

ARMY MEDICINE

# MERCURY

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**APRIL IS NATIONAL SEXUAL  
ASSAULT AWARENESS MONTH**

**I AM Strong,  
I AM Army Strong,  
and So Are You.**



**I. A.M.  
STRONG**  
INTERVENE ACT MOTIVATE



**SHARP**  
SEXUAL HARASSMENT/ASSAULT RESPONSE & PREVENTION



A worldwide publication telling the Army Medicine Story



# MERCURY

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# ARMY MEDICINE PRIORITIES

## COMBAT CASUALTY CARE

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

## READINESS AND HEALTH OF THE FORCE

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

## READY & DEPLOYABLE MEDICAL FORCE

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

## HEALTH OF FAMILIES AND RETIREES

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

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# Horoho Recognized by American Heart Association

By Stephanie P. Abdullah, Army Medicine Public Affairs



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

The American Heart Association recognized Lt. Gen. Patricia D. Horoho, the Army Surgeon General and Commanding General of U.S. Army Medical Command with its Heart Hero award at this year's Heart Ball. Now in its sixth year, the American Heart Association's Heart Hero program recognizes local contributors to the field of health who have also served in the military or are currently serving. Its aim is to highlight commitment to duty, and passion for medicine within the military and outside.

Horoho was nominated in recognition of the "Performance Triad" and its visibility throughout the Army. Prevention of cardiovascular disease is the American Heart Association's largest platform and the Performance Triad's focus on prevention through better sleep, activity, and nutrition behaviors, supports those efforts.

"Better sleep, activity, and nutrition behaviors help improve the readiness of our Army Family," said Horoho who is the first female and first nurse to serve as the Army Surgeon General. "We are moving away from that disease model of care and we are really turning that around and focusing more on improving, restoring and maintaining," she said.

Horoho was nominated by Army cardiologist Lt. Col. Todd Villines, who is also the President of the American Heart Association Board of Directors. Army Reserve retired Col. William C. Devries and Army Medical Corps officer Col. Frederick Lough were also honored.

"They are at the tip of the spear, improving outcomes as a result of their strong leadership in research, education, and healing; which has made them true heroes and we salute them by telling their story," said Cheryl Campbell, Senior vice president of CGI and board chair for the American Heart Association Greater Washington Region.

Former first daughter Chelsey Clinton was the guest of honor at this year's event, which was held at Washington, D.C.'s Mandarin Hotel on Feb. 28.



Army Surgeon General, Lt. Gen. Patricia Horoho stands with other awardees at the 2015 Heart Ball. From Left to Right, Horoho, (Ret) Col. William Devries, Cheryl Campbell, board chair for American Heart Association Greater Washington Region; Col. Frederick Lough; and Army Lt. Col. Todd Villines, American Heart Association President of the Board of Directors.

By **Mr. Wesley P Elliott**, *Army Medicine Public Affairs*

The tele-radiology program allowed for the use already existing equipment and technology to improve patient



Michaud's EAMC team consisted of Maj. Ivan Ramirez, Dr. Ward Knight, Dr. Morakinyo Toney, Master Sgt.

“We are blessed because the mission of Army Medicine draws our Civilians and our military together to focus on what we do best, we take care of Soldiers and their Families, anywhere, anytime, and under conditions that no one else would accept. And we are the best in the world,” said Stevens.



# Army Medical Specialist Corps celebrates 68 years of service

By Kirk Frady, Army Medicine Public Affairs

As the Army Medical Specialist Corps (SP) observes its 68th anniversary on April 16, the corps represents a “... team of healthcare professionals who are uniquely trained to lead the transformation towards health for the Army, DOD, and the Nation,” said Corps Chief Col. Nikki Butler.

Today, as the Army focuses on enhancing the health of its force through the Ready and Resilient initiative, members of the Medical Specialist Corps are playing a critical role in advancing the tenets (Sleep, Activity, and Nutrition) of the Army surgeon general’s Performance Triad initiative.

By providing direct medical care as independent practitioners and physician extenders, SP officers play a key role in ensuring military medical readiness both on and off the battlefield. SP officers have served in every major conflict and humanitarian mission since the corps’ inception.

In today’s rapidly changing environment, the SP Corps is uniquely postured to meet the demands, challenges, and opportunities that change brings. SP officers are providing top-notch healthcare while simultaneously directing and guiding health and wellness initiatives across the enterprise all in support of

transforming towards a System for Health.

Many of the strategic level efforts addressing health capitalize on the skills, knowledge, and attributes of SP officers. Initiatives such as Patient/Soldier Centered Medical Homes, Army Wellness Centers, Traumatic Brain Injury & Behavioral Health, Injury Prevention & Human Performance Optimization, Comprehensive Pain Management, Wounded Warrior Care, and the Performance Triad (Sleep, Activity, and Nutrition) require the subject matter expertise of SP officers.

The SP Corps operates nationally recognized education and training programs as well as leading-edge outcomes research that support the above initiatives and other Army Medicine programs. As clinician scientists, SP officers continue to participate on national and international research projects. Currently, there are over one-hundred ongoing SP research efforts that span the spectrum of care from prevention, intervention, rehabilitation, and reintegration.

Today, SP officers serve both at home and abroad, in garrison and in deployed environments, and in support of humanitarian efforts. SP officers provide first class healthcare to Soldiers, Families, and other beneficiaries around the world.

The SP Corps is absolutely essential in improving readiness, saving lives, and advancing wellness.

According to Lt. Gen. Patricia Horoho, Army surgeon general, “As Army Medicine begins its transformation to a System for Health, it will challenge our way of thinking, our practice patterns, and our view of the future.” A primary challenge is to determine how we extend our reach from the traditional brick and mortar facilities into the Lifespace of Soldiers, Family members, and our Retirees in order to improve their health and wellness.”

“To this end, SP officers are leading key efforts on the Performance Triad, Patient/Soldier Centered Medical Home, and Warrior care. These initiatives are absolutely critical to the transformation towards a System for Health,” said Butler.

“As the SP Corps Chief, I am in constant awe of the junior and senior officers who manage and lead at every level and facet of Army Medicine: clinical, training, education, and research. Their strategic vision and leadership, clinical expertise, compassion for patients, and love for the Army profession is precisely what the Army needs to optimize the health and readiness of the force,” Butler concluded.

## April is National Sexual Assault Awareness Month

National Sexual Assault Awareness Month (SAAM) is an annual observance held during the month of April to raise awareness and educate communities on the prevention of sexual violence. The Army, along with DOD, began observing SAAM in 2005 to reaffirm its commitment to eradicating sexual assault and sexual harassment in the ranks and within Army communities.

Agencies and organizations throughout the Army plan and execute commemorative activities to celebrate SAAM. Many have partnered

with outside organizations to spread awareness through local communities. Through coordinated planning of special events, Army commanders and SHARP proponents will continue to raise awareness, internal and external media attention, and momentum for preventing and ending sexual violence.

SAAM is an opportunity to highlight the corrosive effect sexual assault has on Soldiers, unit readiness, team cohesion, command climate, and trust. Sexual harassment and sexual assault violate Army Values and Warrior Ethos, and

the nation’s trust in leaders. By taking part in SAAM activities, the Army demonstrates its commitment to build and improve the positive climate necessary to prevent the crime of sexual assault and reaffirm the Army’s reputation as a mission-ready, values-based organization.

Visit the SHARP website for updated news, information, and events at <http://www.preventsexualassault.army.mil/index.cfm>



Nurses, medics and a respiratory technician from 212th Combat Support Hospital's Intensive Care Unit worked hand-in-hand with nurses and medics from 33rd Vanguard Field Hospital's Intensive Treatment Unit in October 2014, during exercise Combined Joint Atlantic Serpent. Thirty-eight soldiers from the 212th Combat Support Hospital, led by Commander, Col. Myron B. McDaniels, deployed to the United Kingdom

to participate in the exercise to conduct full readiness and pre-deployment validation exercises for all U.K. Field Hospitals. U.K.'s two premier medical brigades received the 212th CSH for reception, staging, onward movement and integration at Queen Elizabeth's Barracks, a WWII training site equivalent to the U.S. Army Medical Services Training Center. (U.S. Army photo by Master Sgt. James Brown, S3 NCOIC, 212th CSH)



### Researchers Investigating Respiratory Health of Deployed Personnel during OIF/OEF/OND Ask for Volunteers

Army Medicine researchers are investigating possible long-term effects of exposure to dust and other airborne particulate matter. They are looking for volunteers who deployed to Operation Iraqi Freedom, Operation Enduring Freedom, or Operation New Dawn, developed respiratory symptoms while deployed, and who still show these symptoms today for the research study. The Study of Active Duty Military for Pulmonary Disease Related to Environmental Deployment Exposures (STAMPEDE) aims to enroll 300 patients who deployed (from any branch of military service) during OIF, OEF, or OND. Active duty and reserve personnel outside of the San Antonio area can contact the Pulmonary Clinic at the San Antonio Military Medical Center to discuss possible enrollment in the study. If a patient is accepted to the study, they must obtain permission from their unit who will be responsible for the travel and lodging costs. Personnel who deployed during OIF, OEF, or OND and are no longer active duty (Retirees and Veterans) with TRICARE eligibility will also be considered for the study. The individual will be responsible for any travel and lodging costs. (U.S. Army photo by Staff Sgt. Brien Vorhees)





Ms. Kim Waller, Director of the Army Wellness Center in Bavaria provides a Performance Triad work group outbrief to the G3/5/7 leadership group. (Courtesy photo)

## System for Health Council Unites Army Medicine Leaders and the Community at Large Toward Transformation Efforts

By Lt. Col. Tamara Funari, Nurse Lead, System for Health and Lead, System for Health Council

Trying to share ideas and achievements can be challenging for organizations that have to connect from around the world via teleconference. The System for Health (SfH) Council realized that in order to be more innovative and creative, they would need to come together, roll up their sleeves, and get to work to move the transformation efforts along. Army Medicine leaders from around the world did just that and came to the Defense Health Headquarters on February 23-24th to attend the inaugural SfH Council workshop. The diverse group of 44 leaders represented five regional commands, Installation Management Command, Forces Command, Public Health Command, Dental Command, all One Staff Service Lines, Health Care Delivery, and G-3/5/7 Operations. Workgroups developed a charter, goals, priority efforts, and recommendations for implementation strategies for the SfH across U.S. Army Medical Command

(MEDCOM) in the three domains necessary to ensure cultural change in the promotion of health for Army Medicine beneficiaries; Performance Triad, Delivery of Health, and Healthy Environments.

### What is a System for Health?

The 'System for Health' (SfH) proactively focuses on improving health and wellness while delivering consistent, safe, quality healthcare for all service members, Retirees and their Families. The SfH is a critical enabler in the Human Dimension and Ready and Resilient Campaign (R2C) and results in optimized human performance, health readiness, resilience, and overall personal health. The SfH, in partnership with the healthcare team, develops engaged and empowered beneficiaries to take personal responsibility to improve, restore and maintain health of the Total Army Family.

- Improves-SfH improves health, readiness, resilience and performance by teaching, coaching, and mentoring in order to influence individuals to optimize performance through Sleep, Activity, and Nutrition behaviors through the Performance Triad.
- Restores-SfH restores health through providing early access to evidence-based, safe, high-quality, and consistent, person-centered, predictive, proactive and collaborative care that focuses on health and wellness through healthcare and Delivery of Health.
- Maintains-SfH maintains health in safe, sustainable communities that support informed choices and healthy lifestyles through the promotion of Healthy Environments.

**Next Steps for the System for Health Council's new Working Groups:**  
Performance Triad Workgroup to



best influence the Total Army Family's healthy Sleep, Activity, and Nutrition behaviors, Army Medicine must be role models. The workgroup identified two goals that are essential to embedding the Performance Triad in the MEDCOM work place: 1) A MEDCOM Business Model that values and accounts for employee wellness, and 2) Employees adopt Performance Triad knowledge, attitudes and behaviors. The broad structure of the plan to achieve these two goals require significant leadership support by creating a Performance Triad Workgroup which reviews the policies, procedures and culture of the workplace, and it must determine how to imbue the same with Performance Triad principles.

