

# MERCURY

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ARMY MEDICINE

# 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.

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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.

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# Looking Forward to Serving You!

It is my great honor and privilege to address you and our Enlisted Medical Corps as your Army MEDCOM and AMEDD Regiment Command Sergeant Major. I am humbled to serve this important posting, yet at the same time – inspired, as I believe in our mission, and I believe in the American Soldier.

As I considered my initial message to you, I thought it appropriate to share my remarks the day I assumed responsibility as senior (enlisted) medic of our great Army. Here's some of what I said:

"It's a little tough to describe what I'm feeling right now. But the feeling kind of takes me back to my days as a young sergeant in the month of August in 1990. As I've reflected the past couple days on why I serve as a Soldier of this great country, my thoughts are on those who have gone before me and the great esteem I have for them. I think of my grandfather's service in World War II, losing his right arm in the Battle of the Bulge – he was a Combat Medic. I think of my Uncle Ronald's service in Korea, in May of 1953 – just before the Armistice, he gave his life – he was an Army Ranger. I vaguely remember my Uncle Maurice and think of his service in Vietnam with the 101st Airborne Division. He too gave his life – he was a Paratrooper. I think of my Uncle John and talk to him every once in a while. He was wounded twice in Vietnam and served as a Combat Infantryman, a buck-sergeant with the "Old Reliables," the 9th Infantry Division. I think of all those who have led, trained, and cared for me and many of them are present here today, and I think of all those who served with me in combat – under my charge as a leader and under my hand as a medic.

"And on this day, as I look out onto the parade field, my thoughts are on you and those like you. Our mission and profession, I can think of non-other that are nobler – therefore, our individual and collective standards, discipline, and level of training must be high; I look forward to serving with you and achieving this objective."

"CSM Brock, my Family and I thank you for your 35 years of faithful service – and the service and sacrifice of your Family. You have led us well; may the good Lord be with you and yours."

"Thank you for the spirited music from Fort Sam's Own – the 323rd Army Band; your music makes us feel American, proud, and free."

"LTG Horoho, ma'am, I thank you for this opportunity to serve our Army as your Command Sergeant Major. I am genuinely humbled to serve in this capacity but understand our mission and priorities and that of our Army; and I am more than ready to shoulder more than my share of the task whatever it may be, 100% and then some." (CoR remarks paused)

As I ask all of you to continue to give our Army 100% and



CSM Gerald C. Ecker

then some for mission and people, I encourage you to think about why you do it – why you serve. I have always maintained the belief that when the mission is demanding and the going gets tough, we fall back on our training, experience, and each other... and, with what we believe in. As Soldiers, we are often asked to "rise to the occasion" – our belief and values system enable us to do so. I believe in our mission and our profession – and I believe in you!

To continue with my CoR remarks: "Yes, the way I feel today is much like I felt in August of 1990 as a young sergeant, senior medic of an airborne infantry rifle company destined for Iraq – maybe a bit restless to rendezvous with destiny, but never doubting my task and purpose or the will to achieve it. My God and my Family give me this will; I could ask for no more – other than the wisdom and the strength to continue to serve my country in a manner that would honor all those that have gone before me – and to earn the esteem of those that I will be further privileged to serve. God bless you all, and God bless America.

***Serving to Heal – Honored to Serve – ARMY STRONG!***"



## **Susan Eisenhower Visits the Eisenhower Army Medical Center**

By Wesley P Elliott, *Army Medicine*

Susan Elaine Eisenhower, daughter of John Eisenhower and the granddaughter of President Dwight D. Eisenhower, visited EAMC on Jan. 8, to view the Eisenhower artifacts and artwork and speak at the Jimmie Dyess Symposium in Augusta, Ga. Eisenhower is a consultant, author, and expert on international security, space policy, energy, and relations between the Russian Federation and the U.S. See more photos at: <http://www.army.mil/article/141410/>



## **37th Annual Cowboy Breakfast in San Antonio**

Brig. Gen. John Poppe, U. S. Army Medical Command, his wife, Denise, and Brooke Army Medical Center Chaplain Robert Ginsburg, are getting ready to try out the thousands of tacos served at the 37th Annual Cowboy Breakfast in San Antonio held at the Cowboys Dance Hall parking lot on Jan. 30. The annual event was coordinated by the Cowboy Breakfast Foundation and sponsored by Jordan Ford.

The world's largest free breakfast was ready to serve 40,000 to 50,000 early rising fans. The event included live music with Mario Flores & The Soda Creek Band, mechanical bull riding, gunslingers and a cow chip contest. The Texas-size menu included a variety of tacos, sausages, biscuits with gravy, pastries, and gallons of coffee, milk and juice. Ginsburg delivered the invocation and Poppe participated in the cow chip contest.



Photo by Esther Garcia

By **Chris Orose**, *Defense Health Agency Immunization Healthcare Branch*

“Monitoring safety and effectiveness of vaccines is the foundation of what we do

Spooner leads the Clinical Investigations Office, which supports studies of vaccine adverse events and biodiversity. The studies aim to improve the experience of immunization healthcare for service members and their Families. Spooner and team collaborate with civilian academic centers such as Georgetown University, Oklahoma Medical Research Foundation, the University of Washington, and the Centers for Disease Control and

Taken together, the efforts of the Vaccine Safety and Evaluation Section serve to support and advance the MHS Quadruple Aim: Readiness, Population Health, Experience of Care, and Per Capita Cost.



# The Relevance of TBI Awareness

By Staff Sgt. Joseph Christian Hill, NCOIC, Behavioral Health Care Services, Aberdeen Proving Ground

Throughout the year, we designate specific months to remind us of varying topics that are important to our well-being and/or culture. Often times we forget or overlook the significance of these awareness months due to their repetitious nature. March is intended to remind us of the serious impact of Traumatic Brain Injuries (TBI) throughout our population. You may ask yourself, “Why is this important to me?”

The Center for Disease Control and Prevention (CDC) reports that approximately 2.5 million emergency room visits, hospitalizations, or deaths were associated with a singular TBI or a combination of a TBI and additional sources of injury. TBI in itself is responsible for an estimated 50,000 deaths per year. The Defense and Veterans Brain Injury Center (DVBIC) tracks the total number of service members throughout the Department of Defense (DOD) whom have been diagnosed with a TBI. Since the year 2000, over 313,000 service members have been diagnosed with a TBI. These statistical numbers reflect the relevance of TBI. But why should we be concerned about a TBI?

TBI-associated costs within the United States are estimated at a staggering \$56 billion annually. The DOD spends an estimated 1.1 billion dollars annually on TBI education and treatment. There are more than 5 million Americans living with a TBI that has resulted in a permanent need for assistance in daily functioning. These TBI survivors are left with severe behavioral, cognitive, and communicative impairments. TBI’s pose a significant public health problem especially for children aged 5 years and younger, male adolescents and young adults ages 15 through 24, and the elderly who are 75 years or older. TBI is the most

common cause of death and acquired disability among children and adolescents in the United States. All of this information is pertinent especially when we take the time to remember that with awareness inherently comes prevention.

Dr. Carolyn Caldwell, a neuropsychologist assigned to Kirk US Army Health Clinic, is far too familiar with the effects that TBI has on an individual and their loved ones. On a daily basis she treats the survivors of these traumatic injuries and the aftermath it creates within their occupational, social,

elastic and stretch easily; however, if they are stretched too far, they can break. When neurons are stretched too far, the normal chemical and electrical functions of the brain are disrupted. This disruption can cause an individual to experience physical cognitive and emotional symptoms. For example, following a mild TBI, it is common for individuals to experience headache, sleep disturbance, difficulty with balance, reduced attention/concentration, reduced memory ability, irritability, and/or mood swings. Regardless of age or type of injury, there is one common treatment

for everyone following TBI, physical and cognitive REST! With adequate rest, the brain will recover its normal chemical and electrical balance. Most individuals will recover from a mild injury within days to a few weeks.

“The nerves or neurons in our brain can be compared to silly putty. They are very elastic and stretch easily; however, if they are stretched too far, they can break.”

- Dr. Carolyn Caldwell-

TBI poses a serious health concern not only for us as individuals, but our loved ones as well. As a community we must remain cognizant of the seriousness of a TBI. It is within this awareness that we

find a greater chance of preventing these injuries. If you are in need of resources for education, treatment, and prevention please visit The CDC’s website at <http://www.cdc.gov/TraumaticBrainInjury/index.html> and the DVBIC site at <http://dvbic.dcoe.mil/resources>. Some wonderful Maryland resources can be found on the Brain Injury Association of Maryland’s (BIAM) website <http://biamd.org> in addition to Kennedy Krieger Institutes website at <http://www.kennedykrieger.org>.



Family, and interpersonal environment. She has published multiple peer-reviewed articles on the subject. According to Dr. Caldwell, the mechanism of injury in a mild TBI, the most common severity type, may be different. For example, a service member might be involved in an IED blast, an adolescent might take a hard hit in a football game, or an elderly person might experience a fall, but the impact on the individual is similar. The nerves or neurons in our brain can be compared to silly putty. They are very

# 440th BSD Supports Operation United Assistance

By Maj. Teresa Terry, Blood Bank Specialist, Fort Bragg, N.C.

According to the U.S. Africa Command, the 2014 Ebola outbreak is the largest outbreak of the virus in history and the first of its kind in West Africa. In September, the U.S. military began Operation United Assistance to provide coordination of logistics, training and engineering support to help relief efforts and contain the spread of the virus.

“A key component of moving our troops anywhere in any situation is to make sure that we adequately prepare them, train them, and equip them for their own personal protection,” Pentagon Press Secretary Navy Rear Adm. John Kirby said in a Sept. 19 story published by the Department of Defense. “We try to stay as ready and prepared across those capabilities as we can.”

As part of this effort, the 440th Blood Support Detachment deployed to Liberia in December to focus on blood operation training to the unit, the Damage Control Resuscitation/Surgery Team and the Monrovia Medical Unit. The team established full blood support capabilities in their area of operation on Dec. 5 and quickly began equipment validation.

“Within just six days, the unit was 100 percent mission capable,” said Army Lt. Col. Audra Taylor, director of the Army Blood Program. “They were able to quickly validate equipment such as freezers, refrigerators, apheresis platelet instruments and incubators.”

Platelet apheresis training was one of the first training classes conducted during the deployment. Led by Army Spcs. Haugh and Hood, the class was designed to teach service members taking part in Operation United Assistance about the equipment and how it is used to collect and process blood and blood products.

By Dec. 17, the unit had shifted focus and Army Sgt. Joshua Strauss, the unit movement officer, trained laboratory technicians, medics and nurses from the Task Force to conduct emergency blood drive operations. A pre-screen blood

drive was performed at the Aerial Port of Debarkation on Dec. 19 in which the detachment collected more than 80 samples from 27 potential donors.

“The donors that participated in the emergency blood drive exercise can be recalled in a moment’s notice,” said Army Lt. Col. Jason Corley, deputy director of operations for the ASBP. “This is a great tool for the service members of Operation United Assistance to have. It will make collecting blood in the affected area much easier. It will also help ensure that the blood products collected in West Africa are safe for transfusion.”

According to Navy Capt. Roland Fahie, ASBP director, the top priority of the ASBP during Operation United Assistance is to make sure that the blood supply and the service members in West Africa remain as safe as possible while the epidemic continues to unfold.

“The Ebola virus has never been transmitted by a blood transfusion,” Fahie said. “However, we are being very cautious as the situation continues in Africa. With the current screening process, the risk of a transfusion-related illness is incredibly low, and our service members in the affected countries are taking precautions to maintain their safety as well.”

Towards the end of the month, the 440th Blood Support Detachment assisted the Monrovia Medical Unit with creating a blood program to include receiving, storing, manufacturing, reporting and resupply of red blood cells, fresh frozen plasma and thawed plasma. With the help of the 440th Blood Support Detachment, the Monrovia Medical Unit reached self-sustainment of their blood operations on Dec. 24.

As the 440th Blood Support Detachment prepares to redeploy, the unit will leave Operation United Assistance convinced that the two locations that store blood are trained and confident in their ability to provide safe blood products to those in need. The detachment is slated to

come home in January.

“The team has done an excellent job during their deployment,” Taylor said. “The work they’ve done has gone a long way towards ensuring that our service members deployed in West Africa to help fight the Ebola outbreak are safe, trained and ready for anything that may come their way. I thank them for their efforts and dedication to the military blood banking mission.”

