army Surgeon General, Lt. Gen. Patricia Horoho's command-wide discussions on Army Medicine's transformation to an HRO—centered on zero-preventable harm—continued in the Pacific Regional Medical Command (PRMC) theater of operation as Maj. Gen. Jimmie Keenan, deputy commanding general, operations (DCG-O), Army Medical Command (MEDCOM), used her visit as an opportunity to address all levels of leadership at a Leader Development presentation held at Tripler Army Medical Center, Honolulu, Hawaii, Jan. 23.

Among those in attendance were Brig. Gen. Patrick Sargent, commanding general, PRMC; Col. David Dunning, commander, Tripler Army Medical Center; and Col. Bret Ackermann, commander, 18th Medical Command (Deployment Support). Keenan's main topic of discussion

for the Leader Development presentation was MEDCOM's commitment to developing High Reliability Organizations (HRO) of medical care throughout Army.

This commitment is geared towards insuring the safest and highest quality healthcare possible.

"We must avoid 'top down' safety management through the empowerment of all staff members," Keenan told the audience, referring to Army Medicine as a whole.

This empowerment means that any staff member, regardless of their position within a facility, has the ability to bring to attention any potentially dangerous or threatening situation in order to preserve the safety of patients and staff. Keenan called upon everyone from the most experienced providers to yet unproven junior officers to show that each have the same authority when it comes to patient safety.

"We all have an obligation to each other; we have an obligation to our patients and all of those entrusted to our care," Keenan stated.

*Master Sgt. Anthony Elliott, PRMC, contributed to this article. The full article and photos are accessible at: <http://www.army.mil/article/141692/>*



## TSG Awards Legion of Merit

Army Surgeon General Lt. Gen. Patricia Horoho awards Brig. Gen. Robert Tenhet, commanding general Northern Regional Medical Command, the Legion of Merit, for his service as executive officer to the Office of the Surgeon General, at the conclusion of the High Reliability Organization Summit held Jan. 14 at Fort Belvoir, Va.



## Senior Leaders Meet with Wounded Troops at CFI

By Lori Newman, Brooke Army Medical Center Public Affairs

Vice Chairman of the Joint Chiefs of Staff Adm. James A. Winnefeld Jr. and Secretary of Veterans Affairs Robert McDonald visited with wounded Service Members at the Center for the Intrepid (CFI) Dec. 19.

The day began with the VA Secretary presenting the Bronze Star and a Purple Heart to Staff Sgt. Steven Tessitore, an infantryman with Company B, 2nd Battalion, 162nd Infantry Regiment, who suffered a gunshot wound Nov. 15 while conducting a security patrol in Afghanistan.

Following the ceremony, the group -- which also included Laura Junor from the Office of the Secretary of Defense and Georgia Tech researchers -- met with six amputees at various stages of care and injury and toured the CFI, Brooke Army Medical Center's state-of-the-art rehabilitation facility.

"We need to continue to advance the state-of-the art of care for those among our force who have lost a limb," said Winnefeld. "So, I wanted to bring together a critical mass of customers, leaders, world class medical providers and engineers to see if together there is



Col. (Dr.) Donald Gajewski (left), director of the Center for the Intrepid briefs Vice Chairman of the Joint Chiefs of Staff Adm. James A. Winnefeld Jr. (right) and Department of Veterans Affairs Secretary Robert McDonald (center) on a firearms training simulator during a tour of the Center for the Intrepid Dec. 19. (U.S. Army photo by Staff Sgt. Jonathan Snyder)

anything more we can do to improve the quality of life for our wounded, ill, and injured warriors."

The amputees talked candidly about their experiences with their prostheses, what kinds of challenges they face using their devices, and the level of care they have received both at the CFI and at other military and civilian hospitals.

"I really enjoyed listening to this group of warriors, medical pros, leaders and researchers put their heads together," the vice chairman said.

All agreed that the level of care at the CFI is exceptional.

"We had an excellent tour of this state-

of-the-art facility and the group was able to not only engage with the incredible professionals here, but also gain invaluable insight from the Wounded Warriors we met today," Winnefeld said.

"I always enjoy visiting the Center for the Intrepid because I experience the enthusiasm of the wonderful medical staff and I really get motivated by the determination of the patients here.

"These warriors are a special group of Americans. They're showing us through their hard work and dedication how their ability triumphs over their disability. We owe them all our very best efforts."



Lt. Gen. Ingo Patschke, the German Army surgeon general, watches as joint U.S. and German forces evacuate a simulated casualty during a visit to the 421st Medical Battalion (Multifunctional), 30th Medical Brigade's "Viper Pit" medical training facility on Smith Barracks in Baumholder, Germany Dec. 9. (U.S. Army photo by the 30th Medical Brigade, 21st TSC Public Affairs)

## U.S. Army Medical Brigade Showcases Tactical Combat Casualty Care to German Army Surgeon General

By 30th Medical Brigade 21st TSC Public Affairs

The 421st Medical Battalion (Multifunctional), 30th Medical Brigade hosted Lt. Gen. Ingo Patschke, the German Army surgeon general; Brig. Gen. Norvell Coots, the commander of the European Regional Medical Command and command surgeon for U.S. Army Europe; Brig. Gen. Arlan M. Deblieck, the deputy commanding general of the 21st Theater Sustainment Command; and Col. John Mitchel, the U.S. European Command surgeon general, at the 421st MMB's "Viper Pit" medical training facility on Smith Barracks in Baumholder, Germany Dec. 9.

A team of noncommissioned officers from the 421st MMB prepared and conducted the visit which included a tour of the facility, an overview of the courses offered, and a demonstration of a culminating event where a joint U.S. and German team responded to multiple simulated casualties caused by a blast during a key leader engagement.

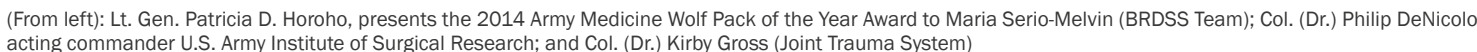
With a new focus in the German army on medical training, Patschke was intrigued to know how U.S. forces conduct their medical training and simulations for both the medic, and non-medic. The engagement was also critical in establishing medical

partnerships between forces as they both strive to increase interoperability and partner capacity.

The joint engagement showcased a small slice of how all NATO forces intend to further shape their forces and build long-lasting and sustainable capabilities throughout to further increase efficacy and structure.

Patschke, Deblieck, Coots, and Mitchell agreed that the 30th Med. Bde.'s combat medics receive first class training and that the training of U.S. Army combat medics, in general, sets the standard for NATO's medical care policies in forward theaters.





By **Steven Galvan**, *USAISR Public Affairs Officer*

“It really goes to show that the staff here at the ISR does a tremendous job,” said DeNicolò. “Our civilians,



## Wolf Pack Awards

contractors, and military form a synchronous unit to accomplish high-quality research that's world class."

The BRDSS Team developed the BRDSS also known as the Burn Navigator, a Food and Drug Administration (FDA)-cleared device that assists non-burn experienced medical providers in a deployed setting with burn resuscitation. The JTS was established in 2006 as a global organization committed to the health and welfare of combat wounded by overseeing the performance improvement and the follow-through of the performance improvement of casualties of war to optimize the survivability and decrease morbidity and mortality of Wounded Warriors. In 2013 the JTS was designated as a Department of Defense Center of Excellence.

Gross said that it was fitting that

both teams receive the award together. "The JTS serves as a way to sense the circumstances in theater and clinical circumstances. The information that we sense, we provide to our researchers, our researchers take that information and then develop tools and then, on the back end, we provide the clinical guideline," he said.

Serio-Melvin acknowledged the clinicians at the Burn Center for providing honest and candid feedback during the development of the Burn Navigator.

"The BRDSS would have never been developed to the quality of which it was developed without the clinicians' support," she said.

"This is a monumental accomplishment," said Col. (Dr.) Michael D. Wirt. "It is a true reflection of the overall excellence achieved by our diverse teams who are focused on

combat casualty care each and every day."

"It doesn't surprise me that this command is getting the annual recognition," said Horoho. "Everyone on the team is dedicated, intelligent and focuses on doing the right thing to make a difference in the lives of those who are willing to give so much to our Nation. Congratulations to each and every one of you and thank you for the difference that you make each and every day."

The USAISR co-winning teams were selected from among the two other quarterly winners: Bayne-Jones Army Community Hospital at Fort Polk, La., and the Center for the Intrepid at Joint Base San Antonio-Fort Sam Houston, Texas. Overall, there were more than 40 teams nominated for the Wolf Pack Award in 2014.



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# NCOs Help AMEDD Flight Paramedic Program get off the Ground

By Pablo Villa, NCO Journal

Medical and technological advances have given modern-day Soldiers who have been injured on the battlefield access to an elite level of immediate trauma care from their fellow Army physicians and combat medics.