### **The Delivery of Healthy Workgroup:**

Six (6) Delivery of Health domains were identified modeling healthy behaviors; healthcare team education and training;

synchronization of new and existing resources; targeted patient education and intervention; metrics and incentives; and governance and implementation. Strategic plan recommendations include key outcome metrics for quality, safety (HRO), access, and health readiness.

### **The Healthy Environment Workgroup:**

Military built environments do not consistently support the healthy choice as the easy choice for sleep, activity, nutrition and tobacco free living. The workgroup identified four priorities of efforts: assessment; infrastructure; education and communication; and strategic partnering. This work group will begin developing strategies and metrics to nest in the Army Medicine Campaign Plan. The four priorities identified are: 1) Improve military treatment facility (MTF) nutrition

environments demonstrating a percentage of improvement using the military Nutrition Assessment Tool at all MTFs, and 2) Improve MTF physical activity environment measuring improvement on Promoting Active Communities.

### **What's next?**

Now the real efforts begin. Each of the workgroups will continue meeting regularly to prioritize the action plans, then socialize these plans and recruit MEDCOM commands around the world to actively support the SfH transformation by owning the initiatives presented above and by prioritizing resources and time toward achieving these goals. Every Army Medicine professional has a role in making the System for Health a reality and together, we can and will make great strides on our journey toward a System for Health.

## The 2015 Spurgeon Neel Award

The Army Medical Department Museum Foundation is pleased to announce the 2015 Spurgeon Neel Annual Award competition for a paper of 5,000 words or less that best exemplifies the history, legacy, and traditions of the Army Medical Department.

Named in honor of Major General (Retired) Spurgeon H. Neel, first Commanding General of Health Services Command (now U.S. Army Medical Command), the award competition is open to all federal employees, military and civilian, as well as nongovernmental civilian authors. More information about MG (Ret) Neel can be found at [http://en.wikipedia.org/wiki/Spurgeon\\_Neel](http://en.wikipedia.org/wiki/Spurgeon_Neel).

The AMEDD Museum Foundation will present a special medallion award and a \$500 monetary prize to the winner at a Foundation-sponsored event early in 2016. The winning submission will be published in the AMEDD Journal during 2016.

All manuscripts must be submitted to the AMEDD Museum Foundation by September 30, 2015. At the time of submission, a manuscript must be original work and not pending publication in any other periodical. It must conform to the Writing and Submission Guidance of the AMEDD Journal, and must relate to the history, legacy, and/or traditions of the Army Medical Department. Manuscripts will be reviewed and evaluated by a six-member board with representatives from the AMEDD Museum Foundation, the AMEDD Center of History and Heritage, and the AMEDD Journal. The winning manuscript will be selected and announced in December 2015.

Submit manuscripts to [amedd.foundation@att.net](mailto:amedd.foundation@att.net). Additional details concerning the Spurgeon Neel Annual Award may be obtained by contacting Mrs. Sue McMasters at the AMEDD Museum Foundation, 210-226-0265.

# Ebola Outbreak in Sierra Leone Provides Valuable Experience

By Ron Wolf, Army Medicine Public Affairs

Major Laura Lester, U.S. Army Veterinary Corps, returned in November from Sierra Leone where she performed Epidemic Intelligence Service (EIS) duties with the Centers for Disease Control and Prevention (CDC) in support of the Ebola virus disease (EVD) outbreak. The Veterinary Corps is a key component of Army Medicine in collecting and assessing epidemiological data.

Lester served as an advisor in support of epidemiology and surveillance efforts in Kenema District in southeastern Sierra Leone. Sierra Leone is on the west coast of Africa, and Kenema municipality is about 80 miles from the Atlantic Ocean. The estimated population of Kenema District exceeds 500,000. Because of the population levels and local cultural practices, the potential for EVD to spread was extremely high. According to the World Health Organization (WHO), the EVD outbreak has caused nearly 10,000 deaths, including more than 3,500 in Sierra Leone.

Lester reports there were multiple hats to be worn and partners to work with, an exercise in learning that will aid in managing future crises.

Partners in the effort with the U.S. Army and CDC included Kenema General Hospital (which had a triage and Ebola holding center and provided laboratory services), the International Federation of Red Cross and Red Crescent Societies (IFRC), whose Ebola Treatment Center was 17 kilometers outside of Kenema township, the WHO, and Sierra Leone Ministry of Health and Sanitation.

Lester managed the data collected by the surveillance team and entered it



Maj. Laura Lester (left) on the ground in Sierra Leone with one of the surveillance team members during the height of the Ebola outbreak. The teams had their work cut out for them with collecting accurate data on the outbreak. Cultural issues and lack of education regarding Ebola led local leaders and families to often hide sick individuals, making accurate counting of morbidity and mortality difficult. (U.S. Army Photograph)

into a viral hemorrhagic fever database. She also conducted case analysis and data management for use by CDC for the district, the Ministry of Health and Sanitation, and the WHO.

Lester worked under a number of constraints that taught the need to be flexible and adapt to the deployed environment. Working space was initially very limited and shared with the CDC and other staff. Internet connectivity was unreliable or non-existent; heat in the work environment

was a problem because of electrical power issues. Electricity was available through solar panels and generators, which often lacked fuel.

Ongoing issues with infection prevention and control were critical. Management of patient movement from triage through laboratory to ward, discharge, or transfer to the IFRC treatment center required painstaking diligence. Improving clinical care of potential EVD patients required changes to the

general design of the center. At one point, the Kenema General Hospital isolation ward was temporarily closed for decontamination because of the overwhelming number of infections and deaths of healthcare workers during the peak of the outbreak.

Data collection issues, which Lester addressed and is critical to patient care, included duplicate and mismatched names or laboratory identification numbers, misinterpretation of lab results, and misidentification of patients. In addition, effective epidemiological assessment requires accurate dates and locations of onset of disease, dates of admission, dates and results of tests, and patient outcomes. All or some of this information was often missing.

Controlling EVD requires significant understanding of local cultures and practices as well. Transmission can occur within a household because of a lack of space to isolate exposed individuals. Information on sanitary practices often did not reach those for whom it was intended; as a result, food, mattresses, and clothing were not

properly handled, further increasing the potential for transmission of EVD. Some chiefdoms hid possible EVD patients from surveillance officers. In addition, unsafe burial practices, such as washing and handling the deceased, increased the risk of exposure for family and communities.

Even matters such as lack of availability of cash to support logistics and the supply chain for CDC staff needed to be addressed. Petty cash was needed for fuel for vehicles and generators; for unloading deliveries, assembling office furniture, and office renovations; and to support surveillance team investigators with everything from office supplies to rubber boots and ponchos.

Lester helped resolve some of the logistical issues. She created a tracking system to improve patient flow and improved coordination between the holding center at Kenema General Hospital and IFRC for transferring patients and reporting outcomes. The data management office was relocated to another building closer to the Ministry of Health and Sanitation

surveillance office that had better connectivity and new equipment, making her job of data management easier.

Lester collaborated with IFRC, WHO, and Ministry of Health and Sanitation to open a center to observe children exposed to Ebola patients for 21 days; she also encouraged the use of healthcare workers who survived EVD to care for the children in this center.

She also assisted with development of draft standard operating procedures on guidance for care and monitoring of asymptomatic children under age 5 whose primary caregivers are suspected EVD patients.

The work by Lester and the entire international team of professionals are critical for ending the current epidemic and providing a blueprint for how to respond in the future. As a result of the experience in Sierra Leone, epidemiologists, medical logisticians, and other health care professionals of Army Medicine are better trained and will be ready to go when the next call for help comes.

**We Want  
Your Feedback!**



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**Feedback is important to us. We at the MERCURY welcome any feedback on how we can improve.**

**If you enjoyed reading content or have story ideas, please forward comments and suggestions to our e-mail inbox at:**

**Your comments may be published in a future edition of the newsletter.**

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# Army Medicine Hosts 3-day Public Affairs Conference

By Ronald W. Wolf, Army Medicine Public Affairs

Army Medicine does great work. In addition to caring for nearly 4 million beneficiaries in the Army Family, being the world leader in combat casualty care, and one of the world's leading partners in life-saving medical research, Army Medicine has been leading the entire Nation in the transition from being a healthcare system to a System for Health.

The question of how to optimally tell this important story was addressed over three days by 73 public affairs officers (PAOs) of the Army Medical Command (MEDCOM) and Office of The Surgeon General who met at Fort Sam Houston during the last week of February for a training symposium.

Telling the Army Medicine story isn't easy, however. Lt. Gen. Patricia Horoho, The Army's surgeon general, spoke to the group via teleconference link and recognized the hard work of the PAOs. The Army Medicine story is too important to not tell because we are a "bank of goodwill," she said. Army Medicine, she indicated, needs to aggressively and proactively communicate the depth and breadth of its great accomplishments.

Army Medicine has been building a team to tell the Army Medicine story, starting with the Army Ambassador program. More than 400 Army Medicine ambassadors are currently engaging local communities. They discuss how Army Medicine supports Army readiness and helps to influence the health of the entire nation. In the past three calendar quarters, there have been nearly 1,300 in-person engagements.

Guest speaker Maj. Gen. Jimmie Keenan, deputy commanding

general (operations) of the Army Medical Command, reinforced the importance to get the good news stories of Army Medicine told. Keenan emphasized the need to collectively change the culture by being open and transparent when engaging the media.

The principles of crisis communication, a major focus of local commands and a core PAO skill, were also reviewed.

Timothy Schickedanz, health risk communication specialist from Army Public Health Command, led a day-long discussion on risk and crisis communication. He also facilitated a crisis communication exercise based on real world scenarios. The training enabled the PAOs to practice skills in a useful, realistic manner and will serve to mitigate communication risks better providing them with tools and tactics to manage communications during a crisis.

Col. Leslie Pierce and Ms. Julie Gueller discussed Knowledge Management and Community of Practice. Communities of practice are informal networks of coworkers with a range of skills and experience who have a common professional focus. Advantages of establishing a community of practice include sharing information, especially when there is a need for consistent messaging across an organization, and the individual need to expand personal knowledge, which can be learned from others in



Maj. Gen. Jimmie Keenan, deputy commanding general (operations) of the U.S. Army Medical Command (MEDCOM), shares a lighter moment with MEDCOM public affairs officers (PAOs). The PAOs met to discuss how to optimally tell the important story of the great work of Army Medicine.

the community. In today's linked world, most communication and sharing of information are done online, for example using SharePoint, making collaboration and knowledge management easier for those in different time zones and far-flung locations.

Col. Dan Gall provided a brief on AMEDD Futures; Col. Ron Place discussed what it means to become a High Reliability Organization; and Col. Jeff Johnson provided an insightful brief on being a System for Health.

Col. Jerome Buller, director of communications, provided a brief to recap on feedback provided from the group.

PAOs left with an increased awareness of key Army Medicine initiatives that will enable them to better assist with future communications efforts.

Feedback from the group was overwhelmingly positive to consider hosting future PAO training events. The story of the great work of Army Medicine, they felt, is too important to not get told.

## Virtual Reality Exposure Therapy helps resolve PTSD

By Mr. Chuck D Roberts, Army Medicine Public Affairs

If you think you are suffering from Post-Traumatic Stress Disorder, or PTSD, a new form of help is available at Landstuhl Regional Medical Center (LRMC) where they can recreate the look, sounds and smell of a deployed environment to help you revisit and cope with events that have affected you so profoundly.

Approximately 30 patients have been treated with positive results through the Virtual Reality Exposure Therapy (VRET) program since it was donated to LRMC in October 2014 by the Wounded Warrior Project. Results have been good, said Maj. (Dr.) Michael Valdovinos, chief of outpatient behavioral health there.