## About the Armed Services Blood Program

Since 1962, the Armed Services Blood Program has served as the sole provider of blood for the United States military. As a tri-service organization, the ASBP collects, processes, stores and distributes blood and blood products to Soldiers, Sailors, Airmen, Marines and their families worldwide. As one of four national blood collection organizations trusted to ensure the nation has a safe, potent blood supply, the ASBP works closely with our civilian counterparts by sharing donors on military installations where there are no military blood collection centers and by sharing blood products in times of need to maximize availability of this national treasure. To find out more about the ASBP or to schedule an appointment to donate, please visit [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil). To interact directly with ASBP staff members, see more photos or get the latest news, follow @militaryblood on Facebook, Twitter, Flickr, YouTube and Pinterest. Find the drop. Donate.



The 440th Blood Support Detachment support Operation United Assistance in Liberia. The team deployed Nov. 28, and in just six days the team was 100 percent mission capable. (Photo courtesy of Maj. Teresa Terry, Blood Bank Specialist, Fort Bragg, N.C.)



# \$1 Mil Study to Focus on Chronic Pain

By Suzanne Ovel, Madigan Army Medical Center

Researchers at Madigan Army Medical Center will soon start studying new ways to address chronic pain thanks to a \$1 million, three-year research grant from the U.S. Army Medical Research and Materiel Command.

Madigan's Interdisciplinary Pain Management Clinic is collaborating with the University of Washington to study the effects of adding integrative pain therapies (alternative therapies such as acupuncture, yoga, and biofeedback) to a more traditional outpatient functional restoration program, which is more physical and occupational therapy-centric. While the IPMC currently offers both the integrative pain therapies and the functional restoration program as separate treatment plans, researchers are theorizing that receiving both therapies together, with the alternative treatments implemented first, may be more effective in treating chronic pain.

The issue of chronic pain is a national one, and in fact pain is the number one reason why people seek medical care nationwide, said Dr. Diane Flynn, Madigan's primary care pain management advisor and the lead for the study.

"Of course in the military, the magnitude of the problem is compounded by deployment-related injuries," she said, explaining that Soldiers may be in chronic pain from combat injuries, or wear and tear from wearing heavy body armor and being jostled in tactical vehicles. In addition, the relatively young population of the military means they also see a good number of chronic pain patients for sports-related injuries.

The IPMC's current integrated modalities pain care team program offers twice weekly integrative therapy for six-weeks through a mix of

chiropractic, acupuncture, biofeedback, occupational and physical therapies, along with education on medical massage and chronic pain.

Their functional restoration program, however, "is all about restoring physical function, so that it's very heavy on physical modalities," Flynn said. Patients spend four hours a day in the gym with physical and occupational therapists, four times a week for three weeks, with their days interspersed with group therapy and group education.

"What functional restoration can do is help to take people from where they are right now physically, (and) encourage them to become more physically active ... so that at the end of three weeks, they realize, 'I can do a lot more than I realized and I can do it in a safe way,'" said Flynn.

"What we found is that people do well with both of those programs, they show improvement, especially in their physical functioning ... but when they do the programs together, they seem to do better," said Flynn. She explained that if patients are in a lot of pain and they see a chiropractor or acupuncturist first to "decrease the volume of the pain," the pain can become more tolerable before the patients participate in intensive physical therapy.

However, Flynn said that in the world of treating chronic pain, many providers support either integrated (alternative) therapies or the functional restoration campaign, but there's little research supporting a combination of the two.

"Our theory is that if we can decrease pain through integrated modalities, patients will be able to engage in a functional restoration program more actively and have better outcomes," she said.

To test this theory, the IPMC will ask chronic pain patients who are candidates for functional restoration if they would participate in the study. From there, participants will be randomly put in one of two treatment groups: one will engage in integrated therapies before joining in the more intensive functional restoration program, while the other will go directly to the functional restoration program. This second group will retain the option to engage in integrated therapies afterwards, so they can still benefit from the alternative therapies without affecting the study results.

The University of Washington's Department of Anesthesiology and Pain Medicine and Department of Nursing provided guidance on how to design this research, and they will also do the data analysis of the study's findings.

If the study's hypothesis is proven true, its impact on treatment could extend to the Army's other IPMCs, said Flynn.

"I think it has application beyond the Army, because if you look in the medical literature, there's very little information about how integrated modalities complement functional restoration," she said.

Flynn emphasized that the goal of this research is to help reduce chronic pain, not to eliminate it.

"The goal of the research is to improve Soldiers' lives," said Flynn. "We very rarely can eliminate pain when it's chronic; it's more of helping Soldiers cope with pain and helping Soldiers regain confidence in their bodies' ability to function again."





# U.S. Army Europe's Medical Brigade Trains Future Expert Field Medics

By Capt. Robert Gallimore, 30th MED BDE Public Affairs Officer

KAISERSLAUTERN, Germany – 30th Medical Brigade conducted an exercise from Jan. 12-15 on Grafenwoehr Training Area to provide Soldiers of 30th MED BDE Headquarters, 212th Combat Support Hospital, and 421st Medical Battalion (Multifunctional) with hands-on training to prepare themselves for the intensity and intricacies of the upcoming U.S. Army in Europe Expert Field Medic Badge competition in March. With training led by 30th Med Bde Headquarters to prepare candidates for the strenuous challenges associated with the EFMB competition, Soldiers were given detailed instruction and demonstration on EFMB Combat Testing Lanes, study materials for the written test, and refinement classes and practical exercise on Land Navigation.

With only a 17 percent pass rate, the Expert Field Medic Badge is awarded to military medical personnel who demonstrate exceptional competence and outstanding performance during a 120-hour testing event. During this one week competition, Soldiers must prove proficient in at least 75% of each of four categories: Tactical Combat Casualty Care, Communications, Warrior Skills, and Evacuation. They must also pass a written test with a 75% score or better and effectively plot and find 3 of 4 grid coordinates during both, day and night Land Navigation events. Once the Soldiers pass this gauntlet of tests, they must complete a grueling 12 mile road march while carrying all of the gear they utilized during the week (approximate carried load varies from 40-70 plus lbs). Those who

complete the road march in 3 hours or less without assistance are ceremoniously awarded the coveted Expert Field Medic Badge.

“It will be a challenge, but we must provide this year’s candidates with the same preparations we gave last year’s candidates.” -Col. Scott Dingle, 30th Med Bde Commander. In September of 2014, 212th CSH, 30th MED BDE coordinated a USAREUR EFMB competition with a 52 percent pass rate; this pass rate was recorded as the second highest among all EFMB competitions since its establishment in June 1965. This March, 421st MMB, 30th MED BDE is charged with coordinating the USAREUR EFMB competition for approximately 160 expected candidates.



# Bringing the Dining Facility to the Soldier in Training: How They Do It in Korea

By Ron Wolf, Army Medicine



The Performance Triad—with its emphasis on adequate sleep, increased activity, and proper nutrition—is the right tool to enhance personal performance of Soldiers. But what do Soldiers do to stay properly fueled when training takes them away from the dining facility, and they have to grab food on the run?

In Korea, the Eighth Army has decided to take the dining facility to the Soldier, and they've done it with something that is found on the street corners across America—the food truck. Mobile “grab-and-go” trucks bring food grab bags directly to the Soldiers so they can refuel immediately after physical readiness training without time-consuming treks to the dining facility.

Capt. Rachel Morgans, a dietician with the 65th Medical Brigade, created the refueling menus that support the grab-and-go concept and provide the right amount of protein and carbohydrates for optimal Soldier-Athlete refueling.

The refueling menus include lean protein, heart healthy fats, simple and complex carbohydrates from whole grains, antioxidant-rich fruit, and low-fat dairy. All menus contain electrolytes for rehydration and protein to promote muscle growth. Carbohydrate content varies—high carbohydrate menus support heavy training, and lower carbohydrate menus support medium and light training.

Sgt. 1st Class Jessica C Bezanson, food service NCO with the Eighth Army, designed the grab-and-go truck. She is also designing two additional food trucks that will be used in various locations on Yongsan to provide healthy refueling options to the Soldiers. The trucks improve customer service, decrease the number of diners at the DFAC, and deliver nutritious meals and convenience to Soldiers.

The grab-and-go trucks are optimal for units where there is only one dining facility or the distance from the physical readiness training is greater than one mile.



Training the “grab and go” team at the Eight Army. Dieticians and food service NCOs have gone beyond providing healthy food and are teaching comprehensive Performance Triad and performance nutrition classes to food service personnel. Classes are tailored to dining facility managers, master fitness trainers, unit leaders, and Soldiers during sergeants' time.

For example, on Yongsan, there is one central dining facility; a satellite dining site is located on Camp Coiner allowing Soldiers to refuel immediately after physical readiness training.

Morgans and Bezanson have gone beyond providing healthy food and are teaching comprehensive Performance Triad and performance nutrition classes to food service personnel. Morgans is teaching similar classes tailored to dining facility managers and master fitness trainers, and Soldiers and unit leaders across Korea.

The classes include nutrition 101, U.S. Dietary Guidelines, and performance nutrition education that teach Soldiers why healthy foods are used in each grab-and-go menu. The classes are linked together, including information on sleep, so Soldiers learn how the Performance Triad leads to optimal performance.

In addition to the grab-and-go trucks, dining facility managers for the Eighth Army have added healthy foods and dropped some less nutritious choices from their menus in support of the Performance Triad. Recent additions include whole-wheat pasta, low-fat yogurt, low-sodium and lower fat breakfast meats, seaweed

wraps for kimbap, and whole-wheat tortilla wraps. Dropped from the menu were foods containing trans-fat shortening, breads with less than 2.5 grams of fiber per serving, and juice blends (replaced with 100% juice).

The 65th Medical Brigade recently held its first annual Soldier-Athlete Warrior fueling competition between the dining facilities. The dining facilities were judged for green labeling, displays of nutrition education material, standard operating procedures, recipe cards, and production schedules that show the dining facilities are using the nutrition standards mandated by the Joint Subsistence DoD Menu standards. The competition encouraged Soldiers to use their culinary skills to create healthy menus that incorporate performance-enhancing foods.

The efforts of Morgans and Bezanson are part of the well-planned initiative to enhance the overall performance and the wellbeing of the Army's Soldier-Athletes. Helping to keep Soldiers focused on the value of good nutrition and the other components of the Performance Triad will support a healthy and resilient fighting force.



# Remote Soldiers Come to Post for Readiness Review

By Jeff Troth, Evans Army Community Hospital Public Affairs



When the Soldiers in your command are spread out over six states you don't get to see them on a regular basis. That is the case for the commander of the Fort Carson Community Care Unit.

To meet the challenge, Capt. Jennae Pitts, CCU commander, has instituted a biannual Soldier Readiness Review.

"The SRR allows CCU Soldiers to fulfill their annual requirement like mandatory training and updating their emergency and life insurance forms," said Pitts. "But most importantly it allows us to do a face-to-face with our Soldiers."

While assigned to the CCU, wounded, ill or injured Soldiers are assigned to the Fort Carson unit, but live and receive treatment in their hometowns. The unit's area of responsibility encompasses six states – Colorado, Idaho, Montana, Nevada, Wyoming and Utah. The CCU is part of the Warrior Transition Battalion, a subordinate of Medical Department Activity Fort Carson.

"I have to call in every day to my platoon sergeant and I meet with my nurse case manager every week on the phone," said Chief Warrant Officer 2 Charles Layman, a Colorado National Guardsman who lives in Elizabeth, Colorado. "The SRR was the perfect time for me to be able to put a face to the names and voices I talk to on a regular basis."

The week-long stay on Fort Carson was not only beneficial to the Soldiers, but also the unit staff.

"I think the SRR is a good venue to see the other side of the Soldiers and their Families," said Kendra Partee, a CCU nurse case manager. "Instead of just talking to them about their medical treatment, we also get the opportunity to see them interact."

The week started off with hands-on training during an Adaptive Reconditioning Program session. The

CCU Soldiers and cadre competed in wheelchair basketball and seated volleyball.

"For a lot of people it was their first time doing either of these sporting events," Pitts said. "Sports like these are kind of empowering, because it doesn't matter if you have a leg or you don't, you can all be together and play the same sport on an even playing field."

The commander pointed out that while most think of sports when the Adaptive Reconditioning Program is mentioned, the program is a lot more.