But the trek from the battlefield to the next round of care has been a perilous journey — the injured Soldier is typically extricated from harm's way and into an aircraft, but often without a doctor present and with fewer resources onboard. A 2012 study of 4,600 deaths in Iraq and Afghanistan showed that 87.3 percent of Soldiers died while en route to a military treatment facility.

A recently installed program at the U.S. Army Medical Department Center and School at Joint Base San Antonio-Fort Sam Houston, Texas, aims to bridge that gap. And the program's noncommissioned officers (NCOs) are expected to be a large part of its success.

The program, which began in 2012, is designed to provide flight medics with additional paramedic and critical-care training, and civilian certifications. It meets this end by incorporating high-tech lessons from civilian medical professionals. Though the program is open to E-3s to E-8s, it is NCOs who provide stability and ease the transition from previous flight-medical teachings to the current best practices, said

Master Sgt. Michael Cluette, the NCO in charge of the Flight Paramedic Program.

"The flight paramedics who we graduate now will be the future of where aviation medicine goes. So the transition point will be extremely important for those who are graduating here," Cluette said. "You have to be that mature noncommissioned officer to do that."

## Owning Responsibility for Battlefield Care

The impetus for the Flight Paramedic Program was an Army physician's nagging feeling.

Lt. Col. (Dr.) Robert Mabry authored a study of service members injured on the battlefield in Iraq and Afghanistan from 2001 to 2011. The study, published in the *Journal of Trauma and Acute Care Surgery* in 2012, found that of the 4,596 battlefield fatalities analyzed, 87.3 percent died of their injuries before reaching a military treatment facility (MTF). Of those pre-MTF deaths, 24.3 percent were deemed potentially survivable.

Although battlefield medicine has vastly improved during every war since World War II, Mabry said that 24.3 percent statistic cited in his study — those whose lives might have been saved — kept nagging him.

"That's where we can make the biggest

difference in improving patient outcomes," he said.

What Mabry found is that no one owns responsibility for battlefield care delivery, meaning that "no single senior military medical leader, directorate, division or command is uniquely focused on battlefield care," he said. "The diffusion of responsibility is a result of multiple agencies, leaders and units of the service medical departments each claiming bits and pieces with no single entity responsible for patient outcomes forward of the combat hospitals."

Commanders on the ground own the assets of battlefield care — medics, battalion physicians, physician assistants, flight medics and all the equipment. But they are "neither experts in, nor do they have the resources to train their medical providers for forward medical care," he said.

What Mabry concluded from his studies and field experience was that the solution to the gap in care cannot be addressed with a "single-bandage" approach.

A solution, he said, would require "evidence-based improvements in tactical combat casualty care guidelines, data-driven research, remediation of gaps in care

## NCOs Help Flight Paramedic

and updated training and equipment.”

And to supervise those medics, their training, and the medical evacuation equipment and procedures, there would need to be a specially trained and qualified physician in charge of that pre-hospital phase, he said.

Mabry illustrated the power of patient outcome data by tracking a National Guard medevac unit from California whose members were mostly critical-care trained paramedics in their day jobs — working for the California Highway Patrol and other Emergency Medical Service (EMS) agencies. They deployed to Afghanistan in 2010, taking their civilian EMS model with them, he said.

“I compared their patient outcomes to the standard medevac outcomes and found a 66 percent reduction in mortality using the civilian medic system,” he said.

As a result of that outcome, the Army has revamped its training of flight medics.

### The Role of NCOs

The long-term goal of the Flight Paramedic Program is to transition all of the Army’s flight medics to become critical-care paramedics.

Through May 2014, 124 Soldiers have become nationally registered paramedics and 115 have graduated the Army’s critical-care course. Another iteration of the course began in July and is expected to conclude in March. Plans for expansion are being made in 2015. The quickening pace of training goes on despite the expected drawdown of troop levels in Iraq and Afghanistan in order to be prepared for disaster missions at home as well as for any future conflicts.

In the meantime, the transition to a new kind of flight medic training isn’t leaving legacy medics behind.

“The paramedic, we are now telling them, ‘Yeah, you were trained this way. But I need you to understand why you’re doing it, what you have to do if it doesn’t work and understand why it’s not working in order for you to fix it.’ An emergency medical technician (EMT) might understand he may have to do it, but I may do it way too early or unnecessarily simply because I didn’t get enough of the understanding that what I was currently doing was enough.”

The bridging of the gap when flight medics of the old and new discipline come together will be eased by NCOs, Cluette says.

Read the full article at: <http://ncojournal.dodlive.mil/2014/12/16/ncos-help-amedd-flight-paramedic-program-get-off-the-ground/>



# Army Nurse Corps Celebrates 114th Anniversary

By Col. Betsy Vane, Army Nurse Corps Historian



On February 2, 2015 the Army Nurse Corps proudly celebrates 114 years of trusted service and

dedication to caring for America’s Sons and Daughters. Over these years, Army Nurses have stood shoulder to shoulder with Sailors, Airmen, Marines, and Coast Guardsmen, both active duty and retired, and their Families to protect and preserve those who wear the cloth of our Nation.

The Army Nurse Corps is the oldest military nursing corps in the United States and the first women’s component in the armed forces. Throughout its history, Army Nurses have demonstrated the courage to care, connect and change, earning the respect and gratitude of the American people.

The mission of the Army Nurse Corps is to provide responsive, innovative, and

evidence-based nursing care integrated within the Army Medicine Team to enhance readiness, preserve life and function, and promote health and wellness for all entrusted to their care. In order to meet this mission, the Army Nurse Corps continues to expand its roles in support of the Nation’s healthcare needs and adapt to the demands of a transforming Army.

The Nurse Corps boasts a long and illustrious history, becoming part of the Army Medical Department in 1901 when the Army Reorganization Act was passed into law. In 1906, the San Francisco earthquake sent Army nurses on their first of many civil relief missions. In WWI, Army nurses served in base, evacuation and mobile surgical hospitals around the globe, as well as, on hospital trains in France and transport ships carrying the wounded across the Atlantic. This began nurses’ involvement in the en-route care of wounded Soldiers. By WWII, Army nurses were involved in developing the concept of

post-operative recovery wards in Europe and in providing airborne en-route care from combat zones aboard fixed-wing aircraft. During America’s involvement in Korea and Vietnam, Army nurses advanced their practice through trauma care specialization, including triage and resuscitative services. They also supported helicopter ambulance transportation from battle locations.

The Army Nurse Corps has gallantly served in every major conflict in which the United States has taken part for the past 114 years. Today, the brave men and women who comprise the Army Nurse Corps Team serve as a critical factor in the outcome of the health of our Service Members and their Families. They will continue to propel their critical skill sets forward as both the Army and Army Medicine transform from a Healthcare System to a System for Health.

For more information, visit the Army Nurse Corps web page at: <http://armynursecorps.amedd.army.mil/>

# Students Take on Video Project Promoting System for Health

By Ed Drohan, Europe Regional Medical Command Public Affairs

Department of Defense Dependent Schools students from across Europe recently participated in a project that let them express their creativity while also helping promote U.S. Army Medical Command's System for Health and Performance Triad programs.

Middle and High school students were asked to produce videos that were entered in Europe Regional Medical Command's System for Health Marketing Challenge. The videos focused on making changes in personal health habits in the areas of sleep, activity, and nutrition. In the end, 38 students from eight schools submitted videos. The top entries were selected and are airing on the American Forces Network as public service announcements.

Maj. Jessica Counts, the ERMCM System for Health Program lead, developed the idea for the challenge and approached

video teachers in the school system for their support. The teachers in turn approached their students who responded with enthusiasm.

"When the challenge was presented to (the students) they saw an opportunity to be creative" said Joe Smith, a video teacher at Wiesbaden High School in Germany. "They really liked the idea that their work could be applied to a real world situation and that others might benefit from it."

To be eligible for entry into the marketing challenge, each video had to be either 14 or 29 seconds long (the length of a standard PSA broadcast on AFN), had to conform to one of three themes -- educational, inspiring change or making a difference -- and had to spotlight two of five health elements, which include sleep, activity, nutrition, oral health and stress management. The ERMCM System for

Health Executive Committee viewed each video and selected the top finishers.

The Marketing Challenge was a win-win situation for all involved. Not only did ERMCM get some help in promoting their health programs, but the students got practical experience in shooting and editing video as well.

"The challenge PSA helped students to learn the production and editing skills associated with making a PSA. They also got to see that their work was meaningful to the community" Smith said. "It gave them the opportunity to work on real world problems using the skills they are learning in class. A project like this is a real career builder."