“It’s an extremely effective treatment because it is a patient’s personalized reality that they learn to process, control and regulate,” Valdovinos said. “Visual memory is powerful, and if I can use that to help patients create their own movie scene, then they can move into it to rewrite their own script.”

The outpatient behavioral health team uses VRET to help patients with a specific part of their trauma they might

not have successfully resolved through other forms of treatment. For example, Valdovinos said he had a patient who felt like he emotionally just couldn’t get past losing his best friend during a firefight in a building where they were ambushed.

Valdovinos said they were able to recreate the scenario of the building, and when the Soldier “walked” into the building for the first time since the incident, he was very anxious at first but was able to remain in the virtual doorway of the building for about 15 minutes.

The Soldier experienced the scenario over and over again until he could enter the building and move around with mortars going off and insurgents attacking in the streets below. Valdovinos said this repetition of virtually recreating the anxiety-proving event helps decrease the anxiety symptoms and fear surrounding the event while helping service members learn to process the negative thoughts surrounding the trauma.

LRMC has the Army’s largest outpatient behavioral health clinic in



A behavioral health specialist aims his weapon during a demonstration provided by Maj. (Dr.) Michael Valdovinos to show how Virtual Reality Exposure Therapy can be used to treat post-traumatic stress disorder by recreating the look, sounds and smells of a deployed environment. (U.S. Army photo by Phil A. Jones)

Europe and is the only Army installation in Europe to offer VRET. The Landstuhl Outpatient Behavioral Health Clinic also offers the capability using this innovative therapy to teach mindfulness and other relaxation techniques. Dr. Kendra Jorgensen-Wagers, a clinician in the clinic who, in addition to using VRET to treat PTSD, also offers VRET to treat chronic pain.



**SECURITY MATTERS**  
TODAY, TOMORROW, ALWAYS...

April is  
**MEDCOM SECURITY AWARENESS MONTH**

**SALUTE**



Viper medics from the 421st Medical Battalion (Multifunctional) conduct tactical convoy operations from Baumholder to Vilsek, Germany, in preparation to conduct Expert Field Medical Badge training and testing. (U.S. Army photo by Maj. Marc Welde)

## Medical Battalion Conducts Tactical Deployment to Support EFMB

By Maj. Marc Welde, 421st Medical Battalion (Multifunctional)

Talk about an early wake-up call, at 4:30 a.m. Feb. 23, Soldiers from Headquarters, 421st Medical Battalion (Multifunctional), received an “alert to deploy” to conduct Expert Field Medical Badge operations in Vilsek, Germany - more than 460 km from their Baumholder home.

With the extremely high operational tempo of many U.S. Army Europe combat support units, commanders seek creative solutions to maintain proficiency in their expeditionary and war time tasks. Tasked to provide mission command and to run the 2015 Army Europe Spring Expert Field Medical Badge competition, the Baumholder, Germany-based 421st Medical Battalion (Multifunctional) took an opportunity to sharpen deployment operations tasks through a multi-model deployment to Vilsek.

“It starts with the basics. The Army has been focused on combat operations for the last 14 years; we have forgotten a lot of the basic fundamentals of warfare. These [deployment] exercises are just what we need to reestablish the baseline to ensure we can ‘fight tonight,’” said Lt. Col. Roy Vernon, commander, 421st Medical Battalion.

During the exercise, the battalion conducted typical pre-deployment

operations to include medical and personnel processing, legal preparations of wills and powers of attorney and the loading of all equipment required for an early entry element, the portion of the battalion headquarters designated as the mission command element for the EFMB. Following an eight-hour convoy movement, the unit arrived at an intermediate staging base, or ISB, in Vilsek. The site’s design replicated the ISBs found in places such as Kuwait, Mihail Kogalniceanu Air Base, Romania, and Manas, Kyrgyzstan. Though many of the Soldiers in the battalion do have combat experience with “real” ISB operations, there are several younger Soldiers in the unit who do not.

After a night’s stay at the ISB, the unit conducted tactical sling load operations via a UH-60 helicopter supported by the “Blue Stars” crew from Alpha Company, 3rd Battalion, 158th Aviation Regiment. This was followed by convoy operations into the operational area. It was the first time many Soldiers had operated around military helicopters.

“The sling load training was a huge adrenaline rush. This was my first experience with hooking equipment underneath a UH-60. The instructors were very knowledgeable and helped prepare me for any instance where I may

have to conduct this type of operation,” said Spc. Darrell Stidham, a combat medic and native of Milton, Florida.

“We alert, we marshal and we deploy to an ISB before deploying to a combat zone. It looks and feels just like this. We do this here, so we are ready for it when we go to the fight,” said Sgt. Maj. Felix Infante, operations sergeant major for the 421st Medical Battalion (Multifunctional) and a native of San Antonio, Texas.

The 421st Medical Battalion will host 150 Soldiers from U.S. Army Europe and 30 additional service members from various NATO countries at the upcoming Spring EFMB competition. The candidates will be given a chance to earn one of the U.S. Army’s toughest badges: the Expert Field Medical Badge. In 2014, only 19 percent of the Soldiers in the Army earned the EFMB, making the badge a distinctive mark on Soldiers’ uniforms and records.

The EFMB training starts March 15 with an opening ceremony and continues with a week of standardization activities to ensure candidates are clear on the strict standards of the EFMB test. Testing begins March 22, and the culminating event, a 12-mile foot march, is scheduled for March 27.



# Eating your way to good health

By Amy Newcomb, Courier staff

Blanchfield Army Community Hospital's Nutrition Care Division highlights "Bite into a Healthy Lifestyle" with several scheduled messages and events that began in March in recognition of National Nutrition Month.

Nutrition is a key ingredient in the Performance Triad, and is recognized as an important aspect of increased health. Few are better equipped to facilitate healthy eating strategies than Army dietitians.

"We are the keepers of the nutritional health of the force. We are the synergy of all the facets of health, specifically nutritional health which we are starting to learn more and more is as important, or even more important, than other types of health that we are normally accustomed to," said Lt. Col. James Pulliam, Nutrition Care Division chief, BACH.

This year's campaign focuses on the importance of making healthy food choices and developing sensible eating and physical activity habits.

The Nutrition Care Division's Clinical Dietetics Branch chief, 1st Lt. Latoya Clark, joined the Army after working with military Veterans because she wanted to help Soldiers and their Families understand the importance of a healthy diet.

"My experience is a little different when it comes to seeing the Veteran population," Clark said. "I have seen so many Veterans that only had one limb ... they had their picture on the side of their beds and they looked so solid and wonderful ... and then you look at the quality of life after 20 years of service and your heart breaks. I came in because of that."

The loss of limbs are not from fighting military campaigns, but from diabetes that is due to years of improper diet and unhealthy eating habits.

"Diabetes is on the rise, and one reason why is because we skip so many meals," Clark said. "The inconsistency of your blood sugar is what actually causes diabetes ... it's the inconsistency of your eating habits."

Skipping meals causes your blood sugar to drop, making you more vulnerable to a blood sugar spike when you do eat a meal. These inconsistencies over a period of time will cause diabetes, Clark said.

Getting out into the community is difficult with only three dietitians, but getting the word out through tips and events is something Clark hopes to do.

"If this interests [Soldiers and Families] enough that they want to come in and learn a bit more, they are more than welcome to come," Clark said. "We just want to get our name out there, and let people know where we are and ultimately get interested in their lifestyle."

## Changing Fort Campbell

The Nutrition Care Division has already started making healthy changes within BACH. Vending machines now offer a healthier selection of snacks and drinks, and the dining facility labels food selections with the amount of exercise needed to work off the calories.

"It has to meet the Fit Pick standards, which is a vending machine initiative. Primarily you will see it in schools, so we have taken and adopted that ... we have five Snack Smart healthy vending machines in the hospital and two in local gyms here on the installation," said Clark. "We are also looking at placing them in our outlying clinics such as LaPointe, the Aviation Clinic and Byrd Clinic."

Making healthy food choices easier and available is imperative to helping people change their eating habits, said Pulliam.

"What we have worked on is changing the environment ... so the norm is a



Private 1st Class Javonta Pearson, nutrition care specialist, Nutrition Care Division, Blanchfield Army Community Hospital, and 1st Lt. Latoya Clark, Clinical Dietetics Branch chief, Nutrition Care Division, BACH, look for a healthy snack in the healthy snack vending machine inside BACH's cafeteria, Tuesday. (U.S. Army Photo by Amy Newcomb, Fort Campbell Courier)

healthy selection," Pulliam said.

"Let's face it – that's one of the driving features of this low nutritional quality food – it's very fast," he said. "You don't have to prepare it, you don't have to chop it up – it's just readily available. In two minutes you can go through a window and get 2,000 calories worth of food."

## Military impact

The U.S. surgeon general has released research regarding the potential safety issue of obesity, and some publications are calling it a national security issue, said Pulliam.

"The typical recruit is 18 to 24 years old, and that pool of available recruits is decreasing yearly," Pulliam said. "Right now the [statistics] tell us that only about 25 percent of available 18 to 24 year olds are available for military service, and one of the primary reasons behind that is weight."

### Healthy Tips

- Don't skip breakfast. Did you know that one egg can provide six grams of protein helping you build muscle.
- Fill half your plate with veggies. Vegetables help fill you up and give you energy, it also reduces your risk of chronic illness.
- Snack smart. Snacking between meals boosts energy, try eating an apple with peanut butter or half a turkey sandwich.
- Exercise, exercise, exercise. Make sure you are getting at least 30 minutes of physical activity a day. Did you know that to lose one pound you have to work off 3,500 calories?
- Limit sodium. One teaspoon of salt contains 2,300 mg of sodium. The recommended daily intake is only 1,500 mg.
- Switch to 1 percent or less milk. Did you know by switching from 2 percent to 1 percent, you cut your fat in half?
- Slow down when eating, it takes the body time to send signals to the brain to tell your stomach its full. Don't let your body get to starvation, this leads to quick eating and excessive calorie intake.
- Get rid of the office chair. Did you know standing can burn up to 50 percent more calories? Imagine if you were sitting on a stability ball.
- Stock up on Omega-3s from seafood. Consuming seafood has reduced the risk of heart disease, cancer, and high blood pressure. It has also been proven to improve mood and resistance to stress.
- Spring is around the corner, so take the dog for a walk or the kids to the park to burn off some extra

calories. Did you know that you can burn 100 calories per mile just by walking?

- Look for key words such as "grilled," "steamed" and "broiled." This means they are cooked with less fat compared to "fried," "breaded," "smothered, and "creamy."
- Eat at least three meals each day. It is recommended that you eat five to six small meals a day instead of three. This will help spread out your calorie intake throughout the day.

This article has been modified from its original version accessible at: [http://www.fortcampbellcourier.com/news/article\\_21b9b4d4-c2ca-11e4-8d06-974b0115a019.html](http://www.fortcampbellcourier.com/news/article_21b9b4d4-c2ca-11e4-8d06-974b0115a019.html)

# World Health Day, April 7, is food safety

By The World Health Organization

Unsafe food is linked to the deaths of an estimated 2 million people annually – including many children. Food containing harmful bacteria, viruses, parasites or chemical substances is responsible for more than 200 diseases, ranging from diarrhea to cancers.

New threats to food safety are constantly emerging. Changes in food production, distribution and consumption; changes to the environment; new and emerging pathogens; antimicrobial resistance - all pose challenges to national food safety systems. Increases in travel and trade enhance the likelihood that contamination can spread internationally.

As our food supply becomes increasingly globalized, the need to strengthen food safety systems in and between all countries is becoming more

and more evident. That is why the WHO is promoting efforts to improve food safety, from farm to plate (and everywhere in between) on World Health Day, 7 April 2015.

WHO helps countries prevent, detect and respond to foodborne disease outbreaks - in line with the Codex Alimentarius, a collection of international food standards, guidelines and codes of practice covering all the main foods and processes. Together with the UN Food and Agriculture Organization (FAO), WHO alerts countries to food safety emergencies through an international information network.