"Painting, darts, chess and board games are all part of adaptive reconditioning," Pitts said. "The Soldiers are getting their minds to focus on other things besides what their situations are. They are actually getting out and interacting with people, socializing."

During the week, the CCU Soldiers met individually with their nurse case managers and other unit cadre to review their medical treatment and discuss services available to them in their hometowns, such as job fairs and physical fitness partnerships with the YMCA. During these sessions, the Soldiers covered their future goals in six categories: career, physical, emotional, social Family and spiritual.

"Our plan encompasses the Soldier and the Family because if the Soldier is injured, so is the Family," said Pitts. "We want to know what they want to do now that they are injured as far as their career in the Army."

She said that one of her Soldiers, who has served in the Army for 28 years decided that he wants to retire and become a teacher. The unit transition coordinator is working with that sergeant to get him in to the Troops to Teacher program and to see what certification is needed to fulfill this goal.

Other activities of the week included SHARP, Domestic Violence and Dress-for-Success classes. The Soldiers also received physical assessments at the Army Wellness Center.

For Lt. Col. Inez Wright, a CCU Soldier from Las Vegas, the Soldier Readiness Review allowed her the opportunity to find out about resources she will be able to utilize in Nevada.

"The SRR is a good way for us to connect with the CCU staff and ensure that we are doing what needs to be done," said Wright. "This week also gave me the chance to see what resources, such as adaptive sports and the YMCA, which I can connect to in my community."



As part of the Soldier Readiness Review, CCU cadre and Soldiers try their hand at wheelchair basketball during a class on Adaptive Sports Reconditioning Program.

# SYSTEM FOR HEALTH.



## High School Students Experience Army Medicine

FORT GORDON, Ga. -- The Eisenhower Army Medical Center (EAMC) celebrated the completion of the Harlem High School's clinical rotation in the medical center on Jan. 30, as part of the Columbia County High School Health Science Training Program.

"This class of 22 students from Harlem High School are the first group to do clinical rotation's at EAMC as part of the new partnership with the Columbia County Schools. The program was designed to give students the opportunity to experience different healthcare settings but allowed EAMC staff to mentor young minds who might possibly be the next generation of health care providers and nurses," Col. John Lamoureux, EAMC Commander.

The Columbia County High School Health Science Training program allows select high school students to experience a variety of healthcare settings through clinical rotations at local hospitals.

The students are required to successfully complete three pre-requisite courses to qualify for selection into the Health Science Training Program.

Lt. Col. John V. Kulig, EAMC Chief of Hospital Education and Training, explains that the EAMC staff was very excited about this opportunity and many volunteered to support the program by providing instructors, or preceptors, and learning opportunities throughout the hospital.

Some of the learning areas included the Intensive Care Unit (ICU), inpatient 11th West, 9 floor Med surge Pediatrics (MSP), Radiology, the Laboratory, Emergency Department, Pharmacy, Rehabilitation/Physical Therapy/Occupational Therapy, Respiratory Therapy, Medical Records, Nutritional Services, and Dental.

"Every Monday, Wednesday, and Friday the Harlem High School Students arrived in their professional uniforms, white scrub tops and red bottoms, with Ms. Thibodeau not too far behind."



Students from Harlem High School are briefed by Col. Corina Barrow, EAMC Deputy Commander for Nursing, at the Eisenhower Army Medical Center (EAMC) on the first day of the Columbia County High School Health Science Training Program clinical rotation on Oct. 6, 2014. (Photograph by John Corley, EAMC Medical Photographer)

The students Healthcare Instructor, Ginny Thibodeau is a Registered Nurse and a Harlem High School graduate who supervised the program and was involved in establishing the course at EAMC.

Each class day, the students filed off their bus and proceeded to the clinical areas of their choice based on their interests in healthcare. The clinical preceptor would welcome them and introduce the student to the particular area of healthcare; providing knowledge and insight about their service, types of professionals and roles and answer the students questions, said Kulig.

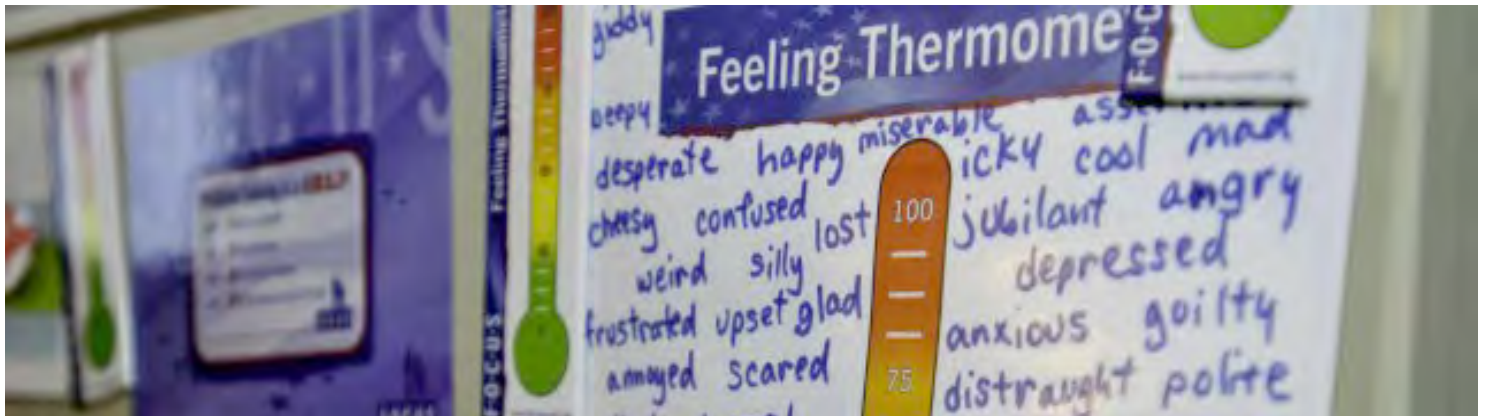
"I know that everyone here at Eisenhower was extremely excited to be a part of this program and I believe that the students could feel the passion our people have for health care," states Lamoureux.

The program may have helped some of the students narrow in on a medical career field based on exit interviews that stated they are planning to pursue careers in healthcare.

Students described pursuing education in the field of nursing, pediatric physical therapy, pharmacy, radiology, medical programming, medical coding, dental, anesthesiology, and pre-med.



## Families Build Resiliency with FOCUS



The Feeling Thermometer is a tool used in the FOCUS (Families OverComing Under Stress) Program designed to aid families and couples in expressing how they are feeling to each other and possible ways of calming themselves down.

JOINT BASE LEWIS-MCCHORD, Wash. - Military Families encounter numerous stressors in their life and the stresses of their counterparts while dealing with extra stressors and transitions that come with military life such as a child attending new schools, moving and multiple deployments.

The FOCUS Program on Joint Base Lewis-McChord, Washington, helps Family deal with these issues, free of cost.

"FOCUS stands for Families Over Coming Under Stress with Families being the emphasis," said Kimberly Crosby, site director at JBLM. "Our goal is to provide the skills and tools to strengthen the 'glue,' resiliency, in Families."

FOCUS is a resiliency-building program that promotes Family strengths and supports couples and parents. It helps manage the challenges of military life while increasing closeness, support, communication and adaptability.

Through the sharing of perspectives, Families make meaning together and thereby grow in cohesion, mutual care and effective communication. Making meaning as a Family unit as well as enhancing resiliency skills has been shown significantly to increase a Family or couple's ability to handle military and life stressors more effectively.

"Several Families are not aware of the program," said Stephanie Self-Bence, Family resiliency trainer, "so we developed a tip of the month to reach out to Families with a small sample of what we do."

February's tip relates to Valentine's Day by providing ways other than gifts to show love and affection toward Family members. The program wanted to provoke the thought process by asking questions like, "How do you show affection to your children? How

do you show love to your partner?"

In response to those questions, phrases of affirmation like, "Our Family is awesome," "I can always count on you," or "You're my best friend" are a great way to show you care, said Crosby.

"Those are some small ways to show you care about someone," Crosby said. "We included this because it is a very strength-based program. We are always looking for ways to praise our Families and to identify the strengths of them. Just saying something positive to someone else is a good way to boost their strength."

The program works with all of the Family, instead of just one person, on strengthening the Family glue. The program encourages married couples as well as dating couples to attend.

"We tailor our sessions and tools we bring into our sessions to fit the needs of that particular Family or couple. The tools are geared around areas of communication and managing emotions military Families encounter with all transitions they endure. The purpose of the program is meant as a prevention program, so we are not doing counseling or therapy, more educating and strengthening to overcome the challenges they face."

For the past four years, Self-Bence has been helping Families draw on strengths they already have while filling in the "cracks" to form a stronger Family.

"Working with military Families and service members is my passion," said Self-Bence. "My goal is to give Families the skills they need to move past any problem and continue using them as they grow together."

For more information on the FOCUS program, contact them at 253-966-6390 or email at [JBLM@focusproject.org](mailto:JBLM@focusproject.org).





## Food Safety in Kosovo

By Sgt. Melissa Parrish

CAMP BONDSTEEL, Kosovo – Food safety is the first line of defense in ensuring that consumers – both civilian and military – are consuming safe and toxin-free foods.

Every morning, fresh baked bread is delivered to the dining facility here from the Kosova Bakery located just a few miles away in the city of Ferizaj. The bakery has provided Camp Bondsteel with bread since 1999.

Capt. SarahAnne Simpson, a force health protection officer and veterinarian serves as the food inspector for Multinational Battle Group-East and conducted an inspection of the bakery, Jan. 10.

“Part of my job is to conduct sanitary and food safety inspections with companies that supply food or beverages to U.S. forces,” said Simpson. “I inspect everything from the ingredients, to how they prepare the bread, to the sanitation of the building the bread is made in.”

The safety of the troops is Simpson’s team’s top priority.

“If our troops are down from a food illness, it would decrease our [effectiveness],” said Simpson. “It’s my job to make sure that doesn’t happen.”

The inspection began with Simpson and her team going over the bakery’s employee health records. She ensured each employee’s records were up to date and that they have been tested for diseases. Then she checked the paperwork that validates the bakery’s potable water supply and reviewed the lab results.

“We inspect everything,” said Simpson. “We make sure their raw materials are free of toxins. We check to see that their ingredients are certified. We check their water source. We check for pest control.”

The bakery has been a Family business

since 1969 and was passed down to brothers, Jeton and Zalon Recica from their father. Both said they are grateful for the business and they always aim to exceed the standard.

“We have inspected them twice a year since they received the [U.S. Army] contract and that has raised their standards,” said Simpson.

According to Simpson, however, there

inspections. To assist in such an important effort, Kosova Bakery has an elaborate camera security system that is monitored around the clock.

“They have great security measures in place for food defense,” said Simpson. “If someone wanted to hurt our Soldiers, they have several procedures in place to prevent that from happening.”

The bakery passed their inspection



Capt. SarahAnne Simpson, force health protection officer and veterinarian for Multinational Battle Group-East and U.S. Army Staff Sgt. Kris Concepcion, veterinary food inspection specialist inspect the ingredients at the Kosova Bakery in Ferizaj, Kosovo, Jan. 10. (U.S. Army photo by Melissa Parrish)

currently is not a set health standard for small businesses such as that of the Recica brothers and setting one doesn’t just benefit the Soldiers of MNBG-E.

“We have helped make it safer [not only] for our troops, but also for the civilians of Kosovo,” said Simpson. “You walk into this immaculate bakery and you can see that they are on a different level of sanitation. The employees all wear the same uniform, the building is extremely clean and the employees wear hats or hair nets. You just don’t see that at every bakery in Kosovo.”

Food defense is a priority that the force health protection checks during

and the Recica brothers are already in the process of trying to get more bread selections for the troops at Camp Bondsteel.

“The safety of the troops is always our concern whether deployed or in [the United States],” said Simpson.

Food health inspections are a pillar of safety for Soldiers in Kosovo, and the MNBG-E veterinary team conducts thorough inspections every six months to help keep small businesses such as the Kosova Bakery successful.



## Updates from MHS and Partners

### *No Health Coverage?*

#### What That Means for Your Taxes

You'll answer a question about your 2014 health coverage when you file your federal income tax return. If you didn't have a minimum level of health coverage for all of 2014, your taxes could be affected. Here are a few things to know:

You may pay a fee as part of your taxes if you didn't have health coverage in 2014, and don't get an exemption.