A selection of the winning videos can be seen on YouTube at [youtube.com/channel/UCD15t5QskWoymvTi4id38yQ/feed](https://youtube.com/channel/UCD15t5QskWoymvTi4id38yQ/feed).



A screen shot of the winning video submitted by students at Wiesbaden High School. Middle and high school students from Department of Defense Dependent Schools across Europe submitted videos about the Performance Triad for an ERMCM-sponsored competition, with the winning videos are being broadcast on the American Forces Network.



# Soldiers Overcome Environmental Challenges to Performance Triad Fitness in Alaska

By David Vergun, Army News



Polar bears thrive in Alaska as do Arctic wolves -- particularly the Arctic Wolves of 1st Stryker Brigade Combat Team's 1st Battalion, 5th Infantry Regiment at Fort Wainwright, near Fairbanks.

Thanks to the Performance Triad -- the Army surgeon general's prescription for building readiness and resilience through adequate sleep, activity and nutrition -- the two-legged variety of Arctic Wolves are thriving even more in their harsh environment, according to 1-5's commander, Lt. Col. Thomas M. Hough.

## SLEEP

Soldiers in the lower 48 experience a good balance between night and day, but go north to Fort Wainwright, which is close to the Arctic Circle, and light and darkness fluctuate wildly from about three hours of sunlight around this time of year, to around 22 hours of sunlight mid-summer, Hough said.

People in Alaska are at greater risk of having sleep problems because of this fluctuation, according to Heidi Knode, the technical director at Alaska Sleep Clinic in Anchorage, a city 358 miles south of Fairbanks. She explained that it has to do with circadian rhythms of the body's sleep/wake cycle.

The Arctic Wolves know this so they developed a sleep plan, Hough said, adding, "You can't let the environment master you, you have to master it."

He explained: "In the summer we teach our Soldiers and their Families how to construct heavy drapes and sun shades so they can get some sleep even when the sun is up for 22 hours. All these techniques passed from one Soldier to another enable the brigade to actively manage the incorporation of new Soldiers into this unique environment."

However, Hough admitted that getting sleep isn't always a guarantee in



Soldiers from 1st Battalion, 5th Infantry Regiment, 1st Stryker Brigade Combat Team, compete in Operation Bobcat ICE on Fort Wainwright, Dec. 5, 2014. (U.S. Army photo)

the Army. Especially now that the Arctic Wolves are headed south for a rotation through the National Training Center at Fort Irwin, California, where heavy drapes won't be needed and training isn't constrained to a comfy workday schedule.

## ACTIVITY

Keeping fit can also be challenging in Alaska this time of year, where temperatures average two degrees for a high and minus 18 for a low. That would make for a chilly morning run.

"PT outdoors can be challenging," Hough said. "To combat the extreme environment, the brigade has resourced additional indoor physical fitness facilities as well as resourced training programs to educate leaders in how to conduct innovative physical fitness training with limited resources."

The brigade has a wellness center, which recently opened, so Soldiers now have a full range of indoor fitness equipment. "The indoor space really helped us," he said.

"The younger generation understands functional fitness. You don't have to

really talk them into it. They get it. They're motivated about it," he said.

## NUTRITION

The younger Soldiers also recognize that eating the right food is also an important part of being fit, Hough said.

It wasn't that long ago that the brigade dining facilities didn't have a breakfast salad bar, he said. They now do. "It sounds small but it gives Soldiers a lot more choices and opportunities."

Hough summed everything up: "What we know is that the proper balance of nutrition, fitness and sleep leads to a well-balanced and healthy Soldier and Family. Balance is best achieved when the Performance Triad is a way of life, a behavioral change that over time becomes organizational culture. This concept is even more important to the Soldiers of the Arctic Wolf Brigade with the dramatically changing environment."

He added: "Without the Performance Triad as a core custom, you are likely to find the Alaska environment mastering you versus you mastering your environment."

# How to Achieve Your Weight Loss Goals

By Col. Joanna Reagan, U.S. Army Public Health Command

January is the time of year when many people make a New Year's resolution to lose weight. Some people want to lose just a few pounds while others may want to lose 30 pounds or more. So where can you find the inspiration to help you to lose more than 30 pounds and keep it off for more than a year? Read entries in the National Weight Control Registry, which contains stories of individuals who have lost more than 30 pounds and have kept it off for at least one year. Currently, more than 10,000 individuals have shared their story in order to help others lose weight.

Eighty percent of entries in the National Weight Control Registry are from women and 20 percent are from men. The average participant has lost 66 pounds and kept it off for 5.5 years. There are many differences in participants:

- Forty-five percent of participants lost weight on their own and 55 percent lost weight with the help of weight loss program.
- Ninety-eight percent of the participants modified their food intake to lose weight.
- Ninety-four percent increased their physical activity to lose weight such as increased walking.
- Ninety percent exercised about an hour per day and minimized their time watching TV.
- Eating breakfast every day was reported by seventy-eight percent of the participants.
- Seventy-five percent weighed themselves at least once a week

The biggest connection between participants was that most developed a goal plan for weight loss.

If your goal is to lose weight this year, here are suggestions to help you get started and create new goals for success. The Performance Triad is a 3-pronged

plan that everyone can use to improve his or her health. The Performance Triad goals are to promote sleep, activity and nutrition. Try something new. To modify your diet, make an appointment with a registered dietitian for personalized nutrition coaching sessions. Make an appointment at an Army Wellness Center to determine your resting metabolic rate and your current body composition.

Purchase a digital fitness device to monitor how many steps you are walking and your hours of sleep. Many of these devices can be linked to your smartphone or to your computer to monitor your progress over time. Some programs and apps have a feature to help track your food intake and to see how many calories you expend and consume daily. A fitness device is a visual reminder to help you to add extra steps into your day. Try having a "walking meeting" with your co-workers or take the stairs up and down your building for a break. A healthy goal is to walk at least 10,000 steps per day.

There are many apps to help you lose weight. Here is a site to help you determine the right app to download: <http://www.eatright.org/Media/content.aspx?id=6442467041>.

To increase physical activity, try attending a new class such as Zumba, yoga, or bicycle spin class. Add strength training to your routine to increase your lean muscle and increase your resting metabolic rate. Make an appointment with a personal fitness trainer to help set up a personalized workout program and for new ideas to add strength training to your routine. Many women lose muscle mass over time and replace the muscle with fat. For each pound of muscle you gain, you burn 35 to 50 more calories each day. Strength training, in combination with an adequate amount of calcium, also helps to defend against osteoporosis.



Find a good friend who also wants to lose weight and set up a plan to work out together. Having someone as a "battle buddy" can be very helpful for holding each other accountable to maintain the workout routine.

To help you improve your nutrition, try these ideas. Pack a lunch and healthy snacks for work. By packing a lunch, you will save money and decrease portion sizes. You will be more likely to eat a healthy lunch too. When you pack your lunch, add extra fruit and vegetables to snack on for a mid-morning snack or an afternoon break. You should also add extra vegetables with your evening meal. Consider the sugar in your beverages and try not to drink any with high fructose corn syrup. Limit your snacks after your evening meal, as they tend to be high in sugar and fat.

Sleep is also an integral part of losing weight. Inadequate amounts of sleep increases the appetite hormones leading to increased appetite and increased food intake. Having a regular sleep cycle and achieving 7-8 hours of sleep each night can make a difference with performance and losing weight.

The goal of the new year should focus on health and wellness and if your goal is to lose weight, try some new strategies. Incorporate the Performance Triad concepts into your daily life and invite a friend to help you stick to your goals.



The Performance Triad is a 3-pronged plan that everyone can use to improve his or her health. The Performance Triad goals are to promote sleep, activity and nutrition. Photo Credit: Christina Graber, U.S. Army Public Health Command



# SYSTEM FOR HEALTH.



## New Years Baby

First Sergeant Don and Angela Browne brought Don Jr. into the world on Jan. 1, 2015, at Madigan Army Medical Center. Don Jr. was a contender to be the first South Sound baby born in 2015, arriving at 12:01 a.m. “We weren’t expecting it; I don’t even know how to put it into words. We’re just thankful that he’s healthy,” said mom Angela Browne. Read more at: <http://www.army.mil/article/140920/>



## Center for the Intrepid Awards Ceremony

Secretary of Veterans Affairs Robert McDonald pins Staff Sgt. Steven Tessitore with a Bronze Star and a Purple Heart medal during a ceremony Dec. 19 at the Center for the Intrepid. Tessitore, an infantryman with Company B, 2nd Battalion, 162nd Infantry Regiment, suffered a gunshot wound Nov. 15 while on a Quick Reaction Force in Afghanistan. Brooke Army Medical Center Commander Col. Evan Renz hosted the ceremony, with Navy Adm. James A. Winnefeld Jr., vice chairman of the Joint Chiefs of Staff, also in attendance.