### Five keys to safer food

Food safety is a shared responsibility. It is important to work all along the food production chain – from farmers and

manufacturers to vendors and consumers. For example, WHO's Five keys to safer food offer practical guidance to vendors and consumers for handling and preparing food:

- Key 1: Keep clean
- Key 2: Separate raw and cooked food
- Key 3: Cook food thoroughly
- Key 4: Keep food at safe temperatures
- Key 5: Use safe water and raw materials.

World Health Day 2015 is an opportunity to alert people working in different government sectors, farmers, manufacturers, retailers, health practitioners – as well as consumers – about the importance of food safety, and the part each can play in ensuring that everyone can feel confident that the food on their plate is safe to eat.

# Sleep Tips from the Experts

By Defense Media Activity

We know it can be tough to get a solid night's sleep (experts recommend seven to eight hours). So we turned to the Army's sleep experts and tracked down their top tips for a restful slumber.

Col. (Dr.) Vincent Mysliwec, sleep medicine specialist, 121st Combat Support Hospital, U.S. Army Garrison Yongsan, Seoul, South Korea recommends:

- Remove the clock from your sight. It should not be in arm's reach and you should not be able to see it. There's no benefit to waking up in the middle of the night and looking at the clock. It activates your mind and does not contribute to your sleeping.
- It's not always about the clock. There are nights when you're not going to sleep as well as you'd like, but you can get five hours of sleep because you've got mission requirements. Quality sleep is what matters over time. It's not always the quantity. Understanding that concept, I think, is very important.
- Everyone will have bad nights of sleep at any given time. You have to recognize that. I had a bad night's sleep, but that means I'm more likely to sleep better the following night.
- Don't take medicines, over the counter or otherwise, to help you sleep, nor alcohol or other artificial aids. That is not good, natural sleep. We want good, natural sleep.
- Establish a regular, nightly sleep practice. This is especially important for our younger Soldiers. You have to train the way you fight. For sleep, it's you go to bed at 2200 and you

wake up at 0600 every day. On the weekends, you don't go out until 1, 2, 3:00 in the morning, because you will develop social jet lag that makes you less likely to fall asleep on Sunday and Monday nights, which contributes to poor sleep quality and a decreased ability to perform your military duties.

Lt. Col. Ingrid Lim, sleep lead for the Army's Performance Triad and a clinical psychologist recommends:

- No TV in the bedroom, no electronics.
- Have a sleep routine. A healthy sleep routine facilitates going to bed. Some folks, they tidy the kitchen, turn off all the lights, take a shower. They read a book or talk to their partner, and then they turn off the light and go to sleep.
- No caffeine six hours before going to bed.
- Exercise, but not within three

hours of bed. Exercise is one of the best things you can do to improve your sleep.

- This is the hard one: Get up the same time all week, including the weekend. Whatever time you go to bed, get up the same time. So even if you were out partying at 1:00 in the morning, still get up at 5:00, 6:00. Take a nap during the day if you must to make up that seven to eight hours, but you need to have the same bed and wake time all week.

If you have sleep problems that last more than three to four weeks, Mysliwec advises making an appointment with your primary care provider. To learn more about how sleep is crucial to resilience and staying strong, read "Army experts say sleep helps Soldiers build resilience, strength," or visit the Army's Performance Triad website. <http://armymedicine.mil/Pages/performance-triad.aspx>



According to Army experts, Soldiers are chronically sleep deprived, averaging only about six hours a night instead of the seven to eight they need. This puts them at risk of becoming sleep casualties – anything from a Soldier who is late for formation to an accident at the range – and developing conditions like hypertension and diabetes. It also makes them less resilient. (Photo illustration by Elizabeth M. Collins)



# It's All About Health.



## Fort Campbell Extends Performance Triad into Local Community: 2015 Eagle Challenge Fitness Tour Kicks Off

By Amy Newcomb, Fort Campbell Courier

The Performance Triad of sleep, activity, and nutrition is a building block of Army Medicine's System for Health. It is also a mechanism to build bridges with surrounding communities that have an Army post in their midst. Bringing the on- and off-post communities together for a fitness and health program can be a challenge, however, but Fort Campbell has successfully tackled it with its Eagle Challenge Fitness Tour. For the third consecutive year, this program offers an activity component of the Performance Triad to bring individuals and units together.

The Eagle Challenge Fitness Tour includes six events on Fort Campbell, including the USO ten miler, and four events in Hopkinsville and Clarksville. The

first event of the year, the Love Your Heart 10K, 5K, and fun runs included a health fair as part of the kickoff event. For 2015, the schedule included 13 total events, including alternate events.

Thanks to the vision of the garrison commander, Col. David Dellinger, and hard work by MWR staff, Fort Campbell provides a model to support the activity goals of the Performance Triad. This community best practice can be replicated anywhere and provides a formula in support of healthier communities both inside and outside of the gates. Access the full article at: [http://www.army.mil/article/143233/Eagle\\_Challenge\\_Fitness\\_Tour\\_Kicks\\_Off\\_Fort\\_Campbell\\_Extends\\_Performance\\_Triad\\_into\\_Local\\_Community/](http://www.army.mil/article/143233/Eagle_Challenge_Fitness_Tour_Kicks_Off_Fort_Campbell_Extends_Performance_Triad_into_Local_Community/)



The Eagle Challenge Fitness Tour at Fort Campbell for 2015 aims to involve the entire community, especially civilians, in activity challenges and promotes the Performance Triad through healthy lifestyles and plain-old having fun. The challenge incorporates Gen. Ray Ordierno's initiative for optimization of human performance, helps make the Performance Triad a foundation for Army Medicine's System for Health, and builds strong bonds on and off post. Command support and vision ensure the program is successful. (U.S. Army photo by Lora Delgado)

Throughout April, military commands around the world are celebrating the contributions and sacrifices military children continue to make while their parent or parents serve the nation. Roughly two million military children in the United States are connected to the military through one or both parents, and the majority of that population is under 12 years old. To find out more information about Month of the Military Child and share stories, visit the Month of the Military Child website at [www.monthofthemilitarychild.com](http://www.monthofthemilitarychild.com).

### 2015 MONTH OF THE MILITARY CHILD

## Their Lives, Their Stories

[www.armymwr.com/momc](http://www.armymwr.com/momc)



It's All About Health.



## Nurse Advice Line Saves Active Duty Soldier's Life

By Maj. Richard Stevens, Nurse Advice Line Consultant to the Army Surgeon General

An active duty Army sergeant first class living in Southern Pennsylvania was experiencing some significant medical discomfort. His annoying cough had bothered him for two weeks, but now he was having some difficulty breathing. At first, he only had difficulty walking up the stairs, but now he could only manage a few steps before he had to stop to catch his breath.

The pre-dawn hours were cold and dark as he contemplated waiting a few hours until the Military Treatment Facility (MTF) opened to call and make another appointment with his Primary Care Manager (PCM). He had visited his PCM within the last two weeks for the same conditions, but now they were becoming worse and he was not sure if he could hold out until the MTF opened.

As a career Army Soldier, he was not sure if he was even authorized to visit anything but the MTF. He never had the need before; Army medicine had taken care of him and his Family for his entire career; but his circumstances

were now different. The MTF did not have an Emergency Department (ED), and the clinic did not accept walk-in appointments. During his earlier visit to his PCM, she had instructed, "If your condition becomes worse, go to the Emergency Room." He suddenly remembered an advertisement for the Nurse Advice Line (NAL) on his MTF's website, and after consulting with his wife decided to call.

After listening to the Soldier description of his symptoms, the nurse recommended that he immediately go to the nearest Emergency Room. She then asked if he need directions to the nearest Emergency Department that accepted TRICARE. He said he did, the information was provided, and he and his wife were on their way.

As it turns out, the Soldier was getting dangerously close to a hypertensive crisis. In the ED, he was given intravenous medication to control his blood pressure and other medication to drain the fluid buildup in his lungs; resulting in the removal of two liters

of excess fluid. He was evacuated to a general hospital in a large city some 30 miles away and placed in the ICU with a diagnosis of congestive heart failure.

After treatment and stabilization, he was discharged from the hospital and is scheduled for a mitral valve replacement in the next two weeks. He is thankful for the Nurse Advice Line and feels that his phone call to the NAL during the early morning hours saved him from what could have been a disastrous outcome.

Upshot: Whether you are traveling or are unsure of the symptoms presenting, dialing 1-800 TRICARE is a guaranteed gateway speak to a medical professional, 24 hours a day, 7 days a week, at no personal cost to TRICARE beneficiaries. If you are unable to view information including a web-link about the NAL on your MTFs website, contact your local MTF Public Affairs Office and inquire about the absence of this vital access to care information that must be readily available to eligible beneficiaries with internet access.

# MOVE OUT WITH THE PERFORMANCE TRIAD

**Sleep, Activity and Nutrition**



## NCO Called Upon to Intensify curriculum, training for chaplain assistants

By Pablo Villa, *NCO Journal*

Staff Sgt. Donovan Eaddy knows how vital religious support can be for Soldiers. That is why he approaches his job with a solemn seriousness.

Eaddy is a 56M — a chaplain assistant. Like all chaplain assistants — a sizable amount of who are NCOs — he is charged with providing force protection for his unit's chaplain, to ensure fellow fighters have an outlet for religious support. Eaddy was doing just that on Aug. 7, 2010, when he was wounded in an improvised explosive device blast in the Khost-Gardez Pass in Afghanistan's Paktika Province.

"I was out going to get religious supplies so my guys could worship freely," Eaddy said of the mission he was conducting that day as part of the famed Rakkasans — the 3rd Brigade of the 101st Airborne Division. "Do I regret it? I regret the pain. But will I stop going to get my guys supplies so they can practice and pray? No."

That gritty resolve helped Eaddy get through the ordeal and return to duty, in order to continue helping his fellow Soldiers engage in religious activities. It also put him in high demand to pass on the lessons forged in combat to new chaplain assistants in a recently revamped course at the U.S. Army Medical Department Center and School, at Joint Base San Antonio-Fort Sam Houston, Texas.

The course conducted by the Department of Pastoral Ministry Education (DPMT) has existed in some iteration at Fort Sam Houston since the late 1990s. But in its infancy, the course existed solely to train Army chaplains. Today, it still conducts training for chaplains through the combat medical

ministry course, but now it also integrates training for chaplain assistants through its emergency medical ministry course. The courses run concurrently to allow both chaplains and chaplain assistants — what's known as a Unit Ministry Team (UMT) — to hone their new skills together. The change in scope of education for chaplain assistants was long overdue, said Chaplain (Maj.) Robert Miller, a lead instructor for the DPMT.

"A chaplain assistant, by regulation AR-165, provide force protection, because Chaplain are prohibited from carrying fire arms," Chaplain Miller said. "That's their primary mission. One of the things we struggle the most with is getting word out on what chaplain assistants provide for both the Chaplain Corps and the Army. Chaplain assistants are not drivers. They're not exclusively administrative personnel. Their primary mission is to serve as a part of a team with a chaplain. They provide the force protection so the chaplain can focus the religious support. But they do that collaboratively. Each piece needs the other."

### Improving the program

Chaplain Miller took the reins of the DPMT's instruction in 2012. This was after completing the chaplain's course in 2010. When he arrived, he said the program was in great shape but had some room for improvement. With the urging and support of Chaplain (Col.) Brent Causey, the AMEDDC&S command chaplain, Miller began an overhaul of the curriculum.

"When I took the course in 2010, one of the things I noticed was that

it was more hospital focused," Miller said. "It was a good course, but I also was concerned that we were not really focusing on what chaplain assistants needed. The course was ostensibly dealt with trauma ministry, within a hospital setting, which was an extension of the established Clinical Pastoral Education (CPE) program. Chaplain assistants don't really have as strong a function in that setting. So, the question was, 'What can we do for them? How can we better utilize their skill sets?'"

Chaplain Miller said the first thing senior leadership desired was a senior noncommissioned officer (NCO) to be an instructor.

"The guidance was to incorporate a senior NCO with a level of experience that he can bring to the table to be one of my instructors," Miller said.