If you could've afforded health coverage in 2014 but chose not to buy it and you don't qualify for an exemption, you may need to pay a fee with your federal tax return. The fee is based on your income, and how many months you didn't have health coverage. Generally, the higher your income and the more months you were without health coverage, the higher the fee.

If you didn't have health coverage for all of 2014, you'll pay the higher of:

\$95 per person who was without coverage for the year (\$47.50 per child under 18). The maximum fee per Family using this method is \$285.

An amount that varies depending on your income (generally 1% of your yearly household income over a certain threshold).

The fee increases each year. In 2015, it's \$325 per person or 2% of your yearly household income over the threshold. In 2016, it's \$695 per person or 2.5% of your income over the threshold. After that it's adjusted for inflation.

You don't have to pay the fee if you get an exemption.

If you ask for and are approved for an exemption, you won't have to pay a fee for not having health coverage. You might be able to get an exemption because of a special situation, like not having

any affordable health insurance plans available to you, having only a short gap in coverage, or being eligible for services through the Indian Health Service. In addition, if you had coverage starting in May 2014 or earlier, you qualify for an exemption for the months before your coverage started.

### *There are 2 types of exemptions:*

1. IRS exemptions that you can get from the IRS when you file your tax return.
2. Marketplace exemptions that you'll need to request by completing a paper application and mailing it to the Health Insurance Marketplace.

For a complete list of exemptions and more information, visit [HealthCare.gov](http://HealthCare.gov) or call the Marketplace Call

Center at 1-800-318-2596. TTY users should call 1-855-889-4325.

If the Marketplace approves your exemption application, save the approval notice you get by mail. If you get an exemption from the Marketplace, you'll get a notice in the mail that includes a unique Exemption Certificate Number (ECN). Keep this notice with other important tax documents. You'll need to enter that ECN on your federal income tax return when you file your federal taxes for the year you didn't have health coverage.

If the ECN isn't granted for the whole year, you may still have to pay a fee for some months. If you mailed an exemption application to the Marketplace and are still waiting for a decision when you file your tax return, follow the instructions with your tax return to enter "Pending" in the appropriate places. If you apply for the exemption directly from the IRS using

Premium Tax Credit Form (Form 8962), you won't need an ECN.

### *Help is available.*

For more information about how health coverage will affect your taxes, visit [HealthCare.gov/taxes/](http://HealthCare.gov/taxes/) or call the Marketplace Call Center at 1-800-318-2596. Many people who signed up for Marketplace coverage can get free assistance with filling out their taxes. This may include free access to tax software programs, or free in-person assistance. For more information, visit [IRS.gov/freefile](http://IRS.gov/freefile) or [IRS.gov/VITA](http://IRS.gov/VITA). If you have general questions about your taxes, or and the fee for not having health coverage, visit [IRS.gov](http://IRS.gov).

TRICARE Meets the Affordable Care Act (ACA) Minimum Essential Coverage (MEC) Requirement. If you're using any of the following health plans, you have the minimum essential coverage required by the healthcare reform law known as the Affordable Care Act. Unless you're considering other health coverage, you don't need to take any action at this time. Typically, you don't have minimum essential coverage from TRICARE if you're:

- Only eligible for care at military hospitals and clinics, also known as direct care.
- Not covered by any other TRICARE plan as listed above For the 2014 tax year only, those only eligible for Direct Care have a special exemption from the tax penalty. You can check "yes" in the box on your tax forms for minimum essential coverage.

*Source: OTSG-MEDCOM Access to Care and Customer Service Newsletter Jan. 2015*

## Official Thanks Blood Donors, Encourages More Donations

By Shannon Collins, DOD News Features, Defense Media Activity

### *The process is familiar to many.*

Squeeze the ball a few times to make the vein visible and look away as the needle punctures the arm. Make idle conversation as the medical technician fills the vials with blood, and then the bag. Get the sticker that says, "I gave blood" and grab a cookie.

After the donation, a technician tests the blood to ensure there are no diseases such as HIV or hepatitis. Then, the whole blood is separated into red blood cells, platelets and plasma.

There is always a need for blood, because blood is perishable. The red blood cells are good for only 42 days, platelets for five days and plasma for up to one year, said Lt. Col. Jose Quesada, chief of blood services at Brooke Army Medical Center, Joint Base San Antonio, Texas. Donors can donate a pint, or 500 milliliters, every 57 days.

"One pint of blood can save three lives," said Mark Salcedo, an Armed Services Blood Program blood donor recruiter and public affairs specialist at the San Antonio Military Medical Center. "And without blood donors, our patients who may need blood don't go home to their Family members."

A constant supply of donors is necessary to ensure the blood donor center has blood every day, he said.

"Blood is a lifesaving product," he added. "Blood and blood products like plasma and platelets save lives. We encourage people to donate blood as frequently as they can."

### Blood Donating Questions

Quesada said first-time donors should ask the staff about the process, because the staff wants the donors to be comfortable so they will become repeat donors. Donors should be hydrated and have something to eat before donating, especially something with sugar in it, he added. The goal for the staff, he said, is for donors to have a great experience.

"We will walk them through the process so they are comfortable and understand

that we're going to take care of them as a blood donor," Salcedo said. "Our goal is to have them have a great experience, because we want them to come back — we need them to come back. And then to know we'll take care of them if there's a problem. If they hydrate well, if their sugar levels up, that should help minimize any problems they might have as a blood donor."

Quesada said the military blood donor centers follow regulatory guidelines set forth by the Food and Drug Administration and accrediting agencies. Donors who travel to a malarial area cannot donate for 12 months; the only exception for this is north of Seoul, South Korea, which requires a 24-month deferral. There is no longer a deferral requirement for anti-malarial medications.

Some states allow people with tattoos to donate, and others don't, Quesada noted. "The ASBP has a list of approximately 34 states in which a potential blood donor is deferred for one week to ensure the tattoo site has properly healed," he said.

### The Importance of Donors

Quesada said he encourages everyone to donate to the Armed Services Blood Program. ASBP blood donations directly support war-fighters downrange and patients at military and Veterans Affairs treatment facilities.

"Without our blood donors, our patients may not go home," Salcedo said. "Whether it was blood for a patient here at the San Antonio Military Medical Center or for a combat casualty overseas, we need blood donors. We thank them for giving a little of themselves to ensure our patients have what they need when they need it. We thank them for the time and support to our missions."

"Whether it's here in San Antonio, downrange, wherever," he continued, "we want to make sure our patients have what they need when they need it. That can only happen when we've got blood

donors. Thank you to the ones who come in to make sure our patients have what they need, and we invite those who are considering donating."



A phlebotomist draws blood from a donor at the Akeroyd Blood Donor Center at Joint Base San Antonio, Texas, Dec. 12, 2014. The blood donor center is part of the Armed Services Blood Program, the official U.S. military blood program. For more than 60 years, the ASBP has been collecting, processing and distributing blood products for the military community. (DOD photo by EJ Hersom)

### About the Armed Services Blood Program

Since 1962, the Armed Services Blood Program has served as the sole provider of blood for the United States military. As a tri-service organization, the ASBP collects, processes, stores and distributes blood and blood products to Soldiers, Sailors, Airmen, Marines and their Families worldwide. As one of four national blood collection organizations trusted to ensure the nation has a safe, potent blood supply, the ASBP works closely with our civilian counterparts by sharing donors on military installations where there are no military blood collection centers and by sharing blood products in times of need to maximize availability of this national treasure. To find out more about the ASBP or to schedule an appointment to donate, please visit [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil). To interact directly with ASBP staff members, see more photos or to get the latest news, follow @militaryblood on Facebook, Twitter, Flickr, Pinterest and YouTube. Find the drop. Donate.



## Soldiers Teach Dental Hygiene to Students of Kosovo

By Capt. Judith Marlowe

CAMP BONDSTEEL, Kosovo — Twenty-three Soldiers from Multinational Battle Group-East visited Rilindja School located outside of Camp Maréchal de Lattre de Tassigny (CMLT) Kosovo, to teach dental hygiene to first-grade students, Jan. 5.

“We were able to come out to the school and teach oral hygiene to about 30 different kids in two different classrooms,” said Capt. Andrew Steidley, a dentist assigned to MNBG-E.

“Flossing wasn’t something they were too familiar with so we were able to introduce that to them, which is important for their teeth and overall health.”

Rilindja School has a total of 631 students across three different locations in Kosovo. This is the first time Soldiers from MNBG-E have partnered with the school for an event like this.

“We gave them toothbrushes and toothpaste and different things like coloring books just to

bring some excitement and to build [relationships] in this area,” said Sgt. 1st Class Kevin Landquist, a medical platoon sergeant for Headquarter and Headquarters Troop, 1st Squadron (Airborne), 40th Cavalry Regiment, 4th Infantry Brigade Combat Team (Airborne), 25th Infantry Division.

Lindquist has organized teams on past deployments to teach and provide medical care to local communities.

“This is something I used to do a few years ago, but instead of teaching dental hygiene, I gave vaccinations in

Iraq” added Lindquist. “Me and my team linked up with the medics from Bondsteel at Task Force Med to bring something to the area.”

After Steidley demonstrated how to properly brush and floss their teeth to the students, Soldiers sat down with the students and let them practice on a custom dental mould.

“There was quite a bit of preparation,” said Steidley. “I had to

Four hundred packets of dental hygiene items were donated by Steidley’s parents from their home in the state of Montana.

“My dad is a dentist as well, and he was a dentist in the Army,” said Steidley. “So when they heard I was here, they were more than happy to donate. We also got some donated items from the care packages that were sent and whatever wasn’t used by the

Soldiers, we collected those and used those as well.”

Steidley left 200 dental hygiene packets with the school so they could distribute it to the other school locations. The medical team would like to visit the other school campuses in the future.

“Without question I would love to do this again,” said Steidley as he looked around the room filled with Soldiers interacting with children.

Ruzhdi Grishta, principal of Rilindja School, said it was a great pleasure to have the

Soldiers come, and the students were very excited.

“I would like to thank the Americans for this cooperation and their willingness to come here today to teach the students about dental hygiene, and we hope we will continue this cooperation,” said Ruzhdi Grishta, principal of the Rilindja School.

Soldiers of MNBG-E plan on conducting events such as this one at least once a month in other schools all across Kosovo.



U.S. Army Spc. Temujin Benton, a veterinarian technician for Task Force Medical, Multinational Battle Group-East, demonstrates the proper way to brush teeth to two students who attend Rilindja School located outside of Camp Maréchal de Lattre de Tassigny Feb. 5. Soldiers from Multinational Battle Group-East visited the school to teach dental hygiene to first grade students.

figure out how I was going to teach the kids. I had to make individual casts for each kid so they had a cast to brush on and floss on. I also had to get the donations of the toothbrushes and floss, create the oral hygiene pamphlet, which went into each different package, and have that translated into Albanian for the kids.”

Steidley’s favorite part of today’s event was the one-on-one interaction with the children and showing the kids individually how to floss and brush their teeth.



## Pedaling Through Paragraphs: Sembach Fifth-Graders Begin Read and Ride Program

By Shane Sharp, Europe Regional Medical Command Public Affairs

**S**EMBACH KASERNE, Germany – Fifth graders at Sembach Middle School are combining exercise and academics in a recently-implemented “Read and Ride” pilot program designed to boost physical activity and reading time.

With the Read and Ride program, students spend three, 20-minute sessions per week, reading while they pedal on small, stationary cycles. These sessions may seem short, but the program doubles the amount of structured physical activity the students get per week and increases silent, sustained reading time by about 40 percent on a weekly basis, according to Dr. Cynthia Jackson, Instructional Systems Specialist for P.E./Health Education at the Department of Defense Education Activity (DoDEA) Europe.

Initial feedback from the reading riders is positive.

“It’s pretty fun,” said fifth-grade student Curtis Gardner. “I have a BMX bike at home and in the summer, I like to ride it down a big hill. I like to read sports books too. This is like combining them together so it makes it real fun.”

The program is a partnership between the DoDEA Europe, the Army’s Europe Regional Medical Command, the Rheinland Pfalz Sergeant Morales Club and the local chapter of the Association of the United States Army.

Maj. Jessica Counts, ERMCC System for Health program manager, introduced the Read and Ride program, which is being used in some U.S. schools, to Jackson as a way to increase the amount of physical activity students receive on a weekly basis. As part of the Performance Triad, the Army Surgeon General recommends 150 minutes of activity per week. Counts found a willing collaborator in Jackson for the pilot program, who was also seeking ways to promote physical activity for students.