# It's All About Health.



## February is American Heart Month and National Wear Red Day is February 6, 2015

Heart disease kills an estimated 630,000 Americans each year. It's the leading cause of death for both men and women. In the United States, the most common type of heart disease is coronary artery disease (CAD), which can lead to a heart attack. You can greatly reduce your risk for CAD through lifestyle changes and, in some cases, medication.

Since 1963, February has been celebrated as American Heart Month to urge Americans to join the battle against heart disease. Since 2004, February also has been the signature month for the American Heart Association's Go Red For Women campaign and the message that heart disease is not only a man's problem.

### Plan for Prevention

Some health conditions and lifestyle factors can put people at a higher risk for developing heart disease. You can help prevent heart disease by making healthy choices and managing any medical conditions you may have.

- **Maintain a healthy weight.** Being overweight or obese can increase your risk for heart disease. To determine whether your weight is in a healthy range, doctors often calculate a number called the body mass index (BMI). Doctors sometimes also use waist and hip measurements to measure a person's body fat. If you know your weight and height, you can calculate your BMI at CDC's Assessing Your Weight Web site.
- **Exercise regularly.** Physical activity can help you maintain a healthy weight and

lower cholesterol and blood pressure. The Surgeon General recommends adults engage in moderate-intensity exercise for 2 hours and 30 minutes every week. For more information, see CDC's Nutrition and Physical Activity Program Web site.

- **Eat a healthy diet.** Choosing healthful meal and snack options can help you avoid heart disease and its complications. Be sure to eat plenty of fresh fruits and vegetables—adults should have at least five servings each day. Eating foods low in saturated fat, trans fat, and cholesterol and high in fiber can help prevent high cholesterol. Limiting salt or sodium in your diet also can lower your blood pressure. For more information on healthy diet and nutrition, visit CDC's Nutrition and Physical Activity Program Web site and [ChooseMyPlate.gov](http://ChooseMyPlate.gov).
- **Don't smoke.** Cigarette smoking greatly increases your risk for heart disease. If you don't smoke, don't start. If you do smoke, quit as soon as possible. Your doctor can suggest ways to help you quit. For more information about tobacco use and quitting, see CDC's Smoking & Tobacco Use Web site and [Smokefree.gov](http://Smokefree.gov).
- **Monitor your blood pressure.** High blood pressure often has no symptoms, so be sure to have it checked on a regular basis. You can check your blood pressure at home, at a pharmacy, or at a doctor's office. Find more information at CDC's High Blood Pressure Web site.

- **Limit alcohol use.** Avoid drinking too much alcohol, which can increase your blood pressure. Men should stick to no more than two drinks per day, and women to no more than one. For more information, visit CDC's Alcohol and Public Health Web site.

- **Have your cholesterol checked.** Your healthcare provider should test your cholesterol levels at least once every five years. Talk with your doctor about this simple blood test. You can find out more from CDC's High Cholesterol Web site.

- **Manage your diabetes.** If you have diabetes, monitor your blood sugar levels closely, and talk with your doctor about treatment options. Visit CDC's Diabetes Public Health Resource for more information.

- **Take your medicine.** If you're taking medication to treat high blood pressure, high cholesterol, or diabetes, follow your doctor's instructions carefully. Always ask questions if you don't understand something.

For more ideas about simple steps to take every day for better heart health, visit the full page of tips. You can also follow the Million Hearts™ initiative on Facebook and Twitter for even more ways to protect your heart and live a longer, healthier life. Million Hearts™ is a national initiative to prevent 1 million heart attacks and strokes in the United States by 2017.

Together, we can prevent heart disease, one step at a time.

It's All About Health.



# National Patient Recognition Month

National Patient Recognition Week is celebrated the first week of February each year with Feb. 2, 2015, being National Patient Recognition Day. While the entire month of February has been designated as Patient Recognition Month by Army Medicine, we value our patients throughout the year. The intent is to reinforce our partnership with our

Soldiers and other beneficiaries; reaffirm that we appreciate their sacrifices and contributions, and emphasize that we care about their overall well-being by helping them impact their Lifespace to improve their health. Army Medicine is committed to synchronizing our military healthcare efforts and redefining the patient care experience

while continuing to create a System For Health built on a foundation of trust. We make the biggest impact on health by helping beneficiaries make better choices and getting quality sleep, engaging in activity, and improving nutrition.



## THANK YOU...

for entrusting Army Medicine with your Health. Our priority is to provide you safe, quality care.

# Borden Institute Book Review

## U.S. Army Psychiatry in the Vietnam War: New Challenges in Extended Counterinsurgency Warfare

By Retired Col. Hershell Moody and Lt. Col. (Dr.) Daniel E. Banks

Borden Institute's latest publication was authored by Norman Camp, a retired Army psychiatrist who led a Psychiatric Unit during the war in Vietnam. The result is a story that is both scholarly and intensely personal, reflecting Dr. Camp's keen interest in presenting the big picture of this after action review, yet also filled with anecdotes and case histories that illustrate his perspectives and opinions, as well as the points of view of many of his professional colleagues who served in the conflict. The cover is dramatic, the presentation is first class, and the pages are replete with illustrations and correspondence from the Vietnam era. The story is presented in a fresh way—from a psychiatrist's point of view—although it is now nearly 50 years since the war was fought.

The American ground war in Vietnam lasted from 1965 to 1973. Just as the current Army has evolved in response to social issues over the past decade, the Army of the 1960s and 1970s reflected ongoing changes in the culture of the time. This was a time of upheaval—worsening racial tensions, widespread use of illicit drugs, and of course the antiwar movement—all coinciding in ways that posed threats to our social institutions, including the U.S. Army. At home, the many aspects of this cultural change provoked intense media scrutiny and political controversy. Although Army morale remained high for the first few years, as the war dragged on and the Army became increasingly draftee dependent, these tensions strongly influenced those serving in Vietnam. These effects were manifest as a growing inability or unwillingness to accept the risks

of combat or to acknowledge military authority, and lessening tolerance for the hardships of an assignment in Vietnam. Matters became substantially worse in 1970 when a heroin epidemic quickly spread among the lower ranks—an unprecedented problem that seriously undermined Soldier health, morale, and military preparedness. The cost of a small package of heroin in Vietnam, with an American street value of hundreds of dollars, was less than the cost of a package of cigarettes.

Dr. Camp has set the stage for his discussion by describing the dramatic political and military events of 1968—the turning point in the war: the pre-Tet years, 1963 to 1967, encompassed the conflict's buildup under Lyndon Johnson; during the post-Tet years, 1969 to 1973, Richard Nixon led the withdrawal from combat. 1968 was the war's bloodiest year, with more than 16,000 American casualties. On Jan. 31 of that year, communist guerillas broke the Tet (or Lunar New Year) truce, and launched coordinated attacks on cities and towns throughout South Vietnam. Although there were few tactical gains for the North Vietnamese, the political gains were great.

These attacks were followed by the month-long attempt by U.S. forces to retake Hue, a historic city on the border, as well as American resistance to a prolonged siege of the U.S. Marine base in Khe Sahn. In the month of May more than 2,000 Americans were killed. According to some, U.S. media reports of these events as defeats for U.S. forces led to the loss of political and popular support for the war, and the call for an end to the fighting became louder and clearer. Lyndon Johnson had proposed

the end of aerial bombing and the start of peace negotiations that March, and Americans began pulling out of Vietnam in mid-1969. The recognition that there could be no U.S. victory in the conflict caused a powerful negative reaction in the country and the Army. The troops' commitment in the build-up years evolved into worsening morale, apathy, destructive behavior, and a breakdown in discipline.

In one of the Borden Institute's strongest productions, the author has addressed a complicated subject and identified and discussed many of the tragic human and psychological aspects of the Vietnam conflict in a thoughtful manner. Dr. Camp has taken the time to present cases of Soldiers with behavioral issues that show the situation these men faced, and how he and his colleagues attempted to make their lives better and remain true to Army values. This is a story about events that have been in the American military consciousness for more than a generation, with many of these ideas bubbling below the surface for years and only now being presented. We applaud Dr. Camp and his fellow Vietnam War psychiatrists for addressing these issues and providing quality care to our fellow soldiers.

Interested readers are directed to the Borden Institute website: <http://www.cs.amedd.army.mil/borden/>. This book is available in PDF and will soon be available in iPad and Kindle formats for download on your electronic reader. The book can be ordered at no cost by those on active duty, in the National Guard, and in the Reserve by following the instructions on the website. It will soon be available for purchase at the U.S. Government Printing Office.