That's when Eaddy came into the picture.

"The reason we brought him here is more than his rank," Miller said. "What Staff Sgt. Eaddy brings to the table is he is a 56M who has deployed and who has worked with numerous line units, so he understands the full spectrum of combat operations. He was deployed as a chaplain assistant. He is also a Wounded Warrior. So, not only does he bring the intellect, competency, and the skills of a Soldier, he also brings experience, knowledge, and requirements of the 56M."

With instructions to take a critical look at the two-week course, Chaplain Miller and Staff Sgt. Eaddy collaborated over several months in order to recommend improvements on the course curriculum. The pair looked at ways to incorporate field training, in



addition to the class room, with a full integration of both the 56A and 56 M.

“Staff Sgt. Eaddy and I worked very closely to make the course more UMT-focused,” Chaplain Miller said.

That means, that in addition to the classroom learning, students spend approximately 25 hours in a Trauma 1 facility responding to trauma alerts and interacting with Wounded Warriors. The lessons prepare UMT members to

address the trauma, crisis, grief, death, spiritual health, and other ministerial concerns that arise in a Combat Support Hospital (CSH) or Combat and Operational Stress Control (COSC) Detachment, and is designed to prepare UMTs for medical ministry associated with deployments.

Staff Sgt. Eaddy hopes to expand upon the field training exercises the students face. His most recent effort is

the installation of a defensive driving element to training, which may be implemented by the latter half of 2015. But he says the biggest skill he can help hone for his fellow chaplain assistants — particularly those who are NCOs — is being keenly aware of regulations, as they will save lives, lift spirits, and embolden the next chaplain assistants in line.

## NATIONAL PUBLIC HEALTH WEEK



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According to the American Public Health Association (APHA), the year 2015 marks the 20th anniversary of APHA coordinating National Public Health Week!

The accomplishments of the public health community over the last two decades are significant. APHA's press release, “Building on 20 Years of Success,” states that to become the Healthiest Nation in One Generation experts need to support the integration of public health and primary care; policy decision makers need to understand and support funding for both a strong public health workforce and prevention programs proven to

advance health; both national and local policy decision makers need to expand the consideration of health implications in all the policies they create; and the general public needs to make healthy choices for themselves and demand that everyone has an equal opportunity to make those same choices.

The Centers for Disease Control (CDC) provides facts and statistics on some of the greatest public health achievements of the 20th Century, cites APHA. Important areas of health achievement include: Healthier Mothers & Babies; Immunizations; Motor Vehicle Safety; Family Planning; Tobacco as a Health Hazard; Decline

in Deaths from Heart Attack & Stroke; (For more visit <http://www.cdc.gov/about/history/tengpha.htm>)

A key part of taking charge of your healthcare is being informed. When you have the most up-to-date and relevant healthcare information, you can actively participate when making decisions that affect your health.

Together we can create the healthiest nation in one generation. Visit the National Public Health Week website at: <http://www.nphw.org/tools-and-tips/themes/building-on-20-years-of-success> to read more.

# Military Blood Program Lab Tech Takes the Iron Warrior Award

By Ms. Jessica Pellegrini, ASBP Staff Writer

Army Specialist Alisha Kohler has passed one of the most difficult tests the Army offers, earned the Iron Warrior award and won Soldier of the Year. It's not a bad start for the three year, five-footer working for the blood donor center at the Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Md. The laboratory technician has been with her unit for six months, but she's already left an indelible mark.

## Kohler Earns Iron Warrior at Warrior Leader Course

The Warrior Leader Course is designed to teach specialists and corporals the basics of being a noncommissioned officer in the United States military. The course includes tasks such as land navigation, physical readiness training and computer-based testing and ends with a three-day field exercise to test the student's ability to lead a squad in a combat environment.

In a class of about 200 Soldiers, Kohler achieved the highest physical training score and ranked in the top 20 percent of her class, earning her the recognition of Iron Warrior.

"I enjoy overcoming challenges and proving that with hard work and dedication nothing is impossible. People don't always expect me to be able to do these things," Kohler said. "I like to prove myself."

## Kohler Wins Soldier of the Year, Moves on to Best Warrior Competition

But Kohler's list of accomplishment

doesn't end there. In the span of a few short months, she was named the WRNMMC Bravo Company Solider of the Month, Soldier of the Quarter, and Soldier of the Year. She will next compete in the Northern Regional Medical Command Best Warrior competition in May.

In these competitions, Soldiers compete against other Soldiers by answering basic Army knowledge questions in front of a board of noncommissioned officers and first sergeants. Board members rank each answer with a point structure and whoever earns the highest point score wins the board.

"I'm nervous because I know with each board, competition becomes harder," Kohler said. "I don't want to let down the people that helped me get to where I am."

## Kohler's Greatest Accomplishment: The Expert Field Medical Badge

While Kohler is proud of her Iron Warrior and Soldier of the Year status, she considers earning the Expert Field Medical Badge (EFMB) to be her greatest accomplishment thus far. With an average pass rate of less than 20 percent, it is one of the most



Army Spc. Alisha Kohler has accomplished a lot in the span of just six short months. She has become an Iron Warrior and won the Walter Reed National Military Medical Center Bravo Company Solider of the Month, Soldier of the Quarter, and Soldier of the Year. She has also earned the Expert Field Medical Badge and is in the running for the National Regional Medical Command Best Warrior. (Photo courtesy of Army Spc. Alisha Kohler)

prestigious and coveted badges for Soldiers to earn.

The badge is awarded to medical personnel who demonstrate exceptional competence and outstanding performance over the course of a 120-hour testing event. Testing includes a written exam, combat testing lanes, day and night land navigation and a 12-mile road march.

In October 2014, Kohler was joined by more than 200 Soldiers on Fort Bragg, N.C. After the testing was

completed only 49 of those Soldiers had earned the badge.

“Hearing that Spc. Kohler earned the Expert Field Medical Badge was not a surprise to me. Her focus and determination to achieve this level of training was clear from the start,” said Navy Lt. Michael Collins, the officer-in-charge of the WRNMMC Armed Service Blood Bank Center at Bethesda.

Kohler said she studied for about two hours every night starting about two months before the testing began. She also did physical training and about six ruck marches ranging from six to 12 miles each week to prepare for the timed 12-mile event.

“Physical challenges were somewhat frustrating for me,” Kohler said. “Being a five-foot-one tall Soldier,

obstacles such as maneuvering over the high wall with a patient and litter was challenging, as well as the final ruck march. Mental challenges of memorization were also difficult, but I was reminded over and over that it’s all about attention to detail.”

Earning the badge was no easy challenge, and Kohler said she is proud to have successfully completed the testing.

“Earning this badge is truly a great achievement,” said Navy Capt. Roland Fahie, ASBP director. “It means her command leadership will know that she will do whatever it takes to accomplish her mission. Whether that mission is collecting blood for the Armed Services Blood Program or something entirely different, we know that Spc. Kohler will get the job done

and get it done well. She has impressed me, and she has leadership skills that you normally do not see in junior military personnel. This is the kind of leadership and determination that we need in our Soldiers, Sailors, Airmen and Marines.”

Kohler is currently helping with the Walter Reed EFMB train-up program for the next testing. She is eager to pass on her knowledge to other Soldiers so they can earn the badge as well. She said she is interested in medical research and forensics, wants to eventually become a warrant officer and wants to help motivate her peers to overcome obstacles and strive to meet their goals.

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# What Does Safe Look Like?

## Inspectors Will Seek Answers at LRMCM

By Chuck Roberts, LRMCM Public Affairs

The goal of the Army Safety and Health Management System (ASHMS) program is to implement a culture of safety among all staff. Some people get it.

One of them is Katja Zwetlich, a cleaning lady at Landstuhl Regional Medical Center. While working on the Mother Baby Unit during an especially busy weekend where several new moms were being admitted and discharged at the same time, Zwetlich observed a pair of newly arrived parents leaving the ward with their newborn being carried in the arms of the father. They had not been briefed yet about a policy requiring infants to be carried in bassinets to prevent injuries due to slips and falls.

Although she spoke limited English, Zwetlich completely understood the the safety rule concerning bassinets. She stopped the couple, indicated that they needed a Kinderwagen (baby carriage) and walked them back to their room to show them their bassinet. The couple was then briefed by a hospital staff member about the bassinet policy.

“Despite not being a regular staff member of the 7D Mother Baby Unit, Ms. Zwetlich still stays alert to unit policy and acts of safety on the unit. Ms.

Zwetlich’s actions are a true testament to how every member of LRMCM contributes to patient well-being and their safety,” according to a letter of commendation submitted by Staff Sgt. Michael Foglio, the NCOIC of the Mother Baby Unit at the time.

The ASHMS program is based on the Occupational Safety & Health Administration Voluntary Protection Program, an initiative that encourages private industry and Federal agencies to prevent workplace injuries and illnesses through hazard prevention and control, work site analysis, training, and cooperation between management and workers.

ASHMS was implemented by Army Medical Command in 2012. The goal is to implement a culture of safety, and all hospital staff employees are involved. Although not all hospital employees may embrace safety with the same vigor as Zwetlich, LRMCM Safety Manager Harry Raith said LRMCM and its outlying clinics have made steady progress and stand ready for an assessment in April by MEDCOM Safety that will include inspection of work sites throughout the medical center, review

of safety publications and statistics, and interviewing approximately 100 LRMCM staff members.

“No matter how well our safety memorandums are written,” said Raith, “if the Assessment Team sees no evidence of a true safety culture, LRMCM will not be recommended for an ASHMS Star.”

Should LRMCM meet and excel in each of the 89 three-stage criteria, it will achieve the distinction of being the first Army medical center to be recognized as an Army Safety and Occupational Health Star Site. Organizations that reach Star status experience a significant decrease in occupational mishap, illness and incident rates. The average Star organization has injury rates that are 52 percent below their industry average.

Awards and recognition are always welcomed, but Raith said LRMCM Commander Col. Judith Lee expressed the right sentiment about the safety assessment at a recent meeting with her command team when she said, “We follow this ASHMS concept to keep our buddies our wingmen and our shipmates safe.”

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

# New Ebola Vaccine Trial Opens in Uganda

By Lisa Reilly,  
U.S. Military HIV Research Program

A new Phase Ib clinical trial of two experimental Ebola vaccines began in Kampala, Uganda. The Makerere University Walter Reed Project, in partnership with the U.S. Military HIV Research Program at the Walter Reed Army Institute of Research, is conducting the study using Chimpanzee Adenovirus Type 3 vector vaccines, co-developed by the Vaccine Research Center, National Institutes of Allergy and Infectious Diseases and GlaxoSmithKline. One vaccine encodes for the Ebola Zaire strain glycoprotein while the second vaccine encodes for Zaire and Sudan strain Ebola glycoproteins.

MUWRP conducted the first Ebola Vaccine trial in Africa from 2009 to 2012, using an early-generation DNA vaccine candidate developed at the VRC. The results were published online in the December 2014 edition of *The Lancet* and those results, in addition to other studies, helped lead to a clinical evaluation of a more potent ChAd3 vaccine. The ChAd3 Ebola vaccine first entered clinical trials in September 2014 in the U.S. with promising Phase 1 results published by the VRC in the *New England Journal of Medicine* in November 2014.

This Phase Ib clinical trial is sponsored by NIAID, and will enroll 90 participants aged 18 to 65 years from Kampala, Uganda. As part of this new study, about 30 Ugandan volunteers



A research physician at Makerere University Walter Reed Project in Uganda discusses the Ebola vaccine study with a potential volunteer. (Photo courtesy of the U.S. Military HIV Research Program)

from the 2009 DNA study will receive a boost, or additional injection, with the ChAd3-EBO vaccine to explore a more long-lasting effect of vaccination.

## MHRP Support for Ebola Research

For more than a century, the U.S. military medical community has solved many significant international health problems, particularly in the area of infectious diseases. This research expertise, along with a robust international clinical trials infrastructure, is being leveraged to help in the U.S. government's response to the recent Ebola outbreak in West Africa.