“Physical activity is part of the Army

Surgeon General’s Performance Triad which also promotes improvements in sleep and nutrition habits in addition to adequate exercise,” said Brig. Gen. Van Coots, Commander of Europe Regional Medical Command. “This program is an excellent example of what the Performance Triad is all about – small improvements in critical areas can make a big difference.”

“Increasing reading competency is a top goal of the Sembach Middle School so we thought the program would be a good fit,” said Jackson. “We contacted the P.E. teacher, Mr. Street, who helped spearhead the initiative and recruit teachers. The Sembach Middle School fifth-grade teachers Ms. DeGavage and Ms. Steigerwalt enthusiastically agreed to become part of the pilot.”

Identifying classes to participate in the program was only half of the start-up work. The program still needed enough pedals for all the fifth-grade feet at the middle school.

According to Jackson, NCOs with the 21st Theater Sustainment Command arranged for the Rheinland Pfalz Sergeant Morales Club to fund half of the equipment costs. The other half of the costs were graciously provided by the local chapter and regional organization of the AUSA, she said.

After arrangements were made to purchase the necessary low-profile cycle units, the program began in January and has been met with enthusiasm from both teachers and students.

“We are glad our school was chosen for the pilot,” said Rosemary DeGavage, Sembach Middle School fifth-grade teacher. “When they asked if we were interested, we said ‘you bet!’ It’s wonderful to have an opportunity to start

something like this and the students have loved being involved. If we are busy in the classroom and end up late for Read and Ride time, they are quick to let me know. It’s something they really look forward to.”

The Read and Ride program is designed so the students have ownership in their progress.

“This is a student program,” said Jackson. “They track their own data in areas like reading competency, fitness tests and body mass index. They established their baseline data in January and they will test again in April and then in June. Once the data is compiled, if the results are positive, we will offer [the Read and Ride Program] up to other schools,” said Jackson.

Early results are encouraging, especially in reading. “We’ve already seen improvement in their excitement for reading,” said Jackson. The students seem to agree but they also brought up one critical area that can make or break the experience on an individual level.

“Pedaling on the bikes makes it more interesting. I’m so into my book, I don’t even notice how much I’m pedaling,” said fifth-grader Isabella Taylor. “Of course, if you don’t have a book you like, it would be boring and it would feel like it was lasting forever.”

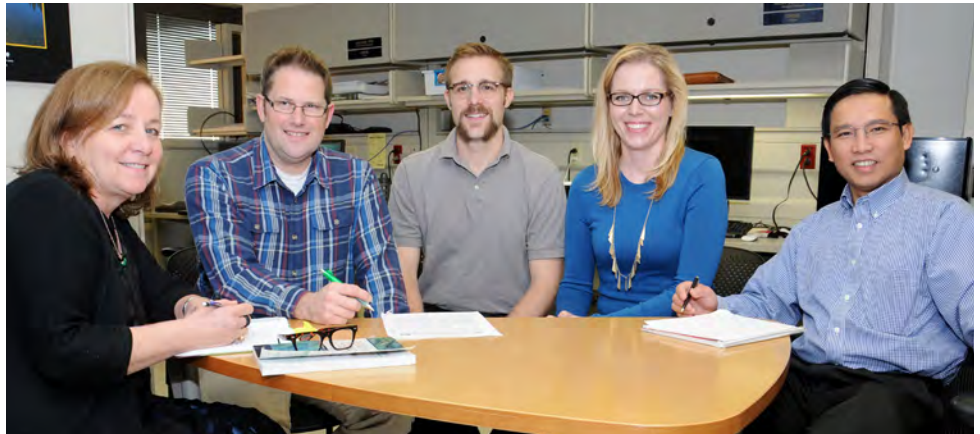
Fifth-grade students from Sembach Middle School, Germany, pedal on stationary cycles while reading as part of a recently-implemented “Read and Ride” program designed to increase the amount of physical activity and reading time students get on a weekly basis. (U.S. Army photo by Shane Sharp)





# Epidemiology, Biostatistics: A Change in Culture at USAISR

By Steven Galvan,  
USAISR Public Affairs Officer



Epidemiology and Biostatistics Team (left to right) Jeana Orman, Sc.D., Jeff Howard, Ph.D., Judson Janak, Ph.D., Nicole Jaime, and Tuan Le, MD, Dr.PH. Not in photo is the newest member of the team Alexis Santos.

To optimize the quality of their research, investigators at the U.S. Army Institute of Surgical Research (USAISR) need scientifically sound study designs, meticulous data collection and expert analysis. A weak research design, hasty data collection, or overly simplistic data analysis can be detrimental to a research study, resulting in publication of incomplete findings or inaccurate conclusions. That's where epidemiologist Jeana Orman, Sc.D. and her team in the Epidemiology and Biostatistics office can assist the researchers.

"To do good research you must use the proper study design AND perform the appropriate data analysis and interpretation," said Orman. "We help to make sure that the important things are measured so that the data that are analyzed and reported are meaningful."

Orman, who studied at Johns Hopkins and was a senior scientist at both the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) before coming to the ISR, created the team of five epidemiologist/biostatisticians. Four of the staff are doctoral-level professionals trained in both Epidemiology, the branch of medicine that studies causes, risk factors, and treatment of disease and injury, and in Biostatistics, the field of statistics specific to biological and medical data—both important resources for clinicians and scientists doing research at the Institute.

"That team is phenomenal," said Lt.

Col. (Dr.) Kevin Chung, the Clinical Trials in Burns and Trauma task area manager.

"They can take us to another level."

"I'm excited to have this team here," said Vic Convertino, Ph.D., USAISR Combat Casualty Care Research Senior Scientist. "They can identify the best statistical tools for analyzing data which can add significant credibility and reliability to the investigators and the studies at the Institute."

Convertino pointed out that when analyzing data many researchers rely too heavily on p-values and statistical 'significance' while not focusing enough on the strength of the association and whether it is clinically significant. For example, a large study comparing the effectiveness of two blood pressure lowering medications may find that a two point difference in blood pressure is statistically significant; but this difference is not meaningful for patient care.

"As this example shows, the focus on statistical significance doesn't always work in clinical studies," said Convertino. "We need to change the culture by taking the views of Orman's team to use and interpret statistics correctly."

Judson Janak, Ph.D., an epidemiologist and a member of Orman's team, stressed that research is a process and the entire team is here to assist researchers from identifying clinically relevant research questions in line with the Institute's

mission, to final analysis and interpretation of results.

"The researcher has to define the research question," said Janak. "Then we help them develop a conceptual research model that guides the data collection process and the analytical plan."

"This new focus on appropriate design, analysis and interpretation is critical to keep us on point to meet the Army's needs," said Convertino.

Chung added that sound research benefits not only ISR researchers who publish higher quality research, but also practitioners who use the research to guide their use of sound practices, which in turn benefits patients.

"It's about quality, not quantity," Chung said.

Chung also believes that the insight provided by the Epidemiology and Biostatistics team will take research at the USAISR to a higher level.

"I like the direction we're going," said Chung. "The caliber of our research has the potential to be on par with premier government research agencies like the NIH and the CDC."

Convertino agrees with Chung.

"The Epidemiology and Biostatistics team can change the culture of how we design our studies, apply statistical analysis techniques, and interpret data," he said. "Cultural change is required."



# NRMC Leaders Discuss Priorities

By Terry J. Goodman, NRMC Public Affairs

Command teams and civilian leaders from throughout the Northern Regional Medical Command converged on Fort Belvoir Feb. 10 to attend NRMC's second senior leader training event for fiscal 2015. The four-day event focused on access to care and access to professional development, two top priorities of NRMC Commander Brig. Gen. Robert D. Tenhet and Command Sgt. Major Robert A. Velarde.

Improving patient satisfaction and access to quality, safe healthcare are the catalysts behind quarterly training events and the driving force behind the "Be Great with People" campaign. But, there are other objectives—leadership development at all organization levels and process improvement, which directly impacts patient care and services.

Ensuring our patients get an exceptional access-to-care experience is a responsibility the command sergeant major and I take very seriously," Tenhet said. "We will do all we can to assist military treatment facility commanders, and clinical and administrative staffs in achieving that goal."

The event's goals were to continue to improve organizational effectiveness by focusing on second-quarter initiatives; identifying opportunities; sharing lessons learned and best practices occurring throughout the region; understanding new resource requirements and continuing to build professional relationships.

Army Medicine's four priorities are combat casualty care; the health and readiness of the force; a ready medical force and the health of our Families and retirees.

"All are tremendously affected by

access to care," Tenhet said. "Think of any important health issue. From prevention of disease and disability to the detection and treatment of health conditions, you will find quality access to care to be a key weapon in the fight for wellness and overall quality of life. Access to care may be the most critical component in a system for health, which is what Army Medicine is striving to become."

Current appointment standards for all military treatment facilities within Army Medicine are simple. Patients should be able to make a primary care appointment within two days and make an appointment with a specialty provider within 28 days. The standard is seven days for wounded, ill or injured Soldiers who are assigned to warrior transition units.

Tenhet and Velarde also want to improve wait times in the emergency department and pharmacy. The challenge to command teams with emergency departments is for patients to be seen within an hour after check in, and, for those with pharmacies, for prescriptions to be filled within 15 minutes. Both understand these are aggressive goals but are worth pursuing, as access to care does not stop at primary or specialty care.

Access to professional development was the other focus area for this quarter, with an emphasis on providing staff members, Soldiers and civilians, at all levels with educational opportunities. Gregg Stevens, Army Medicine's chief of the civilian corps, was a guest speaker and discussed the importance of education in growing the bench to secure the future of Army Medicine.

Civilian career programs develop leader skills and functional competence

using career maps, training plans, and competitive professional development, he said. "Leader development plus enhanced functional training equals delivery of capability for Army Medicine 2020."

Army Medicine's FY15 training and leader development guidance for civilians include:

- **Prioritize leader development for civilians**
- **Ensure development through the Civilian Education System**
- **Requires an Individual Development Plan for all civilians**

In leadership for civilians and Soldiers, improvement is also emphasized during the training event and this quarter's event was no exception. All attendees received a leadership book to read before the SLTE for an in-depth discussion during the event. "Every single employee is someone's son or someone's daughter." "Like a parent, a leader of a company is responsible for their precious lives," was one of the points, or golden nuggets, discussed from the book. Leadership is difficult and must be cultivated at all levels.

"Leaders are not born, they are made," said Command Sgt. Major Reginald Crosby, Fort Meade Medical Activity. "It's not natural to put the needs of others above your own."

*NRMC hosts its next senior leadership training event at Belvoir in June. The focus of the event is quality care, while not losing sight on patient satisfaction, access to care and professional development.*

# Personal Account Highlights Importance of the Upcoming Pacific Regional Campaign Strategy

By Spc Lauren Cole, Pacific Regional Medical Command

Lt. Col George Corbari, U.S. Army Pacific Command, Plans and Policy Director, was invited to brief at The Pacific Regional Medical Command Strategic Offsite held at Ft. Shafer, Hawaii, Jan 20-21.

A typical strategic brief does not invoke an emotionally charged presentation, however when Corbari began to tell of his personal experiences with Army Medicine he was overcome with emotion.

“From the moment he was injured his medic did everything right which was key to keeping him alive until the MEDVAC got there and another team of medics who took over, again did everything right keeping him alive to get him to a surgical hospital in Kandahar, where again a team of professionals descended on him, did everything possible to first save his life and secondly save as much of his legs as possible”, Corbari remarked on an evening in 2011, when his son-in-law stepped on a pressure plate improvised explosive device (IED), resulting in the loss of both legs below the knee.

The offsite was held to discuss The Pacific Army Medicine Campaign Support Plan to transform Pacific Regional Medical Command (PRMC) to a “Medical” Theater Enabling Command in Support of United States Army Pacific.

The current estimated survival rate from point of injury through the evacuation process to a level three healthcare facility is above 90%, a remarkable rate compared to an 86.5% survival rate during Vietnam. However it still leaves room for improvement.

The Pacific Army Medicine Campaign Support Plan is designed to realign,

rebalance and enhance medical care provided within the Pacific Region and continue to improve on the Army’s healthcare and survival rates for all Soldiers.