# Fort Belvoir 300 Area Compound Saves the Day

By **Donna Onwona**, ASBP Blood Donor Recruiter, National Capital Region

Anyone who has visited or lived in the Washington metro area knows that traffic is a part of life and getting from point A to point B can at times be exceptionally challenging. But when the Armed Services Blood Bank Center mobile team from Walter Reed National Military Medical Center in Bethesda, Md., was involved in a traffic accident just a few miles from their destination on Fort Belvoir, Va., the day proved to be even more challenging than anyone had originally thought.

Fortunately, no one was injured in the accident; but a blood drive with a full schedule was due to start just an hour later, putting an entire day of blood collections on the line.

The blood drive team was on their way to a blood drive sponsored and hosted by the 300 Area Compound of Fort Belvoir, home to a number of Department of Defense agencies including the Communications-Electronics Research, Development and Engineering Center (CERDEC) and the Night Vision and Electronic Sensors Directorate (NVESD).

The work of CERDEC and NVESD is focused on research and development of technologies to support our nation's war fighters. In 2014, they began sponsoring blood drives with the Armed Services Blood Program as an extension of their support for service members in harm's way.

Their support of the ASBP blood drives is no different than their dedication to their directorate's mission. When they were notified of the accident and learned that the ASBBC staff was safe — albeit stranded — staff members from the 300 Area Compound immediately took action and came to the rescue.

Mike Olin, chief of NVESD's Facilities and Equipment Management Operations



300 Area Compound staff members, (from left to right) Matthew Bowman, David Rankins, Chris Sladky and Welford McDowney, came to the rescue and saved the day after the Armed Services Blood Bank Center mobile team was involved in a traffic accident on their way to a scheduled blood drive on Fort Belvoir, Va.

Division, immediately sent a driver with a passenger van to rescue the stranded mobile blood drive team at the site of the accident — on a congested highway intersection during morning rush hour.

"We had a lot of phone calls and fires to put out as a result of the accident and hearing Mr. Olin say, 'No worries, we're coming to get you,' was such a relief!" said Leyla Beshir, ASBBC mobile operations officer.

Knowing the delay from the accident could potentially affect collections, they quickly got the blood drive team to the site and rounded up a team of people to help unload the equipment.

"When we learned that the ASBP crew was involved in an accident, the good news was that everyone was OK. But the bad news was that there was a strong possibility the blood drive event could be cancelled, or at the very least, start late," Olin said. "I work on a team with folks that make things happen; they are used to providing rapid response support. So getting folks together to ensure that the blood drive was not

cancelled was simple."

"We were just amazed how quickly they came to pick our team up and then went above and beyond by helping us unload our truck," said Finola Brophy-Houlihan, mobile operations team nurse. "The donors were very patient and understanding of our delayed start and kept their commitment to donate blood. They are an amazing group of people and they literally saved the day!"

Without their help, there certainly would have been a significant delay for the blood drive which could have caused a short-fall in collections for the day.

"Their quick action and support of our mission changed the way our day would have otherwise ended," said Navy Lt. Michael Collins, director of the ASBBC. "Thank you to the 300 area of Fort Belvoir for going above and beyond to support our mission!"

"It's an easy decision to provide assistance to the Armed Services Blood Program. They save Soldiers' lives," Olin said. "How can you not support that?"

## MG Thomas R. Tempel Field Dentistry Message Focuses on Combat Casualty Care

*Excerpts of Maj. Gen. Tempel's video remarks:*

Hello to all members of the Army Dental Care System. It is a tremendous honor to serve as your 27th Chief of the Dental Corps.

I would like to take a few moments of your time to talk about our Army surgeon general's vision to strengthen the health of our nation by improving the health of our Army. Through the Army Medicine 2020 Campaign Plan, the surgeon general has identified four priorities for Army Medicine. Today, I'd like to discuss Combat Casualty Care – one of those four priorities – and how the Army Dental Care System plays a role in the Army's success.

Combat Casualty Care extends from lifesaving treatment at the point of injury to the combat support hospital, through theater evacuation to definitive care, and healing and rehabilitation at U.S.-based military medical centers. It also includes the transition of our Wounded Warriors back to active-duty service or to civilian life as Veterans.

You – as part of the Army Dental Care System – are a crucial component to delivering effective Combat Casualty Care. Members of the Army Dental Care System, like 673rd Company Commander Colonel Christensen Hsu, and her combat dentists and technicians operate in austere environments, providing care in far forward missions and in garrison environments.

Combat Casualty Care is not limited to the battlefield of today, but extends to the development of research, leadership and doctrine that will save lives and maintain health in future operational environments. Leaders in Army Medicine work every day to

ensure you are the best equipped and trained Army Dentistry Team to meet any mission.

Throughout history, combat has been the greatest catalyst to medical innovation. Circumstances force our medical teams to come up with new ways to save lives. Officers like Colonel Mike Barnes, our Dental Corps liaison to the Directorate of Combat and Doctrine Development is leading this effort to allow our Army Dentistry team to be modular and agile, without compromising patient care or decreasing medical capability.

Meanwhile, Army Dentistry is evaluating our force structure design to create a modular structure, supporting the surgeon general's Operating Company Model. This will not change the organization or the great work of our four active and six reserve

component Dental Company-Area Support activities, but it will change how those units will deploy to support military operations.

Today, the Army trauma care system is the best in the world, and the survival rate for injured Soldiers is greater than in any previous war fought by our country. You – as part of the Army Dental Care System – have a hand in that stellar record ...

Thank you to all the members of the Dental Corps for all you do every day to improve the oral health of our Soldiers, whether they're in a forwardly-deployed environment or in dental chairs in our clinics. You all are instrumental in transforming Army Medicine from a Health Care System to a System for Health ... Our Army Dental Community is serving to Heal and Honored to Serve!



Maj. General Thomas R. Tempel, chief, U.S. Army Dental Corps, highlights the work of the U.S. Army Dental Corps and the work being done to impact Combat Casualty Care. (U.S. Army Video by Michael Story, U.S. Army Medical Command)

# Telehealth Brings Long Distance Specialists to You

By Landstuhl Regional Medical Center Public Affairs

**T**elehealth is paving the way for the future of military medicine in Europe Regional Medical Command (ERMC). Telehealth bridges the geographical distances between patients and specialty care providers, increases patient access to care, and supports mission readiness.

This innovative approach to military medicine allows specialty care providers at Landstuhl Regional Medical Center (LRMC) to cross commands, countries, and continents to provide high-quality, patient-centered care to beneficiaries residing in or deployed to Europe.

Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical healthcare, patient and professional health-related education, and public health and health administration.

LRMC established its Telehealth Program Office in January 2014 as part the Defense Health Agency's desired end-state to seamlessly integrate Telehealth into routine patient care by the year 2020. Since its inception, LRMC Telehealth has steadily proven its relevancy in today's military healthcare system in Europe.

Using Telehealth has allowed a variety of LRMC medical specialists to treat patients at outlying Army Health Clinics in Belgium, Germany, and Italy, all the while decreasing the need for patient travel to LRMC and reducing time away from work.

Video-conferencing technology and advanced medical devices such as stethoscopes allow LRMC providers to listen in real-time to patient heart and lung sounds. Other examples, such as otoscopes to perform real-time ear exams, and general exam cameras

to provide dermatology quality skin exams, are helping Telehealth providers to successfully transition from the traditional Tele-Behavioral Health Era into a Tele-Comprehensive Specialty Care Era.

Full-time Telehealth nurses have been hired at Vilseck, Wiesbaden, and Stuttgart Patch Army Health Clinics to support these high-quality, synchronous appointments between patients and their specialty care providers. Telehealth is also available at other Army Health Clinics in Europe but not currently supported with full-time nurses.

Telehealth nurses are highly trained and qualified to conduct appointments and act as surrogates to assist in the examination for providers and ensure there is no degradation in quality of care when using Telehealth.

"I often find that my patients are initially curious about their Telehealth appointment, but by the end they are surprised and impressed with the quality of their examination and encounter with their provider," said Robin Smith, a Telehealth nurse at Vilseck Army Health Clinic. Smith is well-versed with Telehealth as both a practitioner and a beneficiary.

"I have also experienced Telehealth as a patient and as the mother of two children that received care via Telehealth," said Smith. "Receiving care from specialists at LRMC via Telehealth meant my children and I were able to stay in the U.S. healthcare system while living overseas,

and it is also minimized the number of trips we needed to make back and forth to LRMC."

What once may have required a patient to travel multiple times to LRMC may now be reduced to just one trip. With the use of Telehealth, patients can complete their pre-operative and post-operative appointments in the comfort of their own clinic, and only need to travel to LRMC for their scheduled procedure. Additionally, Telehealth supports a variety of patient care needs such as nutritional counseling, sleep study counseling, and educational classes for procedures such as



Erica Taylor, nurse director for the Telehealth Program at Landstuhl Regional Medical Center, demonstrates using the Telehealth cart otoscope to conduct a real-time tympanic membrane exam. On screen is Physician Assistant Steven Cain who from a remote location can see and evaluate the patient and provide an appropriate plan of care. (U.S. Army Photo by Phil Jones)

vasectomies.