The Walter Reed Program-Nigeria, another MHRP site, will begin testing the Zaire strain ChAd3 Ebola vaccine in a larger Phase II study that will take place at 10 sites in four West Africa countries later this year. The virus causing the current West African outbreak is closely related to the Ebola

Zaire strain.

The MHRP Department of Laboratory Diagnostics and Monitoring is providing crucial laboratory support for another novel Ebola vaccine being tested at the Walter Reed Army Institute of Research and at multiple sites in the U.S. and Canada. In addition, DLDM's assistant chief, CDR Jennifer Malia, DrPH, U.S. Public Health Service, deployed to Liberia for more than a month to set up and run the laboratory at the Monrovia Medical Unit.

Several MHRP scientists—including MHRP Director Col. Nelson Michael and Lt. Col. Julie Ake—have been consulted by the World Health Organization to assist with the planning of upcoming Ebola vaccine studies in West Africa. They assisted work with local ethical and regulatory authorities as they strived to expedite these research trials in response to the current West Africa Ebola outbreak.

## Soldiers Update: 2015 Army Regional Trials

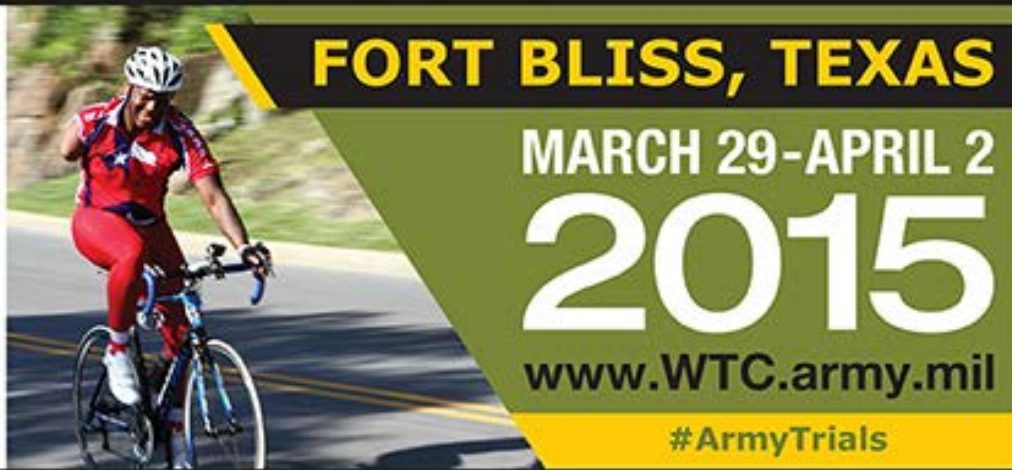
Specialist Sydney Davis (right) will compete in a range of events in an attempt to qualify for this year's Warrior Games. The 2015 Army Trials will be at Fort Bliss, Texas, in El Paso, March 29 - April 2, and is the second run of this event. The 2015 Department of Defense (DoD) competition is slated for this summer.

In 2014 more than 100 wounded, ill and injured service members and Veterans from across the United States traveled to the U.S. Military Academy, West Point, N.Y., to train and compete for the first time in a series of competitive athletic events known as the Army Trials\*. The Army Trials help determine which Army athletes compete on the DOD competition Army Team.

The DOD competition brings athletes representing all branches of the military together competing in seven sports: archery, cycling, shooting, sitting volleyball, swimming, track and field and wheelchair basketball.

Army Trials showcase the resilient spirit of wounded, ill and injured Soldiers and Veterans. Participants in Army Trials include athletes with spinal cord injuries, traumatic brain injuries, visual impairments, serious illnesses and amputations.

SPC Sydney Davis will compete in a range of events in an attempt to qualify for this year's Warrior Games being held in Fort Bliss Texas. (U.S. Army video by Sgt. David Rankin)



**FORT BLISS, TEXAS**

**MARCH 29-APRIL 2**

**2015**

[www.WTC.army.mil](http://www.WTC.army.mil)

**#ArmyTrials**



## PRMC Officer donates her hair as she prepares for Ranger training

By Master Sgt. Anthony Elliott, PRMC

First Lieutenant McKinsey Hulen, special projects officer (G3), Headquarters, Pacific Regional Medical Command, is about to try something that only 43 other female Soldiers in the U.S. Army's history have tried; Hulen is attending the U.S. Army Ranger Training and Assessment Course (RTAC) which commenced last month at Fort Benning, Ga.

This alone would make for an interesting story but in preparation for the RTAC, Hulen was required to cut her hair to meet the RTAC standard for all female candidates; that being, no longer than one-quarter inch to one inch in length.

Knowing this standard, Hulen used her haircut as an opportunity to do good for those in need; she donated her hair to the Locks of Love organization, located in West Palm Beach, Fla.

Locks of Love is a nonprofit organization which uses donated hair to make wigs and hair pieces for financially disadvantaged children who suffer from long-term medical hair loss.

Hulen proudly stated, "I mailed my hair out this morning (Mar. 3, 2015)."

When asked about how she felt to be able to donate her hair, Hulen said: "I think its great that Locks of Love is available to help others. I definitely had some fears when it came to cutting my hair but knowing that it would be put to good use, made the experience easier"

"I think that sometimes women use their hair as a security blanket", Hulen added, "but having short hair has been very liberating so far."

In total, Hulen donated hair which measured 20 inches in length.

As for her RTAC training, haircuts are not the only preparations that Hulen has been making.

She has been focused on her strength and load bearing conditioning, along with a lot of running, push-up, and pull-up training.

Should Hulen make it through RTAC she will be eligible to attend the U.S. Army Ranger School in April 2015,

during which time she will be carrying in excess of 90 pounds worth of equipment during some phases of Ranger training.

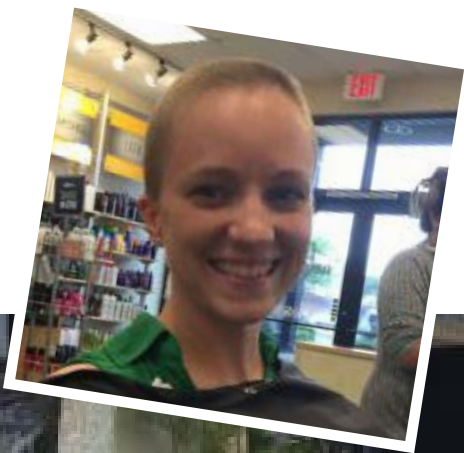
Hulen thinks that it is important that she face new challenges and she encourages other female Soldiers to push their limits to achieve their goals too.

"I would tell them to go for it," Hulen says of female Soldiers considering RTAC and Ranger School, "the quote that I use to inspire me is 'What would you do if

you weren't afraid?' ...to me, fear is not an excuse."

"I support all of the women that have gone to RTAC before me and I hope others will follow," Hulen added.

Hulen departs for RTAC on Wednesday, Mar. 4, 2015, and begins her efforts to join the other six female Soldiers who have qualified to attend the U.S. Army Ranger School.



## Military medicine, VA ramp up sharing patients in San Antonio

By Dewey Mitchell, Brooke Army Medical Center Public Affairs

In a move that helps Veterans, and active-duty military patients and their Families, local Veterans Affairs (VA), and military medical facilities have dramatically increased their work-share agreements over the past two years and are seeking to add more.

Brooke Army Medical Center, or BAMC, the Air Force's 59th Medical Wing and the South Texas Veterans Health Care System (STVHCS) have a combined 15 sharing agreements that give patients quicker access to healthcare by redirecting them to treatment facilities with convenient appointment slots.

Current agreements between BAMC and STVHCS cover a wide range of services including equipment sterilization, medical services, surgical services, the Integrated Disability Evaluation System, or IDES, transition services at the Center for the Intrepid, and ear, nose and throat, or ENT, surgery.

For BAMC, the most recently approved sharing agreement covers ENT surgical services, where the number of VA patients seen has increased dramatically since October 2013.

"The services provided and workload performed under these sharing agreements provides valuable wartime skill sustainment for DOD medical professionals, fuels 37 graduate medical education programs, enhances access to care for VA beneficiaries while simultaneously optimizing federal funding," said Col. Evan M. Renz, BAMC commander.

Agreements cover surgical services including but not limited to general surgery, ear nose and throat, gynecology and orthopedic surgery.

Similar agreements between the 59th Medical Wing and STVHCS cover blood bank services, sterilization, IDES, radiation oncology, surgical supervision,

and medical services including but not limited to endoscopic ultrasound, sleep studies, dermatology laser treatments, and dialysis treatments.

Patients with access to the 59th Medical Wing's North Central Federal Clinic also benefit from the program.

"Work share agreements between the VA, BAMC and the 59th Medical Wing improves efficiency and effectiveness across a multitude of military healthcare services," said Maj. Gen. Bart Iddins, 59th Medical Wing commander.

"We are saving taxpayer dollars at a time when responsible stewardship of government resources is paramount. Appointment slots, that would otherwise remain vacant, are now filled," Iddins said. "Military medicine is focused on providing world-class, high quality, safe healthcare to our number one customer - the patient. We remain patient-centered in all we do, and work share agreements bolster this commitment."

Looking ahead, the San Antonio Military Health System, which integrates Army and Air Force health care services in the local area, is discussing several potential new agreements with local VA facilities.

These include expanded OB/GYN services - STVHCS is paying for newborn deliveries at civilian medical facilities. BAMC has the capacity to perform this work and the increased number of deliveries would be valuable for the OB/GYN residency program. Talks are progressing. The organizations have agreed in principle and now must work out the

details, draft the agreement, and submit for approval.

Other areas being discussed for possible work-sharing include radiology services, vascular surgery, inpatient behavioral health, and hyperbaric oxygen therapy.

"South Texas Veterans Health Care System has a strong partnership with DOD, and we look forward to pursuing other opportunities in the future to continue to provide the best health care possible to both VA and DOD beneficiaries," said Dr. Julianne Flynn, STVHCS chief of staff.

There are also discussions for sharing initiatives with the Texas Valley Coastal Bend Veterans Health Care System, which could potentially involve the provision of surgical and medical services to VA patients living south of San Antonio.

This VA system covers a large, mostly rural area with a shortage of civilian specialty and sub-specialty providers. Talks are still in the early stages, but BAMC has agreed to take cases as space permits on a fee-for-service reimbursement method according to federal fee schedules.



Vietnam Veteran Stanley E. Thomas works out at Brooke Army Medical Center's Center for the Intrepid with the help of Mike Okikawa, a physical therapist assistant. (U.S. Army photo by Robert Shields)

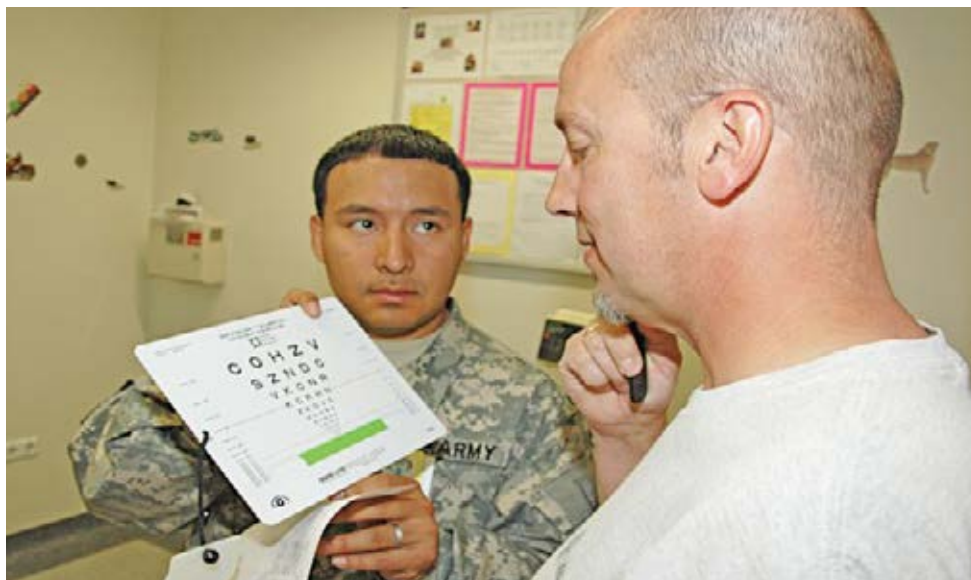
## Annual eye exams can prevent disease

By Effiemarie H. McGowan, Research Optometrist, U.S. Army Public Health Command

Age Related Macular Degeneration or Macular Degeneration (AMD) is an eye disease that affects thousands of people every year. AMD typically affects patients over the age of 50, but it does not always respect age boundaries. It can affect people that are much younger. AMD is a disease of the macula, which is the part of the eye that is responsible for central vision. This disease occurs when blood vessels in the back of the inside of the eye start to grow abnormally and become leaky, or their growth disrupts the layers of the retina and allows the accumulation of debris, fluid or blood between the layers, which decreases vision. Doctors characterize this disease as a wet form or a dry form and family history, overall health and lifestyle are contributing factors.