Brig. Gen. Patrick Sargent, Commanding General, PRMC, stated, “As we transition to a Theater Enabling “Medical” Command we are going to be able to provide more responsive support to the commander. Likewise, we’re going to be able to deliver more responsive and enhanced, highly reliable, medical care throughout the Pacific Theater.”

The realignment will allow Army Medicine to be more aligned with Army service component commanders as well as core commanders.

It will also create a synergistic effect of Table of Distribution and Allowances (TDA) medicine and operational medicine to provide the combatant commanders, “one voice” in caring for the medical needs of their Soldiers.

The rebalance will also allow Army Medicine to deliver a more integrated

healthcare system and a more enterprise approach to complex challenges that currently face the medical community on the battlefield.

“I want to reassure our Families and commanders that we remain committed to world class medical care to all of the Soldiers and their Families serving in the Pacific”, Sargent stated.

Corbari’s son-in-law wanted to remain anonymous; however the little information that was given about him was that he was deployed with 10th Mountain, 3rd Brigade. Corbari stated he had a special sense of purpose attending the offsite and sharing his story with other leaders within the Pacific as they plan the theater’s medical considerations.

Corbari added, “As an operational warfighter, knowing the tremendous medical support behind us, gives a sense of invincibility. If you know something happens to you there will be people there to take great care of you.”



Stock photo courtesy of U. S. Army



## Emergency Center Construction Changes Access, Waiting Area

FORT CAMPBELL, Ky. – As construction and renovation enter a new phase at Blanchfield Army Community Hospital, the Emergency Center's reception and waiting area will relocate Feb. 5, and will no longer be accessible from inside the hospital until additional renovations are complete.

Entry into the reception and waiting area is via a ramp adjacent to the gray modular building on Joel Drive, between the old and new Emergency Center entrances. Patients seeking emergency care should still park in the Emergency Center parking lot or the overflow parking lot, which will remain unchanged.

"With this new addition and alteration project milestone, we are pleased to open the newly completed Emergency Center addition," said Col. George Appenzeller, hospital commander. "This changeover to the new addition will allow the original Emergency Center space to be renovated."

As a result, the Emergency Center entrances have changed to allow for continuation of patient care and construction. "Renovation of the older space may take up to a year to complete and will feature a larger waiting area and additional administrative space," Appenzeller said.

"We won't see a big increase in the size of the ER for a while, but we will have new state-of-the-art rooms and equipment, to include two trauma bays, a treatment bay and 23 additional rooms. We ask for patience through these renovations."

In the interim, patients should be aware that while the Emergency Center has larger rooms, the temporary modular waiting area has some space limitations, said Lt. Col. Elizabeth A. Grossart, Department of Emergency Medicine chief. "During the construction period, we request that only one person remain with the patient in the waiting area and if possible, large bags and

strollers remain in your vehicle."

As with any hospital, clinic patients should see their primary care manager whenever possible, and use the emergency center for true emergencies, Grossart said. "At this point in construction, we are swapping the old space for a new one and look forward to the completion of both spaces for our patient population. During the transition period, we are really focused on providing the best care possible for emergency patients."

"Thank you for your patience as construction and renovation continue in the Emergency Center to improve your experience with us. And thank you for helping us to ensure we have room for all of our patients," Grossart said.

For more information, news and renovation updates, follow Blanchfield Army Community Hospital on Twitter @BACH\_Healthcare or Facebook at [www.facebook.com/BACH.Fort.Campbell](http://www.facebook.com/BACH.Fort.Campbell).

## MACH Opens Renovated Entrance

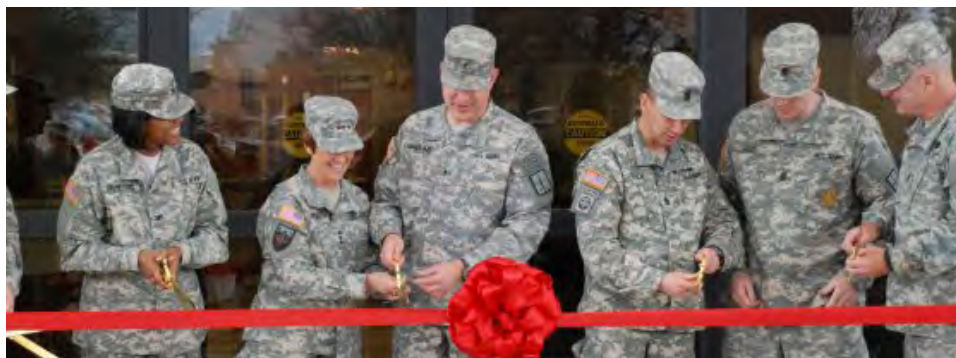
By Moncrief Army Community Hospital

FORT JACKSON, S.C. -- Moncrief Army Community Hospital officially opened its newly renovated front entrance with a ribbon cutting ceremony Feb. 9.

The \$2 million project provides the hospital with an Americans with Disabilities Act-compliant entrance, a cover to protect drop-off patients from inclement weather, an updated heating and cooling system in the front entrance area and additional seating for Soldiers in training and other beneficiaries.

"This project is just the latest effort in making Moncrief a more comfortable and efficient facility," said Col. Traci E. Crawford, MACH commander.

Lt. Gen. Patricia Horoho, surgeon general of the Army and commander of U.S. Army Medical Command, attended the event and assisted in cutting the ribbon on the new entrance. She also



Officials cut the ribbon on the newly renovated entrance of Moncrief Army Community Hospital Feb. 9, 2015, on Fort Jackson, S.C. Pictured, from left, are Col. Mark Shade, Fort Jackson's deputy commanding officer; Col. Traci Crawford, MACH commanding officer; Lt. Gen. Patricia Horoho, surgeon general of the Army and commander of U.S. Army Medical Command; Brig. Gen. Paul Chamberlain, Soldier Support Institute commanding general; MEDCOM Command Sgt. Maj. Gerald Ecker; SSI Command Sgt. Maj. Matthew Suggs; and MACH Command Sgt. Maj. Timothy Sloan.

thanked the Fort Jackson leadership for its support of MACH and Army Medicine as well as encouraged the hospital staff to continue providing the best service to all beneficiaries.

"We have to remember these doors are a nexus, and as people are coming and going

through them, it's an experience that can be either positive or negative," Horoho said. "As we serve those who serve our nation, we need to make that as positive an experience as possible."



## Non-Battle Injuries Result in More Medical Evacuations than Combat

By Veronique Hauschild, Injury Prevention Program, U.S. Army Public Health Command

ABERDEEN PROVING GROUND, Md. -- If you ask Soldiers what the biggest physical health threat is they face while in the Army, only a portion are aware that it has nothing to do with warfighting.

In fact, the primary health threat to troops for more than two decades has been common muscle, joint, tendon/ligament and bone injuries like knee or back pain that are caused by running, sports and exercise-related activities such as basketball and weightlifting.

These activities are not just a primary cause of injuries in stateside locations, but also in deployed locations.

"Non-battle injuries resulted in more medical air evacuations from Afghanistan and Iraq than battle injuries," said Keith Haurer, an epidemiologist at the U.S. Army Public Health Command, or USAPHC. "The leading causes of these non-battle injuries were physical training and sports."

One health provider responding to a recent USAPHC anonymous survey about injuries noted, "we spend time and money training a Soldier to become 'physically fit' -- but because we don't do this right -- we over-train them to the point of injury -- so they are given restricted duties or medically discharged before they can ever fight our wars."

These injuries continue to cause temporary or even permanent disability and limit the physical capability of thousands of active-duty Service members each year. The impacts include millions of clinic visits annually, millions of lost or restricted duty days, as well as millions of dollars in medical costs.

### Leaders need to be better educated on taking care of Soldiers.

The Army places a great deal of emphasis on training Soldiers so they are fit and capable of successfully performing their physically demanding jobs. But physical training can stress the body and cause various muscle, skeletal, tendon or ligament injuries. Soldiers can also get caught up in the competitive nature of sports programs and overdo it, resulting in sprains, strains or more severe injuries.

"While participating in physical activities such as running or sports puts you at risk for an injury, the risk of injury should certainly not be interpreted as an excuse to not exercise," said Dr. Bruce Jones, injury prevention program manager at USAPHC. "Instead, high or increasing injury rates should be a wake-up call to leaders, indicating a need to adjust the physical training program to prevent over-training. This will reduce injuries and ultimately enhance fitness and physical performance."

Army medical experts say training should be conducted in a way that avoids preventable injuries.

"Fit, healthy and uninjured Soldiers are what make an exceptional Army," said Maj. Tanja Roy, an epidemiologist at the USAPHC. "Unit leaders should follow proper physical training guidance and be careful to avoid over-training Soldiers with too much running or improperly instructed exercises."

It's not just the lack of leadership awareness that prevents the Army from avoiding first-time injuries. To some health care providers it is sadly ironic that remedial physical fitness, or PT, programs often force less fit individuals to work out twice a day -- which

ultimately can result in injury making it more difficult to meet the standards.

In the USAPHC anonymous survey, one Army medical provider noted, "I am currently seeing a patient for an ankle fracture. He is in a cast and on crutches, yet was forced to walk for his (physical training)."

Injury prevention experts say the lack of proper procedures increases risk of re-injuries and costly chronic conditions especially as these Soldiers age. They report that some Soldiers are forced to run every day and are plagued with lower back pain and knee pain.

### So what can a Soldier do to prevent injuries?

*Simply put: train smarter. There is scientifically supported guidance and doctrine that describes injury prevention to be a priority in the Army.*

All Soldiers, but especially leaders, should be aware of behaviors or conditions that put individuals at increased risk of exercise-related injuries as well as training principles that can prevent them. Examples include:

- Excessive running is the most common cause of overuse injuries especially in feet, ankles or lower legs. These can be avoided by using a training regimen that incorporates alternative days of low-impact aerobic workouts (e.g. swimming, biking or rowing) and days of strength training. Running distances and durations should be slowly increased over time, and Soldiers should not be forced to run if injured. Cadence runs are not recommended as a fitness method

## cont'd.

(for esprit de corps only), and group runs should be organized by pace and distance abilities.

- Balanced physical fitness programs should include a mix of aerobic, strength and agility drills and conditioning exercises. Studies that have evaluated the effectiveness of the Army's standardized Physical Readiness Training, or PRT, program described in Army field manual 7-22 have shown that units following the PRT program had significantly lower injury rates than those following a run-centric PT regimen.
- Basketball injuries predominantly involve the foot or ankle. Scientific studies have shown that the use of semi-rigid ankle braces during basketball significantly reduces the risk of recurring ankle injury. Likewise, science has shown that wearing mouth guards during basketball reduces the number of people with broken teeth and other mouth-related injuries.
- Weight-lifting and high-intensity extreme conditioning programs most often involve the shoulders and back. These injuries are often linked to improper form and using too much weight too quickly. These injuries are not likely to be prevented with equipment. While some Soldiers choose to wear back braces during weight-lifting, substantial evaluation of this equipment has not shown them to reduce injury--in fact they may actually increase risk. Though the best physical training routine will include strength training, as with running, the physical training principles of moderation, slow progressive increases and form are



The primary health threat to troops for more than two decades has been common muscle, joint, tendon/ligament and bone injuries like knee or back pain that are caused by running, sports and exercise-related activities.

important to avoid injuries.

- Military training activities other than exercise, such as parachuting and combatives have also been associated with high rates of certain types of injuries. Though not always used, some equipment has been proven to prevent these injuries. For example, mouth guards are now required during combatives, as they are proven effective at reducing painful and costly teeth and mouth injuries. Ankle braces, though not required, have also been proven as an effective tool to reduce parachuting ankle injuries.

Balancing exercise regimens and gradually building up performance levels. Through its performance triad campaign, the Army's medical community continues to encourage incorporating exercise into every Soldier's routine.

"The duration, frequency, level and type of exercise activity, however, should be balanced against known injury risks,"

Jones said. "Remember that regardless of how fit and how strong you are, an injured back, a sprained ankle, a stress fracture or a torn shoulder ligament can put you out of commission for days, weeks or longer. If not prevented or properly treated, an overuse injury can become a chronic debilitating condition."

By carefully following proper training techniques, avoiding over-training, and adhering to scientifically proven exercise regimens, Soldiers can help to prevent injuries and improve fitness.