"Telehealth essentially takes the outlying Army Health Clinics, with otherwise limited access to specialty care providers, and turns them into their own Regional Medical Centers," said Erica Taylor, nurse director of the Telehealth Program.

If you receive a referral for a healthcare specialist, ask your doctor or nurse about Telehealth.





The newly-inducted noncommissioned officers recite The Creed of the NCO administered by the U.S. Army Institute of Surgical Research Sergeant Major, Sgt. Maj. Quinton Rice Jr.

# USAISR NCO Corps Hosts Induction Ceremony

By **Steven Galvan**, USAISR Public Affairs Officer

Six U.S. Army Institute of Surgical Research (USAISR) noncommissioned officers (NCOs) and two from the Fort Sam Houston Dental Activity were inducted into the NCO Corps during an Induction Ceremony Dec. 3 at the San Antonio Military Medical Center auditorium. The NCO induction ceremony is for recently promoted sergeants who are joining the ranks of a professional Army Corps that highlights and builds the pride shared by all members of the elite Corps. The ceremony is also designed to honor the memory of men and women of the NCO Corps who have served with pride and distinction.

The longstanding traditional ceremony was hosted by the USAISR

Sgt. Major Quinton Rice Jr. with Command Sgt. Maj. Darlene C. Taylor from the 264th Medical Battalion as the guest speaker.

During her remarks, Taylor congratulated the newly inducted NCO's and stressed that they are part of the leaders who will help transform the Army of the future.

"Commit yourself to one word and you will succeed," she said. "That word is 'lead.' In order to succeed as a leader you need to lead by example; know your Soldiers and their Families; and lead by knowing yourself."

USAISR First Sgt. Natasha Turrell administered the Oath of the NCO and said that this ceremony is more than just an induction into the

NCO corps. "It's about building the future of the Army and promoting professionalism," she said. "A promotion to the rank of an NCO is more than a pay raise—it's a significant increase in responsibility; an empowerment to lead Soldiers and make tough decisions."

Sgt. Jeremy S. Walden was among the eight inductees and said the ceremony gave him a sense of pride and honor.

"Induction into the NCO ranks is a tradition that is honorable beyond words," he said. "To be officially recognized as the true 'Backbone of the Army' is recognition that I have truly earned my stripes—a responsibility that I definitely take seriously."

# Becoming a High Reliability Organization: Army Medicine Foundation for Patient Safety

By Ronald W. Wolf, Army Medicine

The healthcare industry across the United States faces daunting challenges during the next few years. One significant factor demanding the need for change in healthcare is that costs continue to skyrocket.

The Army Medical Department also faces the challenges of high-costs; however, chief in the mind of Lt. Gen Patricia Horoho, the surgeon general of the Army, is keeping the confidence of Soldiers, Families, and all of America that Army Medicine is the safest and most reliable healthcare organization in the world. “We will not be satisfied until we have zero preventable harm,” she said.

More than 160 Army Medicine officer and enlisted leaders from the Northern Regional Medical Command held a summit at Fort Belvoir on Jan. 12-13 to discuss exactly how to become a “high reliability organization” or HRO. HROs, in general, are organizations that set zero preventable harm events as a goal, yet operate in environments where human errors occur and risk for adverse events is high.

Well-known examples of HROs are the airline and the nuclear power industries. These industries could not operate for long without the full confidence of their customers or if they had accidents on a regular basis. In fact, commercial airline crashes and nuclear power incidents in the United States are rare.

The healthcare industry cannot make a similar claim. One estimate in the *Journal of Patient Safety* from 2013 is that as many as 400,000 preventable deaths occur every year in the United States in civilian hospitals. Patient safety has to be at the heart of a healthcare HRO. Confidence by patients in their medical safety is critical to the future of Army Medicine as

with all healthcare organizations.

Horoho pointed out that there is a sense of urgency. Within the next three years, Horoho said, a significant amount of progress needs to be made toward becoming an HRO healthcare system that aims to reduce or eliminate preventable harm to the maximum extent possible.

Healthcare HROs have five key factors that are critical for success:

**“We will not be satisfied until we have zero preventable harm,” Horoho said.**

First, HROs are proactive to prevent errors from occurring with a constant focus on noting risks and preventing them.

Second, HROs are reluctant to simplify. Often failure is caused by a number of factors (e.g., human error, inadequate training, poor communication, failure to use checklists, and so on) rather than just one; these factors often combine to increase risk. Oversimplifying potential causes to an incident might mask the ability to understand why patients are at risk at a healthcare HRO.

Third, HROs are sensitive to operations. There is attention to where physicians, nurses, and technicians interact with the patient. Sometimes near-misses that might cause harm occur; these near-misses should be identified and viewed, not as proof that the system has effective safeguards, but as areas that need

improvement.

Fourth, HROs respect expertise. Leaders and supervisors need to be willing to listen to the insights and respect the experience of staff who have the everyday experience to know how processes work and the risks that patients face.

Finally, HROs have a commitment to resilience. Leaders and staff need to recognize errors early to reduce the potential for harm and be trained to respond when system failures do occur. In short, accountability needs to be considered a positive rather than a negative event.

The attendees at Fort Belvoir discussed three imperatives for HRO in healthcare: commitment of leadership, a culture of safety, and robust process improvements.

The attendees tackled that challenge and listed topics to address. The group agreed on the need to eliminate variance in patient care, establish how to measure progress to becoming an HRO, evaluate and improve training of staff; in short, a road map to success needed to be created.

Horoho pointed out that Army Medicine already has “been on a journey to becoming an HRO for at least the past three years.”

Becoming an HRO is the next critical step in Army Medicine’s goal of becoming a System for Health. While the road to becoming an HRO faces many planning and implementation decisions, improving patient safety remains the highest priority and the most important goal of becoming an HRO.

For more information on Army Medicine’s transformation to an HRO, please view the video “USAMED-What is an HRO” at <http://www.dvidshub.net/video/385428/usamed-hro>.

# Pacific Region's First Army Wellness Center Opens

By Capt. Jino I Caro, *Pacific Regional Medical Command*

On Dec. 19, 2014, Medical Department Activity-Japan (MEDDAC-J) conducted a ribbon cutting ceremony for the opening of the first Army Wellness Center in the Pacific Region. The ceremony was a culmination of all the hard work from MEDDAC-Japan's staff and Command team.

Maj. Gen. James Boozer, commanding general, United States Army Japan presided over the ceremony along with Col. Thirsa Martinez, MEDDAC-Japan commander, and

Stephanie Dean, Army Wellness Center director.

The Army Wellness Center will determine the level of fitness of individual Soldiers and give them strategies and exercise prescriptions to improve their overall fitness levels.

The Wellness Center is able to determine Body Fat Content, Resting Metabolic Rate, and VO2 Max.

It is also a place where Soldiers can learn relaxation from biofeedback.

"This is a great Christmas present for

the community," said Boozer.

The Army Wellness Center Opening was the perfect time to help Soldiers and their Families with their upcoming New Year's resolutions of achieving a healthier lifestyle.

MEDDAC-Japan is at the vanguard of transforming the Pacific community into a System for Health in accordance with the Army Surgeon General's Campaign Plan to transform Army Medicine from healthcare to a System for Health.



U.S. Army Japan Commanding General, Maj. Gen. James Boozer, MEDDAC Japan Commander, Col. Thirsa Martinez, and Army Center Director, Stephanie Dean, cut the ribbon for the official opening of the Army Wellness Center, Dec. 19, 2014. (U.S. Army photo)





From left) Curtis Aberle, chief of the McWethy TMC; Brig. Gen. Barbara R. Holcomb, Southern Regional Medical Command commander; Col. Evan Renz, Brooke Army Medical Center commander, cut the ribbon Jan. 6 officially reopening McWethy Troop Medical Clinic after a 16-month, \$13 million renovation. (U.S. Army photo by Robert Shields)

# McWethy Troop Medical Clinic Reopens After \$13 Million Renovation

By Lori Newman, Brooke Army Medical Center Public Affairs

McWethy Troop Medical Clinic officially reopened with a ribbon cutting ceremony Jan. 6 after the 31,000-square-foot medical clinic underwent a 16-month, \$13 million renovation.

Brig. Gen. Barbara R. Holcomb, Southern Regional Medical Command commander; Col. Evan Renz, Brooke Army Medical Center commander; Curtis Aberle, chief of the McWethy TMC and Col. Carol Rymer, chief of Optometry Service cut the ribbon.