Wet AMD is the most visually devastating, but is also the most readily treated. Wet AMD is the abnormal growth of blood vessels from the layers of the eye where the vessels lie toward the inner surface of the retina. Although there is no cure for AMD at this time, current treatments help people maintain vision longer than without treatment. Treatments consist of injections that decrease or prevent new blood vessel growth in the eye. Medications are getting better at helping patients maintain good vision.

Dry AMD can be visually devastating as well, but does not tend to move as aggressively or quickly as wet AMD. Dry AMD is the accumulation of debris between the layers of the retina. Dry AMD can convert to wet AMD at any time. Treatment for dry AMD is usually diet control (eating green and leafy vegetables), vitamin supplementation and lifestyle changes (stop smoking, reduce sun exposure,



Eye health is a critically important part of the eye exam and doctors can detect many conditions before the patient is aware any problem exists. (U.S. Army photo)

etc.). These actions cannot cure dry AMD, but they can slow progression of the disease and help to maintain good vision.

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To maintain eye health and to reduce the risk of eye disease, one should eat a healthy diet, stay out of the sun or at least wear wide-brimmed

hats and sunglasses, stop smoking and get a regular eye exam. There is also a genetic test that is available to assess a patient's risk of developing AMD or if a patient has already been diagnosed with AMD, the test can assess the individual's risk of progression of the disease.

Macular degeneration can be detected during a comprehensive yearly eye exam. For this reason, a comprehensive yearly eye exam is important for those patients over the age of 40, especially those with any family history of the disease. Eye health is a critically important part of the eye exam and doctors can detect many conditions before the patient is aware any problem exists. Early disease detection allows early treatment which results in better outcomes, so even if you feel you have perfect vision and do not need an eye exam, think again.



# How to make most of doctor's appointment

By Ms. Suzanne Ovel, Army Medicine Public Affairs

For some patients, going to the doctor results in getting the “white coat syndrome,” in which blood pressure and heart rates go up just from being in a clinical setting. Likewise, many patients can find themselves being less self-advocating than they might normally be, especially if they don't quite understand everything the doctor is saying.

“There's a great deal of stigma surrounding any kind of illiteracy,” said Bronwyn Pughe, a doctor of educational leadership student who is in a practicum at Madigan Army Medical Center and a leader in the hospital's Health Education and Promotion Committee.

Pughe explained that this stigma around illiteracy includes health illiteracy, which can directly affect patients' well-being if they do not fully understand their medical conditions, their medications or their treatments. In addition, for many medical appointments patients may only get 20 minutes with their doctors, so the need for patients to speak up and be fully engaged in their care becomes even greater.

Patients can take steps before, during, and after doctor visits, though, to get the most out of their time. First, Pughe encourages them to review the purpose of their appointments.

“It helps you to manage your expectations and remember ‘Why am I going in,’ so the doctor can actually serve you,” she said, noting that focusing on the medical issue being addressed that day can be more effective than bringing up unrelated concerns.

For patients who want to research their medical conditions beforehand, Pughe encourages them to visit the Centers for Disease Control and Prevention website, which is written in lay-person's language and is well-researched. When visiting

other websites, she advises that patients consider if the information is current and accurate, if the author is credible, and if they understand the language used on the site.

It's also important to consider before appointments what patients want to cover, and to write down specific questions as well as all medications, vitamins, and supplements used, to include how much they are taking, whether they work or not, and any side effects experienced.

Patients with ongoing medical concerns, such as sleep issues, chronic pain, or headaches, may want to keep a log of how often they experience those conditions and the associated symptoms of each episode. Pughe especially encourages patients to log medical concerns that are interfering with their everyday lives, such as interference with daily tasks, or changes in appetite or concentration.

“If you bring data, there's a reality check for you and the doc and you can actually address what's going,” she said.

In addition, patients should plan to mention if anything has changed with their medical conditions or in their lives in general, to include recent moves, family changes, and any other significant changes, since these can cause stress which can impact people's health. Likewise, patients should plan to bring up any changes in their family's health history, such as any serious illnesses family members recently experienced.

During appointments, Pughe encourages patients to not minimize their symptoms.

“A lot of times people minimize pain,” she said, whether downplaying the amount of pain experienced or the frequency of it. But when patients downplay pain at medical appointments



To get the most out of their medical appointments, patients are encouraged to be fully engaged with their doctors to include asking questions about medication and treatment plans.

office, it can affect their doctors' full understanding of patients' symptoms and medical conditions.

Likewise, some patients are less than honest about symptoms they find embarrassing or about reporting how often they engage in healthy behaviors such as exercising.

“It's normal to want to reflect your best self, but the point is a doctor is there to help you become and then maintain your best self; it's normal to have fluctuations in that,” said Pughe.

Pughe also encourages patients to bring a trusted friend or family member to medical appointments simply to “have two sets of ears” present to intake information; patients can also take notes to refer to later.

Patients may also want to write down questions they think of afterwards to ask at their next doctors' appointments. If they would like answers more quickly, patients can visit the RelayHealth website to ask their doctors questions online.

In addition to fully engaging in their medical appointments, Pughe encourages patients to listen to their bodies, to be aware of when there are problems, and to then make decisions of how they want to approach those problems.

“We want to empower people to use their awareness,” she said.

That combination of patient safety within a safe environment has led Blanchfield to be rated in the top five percent of national hospitals by the joint commission, Secretary Hammack said.

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## USAMRMC Wins Excellence in Technology Transfer Award

By Lisa Morris, USAMRMC Public Affairs

The U.S. Army Medical Research and Materiel Command's Office of Research and Technology Applications, or Medical Technology Transfer Office, will receive recognition for the successful technology transfer of the ArmedXpert™ DNA deconvolution software.

Forensic DNA analysis has come a long way, from DNA fingerprinting that began in the 1980s to DNA mixture deconvolution that scientists are tackling today.

The ArmedXpert product started at the U.S. Army Criminal Investigation Laboratory in Forest Park, Georgia. Scientist Tom Overson recognized the need in criminal investigations to separate individual DNA in biological samples that contain DNA from multiple sources.

Overson created a Microsoft Excel™ spreadsheet and a series of macros, or computer instructions, to “deconvolute,” or simplify, mixed DNA data.

Although one of the most difficult aspects of forensic DNA analysis today, the DNA mixture deconvolution technique has demonstrated itself as a critical capability for crime labs. Biological samples from assault cases often contain bodily fluid or tissue from both the victim and the perpetrator, and sometimes even parties unrelated to the crime, making it challenging to definitively link the DNA in the crime scene samples to each individual involved.

Overson's software-based solution enables analysts to extract usable data from DNA samples that had previously gone un-interpreted, leading to many convictions of the guilty and exonerations for the innocent.

The software automates calculations, provides documentation of each interpretation step performed and instantly performs matches, quality control checks and other functions. This invention

reduces opportunities for transcription and math errors, allows examiners to clearly convey results in both written form and oral testimony during court proceedings and reduces the workload for lab analysts.

DNA examiners at the USACIL made extensive use of Overson's software because of its tangible effectiveness. The software evolved and grew as Overson added features requested by his colleagues.

The initiative to transfer the technology accelerated when Overson retired. The USACIL needed to find an outside vendor that would be able to provide ongoing support for the program and continue to develop it. The lab also wanted to commercialize it to provide other labs with the opportunity to use it.

Since the USACIL didn't have an ORTA to support these goals, the lab sought the assistance from the USAMRMC's ORTA.

The 2015 Federal Laboratory Consortium Award for Excellence in Technology Transfer credits the unique process of this particular transfer facilitated by USAMRMC's ORTA.

The USAMRMC's process began with enlisting the help of TechLink, a U.S. Department of Defense partnership intermediary. This partnership allowed the USAMRMC to carefully consider all of their options for companies interested in licensing the technology.

To ensure they chose the best company, TechLink and the USAMRMC decided to use a rare mechanism for solicitation, a timed offer.

“The timed offer allowed us to compare different proposals at the same time and to be competitive and take the company that was most important to us,” said Acting Director Barry Datlof.

With the timed offer's encouragement for applicants to submit their best offers and TechLink's broad marketing efforts, NicheVision Forensics emerged as the clear



The U.S. Army Medical Research and Materiel Command's Office of Research and Technology Applications will receive recognition for the successful technology transfer of the ArmedXpert™ DNA deconvolution software invented at the U.S. Army Criminal Investigation Laboratory. (Photo courtesy of NicheVision Forensics)

winner for its capabilities, creativity and responsiveness.

“This deal was unique for several reasons. First, it wasn’t our home lab that invented the product. Second, we did a timed offer. Third, we licensed an Excel spreadsheet; it doesn’t take a huge invention to make a difference in someone’s life. And fourth, it was an excellent opportunity to bring the benefits of the product back into the criminal investigation lab for their use; we don’t always get to do that,” said Datlof.

Since the licensing agreement's signing in September 2010, NicheVision Forensics translated the program into a Windows application so Microsoft Excel would no longer be required to use it. The company released a beta version of the software in February 2011 and worked with analysts at the USACIL to validate and performance-check the software. In August 2011, NicheVision Forensics released the software commercially.

“ArmedXpert’s tech transfer process was clearly designed for success; all parties involved collaborated to allow our development team to launch quickly after the transfer,” said Luigi Armogida,



Today, more labs use ArmedXpert than any other non-hardware-tied DNA mixture software on the market. Forensics labs all around the country at the city, county and federal levels are using ArmedXpert, validation of a true success

“Technology transfer is about making sure we protect our intellectual property and finding a company that can take it to market,” said Datlof. “The inventor’s job was to support the criminal investigators, and he came up with a good way to do that. But he needed to take the next step, and that’s where technology transfer comes in.”

"We're proud of our many involved partners for bringing an important product to the forensics community and for allowing criminals and innocent people to go to the right place," said Datlof.

By Master Sgt, Anthony Elliott, *PRMC*

Principal investigator John H. McDonough, Ph.D., a research psychologist at the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD), at Aberdeen Proving Ground, Maryland, received a 2015 Visionary Award from the Northeastern Maryland Technology Council (NMTC) for his mentorship of high school and college students.

Upon learning of his selection, McDonough said, “It is a great reward to be able to encourage the next generation to engage in STEM careers.”

"I am very proud of how our Institute allows students to become directly involved with everything from the conceptualization of a research project, to preparing for all phases of it, performing the hands-on bench work and finally presenting and interpreting the results," McDonough continued.

McDonough was nominated by Dr. Douglas Cerasoli, fellow MRICD principal investigator and himself a 2012 winner of the NMTC Visionary Award for mentorship. Cerasoli highlighted McDonough's "life-long commitment to STEM education, mentorship, and support of scientific learning," noting that McDonough was one of the first USAMRICD scientists to employ college

students during the summer through the student contractor program. Later, McDonough hired college students and recent college graduates through the Oak Ridge Institute of Science and Engineering (ORISE) apprenticeship program.