*NOTE: The Army's Institute of Public Health has studied Army injury trends and risk factors for years and published numerous articles and reports on these topics. Technical references can be provided by contacting the program at [usarmy.apg.medcom-phc.mbx.injuryprevention@mail.mil](mailto:usarmy.apg.medcom-phc.mbx.injuryprevention@mail.mil). The program is also currently developing educational products to help increase awareness of common physical training related injuries and prevention tactics.*

# WRMC Officers Dive into Performance Triad Activity

By Flavia Hulsey, Western Regional Medical Command

Two officers at Western Regional Medical Command recently donned swimming caps instead of their usual patrol caps for an evening of activity.

Maj. Gen. Thomas R. Tempel, Jr., acting commanding general, WRMC; and Col. Erica Clarkson, chief, Clinical Operations, WRMC; were two of a 10-member team that won the open division in the 2015 Joint Base Lewis-McChord Intramural Swim Meet in January.

But for Tempel and Clarkson, the swim meet wasn't about winning. It was about living the Performance Triad.

The Performance Triad is a comprehensive plan to improve readiness and increase resilience through public health initiatives and leadership engagement. It focuses on an individual getting quality sleep, engaging in physical activity and improving nutrition habits. The program supports the Army Surgeon General's priority of the readiness and health of the force and families.

"The Performance Triad is about your individual effort to be a healthier Soldier and a healthier person, which will collectively make the Army a much stronger organization," Tempel explained.

Tempel, who was a competitive swimmer in college, said he always liked swimming as a form of fitness activity. So, it was no surprise that after he arrived at JBLM last September he began incorporating daily swims into his schedule.

Clarkson, on the other hand, is not a competitive swimmer but because she leads a healthy, active lifestyle, she said, "that's the neat thing – I could still compete."

Tempel and Clarkson both said they

believe in the Performance Triad.

"It gets harder as we get older or busier, but that's when (the Performance Triad) is even more important," Tempel said. "It all ties to readiness. A healthy force is a ready force."

Tempel and Clarkson also believe in leading by example, and participating in the swim meet was just one way to do so.

"You set the example; you start living the example; and then people pick it up," Clarkson said.

After her arrival to the headquarters in 2014, Clarkson began implementing different strategies to encourage Soldiers and civilians at WRMC to use the Performance Triad. Small changes, she said, like bringing in fruit instead of donuts to the office, hosting daily "walk and talk" meetings instead of sitting around a conference table, and hosting quarterly social fitness functions like kayaking or skiing trips.

Teamwork – whether on a swim team or in a group of coworkers – also helps encourage positive habits, Clarkson said.

"When you're on a team or in a competition with others, it's motivating," she said.

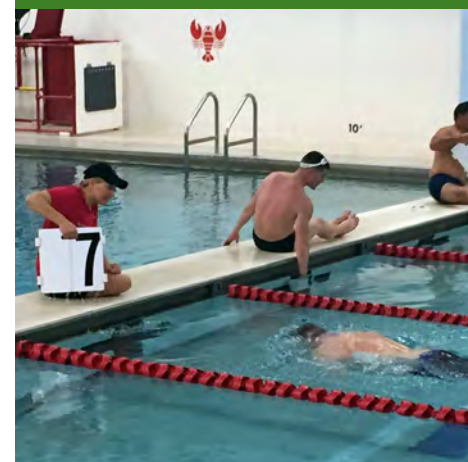
And, even though it wasn't about winning, the team collected 12 gold, seven silver and six bronze medals to finish with 181 points and win the open division. Tempel and Clarkson each earned team relay and individual medals: Tempel placing second in the team 200-meter freestyle relay and team 200-meter medley relay, first in the 200-meter freestyle and 500-meter freestyle and third in the 100-meter breaststroke; and Clarkson placing first in the team 200-meter medley relay and team 200-meter freestyle relay, first

in the 200-meter individual medley and third in the 100-meter individual medley.

"A little healthy competition keeps people honest and, frankly, it's fun – good, healthy fun," Tempel said.



Maj. Gen. Thomas R. Tempel Jr., acting commanding general, WRMC, congratulates a team member on a job well done after an event in the JBLM Intramural Swim Meet in January. Two officers from WRMC were among a team of 10 who placed first in the open division of the meet.



Col. Erica Clarkson, chief, Clinical Operations, WRMC, helps Maj. Gen. Thomas R. Tempel Jr., acting commanding general, WRMC, count laps during the 500-meter freestyle event at the JBLM Intramural Swim Meet in January. Tempel placed first in the event.





## Redesigned WTC Public Website [www.WTC.army.mil](http://www.WTC.army.mil)

### What does a redesigned WTC website mean to me?

Based on feedback from Soldiers, Veterans and Cadre, the Warrior Transition Command (WTC) updated its website to allow wounded, ill and injured Soldiers, Veterans, their Families, Caregivers, Cadre and support organizations to:

1. **More quickly locate information on recovery and transition**
2. **View all topics no matter where you are within the site**

The redesigned website features a mega menu (a drop-down navigation bar) which simplifies the website and provides a more predictable experience when searching for pages and topics. Access to information empowers wounded, ill and injured Soldiers throughout their recovery and transition. WTC is using today's technology to provide stakeholders with information and tools to learn about programs, resources and benefits.

### What can I do to help?

WTC is always looking for ways to improve the website to ensure that stakeholders can access information on all aspects of the recovery and transition process. What functions would you like to see on our website?

Tell us:

[usarmy.pentagon.medcom.wtc.mbx.strategic-communications@mail.mil](mailto:usarmy.pentagon.medcom.wtc.mbx.strategic-communications@mail.mil)

### The new website has many new features, including:

- **Mega menu** – This drop-down navigation bar allows for quick, easy access to topics.
- **Hotline numbers** – The mega menu lists relevant hotline numbers that are easily accessible in the top right corner.
- **Featured categories** – This section will be updated with recent initiatives and additional information on the topics most requested by Soldiers, Families and Cadre throughout the calendar year.
- **Mobile ready** – Simpler viewing and navigation across a wide range of devices, from smartphones to tablets to desktop computers

### Screenshot of Mega Menu



## Commander's Secretary Reflects on 60-year Civil Service Career

By Elaine Sanchez, *BAMC Public Affairs*

While a daunting task for most, Carolyn Putnam can rattle off her career numbers with ease. As a commander's secretary, this sharp-as-a-tack Army civilian has worked for 13 generals and eight colonels in her 55 years at Brooke Army Medical Center, with another five years of service across town at Lackland Air Force Base.

This all adds up to a distinguished 60-year civil service career. But for Putnam, it's not about the numbers; it's about the people she's met along the way.

“What a fantastic journey it’s been,” said Putnam with a smile, impeccable in her characteristic colorful skirt suit. “From the bosses to my co-workers to staff throughout the hospital, I’ve loved every minute of my time at BAMC. This place is a part of me.”

## The Early Years

The years have flown by, said Putnam, recalling her childhood in San Antonio. She was the youngest of five girls in a Family of nearly all government civilians. Her oldest sister was the exception; she was an Army nurse.

Putnam was 10 years old when she started her long association with BAMC. It was 1945 and World War II was nearing its end. Her sister, who had caught malaria while serving in the Philippines, was hospitalized at then-Brooke General Hospital. Putnam was eager to check on her hero big sister; however, “back then you couldn’t visit Family unless you were 12, so the nurses sneaked me up the main hospital stairs so I could see her,” she recalled with a laugh.

That sister, Lillian Dunlap, went on to become a brigadier general and the 14th chief of the Army Nurse Corps, Putnam noted proudly.

As a student at Incarnate Word High School, Putnam found she had a knack for typing and shorthand and set her sights on secretarial work. After graduation in

1953, she took the civil service test and scored a job—a clerk/typist in the Finance and Accounting Office at Lackland Air Force Base. She stayed there for five years, moving up to become a military pay clerk in the Officer Pay Section in 1954.



Brig. Gen. William H. Moncrief Jr., then-commanding general of Brooke General Hospital, presents outstanding performance awards to Carolyn Putnam on Dec. 17, 1969. U.S. Army photo

# BAMC Legacy Begins

It was in 1960 that Putnam's 55-year BAMC legacy began. After a yearlong hiatus to care for her newborn son, Chip, she accepted a clerk-typist job in the Department of Surgery at Brooke General Hospital. Over the next decade, she served in various positions in the General Surgery Service and became secretary to the chief, Thoracic-Cardiovascular Surgery Service, in 1964. She recalls many afternoons studying surgeries from behind the observation glass.

"I transcribed operations and there were some very complex, long medical terms," she said. "I kept my medical dictionary handy and learned more and more over

time. I certainly honed my shorthand skills.”

In the '70s, Putnam continued to rise up the ranks. In the Vietnam era, BAMC swelled up to 1,000 beds to care for the wounded, and she saw a constant influx of drafted Vietnam-era doctors.

Putnam crossed paths with a few high-profile guests at that time, including President Lyndon Johnson, who would stop by for checkups when staying at his Texas White House ranch near Stonewall, and movie legend John Wayne, who would visit burn patients. When Wayne came, the staff gathered at the Main Hospital's lobby to greet the star, but Putnam managed to make her way up to the fourth row. "I swear he looked right at me and said, 'Howdy,'" she said with a grin. "Of course, all of the ladies fell out right on the spot."

## New Challenges

With years of hospital-wide experience under her belt, Putnam felt ready to tackle the pinnacle of her career. On Dec. 27, 1981, she became secretary-stenographer for BAMC Commander Brig. Gen. Tracy E. Strevey, Jr.

"I was scared to death," she recalled. "The job was entirely different. I had to keep an activity-filled calendar, learn protocol and how to deal with DVs, all while figuring out who to call for what."

“I was blessed and fortunate to have help from many people,” she added. “The most important lesson I learned, which still holds true today, is to be flexible.”

In 1996, with Brig. Gen. Robert Claypool now in command, Putnam joined the staff in the new 450-bed BAMC hospital building. Up until then, the hospital had been scattered in buildings throughout Fort Sam Houston.

"That was an exciting time," Putnam said. "Many commanders had fought hard to get this beautiful new building. It was



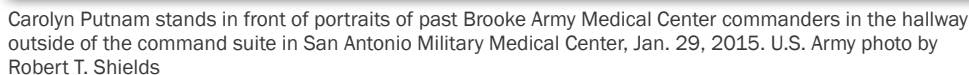
## Here to Stay

Maj. Gen. Joseph Carvalho Jr., BAMC commander from 2009-2011 and now the Deputy Surgeon General, has high praise for his former secretary. “Carolyn is a true American patriot, a virtual icon within the halls of Brooke Army Medical Center, and one of the finest young ladies I have ever known,” he wrote in an email. “I consider it a true privilege to have been one of her generals during her more than 50 years at BAMC.”

Today, Putnam, wearing her favorite jeweled BAMC pin on her suit lapel, sits at her desk in the command suite, waiting for her current boss, Col. Evan Renz, to call her in for a calendar update. She's surrounded by small artifacts and cards that represent her travel, Family, friendships and her beloved San Antonio Spurs.

Now that she's hit the 60-year mark, people often ask her if she intends to retire anytime soon. Her answer is always the same.

“I find I can still work and spend fun, quality time with my Family, especially my grandchildren, Joshua and Amanda, so I don’t have any plans to retire,” she said. “I still feel excited to come to work every day. As long as I feel I’m still able to contribute and do a good job, I’m happy to stay right where I am.”





## Bebarta Named Geneva Foundation Researcher of the Year

The Geneva Foundation named Lt. Col. (Dr.) Vikhyat Bebarta the 2014 Researcher of the Year. Bebarta is the Director of the Air Force 59th Medical Wing En Route Care Research Center at U.S. Army Institute of Surgical Research (USAISR) at Joint Base San Antonio-Fort Sam Houston, Texas. He is also the Chief of Medical Toxicology in the Department of Emergency Medicine at the San Antonio Military Medical Center (SAMMC) and the Director of Clinical Resuscitation, Emergency Services, and Toxicology (CREST) Research Center for the Air Force 59th Medical Wing.

"I am humbled to receive this national, prestigious award recognizing the top military clinical investigator in 2014," said Bebart. "I am fortunate to have been considered in the same line of the other elite research nominees."

“Geneva’s Researcher of the Year Award was established by its Scientific Advisory Board in 2014 as a way to recognize and honor researchers within the U.S. military who have truly shaped military medicine in the delivery of better treatment options, therapies, and healthcare practices for our service members and the public at large,” stated Dr. David Shoultz, Chair of Geneva’s Scientific Advisory Board in the



press release. “Geneva’s Scientific Advisory Board was honored to receive and evaluate nominees from Geneva’s management team in areas of research quality, dissemination, mentorship, innovation, collaboration, and impact”

“The Geneva Foundation is a strong organization that has supported the military clinical investigator for many years and I am fortunate to have received their support,” Bebartha said. “While they named me the recipient, the award is a group award describing the achievements of many, not one.”