Renz thanked everyone for coming to the ribbon cutting and the civilian partners who completed the work.

TMC, which is named for Medal of Honor recipient Edgar Lee McWethy, opened on Fort Sam Houston in July 1983.

"I can validate the history of this place because [I] was a patient here in 1983," Renz said.

"I do have some time on this installation and I remember it was a wonderful addition to Fort Sam Houston then, and now here we are today. It's fantastic to be here and I look forward to going in and see this remarkable facility," the BAMC commander said.

McWethy TMC provides medical care for more than 7,500 active duty Service Members training at Joint Base San Antonio-Fort Sam Houston.

"The renovation allowed the maximum use of space to increase efficiency," said Aberle.

"Although no additional space was added, the clinic grew from 28 exam rooms to 36, added hearing conservation and a Medical Exams/Aviation Exams clinic."

The building also houses the main Optometry clinic, which has 10 eye exam lanes and services all beneficiaries

while operating a residency training program.

"Today is a prime example of the synergistic efforts of the [Department of Defense] and the private sector creating a state-of-the-art, well-designed clinic that is going to be more efficient in the manner in which we take care of our patients," Aberle said.

McWethy TMC is open 6 a.m. to 3 p.m. Monday through Friday for patient care. Pharmacy, Laboratory and Radiology services are available.

For more on BAMC's clinics and services, visit <http://www.bamc.amedd.army.mil/>. For information regarding enrollment or benefits, beneficiaries should call Humana Military at 1-800-444-5445 or visit TRICARE's Beneficiary Web Enrollment site at [dmdc.osd.mil/appj/bwe](http://dmdc.osd.mil/appj/bwe).

# What Should I Drink During Winter Workouts?

By Col. Joanna Reagan, Registered Dietitian, U.S. Army Public Health Command

Soon the snowflakes will be flying, but don't use this as reason to slow down on your winter health plan. Winter is a great time to join a gym, try a new class or get into a new winter sport. Winter is also a time to prevent dehydration. It is important for warrior athletes to remember their sweat rate does not change just because the temperature drops. This is because sweat rate is determined by numerous factors, including fitness level, pace and acclimatization--not just ambient temperature. Warrior athletes are just as likely to become dehydrated during winter workouts as summer workouts.

The message to drink water is easy in the summer, but not so much in the winter. Dehydration can come because warrior athletes feel less thirsty during winter workouts. Second, some may overdress for cold-weather exercise sessions by wearing too many layers of clothes. Third, athletes may convert to indoor workouts during the winter, and sweat more while inside.

Warrior athletes can check for dehydration by checking the color of their urine. If the urine looks like lemonade, this indicates proper hydration. If it is darker and looks like apple juice or pale ale, then more fluids are needed. In contrast, if the urine looks clear, this can indicate over hydration and drinking too much. Other symptoms of dehydration may include: drowsiness, headaches, dry skin, dizziness or nausea. Remember, don't rely on thirst as an indicator of hydration status. Usually an individual is already three percent dehydrated when they become thirsty.

So what are the recommendations for healthy drinks? Water is the best choice: It's calorie-free, inexpensive and

it's easy to find. It is the perfect choice to re-hydrate athletes and restore fluids lost during a workout. As a basic guide, an adequate intake of total water from fluids and foods is 12 cups a day for men ages 19-30 years old and nine cups a day for women of the same age based on the Dietary Reference Intake. For most people, about 80 percent of this water volume comes from beverages; the rest comes from food.



Choose water instead of sugar-sweetened beverages. This tip can also help with weight management. Substituting water for one 20-ounce sugar-sweetened soda will save you about 240 calories. Photo Credit: Debora Cartagena, CDC

Sports beverages are designed to give athletes carbohydrates, electrolytes, and fluid during high-intensity workouts greater than one hour. For other folks, they're just another source of sugar and calories. If your workout consists of moderate to heavy intensity for 45-60 minutes, then a sports drink would be recommended. Examples would be activities where you have minimal

conversation, an increased sweat rate, heavy breathing and a high heart rate.

Try to avoid drinks that have added sugars for flavor such as sugar-sweetened soda, sweet tea or energy drinks. One bottle of regular 16-ounce soda has about 185 calories; one 16-ounce bottle of sweet tea has 200 calories and one 16-ounce energy drink has about 250 calories. Energy drinks have as much sugar as soft drinks. They contain caffeine to raise your blood pressure, and additives whose long-term health effects are unknown. For these reasons, it's best to skip energy drinks. Over time, the extra calories add to weight gain and increased risk of Type 2 diabetes, heart disease and gout.

For some people who are accustomed to drinking flavored beverages, water can initially taste bland. One recommendation is to increase water consumption without losing flavor or increase daily water intake by trying infused water. Instead of purchasing expensive flavored waters in the grocery store, infused water can be made at home by adding sliced citrus fruits or zest (lemon, lime, orange, grapefruit), or crushed fresh mint. One could also add sliced fresh ginger, sliced cucumber or maybe crushed berries for some other ideas. Sparkling water with a splash of juice is another idea to increase fluids.

Other drinks to try in the winter are sugar-free apple cider or sugar-free hot chocolate. Coffee and tea, without added sweeteners, are healthy choices, too. Try carrying a water bottle throughout the day, to sip at work or at home. Also try eating foods high in water content such as oranges and grapefruit.

Winter is a great time to focus on your health. Remember, it is also a time to drink more fluids to stay hydrated and achieve your performance goals.

# Madigan Tackling Diabetes Earlier

## Clinics Focus More on Early Screening, Detection

By Suzanne Ovel, Command Information Officer, Madigan Army Medical Center

Nearly one third of people with diabetes don't even know they have it.

That's a statistic that locally Madigan Army Medical Center's Diabetes Care Center hopes to lower, according to Sean Smith, the center's program coordinator.

They've been working with Madigan clinics, primarily Family Medicine and Internal Medicine, to put more emphasis on detection and prevention.

"We try to diagnose as early as possible," said Smith.

Part of this emphasis is focusing on patients who are at risk for developing diabetes, screening for Family history, weight, diet, activity levels, age (risk increases after age 40), and more. They're placing particular emphasis on screening for patients with prediabetes (those with glucose levels between 100 and 126), sending them to dietitians, and as needed prescribing oral medications to reduce their glucose levels.

Just as worrying for the Diabetes Care Center as undiagnosed diabetes patients are those patients already diagnosed with diabetes who aren't being seen regularly to help manage it. In 2013, the center saw about 2200 patients, although Madigan has more than 4000 patients diagnosed with diabetes.

"One of the problems that we have though is most people don't feel sick with diabetes. It's one of those hidden diseases," said Smith. However, he said that diabetes has a very serious potential for negative outcomes, to include increased risk for cardiovascular disease, stroke, infection, and other complications like neuropathy, blindness, and kidney failure.

"The problem is until a lot of that damage happens, most people feel just

fine," said Smith. Smith emphasized that they put an individualized focus on diabetes management since outcomes can be completely different for each patient. Unlike many other diseases, patients with very similar circumstances can require very different forms of disease management, ranging from changes in diet and exercise alone to requiring oral medication or insulin.

Smith and his team know that being diagnosed with a chronic disease can be challenging, and they purposely steer their approach to focus on what patients are doing well in managing their diabetes and what their goals are. They work closely with patients to seek out what motivates them to be healthy, to problem solve with them and identify coping skills.

"We are coming up with goals that are patient goals, not goals that we like to see the patient have," Smith said, noting that they work to break down goals into small steps and celebrate when each one is accomplished.

The Diabetes Care Center also offers several group educational classes for diabetes patients, to include classes on an introduction to diabetes, nutrition, insulin tips, medication management, and learning to live with a chronic disease. Their bimonthly Forum is patient-led, with discussion topics chosen by patients. Smith describes it as an opportunity for patients to learn from each other, to include what's working and what's not in managing their illnesses. "They can talk openly about some of their struggles. It's very non-threatening," he said.

The center is helping to bring diabetes education directly to Family Medicine patients by advising the department on the

development of its "Diabetes Birth Month Annual Review" program, which began in September. The Diabetes BMAR invites diabetic patients to attend a two-hour interactive class during their birth months that allows patients to form action plans through discussions with pharmacists, diabetic educators, optometrists, nutritionists, behavioral health providers and nurse case managers, said Lesa Tweet, a Department of Family Medicine nurse case manager. The class also focuses on hand and foot checks, blood pressure checks, reviewing and updating labs and medications, flu shots, and retina eye exams.

The Diabetes BMAR sessions have also resulted in identifying some patients who require follow-up appointments to evaluate their current therapy or for education in self-management of diabetes, said George Dydek, a clinical pharmacist with Family Medicine.