So far, McDonough has mentored over 60 ORISE participants. Many have gone on to medical and veterinary schools or to earn other graduate and doctoral degrees. Several current ORISE interns are doing their master's thesis research in McDonough's lab, while another has been accepted to dental school.

McDonough has also been a long-time champion of encouraging scientific pursuits at the high-school level, and many of his ORISE interns began their STEM careers in his lab as high school students, through the Science and Engineering Apprenticeship Program (SEAP) or by way of the Science and Mathematics Academy (SMA) at Aberdeen High School.

SEAP, for which McDonough has served



Dr. McDonough discusses brain wave data from a test of an anticonvulsant drug with Sergiu Costinas. Costinas, who will start medical school later this year, was mentored by McDonough through his senior Capstone project and has worked as an ORISE intern in McDonough's lab since then (US Army photo by Stephanie Froberg).

as a co-coordinator at the USAMRICD for 14 years, provides high school students with an eight-week summer internship to conduct an independent research project under the mentorship of an established scientist. Additionally, when Aberdeen High School initiated its SMA in 2008, McDonough opened his lab to its students, each year mentoring one or more of them through their Capstone projects. Among McDonough's former Capstone students, one is currently in medical school, one is in a pre-med program and another has earned a master's in biochemistry.



# WARM-UPS ARE IMPORTANT

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## Winans triumphant at MRMC's Best Warrior competition

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

The 2014 U.S. Army Institute of Surgical Research (USAISR) Soldier of the Year competed at the 2015 U.S. Army Medical Research and Materiel Command (USAMRMC) Best Warrior competition at Fort Detrick, Md., and came out victorious in his category. Spc. Matthew D. Winans, a Bioscience Specialist at USAISR Dental and Trauma Research Detachment (DTRD) won the USAMRMC Best Warrior competition and will now compete at the 2015 Army Medical Command Best Warrior of the Year competition in May.

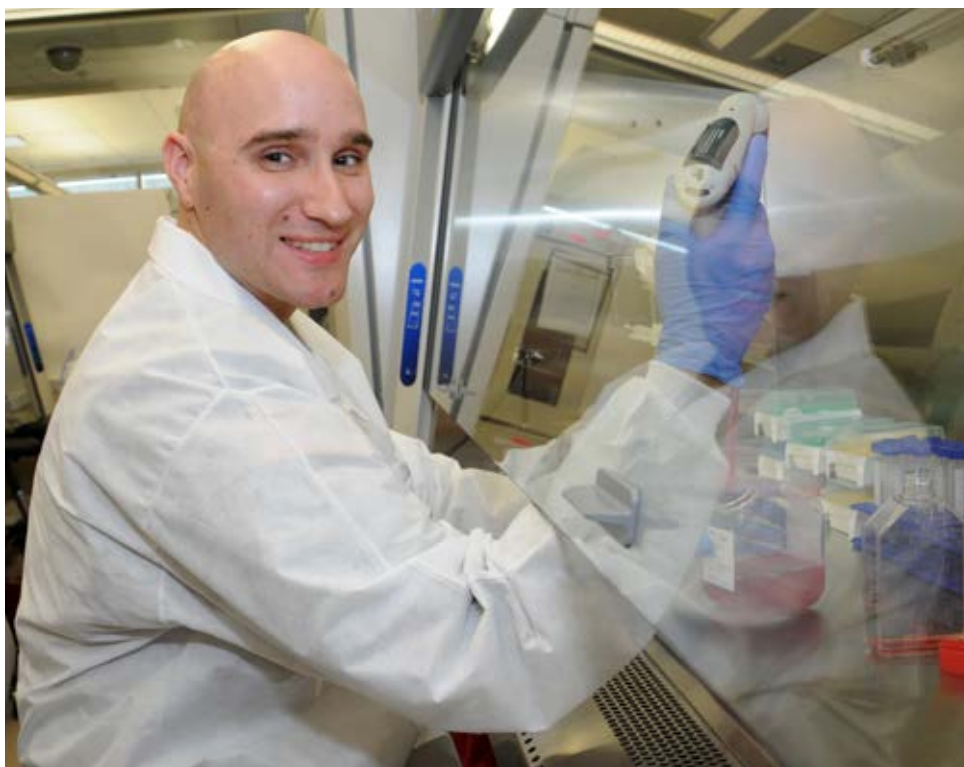
“It feels great to earn the title of MRMC’s Best Warrior,” said Winans. “It is a reflection of the outstanding leadership and training I received from the noncommissioned officers [NCO] at the ISR. The achievement was a team effort.”

To prepare for the competition, Winans and Staff Sgt. Pablo Sierra, the 2014 USAISR NCO of the Year, who competed at the NCO level, trained and studied with the assistance of several ISR NCOs in the different categories of the event. Winans credits the countless hours of training and studying to be the deciding factor in the competition.

“Each competitor was physically and mentally strong,” he said. “It was slightly stressful due to the pace of the events and the cold weather. Near the end of the competition, the small gaps between the competitors increased the anxiety for everyone. As the competition progressed, it was wonderful to see the esprit de corps between competitors.”

Sierra who took the runner-up spot in the NCO of the Year competition will continue to train and study with Winans.

“It was an exceptional performance by both ISR competitors,” said Col. (Dr.) Michael D. Wirt, USAISR Commander. “Our two Soldiers truly embody the



Spc. Matthew D. Winans, a Bioscience Specialist at U.S. Army Institute of Surgical Research Dental and Trauma Research Detachment at Joint Base San Antonio-Fort Sam Houston, Texas won the U. S. Army Medical Research and Materiel Command Best Warrior competition and will now compete at the 2015 Army Medical Command Best Warrior of the Year competition in May at Camp Bullis.

Warrior ethos and proudly represented the ISR throughout the competition.”

USAISR Sgt. Maj. Quinton Rice Jr. said he was proud of both competitors and attributes Winans' success to the support and motivation from their departments and the entire organization.

“It was a very tough competition,” said Rice. “It went down to the last event and Spc. Winans out distanced the top members of eight other organizations under the MRMC umbrellas.”

Winans also attributes his success to the support of his wife and Family, his sponsor Staff Sgt. Scott Eriksen, and the personal guidance he received from Sierra during the competition.

“Staff Sgt. Sierra kept saying ‘you are never out of the fight,’” said the Wellsville, N.Y. native. “From that advice I was able to manifest personal

courage and stay positive in the face of adversity.”

Winans, who has been at DTRD for almost two years and in the Army since 2012, said that he will continue to train and study for the next competition.

“Spc. Winans is a stellar Soldier who has the initiative, drive and discipline to accomplish anything he wants,” said Staff Sgt. James McAlister IV, DTRD NCOIC. “I am so proud that he was able to implement the training he received for this competition and I will continue to support him throughout the next one.”

Rice believes that Winans will excel at the next level.

“I believe that if our organization continues to support him and provide him challenging training, then he will do exceptionally well,” said Rice.



# Truss selected ISR Civilian of the Year

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

The safety and occupational health manager at the U.S. Army Institute of Surgical Research (USAISR) was selected as the 2014 Civilian of the Year. Stephanie Truss, who hails from Houston, has been at the Institute since 2007 where she was first assigned as a medical laboratory noncommissioned officer while on active duty in the Army. Shortly after retiring from the Army in 2011 Truss accepted her current job as a contract employee which was transferred to a civil service position in 2012.

As the safety and environmental advisor to the commander, Truss said she feels honored and privileged to being selected as the Civilian of the Year.

“I’m not really sure why I was selected as the Civilian of the Year, but if it could be a shared award, then know that I’m sharing it with everyone at the ISR,” said Truss. “If it were not for everyone at this Institute I would not be here, therefore this is our award.”

Under Truss' guidance, the USAISR is on track to earn an unprecedented Army Safety in Excellence streamer for the third year in a row. The streamer is awarded to Army units without any Class A or B accident for 12 months; have 100 percent completion of Composite Risk Management training; and completion of the Army Readiness Assessment Program within the last 24 months. The USAISR is in the top 25 percentile of safe worksites within the Army.

"I love being able to help people in any method that I can and what a better way than assisting them in keeping safe," Truss said.

During the last several months, Truss has diligently been promoting and implementing the Voluntary



Col. (Dr.) Michael Wirt, commander, U.S. Army Institute of Surgical Research at Joint Base San Antonio-Fort Sam Houston, Texas presents the 2014 USAISR Civilian of the Year, Stephanie Truss, with a certificate during the command awards ceremony Feb. 20.

Protection Program (VPP). VPP is an Occupational Safety and Health Administration program that identifies worksites that exhibit exemplary safety performance beyond compliance. Truss hopes to move into the next stage of the VPP by earning the Star Site recognition—the highest level of recognition.

“Through the support of the VPP communicator team and the involvement of the entire staff, my short-term goal is to complete the VPP final stage with flying colors,” she said. “My long-term goal is to attain a master’s in occupational health and safety and to continue to foster a safe working environment to maintain VPP standards in the upcoming years.”

Truss said that she enjoys her job

because she is able to work toward making a difference every day, but her job doesn't come without challenges.

“Promoting change in a positive way is challenging,” said Truss. “Often we get very complacent in doing things and when changes must occur being understanding but yet effective in the implementation and enforcement of the changes can also be interesting.”

Truss' advice to anyone who would like to be selected as the Civilian of the Year is to always work hard and do the right thing.

“Work knowing that your efforts are noticed and appreciated,” she said. “The reward is not always an award, it can simply be a meaningful ‘thank you.’”



Army NCO and Cytotechnology instructor, Staff Sgt. Kevin Atiase, assigned to B Company, 264th Medical Battalion, was one of only two individuals from across the United States to be certified by the International Academy of Cytology in 2014. The IAC certification is globally considered the "Gold Standard" in certification for cytotechnologists. (Courtesy photo)

# Army Medical NCO achieves national recognition in cytotechnology

By **Kirk Frady**, *Army Medicine Public Affairs*

Army medical cytotechnology instructor, Staff Sgt. Kevin Atiase, assigned to B Company, 264th Medical Battalion at Fort Sam Houston, Texas, was one of only of two individuals from across the entire United States to be certified by the International Academy of Cytology (IAC) in 2014.

Since its inception in 1954, only 10,000 cytotechnologists from 67 countries have achieved this coveted certification from IAC. That is an average of 166 per year worldwide or 2.5 individuals per country per year.

By earning credentials from the IAC, laboratory professionals demonstrate their competence to carry out their responsibilities in this critical profession not just in their country of residence but also around the globe. IAC certification is long considered the “gold standard,” in global certification for cytotechnologists.

Staff Sgt. Atiase was born and raised

in a small town in the Volta region of Ghana. He obtained an Associate Degree in Medical Laboratory Technology from the University of Ghana in 1998 and shortly after graduation immigrated to the United States. He enlisted in the United States Army in 1999 as a Medical Laboratory Technician but due to his medical background, was awarded the military occupational specialist (MOS) without attending initial entry training.

His family currently lives in Ghana and he is working on getting U.S. citizenship for his son and wife. Staff Sgt. Atiasé is an avid mountain bike rider and spends numerous hours volunteering for various community organizations and gathering used clothing and shoes for the children of Ghana.

His future plans include bringing Pap Smear screening to his homeland in Ghana which has the potential to

save millions of lives. He is dedicated to lifelong education and is currently enrolled in a master's degree program focused on molecular diagnostics at The George Washington University.

Cytology is the medical and scientific study of cells. It refers to a branch of pathology, the medical specialty that deals with making diagnoses of diseases and conditions through the examination of tissue samples from the body. Cytologic examinations may be performed on body fluids (examples are blood, urine, and cerebrospinal fluid) or on material that is aspirated (drawn out via suction into a syringe) from the body. Cytology also can involve examinations of preparations that are scraped or washed (irrigated with a sterile solution) from specific areas of the body. For example, a common example of diagnostic cytology is the evaluation of cervical smears (referred to as the Papanicolaou test or Pap smear).



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