Bebarta acknowledge the collaboration from the research staff at the Air Force En Route Care Research Center; the Air Force CREST; the Air Force 59th Medical Wing; the USAISR and the USAISR Joint Trauma System; the SAMMC and other sites.

Bebartha was selected as the Research of the Year from among six finalists including Lt. Col. (Dr.) Luis M. Alvarez, Acting Director, Armed Forces Institute of Regenerative Medicine, U.S. Military Academy, National Cancer Institute; Dr. Andriy I. Batchinsky, USAISR Research Scientist, Combat Critical Care Engineering Task Area; David J. Fitzgerald, Ph.D., Senior Investigator, Laboratory of Molecular Biology, National Cancer Institute; Col. (Dr.) Stephen Harrison, SAMMC Director of Graduate Medical Education and Gastroenterology Consultant to the Army Surgeon General; and Patricia S. Steeg, Ph.D., Deputy Chief, Women's Malignancies Branch, Center for Cancer Research, National Cancer Institute.

## GLWACH's Recent Recognitions:

- \* PCMH Level 3 Accreditation: GLWACH and the Ozark Family-Centered Medical Home
- \* Best Mother/Baby Unit customer service in the Army--two years in a row.
- \* Technology Advancements: "Stemi hot-load" ER visual real-time appointment board, and "REST Assured"
- \* National Accreditation: The Joint Commission



# Ralph England Leads Length of Service Recipients with 50 Years

LANDSTUHL REGIONAL  
MEDICAL CENTER, Germany – If  
you added up the total years of the 52  
employees honored at the LRMC Length  
of Service Award on Jan. 14, it adds up to  
1,520 years.

Combine them into one person who reported to work on his first day that many years ago, it would be the year 495, the time of such heady events as Cerdic of Wessex and his son Cynric landing in England to establish the beginnings of the Kingdom of Wessex, or the year Emperor Xia Wen Di built the Shaolin Monastery in China.

But individually, Ralph England led all honorees with 50 years of combined federal service in the U.S. Air Force and at Landstuhl Regional Medical Center. England, a native of Newton, Ala., entered the Air Force in 1963 as an Information Management Specialist and led a distinguished career that included a one-year tour at DaNang Air Base during the Vietnam War where he was awarded the Vietnam Service Medal with four oak leaf clusters, the Republic of Vietnam Gallantry Cross with Device, and the Republic of Vietnam Campaign Medal.

His Air Force career concluded almost 30 years later at nearby Ramstein Air Base where as a Chief Master Sergeant he served as the Assistant Chief in the Publications Management Division. During his career, his recognition included the Meritorious Service Medal with four oak leaf clusters.

England began at LRMC in 1995 where he filled a newly created position as Congressional Liaison Representative in the Office of the Adjutant. He served in that position until his last day on the job on Jan. 30, 2015. But in addition, he also volunteered for the position of Freedom of Information Act and Privacy Act Officer for all of Europe Regional Medical Command (ERMC), and as the Wounded Soldier and Family Hotline



Ralph England receives a certificate from Landstuhl Regional Medical Center Command Colonel Judith Lee honoring his 50 years of government service in the Air Force and Landstuhl Regional Medical Center. (U.S. Army Photo/Phil Jones)

(WSFH) Officer in 2007. He was selected as the WSFH Officer by the ERM Command in recognition of his past superior performance.

Ralph will always be remembered by those who knew and worked with him as one of the most loyal and conscientious employees at LRMC with a work ethic beyond reproach.

“His dedication and sense of responsibility serve as an example for all young Service Members to emulate,” said Marie Shaw, the LRMCC Chief of Public Affairs who worked alongside England his entire career at Landstuhl.

Landstuhl Regional Medical Center is the largest American hospital located outside the United States. LRMHC provides medical care for more than 200,000 U.S. military personnel and their Families within the European Command. LRMHC is also the evacuation and treatment center for all injured U.S. Service Members and

civilians, as well as members of 56 coalition forces serving in Afghanistan, Iraq, as well as Africa Command, Central Command and European Command. More than 72,000 Wounded Warriors from Afghanistan and Iraq have been treated at LRMC as they make their way through the medical evacuation system back home.

Ralph England Leads Length of Service Recipients With 50 Years LANDSTUHL REGIONAL MEDICAL CENTER, Germany – If you added up the total years of the 52 employees honored at the LRMC Length of Service Award on Jan. 14, it adds up to 1,520 years.

Combine them into one person who reported to work on his first day that many years ago, it would be the year 495, the time of such heady events as Cerdic of Wessex and his son Cynric landing in England to establish the beginnings of the Kingdom of Wessex, or the year



Landstuhl Regional Medical Center is the largest American hospital located outside the United States. LRMC provides medical care for more than 200,000 U.S. military personnel and their Families within the European Command. LRMC is also the evacuation and treatment center for all injured U.S. Service Members and civilians, as well as members of 56 coalition forces serving in Afghanistan, Iraq, as well as Africa Command, Central Command and European Command. More than 72,000 Wounded Warriors from Afghanistan and Iraq have been treated at LRMC as they make their way through the medical evacuation system back home.



# Beaumont Soldier Honored as Army's Top Pharmacy Tech

By **Julia A Yubeta**, *Army Medicine*

Pfc. Joshua Glover, a pharmacy technician at William Beaumont Army Medical Center, was presented the award at a brigade awards ceremony held Dec. 19 at WBAMC.

Glover was recognized for his job performance as an outpatient pharmacy technician and an alternate vault technician at WBAMC. He arrived at the medical center in April 2014 and made an immediate impact on the pharmacy department.

"He is a real go-getter," said Sgt. Ronilo Uydingco, noncommissioned officer-in-charge of the outpatient pharmacy. "Glover consistently puts mission first, even in the face of 10 hour plus days."

Uydingco added that Glover is a quick learner and is efficiently mastering all aspects of his military occupational skill.

At WBAMC, Glover's first duty assignment, he has served as the front line window technician, as well as the alternate vault technician and back-up supply technician for the outpatient pharmacy. His efforts have resulted in decreased medication errors, an 80 percent reduction in automated medication storage system non-compliance, as well as increased staff accountability and staff training.

Glover also developed guidelines for a discharge process that expedites inpatients

transition to outpatient care with less than a three-minute transaction time. As the alternate vault technician, he ensured that all discrepancies, if any, were resolved quickly.

Glover repositioned medications in a renovated vault and conducted a successful 100 percent inventory to ensure proper accountability. He further worked with supervisory staff to streamline the medication locations in order to make inventory easier for future vault technicians.

“It takes a special technician to be a vault technician,” Uydinco said. “Vault technicians must be meticulous, paying strict attention to detail.”

“Pfc. Glover is definitely a hard charger that takes initiative in his leadership role,” said Capt. Obinna Alu, chief, outpatient pharmacy. “He fully understands the concept of mission first.”

Staff Sgt. John Bonvini, noncommissioned officer-in charge, Department of Pharmacy, echoed Alu's sentiments. "Glover just inspires everyone around him," Bonvini said. "He consistently challenges the pharmacy staff to do their best and leads by example in both word and deed."

Glover felt honored to receive the recognition and is looking forward to an



Pfc. Joshua Glover, a pharmacy technician at William Beaumont Army Medical Center, was awarded the Department of the Army Larry C. Nesmith Enlisted Pharmacy Technician Award at an award ceremony held Dec. 19 at WBAMC. (Photo by Julia Yubeta)

extended career in the Army as a pharmacy technician.

“Having been raised ‘old school’ has helped me to adapt as a Soldier,” Glover said. “When my parents told me to do something, I just did it without question.”

Glover added that he liked everything about the Army and gives great credit to mentorship by his department NCOs.

Next goals for Glover include attending the Warrior Leader Course and getting in great shape to earn the coveted Air Assault Badge.

# CONGRATULATIONS MEDCOM Department of the Army Antiterrorism Honor Roll inductees

Elbert Lewis, Chief MEDCOM Security and Intel and Dwayne Cortes, MEDCOM Antiterrorism Intel Analyst have been selected by the Provost Marshal General and inducted into the Department of the Army Antiterrorism Honor Roll at the DA Worldwide Antiterrorism Conference Feb 3-6.

The Army Antiterrorism (AT) Awards Program was established to recognize excellence and significant achievements in the Antiterrorism Field and those

who work hard behind the scenes to protect DA personnel, Family Members, facilities, units and installations. These individuals work diligently to heighten awareness of military and Family Members to the nature and dangers of terrorism, while also deterring terrorism through aggressive defensive measures and Army Antiterrorism Strategic Plans.

In 2008, the AT Honor Roll was established by the Army AT Branch to recognize those individuals for their

extraordinary resourcefulness and initiative in supporting the Army AT Program.

Each January, AT Branch conducts an awards board and selects the category winners for PMG approval.

The awardees represent the best of the best among antiterrorism professionals protecting our people, information, and critical assets.

# MG Keith L. Ware Public Affairs Competition



PRINT  
JOURNALISM



BROADCAST  
JOURNALISM



COMMUNITY  
RELATIONS



The MG Keith L. Ware Public Affairs Competition recognizes Soldiers and Department of the Army civilian employees for excellence in achieving the objectives of the Army Public Affairs Program. On behalf of the Secretary of the Army, the Office of the Chief of Public Affairs conducts the competition annually in order to recognize, cultivate and inspire excellence within the Army public affairs community.

PRINT WINNERS	WINNER/ NAME	ORGANIZATION/REGION
PRINT CAT B	BAMC Focus, March 1, 2014 edition	BAMC/SRMC
PRINT CAT C	MRMC The Point E-Newsletter, Spring 2014	MRMC
PRINT CAT D	Army Medicine EBOLA Communication	OTSG
PRINT CAT F	Keller Army Community Hospital Facebook Page	KACH/NRMC
PRINT CAT G	Burn Center Rehab ADL put to full use/ Steven Galvan	USAISR/MRMC
PRINT CAT H	Kenner NCO Becomes Citizen at White House Ceremony/Kimberly Fritz	NRMC
PRINT CAT K	Warriors Continue to Show Endurance, Courage/Maria Gallegos	SRMC
PRINT CAT L	Madigan listed among 25 most green hospitals/John Liston	WRMC
PRINT CAT M	Army Athlete grabs the ball from his Air Force opponent during the 2014 Warrior Trials/Gloria Montgomery	SRMC
PRINT CAT P	Elaine Sanchez	SRMC

# MG Keith L. Ware Public Affairs Competition

cont'd



PRINT WINNERS	WINNER/ NAME	ORGANIZATION/REGION
BROADCAST CAT H	Center for the Intrepid: America's Investment	SRMC
BROADCAST CAT I	Where Amazing is Routine	BAMC/SRMC
BROADCAST CAT M	NRMC News, Nov. 2014	NRMC
COMMUNITY RELATIONS CAT A	Maria Gallegos	BAMC/SRMC
COMMUNITY RELATIONS CAT C	BAMC Organization Day Featuring Gary Sinise and the Lt. Dan Band	BAMC/SRMC
HONORABLE MENTIONS		
PRINT CAT B-HM	Mercury newsletter, March 2014	OTSG
PRINT CAT C-HM	SRMC Star Sentinel, Fall Edition	SRMC
PRINT CAT F-HM	MRMC Official Website	MRMC
PRINT CAT G-HM	Terminally ill Army wife gives birth to miracle baby at BAMC/Elaine Sanchez	BAMC/SRMC
PRINT CAT G-HM	Madigan providers gain skill in Ebola simulations exercise/Suzanne Ovel	MAMC/WRMC
PRINT CAT H-HM	Air Gun competitions become newest add-on to WTU Adaptive reconditioning program/Gloria Montgomery	SRMC
PRINT CAT K-HM	Madigan providers gain skill in Ebola simulations exercise/John Liston	MAMC
PRINT CAT I-HM	I'm a Soldier for Life" Brock bids farewell to MEDCOM/Ann Bermudez	OTSG
PRINT CAT M-HM	Madigan fall Festival celebration	MAMC/WRMC

**CONGRATULATIONS ALL MEDCOM WINNERS!**





Serving To Heal...Honored To Serve