Smith lauded that the class brought in some lost follow-up patients — those with diabetes who failed to complete follow-on care.

"Diabetes in the past has had a stigma attached to the word, and we are trying to take that stigma away. Early detection, early prevention will result in better outcomes overall for our patients," said Smith.



Pat Spaulding learns to test his blood sugar level at the Diabetes Care Center's Essentials Class on Jan. 5 at Madigan Army Medical Center. The class introduces patients to the center and gives an overview of diabetes, treatment, and how to test blood sugar levels. (U.S. Army photo by Suzanne Ovel)



# What is the MEDCOM Ombudsman Program?

By Caitlin Morrison, Warrior Transition Command Public Affairs

The MEDCOM Ombudsman Program was established in 2007 to ensure that all Soldiers and their Families have an impartial resource to consult outside of their chains of command. These FAQs explore the role and responsibility of Ombudsmen:

## What does an Ombudsman do?

The Ombudsman's role is that of an independent, neutral mediator between Soldiers/Families and their chains of command. Ombudsmen were originally designated as a resource for wounded, ill and injured Soldiers/Families who are assigned to a Warrior Transition Unit (WTU), but expanded to include non-WTU Soldiers/Families who need assistance as well. The program has assisted 54,239 Soldiers/Families since its inception.

Typical issues encountered by Ombudsmen include: difficulty with appointments, orders, Medical Evaluation Boards, requests for second opinions, housing and other medical related issues. Much of the job entails communication with all parties involved and explaining the intricacies of the different Army programs.

By functioning as an independent intermediary, Ombudsmen help Soldiers navigate the complexities of the system and locate appropriate resources.

## Who are the Ombudsmen?

Ombudsmen are Army Civilians who have a desire to work directly with Soldiers. Most Ombudsmen are retired senior non-commissioned officers who can relate to the experiences of their current Soldiers and thus create an important bond of mutual experiences.

New Ombudsmen participate in a two-week training course at Fort Sam Houston, Texas, which is part of the Cadre Course given to all incoming Cadre working at WTUs. Thus the Cadre and Ombudsmen, who are going to be working together at WTUs, can build relationships, which is important for mediation.

## Where are Ombudsmen located?

There are currently 52 Ombudsmen located at 29 sites in the United States, Puerto Rico and Europe, where Soldiers/Families can call or visit. The Ombudsman communicates directly with the Soldiers and other concerned parties to ensure proper resolution of the issue(s).

Although Ombudsmen are located in Medical Treatment Facilities (MTFs)/ WTUs, they report to the MEDCOM Chief of Staff instead of the local chain of command. Ombudsmen serve as a liaison between MEDCOM, the Soldier/Family and the MTF/WTU Commander. Ombudsmen have a collaborative relationship with the MTF Patient Advocacy Office and the MEDCOM Medical Assistance Group to assist with the resolution of issues.

## How can Soldiers not near an MTF or WTU contact an Ombudsman?

Anyone needing assistance with a medical-related issue can call the MEDCOM 24/7 Wounded Soldier & Family Hotline. Representatives document the issue in detail for the appropriate office for resolution. The hotline can be reached at: 1-800-984-8523 (domestic) and 312-421-3700 (overseas DSN). Anyone can also contact an ombudsman via email.

For more information on the Ombudsman program, visit the official website at: <http://armymedicine.mil/Pages/ombudsman.aspx>

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Welcome to the Ombudsman Program

After a grueling weeklong competition, two Warriors from the U.S. Dental and Trauma Research Detachment (DTRD) were named the 2014 U.S. Army Institute of Surgical Research (USAISR) Non-commissioned Officer (NCO) and Soldier of the Year. The announcement was made during an awards ceremony Dec. 12 by USAISR Sgt. Maj. Quinton Rice Jr., where he congratulated all of the competitors.

Staff Sgt. Pablo R. Sierra III was named the Non-commissioned Officer of the Year. He is a native of San Antonio and a dental laboratory technician assigned as the USAISR Training NCO. Selected for Soldier of the Year was Spc. Matthew D. Winans who hails from Wellsville, N.Y. and is a bioscience specialist at DTRD.

Sierra joined the Army in 2007 and has been at the USAISR for about a year-and-a-half.

"I feel honored for being selected as NCO of the Year," he said.

Sierra said that he joined the Army because he wanted to be a part of something that was bigger than him. He attributes his selection to his performance year round and his determination to always do his best.

"I'm not afraid to try new things or to fail," Sierra said. "Determination is key to gaining the experience needed to succeed."

Earning the Expert Field Medical Badge and getting inducted into the Sergeant Audie Murphy Club is what Sierra is striving for. "I also want to earn a Bachelor's of Science in Nursing and win the MEDCOM [Army Medical Command] NCO of the year competition," he said.

Joining Sierra at the USAMRMC competition will be Winans who is no stranger to accolades. Winans not only made the Commandant's List at the Warrior Leadership Course at Fort Hood, Texas in September, he was selected by his peers for the Distinguished Leadership Graduate Award.

Winans has also been assigned to the Institute for about a year-and-a-half and said joined the Army in 2012 for multiple reasons.

“Many others in my Family have served before I had the opportunity to heed the

“My long-term goal is to become a medical doctor and to become fluent in Swahili,” said Winans.

He believes that his overall performance at the competition was a reflection of DTRD's support and guidance.

"I was provided ample preparation and support which translated into a great performance during the competition," he said.

Sierra and Winans said that they are honored and proud to be representing the USAISR at the next competition. Their advice to anyone who would like to follow in their footsteps is simple.

"Take the first step and try to compete," said Winans.

"And try your best," added Sierra. USAISR Company 1st Sgt. Natas

Staff Sgt. Pablo Sierra and Spc. Matthew Winans receive the Army Achievement Medal for their selection as the 2014 U.S. Army Institute of Surgical Research Non-commissioned Officer and Soldier of the Year.

call,” he said. “Army also continues to help me to support my fantastic wife along with our future Family.”

Winans said that for now he is focusing on earning the rank of Sergeant, scoring a 300 on the Army physical fitness test, and applying to the Enlisted to Medical Degree

Turrell said that she was extremely proud of the two Soldiers.

“These two Soldiers have proven that they are willing to go above and beyond,” she said. “I know that they will give it their all and they will represent us well at Fort Detrick.”

Seven military treatment facilities from around the world picked up honors as they were selected as winners of the Defense Department's Quality and Patient Safety Award. The awards were bestowed December 2014 at the Association of Military Surgeons of the United States conference in Washington, D.C. The Quality and Patient Safety Award program was established to raise awareness of the need for organizational commitment to patient safety and quality; reward successful quality and patient safety efforts, particularly in the development of a culture of safety; inspire organizations to increase their quality and patient safety efforts; and communicate successful programs and strategies throughout the MTFs.

“The Department of Defense is committed to creating a culture of safety and quality care, and seeks to recognize the efforts of its facilities that exemplify this mission,” said Heidi King, section chief for the Defense Health Agency’s Patient Safety Health System Performance Branch. “The Quality and Patient Safety Award identifies those who have shown initiative and commitment to the development of systems and processes that are tightly organized around the patients’ needs and demonstrate improvement.”

The following Army facilities were among the seven military treatment

facilities honored during the event:

- Fort Belvoir Community Hospital, Virginia, sought to identify safety concerns associated with the physical design of the patient room. By making modifications to patients' bathroom doors, the hospital was able to create a safer patient care environment, minimizing the risk of injuries associated with falls and reducing injuries associated with patient room design by 100 percent.
- Martin Army Community Hospital, Fort Benning, Georgia, reorganized and automated its refill pharmacy operations to create a culture of safety. The reorganization included change in prescription process workflow, inventory management, location of medications, change of culture and the use of automation. This facility saw a 97 percent reduction in average patient wait times and a 100 percent decrease of medication errors and "good catches/near misses" due to medication bundling.

For a full list of the winners,  
visit: [http://www.health.mil/News/  
Articles/2015/01/02/Military-Hospitals-  
Recognized-During-DoD-Quality-and-  
Patient-Safety-Award-Ceremony](http://www.health.mil/News/Articles/2015/01/02/Military-Hospitals-Recognized-During-DoD-Quality-and-Patient-Safety-Award-Ceremony)



**Congratulations  
Fort Belvoir  
Community  
Hospital and  
Martin Army  
Community  
Hospital**

# Patient Centered Medical Home Info

As the Army Patient Centered Medical Home moves into the sustainment phase, the MEDCOM Primary Care Service Line will be publishing a new communication strategy in the coming months. Army Medical Command will begin using Army Medical Home (AMH) versus Patient-Centered Medical Home (PCMH) when referencing Army medical homes in general. Individual medical homes should otherwise be referred to as they have always been.







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